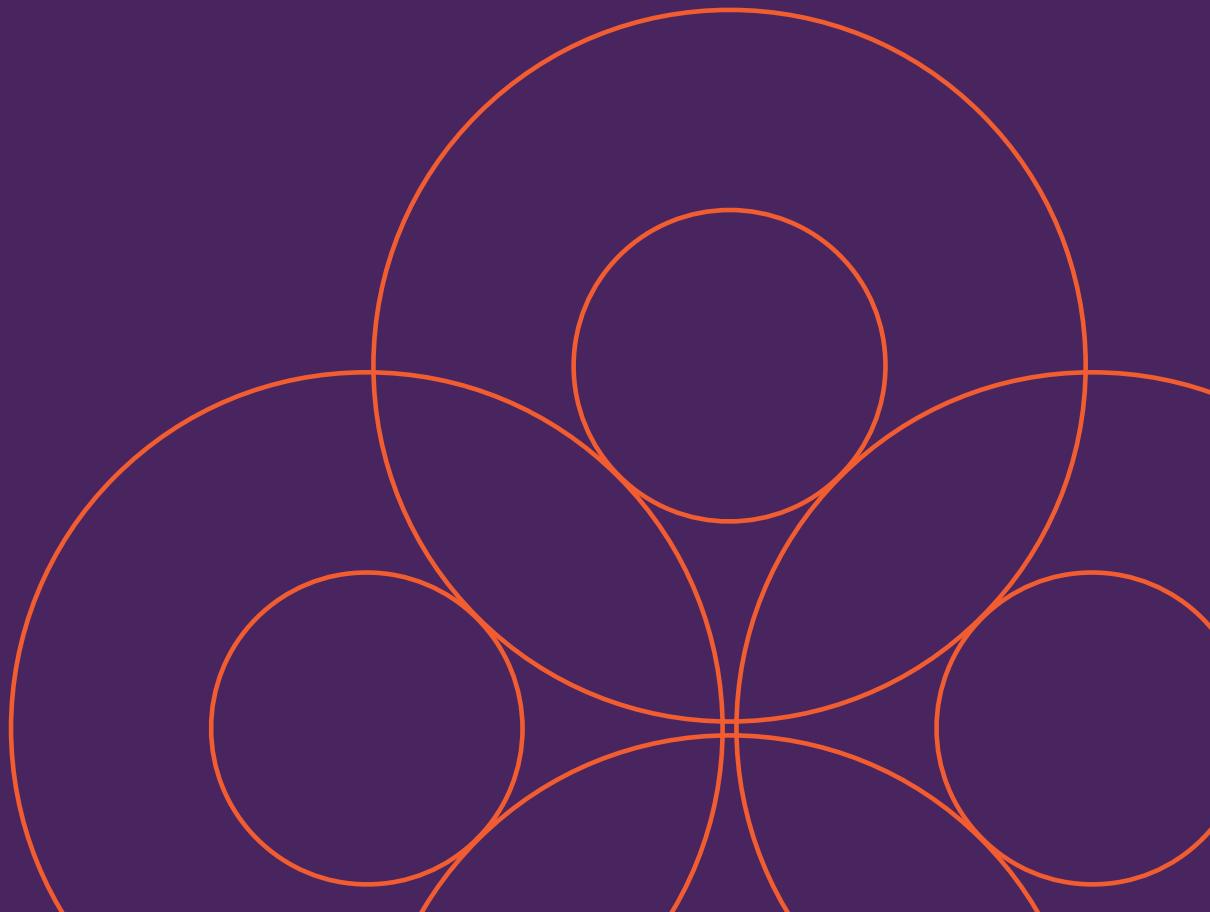




**Higher Education
Gender-based
Violence Regulator**

Regulatory Guidance for the National Higher Education Code to Prevent and Respond to Gender-Based Violence





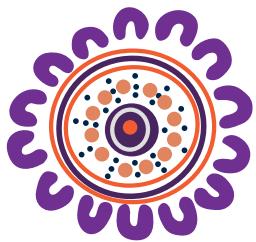
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The document must be attributed as the *Regulatory Guidance for the National Higher Education Code to Prevent and Respond to Gender-Based Violence*.

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Acknowledgment of Country

We acknowledge the Traditional Owners and Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to them, their cultures and Elders past and present.

Acknowledgements

We acknowledge the strength, courage and resilience of those who have experienced gender-based violence. Their lived experience and tireless advocacy have been instrumental in shaping the National Higher Education Code to Prevent and Respond to Gender-based Violence.

Everyone deserves to live a life free from gender-based violence and the opportunity to reach their full potential in higher education. To the victim-survivors and advocates whose voices have inspired this change and continue to guide this work—thank you for shaping a future where safety, equality and respect are the foundation of higher education.

1.0 Introduction

Gender-based violence is a systemic and persistent issue in the Australian community.

National data and sector-wide surveys show gender-based violence is occurring at unacceptable rates across higher education settings, student accommodation and affiliated environments.

In response to this, on 23 February 2024, education ministers endorsed a coordinated national approach to driving cultural and structural reform across the higher education sector, releasing the Action Plan Addressing Gender-based Violence in Higher Education (Action Plan). The Action Plan supports the National Plan to End Violence against Women and Children 2022–2032 (National Plan), Australia's overarching policy framework to end gender-based violence within a generation.

As part of this response, the Australian Government passed the *Universities Accord (National Higher Education Code to Prevent and Respond to Gender-based Violence) Act 2025* (Cth) and the *Universities Accord (National Higher Education Code to Prevent and Respond to Gender-based Violence) (Consequential Amendments) Act 2025* (Cth) (the two Acts).

Together the two Acts establish a new robust regulatory framework and authorise the establishment of a National Higher Education Code to Prevent and Respond to Gender-based Violence (National Code).

Higher education providers play a critical leadership role in transforming learning and working environments to eliminate gender-based violence. The National Code sets 7 clear and enforceable standards to ensure all higher education providers take consistent, evidence-based action to prevent and respond to gender-based violence and drive enduring change for their broader higher education communities. The 7 standards are:

1. Accountable leadership and governance
2. Safe environments and systems
3. Knowledge and capability
4. Safety and support
5. Safe processes
6. Data, evidence and impact
7. Safe student accommodation, including that which is owned, operated, controlled or affiliated with the providers.

These standards guide providers across the prevention and response continuum – from early intervention to trauma-informed, person-centred support and recovery. This will require a whole-of-organisation approach that is tailored to each provider's context and championed and led by committed and informed organisational leadership.

Preventing gender-based violence and ensuring the highest quality response when it occurs are central aims of the National Code. The National Code and further information can be found on the Department of Education website.¹

¹ Commonwealth of Australia (Department of Education), *National Higher Education Code to Prevent and Respond to Gender-based Violence*, Department of Education website, accessed 31 October 2025.

2.0 Context

Over the last several years evidence has shown that gender-based violence – and, in particular, sexual violence and harassment – continues to occur in higher education communities at significant rates.

In 2021, the National Student Safety Survey found that:

- one in 20 students had been sexually assaulted since they started university
- one in 6 students had been sexually harassed
- of those students who reported sexual assault to their provider, only about 30% stated they were satisfied with the process
- women, people with disability and people of diverse sexual orientation and gender identity were disproportionately affected.²

Higher education settings are sites where gender-based violence occurs. At the same time, they occupy a unique and influential position, at the forefront of driving cultural and systemic change to prevent it through multifaceted roles as education institutions, community hubs, large workplaces and connections to student accommodation providers.

The higher education sector is also distinctly placed to advance intergenerational change important for the prevention of violence, educating a large portion of younger members of society at a formative stage of their personal, social and professional development. Students in higher education are often transitioning into adulthood, establishing long-term values, attitudes and behaviours that will shape their future relationships and workplaces.

The National Code will commence from 1 January 2026 for Table A providers and Table B providers under the *Higher Education Support Act 2003* (Cth) and from 1 January 2027 for other providers registered under the *Tertiary Education Quality and Standards Agency Act 2011* (Cth). It requires higher education providers to prioritise safety and proactively address the factors that drive and contribute to gender-based violence in their communities. The National Code is expected to generate significant economy-wide benefits across 3 key areas:

- prevention of gender-based violence
- improved responses to disclosures and formal reports
- enhanced safety within higher education environments.

Together, these streams aim to drive systemic change across the higher education sector, improving wellbeing, productivity and educational outcomes for students and staff. The Impact Analysis conducted for the introduction of the National Code shows there is an expected benefit–cost ratio of 3 – that is, for every \$1 there is expected to be a return of \$3.³ It also shows that the changes being introduced by the National Code will result in an estimated average annual benefit of \$533 million if all the benefits of introducing the National Code are realised, or approximately \$3.5 billion over 10 years.

2 W Heywood et al., *National Student Safety Survey: report on the prevalence of sexual harassment and sexual assault among university students in 2021*, The Social Research Centre, 2022.

3 Commonwealth of Australia (Department of Education), *National Higher Education Code to Prevent and Respond to Gender-based Violence: Impact Analysis*, Australian Government, 2025.

3.0 About this guidance

3.1 What is the purpose of this guidance?

This regulatory guidance has been prepared to help higher education providers understand their responsibilities and the 7 standards they are required to meet. It provides examples of actions they can take to satisfy these.

It also provides students, staff, gender-based violence advocates and student support service providers with visibility of the expectations under the National Code so they can see the type of change that may be needed from higher education providers.

There are 3 core elements to this guidance:

- 7 standards, with practical examples of how they can be met based on established and emerging evidence on what is needed to effectively prevent and respond to gender-based violence in the higher education sector (Section 5.2)
- 12 key concepts that are embedded in the National Code (Section 4.2)
- 6 principles to guide providers in applying the National Code and meeting the 7 standards (Section 5.1).

Definitions are also included to assist providers in understanding their obligations and the requirements of the National Code.

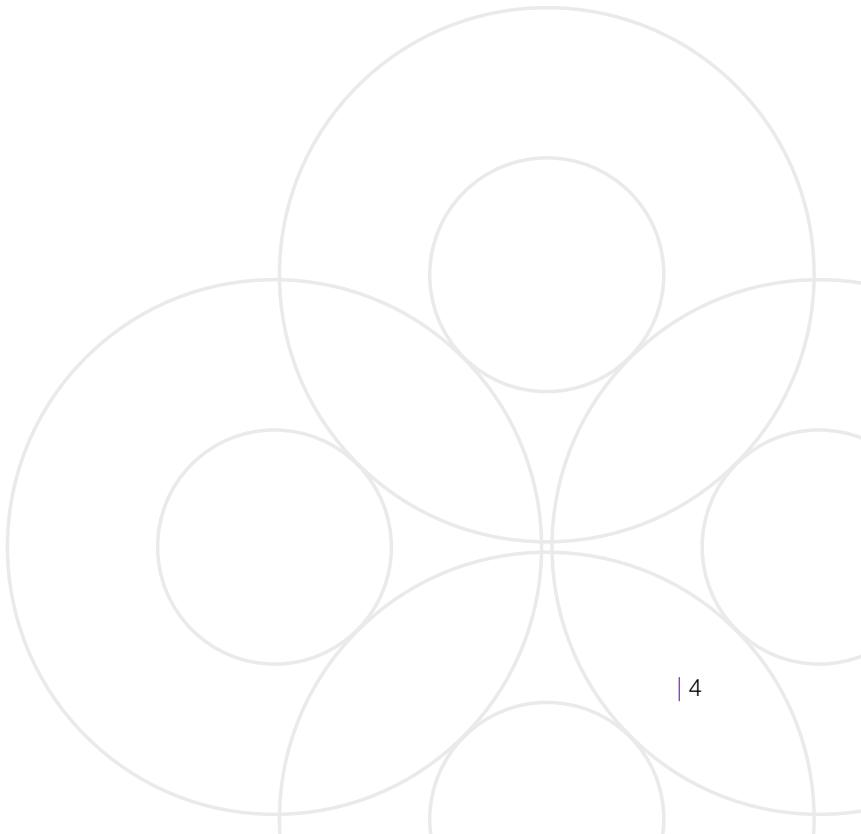


Figure 1: The 7 standards, 12 key concepts and 6 guiding principles



The Framework supporting the National Code: standards into action

● 7 standards

Higher education providers must meet these standards in applying the National Code. Standards are legally enforceable.

1. Accountable leadership and governance
2. Safe environments and systems
3. Knowledge and capability
4. Safety and support
5. Safe processes
6. Data, evidence and impact
7. Safe student accommodation

● 12 key concepts

Providers will need to understand 12 key concepts to apply the National Code.

1. Gender-based violence
2. People at the centre
3. Trauma-informed practice
4. Culturally appropriate, inclusive and safe actions
5. Duty of care obligations
6. Fair and safe investigations, including application of the civil burden of proof
7. The prevention and response continuum
8. Evidence-informed prevention
9. Tailored education and training
10. Privacy protection
11. Confidentiality safeguarding
12. Supporting consensual personal relationships



Implementing the National Code

● 6 principles

Principles to guide providers in applying the National Code.

1. Preventing gender-based violence is achievable
2. Safety comes first
3. Intersectional practice is essential
4. Education and career opportunities are supported
5. Practice is evidence-based
6. Actions are context-responsive



Proactively implementing best practice

3.2 The 7 standards



Standard 1: Accountable leadership and governance

Effective governance and a whole-of-organisation approach prioritises safety and support in the prevention and response to gender-based violence

See Section 5.2.1 · Page 27



Standard 2: Safe environments and systems

Higher education providers' environments are safe, and systems continuously improve to prevent and respond to gender-based violence

See Section 5.2.2 · Page 38



Standard 3: Knowledge and capability

Higher education providers build knowledge and capability to safely and effectively prevent and respond to gender-based violence

See Section 5.2.3 · Page 50



Standard 4: Safety and support

Responses and support services are safe and person-centred

See Section 5.2.4 · Page 66



Standard 5: Safe processes

All processes are safe and timely

See Section 5.2.5 · Page 75



Standard 6: Data, evidence and impact

Higher education providers use evidence to inform their approach, measure change and contribute to the national evidence base

See Section 5.2.6 · Page 92



Standard 7: Safe student accommodation

Student accommodation is safe for all students and staff

See Section 5.2.7 · Page 103

3.3 How does this guidance fit with other materials?

The guidance forms part of a suite of materials produced by the Higher Education Gender-based Violence Regulator in relation to meeting the requirements of the 7 standards of the National Code and can be found on the Department of Education's website.⁴

These materials include:

1. National Higher Education Code to Prevent and Respond to Gender-based Violence 2025
2. Action Plan Addressing Gender-based Violence in Higher Education
3. National Plan to End Violence against Women and Children 2022–2032
4. *Guidance to develop a whole-of-organisation gender-based violence prevention and response plan and outcomes framework*
5. *Higher Education Gender-based Violence Regulator's Regulatory Statement*
6. *Higher Education Gender-based Violence Regulator's Compliance and Enforcement Policy.*

⁴ <https://www.education.gov.au/highereducationGBVcode>

4.0 Understanding the National Code: its standards and key concepts

The National Code was registered as a legislative instrument by the Minister of Education on 17 October 2025.

It translates the priorities of the National Plan into the higher education context, operationalising the National Plan's objectives into 7 legally enforceable standards:

1. **Accountable leadership and governance:** Effective governance and a whole-of-organisation approach prioritises safety and support in preventing and responding to gender-based violence.
2. **Safe environments and systems:** Higher education providers' environments are safe and systems continuously improve to prevent and respond to gender-based violence.
3. **Knowledge and capability:** Higher education providers build knowledge and capability to safety and effectively prevent and respond to gender-based violence.
4. **Safety and support:** Responses and support services are safe and person-centred.
5. **Safe processes:** All processes and safe and timely.
6. **Data, evidence and impact:** Higher education providers use evidence to inform their approach, measure change and contribute to the national evidence base.
7. **Safe student accommodation:** Student accommodation is safe for all students and staff.

4.1 Who is accountable for the National Code?

In addition to the 7 standards that providers need to meet, there are 12 key concepts that underpin the National Code which providers will need to understand to apply the National Code in their settings.

The 12 key concepts are:

1. Gender-based violence
2. People at the centre
3. Trauma-informed practice
4. Culturally appropriate, responsive and safe actions
5. Duty of care obligations
6. Fair and safe investigations, including application of the civil burden of proof
7. The prevention and response continuum
8. Evidence-informed prevention
9. Tailored education and training
10. Privacy protection
11. Confidentiality safeguarding
12. Transparency around intimate personal relationships.

Key Concept 1: Gender-based violence

Gender-based violence means any form of physical or non-physical violence, harassment, abuse or threats, based on gender, that results in, or is likely to result in, harm, coercion, control, fear or deprivation of liberty or autonomy.

Leading research and evidence outline that:

- gender-based violence is most often perpetrated by men against women and people of diverse sexual orientation and gender identity. However, it can occur in any context and affect anyone⁵
- women and people of diverse sexual orientation and gender identity; with disability; who are First Nations; and who are culturally and linguistically diverse, including international students and others who experience intersecting forms of discrimination or marginalisation, are also more likely to experience gender-based violence along with compounding impacts of homophobia, biphobia and transphobia, ableism and racism⁶
- gender-based violence occurs in the social context of gender inequality, power imbalance and other intersecting forms of discrimination. The National Code requires providers to address the ‘factors that drive and contribute’ to gender-based violence, as well as any factors relevant to the provider’s context. The ‘factors that drive and contribute’ to violence against women include condoning of violence against women; men’s control of decision-making and limits to women’s independence in public and private life; rigid gender stereotyping and dominant forms of masculinity; and male peer relationships and cultures of masculinity that emphasise aggression, dominance and control.⁷ Evidence indicates the factors that drive and contribute to violence against people of diverse sexual orientation and gender identity are closely linked and include rigid gender norms, cismanninity and heteronormativity⁸
- the ‘factors that drive and contribute to gender-based violence’ also include those that reinforce the likelihood, severity and dynamics of gender-based violence. These factors include condoning of violence in general, experience of and exposure to violence (especially in childhood), factors that weaken prosocial behaviour (e.g. neighbourhood-level poverty, natural disasters, alcohol and gambling), and resistance and backlash to prevention and gender equality efforts⁹
- types of gender-based violence include:
 - physical, sexual, emotional, psychological, social, cultural, spiritual and financial violence
 - technology-facilitated abuse (including image-based abuse)
 - stalking and harassment
 - systems abuse (such as filing false or retaliatory complaints, weaponising legal or disciplinary systems, manipulating confidentiality and privacy protections to restrict legitimate information sharing to protect victim-survivors, threatening to leak private information to silence the victim-survivor or claiming procedural unfairness)

5 Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022.

6 Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022.

7 Our Watch, [Change the story: a shared framework for the primary prevention of violence against women in Australia](#), 2nd edn, Our Watch, 2021; Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022.

8 M Carman et al., [Pride in prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities](#), Rainbow Health Victoria, 2020.

9 Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022; Our Watch, [Change the story: a shared framework for the primary prevention of violence against women in Australia](#), 2nd edn, Our Watch, 2021.

- coercive control
- femicide or homicide
- modern slavery, human trafficking and forced marriage
- harmful practices that put sexual and reproductive health and rights at risk (such as stealthing).¹⁰

Gender-based violence may occur as a single incident or take the form of coercive control where a person who uses violence uses a sustained pattern of abusive behaviours to exert power and dominance over time.¹¹

Gender-based violence can occur within current or former intimate partner relationships and in domestic, family and family-like settings. It can also occur between people who are dating, friends, acquaintances, other people known to the victim-survivor, and strangers.¹²

Violence can also be institutional – that is, the harm is caused by institutional policies, practices, norms or power structures.

It is important to note that the definition of ‘gender-based violence’ is broad and is not limited to these types of violence.

This evidence has informed the National Plan, the Action Plan, the two Acts and the National Code.

In complying with the National Code, higher education providers should:

- be aware of and responsive to multiple forms of gender-based violence
- ensure staff are trained and skilled to respond to multiple forms
- ensure data systems can document the types of gender-based violence with specificity
- address the factors that drive and contribute to gender-based violence, including how intersecting forms of discrimination shape these factors for disproportionately impacted groups.

10 Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022; Commonwealth of Australia (Attorney-General's Department), [National Principles to Address Coercive Control in Family and Domestic Violence](#), Australian Government, 2023; UN Women Australia, [Types of violence against women and girls](#), UN Women Australia website, 2024, accessed 12 November 2025; Commonwealth of Australia (Attorney-General's Department), [Modern slavery in Australia](#), Australian Government website, 2025, accessed 13 November 2025; Respect Victoria, [Stealthing](#), Respect Victoria website, 2023, accessed 13 November 2025.

11 Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022; Commonwealth of Australia (Attorney-General's Department), [National Principles to Address Coercive Control in Family and Domestic Violence](#), Australian Government, 2023.

12 Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022.

Key Concept 2: People at the centre

Under the National Code, ‘person-centred’ means *ensuring that the discloser’s needs and preferences are at the centre of decisions made in response to the disclosure. The response systems, policies and procedures affirm the discloser’s dignity and support their healing by genuinely considering their wishes and the impact that decisions may have on them, while at all times ensuring the safety and wellbeing of the discloser and students and staff.*

A person-centred approach ensures that institutional responses to gender-based violence uphold the humanity, dignity and agency of every person affected – supporting recovery, trust and safety across the higher education environment.

It requires creating a safe, supportive and respectful environment where victim-survivors are heard, taken seriously and empowered to make informed decisions about the actions taken in response to their experience. It involves active listening, transparent communication, and accountability from those providing support.

In complying with the National Code, higher education providers should:

- ensure the individual’s voice and consent are at the core of all decision-making and planning to the greatest possible extent in consideration of obligations to provide a safe working, living and learning environment
- provide options and choice regarding safety measures, reporting (including to law enforcement) and support pathways
- ensure transparency and accountability in communication and follow-up
- deliver timely, accessible and culturally sensitive supports that meet the individual’s needs
- empower individuals through shared decision-making, particularly for those facing intersecting forms of marginalisation or systemic discrimination
- in circumstances where safety concerns dictate that it is necessary to take action against the discloser’s wishes, speak to the discloser in a safe environment with support present or readily available; be transparent (where safe), appropriate and reasonable about decisions that go against the views of the discloser; ensure the discloser still has agency in the process (as much as possible); and ensure the discloser receives clear information in a timely manner.

Key Concept 3: Trauma-informed practice

Using trauma-informed practice to prevent and respond to gender-based violence is the foundation of the National Code.

A trauma-informed approach means an approach that applies the core principles of safety (physical, psychological and emotional), trust, choice, collaboration and empowerment. It should minimise the risk of re-traumatisation and promote recovery and healing to the greatest extent possible.

It operates at both systemic and interpersonal levels.

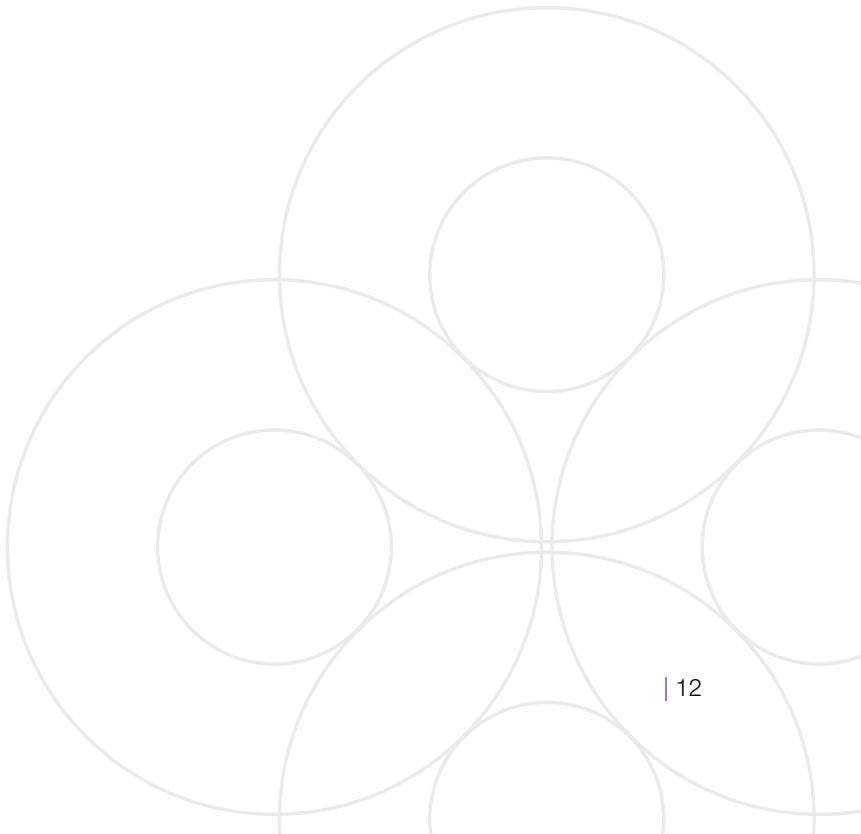
At a systems level, it requires higher education providers to examine and adapt organisational structures, policies and power dynamics to ensure they do not perpetuate harm or disempowerment. Processes – such as disclosure management, disciplinary action and support provision – should be designed to minimise distress and uphold the dignity and agency of all individuals involved.

At the interpersonal level, trauma-informed practice involves fostering safe, respectful and trusting relationships; responding sensitively to disclosures; and maintaining awareness that recovery and healing are possible for everyone.

Importantly, a trauma-informed approach is also intersectional. It recognises that experiences of trauma, and pathways to recovery, are shaped by multiple and intersecting aspects of identity, such as gender, sexuality, race, culture, disability, class, migration status and age. These intersecting factors influence how trauma is experienced, expressed and supported.

In complying with the National Code, higher education providers should:

- embed trauma awareness across all systems, policies and procedures
- train staff to recognise and respond appropriately to trauma
- ensure environments, communication and processes prioritise safety and empowerment
- incorporate intersectional understanding into service design and decision-making
- commit to continuous learning and reflection to strengthen trauma-informed organisational culture.



Key Concept 4: Culturally appropriate, inclusive and safe actions

The National Code requires higher education providers to ensure that all prevention, response and support measures are culturally appropriate, inclusive and safe. Different approaches might need to be taken into account for different cohorts to achieve this (see below), and the principles outlined in this regulatory guidance apply to all.

Cultural safety for First Nations peoples

Cultural safety, as set out in Closing the Gap National Agreement and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031, is about redressing the power imbalances that exist between majority and minority positions so that First Nations people experience no assault, challenge or denial of their identity or needs.

Cultural safety is determined by the person or community receiving the service, not by the institution providing it. It requires:

- acknowledging and addressing colonisation, systemic racism and ongoing inequities
- supporting self-determined decision-making, partnership and collaboration with First Nations people
- continuous critical reflection on institutional power, policy and practice to eliminate bias and racism
- fostering environments that respect and nurture First Nations voices, knowledge systems and leadership.¹³

Culturally appropriate practice for culturally and linguistically diverse communities

‘Culturally appropriate practice’ means designing and delivering services that are inclusive, respectful and responsive to the cultural identities, strengths and lived experiences of individuals and communities.¹⁴ In practice, this includes:

- providing language access (interpreters, translated materials)
- engaging in cultural humility and ongoing learning
- recognising migration, displacement and settlement experiences
- building genuine partnerships with community leaders and bi-cultural workers
- ensuring that prevention and response initiatives are co-designed with communities, not simply delivered to them.¹⁵

Such approaches are strengths-based and values-driven, emphasising agency, belonging and the removal of systemic barriers that contribute to vulnerability and exclusion.

Safe practice for people of diverse sexual orientation and gender identity

Ensuring appropriate, safe and inclusive systems and practice for students and staff of diverse sexual orientation and gender identity requires acknowledging the specific risks, barriers and experiences faced by LGBTIQA+ communities, including higher rates of targeted harassment, stigma and discrimination. Prevention initiatives, communications, services and reporting options should be accessible, culturally safe, affirming and representative of diverse identities. Responses should avoid assumptions about gender, bodies or relationships and must uphold the safety, dignity and confidentiality of every person.

Inclusive practice is informed by trauma-aware principles and intersectionality, recognising the particular harm caused by homophobia, bi-phobia, transphobia and heteronormativity. Clear mechanisms should be in place to avoid harm through misgendering, outing or discrimination when someone seeks help, and all staff involved in prevention and support must be trained in respectful, best-practice approaches.

13 Australian Government, [National Agreement on Closing the Gap](#), Australian Government, 2020; Commonwealth of Australia (Department of Health), [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#), Australian Government, 2021.

14 Drawing from the Department of Social Services and Commonwealth of Australia (Department of Home Affairs), [Towards fairness: a multicultural Australia for all](#), Australian Government, 2024.

15 Commonwealth of Australia (Department of Home Affairs), [Towards fairness: a multicultural Australia for all](#), Australian Government, 2024.

Safe practice for people with disability

People with disability face particular barriers to reporting and support – including communication; accessibility; power imbalances; and reliance on others for care, assistance or academic participation. Prevention and response measures should therefore be designed to actively remove these barriers and uphold the dignity, rights and autonomy of people with disability.

Higher education providers should ensure person-centred, trauma-informed and respectful responses tailored to the needs of people with diverse disability experiences – including physical, sensory, cognitive, psychosocial and invisible disabilities. Accessible communication formats, assistive supports and multiple safe reporting pathways should be provided. Consent, decision-making and privacy considerations must be handled with particular care, avoiding assumptions about capacity or relationships and ensuring individuals can access support independently.

To ensure actions are culturally appropriate, responsive and safe for all, higher education providers should:

- embed culturally safe, inclusive and accessible practice across prevention education, reporting pathways, risk assessments and support services, designed in partnership with the communities they aim to serve
- develop whole-of-organisation strategies that reflect the diverse needs, rights and voices of groups disproportionately affected by gender-based violence, ensuring meaningful engagement rather than assumptions
- ensure staff capability and accountability by providing ongoing training and resources, co-designed with diverse communities, to build competency in respectful, trauma-informed and identity-affirming practice
- create safe, affirming and representative environments where students and staff feel they belong – including visible inclusion practices and clear zero-tolerance responses to discrimination, harassment and victimisation
- apply a person-centred, trauma-informed and intersectional approach to all responses, recognising that experiences of violence are shaped by overlapping identities, power dynamics and systemic barriers
- ensure inclusive systems and environments, including:
 - gender-affirming options for names, pronouns and facilities
 - communication and reporting systems that prevent outing, discrimination and further harm
 - accessible physical environments, learning spaces and digital platforms
- provide specialised and choice-led support options, including staff trained to respond sensitively and partnerships with expert community organisations (e.g. disability advocacy, First Nations, multicultural and LGBTQIA+ services)
- protect autonomy, dignity and privacy in every interaction, with clear safeguards against coercion, misgendering, cultural exclusion and assumptions about capacity or identity
- continuously review and improve policies and practices using feedback and data to ensure support remains safe, responsive and aligned to best practice.

Key Concept 5: Duty of care obligations

Higher education providers have a duty of care to take reasonable steps to protect the safety, wellbeing and rights of their students, staff and all members of their community.

This duty applies across prevention, early intervention, and response and recovery activities and underpins all obligations within the National Code.

While not defined in the National Code, 'duty of care' is a well-established legal and ethical principle requiring organisations and individuals in positions of responsibility to take reasonable precautions to prevent foreseeable harm to others.

The National Code supports compliance with the duty of care throughout its standards by requiring higher education providers to:

- prevent harm through a whole-of-organisation approach that addresses the key factors that drive and contribute to gender-based violence (Standard 1)
- respond to harm through trauma-informed, person-centred and procedurally fair processes (Standards 3, 4 and 5)
- ensure safety and support for both disclosers and respondents through tailored support plans (Standards 4.6 and 4.7)
- provide a safe educational environment, including within student accommodation, online learning spaces, placements and affiliated settings (Standard 7).

This reflects that duty of care is not limited to physical safety but includes psychological, cultural and emotional safety.

In complying with the National Code, higher education providers should:

- embed duty of care obligations within governance frameworks, policies and staff responsibilities
- ensure leadership accountability for maintaining safe environments and fulfilling regulatory requirements
- maintain clear pathways for reporting and responding to gender-based violence that protect confidentiality and safety
- engage in regular risk assessment and safety planning, particularly in student accommodation, fieldwork and social settings
- collaborate with external specialist services to ensure access to expert support for disclosers and respondents
- ensure any third-party arrangements (e.g. contractors, placement hosts, accommodation providers) uphold equivalent standards of care.

Key Concept 6: Fair and safe investigations, including application of the civil standard of proof and procedural fairness

Fair and safe investigations and civil standard of proof

Under the National Code, higher education providers are required to establish fair, transparent and safe procedures for managing investigations, disciplinary processes and appeals relating to gender-based violence for both the discloser and the respondent.

