

# Gender-based Violence Prevention and Response Plan and Outcomes Framework

2026–2030

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**PROVIDER NAME:**

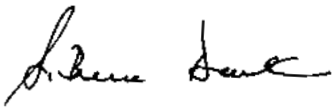
Macquarie University

**HIGHER EDUCATION PRINCIPAL EXECUTIVE OFFICER:**

Professor S. Bruce Downton, Vice-Chancellor and President

**PLAN PERIOD:**

1 January 2026 to 31 December 2030



**Professor S Bruce Downton MD**  
VICE-CHANCELLOR AND PRESIDENT

**Acknowledgement of Country**

We acknowledge the Traditional Custodians of the land upon which this University is situated, the Wallumattagal people of the Dharug Nation, whose cultures and customs have nurtured, and continue to nurture, this land since time immemorial. We pay our respects to the Dharug people and the Wallumattagal Clan. We also wish to acknowledge and pay our respects to the Elders of the Dharug Nation – past, present and future.

We further wish to honour and pay our respects to the ancestors and spirits of this land. We humbly ask that all members of the Macquarie University community are granted the capacity to *wingarū* – to think, to learn and to walk safely upon this *ngurra* (this land). The University continues to develop respectful and reciprocal relationships with all Indigenous people in Australia and with other Indigenous people throughout the world.

Dharug language is used in this Acknowledgement of Country.

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# Statement of commitment

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Macquarie University is committed to ensuring that our campuses are places where all members feel safe, respected and supported. Gender-based Violence has no place at Macquarie. We will respond to Gender-based Violence (GBV) wherever it occurs. This includes in off-campus and online environments, and where it relates to family or domestic violence. Through our Whole-of-Organisation Gender-based Violence Prevention and Response Plan and Outcome Framework 2026–2030 (the Plan), the University pledges to lead with accountability, transparency and purpose in preventing violence and supporting those affected.

The Plan builds on significant progress, including the Workplace Gender Equality Agency Employer of Choice citation since 2019, the SAGE Athena Swan Cygnet Award in 2024, and initiatives including Respect. Now. Always and the *Macquarie University Sexual Safety and Wellbeing Action Plan 2024–2026*.

The Plan represents the University's commitment to systemic, long-term cultural change guided by its values of Collective Ambition, Bold Innovation, Purposeful Collaboration, and Genuine Care. It strengthens governance, enhances support services and centres the voices of diverse cohorts across the Macquarie Community, particularly those 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.

Macquarie University is committed to embedding Gender-based Violence prevention into senior leadership KPIs, publishing annual progress reports, fostering bystander intervention and prevention education, and ensuring continuous improvement through evidence-based practice. Through combined efforts across the institution, Macquarie University will remain a safe, welcoming, and inclusive place for all.

# Development and ongoing governance

The University's Plan to meet the regulatory requirements of the **National Higher Education Code to Prevent and Respond to Gender-based Violence 2025** (the Code) has been developed through whole-of-organisation engagement, data analysis and risk assessments to ensure it reflects the needs and experiences of all community members and addresses systemic risks, barriers and enablers. Day-to-day operations of planning, engagement, collecting and analysing data, and developing the Plan were overseen by the Cross-governance Gender-based Violence Working Group comprising senior staff responsible for student and staff safety and wellbeing who worked closely with a wide range of students, staff and leadership to ensure extensive consultation across the University. Oversight and institutional responsibility for this work was led by the Gender-based Violence Steering Committee chaired by the Vice-Chancellor and Deputy Vice-Chancellor (Academic).

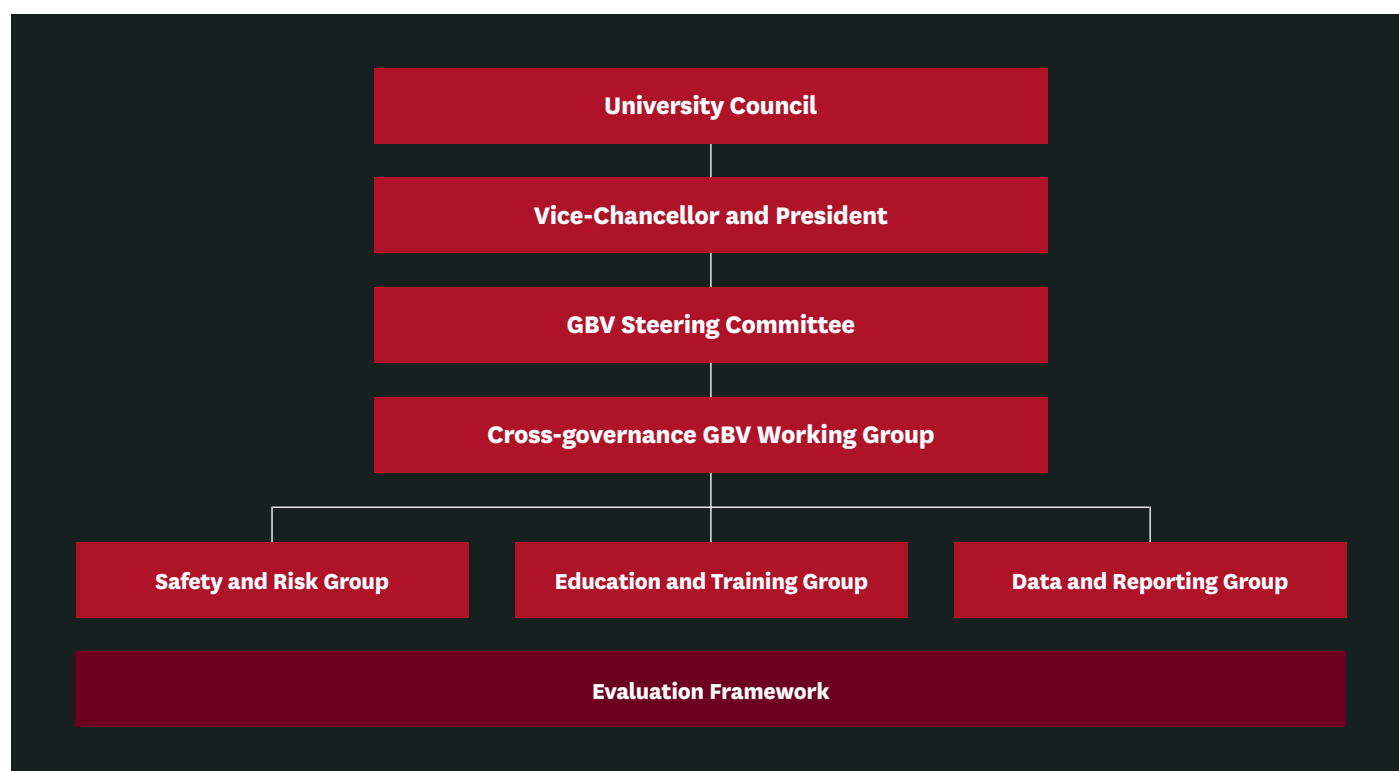
Upon operationalisation of the Plan in 2026, the Gender-based Violence Steering Committee will continue to provide institutional leadership across the Plan's five-year lifespan, with the Cross-governance Gender-based Violence Working Group building networks of collaborators to ensure ongoing engagement with the Macquarie community and continuous evaluation and enhancement of the University's planned actions. These networks will be formalised into three themes (identified through the planning and engagement work) with dedicated groups: Safety and Risk; Education and Training; and Data and Reporting. An Evaluation framework will underpin the work of these groups (detailed below).

The University's Gender-based Violence Prevention and Response Governance Model is captured visually in the diagram below:

## RELEVANT POLICIES AND PROCEDURE

- **Gender-based Violence Prevention and Response Policy**
- **Guidelines for Understanding the Gender-based Violence Prevention and Response Policy**
- **Gender-based Violence Investigation Procedure**

## GENDER-BASED VIOLENCE PREVENTION AND RESPONSE GOVERNANCE MODEL



# The University's approach

## HOW THE UNIVERSITY RESPONDS TO GBV WHEREVER IT'S EXPERIENCED

Macquarie University's approach to Gender-based Violence is informed by Our Watch's **Educating for Equality** framework, which emphasises a whole-of-organisation approach across five key domains:

- student life
- teaching and learning
- workplace
- research
- business and operations.

This whole-of-organisation approach prioritises the safety and support of students and staff by ensuring response mechanisms and prevention initiatives are embedded across all university contexts, including student accommodation. As outlined in the University's **Gender-based Violence Prevention and Response Policy**, the University provides trauma-informed reporting and response mechanisms through Student Wellbeing for students or through Human Resources and appropriate support services for staff. Response pathways are also available through residential advisors (student accommodation), campus security and work health and safety systems. These mechanisms aim to provide coordinated responses that prioritise safety and choice, regardless of where Gender-based Violence occurs – whether in teaching and learning environments, workplaces, research settings, student accommodation, clinical settings or social contexts.

Student accommodation represents a particularly important context, as residential settings can present distinct vulnerabilities. Residential advisors and other accommodation staff receive specific training in responding to Disclosures and are integrated into the broader response framework with clear pathways to specialist support services.

The University has worked to develop culturally responsive, accessible and intersectional approaches that address the specific circumstances and needs of diverse students and staff. Ensuring consistent application of trauma-informed practices across all these touchpoints requires ongoing coordination and capability development, particularly when complex incidents span multiple jurisdictions or settings.

## THE UNIVERSITY'S SYSTEMIC APPROACH TO ADDRESSING DRIVING AND CONTEXTUAL FACTORS

Drawing on Our Watch's **Change the Story** evidence base, Macquarie University recognises that gender inequality creates the social context in which Gender-based Violence occurs. The University identifies the four gendered drivers of violence:

- (1) condoning of violence against women through attitudes that excuse, minimise or trivialise violence
- (2) men's control of decision-making and limits to women's independence
- (3) rigid gender roles and stereotyped constructions of masculinity and femininity
- (4) male peer relations and cultures of masculinity that emphasise aggression, dominance and disrespect toward women.

Prevention initiatives target these drivers through education programs, organisational policy and practice, and efforts to challenge harmful gender norms across all five domains of the **Educating for Equality** framework. The University recognises that cultural change requires sustained, multi-layered intervention over time.

## LEVERAGING INTERNAL RESEARCH EXPERTISE

The University will draw on Macquarie's research expertise across law, criminology, public health, psychology and education to inform evidence-based prevention strategies, contribute to rigorous program evaluation and support research on intervention effectiveness. Macquarie researchers currently working on gender equality, social inclusion and violence prevention will be engaged in co-designing prevention initiatives, conducting longitudinal evaluation of the Plan's impact, and contributing to the national evidence base on campus Gender-based Violence prevention. This leverages the University's strengths as a research-intensive institution while ensuring prevention approaches remain grounded in current academic evidence.

