Gender-based Violence Procedure

Policy Category	Corporate		
Policy Owner	Chief Executive Officer (Higher Education Principal Executive Officer)		
Responsible for Implementation	General Manager and designated specialist response lead		
Next review date	Within three years of approval, or earlier if required		
Relevant to	IGI prospective and current students, staff, and relevant third parties (including Education Agents).		
Related Documents	Complaints and Appeals Policy Complaints and Appeals Procedure Critical Incident Policy Critical Incident Procedure Diversity, Equity and Inclusion Policy Gender-based Violence Policy Student Privacy Policy Support for Students Policy Support for Students Procedure Student Support Procedure Student Code of Conduct Staff Code of Conduct		
Version	**Authorised by**	**Approval Date**	**Effective date**
1.3 (Draft)	Board of Directors	09/10/26	09/10/26

1. Purpose

This Procedure gives effect to the Gender-based Violence Policy and establishes IGI's pathways for prevention, disclosure, immediate safety, support, formal reports, investigation, decisions, appeals, records and regulatory reporting. It applies the National Higher Education Code to Prevent and Respond to Gender-based Violence 2025 (the GBV Code) from 1 January 2027. Current safety, support, privacy, employment and legal duties continue before that date.

2. Definitions

Item	Definition
Consent	Consent to sexual activity must be free, voluntary, informed, specific and ongoing. A person can withdraw consent at any time. Silence, lack of resistance, a prior relationship or agreement to another act does not establish consent. A person who lacks capacity, including through sleep, unconsciousness or intoxication, cannot consent. Apply the applicable jurisdiction's consent law; an IGI finding is not a criminal conviction.
Gender-based violence (GBV)	GBV has the meaning in the GBV Code: gender-based physical or non-physical violence, harassment, abuse or threats causing, or likely to cause, harm, coercion, control, fear or loss of liberty or autonomy. It includes sexual assault and harassment, domestic and family violence, coercive control, stalking, technology-facilitated abuse and gender-based threats; it is not limited to sexual conduct.

Item	Definition
Student	For this Procedure, students include: • any person enrolled with IGI or undertaking an IGI course or unit of study; • students in award, non-award, enabling, bridging, foundation and any vocational education offerings; • students on approved leave, in any study mode or location; • former or prospective students seeking assistance or reporting a matter, subject to any explained limit on IGI's disciplinary jurisdiction.
International student (or Overseas Student)	A person who is required to hold an Australian student visa for the purpose of study in Australia as defined by the ESOS Act.
Sexual assault	Sexual activity without the other person's consent; physical force is not required for conduct to constitute sexual assault. Applicable criminal offences and definitions are determined under the relevant law.
Sexual harassment	An unwelcome sexual advance, request for sexual favours or other unwelcome conduct of a sexual nature where a reasonable person, considering the circumstances, would anticipate the possibility of offence, humiliation or intimidation. Conduct may be verbal, written, physical or online.

Disclosure: sharing information with IGI about a person's experience of GBV, by that person or someone else. Discloser: the person who experienced GBV. A disclosure may seek assistance without requesting investigation.

Formal report: information provided through IGI's formal reporting channels seeking consideration of action beyond support, including investigation or discipline. Staff must explain and confirm the route; a form is not mandatory. Respondent: a person alleged to have engaged in GBV, without prejudging a finding.

Accredited specialist: a psychologist, social worker or counsellor registered or accredited with the relevant professional body, with formal GBV and trauma-informed training and competence for the relevant cohorts. Other defined terms, including staff, affiliation, control and student accommodation, have the meanings in the GBV Code.

3. Scope

This Procedure applies to students, the CEO and Board of Directors, staff as workers, affiliated organisations, entities acting for IGI and relevant accommodation providers. It applies when an IGI student or staff member experiences or engages in GBV wherever it occurs, including off campus, online, outside work or study, and outside Australia. Visitors and third parties may also disclose or report concerns.

4. Procedure

Prevention, information and capability

4.1 The General Manager and Dean implement the prevention actions, training and communication approved in IGI's Prevention and Response Plan and Gender Equality Action Plan. Activities address gender inequality, unequal power, harmful stereotypes, coercive control, discrimination, technology-facilitated abuse and risks identified in IGI's evidence.

4.1.1. Provide Code-aligned disclosure-response training at onboarding and at least annually to staff, leadership and student leaders. Record participation, follow up missed training and assess whether learning changed practice.

4.1.2. Publish accessible information explaining GBV, consent, expected conduct, safe bystander action, support, disclosure, formal-report and external options. Make translated or interpreted assistance available for relevant cohorts.