A key component of this obligation is the correct application of the civil burden of proof within internal processes.

The standard of proof in civil proceedings, also known as the balance of probabilities, requires decision-makers to determine whether, based on the evidence, it is more likely than not that the alleged conduct occurred. This is distinct from the criminal standard of proof, which requires that allegations be proven beyond reasonable doubt.

Within the higher education sector, internal investigations into gender-based violence are not criminal proceedings. They are administrative or employment-based processes undertaken to determine whether institutional policies, codes of conduct or behavioural standards have been breached.

Procedural fairness

Under the National Code, procedural fairness in a decision-making context means the decision is made in accordance with the rule against bias and the hearing rule (i.e. a respondent is given an opportunity to present their case with knowledge of any prejudicial material that may be taken into account by the decision-maker).

Procedural fairness safeguards equitable, evidence-based and transparent processes that protect the rights of all participants in an investigation, while affirming that the safety, dignity and wellbeing of victim-survivors are central to every response.

When discriminatory attitudes, false assumptions or stereotypes about gender-based violence and victim-survivors influence decision-making, procedural fairness is undermined.¹⁶

An evidence-based, trauma-informed and person-centred approach to procedural fairness should ensure that decision-making is focused on protecting safety. It should also acknowledge that protecting safety and ensuring fairness are not mutually exclusive.

The National Code specifically codifies the right to procedural fairness by requiring higher education providers to embed impartiality and fairness into policies, procedures and practices and affording to both the discloser and respondent the opportunity to be heard and supported throughout a fair, transparent, consistent and just process.

While respondents are entitled to fair and respectful treatment, procedural fairness should never be misused to delay, discredit or silence disclosers; or serve as a barrier to safety or accountability.

In complying with the National Code, higher education providers should:

- ensure transparency, consistency and impartiality in all investigations and decisions
- provide tailored support plans for both disclosers and respondents, developed by staff with relevant expertise (Standards 4.6 and 4.7)
- safeguard against systems abuse, where procedural fairness is invoked to intimidate, re-traumatise or delay outcomes
- prioritise discloser safety while upholding the right of the respondent to understand and respond to allegations made against them and ensure that, when an actual or perceived conflict arises, the safety of the discloser, and of other students or staff, is central while maintaining integrity and due process
- seek legal advice where uncertainty exists about specific procedural fairness requirements or risks to safety
- review and improve policies, procedures and practices relating to investigations, disciplinary processes and appeals to align with contemporary evidence and stay up to date with emerging best practice.

¹⁶ Hudson et al., *Understanding sexual assault matters: insights from research and practice: an education resource for the justice sector*, Australian Institute of Family Studies, 2024.

Key Concept 7: The prevention and response continuum

The National Code refers to actions across the prevention and response continuum, from primary prevention to healing and recovery, that recognises gender-based violence as a systemic issue requiring coordinated action.

Figure 2: The relationship between primary prevention and other work to address violence against women¹⁷



This continuum emphasises that effective prevention and response are interconnected and mutually reinforcing – prevention efforts reduce the likelihood of harm, while strong and fair responses build trust and reinforce prevention by addressing causes and consequences transparently.

At the **prevention** end of the continuum, higher education providers are required to create safe, respectful and inclusive environments through proactive measures such as education, leadership accountability, cultural change initiatives, and early identification of risk. Prevention work encompasses primary prevention, which addresses the factors that drive and contribute to gender-based violence through whole-of-population initiatives that shift attitudes, norms, practices, structures and power imbalances to stop violence from occurring in the first place.¹⁸ Along the continuum is early intervention, which identifies those at risk of experiencing or perpetrating violence and supports them through initiatives that disrupt trajectories of harm, stop violence escalating and reduce risk.¹⁹ Prevention includes policies and initiatives that promote gender equality, respectful relationships and intersectional inclusion across all aspects of campus life, teaching and governance, alongside targeted approaches for at-risk groups.

17 Adapted from www.ourwatch.org.au.

18 Our Watch, *Change the story: a shared framework for the primary prevention of violence against women in Australia*, 2nd edn, Our Watch, 2021; Commonwealth of Australia (Department of Social Services), National Plan to End Violence against Women and Children 2022–2032, Australian Government, 2022; Safe and Equal, *What is primary prevention? Connecting across the continuum from prevention to response*, Safe and Equal, n.d.

19 Our Watch, *Change the story: a shared framework for the primary prevention of violence against women in Australia*, 2nd edn, Our Watch, 2021; Commonwealth of Australia (Department of Social Services), *National Plan to End Violence against Women and Children 2022–2032*, Australian Government, 2022; Safe and Equal, *What is primary prevention? Connecting across the continuum from prevention to response*, Safe and Equal, n.d.

The **response** component ensures that, when gender-based violence occurs, higher education providers act promptly, safely and fairly. This includes trauma-informed disclosure processes, clear boundaries of confidentiality, timely investigations, and proportionate outcomes that prioritise safety and procedural fairness. The National Code also mandates transparent reporting, de-identified data collection, and prohibition of non-disclosure agreements that conceal harm or systemic failures. Importantly, response has preventative impacts, as it aims to stop the recurrence of violence and maintain safety.²⁰ Furthermore, by ensuring that disclosers have access to internal and external support, as required by the National Code, recovery and healing are promoted.

The continuum recognises that prevention and response cannot be separated: each relies on institutional integrity, accountability and trust. Confidentiality, privacy and lawful information sharing underpin both sides of the continuum – supporting safety without impeding transparency or accountability.

In complying with the National Code, higher education providers should:

- integrate prevention and response measures within a single, whole-of-organisation framework
- ensure prevention initiatives are informed by evidence, intersectionality and lived experience
- establish trauma-informed, fair and transparent response systems that reinforce prevention efforts
- use de-identified reporting to track patterns and improve prevention strategies
- promote a culture where safety, respect and accountability are embedded across all institutional levels.

²⁰ Our Watch, [Change the story: a shared framework for the primary prevention of violence against women in Australia](#), 2nd edn, Our Watch, 2021; Commonwealth of Australia (Department of Social Services), [National Plan to End Violence against Women and Children 2022-2032](#), Australian Government, 2022; Safe and Equal, [What is primary prevention? Connecting across the continuum from prevention to response](#), Safe and Equal, n.d.

Key Concept 8: Evidence-informed prevention

Under the National Code, prevention education, training, communication and initiatives must be *evidence-informed* and aligned with *current* best practice in the prevention of gender-based violence.

This means that strategies are guided by models, approaches and practices demonstrated to be effective through research, evaluation and peer-reviewed studies.

The National Plan to End Violence against Women and Children (2022–2032) defines ‘evidence-based practice’ as the use of approaches supported by research and evaluation, with effectiveness demonstrated in reducing violence or its drivers. Evidence-informed prevention requires higher education providers to draw on a broad, evolving body of knowledge across disciplines including public health, health promotion, adult learning, pedagogy, social marketing, gender studies and behavioural science.

In complying with the National Code, higher education providers should:

- base prevention initiatives on credible evidence and frameworks, such as *Change the story*, *Educating for equality*, *Changing the picture*, *Changing the landscape* and *Pride in prevention*²¹
- draw from multiple sources of evidence, including academic literature, program evaluations, national and international research, advice from gender-based violence specialists and peak bodies, and input from those with lived experience
- use data, including prevalence, administrative, demographic and qualitative data collected under the National Code, to inform design and evaluation. This supports understanding of local context, needs of diverse student and staff groups, and progress over time
- ensure prevention education and training are evaluated to measure impact and inform continuous improvement, as required by Standard 3.6 of the National Code
- recognise intersectionality and context, tailoring prevention initiatives to meet the needs of groups experiencing multiple forms of marginalisation; and supporting participatory, self-determined approaches
- leverage existing expertise within the institution, including researchers and educators working on gender equality, social inclusion and violence prevention
- embed prevention across organisational systems, including governance, curricula, student life, workplace culture and community engagement.

²¹ Our Watch, *Change the story: a shared framework for the primary prevention of violence against women in Australia*, 2nd edn, Our Watch, 2021; Our Watch, *Educating for equality: a model to address gender-based violence at, and through, Australian universities*, Our Watch, 2021; M Carman et al., *Pride in prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities*, Rainbow Health Victoria, 2020; Our Watch, *Changing the picture: a national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*, Our Watch, 2018; Our Watch and Women with Disabilities Victoria, *Changing the landscape: a national resource to prevent violence against women and girls with disabilities*, Our Watch, 2022.

Key Concept 9: Tailored education and training

Standards 3 and 7 of the National Code require higher education providers to deliver ongoing, evidence-informed prevention education and training that fosters cultures of equality and respect, including in student accommodation. Training should be delivered to all students, staff and leadership, as well as all student accommodation residents and staff. Staff whose substantive role is in connection with student accommodation that is owned, operated or managed by a provider are also required to complete the training. Through prevention education and training, providers can aim to change the norms, values, attitudes and beliefs that make gender-based violence more likely.

This education and training should go beyond awareness-raising; it should promote behaviour change by encouraging critical reflection on gender, power and violence. It should also cover key learning outcomes including understanding gender-based violence and its drivers, the compounding effect of intersecting forms of inequality and discrimination, power dynamics, ethical bystander action, healthy relationships and consent, support services and resources, and compassionate responses to disclosures.

Supporting safe disclosures of gender-based violence is critical to fostering safety, healing and justice. Because disclosures can be made to anyone, not just designated staff, Standard 3 of the National Code requires all staff and leadership to be trained annually (at minimum) to respond in a trauma-informed, person-centred manner that accounts for the needs of those disproportionately impacted by gender-based violence.

Additionally, providers must deliver education and training as part of onboarding for students in leadership roles and others deemed necessary. Given student accommodation is a high-risk setting, Standard 7 further requires that all student accommodation residents and staff, and staff whose substantive role is in connection with student accommodation that is owned, operated or managed by the higher education provider, receive training. This fosters an environment where disclosers are consistently believed, treated with respect and compassion, and supported to take any further steps or supports needed.

In complying with the National Code, higher education providers should:

- avoid a ‘one-size-fits-all’ approach and tailor education and training to the unique experiences, roles and responsibilities of students, leadership and staff
- tailor prevention education and training to the provider’s unique context and community
- ensure training is inclusive, relevant and respectful of the identities, values and cultures of all students and staff through safe, respectful and ethical collaboration and engagement with students, staff, those with lived experience of gender-based violence, and disproportionately affected communities
- ensure education and training is trauma-informed and designed to manage any disclosures, including by providing information about the internal and/or external support services and reporting channels available
- customise training and education for student accommodation residents and staff; and include content that reflects the particular high-risk context of student residences, social events and power dynamics that play out in close living settings among young people living out of home for the first time
- consider a variety of best-practice education and training formats for training delivery to meet the needs of their student and staff population. Formats may include face-to-face workshops, virtual instructor-led training, e-learning modules and other effective methods
- design education and training in a way that supports ongoing learning and builds knowledge and capability over time
- undertake ongoing monitoring and evaluation to inform education and training improvements
- collaborate with gender-based violence prevention experts for prevention education and training and ensure training on responding to disclosures is developed in collaboration with or approved by an accredited specialist, specialist gender-based violence response organisation, or person with expertise in gender-based violence response.

Key Concept 10: Privacy protection

Privacy is a fundamental human right, consistent with Article 17 of the International Covenant on Civil and Political Rights, which protects individuals from arbitrary or unlawful interference with their personal lives, family, correspondence or reputation.

In implementing the National Code, higher education providers must handle personal information lawfully, reasonably and proportionately to achieve the National Code's objectives – particularly the prevention of gender-based violence and the protection of staff and student safety. Privacy obligations operate within, not against, these safety imperatives.

Limitations on privacy are lawful and legitimate where necessary to protect the safety of staff and students. For example, under Standard 2 (Safe environments and systems), higher education providers may require disclosure of intimate relationships or findings of misconduct to prevent conflicts of interest or manage safety risks. Such measures must comply with applicable privacy laws.

In implementing disclosure requirements (e.g. disclosure of intimate relationships under Standard 2), higher education providers should be sensitive to the potential risks for staff and students from LGBTIQA+ communities or others who are not publicly 'out':

- Regulatory guidance should encourage consultation with LGBTIQA+ advocates to develop safe and inclusive processes.
- Information collection and disclosure should be limited to what is necessary and handled in line with the *Privacy Act 1988* (Cth) and relevant state and territory laws.

In complying with the National Code, higher education providers should:

- apply relevant privacy laws and the Australian Privacy Principles consistently across all prevention and response activities
- train staff in privacy management, lawful information sharing, and trauma-informed practice
- report data in de-identified form to maintain transparency while protecting individuals
- seek legal advice where privacy and National Code obligations appear to intersect or conflict
- ensure privacy is not invoked to avoid acting on disclosures, delay investigations or withhold de-identified data required under the National Code.

The National Code does not override privacy laws – it reinforces their proper application. Privacy supports, not obstructs, safety, transparency and institutional integrity in preventing and responding to gender-based violence.

Key Concept 11: Confidentiality safeguarding

Confidentiality safeguards the integrity of complaints processes and supports trust in institutional responses but does not prevent victim-survivors from speaking about their experiences once matters are finalised.

Confidentiality, as it applies to the National Code, aligns with the Australian Human Rights Commission's definition that information about a disclosure should only be shared with those who need to know in order to manage it fairly and safely.

Under the National Code, higher education providers will need to balance confidentiality with their obligations to ensure safety, accountability and transparency. This involves managing the tension between the right to privacy, the duty to provide safe learning and work environments, and the responsibility to prevent and respond effectively to gender-based violence.

Boundaries of confidentiality

Higher education providers should make clear to staff and students that information may need to be shared where there is a serious or ongoing risk of harm.

A trauma-informed and person-centred approach requires considering the discloser's wishes while recognising that limited disclosure may sometimes be necessary to protect others or to meet legal and regulatory obligations. Transparency about when, how and why information may be shared – particularly during risk assessment – is essential to maintaining trust and the right to information for victim-survivors.

Preventing misuse of confidentiality

The National Code prohibits the use of non-disclosure agreements that silence victim-survivors or conceal systemic issues.

Confidentiality should protect safety and wellbeing, not institutional reputation. Regulatory requirements – such as the publication of whole-of-organisation prevention plans and annual reporting of de-identified complaints data – promote transparency and accountability across the sector.

In complying with the National Code, higher education providers should:

- clearly define and communicate the limits of confidentiality in all policies, procedures and training
- train staff in trauma-informed communication, lawful information sharing, and privacy obligations
- apply confidentiality to safeguard individuals' safety and dignity, while enabling appropriate action on risk
- ensure de-identified data reporting to balance accountability and privacy
- seek legal advice where privacy or confidentiality duties appear to conflict with National Code requirements.

In essence, confidentiality under the National Code is a protective measure that must operate within clear ethical and legal boundaries – supporting safety, fairness and institutional integrity in preventing and responding to gender-based violence.

Key Concept 12: Transparency around intimate personal relationships

Gender-based violence is deeply connected to imbalances of power, and this can present in intimate relationships between staff members where one person has a supervisory or decision-making role over the other person or where there is a staff member in a relationship with a student. This power imbalance can also present in intimate relationships between student accommodation staff and residents, where shared living spaces and proximity can exacerbate risk.

Standard 2 (Safe environments and systems) requires employees to declare existing or previous intimate relationships with staff members or students when there is, or is likely to be, supervisory oversight, decision-making responsibilities, or academic responsibilities. Upon receiving a declaration, a provider must implement a conflict of interest management plan as necessary.

Standard 7 (Safe student accommodation) requires all student accommodation staff to declare any existing or previous intimate personal relationship with a resident. This is broader than the requirements under Standard 2 given the additional risk factors for gender-based violence in student accommodation settings. Where a declaration is made, any conflict of interest or risk management plan must be implemented as necessary.

The National Code does not define the term ‘intimate personal relationships’. Like other employment disclosure requirements such as misconduct, the requirement relies on an individual staff member to make a disclosure based on how they define ‘intimate personal relationship’. It may include a casual or sexual relationship or a more formalised relationship.

Student accommodation providers must carefully consider how to implement policies that encourage staff to disclose personal relationships. They need to manage privacy while prioritising safety and be capable of responding if a disclosure has not been made but a related complaint is later received.

For some individuals, such as those of diverse sexual orientation and gender identity, there may be concerns about disclosing due to fear of discrimination. It is important to acknowledge that anyone making a disclosure is protected by Australia’s anti-discrimination laws. Student accommodation providers should manage these disclosures appropriately.

When a disclosure is received, student accommodation providers must implement relevant conflict of interest or risk management plans to ensure everyone’s safety. The National Code requires that student accommodation providers be reasonable, problem-solve effectively, and keep safety at the forefront when applying these disclosure requirements.

In summary, higher education providers need to have policies and processes in place that identify relevant intimate personal relationships, including implementation and evaluation of their effectiveness; and manage any risks in line with established policies and processes’.

5.0 Implementing the National Code: guidance on each standard

This section sets out the 6 guiding principles that should underpin application of the National Code and meeting the 7 standards.

It provides an overview of each of the standards and practical examples of how providers can take action to meet the requirements set out in them.

All higher education providers are unique, and action taken to comply with the National Code will vary depending on the provider's context; geographic location; demographic characteristics of the student and staff population; discipline specialisation and focus; and sector categorisation, including dual- and tri-sector course and curriculum provision.

The examples below are provided as a guide only to support providers to strengthen existing initiatives and consider additional actions to comply with the National Code. Not all examples will be appropriate for all providers, and following the examples does not guarantee compliance. Assessment of compliance is conducted on a case-by-case basis in accordance with the particular circumstances of the provider's community and context.

Providers are responsible for ensuring that implementation of the National Code is tailored to the outcomes required to prevent and respond to gender-based violence in their particular circumstances; and that all actions and processes meet the full obligations set out in the relevant legislation and standards.

5.1 Guiding principles

The 6 guiding principles inform the approach higher education providers should take to manage risk and apply the National Code in their particular context. Every action taken by higher education providers to comply with the National Code should be read through the lens of these principles.

Figure 3: The 6 guiding principles that inform the decisions higher education providers make to apply the National Code



They are based on leading evidence and informed by consultation with gender-based violence experts and the higher education provider sector as to how the National Code should be applied in practice.

Table 1: The 6 principles guiding higher education providers in their implementation of the National Code

Principle	Description
Preventing gender-based violence is achievable	<p>With proactive, coordinated and evidence-informed action, the incidence and impact of gender-based violence can be prevented.</p> <p>Providers are responsible for implementing comprehensive prevention strategies, education and training; and addressing systemic and individual risk factors.</p> <p>This principle underlines the importance of early intervention, community engagement and continuous improvement. Policies and practices should reinforce that gender-based violence is not an inevitable part of society but a challenge that can be actively prevented within higher education environments.</p>
Safety first	<p>Safety first means prioritising the physical, psychological and emotional wellbeing of all students and staff in the prevention and response to gender-based violence.</p> <p>Providers should ensure that any action, policy or intervention places immediate and ongoing safety at the forefront, including through risk assessments, protective measures such as practical safety planning and adjustments to work and study arrangements, and access to support services.</p> <p>This principle emphasises that protection from harm outweighs organisational or reputational concerns and that responses should minimise harm; prevent further exposure to violence; and create environments where individuals feel secure to disclose, report and engage with education and work without fear.</p>
Intersectional practice is key	<p>Approaches to preventing and responding to gender-based violence need to recognise that the impact of unsafe and disrespectful behaviour can be compounded by people's experience of different forms of discrimination and inequality.</p> <p>Factors influencing a person's experience of discrimination may include their sex or gender identity, their sexual orientation, disability, whether they identify as First Nations, being from culturally and linguistically diverse or culturally and racially marginalised communities and socio-economic class.</p> <p>Taking an intersectional approach requires higher education providers to understand that compounding structural inequalities shapes the likelihood, risk and experience of gender-based violence. Those structural inequities also create additional barriers to reporting and seeking support.</p> <p>This principle underscores that the implementation of the National Code needs to address the unique risk factors and intersecting forms of discrimination faced by different groups; and to tailor prevention and response activities accordingly.</p>

Education and career opportunities are supported	<p>The experience of gender-based violence can have traumatic long-term impacts on health and wellbeing, which manifest in a variety of ways for different people.</p> <p>Difficulty concentrating or performing at the usual pace or quality of work is common for many victim-survivors, and this can interrupt education achievement or career progression. Providers have a responsibility to ensure that students and staff experiencing gender-based violence have access to support services and measures – such as reasonable academic or workplace adjustments – to minimise impacts on education and career advancement.</p> <p>Further, students and staff have the right to make a disclosure or formal report of gender-based violence without fear of retaliation, discrimination or victimisation.</p> <p>This principle requires higher education providers to have systems in place that protect victim-survivors from negative consequences – including adverse impacts on educational progress, assessment, employment or career advancement – when they disclose or report gender-based violence.</p>
Practice is evidence-based	<p>All prevention, response and support initiatives addressing gender-based violence should be informed by the best available research, data and professional expertise.</p> <p>Providers need to design, implement and evaluate their policies, training and programs using approaches which have been tested as effective in reducing and responding to gender-based violence. This includes drawing on current national and international research, engaging with recognised experts, and incorporating feedback from those with lived experience.</p> <p>This principle ensures that actions are not only impactful and sustainable but also continually improved through ongoing monitoring and evaluation.</p>
Actions are context-responsive	<p>Effective prevention and response to gender-based violence should reflect the unique characteristics, needs and risks of each higher education community.</p> <p>Providers should design and deliver policies, programs and support services that are relevant to their institutional context, including geographic location, demographic characteristics of the student and staff population, discipline specialisation and focus.</p> <p>This principle emphasises flexibility, inclusivity and adaptability, ensuring that initiatives are meaningful, practical and responsive to emerging issues or local circumstances while maintaining alignment with National Code and best practice.</p>

5.2 Implementing the 7 standards

The examples in this section are provided as a guide only to support providers to strengthen existing initiatives, as well as consider additional actions that may need to be taken to comply with the National Code. Not all examples will be appropriate for all providers, and following the examples does not automatically guarantee compliance. Assessment of compliance by the Higher Education Gender-based Violence Regulator will be conducted on a case-by case basis in accordance with the particular circumstances of the provider.

Providers are responsible for ensuring that implementation of the National Code is tailored to the outcomes required to prevent and respond to gender-based violence in their particular circumstances and that all actions and processes meet the full obligations set out in the relevant legislation and standards.

Reporting requirements for each standard are at Appendix 2.



Section 5.2.1

Standard 1: Accountable leadership and governance

Effective governance and a whole-of-organisation approach prioritises safety and support in preventing and responding to gender-based violence

Overview and intent of Standard 1

A whole-of-organisation approach works to ensure that prevention and response efforts are not standalone but a central part of provider's operations. A whole-of-organisation approach requires higher education providers to drive meaningful transformation by implementing action across every level of the organisation. It recognises that the underlying drives of gender-based violence are pervasive and interconnected and simply will not be addressed without a coordinated approach.

Standard 1 sets the foundations for the National Code. Its purpose is to ensure that governance structures and leadership embed safety from the top down and across the whole organisation, making prevention and response to gender-based violence a core strategic and operational priority.

Specific guidance for higher education providers to develop a Whole of Organisation Gender-based Violence Prevention and Response Plan (the Plan) and Outcomes Framework in alignment with the requirements of the National Code can be found on the Department of Education website.²²

The guidance outlines the 6 key steps a Higher Education Principal Executive Officer should go through – prepare; plan; reflect; endorse and enable; activate and embed; and refresh – in leading their organisation to develop this Plan.

²² Commonwealth of Australia (Department of Education), [Guidance to develop a whole-of-organisation Gender-based Violence Prevention and Response Plan and Outcomes Framework](#), Department of Education, 2025.

Figure 4: Overview of key steps for developing a Whole-of-Organisation Gender-based Violence Prevention and Response Plan and Outcomes Framework

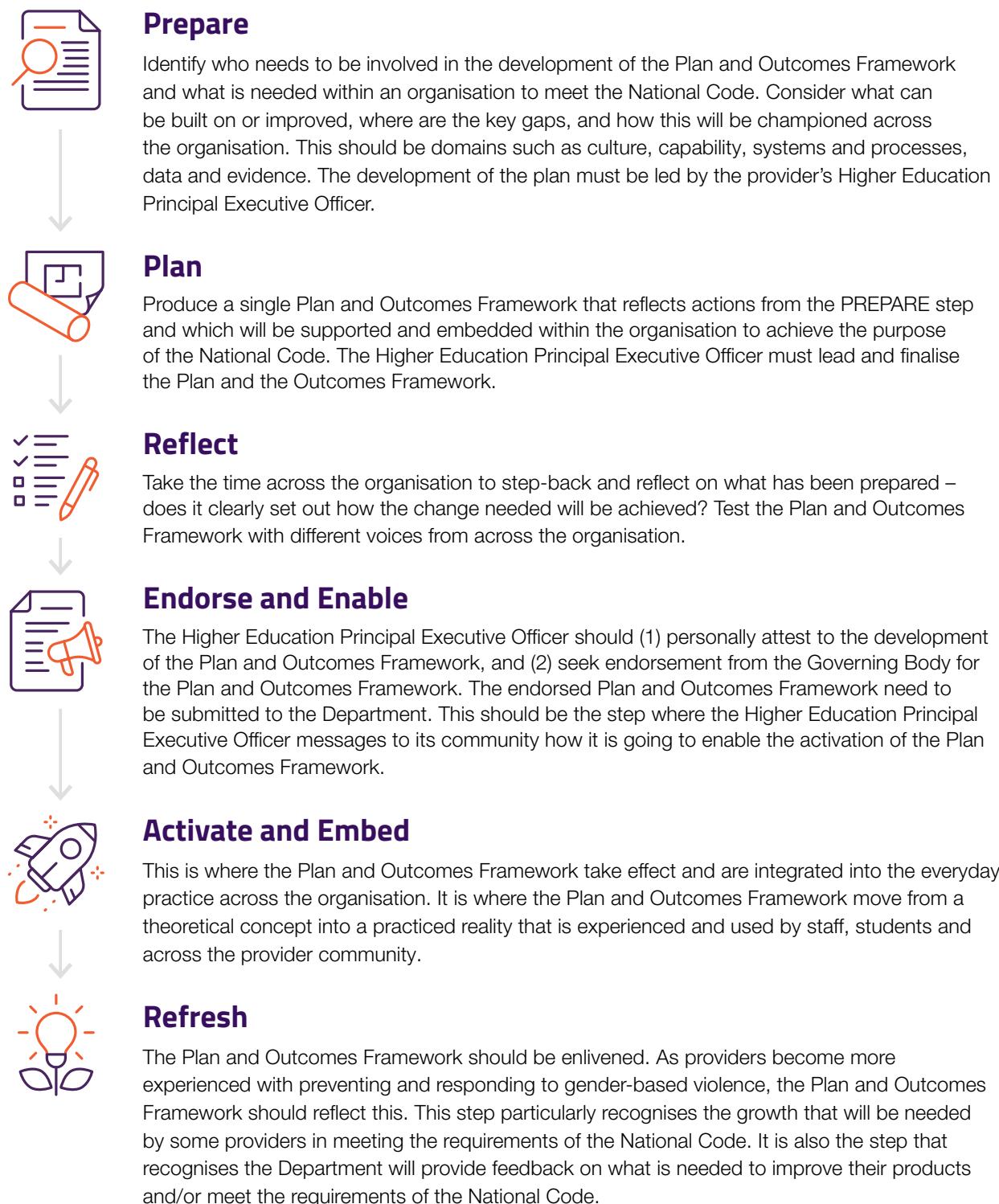


Table 2 below outlines requirements for accountable leadership and governance, the whole-of-organisation approach to preventing and responding to gender-based violence, submission timeframes for key documents and reporting requirements.

Requirements and practical examples

Table 2: Summary of Standard 1 requirements and practical examples

Standard 1 – Accountable leadership and governance

<i>Leadership and governance</i>	
Standard 1.1	
Requirement: A Provider, through its Higher Education Principal Executive Officer, is accountable for compliance with the Code.	
Examples of practical ways to comply with the requirement:	
Consider:	
<ul style="list-style-type: none">• including responsibility for compliance with the National Code in the position description and key performance indicators of the Higher Education Principal Executive Officer (HEPEO)• embedding responsibility for the National Code into governance frameworks, charters and risk management plans and processes that the HEPEO is accountable for• embedding responsibility for implementation of the National Code into functions and terms of reference of higher education provider councils or boards that the HEPEO chairs or is accountable for• participating in communities of practice or championing best practice with other providers• communicating directly to students and staff and the broader higher education community• reporting to the provider's Governing Body on compliance with the National Code at regular intervals but intensively in the first year of implementation• engaging with affiliated student accommodation providers regularly• engaging with the Higher Education Gender-based Violence Regulator as required.	
Standard 1.2	

Requirement: A Provider must have expertise in Student and Staff safety and wellbeing within the membership of the Provider's Governing Body or a subcommittee that reports directly to the Provider's Governing Body that has delegated responsibility for Student and Staff safety and wellbeing.

Examples of practical ways to comply with the requirement:

Consider:

Expertise in Governing Body

- developing and maintaining a skills matrix of Governing Body members and ensure safety and wellbeing expertise is explicitly included and membership reviewed annually
- appointing at least one Governing Body member with relevant expertise in student and staff safety and wellbeing (e.g. experience in public health, counselling, gender-based violence, workplace health and safety, student support)
- documenting the process for how members with student and staff safety and wellbeing expertise are appointed, reviewed and renewed (e.g. recruitment criteria, selection procedures)

- embedding responsibility into the Governing Body charter or terms of reference by explicitly requiring safety and wellbeing expertise as part of the body's collective skills and knowledge
- including safety and wellbeing and/or gender-based violence as standing agenda items at meetings of the Governing Body

Safety and wellbeing subcommittee

- establishing a safety and wellbeing subcommittee that reports directly to the Governing Body, with a clear mandate for oversight of student and staff safety, welfare and risk and with the appropriate professional background, qualifications or demonstrated experience in safety and gender-based violence
- establishing regular reporting processes to the Governing Body from the subcommittee so that it can consider and act upon concerns raised by the subcommittee

Monitoring and continuous improvement

- using a dashboard or risk register that highlights trends, risks and performance indicators related to safety and wellbeing to identify areas for intervention and action
- providing ongoing professional development for Governing Body or subcommittee members on emerging safety and wellbeing issues
- establishing a process for periodically reviewing whether the expertise remains current and relevant; and refreshing it as needed
- communicating the existence of governance oversight on safety and wellbeing (e.g. in annual reports or on the provider's website) to demonstrate transparency to students and staff.

Standard 1.3

Requirement: A Provider must, in complying with the Code, provide De-identified information and otherwise undertake its obligations under the Code in accordance with applicable Commonwealth, State and Territory Privacy Laws or, where no other Privacy Laws apply, with reference to the Australian Privacy Principles.

Examples of practical ways to comply with the requirement:

Consider:

- reviewing and amending existing policies and procedures to ensure they align with privacy laws and principles
- implement a documented process for managing, sharing and publishing data and information required under the National Code
- embedding privacy obligations into the design of data risk frameworks and systems to protect data safety
- establishing a process to ensure data is shared or published only in aggregated form and not shared or published where doing so would have the effect that individuals are reasonably identifiable (e.g. where there are small numbers in particular demographic cohorts)
- providing regular training for staff responsible for data gathering and reporting on privacy obligations and how to de-identify data, including consideration of where individuals might reasonably be identifiable even when data is aggregated
- ensuring that obligations related to the collection of data accord with obligations under Standard 6 that data is collected in a safe, trauma-informed and person-centred manner and held and handled securely
- including the review of the management and sharing of data in internal audit process and/or having them considered by the organisation's equivalent audit and risk committee and having this committee provide a report to the Governing Body.