## ADDRESSING CONTEXTUAL FACTORS RELEVANT TO THE UNIVERSITY

Beyond universal gendered drivers, relevant factors specific to higher education include:

- **POWER IMBALANCES IN ACADEMIC AND EMPLOYMENT RELATIONSHIPS:** The University addresses these through mandatory conflict-of-interest declarations for intimate relationships, specialised training for research supervisors on respectful supervisory relationships, and clear policies addressing staff-student relationships.
- **RESIDENTIAL CONTEXTS:** Student accommodation presents unique vulnerabilities including after-hours safety, shared facilities, proximity of living arrangements and social dynamics among young people living independently for the first time. The University provides specialised support through dedicated accommodation case management, targeted training for residential staff and student leaders, and enhanced safety measures.
- **FIRST NATIONS STUDENTS AND STAFF EXPERIENCES:** The University's approach is informed by Our Watch's **Changing the Picture** framework, recognising the intersection of gender inequality with the ongoing impacts of colonisation for Aboriginal and Torres Strait Islander peoples. Prevention and response initiatives are developed in consultation with First Nations communities through the Indigenous Student Engagement and Pathways team and Walanga Muru; incorporate cultural safety principles; and ensure access to culturally appropriate support services. Annual analysis of disaggregated data will identify specific needs and inform the development of culturally safe prevention initiatives co-designed with Aboriginal and Torres Strait Islander students and staff.
- **STUDENTS AND STAFF WITH DISABILITY:** The University's approach is informed by Our Watch's **Changing the Landscape** framework, recognising that people with disability experience Gender-based Violence at higher rates and face specific barriers including increased vulnerability to violence, barriers to reporting and accessing support, and intersecting discrimination. The University's **Student Accessibility Action Plan 2025–2028** and the planned Staff Accessibility Action Plan

integrate Gender-based Violence prevention and response considerations. Disaggregated data analysis will identify patterns affecting students and staff with disability, informing the development of accessible prevention initiatives, support services and reporting pathways co-designed with the disability community. The University is committed to ensuring all prevention education, reporting mechanisms and support services are fully accessible.

- **SOCIAL AND CULTURAL DIVERSITY, INCLUDING THE EXPERIENCES OF INTERNATIONAL STUDENTS:** International students and students from culturally and linguistically diverse backgrounds may face specific barriers to reporting, cultural factors affecting perceptions of Gender-based Violence, and concerns about visa implications or community reputation. Disaggregated incident data analysis will identify specific cohorts experiencing higher prevalence rates, informing tailored prevention programming developed in consultation with CALD and international student communities. The University provides multilingual support information, culturally responsive support services, and targeted engagement to ensure prevention initiatives are accessible and appropriate across diverse cultural contexts.
- **LGBTIQ+ STUDENTS AND STAFF EXPERIENCES:** The University's approach is informed by Our Watch and ACON's **Pride in Prevention** framework, recognising specific forms of Gender-based Violence experienced by LGBTIQ+ communities and the intersection of gender inequality with heteronormativity, cisnormativity and discrimination based on sexual orientation and gender identity. The University's Platinum Tier status in the Pride in Sport Index demonstrates commitment to LGBTIQ+ inclusion. Disaggregated data analysis will identify patterns of Gender-based Violence affecting LGBTIQ+ community members, informing targeted prevention initiatives developed in partnership with LGBTIQ+ students, staff and student groups.

- **ALCOHOL AND SOCIAL SETTINGS:** The University addresses risks in social settings through initiatives including **Good Night Out** training for UBar staff, bystander intervention programs, event safety protocols, and prevention messaging during social events and orientation periods.
- **INTERSECTING FORMS OF DISCRIMINATION:** The University recognises that students and staff experiencing multiple forms of marginalisation (eg First Nations women, international students with disabilities, LGBTIQ+ students from CALD backgrounds, women with disability) face compounding risk factors and barriers. Prevention initiatives are tailored to address intersectional experiences through participatory, self-determined approaches developed in consultation with affected communities.

#### PREVENTION AND RESPONSE EFFORTS TO DATE

The University has established a robust foundation for preventing and responding to Gender-based Violence through several key initiatives. The Respect. Now. Always. Program established in 2017 created a comprehensive governance framework, while the *Sexual Safety and Wellbeing Action Plan 2024–2026* provides a whole-of-organisation framework for prevention and response to sexual violence.

Mandatory prevention and response education is delivered through five online modules:

- Safer Communities@MQ, launched in 2023 (all students)
- Responding to Disclosures of Sexual Misconduct (student leaders and student executives)
- Respect@Macquarie Respectful Workplace, launched in 2025 (all staff)
- Responding to Disclosures of Sexual Misconduct (all staff)
- Respectful Supervisory Relationships (all staff supervising graduate research students).

Together these modules aim to build understanding of consent, bystander intervention, respectful relationships and appropriate response to Disclosures, including familiarity with internal and external support systems. Graduate research supervision training incorporates **Universities Australia Principles for Respectful Supervisory Relationships**.

The University continues to work to improve our prevention and response to Gender-based Violence through system upgrades, enhanced education and training and strengthened coordination mechanisms. These actions are captured in the Plan, the details of which are provided below.

# Whole-of-Organisation Gender-based Violence Prevention and Response Plan

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Macquarie University is committed to responding to Gender-based Violence wherever it occurs. This includes in off-campus and online environments, and where it relates to family or domestic violence.

The University's five-year Whole-of-Organisation Gender-based Violence Prevention and Response Plan (the Plan) is informed by the 12 key concepts of the Code's supporting framework<sup>1</sup>:

1. Understanding Gender-based Violence
2. Ensuring people are at the centre of all that we do
3. Trauma-informed practice informs all that we do
4. Actions are culturally appropriate, inclusive and safe
5. Always uphold our duty of care obligations
6. Investigations are fair and safe, including the application of the civil burden of proof
7. Operate within a prevention and response continuum<sup>†</sup>
8. Prevention and response actions are evidence-informed
9. Tailor our education and training to meet the needs of our Macquarie community
10. Privacy protection is of the highest priority
11. Safeguard confidentiality
12. Affirm supporting consensual personal relationships.

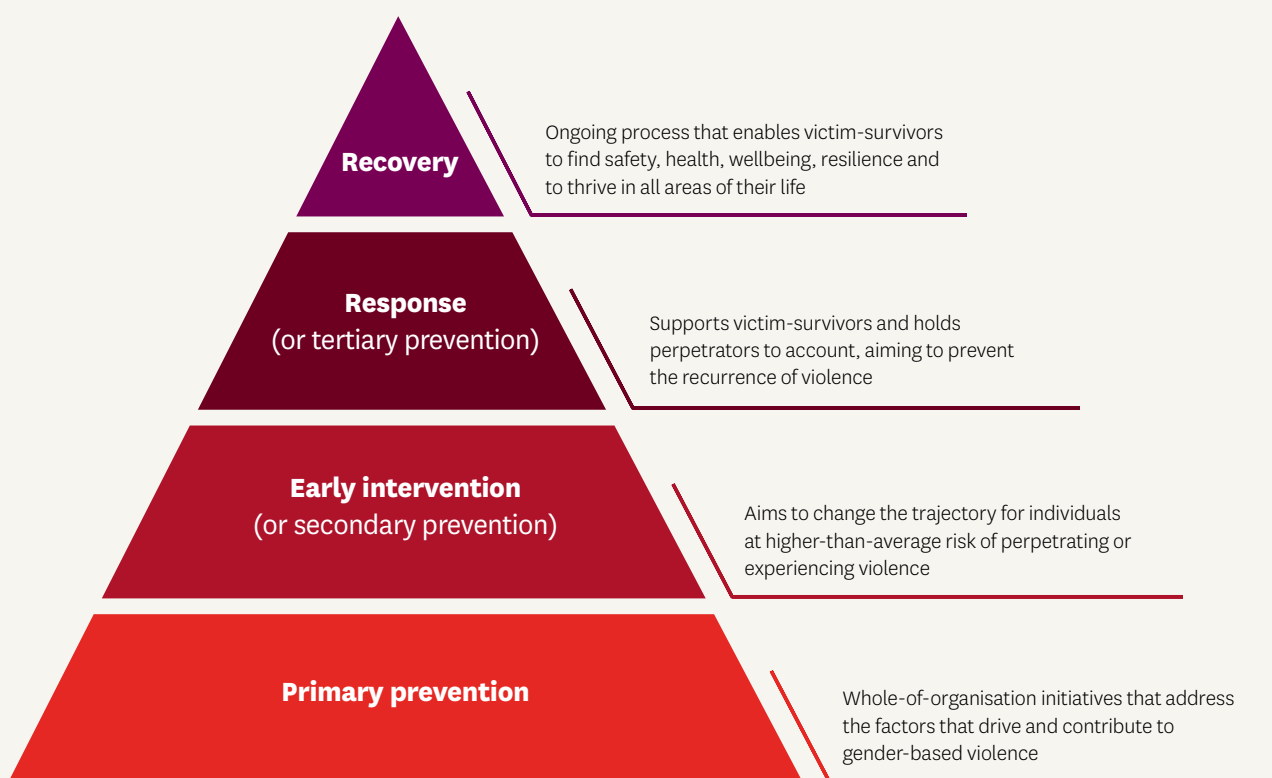
<sup>†</sup>The approach taken in developing the Plan was to ensure the realisation of the 'prevention and response continuum' as captured in the figure on the right<sup>2</sup>.

#### PLEASE NOTE

As will be evident in the action items under Standard 7 in the Plan, the requirements of the University's owned student accommodation are incorporated within the University's overall activities. This is consistent with current operational practice whereby there is no differentiation made between residents and students. The requirements of affiliated student accommodation providers are aligned with those of the University's owned student accommodation and will be met via the action items in Standard 7.

<sup>1</sup> Commonwealth of Australia (Department of Education), Regulatory Guidance for the National Higher Education Code to Prevent and Respond to Gender-based Violence, Australian Government, 2025, p.13.

<sup>2</sup> Commonwealth of Australia (Department of Education), Regulatory Guidance for the National Higher Education Code to Prevent and Respond to Gender-based Violence, Australian Government, 2025, p.23.