4.1.3. Co-design prevention and response activities with students, staff, people with lived experience and disproportionately affected groups, supported by specialist expertise. Participation is voluntary and must not require personal disclosure.
4.1.4. Train investigators, decision-makers, appeal reviewers, risk assessors and support staff for their distinct roles at least every three years and before appointment. The CEO obtains external expertise where IGI cannot demonstrate current competence or independence.
4.1.5. Teach safe, practical bystander responses without requiring intervention that may expose a person to harm. Staff must report immediate safety concerns through the designated route and preserve the affected person's choices wherever lawful.
4.1.6. Tailor education and communication to risks affecting international students, First Nations people, culturally and linguistically diverse communities, people with disability, people of diverse sexual orientation and gender identity, students in accommodation and staff in insecure or dependent work.
4.1.7. Evaluate prevention and training using participation, knowledge, confidence, access, safety and outcome measures. Higher reporting after improved access must not be treated automatically as poorer safety performance.
4.1.8. Prohibit retaliation, victimisation, pressure to withdraw, adverse academic or employment treatment and attempts to silence a person. Escalate any concern immediately for safety action and separate assessment.
4.1.9. Include relevant accommodation, affiliated organisations and entities acting for IGI in prevention, training, contract and reporting controls required by the Policy and the GBV Code.
4.1.10. Maintain evidence of actions, owners, dates, resources and effectiveness. Escalate overdue or ineffective controls to the CEO and Board of Directors.

Access, disclosure and immediate safety

Immediate danger and urgent assistance

Call **000 for immediate danger or urgent police or ambulance assistance. A staff member must take proportionate protective action without waiting for a form, senior approval or an investigation.**

During published business hours, contact Student Services on +61 2 7201 7300 or support@igi.edu.au. Student Services arranges a consent-based hand-off to the designated specialist response lead or an accredited external specialist.

After hours, use the tested duty and deputy route published under the Critical Incident Procedure. IGI must verify and publish that route before describing it as available; the office number is not represented as a 24-hour emergency line.

External support **includes 1800RESPECT on 1800 737 732 and Lifeline on 13 11 14, available 24 hours. Explain any likely service cost before referral and arrange accessible, culturally safe or specialist alternatives where needed.**

If the named contact is unavailable, any trusted staff member provides a safe first response within competence, checks immediate danger, explains confidentiality limits, preserves the person's choices and contacts the specialist route with consent unless urgent lawful action is necessary.

Disclosure and support pathway

4.2 A person may disclose in person, by telephone, email, online or through an anonymous or third-party channel. A disclosure seeks assistance or shares information and does not automatically request a

formal investigation. Staff must identify which route the person wants and record that choice without requiring a form or signature.

4.3 The receiving staff member listens without judgement, avoids unnecessary questions or repeated recounting, checks immediate safety, asks how it is safe to communicate and explains privacy, support, formal-report and external options. Do not promise absolute confidentiality or pressure the person to report to police, confront another person or use informal resolution.

4.4 The specialist response lead completes and records a GBV risk assessment for every disclosure and formal report. Offer a tailored support plan to the discloser and, separately, to the respondent. Different suitably skilled staff must support each party. Consider accredited specialist care, interpreters, cultural support, accessibility, safe contact, academic or work adjustments, financial or housing referrals and safety at study, work, travel or accommodation.

Formal reporting and intake

4.5 A formal report may be made through any published channel in person, by telephone, email, online, anonymously or through a third party. It seeks consideration of action beyond support, including investigation or discipline. Staff assist the person to record it and confirm the route; a completed complaint form, police report, physical evidence or legal characterisation is not required.

4.6 A person may move from disclosure to formal report at any time. IGI may take necessary safety action after a disclosure without converting it into a formal report. Explain any mandatory reporting or safety action, seek views before acting where possible and record the lawful basis and effect on choices.

4.7 Assess anonymous and third-party information on the available facts. Take reasonable support, prevention or safety action and investigate where the Code requires and the available information permits a fair process. Explain any limit caused by anonymity without dismissing the information.

4.8 Interim measures are individual risk controls and do not establish guilt. Consider safe contact directions, timetable or location changes, remote participation, leave, alternative supervision, temporary relocation or suspension where authorised and proportionate. Review measures regularly and give affected parties reasons and a route to raise safety or fairness concerns.