Whole-of-organisation approach to preventing and responding to gender-based violence

Standard 1.4

Requirement:

A Provider must, led by its Higher Education Principal Executive Officer, prepare, implement and publish on its website a Whole-of-Organisation Prevention and Response Plan that:

- a. records the Provider's Whole-of-Organisation approach to preventing and responding to Gender-based Violence, including in any Student Accommodation which the Provider directly owns, operates and/or manages, that prioritises the safety and support of its Students and Staff;
- b. responds to Gender-based Violence wherever it is experienced by the Provider's Students and Staff;
- c. addresses the factors that drive and contribute to Gender-based Violence, as well as any factors relevant to the Provider's context;
- d. records how the Provider will implement the requirements in the Code, including in any Student Accommodation which the Provider directly owns, operates and/or manages;
- e. includes a Whole-of-Organisation assessment, which includes any Student Accommodation which the Provider directly owns, operates and/or manages, that identifies systemic risks, enablers and barriers to preventing Gender-based Violence;
- f. includes actions that will be taken in response to findings of the assessment;
- g. includes a gender equality action plan, which the Secretary may require to be prepared in a prescribed manner and form;
- h. reflects the needs, experience and agency of all members of the Provider's community, particularly those members who are disproportionately affected by Gender-based Violence, including women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity;
- i. is developed in respect to its design and implemented through engagement and collaboration with Students and Staff, including those who have experienced Gender-based Violence;
- j. is informed by the Provider's analysis of available data or other relevant publicly available data, as reported to the Secretary under Standard 6;
- k. includes a systemic review and analysis of the Provider's responses to Disclosures and Formal Reports to identify barriers, gaps and opportunities for improvement;
- l. is informed by available and relevant domestic and international evidence about the nature and extent of Gender-based Violence; and
- m. is endorsed by the Provider's Governing Body.

Examples of practical ways to comply with the requirement:

Important note: Providers should refer to the [Australian Government Department of Education Guidance to develop a whole-of-organisation Gender-based Violence Prevention and Response Plan and Outcomes Framework](#).

Consider:

Engagement

- establishing a gender-based violence advisory group, with a reporting line to the HEPEO, that includes student representatives, staff from across academic and professional areas, and equity/diversity leads for continuous engagement on the Plan

- providing dedicated, and specialist, support services for referral and ongoing care of participants as needed
- maintaining ongoing dialogue through student/staff partnership forums, student and staff wellbeing events or regular updates
- where appropriate, compensating or remunerating participants for their contributions

The Plan

- ensuring development of the Plan is led by the HEPEO and assign staff with expertise and experience with gender-based violence to lead the preparation and implementation of the Plan
- preparing and submitting to the Secretary by the compliance date, and publishing on the provider's website, a Plan that:
 - outlines a whole-of-organisation approach to preventing and responding to gender-based violence, including any student accommodation which the provider directly owns, operates and/or manages, that prioritises the safety and support of its students and staff
 - responds to gender-based violence wherever it is experienced by students and staff
 - addresses factors that drive and contribute to gender-based violence, including any factors relevant to the provider's context
 - records how the requirements in the National Code are implemented, including for any student accommodation which the provider directly owns, operates and/or manages
 - includes a whole-of-organisation assessment, including for any student accommodation which the provider directly owns, operates and/or manages, that identifies systemic risks, enablers and barriers to preventing gender-based violence
 - includes actions that will be taken in response to findings in the assessment
 - includes a gender equality action plan
 - includes a systemic review and analysis of the provider's responses to disclosures and formal reports to identify barriers, gaps and opportunities for improvement
 - reflects:
 - » the needs, experience and agency of all members of their community, including those disproportionately impacted by gender-based violence
 - » findings from engagement and collaboration with students and staff
 - » analysis of data, and relevant domestic and international evidence, that addresses the factors that drive and contribute to gender-based violence
- aligning the Plan with definitions, principles and key concepts outlined in regulatory guidance
- ensuring the Plan is endorsed by the provider's Governing Body.

Standard 1.5

Requirement: The Secretary may require a Provider to report on how the engagement with and views of Students and Staff has informed the development of the Prevention and Response Plan.

Examples of practical ways to comply with the requirement:

Important note: Providers should refer to the [Australian Government Department of Education Guidance to develop a whole-of-organisation Gender-based Violence Prevention and Response Plan and Outcomes Framework](#).

Consider:

Engagement

- supporting engagement through the full life cycle from early design to review, with feedback loops to participants
- tailoring engagement activities to support safe and fulsome participation from staff and students, including with those members who are disproportionately affected by gender-based violence (women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity) and those who have experienced gender-based violence
- establishing engagement protocols to ensure safety and minimise re-traumatisation
- using varied mechanisms and channels tailored to the needs of diverse student and staff cohorts (e.g. focus groups, workshops, surveys, online, 1:1 in-person, anonymous) to gather input on priorities and needs

Reporting

- documenting the number of engagements and satisfaction of staff and students with the engagement process in accordance with Standard 6.8
- documenting how feedback/consultation was considered and incorporated into the Plan.

Standard 1.6

Requirement: A Provider that directly owns, operates and/or manages Student Accommodation must ensure that its Prevention and Response Plan comprehensively addresses how it will comply with its obligations under the Code in the Student Accommodation.

Examples of practical ways to comply with the requirement:

Consider:

- Ensuring the HEPEO and the Governing Body have appropriate oversight and visibility of the operations of the student accommodation services they operate, such as through regular reporting and review processes, including having them considered by the organisation's equivalent audit and risk committee; and have this committee provide a report to the Governing Body
- assigning staff with expertise and experience with gender-based violence to liaise with student accommodation staff and students to gather input to inform the preparation and implementation of sections of the Plan relating to the provision of student accommodation
- including residents and staff of student accommodation in consultation to inform the Plan and Outcomes Framework
- including risks that are unique to student accommodation (e.g. after-hours safety, alcohol, shared bathroom facilities) into the assessments that identify systemic risks to inform the Plan.

- ensuring the Plan submitted to the Secretary and published on the provider's website contains actions to address the prevention and response to gender-based violence specific to student accommodation which the provider directly owns, operates and/or manages
- ensuring the Outcomes Framework submitted to the Secretary and published on the provider's website includes outcomes, sub-outcomes or indicators specific to student accommodation which the provider directly owns, operates and/or manages
- mapping the requirements outlined in Standard 7 of the National Code with actions in the Plan tailored to the provider's context
- ensuring that review cycles for the Plan and Outcomes Framework include deliberate action to engage staff and students in student accommodation and incorporate reflection and analysis of annual reporting data in accordance with Standard 6.

Standard 1.7

Requirement: A Provider must develop and implement an outcomes framework to track and measure the effectiveness of actions under their Prevention and Response Plan.

Examples of practical ways to comply with the requirement:

Important note: Providers should refer to the [Australian Government Department of Education Guidance to develop a whole-of-organisation Gender-based Violence Prevention and Response Plan and Outcomes Framework](#).

Consider:

- assigning staff with expertise and experience with gender-based violence and monitoring and evaluation to lead the preparation and implementation of the Outcomes Framework
- submitting the Outcomes Framework (with the Plan) to the Secretary by the required reporting dates
- using data collected in accordance with Standard 6 to inform and strengthen the Outcomes Framework
- ensuring the Outcomes Framework includes indicators and measures that are tailored to the provider's context and:
 - are clearly linked with actions in the Plan and aligned with the Plan's requirements
 - reflect engagement with staff and students, including those disproportionately impacted by gender-based violence, relating to the outcomes important for these stakeholders to feel safe in their learning, working and living environments
 - use qualitative and quantitative methods to measure effectiveness of the Plan
 - embed safety, privacy, trauma-informed and person-centred approaches
 - use an iterative, continuous improvement approach such as a theory of change over 4 to 5 years to measure the effectiveness of the Plan in achieving longer term success and meaningful culture change
- linking outcomes to other student and staff safety plans to coordinate and strengthen their effectiveness (e.g. health and wellbeing plans and strategies)
- building in review cycles that engage staff and students to provide input for continuous improvement and annual reporting data in accordance with Standard 6.

Standard 1.8

Requirement: A Provider must give to the Secretary a copy of the Prevention and Response Plan and outcomes framework by the Initial Reporting Date and every four years thereafter and must include a systemic review and analysis and is informed by the Provider's analysis of data, as reported to the Secretary under Standard 6.

Examples of practical ways to comply with the requirement:

Consider:

Submitting the Plan and Outcomes Framework by the initial reporting date:

- ensuring the Plan and Outcomes Framework are finalised, endorsed by the Governing Body and published on the provider's website prior to the initial reporting date
- establishing internal deadlines and assigning responsibility to a designated officer or team to coordinate submission to the Secretary, ensuring the format and content meet prescribed requirements.

Including a systemic review and data-informed analysis in the submission:

- conducting a comprehensive review of the provider's responses to disclosures and formal reports, identifying systemic risks, barriers and opportunities for improvement
- using de-identified data collected under Standard 6 to inform the analysis, including trends, reporting rates and stakeholder feedback; and integrating findings into the updated Plan and Outcomes Framework.

Standard 1.9

Requirement: Commencing after the initial reporting date, a Provider must report to the Governing Body at least every six months against the outcomes framework for its Prevention and Response Plan. The report must include de-identified data on incidents of Gender-Based Violence experienced by students and staff since the last report, including any identification of any trends in data.

Examples of practical ways to comply with the requirement:

Consider:

- developing a reporting template that aligns with the Outcomes Framework and includes sections for de-identified data, trend analysis and progress against actions
- assigning responsibility for reporting to staff with relevant expertise, including gender-based violence, data analysis and evaluation to prepare the report
- using data collected under Standard 6 to feed into reporting to the Governing Body
- using the findings from the report to the Governing Body to update the Outcome Framework and the Plan to drive continuous improvement of these
- establishing a feedback loop from the Governing Body or subcommittee (with delegated responsibility) to provide strategic direction and suggest amendments to Outcomes Framework which could be undertaken by a designated member of the Governing Body or the HEPEO
- documenting meetings and any decisions and actions that arise from the reporting cycle.

Standard 1.10

Requirement: Commencing after the Initial Reporting Date, a Higher Education Principal Executive Officer must give to the Secretary every two years a report on the Prevention and Response Plan and its outcomes framework. The Secretary may prescribe the manner and form in which these reports must be provided.

Examples of practical ways to comply with the requirement:

Consider:

Establishing a formal reporting schedule and assigning responsibility:

- developing a documented reporting calendar aligned with the 2-year cycle, including internal deadlines for drafting, review and submission
- assigning a designated officer or team (e.g. compliance or governance lead) to coordinate the preparation of the report, ensure alignment with the Secretary's prescribed format, and liaise with relevant departments for data and updates.

Preparing a structured report template aligned with the Secretary's requirements:

- creating a reporting template that includes all required components of the Plan and Outcomes Framework, including systemic review, analysis of data (as per Standard 6) and progress against indicators
- ensuring the template specifies that data should be de-identified and is formatted according to the Secretary's specifications; and is reviewed by the HEPEO prior to submission.

Standard 1.11

Requirement: A Provider must review and amend its Prevention and Response Plan having regard to its duty of care to Students and Staff, and those amendments must be endorsed by the Governing Body.

Examples of practical ways to comply with the requirement:

Important note: Providers should refer to the [Australian Government Department of Education Guidance to develop a whole-of-organisation Gender-based Violence Prevention and Response Plan and Outcomes Framework](#).

Consider:

- building in review cycles to incorporate amendments and allow for endorsement by the Governing Body
- documenting amendments and revisions made to the Plan, including the reasons for these
- ensuring updates to the Plan are based on analysis of data and consideration of duty of care
- ensuring the updated Plan is submitted to the Governing Body for endorsement; and that the endorsement is clearly documented.

Standard 1.12

Requirement: The Secretary may give feedback to a Provider on its Prevention and Response Plan and any amendments to it. A Provider that receives feedback from the Secretary must, within the timeframe specified by the Secretary, engage with the Secretary in respect of that feedback, revise its Prevention and Response Plan in accordance with that feedback, and provide a copy of the Prevention and Response Plan to the Secretary.

Examples of practical ways to comply with the requirement:

Consider:

- acknowledging any feedback received from the Higher Education Gender-based Violence Regulator on the Plan and engage constructively to understand and action that feedback
- documenting resulting amendments and revisions to the Plan, reflecting feedback from the Secretary, and submitting the revised Plan to the Higher Education Gender-based Violence Regulator within the required timeframe
- communicating in a timely manner with the Secretary and authorised officers appointed by the Secretary throughout process of receiving feedback and actioning amendments.

Reporting

Standard 1.13

Requirement: The Secretary may require a Provider to report on how it has complied with its obligations under this Standard in a manner and form to be prescribed by the Secretary.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed records demonstrating compliance with all obligations under Standard 1, including governance, leadership and accountability measures
- developing a reporting template aligned with the Secretary's prescribed format, or use templates provided by the Higher Education Gender-based Violence Regulator, to ensure consistency and completeness
- compiling supporting evidence such as meeting minutes, policy updates, training records and implementation plans
- conducting an internal review or audit prior to submission to confirm accuracy and alignment with the National Code's requirements
- assigning a responsible officer or compliance team to prepare and submit reports when requested by the Secretary
- retaining copies of submitted reports and related documentation for future reference or verification
- incorporating any feedback from the Secretary into future reporting and compliance processes
- maintaining accessible and well-organised record-keeping processes to support the provider's ability to demonstrate compliance with Standard 1 if requested by the Secretary.



Section 5.2.2

Standard 2: Safe environments and systems

Higher education providers' environments are safe and systems continuously improve to prevent and respond to gender-based violence

Overview and intent of Standard 2

As workplaces and education institutions, providers have multiple legislative obligations to keep staff and students safe. Standard 2 introduces requirements for staff declarations, including disclosures of past investigations and relationships that may pose a conflict. This is about transparency and trust.

Gender-based violence is deeply connected to imbalances of power. This can be evident in intimate relationships between staff members or between staff and students, particularly where one individual has a supervisory or decision-making role.

Table 3 below outlines requirements for ensuring safe environments and supporting systems, including the development of policies and considerations relating to transparency and prohibition on the use of non-disclosure agreements.

Important guidance on differences between disclosures and formal reporting

Disclosures

The National Code defines 'disclosure' as the 'provision of information about a person's experience of Gender-based Violence to a Provider by the discloser or another person'. This applies across all the 7 standards.

A 'disclosure' refers to the act of disclosing rather than a particular person. This differs from a 'discloser', who is a person who has shared information about their own experience of gender-based violence. A disclosure can be made by a student or staff member who has experienced gender-based violence (i.e. a discloser), has witnessed an incident/s of gender-based violence, or wants to describe another person's experience of gender-based violence. Those who are not students or staff can make a disclosure where the respondent is a student or staff member of the provider. Individuals will often make a disclosure to a trusted person – it will not always be a designated staff member. Regardless of who the disclosure is made to, higher education providers must respond compassionately and safely to all disclosures.

Formal report

The National Code defines ‘formal report’ as the ‘provision through formal reporting channels of information about their experience of Gender-based Violence by a Discloser to a Provider, which requires the Provider to consider taking steps beyond the offer and provision of support services, including (without limitation) the commencement of an investigation and/or a disciplinary process in appropriate circumstances’.

What is the difference between a disclosure and a formal report?

A formal report differs from a disclosure, as it is a formal account or statement through formal reporting channels about an incident/s to a provider. Those responding to formal reports must have specific expertise and experience, outlined in Standard 3.16.

Not all disclosures will proceed to formal reports. A disclosure may progress to a formal report if it requires the provider to consider taking steps beyond the offer and provision of support services, including the commencement of an investigation which may then proceed to a disciplinary process. A discloser might decide to progress a disclosure to a formal report once they understand what a formal report entails and the supports available to them.

In addition, a disclosure can be investigated on its own without being a formal report, where the nature of the disclosure requires the provider to investigate for the safety and wellbeing of students and staff. This is to allow providers to investigate disclosures made by a third party as well as by a discloser.

For higher education providers, this means they should consider:

- having procedures in place to manage disclosures and formal reports, outlined in the policy on preventing and responding to gender-based violence with specificity relating to confidentiality, and the limits of confidentiality relating to protecting safety of the discloser or others
- providing and promoting multiple channels for students, staff and third parties to make disclosures and formal reports, including anonymous options
- responding in a trauma-informed, person-centred manner – those making a disclosure or formal report are consistently believed, treated with respect and compassion, and supported
- requiring that students in leadership positions, leadership and staff are trained in responding to disclosures; and those responding to formal reports have the experience and expertise outlined in Standard 3.16
- facilitating access to internal and/or external support services that may be needed, including supports relevant to educational outcomes such as academic adjustments
- ensuring staff with the right experience and expertise undertake a risk assessment in response to all disclosures and formal reports and manage and monitor any identified risks on an ongoing basis, implementing any safety measures that seriously consider the views of the discloser. Where disclosures or formal reports are anonymous, the provider must take reasonable and proportionate action
- having multiple pathways for managing disclosures that consider the wishes of the discloser, including a resolution with the agreement of the discloser and respondent, implementing safety measures without progressing to investigation, a decision not to proceed to an investigation in the specific circumstances, and a decision to progress a disclosure to an investigation

- seeking and considering the views of a discloser before progressing the disclosure to an investigation; and informing the discloser that a disclosure may need to be investigated where necessary for the safety and wellbeing of students and staff
- requiring all formal reports where the respondent is a student or staff member to be investigated, regardless of where or the context in which the gender-based violence occurred
- putting in place various pathways to manage disclosures and formal reports after an investigation to ensure a safe and proportionate response, including a resolution with the agreement of the discloser and respondent, implementing safety measures without progressing to a disciplinary process, a decision not to proceed to a disciplinary process, and a decision to proceed to a disciplinary process. If a disclosure proceeds to a disciplinary process, it becomes a formal report
- finalise all formal reports, including disciplinary processes, within 45 days.

Higher education providers must ensure responses to disclosures and formal reports in any owned, operated or managed student accommodation comply with Standard 7. They must also have arrangements in place to ensure controlled or affiliated student accommodation responds to disclosures and formal reports in compliance with Standard 7.

Requirements and practical examples

Table 3: Summary of Standard 2 requirements and practical examples

Standard 2 – Safe environments and systems

Safe environments	
Standard 2.1	
Requirement: A Provider must:	
a. ensure its Staff comply with the Working with Children Check requirements of their governing State or Territory;	
b. as part of the engagement process, ask prospective employees and members of the Governing Body to declare whether they have been investigated for an allegation of Gender-based Violence, or determined to have engaged in conduct that constitutes Gender-based Violence during the course of their previous employment, or otherwise in a legal process;	
c. consistently with the Provider's duty of care to Students and Staff, take into consideration any declaration made under paragraph 2.1(b) and any risks arising from the declaration in determining the person's suitability for their position;	
d. take into consideration any substantiated allegation of Gender-based Violence found by the Provider in the course of an employee's employment in the promotion, recognition and reward of that employee;	
e. address any material risk arising in relation to any Staff who are not employees where they have been investigated for, or determined to have engaged in, Gender-based Violence;	
f. make alternative teaching, research, research supervision, employment or living arrangements as necessary to ensure the safety of Students and Staff where a Student or Staff alleges that they have experienced Gender-based Violence.	

Examples of practical ways to comply with the requirement:

Consider:

- verifying working with children checks for all staff in accordance with the relevant state or territory requirements before employment or engagement and include compliance with working with children checks into staff contract and position descriptions
- conducting internal assurance processes (including formal internal audits and/or internal assurance audits or desktop reviews) to ensure compliance for existing staff
- reviewing existing human resources (HR) policies and procedures and incorporate prospective employee and Governing Body member declarations of past investigations for gender-based violence allegations or determinations of gender-based violence conduct. This could be aligned with existing declaration processes for past misconduct or criminal history
- incorporating clear messaging about the purpose of such declarations in policies and procedures – i.e. that gender-based violence declarations communicate that gender-based violence is unacceptable – and ensuring the proactive prioritisation of safety and risk mitigation
- clearly outlining expected conduct and behaviours in position descriptions, employment contracts and performance agreement plans, explicitly stating that gender-based violence is unacceptable
- providing clear guidance to prospective staff and members of the Governing Body explaining the purpose, confidentiality and assessment process for such declarations

- documenting all declarations and storing securely, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles
- establishing policies and procedures to assess risk, safety and suitability based on declarations, taking the duty of care to students and staff into account. Risk and safety assessment processes should consider the nature of the declaration alongside other due diligence mechanisms, such as criminal history checks and robust reference checks (that consider suitability for the position and past conduct complaints, concerns or investigations)
- ensuring relevant staff are trained in implementing policies and procedures relevant to assessing risk, safety and suitability based on gender-based violence declarations
- establishing policies and procedures to assess risk, safety and suitability for promotion, recognition or reward of current employees based on substantiated allegations
- developing policies and procedures linking ethical conduct and safety compliance to career progression
- documenting all decisions with respect to the promotion and recognition of a staff member with a substantiated allegation of gender-based violence
- inserting requirements to declare gender-based violence into third party agreements and managing risks from non-employee staff (e.g. contractors, volunteers) who have relevant investigations or substantiated allegations; and taking measures necessary to maintain student and staff safety
- developing a policy to guide decision-making and implementation of alternative arrangements in teaching, research, supervision, employment and accommodation to ensure safety where allegations of gender-based violence arise
- documenting all risk assessments and mitigation measures and decisions to ensure accountability and demonstrate ongoing compliance.

Standard 2.2

Requirement: A Provider must:

- a. require employees to declare any existing or previous intimate personal relationship they have with:
 - i. an employee, where one employee has, or is likely to have, any supervisory, oversight or decision making responsibilities in relation to the other employee; and
 - ii. (Student, where the employee has, or is likely to have, any academic or other decision-making responsibilities in relation to the Student; and
- b. where a declaration is made in accordance with paragraph 2.2(a), implement a conflict-of-interest management plan that includes permanent alternative teaching, research or working arrangements as necessary.

Examples of practical ways to comply with the requirement:

Consider:

- reviewing existing HR policies and procedures and incorporating a clear declaration process to require employees to confidentially declare any current or previous intimate relationships with colleagues (where supervisory or decision-making responsibilities exist) or students (where academic/decision-making responsibilities exist)
- providing clear guidance to employees explaining the purpose, confidentiality and assessment process for such declarations
- maintaining a confidential register to securely record all declarations in a central HR or governance system, accessible only to authorised staff responsible for managing conflicts of interest
- establishing policies and procedures to assess risk, safety and conflicts of interest based on declarations, taking the duty of care to students and staff into account

- providing oversight to the Governing Body member / subcommittee with delegated responsibility for student and staff safety and wellbeing to ensure decisions are transparent, proportionate and prioritise safety
- developing conflict of interest management plans for each declaration, outlining measures to prevent risks, including changes in reporting, supervision or decision-making responsibilities
- notifying managing staff, on a need to know only basis, of the agreed conflict of interest management plan and ensure they understand the confidential nature of the declaration, to protect privacy to the highest possible extent in the implementation of the conflict of interest management plan
- developing guidance on how to reassign supervisory or teaching duties to ensure employees with a declared relationship are removed from grading, supervision or performance evaluation of the other party
- adjusting research and workplace arrangements, including relocating staff or students within labs, research teams or work areas where necessary
- monitoring and reviewing arrangements regularly to assess that conflict management measures are implemented effectively and adjust as needed over time
- providing training and guidance for staff and supervisors on their responsibilities to declare relationships, follow conflict management procedures and maintain the confidentiality of declaration they are made aware of.

Policies

Standard 2.3

Requirement: A Provider must have and implement a Policy on preventing and responding to Gender-based Violence that:

- a. provides information and increases awareness and understanding of the factors that drive and contribute to Gender-based Violence, as well as any factors relevant to the Provider's context;
- b. is Person centred and Trauma informed in its content and application;
- c. adopts the definition of Gender based Violence as defined in the Code;
- d. clearly states that Gender based Violence is unacceptable;
- e. includes information on available support services, including academic supports, in relation to Gender-based Violence;
- f. includes information on Procedures in relation to a Disclosure or Formal Report of Gender-based Violence; and
- g. is publicly available, drafted in plain English and able to be translated into different languages taking into account the student and staff demographics of the Provider.

Examples of practical ways to comply with the requirement:

Consider:

- developing an evidence-based policy, using current research and national data, that includes the factors that drive and contribute to gender-based violence; and supplementing this with analysis of contextual factors specific to the provider's context to ensure the policy is relevant and responsive to local risks
- embedding person-centred and trauma-informed principles, with emphasis in the policy on safety, choice and empowerment for disclosers and including guidance on sensitive communication and support pathways
- adopting the National Code's definition of 'gender-based violence' and use consistent terminology across all institutional documents, policies and training materials

- including a clear statement of commitment which explicitly declares that gender-based violence, in any form, is unacceptable within the higher education community
- listing internal and external support services and providing up-to-date contact details for counselling, medical, advocacy, legal and academic support services, including after-hours and culturally appropriate options
- outlining disclosure and reporting procedures that clearly explain how to make a disclosure or formal report, what will happen next, and how confidentiality and safety will be managed
- publishing the policy clearly on the provider's main website and in multiple formats, including mobile friendly options
- ensuring accessibility and inclusivity which responds to the needs of disproportionately impacted groups – e.g. publishing the policy online in plain English and providing translation or easy-read versions aligned with the linguistic and cultural diversity of staff and students.

Standard 2.4

Requirement: A Policy on preventing and responding to Gender-based Violence must apply to:

- a. Students, Leadership, Staff and Affiliated Organisations; and
- b. entities that conduct activities on behalf of the Provider, including but not limited to businesses and organisations that operate on, use or lease the Provider's land and facilities.

Examples of practical ways to comply with the requirement:

Consider:

- applying the policy developed under Standard 2.3 across the organisation and including a scope statement explicitly outlining its application to all students, staff (academic and professional), senior leadership, contractors and affiliated organisations
- embedding the requirement to comply with the gender-based violence policy in memoranda of understanding, partnership agreements, contracts and research collaborations with affiliated entities
- extending policy coverage to other third parties by requiring businesses, clubs and organisations operating on campus (e.g. cafes, student unions, sporting clubs) to comply with the provider's gender-based violence policy and procedures
- incorporating policy clauses in leases and licences making adherence to the gender-based violence policy a contractual condition for any organisation leasing or using university premises or facilities
- communicating expectations to all parties. This may include providing induction materials and information sessions to ensure staff, students and partners understand their obligations under the policy
- monitoring and enforcing compliance by establishing mechanisms (e.g. audits, reporting requirements, contract reviews) to ensure external entities and affiliates uphold the provider's gender-based violence prevention and response standards.

Standard 2.5

Requirement: A Provider must develop and review its Policy on preventing and responding to Gender-based Violence at least every three years including through engagement and collaboration with:

- a. Students;
- b. employees;
- c. those groups who are disproportionately affected by Gender-based Violence;
- d. those who have experienced Gender-based Violence;
- e. subject matter experts on Gender-based Violence; and
- f. third parties whose facilities are utilised by Students or Staff to undertake clinical or other work, research placements, or practicums.

Examples of practical ways to comply with the requirement:

Consider:

- establishing a gender-based violence policy development and/or review advisory group, including student, staff and equity and inclusion office representatives, to guide the 3-year (at minimum) policy review process and ensure alignment with review cycles of other provider policies
- documenting 3-year (at minimum) review timeframes in the policy
- using multiple channels to reach broad cohorts for consultations, including focus groups or surveys with students, employees and communities disproportionately affected by gender-based violence (e.g. women, First Nations, culturally and linguistically diverse, disability, and LGBTIQA+ groups)
- engaging victim-survivor advocates and people with lived experience as appropriate through safe, trauma-informed consultation processes or via representative organisations
- engaging and collaborating with gender-based violence subject-matter experts, including prevention experts, and those with experience and expertise in gender-based violence response
- collaborating with placement and partner organisations to ensure alignment between provider and partner policies and procedures
- documenting and publishing review outcomes, recording consultation feedback, updating the policy accordingly, and communicating key changes to all stakeholders
- integrating the review of these policies into existing organisational policy review cycles and processes, including internal audit and other appropriate corporate governance processes.

Standard 2.6

Requirement: The Secretary may require a Provider to report on how the engagement with, and the views of Students and employees, experts in prevention of Gender-based Violence and other persons identified in 2.5, has informed the development and review of the Policy on preventing and responding to Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed records of engagement including minutes, summaries or feedback reports from all engagement activities with students, staff, experts and affected groups
- preparing an engagement summary report outlining who was consulted, key themes raised, and how these were addressed in the final policy
- documenting how feedback informed policy changes, mapping stakeholder input to specific amendments or improvements made during policy development or review
- using structured feedback tools including surveys, focus groups and consultation templates to capture consistent input across diverse stakeholder groups
- publishing or submitting an engagement summary report, internally or on the website (where appropriate), to demonstrate transparency and accountability
- assigning oversight responsibility – e.g. a governance committee or subcommittee member with safety or wellbeing expertise – to oversee consultation documentation and ensure readiness to report to the Secretary if requested.

Standard 2.7

Requirement: A Provider must, when developing, reviewing and implementing its Policies, ensure that the Policies support:

- a. the prevention of Gender-based Violence, including by undertaking gender impact assessments;
- b. effective responses to Gender-based Violence;
- c. Disclosers achieving their educational outcomes, including through necessary academic adjustments; and
- d. the physical and psychological safety and wellbeing of Students and Staff.

Examples of practical ways to comply with the requirement:

Consider:

- evaluating proposed and existing policies, programs and campus environments to support the identification of the factors that drive and contribute to gender-based violence and facilitate risk mitigation relating to gender-based violence or gender inequality
- conducting gender impact assessments to identify how different genders may be affected by a policy to mitigate any unintended negative impacts; and using this process to strengthen the policy's contribution to broader safety, wellbeing and gender equality outcomes for students and staff
- including processes to support academic continuity into relevant policies to apply when disclosures are made, including the provision of flexible study options, extensions, modified assessments or alternative supervision arrangements to help students continue their education safely

- ensuring policy guidance prioritises safety and wellbeing and establishing risk assessment processes, safety planning and access to counselling or employee assistance programs for affected students and staff
- monitoring policy effectiveness through regular review of outcomes and feedback from users to ensure policies continue to prevent harm and promote safe, equitable learning and work environments.

Transparency

Standard 2.8

Requirement: A Provider must prohibit the use of a Non-disclosure Agreement, unless requested by a Discloser.

- If a Discloser requests the use of a Nondisclosure Agreement in relation to Gender-based Violence, any such agreement with the Provider must not stop the Discloser from sharing their experience for the purpose of seeking support and advice or prevent the Provider from complying with their reporting obligations under the Code;
- (Any settlement terms agreed between the Discloser and the Provider must not contain a Non-disparagement Clause that could have the effect of requiring the Discloser to keep their experience of Gender-based Violence confidential.

Examples of practical ways to comply with the requirement:

Consider:

- explicitly prohibiting the use of non-disclosure agreements and including clear and definitive advice in policies and procedures that a non-disclosure agreement cannot be used in gender-based violence matters unless the discloser specifically requests one
- developing compliant settlement templates which ensure that any agreements requested by a discloser explicitly allow them to seek support and advice and to report the incident; and removing any non-disparagement clauses that could limit disclosure
- providing guidance and training for HR, legal and complaints-handling or student support staff on the National Code's requirements regarding non-disclosure agreements and non-disparagement clauses. Ensure staff take a trauma-informed approach and do not pressure or influence the discloser to request a non-disclosure agreement
- verifying and recording discloser consent where a non-disclosure agreement is requested, including confirming the discloser's informed and voluntary consent, ideally with access to independent legal advice
- auditing and regularly reviewing settlement agreements related to gender-based violence to ensure compliance with the National Code's requirements
- communicating clearly to disclosers that non-disclosure agreements are prohibited unless requested and that requesting a non-disclosure agreement does not restrict their access to support or reporting pathways
- seeking legal advice to inform procedures where disclosers do request a non-disclosure agreement to give additional protection such as cooling-off periods
- retaining records of where disclosers request a non-disclosure agreement and store them securely, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

National Student Ombudsman Recommendations

Standard 2.9

Requirement: A Provider must implement any recommendations made by the National Student Ombudsman in relation to Gender-based Violence which are directed to the Provider.

Examples of practical ways to comply with the requirement:

Consider:

- establishing a tracking system to log all recommendations received from the National Student Ombudsman related to gender-based violence and assign responsibility for the implementation and oversight of the recommendations within the organisation
- providing the Governing Body with specific reporting on the recommendations received from the National Student Ombudsman, who is responsible within the provider's organisation for implementing them, when they will be implemented by, and regular progress reporting on them
- developing an action plan with timelines, accountable staff and measurable outcomes for implementing each recommendation
- reviewing and updating relevant gender-based violence policies, reporting procedures and training materials to reflect the National Student Ombudsman's recommendations
- communicating changes internally, informing staff, students and affiliated organisations about updates made in response to recommendations
- monitoring and reporting on implementation, including regular review of progress and documenting completion of each recommendation, to ensure accountability and readiness for audits or reviews
- engaging stakeholders as needed and, where recommendations affect multiple areas (e.g. student services, HR, academic departments), involve relevant stakeholders in planning and implementation.