## STANDARD 1:

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

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>1.1 A Provider, through its Higher Education Principal Executive Officer, is accountable for compliance with the Code.</b>			
Maintain the established governance model to oversee actions under the Plan's and the Outcomes Framework reporting requirements – <b>see GBV Governance Framework diagram on page 5.</b>	Vice-Chancellor	Ongoing	Existing staff
Embed Gender-based Violence prevention into senior leadership KPIs.	Vice-Chancellor	Ongoing	Existing staff
Promote the Plan through continuously communicating a culture where safety, respect and accountability are embedded across all institutional levels.	Vice-Chancellor	Ongoing	Existing staff
Six-monthly review of the Plan's implementation to track and measure effectiveness via the GBV Steering Committee ahead of formal reporting to University Council.	Vice-Chancellor	Every six months	Existing staff
Meet with affiliated accommodation providers at least twice annually to review compliance	Vice-Chancellor or delegated staff member	Every six months	Existing staff
Lead the revision and amendment (as required) of the Plan in response to data and emergent trends; seek Council endorsement	Vice-Chancellor	Annually	Existing staff
Report to the Department on the Plan and Outcomes Framework every two years.	Vice-Chancellor	Every two years	Existing staff
Engage with the Higher Education Gender-based Violence Regulator as required.	Vice-Chancellor	Ongoing	Existing staff
<b>1.2 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.</b>			
Undertake a skills assessment for each new member of University Council to confirm that members of both the University and Council and the Audit and Risk Committee of Council have expertise in student and staff safety and wellbeing.	Chancellor	Ongoing	Existing staff
Establish a process for periodical review of whether expertise remains current and relevant; and refresh as needed.	Chancellor	Ongoing	Existing staff
Communicate the existence of governance oversight on safety and wellbeing (eg on the website) to demonstrate transparency to Students and Staff.	Chief Marketing Officer	Ongoing	Existing staff
<b>1.3 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.</b>			
Review and amend where required existing policies and procedures to ensure they align with privacy laws and principles.	Policy and procedure Responsible Officers	Q1-Q2 2026	Existing staff
Embed privacy obligations into the design of GBV-related data risk frameworks and systems to protect data safety.	Data and Reporting Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Develop a formal document for managing, sharing, and publishing de-identified GBV data required under the Code, including protocols for ensuring GBV-related data is shared or published only in aggregated form, or not shared or published where doing so would have the effect that individuals are reasonably identifiable (eg where there are small numbers in particular demographic cohorts).	Data and Reporting Group	Ongoing	Existing staff
Ensure that obligations related to the collection of data accord with obligations under Standard 6 that data is collected in a safe, Trauma-informed and People-centred manner and held and handled securely.	Data and Reporting Group	Ongoing	Existing staff
<b>1.4 Whole-of-Organisation Plan to prevent and respond to Gender-based Violence – Items (a) to (n).</b>			
Finalise the development of a Gender Equity Action Plan to include in the Plan as published on the University website.	Chief People Officer	Q2–Q3 2026	Existing staff
Establish the three groups – Security and Risk; Education and Training; and Data and Reporting – under the established governance structure to oversee actions under the Plan and the Outcomes Framework reporting requirements – <b>see GBV Governance Framework diagram on page 5</b> . These three groups will include student representatives, staff from across academic and professional areas, and equity/diversity leads for continuous engagement on the Plan.	Cross-governance GBV Working Group	Ongoing	Existing staff
Implement all actions required under the Code over the five-year lifespan of the Plan.	All levels of the GBV Governance model	Ongoing	Existing staff
Conduct an annual, whole-of-organisation risk assessment covering physical, digital, and social environments with input from Students, Staff and Leadership to enable continuous monitoring of barriers and gaps in the University's prevention and response actions to support continuous improvement.	All levels of the GBV Governance model Safety and Risk Group Chief Risk Officer	Ongoing	Existing staff
Provide dedicated, specialist support services for referral and ongoing care of all Students and Staff involved in providing services under the Plan.	Pro Vice-Chancellor Dean of Students Chief People Officer	Ongoing	Existing staff
Include actions identified by Students and Staff during the planning and development stage of the Plan.	Cross-governance GBV Working Group	Ongoing	Existing staff
Ensure all actions continue to reflect the needs, experience and agency of all members of the University community, including those disproportionately impacted by Gender-based Violence.	All levels of the GBV Governance model	Ongoing	Existing staff
Engage in continuous learning (using internal and external data and research) and reflection to strengthen a Trauma-informed, People-centred organisational culture, including student accommodation.	All levels of the GBV Governance model	Ongoing	Existing staff
<b>1.5 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.</b>			
Provide a feedback report to engagement participants showing how their input shaped/continues to shape the Plan's priorities and actions.	Pro Vice-Chancellor Dean of Students Chief People Officer	Q1 2026	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Maintain comprehensive engagement log documenting all consultation activities, participant numbers (de-identified), satisfaction ratings, and how feedback informed Plan development – document in accordance with Standard 6.8.	Pro Vice-Chancellor Dean of Students Chief People Officer	Ongoing	Existing staff
<b>1.6 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.</b>			
Ensure 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.	All levels of the GBV Governance model Chief Executive Officer, U@MQ	Ongoing	Existing staff
Maintain information on the University website about actions to address the prevention and response to Gender-based Violence specific to University-owned student accommodation.	Chief Executive Officer, U@MQ Chief Marketing Officer	Ongoing	Existing staff
<b>1.7 A Provider must develop and implement an outcomes framework to track and measure the effectiveness of actions under their Prevention and Response Plan.</b>			
Use data collected in accordance with Standard 6 to continually inform and strengthen the Outcomes Framework over the five-year lifespan of the Plan.	All levels of the GBV Governance model Data and Reporting Group	Ongoing	Existing staff
Use mixed methods evaluation including qualitative approaches (focus groups, interviews, case studies) alongside quantitative metrics to measure the Plan's effectiveness and cultural change.	All levels of the GBV Governance model Data and Reporting Group	Ongoing	Existing staff
<b>1.8 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.</b>			
Maintain annual de-identified data collected under Standard 6 to provide a comprehensive review to the Secretary every four years of the University's responses to Disclosures and Formal Reports, identifying systemic risks, barriers and opportunities for improvement.	All levels of the GBV Governance model Data and Reporting Group	Ongoing	Existing staff
<b>1.9 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.</b>			
Develop a bi-annual reporting template that aligns with the Outcomes Framework and includes sections for de-identified data, trend analysis and progress against actions in the Plan for reporting to the University Council.	Data and Reporting Group	Q1 2026 and then ongoing	Existing staff
Use findings from the report to the Governing Body to update the Outcomes Framework and the Plan to drive continuous improvement.	All levels of the GBV Governance model	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>1.10 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.</b>			
Develop a documented reporting calendar aligned with the two-year cycle, including internal deadlines for drafting, review and submission.	All levels of the GBV Governance model	Q1 2026 and then ongoing	Existing staff
Create 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.	Pro Vice-Chancellor Dean of Students Chief People Officer	Q1 2026 and then ongoing	Existing staff
Provide to the Secretary every two years a report on the Plan and its outcomes framework.	Vice-Chancellor	Ongoing	Existing staff
<b>1.11 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.</b>			
Review the Plan annually having regard to the University's duty of care to Students and Staff and seek endorsement from the University Council for any amendments to be made. Each review will incorporate the six-monthly Council reports, the biennial reports to the Secretary (from 2027), stakeholder feedback and the updated evidence base.	All levels of the GBV Governance model	Ongoing	Existing staff
Document revisions of and amendments made to the Plan (including the reasons for these changes) to be included in reporting to the Secretary.	Pro Vice-Chancellor Dean of Students Chief People Officer	Ongoing	Existing staff
<b>1.12 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.</b>			
Meet all requirements of this item.	All levels of the GBV Governance model	Q1-Q2 2026	Existing staff
<b>1.13 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.</b>			
Develop 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.	Pro Vice-Chancellor Dean of Students Chief People Officer	Ongoing	Existing staff
Maintain detailed records demonstrating compliance with all obligations under Standard 1, including governance, leadership and accountability measures.	All levels of the GBV Governance model	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff

## STANDARD 2:

# Environments are safe and systems are continuously improved to prevent and respond to Gender-based Violence

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>2.1 Staff Working with Children Check and engagement process declarations</b>			
Continue to include Compliance with Working with Children Checks in staff contract and position descriptions; and develop a process to guide decision-making and implementation of alternative arrangements in teaching, research, supervision and employment.	Chief People Officer	Q1 and Ongoing	Existing Staff
Conduct internal assurance processes (including formal internal audits and/or internal assurance audits or desktop reviews) to ensure compliance with Working with Children Checks for existing staff.	Chief People Officer	Q1 and Ongoing	Existing Staff
Assess on a regular basis the staff recruitment process to ensure that it incorporates prospective employee and University Council member declarations of past investigations for Gender-based Violence allegations or determinations of Gender-based Violence conduct.	Chief People Officer	Ongoing	Existing Staff
Include requirements to declare Gender-based Violence into third-party agreements and manage risks from non-employee staff (eg contractors, volunteers) who have relevant investigations or substantiated allegations; and take measures necessary to maintain student and staff safety.	Chief People Officer	Ongoing	Existing Staff
Document all declarations and store securely, in line with applicable Commonwealth and NSW privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.	Chief People Officer	Ongoing	Existing Staff
Develop a process for alternative teaching, research, supervision, employment and accommodation arrangements when GBV allegations arise, prioritising safety while maintaining procedural fairness.	Deputy Vice-Chancellor (Academic) Chief People Officer	Q1 and Ongoing	Existing staff
Link ethical conduct and safety compliance to career progression.	Chief People Officer	Ongoing	Existing staff
Document all risk assessments, mitigation measures and decisions to ensure accountability and demonstrate ongoing compliance.	Chief People Officer	Ongoing	Existing staff
<b>2.2 Existing or previous intimate personal relationship declarations</b>			
Update relevant policies and establish a process whereby employees 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, implement a conflict-of-interest management plan as necessary.	Chief People Officer	Q1 and ongoing	Existing staff
Provide training to all relevant staff on declaration responsibilities, conflict management procedures and maintaining confidentiality.	Chief People Officer	Ongoing	Existing staff
Establish and maintain a confidential register of intimate relationship declarations in the secure HR system.	Chief People Officer	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>2.4 Application of Policy on preventing and responding to Gender-based Violence.</b>			
Embed the requirement to comply with the Gender-based Violence Policy in memoranda of understanding, partnership agreements, contracts and research collaborations with affiliated entities, 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.	All levels of the GBV Governance model	Q1 and ongoing	Existing staff
Continue to monitor and ensure compliance with the Policy by establishing mechanisms (eg audits, reporting requirements, contract reviews) to ensure external entities and affiliates uphold the Code's standards.	All levels of the GBV Governance model	Ongoing	Existing staff
Undertake continuous communication of policy expectations to all parties including in induction materials and information sessions to ensure staff, students and partners understand their obligations under the policy.	All levels of the GBV Governance model	Q1 and ongoing	Existing staff
<b>2.5 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 key stakeholders.</b>			
Review and update the Work Integrated Learning Policy in alignment with the Code and collaborate with placement and partner organisations to ensure alignment between respective policies and procedures.	Director, Graduate Futures	Q1-Q2 2026 and ongoing	Existing staff
Review at least every three years the Gender-based Violence policy suite 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 (eg women, First Nations, culturally and linguistically diverse, disability, and LGBTIQ+ groups), engaging victim-survivor advocates and people with lived experience as appropriate through safe, trauma-informed consultation processes or via representative organisations.	Cross-governance GBV Working Group	Ongoing	Existing staff
Document and publish review outcomes, recording consultation feedback, updating the policy accordingly, and communicating key changes to all stakeholders.	Cross-governance GBV Working Group	Ongoing	Existing staff
<b>2.6 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.</b>			
Maintain detailed records of engagement including minutes, summaries or feedback reports from all engagement activities with students, staff, experts and affected groups.	Cross-governance GBV Working Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>2.7 A Provider must, when developing, reviewing and implementing its Policies, ensure that the Policies support: the prevention of Gender-based Violence, including by undertaking gender impact assessments; effective responses to Gender-based Violence; Disclosers achieving their educational outcomes, including through necessary academic adjustments; and the physical and psychological safety and wellbeing of Students and Staff.</b>			
Review and update all policies, programs, and action plans that have a relationship to Gender-based Violence identified in <b>Section 4 Related University plans and documents</b> to support the prevention and response to Gender-based Violence and facilitate risk mitigation relating to Gender-based Violence or gender inequality.	Cross-governance GBV Working Group	Q1–Q2 and ongoing	Existing staff
Monitor 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.	Cross-governance GBV Working Group	Q1–Q2 and ongoing	Existing staff
<b>2.8 A Provider must prohibit the use of a Non-disclosure Agreement, unless requested by a Discloser.</b>			
Ensure compliance through the Gender-based Violence Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing Staff
Develop and operationalise training for staff in privacy management, lawful information sharing, and trauma-informed practice, and apply relevant privacy laws and the Australian Privacy Principles consistently across all prevention and response activities. Ensure privacy is not invoked to avoid acting on disclosures, delay investigations or withhold de-identified data required under the National Code.	Chief People Officer Chief Risk Officer General Counsel	Q1 and ongoing	Existing staff
Seek legal advice where privacy and confidentiality duties appear in conflict with National Code obligations.	General Counsel	Ongoing	Existing staff
Retaining records of where disclosers request a non-disclosure agreement and store them securely, in line with applicable Commonwealth and NSW privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.	Registrar Chief People Officer	Ongoing	Existing staff
<b>2.9 A Provider must implement any recommendations made by the National Student Ombudsman in relation to Gender-based Violence which are directed to the Provider.</b>			
Establishing a system to log all recommendations received from the National Student Ombudsman related to Gender-based Violence, assign responsibility for the implementation and oversight of the recommendations within the organisation, and record all changes made, reporting these to the University Council.	GBV Steering Committee Cross-governance GBV Working Group	Ongoing	Existing staff
<b>2.10 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.</b>			
Maintain detailed records demonstrating compliance with all obligations and activities (policies, training, reporting and risk management) under Standard 2, including governance, leadership and accountability measures.	Cross-governance GBV Working Group	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff

## STANDARD 3:

# Build knowledge and capability to safely and effectively prevent and respond to gender-based violence

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>3.1 A Provider must ensure delivery of ongoing, comprehensive prevention education and training to its Students, Leadership and Staff.</b>			
Conduct a comprehensive audit of all existing student, staff and University-owned accommodation education and training related to GBV to establish baseline understanding, assess current reach and effectiveness, and identify content gaps and inconsistencies requiring attention.	Cross-governance GBV Working Group	Q1 and Ongoing	Existing Staff
Create an overarching education and training strategy that delivers progressive, multi-stage learning strengthening knowledge and capability over time, and co-designed with diverse communities and those disproportionately affected by GBV. Strategy will ensure evidence-based, Trauma-informed, People-centred, culturally appropriate, inclusive and accessible education reaches all students, leadership and staff throughout their time at the University. Education and training will include the understanding of the drivers and factors that contribute to GBV. Training will include understanding of, and response to, multiple forms of GBV and its intersectionality.	Cross-governance GBV Working Group Education and Training Group	Q1-Q2 2026 and ongoing	Existing staff and external consultant/s
<b>3.2 and 3.3 A Provider must ensure that prevention education and training meets all requirements under these items.</b>			
Ensure all education and training is informed by 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; and is delivered by staff or external providers with relevant adult education qualifications, subject matter expertise in GBV prevention and trauma-informed training experience.	Cross-governance GBV Working Group with Education and Training Group	Q1-Q2 2026 and ongoing	Existing staff and external consultant/s
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. Design 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.	Cross-governance GBV Working Group with Education and Training Group	Q1-Q2 2026 and ongoing	Existing staff and external consultant/s
Establish and maintain a training register or online dashboard that records training completion and follow up with those who have not completed the training; keep records of attendance and completion rates for all training programs; gather participant feedback in accessible, brief and easy-to-use formats, including anonymous options.	Cross-governance GBV Working Group	Q1 2026 and ongoing	Existing staff
Include guidance, procedures and protocols to safely manage any disclosures that arise in the course of the education or training program through providing information about internal and/or external support services and reporting channels available to a person who has experienced gender-based violence.	Cross-governance GBV Working Group Education and Training Group	Q1-Q2 2026 and ongoing	Existing staff and external consultant/s
Implement evidence-based peer-education bystander intervention programs that move beyond presentation-only formats to include intensive small-group training. Programs will combine education about Gender-based Violence prevalence and impacts with practical skill-building exercises, helping students and staff develop willingness and confidence to intervene safely before, during and after incidents of violence.	Cross-governance GBV Working Group Education and Training Group	Q1-Q2 and ongoing	Existing staff and external consultant/s

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Use 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.	Cross-governance GBV Working Group Education and Training Group	Q1–Q2 and ongoing	Existing staff and external consultant/s
Revise prevention education and content development through ongoing collaboration with learning developers, Gender-based Violence prevention experts, students, staff, people with lived experience, and disproportionately affected groups including women, First Nations people, culturally and linguistically diverse communities, people with disability and LGBTIQ+ communities. Content will specifically address how masculinity, power dynamics, cultural factors, and technology intersect with Gender-based Violence, emphasising power dynamics and communication as cornerstones of healthy relationships and consent.	Cross-governance GBV Working Group Education and Training Group	Ongoing	Existing staff and external consultant/s
<b>3.4 The Secretary may require a Provider to report on how the engagement with and views of the persons referred to at 3.3 has informed the development of the education and training.</b>			
Maintain detailed records demonstrating compliance with all obligations and activities under Standard 3.3.	Cross-governance GBV Working Group	Ongoing	Existing staff
<b>3.5 A Provider must promote and widely disseminate evidence-informed prevention communication and key messaging across its study, work, living and social environments.</b>			
Develop and implement a sustained communications plan capturing objectives, target audiences, intended learning outcomes and methods for tailored messaging. Promote and widely disseminate evidence-informed prevention communications through student and staff communication platforms and continue existing initiatives including Sextember, KickStart/Orientation, Diversity Week, Be a Better Human, International Women's Day and IDAHOBIT, ensuring consistent messaging reaches students and staff across study, work, living and social settings.	Cross-governance GBV Working Group Safety and Risk Group Director of Communications	Q1 and ongoing	Existing staff
<b>3.6 Prevention activities, including programs and campaigns, delivered by a Provider must be evidence-based and evaluated. Evaluation findings must inform future prevention initiatives.</b>			
Establish a robust monitoring and evaluation framework for all Gender-based Violence training that incorporates participant feedback and expert input, and evaluative data to assess knowledge retention, attitudinal change and practical application. Use findings to drive continuous improvement responsive to student, staff and expert feedback, ensuring training effectiveness beyond completion rates.	Cross-governance GBV Working Group Education and Training Group	Q1–Q2 and ongoing	Existing staff
<b>3.7 The Secretary may require a Provider to report on how the evaluation findings have informed future prevention initiatives.</b>			
Maintain detailed records demonstrating compliance with all obligations and activities under Standard 3.6.	Cross-governance GBV Working Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>3.8 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.</b>			
Develop and deliver annual specialised training on responding to disclosures to students in leadership positions, university leadership, all staff and other necessary persons as part of onboarding and subsequently on at least an annual basis. Training will incorporate trauma-informed and people-centred principles for preparing and responding to disclosures while minimising distress. Implement mixed-mode delivery with annual online training available to all students and staff, and targeted in-person training for specific cohorts such as leaders and internal support teams (HR, WHS, Student Wellbeing).	Cross-governance GBV Working Group Education and Training Group	Q1–Q2 and ongoing	Existing staff and external consultant/s
Employ diverse delivery methods (eg 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.	Cross-governance GBV Working Group Education and Training Group	Ongoing	Existing staff and external consultant/s
Clearly define and communicate the limits of confidentiality in all education and training; train staff in Trauma-informed communication, lawful information sharing, and privacy obligations.	Cross-governance GBV Working Group Education and Training Group	Q1 2026 and ongoing	Existing staff
<b>3.9 The education and training on responding to a disclosure must meet item requirements (a) to (e).</b>			
Elevate staff resourcing and expertise to manage and respond to student and staff disclosures and formal reporting. This includes developing standardised protocols for receiving and triaging disclosures, enhancing risk assessment capabilities, ensuring staff conducting risk assessments have appropriate expertise and knowledge of Gender-based Violence and competency working with disproportionately impacted cohorts, engaging external expertise when internal capacity is unavailable, building Trauma-informed and People-centred practice capacity across all teams that may encounter Gender-based Violence matters, and ensuring adequate support for staff managing vicarious trauma.	Cross-governance GBV Working Group Education and Training Group	Q1–Q2 and ongoing	Existing staff + new Senior GBV Caseworker
Staff involved in responding to Disclosures, Formal Reports, conducting investigations or determining disciplinary proceedings will undertake specialised training in areas relating to Gender-based Violence knowledge and competent handling of formal reports.	Cross-governance GBV Working Group	Ongoing	Existing staff + new Senior GBV Caseworker
<b>3.10 A Provider must undertake ongoing monitoring and evaluation of its prevention and responding to Disclosures education and training having regard to the learning outcomes: feedback from participants; feedback from experts in the prevention of and response to Gender-based Violence; and any other factors the Provider considers relevant for the purposes of monitoring the effectiveness of the education and training.</b>			
Establish comprehensive, continuous monitoring and evaluation of effectiveness of learning outcomes including feedback from all stakeholders. Learnings inform continuous improvement.	Cross-governance GBV Working Group	Q1 and ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>3.11 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.</b>			
Establish comprehensive documentation and record-keeping system to maintain evidence of compliance with Standard 3.10 (a)–(d) requirements. This includes records of stakeholder engagement and feedback in education development, evaluation findings and how they inform future prevention initiatives, copies of evaluation reports and documentation.	Cross-governance GBV Working Group	Q1 and ongoing	Existing staff
<b>3.12 The Secretary may require the Provider to provide copies of evaluation reports.</b>			
Maintaining organised and up-to-date records of all evaluation reports for prevention and response education and training programs, storing reports centrally and securely to allow easy retrieval for reporting or audit purposes.	Cross-governance GBV Working Group	Q1 and ongoing	Existing staff
<b>3.13 A Provider is responsible for determining whether education and training is required to be updated, having regard to its duty of care to students and staff.</b>			
Establish an annual review schedule to assess whether education and training materials remain current and effective, including the monitoring of changes in legislation, best practice and research on Gender-based Violence prevention and response to identify when updates are needed and implement as required.	Cross-governance GBV Working Group Education and Training Group	2027 and ongoing	Existing staff
<b>3.14 A Provider must require that risk assessments conducted under the Code are undertaken by Staff who meet the requirements of items (a) to (c).</b>			
Risk assessments are undertaken in the first instance by the Senior GBV Caseworker (with experience required under 3.14), drawing on staff with relevant expertise as required.	Senior GBV Caseworker	Ongoing	New position
Maintain a register of other qualified staff authorised to conduct risk assessments under the National Code.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff
Provide ongoing professional development and training to the Senior GBV Caseworker and other staff assessing 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.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	External consultant/s
<b>3.16 A Provider must require Staff involved in responding to Formal Reports, conducting an investigation, or determining a disciplinary proceeding to meet the requirements of items (a) to (b).</b>			
Formal Reports are responded to in the first instance by the Senior GBV Caseworker (with experience required under 3.16), drawing on staff with relevant expertise as required.	Senior GBV Caseworker	Ongoing	New position