4.9 When deciding the pathway, IGI must have regard to:

- the immediate and continuing safety, wellbeing and wishes of the discloser, without making support conditional on an investigation;
- the duty to investigate every formal report where the respondent is an IGI student or staff member, wherever the conduct occurred;
- procedural fairness, independence, conflicts, respondent safety and the need to avoid prejudging findings;
- jurisdiction, mandatory reporting, evidence preservation and proportionate action required to manage serious or continuing risk.

4.10 If the only connection to IGI is the respondent's student or staff status, investigate the formal report for the purposes available to IGI, including safety and discipline. Explain any jurisdictional limit and arrange support or referral; do not use location or time outside study or work as an automatic exclusion.

External, police and parallel processes

4.11 A person may contact police, the National Student Ombudsman, a regulator, union, advocate, lawyer or support service independently and in any order. IGI supports that choice and does not make external reporting a condition of support or internal action.

4.12 Provide current factual information about external options and direct the person to the responsible service. Staff do not provide legal advice or describe an external process as preserving evidence or initiating action unless the responsible agency confirms this.

4.13 A decision not to contact police or another body does not prevent a disclosure, formal report, support plan or internal investigation. A delayed report, fragmented memory or absence of physical evidence

is not by itself a reason to reject information or infer that it is false.

4.14 Do not automatically suspend an internal process because police or another body is involved. The investigator consults appropriately, protects the integrity of external proceedings, documents any necessary pause or changed step and continues safety, support and communication.

4.15 Review interim measures during any external process. Apply the least restrictive effective control, keep the parties' support arrangements separate and avoid treating an allegation or criminal charge as an internal finding.

4.16 IGI considers relevant lawful evidence from an external process but makes any internal finding under its own fair process and applicable standard of proof. A criminal outcome does not automatically determine or prevent internal action.

Confidentiality and safe communication

4.17 At the start of each process, explain in writing any necessary confidentiality restriction, its purpose, scope, recipients, exceptions and end point. Restrictions may protect another person's information or procedural integrity, but must not prevent discussion of lived experience or access to trusted people, support, advice, advocacy, police, regulators or external review. Confirm release from IGI-imposed process confidentiality at closure. Continue to protect IGI records under privacy law.

Records, decisions and reporting

4.18 The General Manager appoints a data custodian to maintain a restricted case file and a Code-aligned data register. Record only information needed for safety, support, fair process, legal duties, evaluation and reporting, including:

- the disclosure or formal report, receipt date, channel, parties and communication preferences;
- risk assessments, separate support plans, adjustments, referrals, interim measures and reviews;
- appointments, conflicts, scope, evidence, interviews, findings, decisions, sanctions and reasons;
- notices, progress updates, timeframes, extensions, appeals, external contacts and closure;
- corrective and preventive actions, owners, due dates, completion evidence, feedback and effectiveness checks.

4.19 Keep identifiable case and health information in restricted files, separate from routine academic or employment records, with approved access and secure transfer. Retain National Code 2018 critical-incident records for at least two years after an overseas student ceases to be an accepted student, and retain GBV and other records longer where the approved schedule, legal hold, safeguarding, insurance or regulatory requirements require it.

Complaints about the process

4.20 A person dissatisfied with intake, support, safety measures, confidentiality, delay, fairness or another aspect of this Procedure may use the Complaints and Appeals Procedure or contact the National Student Ombudsman. A process complaint must not stop urgent safety or support action. Protect the person from retaliation and arrange an independent decision-maker where the complaint concerns a role-holder in the GBV case.

4.21 For directly owned, operated or managed student accommodation, complete a specialist risk assessment and separate support plans for the discloser and respondent within 48 hours, or immediately where risk requires. Consider safe relocation, including of the respondent, without automatically burdening the discloser. After substantiation, permanently remove a person where necessary for resident safety after considering the discloser's views. For controlled or affiliated accommodation, follow the Policy's lead-provider, cooperation, information-sharing, agreement and escalation rules.

4.22 At closure, confirm support follow-up, safety-measure review, outcome communication, appeal or external options, the confidentiality end point and action owners. Check support-plan effectiveness

at an agreed time. Do not make ongoing support conditional on satisfaction with the process or outcome.

4.23 Non-disclosure or non-disparagement terms are prohibited unless the discloser expressly and voluntarily requests an agreement. Do not suggest, pressure or make support, remedy or resolution conditional on it. Obtain independent legal review, record the voluntary request and permitted purpose, and ensure no term restricts lived experience, trusted support, advice, advocacy, police, regulators or lawful disclosure.

5. Roles and responsibilities

5.1 The CEO designates a specialist GBV response lead and deputy with verified expertise and independence, using accredited or external specialists where needed. The lead coordinates triage, risk assessment, support and safe hand-offs but does not investigate or decide a case in which they supported a party.