Reporting

Standard 2.10

Requirement: The Secretary may require a Provider to report on how it has complied with its obligations under this Standard in a manner and form to be prescribed by the Secretary.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed records demonstrating compliance with all obligations and activities (policies, training, reporting and risk management) under Standard 2, including governance, leadership and accountability measures
- developing a reporting template aligned with the Secretary's prescribed format, or use templates provided by the Higher Education Gender-based Violence Regulator, to ensure consistency, completeness and streamlining of reporting
- compiling supporting evidence such as meeting minutes, policy updates, training records and implementation plans
- conducting an internal review or audit prior to submission to confirm accuracy and alignment with the National Code's requirements
- assigning a responsible officer or compliance team to prepare and submit reports when requested by the Secretary
- retaining copies of submitted reports and related documentation for future reference or verification
- incorporating any feedback from the Secretary into future reporting and compliance processes
- maintaining accessible and well-organised record-keeping processes to support the provider's ability to demonstrate compliance with Standard 2 if requested by the Secretary.



Section 5.2.3

Standard 3: Knowledge and capability

Higher education providers' environments are safe and systems continuously improve to prevent and respond to gender-based violence

Overview and intent of Standard 3

Standard 3 focuses on capability development as a cornerstone of the National Code and of gender-based violence prevention and response efforts.

By investing in knowledge, skills and training, higher education providers ensure that institutions are not only equipped to respond to incidents of gender-based violence but are also empowered to prevent them. Building capability across leadership, staff and student communities fosters safer environments, strengthens accountability and drives meaningful cultural change. This proactive approach is essential to uphold the safety and dignity of all individuals and to deliver lasting impact across the sector.

Providers have a significant opportunity to promote new norms and structures to prevent gender-based violence, while also equipping graduates to positively contribute to safe workplaces and an equal society.

When staff and student leaders have the skills and capacity to respond effectively and compassionately to gender-based violence, it is more likely there will be a consistent, sensitive and appropriate response when a disclosure is made.

Table 4 below outlines requirements for building knowledge and capability to safely and effectively prevent and respond to gender-based violence.

Important guidance on conducting risk assessments

Risk assessments apply to Standards 3, 4, 6 and 7.

A risk assessment is a structured process through which a higher education provider identifies, evaluates and manages potential or actual risks arising from disclosures or formal reports of gender-based violence. The purpose of risk assessment under the National Code is to manage risk and protect the safety of students, staff and others in higher education community; and to inform proportionate, timely and effective responses.

Risk assessment is not a one-time exercise; it is ongoing, dynamic and responsive to new information or changing circumstances. It is central to a whole-of-organisation, trauma-informed and person-centred approach, ensuring that risk management measures support safety while respecting the rights and wellbeing of both disclosers and respondents.

Risk assessment is central to the safe, effective and compliant implementation of the National Code. Higher education providers must adopt a systematic, timely and evidence-informed approach to identifying and managing risks.

Where applicable, providers should use evidence-based risk assessment tools or frameworks for relevant forms of gender-based violence, aligned with state, territory and national frameworks for best-practice risk assessment, monitoring and management.

In complying with the National Code, higher education providers should:

- assign trained staff with relevant expertise to lead risk assessments
- undertake risk assessments promptly following a disclosure or formal report and immediately where urgent safety concerns arise
- engage with the discloser to *seriously consider* their views in determining appropriate measures
- determine immediate actions to prevent harm, such as temporary relocation, academic or work adjustments, or other safety interventions
- consider the potential impact of measures on respondents and ensure decisions are fair, transparent and proportionate
- identify support needs for both disclosers and respondents and integrate these into tailored support plans
- ensure that interventions are monitored for effectiveness and adjusted as necessary
- maintain clear records of risk assessment decisions, rationale and actions taken
- ensure that records comply with privacy laws while supporting transparency, monitoring and accountability
- ensure that risk assessments feed into broader organisational prevention and response strategies
- in accordance with Standard 7 relating to student accommodation, undertake a risk assessment within 48 hours of receiving the disclosure or formal report or immediately to ensure the safety of disclosers, staff and other residents, where required
- consider how lessons from risk assessments can inform ongoing improvements in policies, procedures, training and support systems.

Requirements and practical examples

Table 4: Summary of Standard 3 requirements and practical examples

Standard 3 – Knowledge and capability

Prevention education and training

Standard 3.1

Requirement: A Provider must ensure delivery of ongoing, comprehensive prevention education and training to its Students, Leadership and Staff that includes the following learning outcomes for participants:

- a. increases awareness and understanding of what constitutes Gender-based Violence;
- b. increases awareness and understanding of the factors that drive and contribute to Gender-based Violence, as well as any factors relevant to the Provider's context;
- c. increases awareness and understanding of how forms of inequality and discrimination compound to effect Gender-based Violence, particularly for those who are disproportionately affected by Gender-based Violence;
- d. increases awareness and understanding of healthy, respectful and safe relationships and consent;
- e. increases awareness and understanding of the role of power dynamics in Gender-based Violence;
- f. increases awareness and understanding of the support services, resources and reporting channels available to a person who has experienced Gender-based Violence;
- g. increases awareness and understanding of Ethical Bystander and compassionate responses to Disclosures and Formal Reports; and
- h. (builds understanding of Gender-based Violence by strengthening knowledge and capability over time.

Examples of practical ways to comply with the requirement:

Consider:

- conducting a needs assessment that considers current knowledge, skills, gaps and training needs to inform education and training curriculum
- developing a comprehensive education and training plan, programs, materials and schedule for students, leadership and staff, including curriculum mapped to learning outcomes and covering:
 - definitions and the factors that drive and contribute to gender-based violence, as well as any factors relevant to the provider's context
 - intersectionality and how inequality and discrimination can exacerbate the risk and impact of gender-based violence
 - healthy, respectful and safe relationships, consent and the role of power dynamics in gender-based violence
 - available support services, referral pathways and resources
 - reporting procedures and channels for those who have experienced gender-based violence consistent with Standard 4
 - ethical bystander training and guidance on compassionate and safe responses to disclosures and formal reports
- including prevention training in mandatory training requirements for students, leadership and staff

- delivering training via iterative and ongoing sessions, rather than one-off sessions, that builds knowledge and skills over time
- using diverse delivery methods (e.g. online modules, workshops, scenario-based learning) to engage different learning styles and contexts
- ensuring training programs are delivered by staff with adult learning and/or relevant training qualifications, subject-matter expertise in gender-based violence prevention, and experience in trauma-informed training delivery
- maintaining a training register or online dashboard that records training completion and follow up with those who have not completed the training
- keeping records of attendance and completion rates for all training programs
- gathering participant feedback in accessible, brief and easy-to-use formats, including anonymous options
- evaluating and update training regularly to reflect emerging research, feedback and the specific context of the provider.

Standard 3.2

Requirement: A Provider must ensure that prevention education and training is:

- a. evidence-informed and aligns with current best practice in the prevention of Gender-based Violence;
- b. Trauma-informed in its content and delivery;
- c. tailored to the Provider's community and context;
- d. culturally appropriate;
- e. inclusive and accessible to Students and Staff with disabilities;
- f. designed to support ongoing learning; and
- g. designed to safely manage any Disclosures that may arise in the course of the education and training, including by providing information about the internal and/or external support services and reporting channels available to a person who has experienced Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- aligning training curriculum and delivery with best-practice national and international prevention frameworks and guides; and drawing from current and emerging prevention evidence base (e.g. academic literature, practice guides, advice from prevention peak bodies, available data)
- ensuring training curriculum and delivery are trauma-informed
- embedding all the learning outcomes at Standard 3.1 but avoiding a 'one-size-fits-all' approach by tailoring prevention training to the provider's community and context. For example, this may include addressing the factors that drive and contribute to gender-based violence across all contexts, as well as factors specific to the provider's community and context
- designing curriculum, training delivery and feedback mechanisms to be culturally appropriate (in alignment with provider's own diversity, equity and inclusion frameworks or other relevant frameworks); and safely, respectfully and ethically engage First Nations people and culturally and linguistically diverse people in its development
- designing curriculum training delivery and feedback mechanisms to align with disability-inclusive education principles; and safely, respectfully and ethically engage people with disability in its development
- designing training curriculum to include ongoing learning opportunities (e.g. refresher training, sharing learning materials and resources)

- including guidance, procedures and protocols to safely manage any disclosures that arise in the course of the education or training program through providing information about the internal and/or external support services and reporting channels available to a person who has experienced gender-based violence
- regularly reviewing and updating training to maintain alignment with best practice, emerging research and feedback from participants.

Standard 3.3

Requirement: A Provider must develop prevention education and training through collaboration and engagement with:

- experts in the prevention of gender-based violence;
- students;
- staff;
- people who have experienced gender-based violence; and
- those disproportionately impacted by gender-based violence.

Examples of practical ways to comply with the requirement:

Consider:

- establishing a working group or advisory committee including internal and external experts in gender-based violence prevention, students, staff and representatives from disproportionately affected groups and with lived experience to co-design and collaborate to develop education and training content and materials
- partnering with gender-based violence prevention experts to co-design or review education and training materials
- collaborating with organisations or specialists responsive to the needs of First Nations peoples, culturally and linguistically diverse communities, people with disability, and LGBTQIA+ groups to ensure inclusivity
- ensuring collaboration and engagement is meaningful and spans the full life cycle of prevention training development from early design to review and including updates
- ensuring strategies for safe, respectful and ethical collaboration are in place. Strategies may include:
 - providing different opportunities for collaboration tailored to the needs of different cohorts (e.g. focus groups, workshops, listening circles and sessions, surveys) to gather input on priorities and needs
 - offering different channels for input (e.g. online, one-on-one, in-person, anonymous) to reduce barriers to participation
 - establishing safety protocols, which may include opportunities for debriefing and referral to appropriate support
 - providing feedback to participants about how their input was incorporated into the education and training
- where appropriate, compensating participants for their contributions
- piloting prevention education programs with diverse participant groups and adjust content based on feedback
- regularly reviewing training materials to reflect current best practice and the perspectives of affected communities.

Standard 3.4

Requirement: The Secretary may require a Provider to report on how the engagement with and views of the persons referred to at s 3.3 has informed the development of the education and training.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed engagement and collaboration records – including dates, minutes, summaries and feedback reports from all engagement activities with the groups specified in Standard 3.3
- documenting how feedback informed the development of education and training mapping stakeholder input to specific amendments or improvements made during education and training development or review
- preparing an engagement and collaboration summary – outlining who was engaged; key themes that were raised and how these were addressed in the development of education and training; and how engagement improved the relevance and accessibility of training programs and delivery - for inclusion in publicly facing or internal reporting processes to demonstrate transparency and accountability
- using structured feedback tools such as surveys, focus groups and consultation templates to capture consistent input across diverse stakeholder groups
- ensuring ongoing stakeholder engagement is built into program review cycles, with outcomes reported to the Secretary as required
- nominating a governance committee or senior officer to oversee consultation documentation and ensure readiness to report to the Secretary if requested.

Prevention and communication initiatives

Standard 3.5

Requirement: A Provider must promote and widely disseminate evidence-informed prevention communication and key messaging across its study, work, living and social environments

Examples of practical ways to comply with the requirement:

Consider:

- developing a clear approach to communications and/or social marketing that builds or connects clearly to complementary prevention programming and activity based on universal primary prevention approaches
- determining target audiences for communications and/or social marketing activities drawing on data and evidence
- developing and implementing a communications plan that includes:
 - communications objectives, target audiences and outcomes
 - key messages tailored to the target audiences about respect, consent and bystander action
 - methods for dissemination that are most effective for engaging the target group. This may include peer education programs to share prevention messages in study, work and social settings, as well as through posters, digital screens, newsletters and social media across all campuses and online platforms
 - sites for dissemination, including student orientation materials and events, staff inductions, residential life programs, student clubs and leadership training

- processes to ensure communications activities are accessible and inclusive; and responsive to the needs of disproportionately impacted groups
- the timing of communications initiatives, such as campaigns during high-risk periods such as orientation week, major social events, and end-of-semester celebrations
- strategies for evaluating the effectiveness of prevention communication and key messaging
- ensuring prevention communication and key messaging is implemented in a sustained way, using a range of platforms and combined with other prevention components and activities designed to have impact at a community level
- partnering with gender-based violence prevention organisations to ensure messaging is informed by best-practice prevention frameworks and guides and draw from current and emerging prevention evidence base (e.g. academic literature, practice guides, advice from prevention peak bodies, available data)
- testing key messaging with target audiences – gathering feedback on clarity, relevance and impact and adjusting accordingly
- implementing the communication plan through coordinated campaigns across identified sites, delivering tailored, inclusive messages that promote respect, consent and bystander action; and continuously monitoring feedback and engagement to refine messaging, adjusting delivery methods and strengthening impact over time
- regularly updating and evaluating communication materials to ensure they remain accurate, relevant and effective.

Standard 3.6

Requirement: Prevention activities, including programs and campaigns, delivered by a Provider must be evidence-based and evaluated. Evaluation findings must inform future prevention initiatives.

Examples of practical ways to comply with the requirement:

Consider:

- ensuring prevention activities, including programs and campaigns, are informed by international and national best-practice prevention frameworks and guides and draw from current and emerging prevention evidence base (e.g. academic literature, practice guides, advice from prevention peak bodies, available data)
- conducting pre- and post-program evaluation to measure changes in awareness, attitudes and behaviours related to gender-based violence
- collecting participant feedback to assess relevance, accessibility and impact of programs
- engaging external experts or researchers to independently evaluate prevention initiatives
- documenting evaluation results and using findings to revise, improve or redesign future prevention initiatives and update the whole-of-organisation plan and outcomes framework
- establishing a regular review cycle to ensure all prevention activities remain evidence-based and aligned with emerging research
- sharing evaluation outcomes with stakeholders, including students, staff and governing bodies, to demonstrate continuous improvement.

Standard 3.7

Requirement: The Secretary may require a Provider to report on how the evaluation findings have informed future prevention initiatives.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining written records linking evaluation findings to specific changes made in prevention programs or campaigns
- preparing summary reports that outline evaluation outcomes and the resulting program improvements
- including a section in annual compliance or governance reports describing how evaluation results informed future initiatives
- developing an internal tracking system to document lessons learned and how they shaped subsequent prevention activities
- sharing case studies or examples showing how evaluation feedback led to updates in content, delivery or target audiences
- ensuring evaluation reports and follow-up actions are available for submission to the Secretary upon request.

Responding to disclosures education and training

Standard 3.8

Requirement: A Provider must, as part of the onboarding process and subsequently on at least an annual basis, deliver specialised education and training on responding to a Disclosures to Students in leadership positions, Leadership, Staff and any other person whom the Provider considers necessary.

Examples of practical ways to comply with the requirement:

Consider:

- conducting a needs assessment that considers current knowledge, skills, gaps and training needs to inform education and training curriculum
- developing a comprehensive education and training plan, programs and materials for students, leadership and staff on responding to disclosures, incorporating curriculum mapped to learning outcomes
- delivering training by staff with subject-matter expertise in gender-based violence, experience in trauma-informed training delivery and adult learning and/or relevant training qualifications
- maintaining records of attendance and completion for all participants to demonstrate compliance
- employing diverse delivery methods (e.g. online modules, workshops, scenario-based learning) to engage different learning styles and contexts, including blended learning comprising face-to-face engagement, online components and follow-up and refresher modules
- employing skills-based methodologies such as scenario-based learning, role-plays or case studies to practise responding safely and appropriately to disclosures
- updating training content regularly to reflect current best practice, legal obligations and feedback from participants
- incorporating annual training (at a minimum) into mandatory training requirements for student leaders, leadership, all staff (academic and professional) and any other relevant personnel

- developing a training schedule for training to be delivered as part of the onboarding process, with scheduled refresher sessions at least annually to reinforce knowledge, skills and responsibilities
- avoiding a ‘one-size-fits-all’ approach by tailoring responding to disclosures education and training to the specific context, roles and responsibilities of student leaders, leadership and staff
- maintain a training register or online dashboard that records training completion and follow up with those who have not completed the training.

Standard 3.9

Requirement: The education and training on responding to a disclosure must:

- a. teach participants how to take a Trauma informed and Person centred approach when responding to Disclosures;
- b. increase participants’ awareness of the effect of trauma, including on a person’s behaviour, memory and health and wellbeing;
- c. take account of the needs of all members of the Provider’s community, particularly those members who are disproportionately affected by Gender-based Violence, including women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity;
- d. be developed through engagement with or approved by an Accredited Specialist, specialist organisation or a person with expertise in responding to Gender-based Violence; and
- e. be designed to safely manage any Disclosures that may arise in the course of the education and training, including by providing information about the internal and/or external support services and reporting channels available to a person who has experienced Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- including in the education and training programs and materials referred to in Standard 3.8:
 - evidence-based content to:
 - » improve knowledge and upskill participants on managing disclosures of gender-based violence using safe, trauma-informed and person-centred approaches
 - » increase participants’ understanding and awareness of the effects of trauma, including on a person’s behaviour, memory, health and wellbeing
 - » build understanding of the needs of the provider’s community, particularly those who are disproportionately impacted by gender-based violence, including women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity
 - information to build awareness of referral pathways, confidentiality obligations, available support services, and reporting procedures and channels for those who have experienced gender-based violence, consistent with Standard 4
- ensuring education and training is developed through engagement with or approved by an internal or external accredited specialist, specialist organisation (e.g. a specialist domestic and family violence service, sexual assault service, gender-based violence peak body, and/or service providing specialist gender-based violence support to disproportionately affected groups) or a person with expertise responding to gender-based violence
- including guidance, procedures and protocols for trainers to safely manage any disclosures that arise in the course of the education or training program through providing information about the internal and/or external support services and reporting channels available to a person who has experienced gender-based violence.

Monitoring and evaluation of education and training

Standard 3.10

Requirement: A Provider must undertake ongoing monitoring and evaluation of its prevention and responding to Disclosures education and training having regard to:

- a. the learning outcomes;
- b. feedback from participants;
- c. feedback from experts in the prevention of and response to Gender-based Violence; and
- d. any other factors the Provider considers relevant for the purposes of monitoring the effectiveness of the education and training.

Examples of practical ways to comply with the requirement:

Consider:

- developing a monitoring and evaluation plan for prevention and responding to disclosures training that:
 - defines the purpose, scope and objectives of ongoing monitoring and evaluation activities
 - details learning outcomes, measures, indicators and data collection methods (e.g. pre- and post-training surveys, focus groups, interviews) to gather participant feedback to measure satisfaction, relevance and confidence in responding to disclosures, as well as feedback from other stakeholders
 - outlines processes for analysing feedback from participants and experts and assessing data, emerging research and sector best practice to identify areas for improvement in training content or delivery and adjusting training materials and methods for continuous improvement
 - identifies external experts or specialist organisations in gender-based violence prevention to periodically review and provide advice in gender-based violence prevention and response training and education effectiveness
- implementing monitoring and evaluation activities on an ongoing basis as outlined in the monitoring and evaluation plan
- documenting all evaluation processes, outcomes, changes made to training materials and delivery based on evaluation for reporting and continuous improvement.

Standard 3.11

Requirement: A Provider must use findings from monitoring and evaluation to inform future education and training. The Secretary may require a Provider to report on how the list at s 3.10 a–d informed the evaluation and future education and training.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining records linking evaluation findings and participant feedback to specific updates made in future education and training programs
- including a section in annual reports outlining how learning outcomes, participant and expert feedback and other relevant data informed revisions
- holding regular review meetings with training developers and subject-matter experts to integrate evaluation insights into updated content

- using monitoring data to refine delivery methods, improve accessibility and address identified knowledge or skills gaps
- developing an internal tracking system showing how each evaluation input (in the list at 3.10(a)–(d)) contributed to program improvements
- preparing summary reports or case studies demonstrating how feedback and outcomes shaped future initiatives for submission to the Secretary if required.

Standard 3.12

Requirement: The Secretary may require the Provider to provide copies of evaluation reports.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining organised and up-to-date records of all evaluation reports for prevention and response education and training programs
- storing reports securely in a central system that allows easy retrieval for reporting or audit purposes
- establishing internal procedures to review, approve and submit evaluation reports to the Secretary when requested
- ensuring evaluation reports clearly document methodology, findings and resulting program improvements
- assigning responsibility to a designated compliance or governance officer for managing and submitting required reports
- regularly reviewing reporting processes to confirm readiness to provide documentation promptly upon request.

Standard 3.13

Requirement: A Provider is responsible for determining whether this education and training is required to be updated, having regard to its duty of care to students and staff.

Examples of practical ways to comply with the requirement:

Consider:

- establishing a regular review schedule (e.g. annually or biannually) to assess whether education and training materials remain current and effective
- monitoring changes in legislation, best practice and research on gender-based violence prevention and response to identify when updates are needed
- gathering feedback from students, staff and experts to identify gaps and outdated content
- reviewing incident trends or risk assessments to determine if new topics or emphasis areas should be added
- consulting with accredited specialists or external advisors to confirm the adequacy and relevance of existing training
- documenting decisions about updates, including the rationale and evidence considered under the provider's duty of care obligations.

Expertise and experience – risk assessments

Standard 3.14

Requirement: A Provider must require that risk assessments conducted under the Code are undertaken by Staff who have:

- a. expertise in Gender-based Violence risk assessment;
- b. competency in working with specific cohorts including First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity; and
- c. relevant knowledge, including of:
 - i. evidence-based static and dynamic risk factors and protective factors for experiencing Gender-based Violence;
 - ii. types, patterns and effects of Gender-based Violence;
 - iii. how Gender-based Violence is experienced by different groups of people; and
 - iv. the nature and impact of coercive control.

Examples of practical ways to comply with the requirement:

Consider:

- requiring that staff conducting risk assessment have expertise in gender-based violence risk assessment; competency working with specific cohorts, including First Nations people, culturally and linguistically diverse communities, people with disability, and people of diverse sexual orientation and gender identity; and relevant knowledge of:
 - evidence-based static and dynamic risk factors and protective risk factors for experiencing gender-based violence
 - types, patterns and effects of gender-based violence
 - how gender-based violence is experienced by different groups of people
 - the nature and impact of coercive control
- updating relevant workforce development policies, capability frameworks, and recruitment and retention strategies to align with the expertise and experience requirements outlined in 3.14(a)–(c)
- ensuring staff recruitment and retention strategies include minimum qualification and experience requirements, robust recruitment policies and procedures, supervision requirements, training and professional development requirements (including membership of relevant professional institutions/societies), and performance appraisal processes
- maintaining a register of qualified staff authorised to conduct risk assessments under the National Code
- providing ongoing professional development and training to staff conducting risk assessments on risk assessment processes in response to disclosures and formal reports, understanding evidence-based risk factors, protective factors, the dynamics of gender-based violence, coercive control, the impacts of trauma, and how experiences of gender-based violence differ across communities
- periodically reviewing training records of those conducting risk assessment to ensure expertise remains current and compliant with best practice.

Standard 3.15

Requirement: Where a Provider identifies that it does not have Staff with the necessary expertise and experience to conduct a risk assessment, the Provider must engage a person external to the Provider who has the necessary expertise and experience to do so, except in urgent circumstances in which a Provider must take action consistently with its duty of care to Students and Staff.

Examples of practical ways to comply with the requirement:

Consider:

- engaging external specialist support when internal staff do not have the required expertise and experience to ensure compliance with Standard 3.14
- developing a list of external experts or organisations qualified to conduct gender-based violence risk assessments and with experience working sensitively with disproportionately impacted groups, aligned with required expertise and experience in Standard 3.14
- establishing contracts or service agreements with external experts to enable engagement when needed
- in urgent situations, implementing interim safety measures based on the provider's duty of care while awaiting a formal risk assessment
- documenting all decisions and actions taken, including the rationale for using external experts or urgent interim measures
- reviewing and updating internal capacity periodically to reduce reliance on external specialists where possible.

Expertise and experience – Formal Reports, investigations and disciplinary proceedings

Standard 3.16

Requirement: A Provider must require Staff involved in responding to Formal Reports, conducting an investigation, or determining a disciplinary proceeding to have:

- a. Knowledge in relation to Gender-based Violence, including in the following:
 - i. risk and protective factors for experiencing Gender-based Violence;
 - ii. the types, patterns and effects of Gender-based Violence;
 - iii. how Gender-based Violence is experienced by different groups of people; and
 - iv. the nature and impact of coercive control; and
- b. experience and expertise, including in the following:
 - i. how to respond effectively to people who have experienced and engaged in Gender-based Violence, including consistently with Trauma informed and Person-centred approaches;
 - ii. the effects of trauma, including on a person's behaviour, memory and health and wellbeing;
 - iii. competency in working with specific cohorts including First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity;
 - iv. Procedural Fairness;
 - v. taking and recording statements; and
 - vi. handling reports and Disclosures.

Examples of practical ways to comply with the requirement:

Consider:

- requiring staff involved in responding to formal reports, conducting an investigation or determining a disciplinary proceeding to have knowledge of risk and protective factors for experiencing gender-based violence; the types, patterns and effects of gender-based violence; how gender-based violence is experienced by different groups of people; and the nature and impact of coercive control (3.16(a))
- requiring staff involved in responding to formal reports, conducting an investigation or determining a disciplinary proceeding to have experience and expertise in how to respond effectively to people who have experienced gender-based violence, including through trauma-informed and person-centred approaches; the effects of trauma, including on a person's behaviour, memory and health and wellbeing; competency working with First Nations people, culturally and linguistically diverse communities, people with disability, and people of diverse sexual orientation and gender identity; procedural fairness; taking and recording statements; and handling reports and disclosures (3.16(b))
- updating relevant workforce development policies, capability frameworks and recruitment and retention strategies to align with the expertise and experience requirements outlined in 3.16(a)–(b)
- ensuring staff recruitment and retention strategies include minimum qualification and experience requirements, robust recruitment policies and procedures, supervision requirements, training and professional development requirements (including membership of relevant professional institutions/societies) and performance appraisal processes.

Standard 3.17

Requirement: A Provider must require Staff involved in responding to Formal Reports, conducting an investigation, or determining a disciplinary proceeding to undertake training in areas relating to 3.16(a) to 3.16(b) once every three years.

Examples of practical ways to comply with the requirement:

Consider:

- requiring all staff involved in formal reports, investigations and disciplinary proceedings to complete specialised training on gender-based violence knowledge, including risk and protective factors, patterns, trauma impacts and coercive control
- providing ongoing professional development on responding to diverse experiences of gender-based violence across different groups, including First Nations peoples, culturally and linguistically diverse communities, people with disability, and people of diverse sexual orientation and gender identity
- training staff in trauma-informed and person-centred approaches to support both disclosers and respondents effectively
- delivering training on procedural fairness, statement-taking and accurate record-keeping
- conducting scenario-based learning or role-plays to practise handling disclosures and reports safely and appropriately
- maintaining records of staff qualifications, training and experience to ensure compliance with the National Code
- scheduling mandatory training for all staff covered under Standard 3.16 at least once every 3 years
- maintaining a training register to track completion dates and ensure timely enrolment in training
- providing multiple delivery options (e.g. in-person, online, hybrid) to ensure all staff can participate

- including scenario-based exercises and case studies in training to reinforce trauma-informed, person-centred and procedural fairness approaches
- requiring assessment or demonstration of competence at the end of each refresher to confirm understanding and application
- documenting training completion and any follow-up actions for compliance reporting and audits
- periodically reviewing and updating training content to reflect changes in legislation, best practice and emerging research on gender-based violence.

Standard 3.18

Requirement: Where a Provider identifies that it does not have Staff with the necessary expertise and experience to carry out an investigation or determine a disciplinary proceeding, the Provider must engage a person with the expertise under paragraph 3.16.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining a list of qualified external investigators and decision-makers with verified expertise in gender-based violence and trauma-informed practice
- engaging an appropriately credentialed external specialist when internal staff lack the experience or qualifications required under Standard 3.16
- establishing contracts or service agreements with external experts to enable timely engagement when needed
- verifying that external personnel meet all competency requirements, including understanding of procedural fairness, trauma impacts and diverse community needs
- documenting decisions to use external experts and the rationale for doing so, including how they meet Standard 3.16 criteria
- reviewing internal capability periodically and planning professional development to build in-house expertise over time.

Reporting

Standard 3.19

Requirement: The Secretary may require a Provider to report on how it has complied with its obligations under this Standard in a manner and form to be prescribed by the Secretary.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed records demonstrating compliance with all obligations and activities (training, communications, monitoring and evaluation, and expertise and experience) under Standard 3, including governance, leadership, and accountability measures
- developing a reporting template aligned with the Secretary's prescribed format, or use templates provided by the Higher Education Gender-based Violence Regulator, to ensure consistency, completeness and streamlining of reporting
- compiling supporting evidence such as meeting minutes; training records, including training participation data and feedback from participants; and updates to training content
- conducting an internal review or audit prior to submission to confirm accuracy and alignment with the National Code's requirements
- assigning a responsible officer or compliance team to prepare and submit reports when requested by the Secretary
- retaining copies of submitted reports and related documentation for future reference or verification
- incorporating any feedback from the Secretary into future reporting and compliance processes
- maintaining accessible and well-organised record-keeping processes to support the provider's ability to demonstrate compliance with Standard 2 if requested by the Secretary.



Section 5.2.4

Standard 4: Safety and support

Responses and support services are safe and person-centred

Overview and intent

Gender-based violence can occur anywhere, including in workplaces, public places and at home. The consequences of gender-based violence can be significant and long term. Experiencing violence can undermine a victim survivor's sense of safety, significantly impact their mental and physical health and disrupt their education or work.

Providers have a responsibility to provide comprehensive support to their students and staff when they disclose an experience of gender-based violence, regardless of where it occurs. When someone shares that they have experienced gender-based violence, every step of the process is critical to supporting their recovery and healing. Inadequate or inappropriate systems and processes can compound or exacerbate trauma.

Providers must prioritise the safety, dignity and wellbeing of the discloser to ensure continuity of care and provide tailored support throughout their enrolment or employment.

Table 5 below outlines requirements for ensuring response and support services are safe and person-centred.

Requirements and practical examples

Table 5: Summary of Standard 4 requirements and practical examples

Standard 4 – Safety and support

Standard 4.1

Requirement: A Provider must ensure that its responses, practices and support services are safe, Person-centred and consistent with a Trauma-informed approach and best practice.

Examples of practical ways to comply with the requirement:

Consider:

Policies, procedures and practice

- developing and implementing policies and procedures that prioritise safety, autonomy and wellbeing
- consulting current leading practice, including applicable state, territory and national gender-based violence frameworks and professional standards, in the development, review and updating of policies, procedures and practice guidance
- engaging staff or external suppliers with expertise in person-centred and trauma-informed approaches and practice to support policy and procedure development
- ensuring consultation with students, residents and staff, including those with lived experience of gender-based violence and disproportionately impacted groups, informs policies, procedures and practice.

Staff capability and specialist services

- incorporating required knowledge and capability for providing safe, person-centred, trauma-informed responses in gender-based violence response into capability frameworks and/or position descriptions for relevant staff
- building organisational capability in delivering responses, practices and support services that are safe, person-centred, trauma-informed and best practice by:
 - meeting the requirements of Standard 3 with respect to education and training and engaging staff with the required expertise and experience for risk assessments, formal reports, investigations and disciplinary processes
 - ensuring staff responding to disclosures and formal reports receive regular and ongoing supervision and professional development in the provision of safe, person-centred, trauma-informed and leading practice responses, as well as in the identification and prevention of vicarious trauma for staff

Continuous improvement

- monitoring, evaluating and updating responses, practices and support services as part of the monitoring and evaluation requirements (Standard 4.9); evaluating safety, person-centred and trauma-informed approaches; and ensuring alignment with best practice in monitoring and evaluation activities
- collaborating with external gender-based violence experts or survivor-advocacy organisations to evaluate and strengthen trauma-informed practices.

Standard 4.2

Requirement: A Provider must provide or facilitate access to support services to persons making Disclosures and/or Formal Reports and to Respondents, including explaining the available support services and in particular any supports relevant to educational outcomes such as reasonable academic adjustments.

Examples of practical ways to comply with the requirement:

Consider:

- including information in policies relevant to preventing and responding to gender-based violence (as required in Standard 2) on:
 - referral pathways for residents and staff to access for internal and external support services appropriate for their needs. This may include gender-based violence support services (and accredited specialists where applicable), after-hours support pathways, specialist services for disproportionately impacted groups (where available), and other relevant support services (e.g. medical, legal, housing)
 - options to support educational outcomes, including academic adjustments such as flexible study options, extensions, modified assessments and alternative supervision arrangements
- providing clear written and verbal information about available internal and external support services to disclosers and respondents at the time of a disclosure or formal report; and offering academic support options such as extensions, alternative assessments and changes to class timetables for affected students
- ensuring relevant staff are trained to explain, refer and connect disclosers and respondents to support services to meet their needs
- maintaining external partnerships or referral pathways with external gender-based violence, sexual assault and domestic violence services, such as through warm referral or other arrangements
- retaining records of referrals made
- providing respondents with access and referral to wellbeing and academic support while ensuring no contact with the discloser.