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Ensure staff involved in conducting an investigation or determining a disciplinary proceedings 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 with 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.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff and External consultant/s
Provide ongoing support and supervision for staff managing GBV cases including access to counseling, peer support, and professional development to address vicarious trauma.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff and External consultant/s
<b>3.17 and 3.18 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; and engage a person with required knowledge if the Provider does not have existing staff to do so.</b>			
Provide ongoing professional development and training (at least once every three years) to the Senior GBV Caseworker and staff involved in conducting an investigation or determining a disciplinary proceeding to meet the requirements of item 3.16 (a) to (b), with a particular focus on competency working with First Nations people, culturally and linguistically diverse communities, people with disability, and people of diverse sexual orientation and gender identity.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff and External consultant/s
As required, engage an appropriately credentialed external specialist when internal staff lack the experience or qualifications required under Standard 3.16.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	External consultant/s
<b>3.19 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.</b>			
Maintain 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.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff

## STANDARD 4:

### Responses and support services are safe and Person-centred

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>4.1 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.</b>			
Uplift accessible information in plain English on how students and staff can access the GBV policy suite, internal and/or external support services including academic adjustments and educational outcomes in relation to GBV.	Director of Communications	Q1–Q2 2026 and ongoing	Existing staff
As part of the policy suite review process, engage staff or external suppliers with expertise in Trauma-informed and Person-centred approaches and practice, and consult with students, student accommodation residents and staff, including those with lived experience of Gender-based Violence and disproportionately impacted groups, informs policies, procedures and practice.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff
Review, strengthen and monitor student and staff support processes annually to ensure responses, practices and support services are safe, Trauma-informed and People-centred.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Q1 2026 and ongoing	Existing staff
<b>4.2 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.</b>			
Review, strengthen, and continually monitor access to support services for persons making Disclosures and/or Formal Reports and to Respondents.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Q1 2026 and ongoing	Existing staff
Ensure staff involved in supporting students and staff making Disclosures and/or Formal Reports and to Respondents remain knowledgeable of all support services including supports relevant to educational outcomes such as reasonable academic adjustments.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Affiliated accommodation providers	Ongoing	Existing staff
Ensure 24/7 access to crisis support including after-hours contact information for emergency GBV support services and that this information is prominently displayed across campus and online.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Chief Executive Officer, U@MQ Head of Campus Security Director of Communications		
<b>4.3 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.</b>			
Continually review and update as required information available to students and staff about support services to persons making Disclosures and/or Formal Reports and to Respondents to meet the requirements of 4.3.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Director of Communications	Q1 2026 and ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>4.4 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.</b>			
Risk assessments in response to all Disclosures and Formal Reports of Gender-based Violence are undertaken in the first instance by the Senior GBV Caseworker (with experience required under 3:14), drawing on staff with relevant expertise as required.	Senior GBV Caseworker	Ongoing	New role
Risk assessments are completed within 48 hours of receiving a Disclosure or Formal Report or immediately where urgent safety concerns exist.	Senior GBV Caseworker	Ongoing	New role and existing staff
Ensure staff documenting risk assessment and actions taken do so in line with applicable Commonwealth and NSW privacy laws or, where no other privacy laws apply, with reference to the Australian Privacy Principles.	Senior GBV Caseworker	Ongoing	New role
Monitor, evaluate and update risk assessment processes as part of the monitoring and evaluation requirements in Standard 4.9.	Cross-governance Working Group Safety and Risk Group	Ongoing	New role
<b>4.5 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.</b>			
Ensure compliance with this requirement as stipulated in the GBV Policy.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff
<b>4.6 A Provider must assign Staff with relevant expertise and experience to develop collaboratively with the Discloser a tailored support plan in accordance with items (a) to (i).</b>			
This requirement is undertaken by the Senior GBV Caseworker as stipulated in the GBV Policy.	Senior GBV Caseworker	Ongoing	New role
<b>4.7 and 4.8 A Provider must assign Staff with relevant expertise and experience to develop in consultation with the Respondent a tailored support plan in accordance with items (a) to (g); and a Provider must prohibit the same Staff from being assigned to support both the Discloser and the Respondent.</b>			
This requirement is undertaken by the support roles for the respective student or staff Respondents stipulated in the GBV Policy Guidelines (student and staff process maps) and the GBV Investigation Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
The support staff for a Discloser and a Respondent are different as stipulated in the GBV Policy Guidelines (student and staff process maps) and the GBV Investigation Procedure.	Registrar Chief People Officer	Ongoing	New role Existing staff
<b>4.9 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.</b>			
Continually monitor student and staff support services and evaluate service effectiveness annually and ensure findings inform future service delivery.	Cross-governance Working Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
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.	Cross-governance Working Group	Ongoing	Existing staff
<b>4.10 A Provider is responsible for determining whether its support services require change having regard to its duty of care to Students and Staff.</b>			
Review support services regularly to assess risks to determine whether they adequately fulfil the provider's duty of care and implement changes promptly as required.	Cross-governance Working Group	Ongoing	Existing staff
<b>4.11 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.</b>			
Maintain 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.	Cross-governance Working Group	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff

## STANDARD 5:

### Gender-based violence responses are safe and timely

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>5.1 A Provider must make clear where and how students and staff can make a disclosure or a formal report of gender-based violence; and 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.</b>			
Continue to provide clear and accessible information on how students and staff can make a Disclosure or a Formal Report including on the University's public website, staff intranet, and in the GBV Policy.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Director of Communications	Ongoing	Existing staff
<b>5.2 A Provider must have multiple channels, including in-person, by email, phone, and online, to facilitate a Disclosure or Formal Report.</b>			
Continue to provide multiple channels, including in-person, by email, phone and online, to facilitate a Disclosure or Formal Report with clear and accessible information available on the University's public website, staff intranet, and in the GBV Policy.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Head of Campus Security Director of Communications	Ongoing	Existing staff
<b>5.3 A Provider must ensure Disclosures and Formal Reports can be made anonymously.</b>			
Continue to provide clear and accessible information on the University's public website, staff intranet, and in the GBV Policy on how students and staff can make an anonymous Disclosure or a Formal Report.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Director of Communications	Ongoing	Existing staff
<b>5.4 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.</b>			
Take reasonable and proportionate action as set out in the GBV Policy and Guidelines.	Senior GBV Caseworker	Ongoing	New role
Conduct regular trend and risk analyses (eg quarterly or annually) to detect emerging risks or hotspots on campus, in accommodation areas or in online learning environments; take action in response to trend and risk analysis – eg 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; and review and update the GBV and related policies where trends indicate systemic issues, such as lack of escalation options, inadequate supervision in residences or unsafe transport routes.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff
<b>5.5 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; and 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.</b>			
Action in alignment with the GBV Policy, Policy Guidelines, and GBV Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>5.6 A Provider must have regard to the wishes of the Discloser when determining the pathway by which it will manage the Disclosure.</b>			
Action in alignment with the GBV Policy, Policy Guidelines and GBV Investigations Procedure.	Senior GBV Caseworker Registrar Chief People Officer	Ongoing	New role Existing staff
<b>5.7 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.</b>			
Action in alignment with the GBV Policy, Policy Guidelines and GBV Investigations Procedure.	Senior GBV Caseworker Registrar Chief People Officer	Ongoing	New role Existing staff
Seek legal advice where uncertainty exists about specific procedural fairness requirements or risks to safety.	Senior GBV Caseworker Registrar Chief People Officer	Ongoing	Existing staff
<b>5.8 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.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
Ensure transparency, consistency and impartiality in all investigations and decisions managed by staff with relevant expertise.	Registrar Chief People Officer	From 1 January 2026 and ongoing	Existing staff
<b>5.9 A Provider must 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.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
<b>5.10 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.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
<b>5.11 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.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>5.12 A Provider must not require a Discloser or Respondent to provide physical evidence relating to an alleged incident of Gender-based Violence.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
<b>5.13 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 resolution that is implemented with the agreement of the Discloser and Respondent; the implementation of safety measures without progressing to a disciplinary process; a decision not to proceed to a disciplinary process; and a decision to progress to a disciplinary process.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
Prioritise Discloser safety while upholding the right of the Respondent to understand and respond to investigated 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.	Registrar Chief People Officer	Ongoing	Existing staff
<b>5.14 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.</b>			
Action in alignment with the GBV Investigations Procedure.	Senior GBV Caseworker	Ongoing	New role
<b>5.15 and 5.16 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; and subject to 5.15, a Provider must comply with the timeframes specified in their Procedures.</b>			
Action in alignment with the GBV Policy and Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
<b>5.17 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.</b>			
Action in alignment with the GBV Investigations Procedure.	Vice-Chancellor	Ongoing	Existing staff
<b>5.18 A Provider must provide Respondents Procedural Fairness in the disciplinary process.</b>			
Action in alignment with the GBV Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff
<b>5.19 A Provider must update Disclosers and Respondents throughout the process of resolving Formal Reports having regard to the views of Disclosers and Respondents.</b>			
Action in alignment with the GBV Investigations Procedure.	Registrar Chief People Officer	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>5.20 A Provider must impose sanctions proportionate to the conduct substantiated in the disciplinary process, which may include exclusion and expulsion.</b>			
Action in alignment with the GBV Investigations Procedure.	Registrar	Ongoing	Existing staff
<b>5.21 Unless a Discloser requests otherwise, a Provider must give written notice to the Discloser of: the outcome of the disciplinary process, including the decision and, if relevant, sanctions; the reasons for the outcome; and rights to make an internal and/or external complaint, including to the National Student Ombudsman.</b>			
Action in alignment with the GBV Investigations Procedure.	Senior GBV Caseworker	Ongoing	New role
<b>5.22 Unless requested otherwise, the Discloser must be notified of the outcome of the disciplinary process on the same day as the Respondent.</b>			
Action in alignment with the GBV Investigations Procedure.	Senior GBV Caseworker	Ongoing	New role
<b>5.23 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: the Respondent appealing a disciplinary decision; and information on potential outcomes of the appeal.</b>			
Action in alignment with the GBV Investigations Procedure.	Senior GBV Caseworker	Ongoing	New role
<b>5.24 and 5.25 A Provider must ensure their Procedures are designed to allow appeals to be finalised within 20 business days; and subject to paragraph 5.24, a Provider must comply with the timeframes specified in their Procedures.</b>			
Action in alignment with the GBV Investigations Procedure.	Registrar	Ongoing	Existing staff
<b>5.26 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.</b>			
Action in alignment with the GBV Investigations Procedure.	Vice-Chancellor	Ongoing	Existing staff
<b>5.27 Unless a Discloser requests otherwise, a Provider must give written notice to the Discloser of: the outcome, including the decision and, if relevant the sanctions; reasons for the outcome; and rights to make an internal and/or external complaint, including to the National Student Ombudsman.</b>			
Action in alignment with the GBV Investigations Procedure.	Senior GBV Caseworker	Ongoing	New role
<b>5.28 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.</b>			
Action in alignment with the GBV Investigations Procedure.	Senior GBV Caseworker	Ongoing	New role