5.2 All staff receiving information provide a safe first response within competence, protect privacy, refer promptly and preserve records. Students and staff must avoid retaliation and comply with lawful safety measures. No person must investigate, decide or review a matter where they have an actual or perceived conflict.

5.3 The General Manager coordinates implementation for the CEO and is responsible for:

- maintaining accessible channels, tested after-hours arrangements, specialist service agreements, role training, secure systems and response templates;
- appointing independent role-holders, monitoring timeframes, implementing decisions and corrective actions, and escalating material risk or non-compliance;
- preparing de-identified reports for the CEO and Board of Directors and the annual submission approved by the CEO.

6. Investigation, decision and appeal controls

6.1. When a formal investigation begins, notify the discloser first and the respondent on the same day. Appoint a competent investigator with written scope and no conflict. Use separate staff to support each party and a decision-maker who did not investigate. Give the respondent sufficient particulars and relevant adverse material, a reasonable opportunity to respond and a support person. Gather relevant evidence fairly; a police report, physical evidence or direct eyewitness is not required. Protect parties from direct confrontation and unnecessary repetition.

6.2. The decision-maker applies the balance of probabilities with evidence proportionate to the seriousness of the allegation, records findings and reasons, and imposes authorised proportionate outcomes. Aim to complete investigation, decision and discipline within 45 business days from receipt of the formal report. Give progress updates at agreed intervals and at least every 10 business days unless the person requests otherwise. An extension is permitted only where the CEO is satisfied that the circumstances require it; record and communicate the reason, revised date and continuing risk controls. Notify both parties of the outcome on the same day unless the discloser elects not to receive it. Explain findings, relevant sanctions, support, confidentiality end point, complaint and appeal rights, including the National Student Ombudsman.

6.3. A party may appeal through an accessible channel within 20 business days of the outcome. Appoint an independent reviewer who had no involvement in the investigation or decision and give both parties procedural fairness. Finalise the appeal within 20 business days; any extension requires the CEO's documented satisfaction, reasons, revised date and continuing updates. If the respondent appeals and the discloser received the disciplinary outcome, notify the discloser within two business days and explain possible outcomes. Communicate the appeal outcome to both parties on the same day unless the discloser opts out. Implement favourable decisions and corrective action promptly. The General Manager records implementation and the CEO ensures IGI implements any GBV recommendation made by the National Student Ombudsman.

7. References

- Higher Education Standards Framework (Threshold Standards) 2021, Compilation No. 2 (14 July 2026)
- Education Services for Overseas Students Act 2000 (Cth)
- Education Services for Overseas Students Regulations 2019
- The National Code of Practice for Providers of Education and Training to Overseas Students 2018 (The National Code)
- Tertiary Education Quality and Standards Agency Act 2011 (Cth)
- TEQSA Guidance Note: Wellbeing and Safety

- National Higher Education Code to Prevent and Respond to Gender-based Violence 2025
- Regulatory Guidance for the National Higher Education Code to Prevent and Respond to Gender-based Violence, 2026
- Guidance on Collecting Annual Reporting Data under the National Higher Education Code, 2026
- Universities Accord (National Higher Education Code to Prevent and Respond to Gender-based Violence) Act 2025 (Cth)
- Higher Education GBV Regulator, Statement of Regulatory Expectations on confidentiality and non-disclosure agreements (August 2026); Key Reporting Requirements (June 2026); mandatory NUHEP Plan and Outcomes Framework template (August 2026)
- Sex Discrimination Act 1984 (Cth); Privacy Act 1988 (Cth); Fair Work Act 2009 (Cth); Work Health and Safety Act 2011 (NSW); Anti-Discrimination Act 1977 (NSW); Crimes Act 1900 (NSW); Child Protection (Working with Children) Act 2012 (NSW); relevant child-protection and health-privacy law
- IGI Governance Charter, version 3.0 (20 April 2026), and Delegation of Authority Register, version 1.0 (28 July 2026)

8. Document History

Version	Date	Author	Reason	Sections
1.0	Jun 2022	PBL Education	New policy	All
1.1	Oct 2023	IGI	Rebrand and minor amendments	All
1.1	April 2026	IGI	Policy next review date extended to Oct 2026, following PBL governance review and restructure in March-Apr 2026.	All
1.2	August 2026	IGI	TEQSA/HESF regulatory review.	Safe disclosures, formal reports and specialist processes
1.3 (Draft)	September 2026	IGI	VV feedback: complete GBV disclosure, formal-report, safety, support, investigation, decision, appeal and data pathways.	All