Standard 4.3

Requirement: A Provider must actively promote and make widely available information about how Students and Staff can access Policies and Procedures, internal and/or external support services including supports for academic adjustments and educational outcomes in relation to Gender-based Violence. This information must be accessible and publicly available, drafted in plain English and able to be translated into different languages taking into account the Students and Staff demographics of the Provider.

Examples of practical ways to comply with the requirement:

Consider:

- publishing clear, plain English information about policies, procedures and internal and external support services on the provider's website, student portals and staff intranet. Information should include translation options that reflect student and staff demographics
- including guidance on accessing academic adjustments (e.g. deferred assessments, extensions, special arrangements for assessment) or work adjustments and other educational and workplace supports alongside wellbeing and counselling resources
- developing and implementing a communications strategy that considers:
 - the audience of information promotion

- methods and format of information distribution (e.g. printed materials, posters, digital resources, email, social media and newsletters)
- timing of communications, such as promoting information during critical periods in the higher education calendar (e.g. orientation week, examination periods) and embedded in staff induction
- physical location of communications, including all areas where students and staff study, work and socialise, including in student accommodation
- incorporating student and staff feedback mechanisms to test awareness of policies, procedures and support services
- regularly reviewing content to ensure accessibility, including translation into languages other than English, use of plain language, and relevance to all demographics.

Standard 4.4

Requirement: A Provider must undertake a risk assessment in response to all Disclosures and Formal Reports of Gender-based Violence and manage and monitor any identified risks on an ongoing basis.

Examples of practical ways to comply with the requirement:

Consider:

- ensuring gender-based violence policies and procedures include processes for risk identification and assessment, management and ongoing monitoring in response to all disclosures and formal reports. This should include clear risk assessment processes, roles and responsibilities, including where immediate action proportionate to the risk must be taken
- requiring that all relevant staff are trained in risk assessment policies and procedures and understand their roles and responsibilities
- requiring that risk assessment in response to all disclosures and formal reports is undertaken by a person with the required experience and expertise (Standards 3.14 and 3.15)
- using evidence-based risk assessment tools and frameworks for all disclosures and formal reports that include guidance to assess immediate safety risks and ongoing risk of harm (e.g. contact between discloser and respondent, accommodation, class or work placement overlap). Tools or frameworks for relevant forms of gender-based violence aligned with state, territory and national frameworks for best-practice risk assessment and management should be used where applicable (including those assessing the different risk factors for disclosers and people who use violence)
- adhering to policies and procedures about the implementation and monitoring of safety plans
- coordinating with relevant internal and external supports, such as security, counselling or police where appropriate
- monitoring, evaluating and updating risk assessment processes as part of the monitoring and evaluation requirements in Standard 4.9
- ensuring staff document risk assessment and actions taken, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

Safety and support for disclosers

Standard 4.5

Requirement: When implementing safety measures in response to a Disclosure or Formal Report, a Provider must engage with and seriously consider the views of a Discloser.

Examples of practical ways to comply with the requirement:

Consider:

- providing guidance and training relevant staff to engage with and seriously consider the views of the discloser when implementing safety measures, in a safe, trauma-informed and person-centred manner
- requiring that those implementing safety measures in response to disclosures or formal reports have relevant experience and expertise in accordance with requirements in Standard 4.6
- consulting directly with the discloser before implementing any safety measures to understand their preferences and concerns
- providing clear information about available safety options (e.g. timetable adjustments, accommodation changes, no-contact directives)
- documenting the discloser's views and how these were considered in deciding on the safety measures
- offering a support person or advocate involvement to support the discloser or assist in communicating their needs
- explaining the rationale for any measures implemented that differ from the discloser's preferences
- reviewing safety measures regularly with the discloser to ensure they remain appropriate and effective
- ensuring confidentiality and sensitivity when discussing or implementing measures to protect the discloser's privacy.

Standard 4.6

Requirement: A Provider must assign Staff with relevant expertise and experience to develop collaboratively with the Discloser a tailored support plan, including:

- a. implementing any measures necessary to ensure the safety of the Discloser;
- b. explaining and prioritising urgent access to support services for Disclosers when needed and/or requested;
- c. ensuring, to the extent possible, that the Discloser is not required to repeat the content of Disclosures and Formal Reports multiple times to multiple people;
- d. prioritising urgent access to services of an Accredited Specialist for Disclosers when needed and/or requested;
- e. prioritising urgent access to translation and interpreter services for Disclosers when needed and/or requested;
- f. considering and implementing academic and/or work adjustments to support the Discloser at work and/or in achieving their educational outcomes;
- g. undertaking ongoing risk assessments to manage and monitor any identified risks;
- h. where necessary, discussing the investigation and disciplinary processes, including the role of the person making the Disclosure in those processes, if any, and the range of resolutions and sanctions available if an allegation of Gender-based Violence is substantiated against the Respondent; and
- i. discussing the support options available to the Discloser through these processes, including the potential availability of work and/or academic adjustments as required.

Examples of practical ways to comply with the requirement:

Consider:

- developing or updating capability frameworks articulating required knowledge, skills and capabilities required to meet the requirements of this standard for staff assigned to develop support plans with disclosers. Refer to existing gender-based violence capability frameworks, specifically those for working with people impacted by gender-based violence
- assigning staff with relevant expertise and experience to work collaboratively with disclosers to develop tailored support plans which address all criteria set out in 4.6(a)–(i), including implementing any measures necessary to ensure the safety of the discloser, explaining and prioritising urgent access to support services for disclosers
- ensuring staff recruitment and retention strategies include minimum qualification and experience requirements, robust recruitment policies and procedures, supervision requirements, training and professional development requirements (including membership of relevant professional institutions/societies) and performance appraisal processes
- developing or reviewing existing support plan templates and processes and aligning them with requirements in Standard 4.6 and applicable state, territory or national frameworks for gender-based violence response or those recommended by gender-based violence response peak bodies and services as appropriate
- coordinating communication so the discloser interacts primarily with one key contact to minimise the need to retell their experience
- facilitating rapid referrals to counselling, health, accredited specialist services (see definition of 'Accredited Specialist' in the National Code) or other support services when requested or urgently required
- ensuring access to interpreter or translation services promptly when language barriers exist
- developing support plans to implement academic or work adjustments (e.g. flexible deadlines, leave of absence, altered supervision arrangements) as appropriate
- developing support plans to provide for regular risk reassessments and updating the support plan to reflect any changes in circumstances
- providing clear explanations about investigation and disciplinary processes, potential outcomes and the discloser's role, ensuring informed participation
- reviewing the plan collaboratively with the discloser at key stages to confirm measures remain effective and supportive.

Support for respondents

Standard 4.7

Requirement: A Provider must assign Staff with relevant expertise and experience to develop in consultation with the Respondent a tailored support plan, including:

- a. implementing any measures necessary to ensure the safety of the Discloser that may adversely impact the Respondent;
- b. explaining and prioritising access to support services for Respondents when needed and/or requested;
- c. explaining and prioritising access to services of an Accredited Specialist for Respondents when needed and/or requested;
- d. prioritising access to translation and interpreter services for Respondents when needed and/or requested;
- e. where necessary, discussing the investigation and disciplinary processes, including the role of the Respondent in those processes, and the range of resolutions and sanctions available if an allegation of Gender-based Violence is substantiated against the Respondent;
- f. considering and implementing academic and/or work adjustments; and
- g. undertaking ongoing risk assessments to manage and monitor any identified risks.

Examples of practical ways to comply with the requirement:

Consider:

- developing or updating capability frameworks articulating required knowledge, skills and capabilities required to meet the requirements at Standard 4.7 for staff assigned to develop support plans with respondents; and referring to existing gender-based violence capability frameworks, specifically those for working with people who use violence
- ensuring staff recruitment and retention strategies include minimum qualification and experience requirements, robust recruitment policies and procedures, supervision requirements, training and professional development requirements (including membership of relevant professional institutions/societies) and performance appraisal processes
- developing or reviewing existing support plan templates and processes and aligning them with requirements in Standard 4.7 and applicable state, territory and national frameworks for gender-based violence response or those recommended by gender-based violence response peak bodies and services as appropriate
- assigning a trained staff member or case manager with expertise in managing gender-based violence matters to support the respondent
- developing a confidential, tailored support plan in consultation with the respondent that outlines agreed supports, communication protocols and any academic or work adjustments
- implementing and clearly explaining any safety measures necessary to protect the discloser that may affect the respondent (e.g. timetable or housing changes)
- facilitating rapid referrals to counselling, health and accredited specialist services (see definition of 'Accredited Specialist' in the National Code) or other support services when requested or required by the respondent
- facilitating access to an accredited specialist or interpreter/translation services for respondents as needed
- outlining and explaining the investigation and disciplinary process, including possible outcomes and the respondent's rights and responsibilities when necessary
- implementing reasonable academic or workplace adjustments (e.g. schedule changes, alternative supervision, modified duties) to reduce disruption and maintain fairness
- conducting and updating ongoing risk assessments to manage and monitor any identified risks
- ensuring regular communication and review of the support plan with the respondent to maintain transparency and support compliance with safety measures.

Standard 4.8

Requirement: Provider must prohibit the same Staff from being assigned to support both the Discloser and the Respondent.

Examples of practical ways to comply with the requirement:

Consider:

- updating and implementing procedures and practice guides to reflect the requirement that the same staff cannot be assigned to support both the discloser and the respondent
- maintaining a staff assignment protocol that clearly tracks which staff are supporting which party in a case
- communicating assignment policies clearly to all relevant staff to ensure no overlap occurs
- using a central record system to monitor staff involvement and prevent accidental dual assignment
- providing training, guidance and reminders to staff about the importance of separate support to maintain impartiality and trust and avoid conflicts of interest
- auditing assignments periodically to ensure compliance with the separation requirement.

Effectiveness of support services

Standard 4.9

Requirement: A Provider must monitor its support services and evaluate the effectiveness of those services at least once every three years. Monitoring and evaluation findings must inform future service delivery. The Secretary may require a Provider to report on how the monitoring and evaluation of its support services has informed future service delivery.

Examples of practical ways to comply with the requirement:

Consider:

- developing a monitoring and evaluation framework to systematically guide both:
 - ongoing monitoring of support services, including how findings will inform future service delivery
 - periodic evaluation of effectiveness of service delivery (at least once every 3 years), including how findings will inform future service delivery
- collecting feedback, including anonymous feedback from disclosers, respondents and staff on the accessibility, quality and effectiveness of support services
- tracking service usage data (e.g. number of referrals, uptake of counselling, academic or work adjustments)
- developing continuous improvement processes for service delivery, including analysis of feedback, to identify trends, gaps and areas for improvement in service delivery; updates to support services and policies based on evaluation findings to enhance responsiveness and effectiveness; and documentation of findings and improvements to demonstrate how evaluations have informed future service delivery. Monitoring and periodic evaluation of service delivery should be carried out by staff who are trained and have relevant experience and expertise
- maintaining records of monitoring and evaluation activities and actions taken to inform future service delivery and using this information to report to the Secretary if requested.

Standard 4.10

Requirement: A Provider is responsible for determining whether its support services require change having regard to its duty of care to Students and Staff.

Examples of practical ways to comply with the requirement:

Consider:

- regularly reviewing support services to ensure they meet the evolving needs of students and staff and address safety and wellbeing
- consulting with stakeholders (e.g. students, staff, specialist advisers) to identify gaps or areas needing improvement
- assessing risks and outcomes of existing services to determine whether they adequately fulfil the provider's duty of care
- implementing changes promptly when services are found to be inadequate, ensuring accessibility, effectiveness and safety
- documenting decision-making on service changes to demonstrate how duty of care considerations were applied
- providing staff training and resources to support updated or new services
- monitoring the impact of service changes to ensure ongoing compliance with duty of care obligations.

Reporting

Standard 4.11

Requirement: The Secretary may require a Provider to report on how it has complied with its obligations under this Standard in a manner and form to be prescribed by the Secretary.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed records demonstrating compliance with all obligations and activities (policies, practices relating to provision of safety and support for disclosers and respondents, investigations disciplinary processes and appeals) under Standard 4, including governance, leadership, and accountability measures
- developing a reporting template aligned with the Secretary's prescribed format or use templates provided by the Higher Education Gender-based Violence Regulator, to ensure consistency, completeness and streamlining of reporting
- compiling supporting evidence such as meeting minutes, policy updates, deidentified case management records and implementation plans
- conducting an internal review or audit prior to submission to confirm accuracy and alignment with the National Code's requirements
- assigning a responsible officer or compliance team to prepare and submit reports when requested by the Secretary
- retaining copies of submitted reports and related documentation for future reference or verification
- incorporating any feedback from the Secretary into future reporting and compliance processes
- maintaining accessible and well-organised record-keeping processes to support the provider's ability to demonstrate compliance with Standard 2 if requested by the Secretary.



Section 5.2.5

Standard 5: Safe processes

All processes are safe and timely

Overview and intent

Standard 5 requires higher education providers to implement safe, timely and trauma-informed processes for managing disclosures, formal reports, investigations and disciplinary actions related to gender-based violence.

Standard 5 aims to foster an environment where people who have experienced gender-based violence feel supported, those responsible for gender-based violence are held accountable and procedural fairness is assured.

Providers must always consider the views of disclosers when responding to disclosures, implementing safety measures, conducting investigations and engaging in disciplinary processes and appeals. Disclosers can be further harmed by inadequate, insensitive or repetitive procedures. All communication with disclosers and processes must be trauma-informed, person-centred and designed to prevent re-traumatisation.

Table 6 below outlines requirements for ensuring all processes are safe and timely.

Requirements and practical examples

Table 6: Summary of Standard 5 requirements and practical examples

Standard 4 – Safe processes

Accessible and anonymous reporting

Standard 5.1

Requirement: A Provider must make clear where and how:

- a. students and staff can make a disclosure or a formal report of gender-based violence; and
- b. third parties can make a disclosure or a formal report of gender-based violence where the respondent is a student or staff of the provider.

Examples of practical ways to comply with the requirement:

Consider:

- conducting a needs or gap assessment to consider reporting barriers among students and staff, including among groups disproportionately impacted by gender-based violence. This may focus on information availability, accessibility, attitudinal and safety barriers
- developing a clear, accessible reporting webpage that explains the difference between a disclosure and a formal report, with step-by-step instructions, contact points and links to immediate support services
- providing multiple reporting channels (e.g. online form, email, phone, in-person or anonymous options) to accommodate diverse comfort levels and accessibility needs
- designating trained contact officers or case managers as the first point of contact for students, staff or third parties wishing to disclose or report gender-based violence
- displaying reporting information prominently across campus and online - such as on learning platforms, student handbooks, HR portals and orientation materials
- including information for third parties (such as visitors, placement supervisors or contractors) on how they can disclose or report when the respondent is a student or staff member of the provider
- using clear, inclusive language in all communication to ensure individuals understand their rights, confidentiality limits and available support options
- implementing strategies to address reporting barriers identified in needs or gap assessments, particularly as they relate to disproportionately impacted groups, to ensure inclusive, safe, trauma-informed and person-centred reporting pathways. This may include training contact officers to minimise stigma; and allowing individuals to choose who they speak to (e.g. First Nations liaison staff, disability support staff), the environment where they disclose, and the supports on hand
- ensuring information is available in plain English with easy-read and translation options available
- regularly reviewing and testing reporting systems to ensure they are trauma-informed, easy to use and functioning effectively.

Standard 5.2

Requirement: A Provider must have multiple channels, including in person, by email, phone, and online, to facilitate a Disclosure or Formal Report.

Examples of practical ways to comply with the requirement:

Consider:

- establishing multiple reporting options, including an online reporting form, a dedicated email address, a confidential phone line, and in-person reporting through trained staff or support officers
- providing a single, well-publicised portal on the institution's website that lists all reporting channels and clearly explains when to use each option
- training frontline staff (e.g. student advisers, HR staff, campus security, residential staff) to receive disclosures sensitively and refer appropriately through in-person channels
- offering out-of-hours reporting options, such as voicemail or online submissions, to increase accessibility for students and staff with varying schedules or time zones
- ensuring accessibility and inclusivity, such as providing translation or interpreter services, TTY/relay options for people with hearing impairments and easy-read versions of online forms
- monitoring and reviewing reporting channels regularly to ensure they remain functional, confidential and trauma-informed.

Standard 5.3

Requirement: A Provider must ensure Disclosures and Formal Reports can be made anonymously.

Examples of practical ways to comply with the requirement:

Consider:

- implementing an online anonymous reporting form that allows individuals to disclose or formally report incidents without revealing their identity
- providing a third-party reporting service or hotline that can receive anonymous disclosures and forward relevant information to the provider for action or data collection
- including an 'anonymous option' in existing online or email reporting systems, clearly explaining any limitations (e.g. inability to pursue action with a respondent, follow up or provide direct support)
- allowing anonymous written submissions via secure drop boxes or confidential feedback mechanisms for those uncomfortable using digital systems
- protecting confidentiality rigorously, ensuring any information received anonymously is stored securely and de-identified in records or reports
- communicating clearly on the provider's website and reporting materials that anonymous disclosures are accepted and explain how they will be handled.

Standard 5.4

Requirement: A Provider must take reasonable and proportionate action in respect of anonymous Disclosures or Formal Reports where possible, including by identifying any trends and risks to inform future action to prevent Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- recording and analysing all anonymous disclosures and formal reports in a secure database to identify patterns such as repeat locations, times or types of incidents
- conducting regular trend and risk analyses (e.g. quarterly or annually) to detect emerging risks or hotspots on campus, in accommodation areas or in online learning environments
- taking action in response to trend and risk analysis – e.g. using aggregated anonymous data to inform targeted prevention and response initiatives, such as awareness campaigns, safety measures or staff training in identified high-risk areas
- reviewing and updating policies or procedures where trends indicate systemic issues, such as lack of escalation options, inadequate supervision in residences or unsafe transport routes
- establishing processes to report de-identified findings to senior leadership and governance bodies to support evidence-based decision-making and accountability
- communicating outcomes transparently, such as publishing summary data or safety improvements on the provider's website; or demonstrating responsiveness without breaching confidentiality.

Multiple pathways to manage disclosures

Standard 5.5

Requirement: A Provider must have multiple pathways for Disclosures to be managed, to ensure a proportionate and safe response to the Disclosure including:

- a resolution that is implemented with the agreement of the Discloser and Respondent
- the implementation of safety measures without progressing to an investigation
- a decision not to proceed to an investigation of a Disclosure in the specific circumstances; and
- a decision to progress the Disclosure to an investigation.

Examples of practical ways to comply with the requirement:

Consider:

- establishing clear, tiered response pathways outlining options for informal resolution, safety measures and investigation so staff can respond proportionately to each disclosure
- developing written procedures that explain how each pathway (5.5(a)–5.5(d)) is initiated, assessed and documented, ensuring transparency and consistency
- training case managers and response officers to work collaboratively with the discloser to identify their preferred outcome and assess how to seek the respondent's agreement (e.g. in mediated or restorative approaches)
- implementing safety measures (e.g. as no-contact directives, timetable adjustments, workplace changes, relocation) without requiring an investigation when this aligns with the discloser's wishes and assessed risk level

- creating a structured decision-making process (e.g. through a multidisciplinary response panel) to determine when an investigation is or is not appropriate, based on risk, consent and available evidence
- documenting all decisions and rationales for whether a disclosure progresses to investigation or alternative resolution, ensuring accountability and procedural fairness
- providing clear communication to all parties about available pathways, outcomes and supports, maintaining confidentiality and safety throughout the process.

Standard 5.6

Requirement: A Provider must have regard to the wishes of the Discloser when determining the pathway by which it will manage the Disclosure.

Examples of practical ways to comply with the requirement:

Consider:

- adopting a trauma-informed decision-making framework that prioritises the discloser's safety, wellbeing and autonomy when determining the response pathway
- providing clear information to the discloser about all available pathways, the implications of each option, and any limitations (e.g. when a provider must act to address imminent risk)
- consulting directly and sensitively with the discloser to understand their preferences for how the disclosure is managed, including whether they want an informal resolution, safety measures or an investigation
- documenting the discloser's wishes and ensuring they are clearly recorded in case notes or risk assessments to guide subsequent actions
- assigning staff with the appropriate expertise and experience to advocate for the discloser's preferences and ensuring their voice is central throughout the process
- reviewing decisions regularly to ensure actions remain aligned with the discloser's wishes, especially if circumstances or risks change
- communicating decisions transparently and respectfully, explaining how the discloser's preferences were considered in determining the management pathway.

Investigations

Standard 5.7

Requirement: A Provider must seek and consider the views of a Discloser before progressing a Disclosure (as opposed to a Formal Report) to investigation. A Provider must inform a Discloser that the Provider may investigate a Disclosure where it is necessary for the safety and wellbeing of Students and/or Staff.

Examples of practical ways to comply with the requirement:

Consider:

- developing a clear protocol requiring staff to consult with the discloser before any decision is made to escalate a disclosure to an investigation
- ensuring staff are equipped to explain potential next steps and gather the discloser's views on whether they wish the matter to progress
- providing written and verbal information that clearly explains the investigation process and the circumstances under which the provider may initiate an investigation without consent
- documenting the consultation process, including how the discloser's views were sought, considered and reflected in the decision to ensure transparency and accountability
- using risk assessment outcomes (as required under Standard 4) to determine when a disclosure is escalated to investigation to protect student and staff safety, even when this goes against the views of the discloser
- notifying the discloser promptly and respectfully if an investigation must proceed without their agreement, outlining the reasons and available supports to minimise distress or re-traumatisation.

Standard 5.8

Requirement: A Provider must investigate all Formal Reports where the Respondent is a Student or Staff of the Provider, regardless of the context in which the Gender-based Violence occurs.

Examples of practical ways to comply with the requirement:

Consider:

- establishing a clear investigation policy that mandates all formal reports of gender-based violence involving a student or staff member as the respondent are investigated, whether the incident occurred on or off campus, in person or online
- creating standard operating procedures detailing how investigations are initiated, managed and concluded to ensure consistency, fairness and compliance with legal and institutional obligations
- developing agreements with external investigators or specialists to ensure independence and impartiality in cases involving staff-student power imbalances or conflicts of interest
- ensuring timely investigation processes with clear timeframes, communication milestones and updates provided to both discloser and respondent
- maintaining confidentiality and data security throughout the investigation, with clear protocols for information handling and record keeping
- regularly reviewing investigation outcomes and processes to identify systemic risks, inform prevention initiatives and strengthen institutional accountability.

Standard 5.9

Requirement: In relation to a Formal Report which has no connection to the Provider other than the status of the Respondent as a Student or Staff, a Provider must consider the safety and wellbeing of Students and Staff in determining the scope of investigation of a Formal Report.

Examples of practical ways to comply with the requirement:

Consider:

- as part of the risk assessment process in response to formal reports, developing information to guide decisions about investigations when incidents occur off-campus and where the respondent is a student or staff member
- as part of the risk assessment, assessing the potential impacts on campus safety and wellbeing, such as whether the respondent's behaviour poses an ongoing risk to students or staff in the learning or work environment
- consulting with relevant internal staff (e.g. student safety, HR) to determine appropriate investigation boundaries and actions
- implementing necessary safety measures (e.g. modified class schedules, restricted campus access, interim suspension) where a risk to others is identified even if the off-campus incident occurred in a private context
- engaging with the discloser to ensure their perspectives and safety needs inform the scope and management of the investigation
- establishing criteria for proportional response, ensuring investigations are appropriately scaled to the potential risk to the community while protecting procedural fairness
- documenting the rationale for determining the scope of each investigation to demonstrate transparent, risk-informed decision-making.

Standard 5.10

Requirement: A Provider must notify the Discloser and Respondent in writing if an investigation will be commenced. The notification must be made to the Discloser and Respondent on the same day, and the Discloser must be notified first.

Examples of practical ways to comply with the requirement:

Consider:

- developing templates and guidance for notifying both the discloser and respondent detailing the commencement of an investigation, rights of both parties, next steps, and guidance for notifying the discloser first
- assigning a designated staff member to oversee same-day notification, using a documented internal checklist to ensure the discloser is notified first, followed by the respondent
- sending notifications via secure email or official communication channels with delivery/read receipts and maintain records of the date, time and method of notification for compliance auditing
- ensuring internal policies and procedures reflect this requirement and include escalation procedures if delays occur (e.g. due to staff absence).

Standard 5.11

Requirement: A Provider must ensure all parties, (including the Discloser and Respondent), have the opportunity to be accompanied by a support person when they are asked about the matters which are the subject of the Disclosure or Formal Report.

Examples of practical ways to comply with the requirement:

Consider:

- including a clear statement in policies that all parties (discloser, respondent and witnesses) may have a support person present during interviews, meetings or hearings
- specifying examples of support persons (friend, family member, advocate or trained support staff)
- clearly informing all parties that they are entitled to have a support person present during any meetings
- providing guidance on the role and responsibilities of support persons (e.g. they may provide emotional support but not answer on behalf of the party)
- offering flexible scheduling to allow parties to arrange for a support person to attend and allow support persons to attend virtually (via video or phone) if in-person attendance is not possible, ensuring equitable access for all parties
- ensuring meetings are not conducted until the party confirms whether they will bring a support person
- providing a brief orientation or written guidance for support persons on their role, confidentiality obligations and appropriate conduct during proceedings
- documenting in meeting records whether a support person attended and their role
- ensuring this is included in compliance reporting to demonstrate adherence to Standard 5.11.

Standard 5.12

Requirement: A Provider must not require a Discloser or Respondent to provide physical evidence relating to an alleged incident of Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- including in the provider's policies and procedures a clear statement that no party is required to provide physical evidence to support a disclosure or report relating to gender-based violence, with emphasis that investigations will proceed based on disclosures, statements and available information without request for physical evidence
- training staff, investigators and support personnel to ensure understanding and implementation of this requirement
- reinforcing understanding of trauma-informed practices and the importance of not re-traumatising parties
- developing investigation procedures that rely on interviews, written statements, digital communications, witness accounts and other non-physical evidence sources
- ensuring all requests for information explicitly avoid any requirement for physical evidence
- clearly communicating this requirement to both disclosers and respondents
- maintaining records of these communications to demonstrate compliance
- including statements in investigation reports clarifying sources of information used
- offering guidance on ways parties can provide information safely and voluntarily (e.g. personal statements, digital records, witness testimony) without being pressured for physical proof.

Multiple pathways to manage outcomes of investigations

Standard 5.13

Requirement: A Provider must have multiple pathways for Disclosures or Formal Reports to be managed following investigation, to ensure a proportionate and safe response including:

- a. a resolution that is implemented with the agreement of the Discloser and Respondent
- b. the implementation of safety measures without progressing to a disciplinary process
- c. a decision not to proceed to a disciplinary process; and
- d. a decision to progress to a disciplinary process.

Examples of practical ways to comply with the requirement:

Consider:

- ensuring policies and procedures reflect the multiple pathways available following an investigation
- documenting any other pathways available in your organisation (this list is non-exhaustive)
- implementing safety measure protocols proportionate to the risk and monitor and adjust as needed
- documenting the decision-making rationale for each pathway, including in risk assessments, and how the discloser's views were sought and considered. The rationale should outline how the decision was trauma-informed, proportionate and safe
- communicating decisions clearly to both parties, explaining reasons and available support options
- providing clear training and guidance for staff on when each pathway is appropriate based on the risk and the discloser's wishes
- facilitating restorative and mediation pathways where it is proportionate to the risk and safe for the discloser
- where a pathway is chosen by the provider that differs from the discloser's wishes due to risk and proportionality, ensuring this is communicated sensitively and with care, explaining the rationale and minimising re-traumatisation
- facilitating mediation or restorative practices where both discloser and respondent consent
- documenting the agreement and implement mutually agreed outcomes, such as apologies, training or behavioural commitments
- implementing no-contact orders, class or timetable adjustments, or temporary access restrictions
- monitoring safety measures and adjust as needed, without initiating a formal disciplinary process
- applying proportional assessment to determine when no disciplinary action is warranted
- communicating the decision clearly to both parties with reasons and offering ongoing support where needed
- following formal disciplinary procedures for serious breaches, consistent with institutional policies and due process, including procedural fairness
- ensuring both parties are informed of timelines, rights and available support throughout the process
- maintaining detailed records of decisions, actions and communications for accountability and compliance audits
- reviewing outcomes periodically to ensure safety and proportionality are maintained
- training staff on proportional response, multiple pathways and trauma-informed practices
- providing clear guidance on when each pathway is appropriate based on risk, severity and consent of parties.

Standard 5.14

Requirement: Unless a Discloser requests otherwise, a Provider must notify the Discloser in writing once the investigation is concluded of the outcome of the investigation, including if a disciplinary process will be commenced, on the same day as the Respondent being notified.

Examples of practical ways to comply with the requirement:

Consider:

- ensuring the notification is trauma-informed, uses plain English and includes clear information on the outcome, whether disciplinary information will commence and what this means in practice
- creating secure, clear, and consistent written templates for communicating investigation outcomes to disclosers
- implementing a system that ensures the discloser is notified on the same day as the respondent, including automated reminders to investigators
- sending notifications through a secure, confidential channel (e.g. encrypted email, secure portal or sealed letter) to protect privacy
- clearly outlining the result of the investigation, whether disciplinary action will proceed and any follow-up or support options available to the discloser
- maintaining a secure record confirming that the discloser was notified in line with their preference, including the date and method of notification for compliance reporting
- training staff handling notifications to ensure sensitivity, confidentiality and clarity when communicating outcomes.

Disciplinary processes

Standard 5.15

Requirement: A Provider must ensure their Procedures are designed to allow Formal Reports to be finalised within 45 business days, including finalisation of a disciplinary process.

Examples of practical ways to comply with the requirement:

Consider:

- designing procedures with clear timeframes for each step in the process that ensures finalisation of formal reports within 45 business days
- periodically reviewing procedures and monitoring timelines and outcomes to identify and address delays, ensuring procedures remain effective in meeting the 45 business day requirements.

Standard 5.16

Requirement: Subject to paragraph 5.15, a Provider must comply with the timeframes specified in their Procedures.

Examples of practical ways to comply with the requirement:

Consider:

- embedding the 45 business days timeline into case management systems to track progress and monitor compliance
- maintaining records of case progression, including timestamps and any approved extensions, along with justifications
- designating staff responsible for managing and overseeing formal reports to ensure timely progression
- scheduling interim reviews or progress checks to prevent delays and keep the process on track
- training staff on managing formal reports efficiently while maintaining procedural fairness, confidentiality and trauma-informed practices
- implementing escalation protocols and establishing a process to quickly address delays or bottlenecks to maintain compliance with procedural timeframes
- ensuring staff understand the importance of adhering to prescribed timeframes and the consequences of delays
- keeping documentation of start and end dates for each step to demonstrate compliance with procedures.

Standard 5.17

Requirement: A Provider must only permit extensions of time for the finalisation of Formal Reports where required in the particular context. The Higher Education Principal Executive Officer must satisfy themselves that extensions are only being permitted where required.

Examples of practical ways to comply with the requirement:

Consider:

- clearly outlining in procedures the specific circumstances in which an extension to finalise a formal report is permitted
- ensuring any request for additional time is submitted in writing, stating the reason and supporting context
- involving the HEPEO in approval, making it mandatory for the HEPEO (or delegated authority) to review and approve all extension requests
- keeping records of each extension request, the decision made and the justification for granting or denying it
- establishing reasonable limits on the length of any extensions to prevent unnecessary delays
- periodically reviewing granted extensions to ensure they are only being used where genuinely required and comply with the National Code.

Standard 5.18

Requirement: A Provider must provide Respondents Procedural Fairness in the disciplinary process.

Examples of practical ways to comply with the requirement:

Consider:

- providing respondents with a written explanation of the disciplinary procedures, steps and timelines
- ensuring respondents receive full details of the claims made against them, including relevant evidence
- giving respondents an opportunity to present their side of the story, submit evidence and provide witnesses if applicable
- using trained and impartial staff to manage and assess the disciplinary process
- informing respondents of available support services (e.g. counselling, advocacy) during the process
- keeping records demonstrating that procedural fairness was maintained throughout the disciplinary process
- notifying respondents of the outcome and providing a clear explanation of the decision and any sanctions imposed.

Standard 5.19

Requirement: A Provider must update Disclosers and Respondents throughout the process of resolving Formal Reports having regard to the views of Disclosers and Respondents.