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>5.29 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.</b>			
Continually review 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.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	From 1 January 2026 and ongoing	Existing staff
Maintain 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 5, including governance, leadership and accountability measures.	Cross-governance Working Group	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff

## STANDARD 6:

### Use evidence to approach, measure change and contribute to the national evidence base

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>6.1 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.</b>			
Continual review of policies and systems for safe reporting, data management, monitoring and evaluation (including the documentation of the types of GBV with specificity).	Pro Vice-Chancellor (Dean of Students) Chief People Officer Chief Information and Digital Officer Chief Risk Officer Chief Data Officer	Ongoing	Existing staff
<b>6.2 The specific data reporting requirements for a Provider includes collection and reporting of items listed from (a) to (g).</b>			
Upgrade Symplicity Advocate case management system to ensure compliance with the National Code reporting requirements on incident and demographic data.	Chief Information and Digital Officer Pro Vice-Chancellor (Dean of Students)	Q4 2025–Q1 2026	Third-party vendor (Symplicity) Existing staff
Ensure sufficient capability level of staff responsible for meeting evaluation and reporting requirements inclusive of gender impact assessment.	Office of the Deputy Vice-Chancellor (Academic) Chief People Officer	Ongoing	Existing staff
Operationalise the Plan's Evaluation Framework including: overarching evaluation objectives, as well as objectives for evaluations of specific elements of the Plan (eg education and training modules, or response processes); data sources/ collection methods (eg surveys, interviews, enterprise systems) and analysis plans for each outcome/indicator/measure; evaluation timings for specific outcomes; and templates for Governing Body reports.	Cross-governance Working Group Data and Reporting Group	Q1–Q2 2026	Existing staff
<b>6.3 A Provider must, in complying with its obligations under this Standard: ensure that the data is collected in a safe, Trauma-informed and Person-centred manner, and held and handled securely; provide the information and data in the manner and form, requested by the Secretary; and 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.</b>			
Design and utilise surveys, interviews and reporting systems using trauma-informed data collection practices to prioritise participant safety, choice and emotional wellbeing.	Senior GBV Caseworker Cross-governance Working Group Data and Reporting Group	Q1 2026 and ongoing	Existing staff
De-identify 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 (eg transgender students, staff).	Senior GBV Caseworker Data and Reporting Group	Ongoing	Existing staff
Ensure all data collection and reporting comply with Commonwealth and NSW legislation and the Australian Privacy Principles.	Senior GBV Caseworker Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Provide required data and information to the Secretary in the manner and form prescribed.	Working Group Data and Reporting Group	Ongoing	Existing staff
<b>6.4 A Provider must comply with the obligations under this standard in relation to Student Accommodation as set out in Standard 7, as applicable.</b>			
Include student accommodation in Symplicity Advocate 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.	Data and Reporting Group Chief Executive Officer, U@MQ	Ongoing	Existing staff
Include data collection and reporting requirements into training on Trauma-informed and Person-centred principles and for residential staff and managers.	Cross-governance Working Group Education and Training Group Chief Executive Officer, U@MQ	Ongoing	Existing staff
Ensure student housing procedures for reporting, responding to and recording Gender-based Violence are aligned and consistent with broader institutional procedures.	Cross-governance Working Group Chief Executive Officer, U@MQ	Ongoing	Existing staff
Monitor and analyse accommodation-specific data to track trends and risks within student accommodation environments to inform targeted prevention and safety strategies.	Cross-governance Working Group Data and Reporting Group Chief Executive Officer, U@MQ	From Q1 2026 and ongoing	Existing staff
Include relevant accommodation-related information in reports provided to the Secretary, in the form prescribed by the Secretary.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff
Incorporate student accommodation reporting into compliance reviews and audits to ensure governance oversight of accommodation compliance and confirm alignment with Standards 6 and 7.	Data and Reporting Group Chief Executive Officer, U@MQ	From Q1 2026 and ongoing	Existing staff
<b>6.5 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.</b>			
Action the Plan's Evaluation Framework that includes: overarching evaluation objectives, as well as objectives for evaluations of specific elements of the Plan (eg education and training modules or response processes); data sources/collection methods (eg surveys, interviews, enterprise systems) and analysis plans for each outcome/indicator/measure; evaluation timings for specific outcomes; templates for Governing Body reports.	Data and Reporting Group	Ongoing	Existing staff
Conduct six-monthly 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.	Data and Reporting Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Present summary data and insights to governance bodies every six months to support evidence-based decision making.	GBV Steering Committee Vice-Chancellor	Ongoing	Existing staff
Use data to identify high-risk areas or populations and tailor education, training and safety interventions accordingly.	Data and Reporting Group	Ongoing	Existing staff
Share de-identified data insights with staff, students and stakeholders via annual GBV report.	GBV Steering Committee Vice-Chancellor	Ongoing	Existing staff
<b>6.6 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: systemic and cultural barriers for preventing and responding to Gender-based Violence, including as they relate to particular communities or settings; the operation of systems, Policies and Procedures; and strengthening education and training on prevention and responses to Gender-based Violence for Students, Leadership and Staff.</b>			
Use 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.	Data and Reporting Group	Ongoing	Existing staff
Examine data by demographic and community groups to understand diverse perspectives and unique barriers faced by specific populations or settings.	Data and Reporting Group	Ongoing	Existing staff
Refine student and staff training programs, focusing on identified gaps in awareness, prevention and response.	Cross-governance Working Group	Ongoing	Existing staff
Provide summaries to governance bodies and senior leadership every six months to support evidence-based cultural and systemic reforms.	GBV Steering Committee Vice-Chancellor	Ongoing	Existing staff
<b>6.7 A Provider must ensure that evaluations undertaken in connection with the Code are robust and carried out objectively.</b>			
Operationalise the Plan's Evaluation Framework including: overarching evaluation objectives, as well as objectives for evaluations of specific elements of the Plan (eg education and training modules or response processes); data sources/collection methods (eg surveys, interviews, enterprise systems) and analysis plans for each outcome/indicator/measure; evaluation timings for specific outcomes; and templates for Governing Body reports.	Cross-governance Working Group Data and Reporting Group	Q1-Q2 2026	Existing staff
Conduct robust and objective evaluations in accordance with Evaluation Framework, including quantitative and qualitative data from multiple sources.	Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff
Present evaluation findings for review by governance bodies or independent panels to verify accuracy and objectivity.	GBV Steering Committee Vice-Chancellor	Ongoing	Existing staff
Provide training and guidance for staff conducting evidence-based evaluations aligned with regulatory expectations, as required.	GBV Steering Committee	As required	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>6.8 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.</b>			
Use insights from engagement data to enhance policies, procedures, training and prevention initiatives.	Cross-governance Working Group	Ongoing	Existing staff
Deploy brief, anonymous surveys to gauge whether participants felt the engagement process was inclusive, safe and effective.	Cross-governance Working Group	Ongoing	Existing staff
Capture de-identified information on participant characteristics (eg student cohort, staff role) to provide a breakdown of engagement across the student and staff population.	Cross-governance Working Group	Ongoing	Existing staff
Continuously review feedback and participation trends to inform improvements in collaboration and consultation strategies.	Cross-governance Working Group	Ongoing	Existing staff
Establish and maintain secure central engagement log to track engagement activities and record all meetings, focus groups, workshops and consultations with students and staff regarding gender-based violence prevention and response; and record of all engagement activities, participant numbers and feedback to support reporting requirements.	Cross-governance Working Group	Ongoing	Existing staff
Prepare engagement data in the manner and form requested by the Secretary, ensuring clarity and accuracy.	Cross-governance Working Group	Ongoing	Existing staff
<b>6.9 With respect to Standard 1, the Secretary may require a Provider to provide 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.</b>			
Ensure all new students and staff complete induction sessions covering Gender-based Violence policies, reporting procedures and support services via mandatory training module.	Deputy Vice-Chancellor (Academic) Chief People Officer	Ongoing	Existing staff
Communicate GBV information regularly through multiple channels including newsletters, emails, student/staff intranet and physical campus posters.	Chief Marketing Officer	Ongoing	Existing staff
Make information about support services, academic adjustments and reporting pathways easily accessible online and in physical locations across campus.	Deputy Vice-Chancellor (Academic) Chief People Officer	Ongoing	Existing staff
Conduct six-monthly surveys of student and staff awareness of the Plan, GBV Policy and Procedure and support services.	Pro Vice-Chancellor (Dean of Students) Chief People Officer	Ongoing	Existing staff
Conduct six-monthly audits and accompanying reports of GBV training completion rates, including survey outcomes and feedback from participants.	Deputy Vice-Chancellor (Academic) Chief People Officer	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Assess the effectiveness of awareness programs and adjust strategies to improve understanding among students and staff.	Cross-governance Working Group	Ongoing	Existing staff
Keep detailed records of survey results, attendance at information sessions and engagement with communication campaigns for reporting purposes.	Deputy Vice-Chancellor (Academic) Chief People Officer	Ongoing	Existing staff
<b>6.10 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.</b>			
Record the number of applicants who made a declaration and were subsequently offered a position.	Chief People Officer	Q1 2026 and ongoing	Existing staff
Maintain and provide copies of policies and procedures implemented to prioritise safety during recruitment and employment.	Chief People Officer	Ongoing	Existing staff
Document any additional safety measures or actions taken to protect staff and students, such as risk assessments or tailored onboarding practices.	Chief People Officer	Ongoing	Existing staff
Review and update recruitment practices regularly to ensure they align with safety priorities and compliance requirements.	Chief People Officer	Ongoing	Existing staff
Keep records of training for staff involved in recruitment on handling disclosures and prioritising safety in hiring decisions.	Chief People Officer	Ongoing	Existing staff
<b>6.11 With respect to Standard 3, the Secretary may require a Provider, to provide data on the number and proportion of: Students, Leadership and Staff who undertook training in relation to Gender-based Violence; 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.</b>			
Maintain attendance records for all Gender-based Violence training sessions for students, staff and leadership.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Vice-Chancellor	Q1 2026 and ongoing	Existing staff
Record and analyse participation rates to determine the number and proportion of each group that completed the training.	Data and Reporting Group	Q1 2026 and ongoing	Existing staff
Collect feedback and evaluation data from participants to assess changes in awareness, understanding of Gender-based Violence, prevention learning outcomes and ethical bystander behaviours.	Cross-governance Working Group	Q1 2026 and ongoing	Existing staff
Analyse evaluation results to calculate the proportion of participants reporting increased awareness or understanding.	Data and Reporting Group	Q1 2026 and ongoing	Existing staff
Regularly review training content and delivery methods to improve effectiveness based on evaluation findings.	Cross-governance Working Group	Q1 2026 and ongoing	Existing staff
Store training and evaluation data securely for reporting to the Secretary when required.	Data and Reporting Group	Q1 2026 and ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>6.12 A Provider must, by 30 June each year, provide the data required under Standards 6.13 and 6.14 for the previous calendar year.</b>			
Develop a structured annual reporting process to ensure that all required data under Standard 6 is submitted.	Data and Reporting Group	Q1 2027	Existing staff
Submit data required to the Secretary by the 30 June each year, ensuring data covers the full previous calendar year.	Data and Reporting Group	Ongoing	Existing staff
De-identify data and adhere to Commonwealth, state and territory privacy laws, where necessary.	Data and Reporting Group	Ongoing	Existing staff
Review and update internal reporting processes to ensure ongoing compliance and continuous improvement.	GBV Steering Committee	Ongoing	Existing staff
Use 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.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Chief Information and Digital Officer Chief Risk Officer Chief Data Officer	Ongoing	Third-party vendor (Symplicity)
Implement standardised data collection templates for staff to ensure consistent recording of gender-based violence incidents and responses across all departments and campuses.	Pro Vice-Chancellor (Dean of Students) Chief People Officer Chief Information and Digital Officer Chief Risk Officer Chief Data Officer	Ongoing	Third-party vendor (Symplicity)
Conduct regular data audits to ensure accuracy and completeness, particularly for timeframes, investigation outcomes and satisfaction data.	Data and Reporting Group	Ongoing	Existing staff
<b>6.13 In accordance with 6.12, a Provider must seek and provide to the Secretary, and may be required to publish, the following data: Data in relation to Gender-based Violence, in a form that can be disaggregated by Demographic Data; Data for each Disclosure and Formal Report of Gender-based Violence; Data on the Provider’s Trauma-informed and Person-centred response following a Disclosure of Gender-based Violence; Data on the outcomes of each investigation and disciplinary process.</b>			
Ensure anonymous reporting data are included in the annual submission.	Data and Reporting Group	Ongoing	Existing staff
Collect and track information about the use of support services, safety measures, academic adjustments and risk management responses following each disclosure or formal report.	Senior GBV Caseworker Data and Reporting Group	Ongoing	Existing staff
Review and categorise all disciplinary outcomes and appeals to enable accurate aggregation and disaggregation by gender-based violence type and demographic group.	Data and Reporting Group	Ongoing	Existing staff
Use trauma-informed satisfaction surveys to obtain feedback from disclosers and respondents (where appropriate) to include in annual reporting.	Senior GBV Caseworker Cross-governance Working Group	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
Prepare a clear, accessible summary report of the required data and, if directed, publish it on the University website in compliance with the Secretary's instructions.	GBV Steering Committee	Ongoing	Existing staff
<b>6.14 In accordance with Standard 6.12, a Provider must seek and provide to the Secretary, and may be required to publish demographic data; enrolment details for students; employment details for staff; the Discloser's relationship to the Respondent.</b>			
Provide staff training on how to sensitively collect and record demographic and relationship information in a trauma-informed manner.	Senior GBV Caseworker Cross-governance Working Group	Ongoing	Existing staff
Establish a process to verify and update demographic details (eg citizenship, course status, accommodation) before submitting data to the Secretary.	Data and Reporting Group	Ongoing	Existing staff
Maintain clear data privacy and confidentiality protocols to ensure personally identifying information is protected when compiling reports.	Data and Reporting Group	Ongoing	Existing staff
Preparing and submitting the required data to the Secretary by 30 June each year in the prescribed format, ensuring completeness and accuracy.	Data and Reporting Group	Ongoing	Existing staff

## STANDARD 7:

### Student accommodation is safe for all students and staff (where relevant)

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>7.1 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).</b>			
Accommodation partners continue to meet as a group at least quarterly to share ideas, discuss best practice in student accommodation and to ensure all are meeting the requirements of the code.	Chair of Accommodation Partners Group (Chief Executive Officer U@MQ)	Ongoing	Existing staff
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.	Chair of Accommodation Partners Group (Chief Executive Officer U@MQ) Affiliated accommodation providers	Q2-3 and ongoing	Existing staff/ external training provider
Complete group training on the following (not exhaustive) to ensure a consistency of approach across the University's accommodation partners group: Responding to disclosures (trauma informed response); Ethical bystander; Conflict of interest; and Ally/ACST. Training to be delivered to both staff and residents who are in a leadership role.	Chair of Accommodation Partners Group (Chief Executive Officer U@MQ) Affiliated accommodation providers	One group training session per quarter	Existing staff/ external training provider
Establish a process for all student accommodation staff to declare any existing or previous intimate personal relationship with a resident. Where a declaration is made, any conflict of interest or risk management plan must be implemented as necessary.	Chief Executive Officer U@MQ Affiliated accommodation providers	Q1 2026 and ongoing	Existing staff
Prepare a monthly regular report on all incidents related to GBV across owned and managed accommodation as well as affiliated student accommodation that will help in identifying systemic risks.	Chief Executive Officer U@MQ Affiliated accommodation providers	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Chief Executive Officer U@MQ Affiliated accommodation providers	Ongoing	Existing staff
<b>7.2 A Provider must require that a Student Accommodation Provider prepare, implement and publish on its website a Whole-of-Organisation Prevention and Response Plan in accordance with items (a) to (g).</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.3 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.</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.4 A Provider must have arrangements in place with a Student Accommodation Provider that meet the requirements of 7.4(a) to 7.4(c).</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>7.5 A Provider must have arrangements in place with a Student Accommodation Provider in relation to training and education, and prevention initiatives that meet the requirements of items (a) to (c).</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.6 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.</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.7 A Provider must have arrangements in place with a Student Accommodation Provider that, in relation to Disclosures require the Student Accommodation Provider to meet the requirements of items (a) to (e).</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.8 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.</b>			
Actioned under the University's Plan.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.9 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.</b>			
Maintain affiliated accommodation providers' agreement to be bound by the Code and keep record of signed deed polls to that effect.	Chief Executive Officer U@MQ Affiliated accommodation providers	Ongoing	Existing staff
Regularly review existing legally binding agreements with affiliated student accommodation providers and vary, supplement or amend to meet Standards 7.2-7.8 as required, seeking legal advice as necessary.	Chief Executive Officer U@MQ Affiliated accommodation providers Legal Counsel	Ongoing	Existing staff
Maintain comprehensive records of all correspondence, negotiations, and variations to demonstrate compliance efforts.	Chief Executive Officer U@MQ	Ongoing	Existing staff

STANDARDS AND ACTIONS	RESPONSIBLE	TIMELINE	RESOURCES
<b>7.10 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.</b>			
Action in accordance with the Code's requirements.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.11 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 must adhere to items (a) and (b).</b>			
Establish a protocol for reporting to the Secretary any affiliated accommodation providers who decline to meet National Code requirements.	Chief Executive Officer U@MQ	Ongoing	Existing staff
Implement procedures to remove such providers from marketing materials, revoke use of the University intellectual property, and terminate space reservation agreements.	Chief Executive Officer U@MQ	Ongoing	Existing staff
Remove such providers from the University's accommodation partners group.	Chief Executive Officer U@MQ	Ongoing	Existing staff
<b>7.12 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.</b>			
Maintain detailed records demonstrating compliance with all obligations and activities under Standard 7, including governance, leadership, and accountability measures.	Chief Executive Officer U@MQ	Ongoing	Existing staff
Incorporate any feedback from the Secretary into future reporting and compliance processes.	Chief Executive Officer U@MQ Cross-governance Working Group Data and Reporting Group	Ongoing	Existing staff
<b>7.13 A Provider must by 30 June each year commencing after the Initial Reporting Date, provide to the Secretary the names of: the Student Accommodation which the Provider directly owns, operates and/or manages; the Student Accommodation that it Controls; and the Student Accommodation to which it is affiliated.</b>			
Action in accordance with the Code's requirements.	Chief Executive Officer U@MQ	Ongoing	Existing staff

# Outcomes framework

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The University's Outcomes Framework on the following pages aligns actions tabled in Section 5 with measurable outcomes. Underpinning the Outcomes Framework is a broader GBV Evaluation Framework that the University has developed as part of its planning to meet the data collection and reporting requirements of the Code. Details of the University's GBV Evaluation Framework are as follows:

## **PURPOSE OF THE EVALUATION FRAMEWORK**

The Evaluation Framework will enable a consistent methodology across the GBV governance model (see **page 5**) for conducting a rigorous and transparent evaluation of the Plan. This supports the working groups to:

- Measure progress of the Plan against the Outcomes Framework
- Assess effectiveness of prevention and response activities
- Monitor compliance with the National Code
- Inform continuous improvement, governance reporting and submissions to the Secretary.

## **KEY PRINCIPLES**

The Evaluation Framework is grounded in ethical and Trauma-informed evaluation principles, including:

- Safety, confidentiality, and Do No Harm
- De-identification of data and compliance with Privacy Laws
- Cultural safety and accessibility
- Involvement of disproportionately affected groups
- Approach and methodology guided by best practice (eg Commonwealth Evaluation Toolkit).

## **KEY COMPONENTS**

The Evaluation Framework will detail key components of the evaluation methodology, including:

- Overarching evaluation objectives, as well as objectives for evaluations of specific elements of the Plan (eg education and training modules, or response processes)
- Data sources / collection methods (eg surveys, interviews, enterprise systems) and analysis plans for each outcome/indicator/measure
- Evaluation timings for specific outcomes
- Templates for Governing Body reports

## **CADENCE AND REVIEW**

Following confirmation from the Secretary of the final version of the Plan and Outcomes Framework, the Evaluation Framework will be developed in the first half of 2026 to support the development of the first report to the University's Council in July 2026.