Examples of practical ways to comply with the requirement:

Consider:

- providing disclosers and respondents with timely progress updates at key stages of the formal report process
- confirming preferred communication methods such as how disclosers and respondents wish to receive updates (e.g. email, phone)
- keeping records of updates provided, including dates and content, to demonstrate compliance
- using a case management system to track and schedule communications to ensure all parties are kept informed consistently
- training staff on communication and trauma-informed practices to ensure staff understand how to provide updates sensitively while respecting privacy and procedural fairness.

Standard 5.20

Requirement: A Provider must impose sanctions proportionate to the conduct substantiated in the disciplinary process, which may include exclusion and expulsion.

Examples of practical ways to comply with the requirement:

Consider:

- documenting a rationale for each sanction and how it is proportionate with the substantiated conduct

- developing a clear sanction framework which establishes a tiered disciplinary matrix outlining proportional sanctions for substantiated gender-based violence, ranging from lower level sanctions such as warnings through to exclusion and expulsion, aligned with the severity and impact of the conduct
- applying consistent decision-making criteria using standardised decision-making tools or checklists to ensure sanctions are fair, transparent and proportionate across similar cases
- providing training for decision-makers to ensure staff involved in disciplinary processes understand and can apply trauma-informed and procedural fairness principles to support proportionate and just outcomes
- documenting a rationale for sanctions and recording the reasoning and evidence supporting each disciplinary outcome to demonstrate proportionality and consistency
- implementing an internal review or appeal process as an integrity checking mechanism that sanctions imposed are appropriate, fair and consistent with policy
- communicating outcomes appropriately with both the discloser and respondent of the disciplinary outcome (within privacy limits), including the reasons sanctions were applied
- monitoring sanction effectiveness and reviewing the impact of disciplinary outcomes on the ongoing safety and wellbeing of the individual discloser, campus safety and culture or deterrence effect the decision may have had.

Standard 5.21

Requirement: Unless a Discloser requests otherwise, a Provider must give written notice to the Discloser of:

- a. the outcome of the disciplinary process, including the decision and, if relevant, sanctions;
- b. the reasons for the outcome; and
- c. rights to make an internal and/or external complaint, including to the National Student Ombudsman.

Examples of practical ways to comply with the requirement:

Consider:

- developing a standard written outcome template using trauma-informed principles to communicate the disciplinary decision, any sanctions, reasons for the outcome, and information on complaint or appeal rights
- confirming the discloser's communication preferences and how they wish to receive outcome information (e.g. email, letter, secure portal) and whether they want to receive written notice at all
- using plain and respectful language to communicate information about the outcome in clear, accessible terms, avoiding legal jargon and using language that is sensitive to trauma
- including clear information about review and complaint options specifying how the discloser can make an internal appeal or external complaint, including contact details for the National Student Ombudsman
- maintaining secure and confidential records of written notices and related documentation in a secure case management system to demonstrate compliance and protect privacy
- including information on how to prepare and deliver written notices in a way that is trauma-informed, transparent and consistent with procedural fairness into staff training for staff handling reports and complaints of gender-based violence.

Standard 5.22

Requirement: Unless requested otherwise, the Discloser must be notified of the outcome of the disciplinary process on the same day as the Respondent.

Examples of practical ways to comply with the requirement:

Consider:

- developing procedures to establish a simultaneous notification process to ensure both the discloser and respondent receive outcome notifications on the same day, unless the discloser requests otherwise
- issuing notifications through a secure system, using a confidential case management or student system that can issue outcome letters to both parties at the same time
- confirming the discloser's communication preferences early in the process to understand if they wish to receive the outcome notice and how they prefer to be contacted
- coordinating communication between relevant staff to confirm that both parties' notices are ready and scheduled for release simultaneously
- keeping records showing when and how each party was notified to demonstrate compliance with same-day requirements
- training staff on confidentiality and timing obligations and ensuring staff understand the importance of synchronised communication and privacy in delivering disciplinary outcomes.

Appeals

Standard 5.23

Requirement: If a Provider gives notice of the outcome of the disciplinary process to a Discloser, the Provider must also give written notice to the Discloser within 2 business days of an appeal being lodged of:

- a. the Respondent appealing a disciplinary decision; and
- b. information on potential outcomes of the appeal.

Examples of practical ways to comply with the requirement:

Consider:

- implementing an appeal notification procedure outlining a clear internal process that triggers written notice to the discloser within 2 business days whenever an appeal is lodged
- including a function in a secure case management system that can track and automatically alert responsible staff when a respondent lodges an appeal
- developing a standard notification template that informs the discloser of the appeal; outlines possible appeal outcomes; and uses clear, trauma-informed language
- assigning responsibility for notifications to specific staff roles (e.g. case manager, student conduct officer) to ensure timely delivery of appeal notifications and compliance with the 2-day timeframe
- keeping accurate records of communication, including records of the date the appeal was lodged and when the discloser was notified, and copies of all correspondence to demonstrate compliance
- training relevant staff to understand the importance of prompt, sensitive and confidential communication with disclosers following an appeal.

Standard 5.24

Requirement: A Provider must ensure their Procedures are designed to allow appeals to be finalised within 20 business days.

Examples of practical ways to comply with the requirement:

Consider:

- designing procedures that outline each step of the appeal process with specific timeframes to ensure finalisation within 20 business days
- periodically reviewing procedures and keeping records of appeal durations and review outcomes to identify areas for improvements to procedures.

Standard 5.25

Requirement: Subject to paragraph 5.24, a Provider must comply with the timeframes specified in their Procedures.

Examples of practical ways to comply with the requirement:

Consider:

- using a case management system or log to track progress against timelines and monitor adherence to procedural deadlines for each case
- designating appropriately trained staff members to ensure that every step of the process occurs within the specified timeframes
- establishing escalation protocols and mechanisms to quickly address delays or bottlenecks to maintain compliance with procedural deadlines
- ensuring staff managing appeals understand the importance of adhering to the prescribed timeframes and the consequences of noncompliance
- maintaining records for audit and review, including documentation showing start and end dates for each step of a case to demonstrate adherence to procedural timeframes.

Standard 5.26

Requirement: A Provider must only permit extensions of time to finalise appeals where required in the particular context. The Higher Education Principal Executive Officer must satisfy themselves that extensions are only being permitted where required.

Examples of practical ways to comply with the requirement:

Consider:

- clearly outlining in procedures the specific circumstances under which an extension to finalise an appeal is permitted
- ensuring any request for extra time is submitted in writing, stating the reason and supporting context
- involving the HEPEO in approval processes and making it mandatory for the HEPEO (or delegated authority) to review and approve all extension requests
- keeping records of each extension request, the decision made and the justification for granting or denying the request
- setting maximum allowable timeframes for any extensions to prevent unnecessary delays
- periodically reviewing all granted extensions to ensure they are only being used where genuinely required and comply with the National Code.

Standard 5.27

Requirement: Unless a Discloser requests otherwise, a Provider must give written notice to the Discloser of:

- a. the outcome, including the decision and, if relevant the sanctions;
- b. reasons for the outcome; and
- c. rights to make an internal and/or external complaint, including to the National Student Ombudsman.

Examples of practical ways to comply with the requirement:

Consider:

- developing a standard written outcome template that is designed using trauma-informed principles and communicates the outcome, any sanctions, reasons for the decision, and complaint or appeal options
- confirming the discloser's communication preferences, including how they wish to receive outcome notifications and whether they want written notice at all
- using plain, accessible language, ensuring that written notices are easy to understand, are respectful and avoid legal jargon
- including information on review and complaint rights, clearly outlining internal appeal processes and external complaint avenues, including the National Student Ombudsman
- keeping secure records of notices sent, the date they were sent and the method of delivery to demonstrate compliance
- training relevant staff to communicate outcomes sensitively and in accordance with procedural fairness and privacy requirements.

Standard 5.28

Requirement: Unless a Discloser requests otherwise, a Provider must notify the Discloser on the same day as the Respondent being notified of the outcome of the appeal.

Examples of practical ways to comply with the requirement:

Consider:

- developing procedures to establish a simultaneous notification process to require that both the discloser and respondent are notified of appeal outcomes on the same day, unless the discloser opts out
- using a secure case management system to track appeal decisions and schedule automatic notifications to both parties at the same time
- coordinating between staff managing appeals and ensure the staff responsible for sending outcome notices communicate to synchronise timing for both parties
- keeping records of when each party was notified to demonstrate compliance with same-day notification requirements
- training staff on confidentiality, timing obligations and the importance of delivering appeal outcomes simultaneously while maintaining privacy and trauma-informed practices.

Reporting

Standard 5.29

Requirement: The Secretary may require a Provider to report on how it has complied with its obligations under this Standard in a manner and form to be prescribed by the Secretary.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining detailed records demonstrating compliance with all obligations and activities (policies, practices relating to investigations disciplinary processes and appeals) under Standard 5, including governance, leadership, and accountability measures
- developing a reporting template aligned with the Secretary's prescribed format, or use templates provided by the Higher Education Gender-based Violence Regulator, to ensure consistency, completeness and streamlining of reporting
- compiling supporting evidence such as meeting minutes, policy updates, deidentified case management records and implementation plans
- conducting an internal review or audit prior to submission to confirm accuracy and alignment with the National Code's requirements
- assigning a responsible officer or compliance team to prepare and submit reports when requested by the Secretary
- retaining copies of submitted reports and related documentation for future reference or verification
- incorporating any feedback from the Secretary into future reporting and compliance processes
- maintaining accessible and well-organised record-keeping processes to support the provider's ability to demonstrate compliance with Standard 2 if requested by the Secretary.



Section 5.2.6

Standard 6: Data, evidence and impact

Higher education providers use evidence to inform their approach, measure change and contribute to the national evidence base

Overview and intent

Standard 6 aims to strengthen data collection systems and expand evidence on gender-based violence within and across higher education providers.

The National Code recognises that strengthened data collection systems and expanding the evidence base are essential components of a comprehensive response to addressing gender-based violence. Data plays a critical role in understanding the nature and prevalence of gender-based violence, identifying the needs of different groups, measuring progress and informing policy and program design.

Robust data and evidence are key to responding to incidents of gender-based violence in a way that is informed, transparent and continually improving. Standard 6 clearly states that providers must collect, report and use data to inform their approach to preventing and responding to gender-based violence.

The annual reporting requirements of the National Code are rigorous and aim to build an end-to-end story on how each disclosure is managed. The collection of this data should indicate where a system is effective; and support identification of trends and/or systemic issues that need to be addressed.

Requirements and practical examples

Table 7: Summary of Standard 6 requirements and practical examples

Standard 6 – Data, evidence and impact

Standard 6.1

Requirement: The Code recognises that strengthened data collection systems and expanding the evidence base are essential components of a comprehensive response to addressing Gender-based Violence. Data plays a critical role in understanding the nature and prevalence of Gender-based Violence, identifying the needs of different groups, measuring progress, and informing Policy and program design.

Examples of practical ways to comply with the requirement:

Consider:

- Updating internal documentation and systems to reflect data collection obligations under the National Code, ensuring that all relevant policies, procedures, and data management protocols explicitly incorporate the requirements of Standard 6. This includes defining the types of data to be collected (e.g. incident, demographic, process data), outlining trauma-informed and person-centred collection methods, and specifying how data will be used to inform prevention strategies, measure progress and support continuous improvement.

Standard 6.2

Requirement: The specific data reporting requirements for a Provider includes collection and reporting of:

- a. process data on implementation of Policies, Procedures, plans and related activities;
- b. De-identified data on incidents of Gender-based Violence enabling trend analysis and systemic responses; and
- c. administrative De-identified Demographic data and enrolment/engagement characteristics of Disclosers and Respondents.

For the purpose of:

- d. ensuring compliance and accountability of a Provider, specifically:
 - i. compliance with the Code and timely responses to non-compliance; and
 - ii. accountability and transparency of ongoing compliance with the Code.
- e. providing timely recommendations to Providers to strengthen systems, Policies, Procedures and planning to improve prevention and responses to Gender-based Violence;
- f. evaluating Provider and sector impact and effectiveness of preventing and responding to Gender-based Violence by tracking:
 - i. reporting rates of Gender-based Violence and support provided to Disclosers;
 - ii. the implementation of Providers' Whole-of-Organisation Prevention and Response Plans;
 - iii. systemic and cultural barriers for preventing and responding to Gender-based Violence; and
 - iv. awareness among Students and Staff of Policies, support services and mechanisms for reporting; and
- g. collating the data to expand the national evidence base, specifically:

- i. providing transparency about the experiences of Gender-based Violence in the higher education sector;
- ii. informing national strategies to reduce Gender-based Violence in the higher education sector;
- iii. building the evidence regarding systemic and cultural barriers for preventing and responding to Gender-based Violence; and
- iv. analysing the impacts of Gender-based Violence, examining how different demographic characteristics influence risk and responses.

Examples of practical ways to comply with the requirement:

Consider:

- developing a data collection framework and establishing systems and tools to collect, manage and report process, incident and demographic data in line with the National Code's requirements that:
 - reflect the definition of gender-based violence and the various types of violence experienced by disclosers
 - captures de-identified demographic and enrolment data of disclosers and respondents
 - captures single incidents as well as multiple incidences over a period of time
 - captures process data on implementation of policies, procedures and other activities
 - can enable trend analysis and systemic responses; and contribute to the national evidence base and sector-wide strategies to reduce gender-based violence.

Standard 6.3

Requirement: A Provider must, in complying with its obligations under this Standard:

- a. ensure that the data is collected in a safe, Trauma-informed and Person-centred manner, and held and handled securely;
- b. provide the information and data in the manner and form, requested by the Secretary; and
- c. provide De-identified information, and otherwise undertake its requirements under this Standard in accordance with applicable Commonwealth, State and Territory Privacy Laws or, and where no other Privacy Laws apply, with reference to the Australian Privacy Principles.

Examples of practical ways to comply with the requirement:

Consider:

- using trauma-informed data collection practices in the design of surveys, interviews and reporting systems that prioritise participant safety, choice and emotional wellbeing
- training staff on trauma-informed and person-centred approaches to ensure that staff involved in data collection and handling understand the importance of person-centred and trauma-informed principles and privacy obligations and how to apply these in data collection practices
- implementing secure data storage systems where all data is held in protected systems with restricted access, encryption and clear retention and disposal protocols
- de-identifying all personal information through removing or coding any identifying details from records before analysis or reporting to protect privacy, taking care to protect the privacy of individuals who could be identified due to circumstances that are unique to a small number of people (e.g. transgender students, staff)
- ensuring all data collection and reporting comply with Commonwealth, state and territory privacy legislation and the Australian Privacy Principles
- providing required data and information to the Secretary in the manner and form they prescribe

- regularly reviewing data management systems and processes to ensure ongoing compliance and security
- informing individuals how their data will be used, stored and de-identified before collecting it, in accordance with privacy legislation and the Australian Privacy Principles.

Standard 6.4

Requirement: A Provider must comply with the obligations under this standard in relation to Student Accommodation as set out in Standard 7, as applicable.

Examples of practical ways to comply with the requirement:

Consider:

- including student accommodation in data collection systems, ensuring incident, process and demographic data related to gender-based violence in accommodation settings are captured and reported alongside broader institutional data
- applying the same privacy and de-identification standards to the management of accommodation-related data securely and in line with privacy laws and the Australian Privacy Principles, taking care to protect the privacy of individuals who could be identified due to circumstances that are unique to a small number of people (e.g. transgender students, staff)
- including data collection and reporting requirements into training on trauma-informed and person-centred principles and for residential staff and managers
- ensuring student housing procedures for reporting, responding to and recording gender-based violence are aligned and consistent with the provider's procedures
- monitoring and analysing accommodation-specific data to track trends and risks within student accommodation environments to inform targeted prevention and safety strategies
- including relevant accommodation-related information in reports provided to the Secretary, in the form prescribed by the Secretary
- incorporating student accommodation reporting into the higher education provider compliance reviews and audits to ensure governance oversight of accommodation compliance and confirm alignment with Standards 6 and 7.

Standard 6.5

Requirement: A Provider must ensure the data collected in accordance with this standard is used to inform and strengthen the Provider's Whole-of-Organisation approach to preventing and responding to Gender-based Violence, including the Prevention and Response Plan and outcomes framework.

Examples of practical ways to comply with the requirement:

Consider:

- conducting regular data reviews to analyse trends in disclosures, reports and outcomes to identify systemic issues and areas for improvement to inform updates of the whole-of-organisation prevention and response plan
- using data to measure progress, track key indicators (e.g. awareness, reporting rates, response times) and assess effectiveness against the provider's outcomes framework
- presenting summary data and insights to governance bodies and senior leadership and governing bodies to support evidence-based decision-making
- using data to identify high-risk areas or populations and tailoring education, training and safety interventions accordingly

- including findings in continuous improvement cycles incorporating lessons learned from data analysis into regular reviews of policies, procedures and support services
- sharing de-identified data insights with staff, students and stakeholders to demonstrate accountability and transparency and build trust.

Standard 6.6

Requirement: A Provider must ensure the data collected in accordance with this standard informs evaluation, impact and planning and enables a systemic approach to preventing and responding to Gender-based Violence through informing the understanding of:

- a. systemic and cultural barriers for preventing and responding to Gender-based Violence, including as they relate to particular communities or settings;
- b. the operation of systems, Policies and Procedures;
- c. strengthening education and training on prevention and responses to Gender-based Violence for Students, Leadership and Staff.

Examples of practical ways to comply with the requirement:

Consider:

- using data to identify systemic and cultural barriers and analyse de-identified data to uncover patterns or environments where gender-based violence is under-reported or inadequately addressed
- reviewing and evaluating policy and procedure effectiveness and data trends to assess how well current systems, policies and procedures are working and where improvements are needed
- examining data by demographic and community groups to understand diverse perspectives and unique barriers faced by specific populations or settings
- using insights from data to refine student and staff training programs, focusing on identified gaps in awareness, prevention and response
- providing regular data summaries to governance bodies and senior leadership to support evidence-based cultural and systemic reforms
- incorporating data-driven insights into institutional reviews and updates of prevention and response strategies
- using data to track training participation and evaluate changes in awareness, attitudes and responses to gender-based violence.

Standard 6.7

Requirement: A Provider must ensure that evaluations undertaken in connection with the Code are robust and carried out objectively.

Examples of practical ways to comply with the requirement:

Consider:

- applying standardised evaluation frameworks which use consistent, evidence-based criteria and methods to assess policies, procedures and outcomes
- gathering quantitative and qualitative data from multiple sources, including students, staff and administrative records
- maintaining records of evaluation processes, methodologies and results to demonstrate robustness

- having evaluation reports reviewed by governance bodies or independent panels to verify accuracy and objectivity
- providing training and guidance to staff on conducting objective, evidence-based evaluations aligned with regulatory expectations
- engaging external or impartial experts to conduct evaluations where necessary or appropriate to ensure objectivity.

Standard 6.8

Requirement: With respect to a Provider's obligations to engage and collaborate with Students and Staff, the Secretary may require a Provider to provide data on the number of engagements, including the number and breakdown of participants and whether participants felt satisfied with the engagement process.

Examples of practical ways to comply with the requirement:

Consider:

- deploying brief, anonymous surveys to gauge whether participants felt the engagement process was inclusive, safe and effective
- capturing de-identified information on participant characteristics (e.g. student cohort, staff role) to provide a breakdown of engagement across the student and staff population
- reviewing feedback and participation trends to inform improvements in collaboration and consultation strategies
- using insights from engagement data to enhance policies, procedures, training, and prevention initiatives
- maintaining a secure central engagement log or system to:
 - track engagement activities and record all meetings, focus groups, workshops and consultations with students and staff regarding gender-based violence prevention and response
 - record of all engagement activities, participant numbers and feedback to support reporting requirements
- preparing engagement data in the manner and form requested by the Secretary, ensuring clarity and accuracy.

Standard 6.9

Requirement: With respect to Standard 1, the Secretary may require a Provider to provide data on Student and Staff awareness of the Provider's:

- a. Whole-of-Organisation Prevention and Response Plan;
- b. Policies and Procedures for making Disclosures and Formal Reports; and
- c. availability and accessibility of the Provider's support services, including academic adjustments, in relation to Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- conducting regular surveys of students and staff to measure awareness of the organisation's whole-of-organisation prevention and response plan, reporting procedures, available support services and academic adjustments

- ensuring all new students and staff complete induction sessions covering gender-based violence policies, reporting procedures and support services
- using newsletters, emails, intranet updates and posters to regularly remind students and staff of available support and reporting pathways
- making information about support services, academic adjustments and reporting pathways easily accessible online and in physical locations across campus
- assessing the effectiveness of awareness programs through surveys or feedback mechanisms and adjust strategies to improve understanding among students and staff
- keeping detailed records of survey results, attendance at information sessions and engagement with communication campaigns for reporting purposes.

Standard 6.10

Requirement: With respect to Standard 2, the Secretary may require a Provider, to provide data on:

- the number of recruitment processes that involved a declaration of an allegation or determination of Gender-based Violence and the number of people that made a declaration who were offered a position; and
- any additional Policies, Procedures or actions undertaken by the Provider to prioritise safety.

Examples of practical ways to comply with the requirement:

Consider:

- tracking and reporting the number of recruitment processes that included a declaration regarding allegations or determinations of gender-based violence
- recording the number of applicants who made a declaration and were subsequently offered a position
- maintaining and providing copies of policies and procedures implemented to prioritise safety during recruitment and employment
- documenting any additional safety measures or actions taken to protect staff and students, such as risk assessments or tailored onboarding practices
- reviewing and updating recruitment practices regularly to ensure they align with safety priorities and compliance requirements
- keeping records of training for staff involved in recruitment on handling disclosures and prioritising safety in hiring decisions.

Standard 6.11

Requirement: With respect to Standard 3, the Secretary may require a Provider to provide data on the number and proportion of:

- a. Students, Leadership and Staff who undertook training in relation to Gender-based Violence;
- b. Students, Leadership and Staff who reported in training feedback and evaluations an increase in awareness and understanding of Gender-based Violence, prevention learning outcomes and Ethical Bystander behaviours following the training.

Examples of practical ways to comply with the requirement:

Consider:

- maintaining attendance records for all gender-based violence training sessions for students, staff and leadership
- recording and analysing participation rates to determine the number and proportion of each group that completed the training
- collecting feedback and evaluation data from participants to assess changes in awareness, understanding of gender-based violence, prevention learning outcomes and ethical bystander behaviours
- analysing evaluation results to calculate the proportion of participants reporting increased awareness or understanding
- regularly reviewing training content and delivery methods to improve effectiveness based on evaluation findings
- storing training and evaluation data securely for reporting to the Secretary when required.

Annual reporting

Standard 6.12

Requirement: A Provider must, by 30 June each year, provide the data required under Standards 6.13 and 6.14 for the previous calendar year, from:

- a. 30 June 2027, for Providers that are Table A and B providers for the purposes of the *Higher Education Support Act 2003* (Cth) as at 1 January 2026;
- b. 30 June 2028, for all other Providers registered under the *Tertiary Education Quality and Standards Agency Act 2011* (Cth) as at 1 January 2026;
- c. 30 June of the first calendar year after the year in which they are registered, for any Providers that are registered under the *Tertiary Education Quality and Standards Agency Act 2011* (Cth) after 1 January 2026.

Examples of practical ways to comply with the requirement:

Consider:

- developing a structured annual reporting process to ensure that all required data under Standard 6 is submitted
- submitting the data required to the Secretary by the 30 June each year for the applicable commencement date and ensuring the data covers the full previous calendar year
- de-identifying the data and adhering to Commonwealth, state and territory privacy laws

- reviewing and updating internal reporting processes to ensure ongoing compliance and continuous improvement
- using a secure case management system to record all disclosures and formal reports with fields that capture demographic data, type of gender-based violence, mode of disclosure, location and outcomes
- implementing standardised data collection templates for staff to ensure consistent recording of gender-based violence incidents and responses across all departments and campuses
- conducting regular data audits to ensure accuracy and completeness, particularly for timeframes, investigation outcomes and satisfaction data.

Standard 6.13

Requirement: In accordance with 6.12, a Provider must seek and provide to the Secretary, and may be required to publish, the following data:

- a. Data in relation to Gender-based Violence, in a form that can be disaggregated by Demographic Data, including:
 - i. the total number of Disclosures and Formal Reports;
 - ii. the total number of individual Disclosers and Respondents;
 - iii. the number of each type of Gender-based Violence;
 - iv. the mode that was used to make the Disclosure including in-person, online or through a third party; and
 - v. the number of anonymous Disclosures.
- b. Data for each Disclosure and Formal Report of Gender-based Violence, including:
 - i. the total number of Gender-based Violence incidents that required an immediate safety response and whether emergency services were required to attend;
 - ii. the number of Gender-based Violence Disclosures and Formal Reports that were based on a single experience/single type, or involved more than one experience/multiple types;
 - iii. the number of Disclosures that involved or alleged to be committed by a third party;
 - iv. the number of Disclosures that required a third party, including an interpreter, support person, legal representation or other;
 - v. the location of each experience of Gender-based Violence;
 - vi. the number of risk assessments undertaken and support plans implemented by a Provider for Disclosures and Formal Reports;
 - vii. the number of Respondents required to relocate from Student Accommodation following the Disclosure;
 - viii. the number of Disclosures that progressed to a Formal Report and investigation;
 - ix. the number of Formal Reports that were resolved within 45 days; and
 - x. if known, how satisfied the Discloser and Respondent were with the Providers response to the Gender-based Violence.
- c. Data on the Provider's Trauma-informed and Person-centred response following a Disclosure of Gender-based Violence, including:
 - i. the types of safety measures implemented as a result of the Disclosure and during investigation;
 - ii. the number and type of services and supports for Disclosers and Respondents, including academic adjustments;
 - iii. the number and proportion of Disclosures and Formal Reports that did not result in a disciplinary process and types of alternative processes or pathways undertaken; and
 - iv. the number and proportion of Disclosures and Formal Reports that resulted in no further action and at what stage of the process no further action was implemented.

- d. Data on the outcomes of each investigation and disciplinary process, including:
 - i. the number of investigations and the number of disciplinary processes;
 - ii. the types of outcomes arising from a disciplinary process and the number of each particular outcome and the timeframe for the matter to be resolved;
 - iii. the number of Non-disclosure Agreements proposed by the Discloser and the number executed;
 - iv. the number of appeals and the types of outcomes arising from an appeal and the number of each particular outcome; and
 - v. if known, how satisfied the Discloser and Respondent were with the Providers response to the Gender-based Violence disciplinary process.
- e. The Secretary may require the Provider to publish the data collected in accordance with this clause on the Provider's website.

Examples of practical ways to comply with the requirement:

Consider:

- using a secure case management system to record data in relation to gender-based violence and for all disclosures and formal reports with fields that capture demographic data, type of gender-based violence, mode of disclosure, location, and outcomes outlined in 6.13(a)-(d)
- ensuring all data is captured and reported in a form that can be disaggregated by demographics
- implementing standardised data collection templates for staff to ensure consistent recording of gender-based violence incidents and responses across all departments and campuses
- conducting regular data audits to ensure accuracy and completeness, particularly for timeframes, investigation outcomes and satisfaction data
- establishing processes for anonymous reporting and ensure such data is included in the annual submission
- collecting and tracking information about the use of support services, safety measures, academic adjustments and risk management responses following each disclosure or formal report
- reviewing and categorising all disciplinary outcomes and appeals to enable accurate aggregation and disaggregation by gender-based violence type and demographic group
- using trauma-informed satisfaction surveys to obtain feedback from disclosers and respondents (where appropriate) to include in annual reporting
- preparing a clear, accessible summary report of the required data and, if directed, publishing it on the provider's website in compliance with the Secretary's instructions.

Standard 6.14

Requirement: In accordance with Standard 6.12, a Provider must seek and provide to the Secretary, and may be required to publish, the following data:

- a. for each Discloser and Respondent, their Demographic Data;
- b. if the Discloser or Respondent is a Student, their:
 - i. mode of attendance including full time/part time, on campus/online and for post-graduate students whether their enrolment is coursework or research;
 - ii. year of study (i.e. first year, second year etc);
 - iii. status as an Australian citizenship/international student and if international student, year of arrival in Australia, and Country of Birth; and
 - iv. accommodation status, including whether they are residing in Student Accommodation and, if so, the identity of the Student Accommodation Provider;
- c. if the Discloser or Respondent is a member of Staff, their:
 - i. basis of engagement, current classification and role function; and
 - ii. current course level status if enrolled as a Student; and
- d. the Discloser's relationship to the Respondent, whether:
 - i. known, and in what capacity; or unknown.

Examples of practical ways to comply with the requirement:

Consider:

- implementing a secure data collection system that records demographic and enrolment information for each discloser and respondent at the time of disclosure or formal report
- integrating student management and HR systems with the reporting database to automatically capture relevant details such as mode of study, employment classification and accommodation status
- developing a standardised form or template for staff managing disclosures and formal reports to ensure consistent collection of demographic and relationship data
- providing staff training on how to sensitively collect and record demographic and relationship information in a trauma-informed manner
- establishing a process to verify and update demographic details (e.g. citizenship, course status, accommodation) before submitting data to the Secretary
- maintaining clear data privacy and confidentiality protocols to ensure personally identifying information is protected when compiling reports
- preparing and submitting the required data to the Secretary by 30 June each year in the prescribed format, ensuring completeness and accuracy.



Section 5.2.7

Standard 7: Safe student accommodation

Student accommodation is safe for all students and staff

Overview and intent

Standard 7 requires higher education providers to ensure student accommodation is safe for all students and staff, regardless of whether it is owned by, controlled by or affiliated with the provider.

Everyone has the right to feel safe where they work, study and live. Student accommodation can be a high-risk environment for gender-based violence. The proximity of students in shared living spaces, the presence of alcohol and the lack of supervision or oversight can exacerbate risk.

Safety in student accommodation is not just about avoiding harm but also about protecting students' right to feel secure in their homes and to pursue their education without fear or disruption.

The National Code sets out requirements for 3 distinct categories of student accommodation:

1. student accommodation that is directly owned, managed and/or operated by a higher education provider
2. student accommodation that is otherwise under the control of a higher education provider within the meaning of section 50AA of the *Corporations Act 2001* (Cth)
3. student accommodation that is affiliated with a higher education provider.

As part of the whole-of-organisation Plan and Outcomes Framework, student accommodation directly owned, operated or managed by providers must comply with all relevant standards of the National Code and meet specific requirements, including risk assessments within 48 hours, or immediately if the conditions of Standard 7.1(g)(ii) are satisfied; relocation of respondents where necessary; and removal of individuals with substantiated allegations where assessed as necessary to protect safety of students and staff.

The National Code requires providers to ensure controlled or affiliated student accommodation providers comply with requirements related to accountable leadership, safe systems, staff and resident training, and trauma-informed responses. This includes the creation of a whole-of-organisation prevention and response plan tailored to the accommodation context, regular policy reviews, and clear procedures for managing disclosures.

Tables 8, 9 and 10 describe the requirements of higher education providers to comply with Standard 7. Higher education providers should work with student accommodation providers to meet requirements of the National Code.

Requirements and practical examples

Table 8: Summary of Standard 7 requirements and practical examples for providers of directly owned, operated or managed student accommodation

Standard 7 – Safe student accommodation

Providers of directly owned, operated or managed student accommodation

Standard 7.1

Requirement: In addition to implementing the other requirements of the Code, in respect of Student Accommodation which the Provider directly owns, operates and/or manages, the Provider must comply with 7.1 (a) to (h).

Examples of practical ways to comply with the requirement:

Consider:

- establishing a governance arrangement with the student accommodation provider to facilitate compliance with the National Code that covers processes for information sharing, roles and responsibilities and sharing of expertise
- ensuring inclusion of actions specific to the student accommodation context in the whole-of-organisation Plan and Outcomes Framework with consideration of the particular risk associated with residential settings
- referring to practical examples for complying with the requirements of Standards 1 to 6 of the National Code, outlined in this guidance, in respect of student accommodation. Compliance with Standards 1 to 6 of the National Code will need to be tailored to student accommodation, with consideration of the specific context and particular risks associated with these settings.

Practical examples of complying with 7.1(a)–(h) are provided below.

Standard 7.1(a)

Requirement: Ask Student Accommodation Staff to declare whether they have been investigated for an allegation of Gender-based Violence, or determined to have engaged in conduct that constitutes Gender-based Violence in similar positions, or during the course of any employment or engagement as a contractor, or otherwise in a legal process.

Examples of practical ways to comply with the requirement:

Consider:

- reviewing existing HR policies and procedures and incorporate applicant and employee declarations of past investigations for gender-based violence allegations or determinations of gender-based violence conduct. This could be aligned with existing declaration processes for past misconduct or criminal history
- incorporating clear messaging about the purpose of such declarations in policies and procedures – i.e. that gender-based violence declarations communicate that gender-based violence is unacceptable and ensure the proactive prioritisation of safety and risk mitigation
- clearly outlining expected conduct and behaviours in position descriptions, employment contracts and performance agreement plans, explicitly stating that gender-based violence is unacceptable

- providing clear guidance to prospective and current staff explaining the purpose, confidentiality and assessment process for such declarations
- documenting all declarations and store securely, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

Standard 7.1(b)

Requirement: The Provider must consistently with the Provider's duty of care, take into consideration any declaration made under paragraph 7.1(a) and any risks arising from the declaration in determining the person's suitability for the position.

Examples of practical ways to comply with the requirement:

Consider:

- establishing policies and procedures to assess risk, safety and suitability based on declarations, taking the duty of care to students and staff into account. Risk and safety assessment processes should consider the nature of the disclosure alongside other due diligence mechanisms such as criminal history checks and robust reference checks (that consider suitability for the position and past conduct complaints, concerns or investigations regarding the applicant/employee)
- ensuring relevant staff are trained in implementing policies and procedures relevant to assessing risk, safety and suitability based on gender-based violence declarations
- documenting all risk assessments, mitigation measures and decisions to ensure accountability and demonstrate ongoing compliance
- considering data collected under Standard 6.10 to continuously inform and improve policies and procedures to assess risk, safety and suitability based on declarations made under 7.1(a).

Standard 7.1(c)

Requirement: The Provider must take into consideration any substantiated allegation of Gender-based Violence found by the Provider in the course of the employment or engagement of Student Accommodation Staff, with respect to their promotion or recognition.

Examples of practical ways to comply with the requirement:

Consider:

- establishing policies and procedures to assess risk, safety and suitability for promotion, recognition or reward of current employees based on substantiated allegations
- developing policies and procedures linking ethical conduct and safety compliance to career progression
- documenting all decisions with respect to promotion the recognition of student accommodation staff with a substantiated allegation of gender-based violence.

Standard 7.1(d)

Requirement: The Provider must require Student Accommodation Staff to declare any existing or previous intimate personal relationship with a Resident of the Provider.

Examples of practical ways to comply with the requirement:

Consider:

- reviewing existing HR policies and procedures and incorporating applicant and student accommodation staff declarations of current or previous intimate relationships with residents
- providing clear guidance to prospective and current staff explaining the purpose, confidentiality and assessment process for such declarations
- securely recording all declarations in a central HR or governance system, accessible only to authorised staff managing conflicts of interest.

Standard 7.1(e)

Requirement: Where a declaration is made in accordance with paragraph 7.1(d), the Provider must implement as necessary any conflict-of-interest or risk management plan that includes any necessary alternative arrangements.

Examples of practical ways to comply with the requirement:

Consider:

- establishing policies and procedures to assess risk, safety and conflicts of interest based on declarations, taking the duty of care to residents and staff into account
- establishing a safety subcommittee / Governing Body to make decisions on actions to ensure safety, with fit-for-purpose decision-making tools or templates to document the rationale for decisions and actions made to prioritise safety and minimise harm in accordance with principles of proportionality
- developing conflict of interest or risk management plans for each declaration, outlining measures to prevent conflicts of interest or risks, including any necessary alternative arrangements
- notifying managing staff, on a need to know only basis, of the agreed conflict of interest or risk management plan; and ensuring they understand the confidential nature of the declaration, to protect privacy to the highest possible extent in the implementation of the conflict of interest or risk management plan
- monitoring and reviewing arrangements regularly to assess that conflict of interest and risk management measures are implemented effectively and adjusted as needed over time
- providing training and guidance for staff on their responsibilities to declare relationships, follow conflict of interest and risk management procedures, and maintain the confidentiality of declarations they are made aware of.

Standard 7.1(f)

Requirement: The Provider must require Residents, Student Accommodation Staff, and any Staff whose substantive role is in connection with the Student Accommodation, to undertake prevention and responding to Disclosures education and training that meets the requirements of Standard 3 and is tailored to the Student Accommodation environment.

Examples of practical ways to comply with the requirement:

Consider:

- conducting a needs assessment that considers current knowledge, skills, gaps and training needs to inform education and training curriculum
- ensuring prevention and responding to disclosures education and training meets the requirements of Standard 3, tailored to the student accommodation context (refer to Standard 3 in this regulatory guidance for practical examples for compliance). Tailoring for the student accommodation context might include:
 - scenarios and case studies based on common situations in student residences and social events, content about how power dynamics play out in student accommodation, and information about support pathways within student accommodation
 - training that is tailored to the specific context, roles and responsibilities of residents and student accommodation staff
- developing a training schedule for residents and staff. This may include:
 - requiring all residents to complete prevention and responding to disclosures education and training during move-in or as part of orientation
 - including prevention and responding to disclosures training in mandatory training requirements for staff
- implementing a process for approval of training from the higher education provider
- maintaining a training register or online dashboard that records training completion; and following up with those who have not completed the training.

Standard 7.1(g)

Requirement: In its procedures relating to Gender-based Violence, the Provider must include a requirement that the Provider must, for Disclosures or Formal Reports by or about a Resident, Student Accommodation Staff, or any Staff whose substantive role is in connection with the Student Accommodation:

- i. take all necessary immediate action proportionate to the risk arising from the Disclosure to ensure the safety of the Discloser, Residents and Student Accommodation Staff. This may include relocation of the Respondent to alternative accommodation and/or arranging available urgent support services for the Discloser and Respondent;
- ii. undertake a risk assessment within 48 hours of receiving the Disclosure or Formal Report or immediately when required, that:
 - a. takes into account and seriously considers the views of the Discloser; and
 - b. determines safety measures to be implemented to protect the safety of the Discloser and other Residents, which may include relocation of the Respondent to alternative accommodation;
- iii. within 48 hours of a Disclosure or Formal Report, develop and implement a support plan collaboratively with, and as desired by, the Discloser in accordance with the relevant requirements in Standard 4; and
- iv. within 48 hours of a Disclosure or Formal Report, develop and implement a support plan collaboratively with, and as desired by, the Respondent in accordance with the relevant requirements in Standard 4.

Examples of practical ways to comply with the requirement:

Consider:

- ensuring gender-based violence policies and procedures include processes for responding to disclosures and formal reports, meeting the requirements of 7.1(g). This should include clear risk assessment policies, procedures, roles and responsibilities, including where immediate action proportionate to the risk must be taken
- requiring that all staff are trained in risk assessment policies and procedures and understand their roles and responsibilities
- requiring that risk assessment is undertaken by a person with experience and expertise (see Standards 3.14 and 3.15)
- using evidence-based risk assessment tools and frameworks for all disclosures and formal reports that include guidance to assess immediate safety risks and ongoing risk of harm (e.g. contact between discloser and respondent, accommodation arrangements, shared residential spaces such recreational areas or bathrooms). Tools or frameworks for relevant forms of gender-based violence, aligned with state, territory and national frameworks for best practice risk assessment and management should be used where applicable (including those assessing the different risk factors for disclosers and people who use violence)
- immediately assessing and responding to risk upon receiving a disclosure or formal report, taking action proportionate to the threat to the safety of the discloser, residents and student accommodation staff
- relocating the respondent to alternative accommodation if necessary to protect the safety of the discloser, residents and student accommodation staff. This can occur prior to any substantiated allegations where proportionate to the risk and to ensure safety
- arranging urgent support services for both discloser and respondent, including gender-based violence response services, counselling, medical support and other wellbeing services
- undertaking a risk assessment within 48 hours (or immediately if required) taking into account the views of the discloser and any need for immediate safety measures
- developing a tailored support plan for the discloser within 48 hours in collaboration with them consistent with Standard 4 requirements
- developing a tailored support plan for the respondent within 48 hours, in collaboration with them and consistent with Standard 4 requirements
- documenting all incidents, actions and safety measures (including records of respondent relocation), risk assessments (with date and time), information on discloser's views, and support plans (with date and time) to demonstrate accountability, compliance and ongoing monitoring, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

Standard 7.1(h)

Requirement: require that, where the Provider determines the action to be necessary to protect the safety of Residents and after seeking and considering the views of the Discloser, the Provider permanently remove from the Student Accommodation a person who has had an allegation of Gender-based Violence against them substantiated.

Examples of practical ways to comply with the requirement:

Consider:

- developing a formal removal procedure that details when and how a substantiated finding of gender-based violence leads to permanent removal from student accommodation, with consideration of risk to safety and in accordance with the principle of proportionality and adhering to procedural fairness requirements under the National Code
- requiring decision-makers to document consultation with the discloser, recording how their views were sought and how those views informed the final action
- seeking legal advice where uncertainty exists about specific procedural fairness requirements and risks to safety
- coordinating immediate logistics for relocation or tenancy termination of the respondent, including retrieval of belongings under supervision and transfer of access credentials or keys
- providing the discloser with updated safety planning and wellbeing supports (e.g. check-ins with counselling, alternative housing options, academic adjustments) once the removal is implemented
- retaining documentation of the substantiated allegation of gender-based violence and the date, rationale, consultation details and confirmation of the permanent removal.

Table 9: Summary of Standard 7 requirements and practical examples where student accommodation providers are not directly owned, operated or managed by a provider but are otherwise under the control of a provider

Standard 7 – Safe student accommodation

Student accommodation providers which are not directly owned, operated or managed by a provider but are otherwise under the control of a provider
Accountable leadership and governance
Standard 7.2

Requirement: A Provider must require that a Student Accommodation Provider prepare, implement and publish on its website a Whole-of-Organisation Prevention and Response Plan that:

- a. records the Student Accommodation Provider's Whole-of-Organisation approach to preventing and responding to Gender-based Violence that prioritises the safety and support of Residents and Student Accommodation Staff;
- b. addresses the factors that drive and contribute to Gender-based Violence, as well as any factors relevant to the Student Accommodation Provider's context;
- c. records how the Student Accommodation Provider will implement the requirements in paragraphs 7.2 to 7.8 of the Code;
- d. includes a Whole-of-Organisation assessment that identifies systemic risks, enablers and barriers to preventing Gender-based Violence;
- e. includes actions that will be taken in response to findings of the assessment;
- f. reflects the needs, experience and agency of all members of the Student Accommodation Provider's community, particularly those members who are disproportionately affected by Gender-based Violence, including women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity; and
- g. is developed through engagement and collaboration with Residents and Student Accommodation Staff, including in its design and implementation, and including those who have experienced Gender-based Violence.

Examples of practical ways to comply with the requirement:

Consider:

- establishing a governance arrangement with the student accommodation provider that covers processes for information sharing and clarifies roles and responsibilities and sharing of expertise, to facilitate compliance with the National Code.
- requiring student accommodation providers to:
 - establish a gender-based violence advisory group that includes resident and student accommodation staff representatives, including those who have experienced gender-based violence, for collaboration and engagement on the Plan
 - provide dedicated, and specialist, support services for referral and ongoing care of participants engaged for the development of the Plan, as needed
 - where appropriate, compensate participants for their contributions

- maintain ongoing dialogue through resident/staff forums, resident and staff wellbeing events or regular updates
- assign staff with expertise and experience with gender-based violence to lead the preparation and implementation of the Plan
- prepare and publish a Plan on their website by the compliance date that:
 - » records their whole-of-organisation approach to preventing and responding to gender-based violence, that prioritises the safety and support of its residents and student accommodation staff
 - » addresses factors that drive and contribute to gender-based violence, as well as any factors relevant to the student accommodation provider's context
 - » records how they will implement the requirements in Standards 7.2 to 7.8 of the National Code
 - » includes a whole-of-organisation assessment that identifies systemic risks, enablers and barriers to preventing gender-based violence
 - » includes actions that will be taken in response to findings in the assessment
 - » reflects:
 - the needs, experience and agency of all members of their community, including those disproportionately impacted by gender-based violence, including women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity
 - findings from engagement and collaboration with residents and student accommodation staff, including those who have experienced gender-based violence
- ensuring that the Plan meets the requirements of the National Code and aligns with definitions, principles and key concepts outlined in regulatory guidance.

Standard 7.3

Requirement: A Provider must require that a Student Accommodation Provider monitor and measure the impact of the Prevention and Response Plan on an ongoing basis and update the Prevention and Response Plan at least every four years.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

- monitor and measure the impact of the Plan in order to understand and improve the effectiveness of the Plan, meet the needs of student and staff cohorts, support reporting requirements, develop and tailor effective initiatives and interventions, and maintain organisational accountability
- use an evaluation framework that includes objectives, measures and indicators, data sources, data analysis and methods of incorporating learnings into updates of the Plan
- use a variety of data sources to assess the impact of the Plan. This could include collecting and analysing data collected in accordance with Standard 6 (e.g. gender-based violence incidents, support service usage, training participation) and engaging residents and student accommodation staff through surveys, focus groups and interviews
- update the Plan at least every 4 years based on evaluation findings, stakeholder feedback and changes in risk or context
- document amendments to the Plan and maintain records of monitoring and evaluation activities to support continuous improvement of prevention and response approaches.

Safe environments and systems

Standard 7.4(a)

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider that:

- a. in relation to Student Accommodation Staff, require the Student Accommodation Provider to:
 - i. ask Student Accommodation Staff to declare whether they have been investigated for an allegation of Gender-based Violence, or determined to have engaged in conduct that constitutes Gender-based Violence in similar positions, or during the course of any employment or engagement as a contractor, or otherwise in a legal process;
 - ii. consistently with the Student Accommodation Provider's duty of care, take into consideration any declaration made under paragraph 7.4(a)(i) and any risks arising from the declaration in determining the person's suitability for the position;
 - iii. take into consideration any substantiated allegation of Gender-based Violence found by the Student Accommodation Provider in the course of the employment or engagement of Student Accommodation Staff, with respect to their promotion or recognition
 - iv. require Student Accommodation Staff to declare any existing or previous intimate personal relationship with a Resident of the Student Accommodation Provider; and
 - v. where a declaration is made in accordance with paragraph 7.4(a)(iv), implement as necessary any conflict-of-interest or risk management plan that includes any necessary alternative arrangements.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

Declarations of prior gender-based violence investigations for allegations or determinations

- review existing HR policies and procedures and incorporate applicant and employee declarations of past investigations for gender-based violence allegations or determinations of gender-based violence conduct. This could be aligned with existing declaration processes for past misconduct or criminal history
- incorporate clear messaging about the purpose of such declarations in policies and procedures – i.e. that gender-based violence declarations communicate that gender-based violence is unacceptable and ensure the proactive prioritisation of safety and risk mitigation
- clearly outline expected conduct and behaviours in position descriptions, employment contracts and performance agreement plans, explicitly stating that gender-based violence is unacceptable
- provide clear guidance to prospective and current staff explaining the purpose, confidentiality and assessment process for such declarations
- document all declarations and store securely, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles

Risk assessment and suitability determination

- establish policies and procedures to assess risk, safety and suitability based on declarations, taking the duty of care to students and staff into account. Risk and safety assessment processes should consider the nature of the disclosure alongside other due diligence mechanisms such as criminal history checks and robust reference checks (that consider suitability for the position and past conduct complaints, concerns or investigations regarding the applicant/employee)
- ensure relevant staff are trained in implementing policies and procedures relevant to assessing risk, safety and suitability based on gender-based violence declarations
- document all risk assessments, mitigation measures and decisions to ensure accountability and demonstrate ongoing compliance

- consider data collected under Standard 6.10 to continuously inform and improve policies and procedures to assess risk, safety and suitability based on declarations made under Standard 7.1(a)

Substantiated allegations in promotion or recognition

- establish policies and procedures to assess risk, safety and suitability for promotion, recognition or reward of current employees based on substantiated allegations
- develop policies and procedures linking ethical conduct and safety compliance to career progression
- document all decisions with respect to promotion the recognition of student accommodation staff with a substantiated allegation of gender-based violence

Declarations of previous or existing intimate personal relationship with a resident

- review existing HR policies and procedures and incorporate applicant and student accommodation staff declarations of current or previous intimate relationships with residents
- provide clear guidance to prospective and current staff explaining the purpose, confidentiality, and assessment process for such declarations
- securely record all declarations in a central HR or governance system, accessible only to authorised staff managing conflicts of interest.

Conflict of interest or risk management plan

- establish policies and procedures to assess risk, safety and conflicts of interest based on declarations, taking the duty of care to students and staff into account
- establish a safety subcommittee / Governing Body to make decisions on actions to ensure safety, with fit-for-purpose decision-making tools or templates to document the rationale for decisions and actions made to prioritise safety and minimise harm in accordance with principles of proportionality
- develop conflict of interest or risk management plans for each declaration, outlining measures to prevent conflicts of interest or risks, including any necessary alternative arrangements
- notify managing staff, on a need to know only basis, of the agreed conflict of interest or risk management plan. Ensure they understand the confidential nature of the declaration, to protect privacy to the highest possible extent in the implementation of the conflict of interest or risk management plan
- monitor and review arrangements regularly to assess that conflict of interest and risk management measures are implemented effectively and adjusted as needed over time
- provide training and guidance for staff on their responsibilities to declare relationships, follow conflict of interest and risk management procedures, and maintain the confidentiality of declarations they are made aware of.

Standard 7.4(b)

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider that:

- b. in relation to Non-disclosure Agreements and Non-disparagement Clauses:
 - i. prohibit the use of a Non-disclosure Agreement, unless requested by the Discloser
 - ii. if a Discloser requests the use of a Non-Disclosure Agreement in relation to Gender-based Violence, any such agreement with the Student Accommodation Provider must not stop the Discloser from sharing their experience for the purpose of seeking support and advice or the Student Accommodation Provider from complying with their reporting obligations under the Code; and
 - iii. any settlement terms agreed between the Discloser and the Student Accommodation Provider must not contain a Non-disparagement Clause that could have the effect of requiring the Discloser to keep their experience of Gender-based Violence confidential.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

- explicitly prohibit non-disclosure agreements by default and include clear and definitive advice in policies and procedures that non-disclosure agreements cannot be used in gender-based violence matters unless the discloser specifically requests one
- develop compliant settlement templates which ensure that any agreements requested by a discloser explicitly allow them to seek support and advice and report the incident; and remove any non-disparagement clauses that could limit disclosure
- provide guidance and training for HR, legal and complaints-handling or student support staff on the National Code's requirements regarding non-disclosure agreements and non-disparagement clauses. Ensure staff take a trauma-informed approach and do not pressure or influence the discloser to request a non-disclosure agreement
- verify and record discloser consent where a non-disclosure agreement is requested; and confirm the discloser's informed and voluntary consent, ideally with access to independent legal advice.
- audit and regularly review settlement agreements related to gender-based violence to ensure compliance with the National Code's requirements
- communicate clearly to disclosers that non-disclosure agreements are prohibited unless requested and that requesting a non-disclosure agreement does not restrict their access to support or reporting pathways
- consider seeking legal advice to inform procedures where disclosers do request a non-disclosure agreement to give additional protection such as cooling-off periods
- retain records of where disclosers request a non-disclosure agreement and store them securely, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

Standard 7.4(c)

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider that:

- c. in relation to Policies and Procedures:
 - i. adopt the Provider's Policies and Procedures on preventing and responding to Gender-based Violence; or
 - ii. have and implement a Policy on preventing and responding to Gender-based Violence that applies to Residents and Student Accommodation Staff, that meets the requirements of 7.4(c)(i)(A) to 7.4(c)(ii)(H)
 - iii. develop and review the Policy referred to at 7.4(c)(ii) at least every three years, following engagement and collaboration with those listed at paragraphs 7.4(c)(iii)(A) to 7.4(c)(iii)
 - iv. enable the Provider, upon the Provider's request, to review the policies and/or procedures of the Student Accommodation Provider relating to Gender-based Violence and provide feedback for the purposes of ensuring compliance with this Standard 7.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

Adopting the provider's policies and procedures on preventing and responding to gender-based violence

- formally adopt the provider's policies and procedures on preventing and responding to gender-based violence through an agreement, contract or other arrangement
- align relevant processes and operations with the provider's policies and procedures on preventing and responding to gender-based violence, including procedures in relation to a disclosure or formal report of gender-based violence
- communicate expectations to all parties. This may include providing induction materials and information sessions to for residents and staff to understand their obligations under the policy.

Having and implement a policy on preventing and responding to gender-based violence

- develop an evidence-based policy using current research and national data that includes the factors that drive and contribute to gender-based violence. Supplement this with analysis of factors relevant to the student accommodation provider's context, to ensure the policy is relevant and responsive to local risks
- embed person-centred and trauma-informed principles, with emphasis in the policy on safety, choice and empowerment for disclosers and including guidance on sensitive communication and support pathways
- adopt the National Code's definition of gender-based violence and use consistent terminology across all institutional documents, policies and training materials
- include a clear statement of commitment which explicitly declares that gender-based violence, in any form, is unacceptable within the higher education community
- list internal and external support services and provide up-to-date contact details for counselling, medical, advocacy, legal and academic support services, including after-hours and culturally appropriate options
- ensure the policy complies with the applicable obligations under Standard 5 to ensure safe processes
- outline disclosure and reporting procedures that clearly explain how to make a disclosure or formal report, what will happen next, and how confidentiality and safety will be managed
- publish the policy on the main website and in multiple formats, including mobile friendly options
- ensure accessibility and inclusivity which responds to the needs of disproportionately impacted groups – e.g. by publishing the policy online in plain English and providing translation or easy-read versions aligned with the linguistic and cultural diversity of staff and students
- ensure the gender-based violence policy explicitly states its application to all residents and staff
- communicate expectations to all parties. This may include providing induction materials and information sessions to residents and staff so they understand their obligations under the policy.

Collaboration and engagement to develop and review policy

- assign roles and responsibilities for developing and reviewing the policy at least every 3 years – for example, by establishing a gender-based violence policy development and/or review advisory group
- document 3-year (at minimum) review timeframes in the policy
- use multiple channels to reach broad cohorts for consultations, including focus groups or surveys with residents, staff and communities disproportionately affected by gender-based violence (e.g. women, First Nations people, culturally and linguistically diverse communities, people with disability, people of diverse sexual orientation and gender identity)
- engage victim-survivor advocates and people with lived experience as appropriate through safe, trauma-informed consultation processes or via representative organisations
- engage and collaborate with gender-based violence subject-matter experts, including prevention experts and those with experience and expertise in gender-based violence response
- document and publish review outcomes, record consultation feedback, update the policy accordingly, and communicate key changes to all stakeholders
- integrate review into existing student accommodation policy review processes.

Enabling the provider to review and provide feedback on the policies and/or procedures of the student accommodation provider

- provide the higher education provider, upon request, with copies of all current gender-based violence policies, procedures and response protocols for formal review and feedback
- include a clause in agreements, contracts and other arrangements that enables the higher education provider to review and provide feedback on gender-based violence policies and procedures
- submit any draft policy updates to the higher education provider for review for compliance with the National Code before implementation
- implement a process or system to record and track feedback from the higher education provider, including documenting actions taken, timelines and responsible staff members.

Knowledge and capability

Standard 7.5

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider in relation to training and education, and prevention initiatives that:

- a. require all Residents and Student Accommodation Staff to complete prevention and responding to Disclosures education and training, which is delivered or approved by the Provider, meets the requirements in Standard 3 and is tailored to the Student Accommodation environment;
- b. require Student Accommodation Providers to promote and widely disseminate evidence-informed prevention communication and key messaging tailored to a Student Accommodation environment; and
- c. require any prevention initiatives, including programs and campaigns, delivered by the Student Accommodation Provider to be evidence-based and evaluated, and evaluation findings must inform future prevention initiatives.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

Prevention and responding to disclosures training

- conduct a needs assessment that considers current knowledge, skills, gaps and training needs to inform education and training curriculum in the student accommodation environment
- ensure prevention and responding to disclosures education and training meets the requirements of Standard 3, tailored to the student accommodation context (refer to Standard 3 in this regulatory guidance for practical examples for compliance). Tailoring for the student accommodation context might include:
 - scenarios and case studies based on common situations in student residences and social events, content about how power dynamics play out in student accommodation, and providing information about support pathways within student accommodation
 - tailoring for the specific context, roles and responsibilities of residents and student accommodation staff
- develop a training schedule for residents and staff. This may include:
 - requiring all residents to complete prevention and responding to disclosures education and training during move-in or as part of orientation
 - including prevention and responding to disclosures training in mandatory training requirements for staff
- implement a process for approval of training from the higher education provider
- maintain a training register or online dashboard that records training completion; and follow up with those who have not completed the training

Evidence informed prevention communication and key messaging

- develop a clear approach to communications and/or social marketing that builds or connects clearly to complementary prevention programming and activity
- determine target audiences for communications and/or social marketing activities drawing on data and evidence
- develop and implement a communications plan including:
 - communications objectives, target audiences and outcomes
 - key messages tailored to the target audiences about respect, consent and bystander action

- methods for dissemination that are most effective for engaging the target group. This may include peer education programs to share prevention messages as well as through posters, digital screens, newsletters, social media and other online platforms
- sites for dissemination within student accommodation, including lobbies, lifts, dining areas, study halls, recreation areas, bathrooms and workspaces
- processes to ensure communications activities are accessible and inclusive; and responsive to the needs of disproportionately impacted groups
- the timing of communications initiatives, such as campaigns during high-risk periods such as orientation week, major social events and end-of-semester celebrations
- strategies for evaluating the effectiveness of prevention communication and key messaging
- ensure prevention communication and key messaging is implemented in a sustained way, using a range of platforms and combined with other prevention components and activities designed to have an impact at a community level
- consider partnering with gender-based violence prevention organisations to ensure messaging is informed by best-practice prevention frameworks and guides and draws from current and emerging prevention evidence base (with consideration of academic literature, practice guides, advice from prevention peak bodies, and available data)
- test key messaging with target audiences – gather feedback on clarity, relevance and impact, and adjust accordingly
- implement the communication plan through coordinated campaigns across identified sites, delivering tailored, inclusive messages that promote respect, consent and bystander action. Continuously monitor feedback and engagement to refine messaging, adjust delivery methods and strengthen impact over time
- regularly update and evaluate communication materials to ensure they remain accurate, relevant and effective

Prevention initiatives must be evidence-based and evaluated

- ensure prevention activities, including programs and campaigns, are informed by international and national best-practice prevention frameworks and guides and draw from current and emerging prevention evidence base (e.g. academic literature, practice guides, advice from prevention peak bodies, available data)
- conduct pre- and post-program evaluation to measure changes in awareness, attitudes and behaviours related to gender-based violence
- collect participant feedback to assess relevance, accessibility and impact of programs
- engage external experts or researchers to independently evaluate prevention initiatives
- document evaluation results and use findings to revise, improve or redesign future prevention initiatives and update the whole-of-organisation plan and outcomes framework
- establish a regular review cycle to ensure all prevention activities remain evidence-based and aligned with emerging research
- share evaluation outcomes and reports with stakeholders, including residents, staff and governing bodies, to demonstrate continuous improvement
- maintain records of all evaluation reports.

Standard 7.6

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider to ensure that risk assessments are only undertaken by persons who have the expertise and experience in 3.14 of Standard 3. Where a Student Accommodation Provider does not have Staff with the necessary expertise and experience to conduct a risk assessment, the Student Accommodation Provider must engage a who has the necessary expertise and experience.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

- ensure that staff conducting risk assessment have expertise in gender-based violence risk assessment; competency working with specific cohorts, including First Nations people, culturally and linguistically diverse communities, people with disability, and people of diverse sexual orientation and gender identity; and relevant knowledge of:
 - evidence-based static and dynamic risk factors and protective risk factors for experiencing gender-based violence
 - types, patterns and effects of gender-based violence
 - how gender-based violence is experienced by different groups of people
 - the nature and impact of coercive control
- update relevant workforce development policies, capability frameworks and recruitment and retention strategies to align with the expertise and experience requirements outlined in 3.14(a)–(c)
- ensure staff recruitment and retention strategies include minimum qualification and experience requirements, robust recruitment policies and procedures, supervision requirements, training and professional development requirements (including membership of relevant professional institutions/societies) and performance appraisal processes
- ensure staff conducting risk assessments are provided with ongoing professional development and training on risk assessment processes in response to disclosures and formal reports, understanding evidence-based risk factors, protective factors, the dynamics of gender-based violence, coercive control, the impacts of trauma and how experiences of gender-based violence differ across communities
- maintain a register of qualified staff authorised to conduct risk assessments under the National Code
- periodically review risk assessor qualifications and training records to ensure expertise remains current and compliant with best practice
- engage an external specialist immediately when internal staff do not have the required expertise and experience to ensure compliance with Standard 3.14
- develop a list of external experts or organisations qualified to conduct gender-based violence risk assessments and with experience working sensitively with disproportionately impacted groups, aligned with the required expertise and experience in Standard 3.14
- establish contracts or service agreements with external experts to enable rapid engagement when needed
- review and update internal capacity periodically to reduce reliance on external specialists where possible.

Safety and support

Standard 7.7

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider that, in relation to Disclosures require the Student Accommodation Provider to:

- a. ensure that its responses, practices and support services are safe, Person-centred and consistent with a Trauma-informed approach;
- b. provide or facilitate access to support services to persons making Disclosures and/or Formal Reports and to Respondents, including explaining the available support services available, including supports relevant to educational outcomes;
- c. actively promote and make widely available information about how Residents and Student Accommodation Staff can access policies and procedures and internal and/or external support services. This information must be accessible and publicly available, drafted in plain English and able to be translated into different languages;
- d. undertake a risk assessment in response to all Disclosures and Formal Reports of Gender-based Violence and manage and monitor any identified risks on an ongoing basis;
- e. in circumstances where a Disclosure relates to conduct that occurred in Student Accommodation or at an event organised by a Student Accommodation Provider:
 - i. take all necessary immediate action proportionate to the risk arising from the Disclosure to ensure the safety of the Discloser or other Residents or Student Accommodation Staff. This may include relocation of the Respondent to alternative accommodation and/or arranging available urgent support services for the Discloser and Respondent;
 - ii. enable a Discloser to elect that the Provider leads the response to the Disclosure, including supports, and any investigation and/or disciplinary process, and if the Discloser so elects, require the Student Accommodation Provider to:
 - A. co-operate fully with the Provider in leading the response to the Disclosure, including information sharing; and
 - B. implement any outcomes decided by the Provider; and
 - iii. in circumstances where a Discloser elects the Student Accommodation Provider to lead the response to the Disclosure:
 - A. undertake a risk assessment within 48 hours of receiving the Disclosure or Formal Report or immediately when required:
 - I. which must take into account and seriously consider the views of the Discloser; and
 - II. to determine safety measures to be implemented to protect the safety of the Discloser and other Residents, including relocation of the Respondent to alternative accommodation;
 - B. immediately implement any safety measures identified by the risk assessment;
 - C. manage and monitor any identified risks; and
 - D. provide information to the Provider about a Disclosure, including informing the Provider of the outcome of the risk assessment and for assistance with managing and monitoring any identified risks:
 - I. with the consent of the Discloser; or
 - II. where as a result of the risk assessment in paragraph 7.7(e)(iii)(A), it is reasonably necessary to provide that information to the Provider to protect the wellbeing and safety of Students and/or Student Accommodation Staff; or
 - III. where such information is confined to the fact that a Disclosure has occurred and how that Disclosure is being managed by the Student Accommodation Provider consistently with the Code and the affiliation agreement, and is provided in a manner which does not and would not identify the Discloser.

- E. within 48 hours of a Disclosure or Formal Report develop and implement a support plan collaboratively with and as desired by the Discloser in accordance with the relevant requirements in Standard 4; and
- F. Within 48 hours of a Disclosure or Formal Report, develop and implement a support plan collaboratively with and as desired by the Respondent in accordance with the relevant requirements in Standard 4.

Examples of practical ways to comply with the requirement:

Consider requiring student accommodation providers to:

Safe, person-centred and trauma-informed responses, practices and support services

- develop and implement policies and procedures that prioritise safety, autonomy and wellbeing
- consult current leading practice, including applicable state, territory and national gender-based violence frameworks and professional standards in the development, review and updating of policies, procedures and practice guidance
- engage staff or external suppliers with expertise in person-centred and trauma-informed approaches and practice to support policy and procedure development
- ensure that consultation with residents and staff, including those with lived experience of gender-based violence and disproportionately impacted groups, informs policies, procedures and practice
- incorporate required knowledge and capability for providing safe, person-centred, trauma-informed responses in gender-based violence response into capability frameworks and/or position descriptions for relevant staff
- build capability in delivering responses, practices and support services that are safe, person-centred, trauma-informed, and best practice by:
 - meeting the requirements of Standard 7.5 with respect to education and training; and engaging staff with the required expertise and experience for risk assessments
 - requiring that staff responding to disclosures or formal reports receive regular and ongoing supervision and professional development and training in the provision of safe, person-centred, trauma-informed and leading practice responses, as well as in the identification and prevention of vicarious trauma for staff.