The Evaluation Framework will be reviewed annually to incorporate changing best practice, new evidence, and updated regulatory guidance.

OUTCOMES	SUB-OUTCOMES	INDICATORS	MEASURES (OF IMPACT OR PROGRESS)
<b>Standard 1.</b> <b>Effective governance and a whole-of-organisation approach, prioritising safety and support in the prevention of and response to Gender-based Violence</b>	Strengthened governance, leadership and accountability for GBV prevention and response (1.2, 1.4, 1.6, 1.8)	Student safety and wellbeing expertise within University Council’s membership (1.2)	Documented evidence on members’ expertise in student safety and wellbeing (eg experience, qualifications)
		Gender-based Violence Governance Model oversees Code requirements	Meeting minutes
		Whole-of-Organisation Prevention and Response Plan (the Plan) is published on the University website (1.4, 1.6)	The Plan and Outcomes Framework is published on the University website (with URL link) following input from the Secretary
		Initial Plan is provided to the Secretary (1.8)	Receipt of submission of the Plan from the Secretary
	Continuous improvement through data-driven monitoring, evaluation and reporting (1.9–1.11)	Risks addressed in physical, digital and social environments	1. Report on risk assessment 2. Documented evidence of changes following risk assessment
		Reports against Outcomes Framework and updated analysis of incident data are provided to University Council every six months (1.9)	Reports to University Council and meeting minutes
		Publicly available annual Gender-based Violence report on progress of the Plan and incident data for previous calendar year is published	Annual Gender-based Violence report is published on the University website (with URL link)
		Report on the Plan and outcomes framework provided to the Secretary (1.10)	Receipt of submission of the Report from the Secretary
		The Plan is reviewed, amended and endorsed by University Council (1.11)	The updated Plan is published on the University website (with URL link) following input from the Secretary

OUTCOMES	SUB-OUTCOMES	INDICATORS	MEASURES (OF IMPACT OR PROGRESS)
<b>Standard 2.</b> <b>Environments are safe and systems continuously improve to prevent and respond to gender-based violence</b>	Organisational policies and procedures are integrated, evidence-based and prioritise safety and inclusion (2.1-2.3)	All staff comply with NSW WWCC requirements (2.1a)	HR confirmation of compliance following audit of all staff
		Prospective employees and members of University Council are required to make declarations about GBV investigations or determinations (2.1b)	1. Updated recruitment policies/procedures are published on the University website (with URL links) 2. Data from HR audit of declarations
		All declarations about existing or previous intimate relationships are documented and, if required, COI management plan implemented (2.2)	1. Updated staff policies/procedures are published on the University website (with URL links) 2. Data from HR audit of declarations
		Gender-based Violence Prevention and Response Policy (GBV Policy) is developed and published on the University website (2.3)	GBV Policy is published on the University website (with URL link)
	Organisational systems, reporting and evaluation capability continuously improve to support safe environments (2.5, 2.8, 2.9)	GBV Policy is reviewed and updated, including engagement and collaboration with key stakeholders outlined in the Code (2.5)	Updated GBV Policy is published on the University website (with URL link) and includes documented engagement process and amendments
		Non-disclosure agreements are not used, unless requested by a Discloser, and NDAs comply with the Code (2.8)	Number of NDAs that were used and confirmed compliance with the Code
		Implementation of recommendations made by the National Student Ombudsman in relation to Gender-based Violence (2.9)	Documented evidence of the National Student Ombudsman's recommendations and subsequent implementation actions

OUTCOMES	SUB-OUTCOMES	INDICATORS	MEASURES (OF IMPACT OR PROGRESS)
<b>Standard 3.</b> <b>Build knowledge and capability to safely and effectively prevent and respond to gender-based violence</b>	Strengthened institutional capability to deliver evidence-informed, trauma-informed, inclusive prevention education and training (3.1, 3.5, 3.6, 3.8, 3.10)	Delivery of ongoing, comprehensive prevention education and training to students, staff and leadership in compliance with the Code (3.1)	<ol style="list-style-type: none"> <li>1. Links to, or examples of, training modules provided to students, staff and leadership</li> <li>2. Documented evidence on training development in collaboration and engagement with key stakeholders</li> <li>3. Training module completion rates</li> <li>4. Pre-post survey outcomes related to key learning outcomes</li> </ol>
		Evidence-informed prevention communication and key messaging widely disseminated across study, work, living and social environment (3.5, 3.6)	<ol style="list-style-type: none"> <li>1. Links to, or examples of, communication and messaging provided to students, staff and leadership</li> <li>2. Data from audit and evaluation of prevention communication and key messaging</li> </ol>
		Specialised education and training on responding to Disclosures delivered to students in leadership positions, leadership, staff, and other necessary people in compliance with the Code (3.8)	Training module completion rates
		Disclosures training module monitored and evaluated, and updated as required (3.10)	<ol style="list-style-type: none"> <li>1. Pre-post survey outcomes related to key learning outcomes</li> <li>2. Summaries of feedback from participants and GBV experts</li> <li>3. Documented evidence of updates to training modules</li> </ol>
	Enhanced capacity and expertise to respond safely and appropriately to disclosures and reports of GBV (3.14-3.18)	Staff conducting risk assessments have appropriate expertise and competence (3.14, 3.15)	Documented evidence of staff members' expertise and competence (eg experience, qualifications)
		Staff involved in responding to Formal Reports, conducting an investigation or determining a disciplinary proceeding have appropriate expertise and competence (3.16, 3.18)	<ol style="list-style-type: none"> <li>1. Documented evidence on staff members' expertise and competence (eg experience, qualifications)</li> <li>2. Evidence of regular professional development</li> </ol>
		Staff involved in responding to Formal Reports, conducting an investigation or determining a disciplinary proceeding undertake training in relevant areas, once every three years (3.17)	<ol style="list-style-type: none"> <li>1. Documented evidence on completed training (eg certifications)</li> <li>2. Evidence of regular professional development</li> </ol>

OUTCOMES	SUB-OUTCOMES	INDICATORS	MEASURES (OF IMPACT OR PROGRESS)
<b>Standard 4.</b> <b>Responses and support services are safe and person-centred</b>	Responses and support services are trauma-informed, person-centred and safe (4.1, 4.4, 4.5-4.9)	Responses, practices and support services are safe, Person-centred and consistent with a Trauma-informed approach and best practice (4.1)	<ol style="list-style-type: none"> <li>1. Policies/procedures/other documents</li> <li>2. Feedback from review of processes</li> </ol>
		Risk assessments undertaken in response to all Disclosures and Formal Reports of Gender-based Violence (4.4)	<ol style="list-style-type: none"> <li>1. Data from audit of cases</li> <li>2. Summary of management plans from cases with identified risks</li> </ol>
		Disclosers are engaged with and their views are seriously considered when implementing safety measures in response to a Disclosure or Formal Report (4.5)	<ol style="list-style-type: none"> <li>1. Data from audit of cases</li> <li>2. Summary of engagement with Disclosers in cases requiring safety measure implementation</li> </ol>
		Tailored support plans are developed for both Disclosers and Respondents in compliance with National Code (4.6-4.8)	<ol style="list-style-type: none"> <li>1. Policies/procedures/other documents</li> <li>2. Data from audit of cases</li> <li>3. Feedback from Disclosers and Respondents</li> </ol>
		Support services are monitored, with formal evaluation of service effectiveness every three years (4.9)	<ol style="list-style-type: none"> <li>1. Data from audit of cases</li> <li>2. Evaluation reports</li> <li>3. Documented changes to service delivery models</li> </ol>
	Students and staff have timely, equitable and informed access to safe and appropriate support services (4.2,4.3)	Persons making Disclosures and/or Formal Reports and Respondents have access to support services, including explanations of available support services and in any supports relevant to educational outcomes such as reasonable academic adjustments (4.2)	<ol style="list-style-type: none"> <li>1. Example text on Disclosure landing page</li> <li>2. Feedback from Disclosers and Respondents</li> </ol>
		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 (4.3)	<ol style="list-style-type: none"> <li>1. Links to policies/procedures/other documents</li> <li>2. Survey results of student and staff awareness</li> </ol>

OUTCOMES	SUB-OUTCOMES	INDICATORS	MEASURES (OF IMPACT OR PROGRESS)
<b>Standard 5.</b> <b>Gender-based violence responses are safe and timely</b>	Reporting and response systems are accessible, confidential, and promote safety (5.1–5.3)	Clear information on how Disclosures and/or Formal Reports can be made by students, staff, and third parties, including multiple reporting channels and anonymous Disclosures (5.1–5.3)	1. Links to webpages 2. Example text from webpages
	Investigations and case management are timely, fair, and trauma-informed (5.4–5.28)	All Disclosures and Formal Reports are managed in accordance with Code requirements (5.4–5.28)	1. Policies/procedures/other documents 2. Data from audit of cases
<b>Standard 6.</b> <b>Use evidence to inform approach, measure change and contribute to the national evidence base</b>	Strengthened systems for collecting and reporting high-quality, trauma-informed GBV data (6.1–6.14)	University systems (including from University’s accommodation provider) enable reporting against all data requirements (6.1–6.14)	1. Confirmation of compliance with reporting requirements following system upgrade 2. Receipt of submission of the annual data from the Secretary
	Evidence is actively used to inform planning and evaluation, and contribute to the national evidence base (6.5, 6.6, 6.7)	Data inform and strengthen the Plan and the Outcomes Framework (6.5)	1. Evaluation reports 2. Evidence of updates to key documents
	Evidence is actively used to inform planning and evaluation, and contribute to the national evidence base (6.5, 6.6, 6.7)	Data inform evaluation, impact, and planning, and enable a systemic approach to preventing and responding to Gender-based Violence (6.6)	1. Evaluation reports 2. Evidence of updates to key documents
Evaluations undertaken in connection with the Code are robust and carried out objectively (6.7)	1. Evaluation framework completed 2. Evaluation reports 3. Record of changes made to improve processes		
<b>Standard 7.</b> <b>Student accommodation is safe for all students and staff</b>	Accommodation providers meet all requirements of the Code (7.1–7.13)	University-owned student accommodation meets all requirements of the Code (7.1)	1. Policies/procedures/other documents 2. Number of declarations made by prospective or current staff 3. Training module completion rates 4. Data from audit of cases
	Affiliated student accommodation providers meet all requirements of the Code (7.2–7.11)	1. Policies/procedures/other documents from affiliated accommodation providers 2. Number of declarations made by prospective or current staff from affiliated accommodation providers 3. Training module completion rates from affiliated accommodation providers 4. Data from audit of cases from affiliated accommodation providers	



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