Facilitating access to support services

- include information in policies relevant to preventing and responding to gender-based violence (as required in Standard 7.4) on:
 - referral pathways for residents and staff to access for internal and external support services appropriate for their needs. This may include gender-based violence support services (and accredited specialists where applicable), after-hours support pathways, specialist services for disproportionately impacted groups (where available) and other relevant support services (e.g. medical, legal, housing)
 - options to support educational outcomes, such as flexible study options, extensions, modified assessments or alternative supervision arrangements
- provide clear written and verbal information about available internal and external support services to disclosers and respondents at the time of a disclosure or formal report; and offer academic support options such as extensions, alternative assessments or changes to class timetables for affected students
- ensure staff are trained to explain, refer and connect disclosers and respondents to support services to meet their needs
- maintain partnerships or referral pathways with external gender-based violence, sexual assault and domestic violence services, such as through warm referral agreements or other arrangements
- retain records of referrals made
- provide respondents with access and referral to wellbeing and academic support while ensuring no contact with the discloser.

Information about policies, procedures and support services

- publish clear, plain English information about policies, procedures and internal and external support services on the provider's website, student portals and staff intranet. Include translation options that reflect student and staff demographics
- include guidance on accessing academic adjustments (e.g. deferred assessments, extensions, special arrangements for assessment) and other educational supports alongside wellbeing and counselling resources
- develop and implement a communications strategy that considers:
 - the audience of information promotion
 - methods and format of information distribution (printed materials, posters, digital resources, email, social media and newsletters)
 - timing of communications, such as promoting information during critical periods in the student accommodation calendar (e.g. orientation week, major social events, end-of-semester celebrations) and embedded in staff induction
 - physical location of communications across all spaces within student accommodation, including in lobbies, lifts, dining areas, study halls, recreation areas, bathrooms and workspaces.
- incorporate resident and staff feedback mechanisms to test awareness of policies, procedures and support services
- regularly review content to ensure accessibility, use of plain language and relevance to all demographics.

Risk assessment, management and monitoring for all disclosures and formal reports

- ensure gender-based violence policies and procedures address risk assessment, management and monitoring in response to disclosures and formal reports. This should include clear risk assessment processes, roles and responsibilities, including where immediate action proportionate to the risk must be taken
- require that all staff are trained in risk assessment policies and procedures and understand their roles and responsibilities
- require that risk assessment is undertaken by a person with the required experience and expertise (per Standards 3.14 and 3.15)
- use evidence-based risk assessment tools and frameworks for all disclosures and formal reports that include guidance to assess immediate safety risks and ongoing risk of harm (e.g. contact between discloser and respondent, accommodation arrangements, class overlap). Tools or frameworks for relevant forms of gender-based violence, aligned with state, territory and national frameworks for best-practice risk assessment and management (including those assessing the different risk factors for disclosers and people who use violence) should be used where applicable
- implement and monitor safety plans and retain records
- coordinate with relevant internal and external supports, such as security, counselling or police where appropriate
- ensure staff document risk assessment and actions taken, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

Risk assessment, management and monitoring for conduct that occurred in student accommodation or at an event organised by student accommodation

- immediately assess and respond to risk upon receiving a disclosure, taking action proportionate to the threat to the safety of the discloser, residents and student accommodation staff
- develop a formal removal procedure that details when and how a respondent will be removed from student accommodation, in accordance with the principle of proportionality
- relocate the respondent to alternative accommodation if necessary to protect the safety of the discloser, residents and student accommodation staff. This can occur prior to any substantiated allegations where proportionate to the risk and to ensure safety

- arrange urgent support services for both discloser and respondent, including gender-based violence response services, counselling, medical support and other wellbeing services
- document all incidents, actions and safety measures (including records of respondent relocation and/or arrangement of urgent support services), risk assessments (with date and time), in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles
- ask the discloser if they would like the response (including supports and any investigation and/or disciplinary process) to be led by the higher education provider or student accommodation provider and document their decision
- include a requirement in any arrangement that the discloser may elect for the response to be led by either the higher education provider or the student accommodation provider
- include the requirement that discloser may elect for the response to be led by either the higher education provider or the student accommodation provider in policies relevant to preventing and responding to gender-based violence.

Response led by the higher education provider

- establish a response protocol outlining cooperation between the higher education provider and student accommodation provider, including how information will be shared and recommended actions will be implemented
- train relevant student accommodation staff on procedures for handing over the response to the higher education provider; and procedures for implementing recommended actions from the higher education provider
- retain records of cases where the response to a disclosure was led by the higher education provider.

Response led by the student accommodation provider

- retain records of the discloser's decision for the response to be led by the student accommodation provider
- undertake a risk assessment within 48 hours (or immediately if required), considering the discloser's views and identifying safety measures for all affected individuals (See Standard 4.5 of this regulatory guidance for practical examples of compliance with this requirements)
- implement safety measures identified by the risk assessment and manage and monitor identified risks. This may include relocating the respondent to alternative accommodation and/or arranging available urgent support services for the discloser and respondent
- develop and implement processes for information sharing between the higher education provider and student accommodation provider, compliant with Standard 7.7(e)(iii)(D) and applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles. Document all decisions and actions taken, and retain records of information shared
- develop a tailored support plan for the discloser within 48 hours, in collaboration with them and consistent with Standard 4 requirements (see Standard 4 of this regulatory guidance for practical examples of compliance with this requirement)
- develop a tailored support plan for the respondent within 48 hours, in collaboration with them and consistent with Standard 4 requirements (see Standard 4 of this regulatory guidance for practical examples of compliance with this requirement)
- document all incidents, actions and safety measures (including records of respondent relocation, if applicable), risk assessments (with date and time), information on discloser's views, and support plans (with date and time) to ensure accountability, compliance and ongoing monitoring, in line with applicable Commonwealth, state and territory privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.

Standard 7.8

Requirement: A Provider must have arrangements in place with a Student Accommodation Provider that requires data collection and reporting to the Provider consistent with Standard 6 of this Code, as applicable.

Examples of practical ways to comply with the requirement:

Consider:

- including a clause in agreements, contracts or other arrangements that specifies data collection and reporting between the student accommodation and the higher education provider, to meet obligations under Standard 6
- having arrangements in place that require student accommodation providers to share or align data collection systems, implement consistent data collection templates, retain records of data submission, and align processes with other reporting requirements.

Table 10: Summary of Standard 7 requirements and practical examples for Affiliated Student Accommodation Providers

Standard 7 – Safe student accommodation

Affiliated student accommodation providers
Standard 7.9

Requirement: A Provider that has an existing legally binding agreement or other legally binding arrangement in place with an Affiliated Student Accommodation Provider must do everything reasonably possible within its power to procure the Affiliated Student Accommodation Provider to vary, supplement or otherwise amend that agreement or arrangement so that it meets the requirements set out in paragraphs 7.2 to 7.8, as if any reference to a Student Accommodation Provider was a reference to an Affiliated Student Accommodation Provider.

Examples of practical ways to comply with the requirement:

Consider:

- reviewing existing legally binding agreements or legally binding arrangements (such as legally binding contracts or written agreements) and vary, supplement or otherwise amend them to meet the requirements set out in Standards 7.2 to 7.8. Practical examples to comply with Standards 7.2 to 7.8 are provided in Table 9. Providers may wish to seek external support such as legal advice throughout this process
- retaining records of variations, supplements or amendments to the legally binding agreement or legally binding arrangement; and the final executed legally binding agreement or legally binding arrangement
- recording and retaining evidence of all correspondence, negotiations and decisions to demonstrate everything reasonably possible was done to secure compliance under Standard 7.9. Providers may consider a range of avenues and pathways to demonstrate their effort to secure compliance.

Standard 7.10

Requirement: If a Provider does not have a legally binding agreement or other legally binding arrangement in place with an existing Affiliated Student Accommodation Provider or if a Provider is proposing to enter into an agreement, arrangement or understanding with a new Affiliated Student Accommodation Provider, the Provider must do everything reasonably possible within its power to enter into a legally binding written agreement or other legally binding arrangement with that Affiliated Student Accommodation Provider that meets the requirements set out in paragraphs 7.2 to 7.8, as if any reference to a Student Accommodation Provider was a reference to an Affiliated Student Accommodation Provider.

Examples of practical ways to comply with the requirement:

Consider:

- seeking external support such as legal advice prior to entering into a legally binding agreement or other legally binding arrangement (such as legally binding contracts or written agreements) with the affiliated student accommodation provider that meets the requirements of Standards 7.2 to 7.8 of the National Code. Practical examples to comply with Standards 7.2 to 7.8 are provided in Table 9
- retaining records of drafting and the final executed legally binding agreement or legally binding arrangement
- recording and retaining evidence of all correspondence, negotiations and decisions to demonstrate everything reasonably possible was done to secure compliance under Standard 7.9.

Standard 7.11

Requirement: Where an Affiliated Student Accommodation Provider does not agree to implement an agreement that meets the requirements in paragraph 7.9 or paragraph 7.10 (as applicable), a Provider:

- a. must report to the Secretary, who may publish, the name of the Affiliated Student Accommodation Provider; and
- b. must not:
 - i. authorise the Affiliated Student Accommodation Provider to continue to use the Provider's intellectual property or any domain names of the Provider; or
 - ii. advertise, market or promote the Affiliated Student Accommodation Provider, including to the Provider's Students; or
 - iii. have any agreement in place to reserve spaces for Students.

Examples of practical ways to comply with the requirement:

Consider:

- preparing and submitting a formal report to the Secretary listing the name of any affiliated student accommodation provider that declined to amend their existing legally binding agreements or arrangements to meet the National Code's requirements or enter into a legally binding agreement or arrangement to meet the National Code's requirements
- remove the noncompliant accommodation provider from the university's website, marketing materials and student housing listings to ensure it is no longer promoted as affiliated
- revoke permission for the noncompliant provider to use the university's logo, branding or domain names in promotional or recruitment materials
- notify students in writing that the accommodation is no longer affiliated with the provider and does not meet the National Code's safety and gender-based violence standards
- terminate any agreements reserving student places or providing marketing support for the noncompliant affiliated accommodation provider
- maintain records and correspondence documenting all steps taken to secure compliance and the affiliated student accommodation provider's refusal.

Standard 7.12

Requirement: The Secretary may require a Provider to report on how it has complied with its obligations under this standard in a manner and form to be published by the Secretary.

Examples of practical ways to comply with the requirement:

Higher education providers and student accommodation providers should consider:

- establishing shared data collection and reporting processors, or shared systems
- establishing a procedure and timeframe for responding to requests made by the Secretary
- ensuring that obligations related to the collection of data accord with obligations under Standard 6 that data is collected in a safe, trauma-informed and person-centred manner and held and handled securely.

Standard 7.13

Requirement: A provider must, by 30 June each year commencing after the Initial Reporting Date, provide to the Secretary the names of:

- a. The Student Accommodation which the Provider directly owns, operates and/or manages;
- b. The Student Accommodation that it Controls; and
- c. The Student Accommodation to which it is affiliated.

Examples of practical ways to comply with the requirement:

Higher education providers should consider:

- creating and maintaining a system that records its relationship with student accommodation providers. The system should be capable of recording the status of the relationship – e.g. whether it is owned, controlled or affiliated and any changes in the nature of the relationship over time.

6.0 Definitions in the National Code

These definitions do not constitute legal advice. Providers should seek their own independent legal advice where more information or interpretation to the provider's context is needed.

Table 11: Definitions

Term	Definition
Accredited Specialist	Accredited Specialist means a person who meets the following criteria: <ol style="list-style-type: none">a psychologist, social worker or counsellor registered or accredited with their relevant industry body; andhas undertaken formal training in supporting people affected by Gender-based Violence, including Trauma-informed practice; andhas undertaken training to build competency in working with specific cohorts including First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity.
Affiliated and Affiliation	Affiliated and Affiliation have the non-exhaustive meaning ascribed to those terms by the definition of Affiliated Student Accommodation Provider.
Affiliated Organisation	Affiliated Organisation means an organisation that uses the Provider's intellectual property in its name, marketing, recruitment, or governance documents.
Affiliated Student Accommodation Provider	Affiliated Student Accommodation Provider means a provider of accommodation to Students that is not a Student Accommodation Provider or Provider, but is nevertheless affiliated with a Provider, including (without limitation) by: <ol style="list-style-type: none">any statute, constitution or similar legal instrument that governs or otherwise regulates the Provider; orhaving a service agreement or other agreement with the Provider; oroperating on the Provider's lands; orbeing authorised by the Provider to use that Provider's intellectual property in its recruitment or marketing materials or on its website; orbeing listed by the Provider on its website as 'student accommodation' or being promoted by the Provider in its recruitment or marketing material.
Code	Code means the National Higher Education Code to Prevent and Respond to Gender-based Violence.

Term	Definition
Control	Control means the practical capacity of one entity to determine the outcome of decisions about another entity's financial and operating policies and otherwise has the meaning in section 50AA of the <i>Corporations Act 2001</i> (Cth).
De-identified	De-identified has the same meaning as in the <i>Privacy Act 1988</i> (Cth).
Demographic Data	Demographic Data means a person's:
<ol style="list-style-type: none"> <li data-bbox="438 615 536 646">a. sex; <li data-bbox="438 655 663 687">b. gender identity; <li data-bbox="438 696 695 727">c. sexual orientation; <li data-bbox="438 736 632 768">d. year of birth; <li data-bbox="438 777 647 808">e. race/ethnicity; <li data-bbox="438 817 584 848">f. religion; <li data-bbox="438 857 779 889">g. country of birth of person; <li data-bbox="438 898 779 929">h. language/s used at home; <li data-bbox="438 938 811 970">i. requirement for an interpreter; <li data-bbox="438 979 743 1010">j. Indigenous status; and <li data-bbox="438 1019 668 1051">k. disability status. 	
Discloser	Discloser means a person who has shared information about their experience of Gender-based Violence.
Disclosure	Disclosure means the provision of information about a person's experience of Gender-based Violence to a Provider by the Discloser or another person.
Ethical Bystander	Ethical Bystander means a person who witnesses an event that is disrespectful or harmful and chooses to intervene in a way that is safe and effective.
Formal Report	Formal Report means the provision through formal reporting channels of information about their experience of Gender-based Violence by a Discloser to a Provider, which requires the Provider to consider taking steps beyond the offer and provision of support services, including (without limitation) the commencement of an investigation and/or a disciplinary process in appropriate circumstances.
Gender-based Violence	Gender-based Violence means any form of physical or non-physical violence, harassment, abuse or threats, based on gender, that results in, or is likely to result in, harm, coercion, control, fear or deprivation of liberty or autonomy.
Governing Body	Governing Body means the formally constituted governing body of the Provider for the purposes of the Higher Education Standards Framework made under the <i>Tertiary Education Quality and Standards Agency Act 2011</i> (Cth).

Term	Definition
Higher Education Principal Executive Officer	Higher Education Principal Executive Officer has the same meaning as in the <i>Ombudsman Act 1976</i> (Cth).
Initial Reporting Date	Initial Reporting Date means 1 January 2026 or, for Providers that are registered under the <i>Tertiary Education Quality and Standards Agency Act 2011</i> (Cth), after 1 January 2026, the date on which compliance with the Code commences for that Provider.
Leadership	Leadership means the Higher Education Principal Executive Officer and the Governing Body.
National Student Ombudsman	National Student Ombudsman means the National Student Ombudsman established under Part IIF of the <i>Ombudsman Act 1976</i> (Cth).
Non-disclosure Agreement	Non-disclosure Agreement means an agreement, including a deed of release or settlement agreement, that requires particular details to be kept confidential as part of reaching a settlement.
Non-disparagement Clause	Non-disparagement Clause means a clause in an agreement that requires the parties not to say things about each other that are critical, dismissive or disrespectful.
Person-centred	Person-centred means ensuring that the Discloser's needs and preferences are at the centre of decisions made in response to the Disclosure. The response systems, Policies and Procedures affirm the Discloser's dignity and support their healing by genuinely considering their wishes and the impact that decisions may have on them, while at all times ensuring the safety and wellbeing of the Discloser and other Students and Staff.
Policies	Policies means a document approved in accordance with a Provider's governance framework, which binds the Provider and its Students and Staff, and includes without limitation statutes, regulations, by-laws, policies, procedures and guidelines.
Prevention and Response Plan	Prevention and Response Plan means the plan prepared by a Provider in accordance with Standard 1 or the plan prepared by a Student Accommodation Provider / Affiliated Student Accommodation Provider in accordance with Standard 7 and, where the context requires it, means any revised Prevention and Response Plan.
Privacy Laws	Privacy Laws means the <i>Privacy Act 1988</i> (Cth) and any other privacy laws applicable to a Provider under the laws of the relevant State or Territory.
Procedural Fairness	Procedural Fairness in a decision-making context, means the decision is made in accordance with the rule against bias and the hearing rule (i.e. a Respondent is given an opportunity to present their case with knowledge of any prejudicial material that may be taken into account by the decision-maker).

Term	Definition
Procedures	Procedures means Policies that govern a Provider's response to a Disclosure or Formal Report of Gender-based Violence.
Provider	Provider has the same meaning as 'registered higher education provider' under the <i>Tertiary Education Quality and Standards Agency Act 2011</i> (Cth).
Resident	Resident means a person that resides in Student Accommodation.
Respondent	Respondent means a person whom it is alleged has engaged in conduct that amounts to Gender-based Violence.
Secretary	Secretary means the Secretary of the Department of Education.
Staff	Staff has the same meaning as 'worker' under the <i>Model Work Health and Safety Act</i> .
Student	Student means a person who is enrolled as a student with the Provider or is undertaking a course of study or a unit of study with a Provider. Without limitation, it includes students undertaking higher degrees by research, non-award study, enabling or bridging courses, foundation programs and vocational education and training courses.
Student Accommodation	<p>Student Accommodation means accommodation offered or provided to a Student by:</p> <ol style="list-style-type: none"> a Provider directly; a Student Accommodation Provider; or an Affiliated Student Accommodation Provider <p>but in each case does not include any of the following accommodation:</p> <ol style="list-style-type: none"> accommodation arranged under a homestay program where Students are offered opportunities to live with local families; rental properties that are leased through residential tenancy agreements with a private landlord and are not offered exclusively for accommodation for Students; rental properties that are in premises used for student accommodation and are owned by individual landlords and leased through residential tenancy agreements; or hotels or serviced apartments that are used to provide temporary accommodation for Students.
Student Accommodation Provider	Student Accommodation Provider means a provider of Student Accommodation that is not itself directly owned, managed and/or operated by a Provider but is nevertheless under the Control of the Provider.

Term	Definition
Student Accommodation Staff	Student Accommodation Staff means pastoral care leader, residential student advisers and equivalents employed or engaged by a Provider, Student Accommodation Provider or Affiliated Student Accommodation Provider, including in a non-paid capacity.
Trauma-informed	Trauma-informed means an approach that applies the core principles of safety (physical, psychological and emotional), trust, choice, collaboration and empowerment. It should minimise the risk of re-traumatisation and promote recovery and healing to the greatest extent possible.
Whole-of-Organisation	<p>Whole-of-Organisation means an approach applied across all areas of a Provider's operations, including any Student Accommodation which it directly owns, operates and/or manages, or the operations of a Student Accommodation Provider or Affiliated Student Accommodation Provider as the context requires it, and at all levels that is evidence-informed, uses multiple strategies and is subject to ongoing monitoring and evaluation, including in respect to:</p> <ul style="list-style-type: none"> a. leadership, culture and environment; b. structures, norms and practices; c. systems and infrastructure; d. service delivery, such as curriculum, teaching and learning; e. Policies and Procedures; f. management and governance; g. community engagement; h. business; i. research; and j. partnerships.
Working with Children Check	Working with Children Check means a working with children or vulnerable people check, registration or clearance, as the case may be, in accordance with the laws of the relevant State or Territory in which the person is employed or otherwise engaged.

Appendix 1: Resources

Table 12: Resources

Resource	Description
1800RESPECT	https://1800respect.gov.au or phone 1800 737 732 The national telephone and online counselling and support services for people affected or at risk of domestic, family and sexual violence. Services are available 24 hours a day, 7 days per week.
ANROWS	www.anrows.org.au Australia's National Research Organisation for Women's Safety (ANROWS) is the country's independent, trusted voice for reliable and informed evidence on domestic, family and sexual violence.
Australian Association for Restorative Justice (AARJ)	https://www.aarj.org.au The AARJ is a professional association of individuals and organisations working with restorative justice and restorative practices.
Australian Human Rights Commission (AHRC) Positive Duty of Care	https://humanrights.gov.au/our-work/sex-discrimination/positive-duty-sex-discrimination-act The AHRC provides resources to help employers understand their positive duty under the <i>Sex Discrimination Act 1984</i> (Cth) to eliminate, as far as possible, the following unlawful behaviour from occurring: <ul style="list-style-type: none">• discrimination on the grounds of sex in a work context• sexual harassment in connection with work• sex-based harassment in connection with work• conduct creating a workplace environment that is hostile on the grounds of sex• related acts of victimisation.
AHRC Workplace sexual harassment resources	https://humanrights.gov.au/our-work/sex-discrimination AHRC resources are designed for workers, employers and advocates on how to recognise sexual harassment, how to get help and ways to address workplace sexual harassment in safe and trauma-informed ways.
Beyond Blue	www.beyondblue.org.au Beyond Blue offers free and confidential counselling services for people experiencing loneliness or struggling with their mental health.

Resource	Description
Consent Can't Wait	<p>www.consent.gov.au</p> <p>Consent Can't Wait is a campaign and resources to help people achieve a mutual understanding of sexual consent.</p>
MensLine Australia	<p>www.mensline.org.au or phone 1300 789 978</p> <p>Mensline is a free telephone and online counselling service offering support for Australian men.</p>
National Student Ombudsman (NSO)	<p>www.nso.gov.au</p> <p>The NSO works to resolve student complaints about higher education providers. It is a free and independent service available to all higher education students.</p>
Lifeline	<p>www.lifeline.org.au or phone 13 11 14</p> <p>Lifeline is a national charity providing all Australians experiencing emotional distress with access to 24-hour crisis support and suicide prevention services.</p>
Our Watch	<p>www.ourwatch.org.au</p> <p>Our Watch is Australia's leader in the primary prevention of violence against women.</p>
Stop it at the Start	<p>www.respect.gov.au</p> <p>Stop it at the Start is a national campaign that aims to prevent gender-based violence by influencing change to attitudes and behaviours that support or condone gender-based violence.</p>
StudyAssist	<p>www.studyassist.gov.au</p> <p>StudyAssist provides students with information about government study loans.</p>

Appendix 2: Summary of reporting across the 7 standards

Standard 1

Date and reference	Requirement
Standard 1.8 By <u>initial reporting date</u> and every 4 years thereafter	Providers must give to the Secretary a copy of the whole-of-organisation Prevention and Response Plan (the Plan) and Outcomes Framework by the initial reporting date and every 4 years thereafter. The Plan must include a systemic review and analysis and is informed by the provider's analysis of data, as reported to the Secretary under Standard 6.
Standard 1.9 <u>Every 6 months</u> after the initial reporting date	Commencing after the initial reporting date, a provider must report to the Governing Body at least every 6 months against the Outcomes Framework for its Plan. The report must include deidentified data on incidents of genderbased violence experienced by students and staff since the last report, including identification of any trends in the data.
Standard 1.10 <u>Every 2 years</u> after the initial reporting date	Commencing after the initial reporting date, a Higher Education Principal Executive Officer must give to the Secretary every 2 years a report on the Plan and its Outcomes Framework. The Secretary may prescribe the manner and form in which these reports must be provided.
Standard 1.13 On request	The Secretary may require a provider to report on how it has complied with its obligations under this standard in a manner and form to be prescribed by the Secretary.

Standard 2

Date and reference	Requirement
Standard 2.6 On request	The Secretary may require providers to report how the engagement with and the views of students and employees, experts in prevention of gender-based violence and other persons identified in Standard 2.5 informed the development and review of the policy on preventing and responding to gender-based violence.
Standard 2.10 On request	The Secretary may require providers to report on compliance with Standard 2, in a manner and form to be prescribed by the Secretary.

Standard 3

Date and reference	Requirement
Standard 3.4 On request	The Secretary may require a provider to report on how the engagement with and views of the persons referred to in Standard 3.3 has informed the development of the education and training.
Standard 3.7 On request	The Secretary may require providers to report on how evaluation findings have informed future prevention initiatives.
Standard 3.11 On request	The Secretary may require providers to report on how the list provided at 3.10(a)–d informed evaluation and future education and training.
Standard 3.19 On request	The Secretary may require providers to report on compliance with Standard 3, in a manner and form to be prescribed by the Secretary.

Standard 4

Date and reference	Requirement
Standard 4.9 On request	The Secretary may require providers to report on how monitoring and evaluation of support services informed service delivery.
Standard 4.11 On request	The Secretary may require providers to report on compliance with Standard 4, in a manner and form to be prescribed by the Secretary.

Standard 5

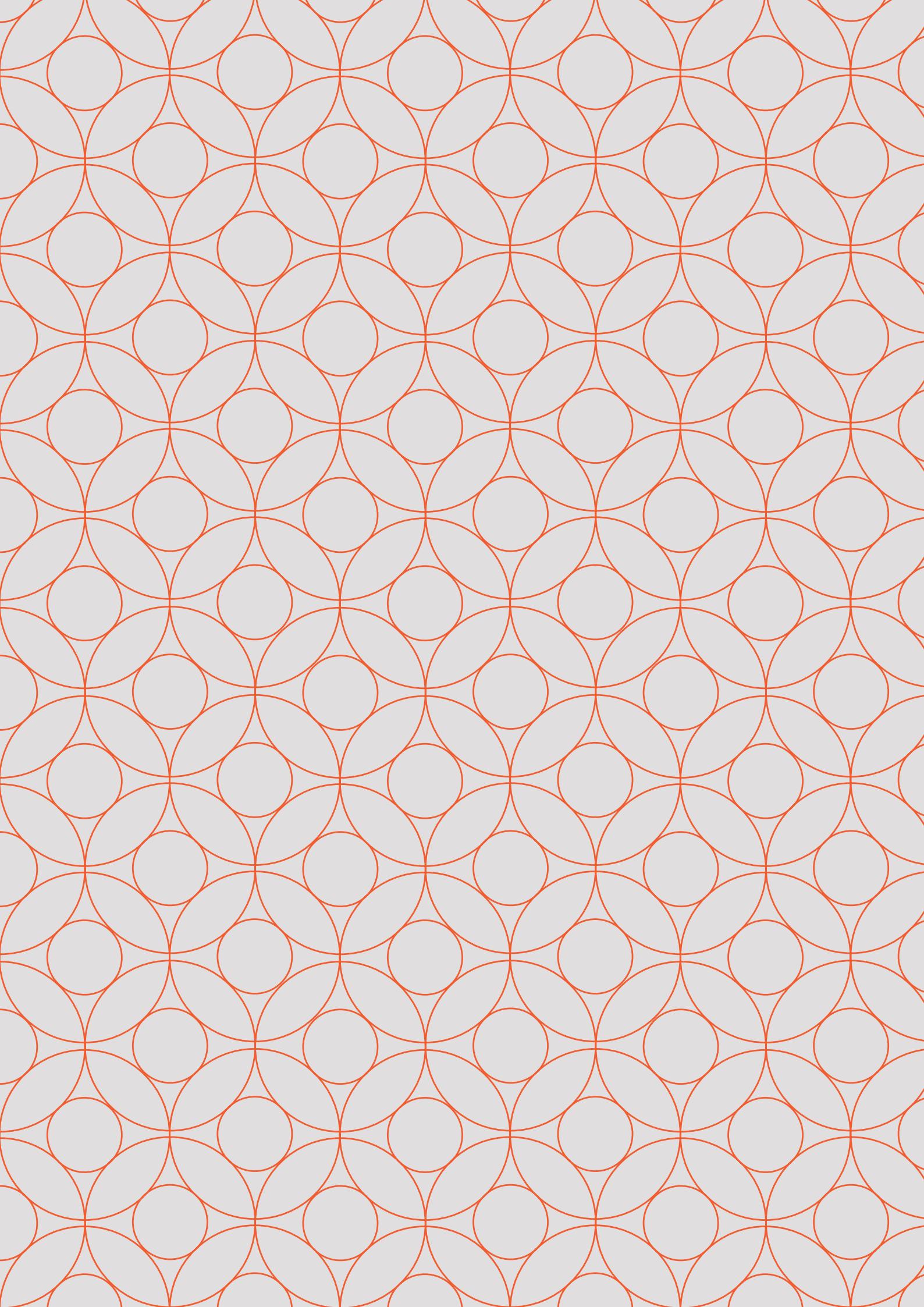
Date and reference	Requirement
Standard 5.29 On request	The Secretary may require providers to report on compliance with Standard 5, in a manner and form to be prescribed by the Secretary.

Standard 6

Date and reference	Requirement
Standard 6.4 On request	A provider must comply with the obligations under this standard in relation to student accommodation as set out in Standard 7, as applicable.
Standard 6.8 On request	With respect to a provider's obligations to engage and collaborate with students and staff, the Secretary may require providers' data on the number of engagements, including the number and breakdown of participants and whether participants felt satisfied with the engagement process.
Standard 6.9 On request	With respect to Standard 1, the Secretary may require providers' data on student and staff awareness of the provider's Whole-of-Organisation Prevention and Response Plan; Policies and Procedures for Making Disclosures and Formal Reports; and availability and accessibility of the provider's support services, including academic adjustments, in relation to gender-based violence.
Standard 6.10 On request	With respect to Standard 2, the Secretary may require providers' data on the number of recruitment processes that involved a declaration of an allegation or determination of gender-based violence and the number of people that made a declaration who were offered a position; and any additional policies, procedures or actions undertaken by the provider to prioritise safety.
Standard 6.11 On request	With respect to Standard 3, the Secretary may require providers' data on the number and proportion of students, leadership and staff who undertook training in relation to gender-based violence; and students, leadership and staff who reported in training feedback and evaluations an increase in awareness and understanding of gender-based violence, prevention learning outcomes and ethical bystander behaviours following the training.
Standard 6.12(a) <u>By 30 June each year</u> from 30 June 2027	Providers that are Table A and B providers for the purposes of the <i>Higher Education Support Act 2003</i> (Cth) as at 1 January 2026 are required to provide to the Secretary the data required under Standards 6.13 and 6.14 for the previous calendar year.
Standard 6.12(b) <u>By 30 June each year</u> from 30 June 2028	All other providers registered under the <i>Tertiary Education Quality and Standards Agency Act 2011</i> (Cth) as at 1 January 2026 are required to provide to the Secretary the data required under Standards 6.13 and 6.14 for the previous calendar year.
Standard 6.12(c) <u>By 30 June each year</u> from 30 June of the first calendar year in which they are registered	Any providers that are registered under the <i>Tertiary Education Quality and Standards Agency Act 2011</i> (Cth) after 1 January 2026 are required to provide to the Secretary the data required under Standards 6.13 and 6.14 for the previous calendar year as above.

Standard 7

Date and reference	Requirement
Standard 7.3 Every 4 years	A provider must require that a student accommodation provider monitor and measure the impact of the Prevention and Response Plan on an ongoing basis and update the Prevention and Response Plan.
Standard 7.8 On request	Providers must have arrangements in place with student accommodation providers that require data collection and reporting to the provider consistent with Standard 6, as applicable.
Standard 7.11 As the requirement arises	Where an affiliated student accommodation provider does not agree to implement an agreement that meets the requirements in Standard 7.9 or 7.10 (as applicable), a provider must report to the Secretary, who may publish the name of the affiliated student accommodation provider; and must not: <ol style="list-style-type: none">authorise the affiliated student accommodation provider to continue to use the provider's intellectual property or any domain names of the Provideradvertise, market or promote the affiliated student accommodation provider, including to the provider's studentshave any agreement in place to reserve spaces for students.
Standard 12 On request	The Secretary may require providers to report on compliance with Standard 7, in a manner and form to be prescribed by the Secretary.
Standard 7.13 <u>By 30 June each year</u> from the initial reporting date	Provide to the Secretary the names of: <ol style="list-style-type: none">the student accommodation which the provider directly owns, operates and/or managesthe student accommodation that it controlsthe student accommodation to which it is affiliated.



Find out how Gender-based violence regulations for higher-education providers aim to help end the cycle of violence.

[education.gov.au/gender-based-violence](https://www.education.gov.au/gender-based-violence)