



**ADVOCACY**

**UMSU Feedback on the renamed  
*Sexual Misconduct and Gender-based  
Violence Prevention and Response  
Policy (MPF1359)***

5 December 2025



## Acknowledgements

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UMSU acknowledges the Traditional Owners and Custodians of the lands on which we work and pay our respects to Indigenous Elders past and, present. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

UMSU additionally acknowledges victim-survivors of gender-based violence; without your self-advocacy, there would be no *National Code*. We are committed to listening, learning and ensuring that your voices are heard by the University.

## Introduction

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The University of Melbourne Students Union (UMSU) welcomes the opportunity to put forward our views on the draft amendments to the renamed *Sexual Misconduct and Gender-based Violence Prevention and Response Policy* (MPF1359).

UMSU endorses policy changes that better comply with the new *National Higher Education Code to Prevent and Respond to Gender-based Violence (National Code)*; however, we note that while the draft policy has focused on an update to terminology and scope to better align with the *National Code*, these changes introduce ambiguities that create uncertainty. UMSU has also identified a number of substantive gaps that present risks to compliance if not addressed before 1 January 2026.

While UMSU acknowledges the urgency of these amendments, we note that the University has had a long lead time to complete this work, given the availability of the [Action Plan Addressing Gender-based Violence in Higher Education](#) since March 2024 and the full draft *National Code* since February 2025. We believe this consultation is taking place in a timeframe that is insufficient for adequate feedback and has not been circulated or promulgated to an appropriate audience of stakeholders. Considering the *National Code* requires that Providers consult widely in the development and review of policies (clause 2.5), we are of the view that this consultation itself already falls short of compliance with the *National Code*.

Ultimately, as the *National Code* was developed over two years with extensive consultation and reflects minimum acceptable standards, UMSU believes that the University should view compliance not as a burden but as an opportunity to demonstrate sector leadership in addressing gender-based violence. Unfortunately, we are of the view that the draft policy represents only the barest progress towards meaningful compliance and should not be approved in its current form.

## Key Compliance Risks and Recommendations

The following table summarises this submission's key topics and recommendations:

Section	Title	Recommendations
1	Token Inclusion of Gender-based Violence (GBV)	Gender-based violence should be completely separated from sexual misconduct. Language should be changed throughout the policy to refer to sexual misconduct and gender-based violence. The definition of gender-based violence should include meaningful examples of gender-based violence in the same way the policy provides examples of sexual harassment and assault.
2	Inaccessible policy	Draft a plain language version of the policy that is translated into different languages that reflect student and staff demographics.
3	"Trauma-informed," "Victim-centred", and "Whole-of-organisation approach"	<p>The University must urgently consult on and amend all student-facing policies and address compliance failures.</p> <p>Include requirements for the University to write and publish a <i>Prevention and Response Plan</i> in the policy.</p>
4	Misaligned with <i>National Code</i> Scope	Policy scope should be amended to reflect the full scope in the <i>National Code</i> in respect of student accommodation providers.
5	Other gaps	<p>Include the specific reporting timelines for the <i>Prevention and Response Plan</i> in the policy as required by the <i>National Code</i>.</p> <p>Amend the draft policy to address gaps identified under 5.3 of this submission.</p>

# 1. Token Inclusion of Gender-based Violence

The draft policy introduces updated definitions and terminology to better align with the *National Code*, including a definition of 'gender-based violence', replacing 'complaint' with 'disclosure' or 'formal report', and replacing 'victim-survivor' with 'discloser'. While UMSU supports these changes, we note that the definition of gender-based violence is not substantively integrated into the draft policy.

At 1.1 the draft policy frames gender-based violence as a subset of sexual misconduct:

*The University acknowledges that sexual misconduct (including sexual harassment, sexual assault, rape and **other gender-based violence**) occurs in our workplace and educational settings and is both under-reported and preventable. (emphasis added)*

The definitions section of the draft policy takes a both similar and contradictory approach. The definition of sexual misconduct at s.7 of the draft policy also suggests that gender-based violence is a subset of sexual misconduct, implying it is always sexual in nature or at least a subsidiary category of sexual misconduct. This framing contradicts the standard definition of gender-based violence also set out at s.7 of the draft policy as any form of physical or non-physical violence, harassment, abuse or threats, based on gender. Ultimately framing gender-based violence in this way risks obscuring the full scope of gender-based violence and may lead to underreporting of harm that is not sexual.

Further, while there is significant overlap between sexual violence and other forms of gender-based violence, especially family and intimate-partner violence, there are unique risk factors and types of behaviour that do not overlap. Shoehorning gender-based violence to be a subset of sexual misconduct is not only potentially confusing, but at best—may lead to a lack of recognition of other forms of gender-based violence and at worst—means the university is blind to the unique risks victim-survivors face when they are targets of other forms of gender-based violence.

## **Recommendation:**

Gender-based violence should be completely separated from sexual misconduct. Language should be changed throughout the policy to refer to sexual misconduct and gender-based violence. The definition of gender-based violence should include meaningful examples of gender-based violence in the same way the policy provides examples of sexual harassment and assault.

# 2. Inaccessible Policy

In [UMSU's 2021 submission](#) to the consultation on the original draft *Sexual Misconduct Prevention and Response (SMPR) Policy (MPFI359)*, we provided the following feedback:

*The draft policy is long and complex ... Case work at the UMSU Advocacy and Legal Services indicates that many students struggle to understand complex policies. This may be for a range of reasons, including English language confidence, stress and trauma, and disability access challenges.*

*For the very large proportion of enrolled students who are not from English-speaking backgrounds, the complexity and length of the draft policy is...daunting.... UMSU notes that the policy commits to providing "assistance to overcome any cultural or linguistic barriers that may exist"; however, it is difficult to reconcile this commitment with the University's historical refusal to provide information in languages other than English that are relevant to the university community.*

Since then, there have been plain language guides for students on [addressing Sexual Misconduct at the University and how to make a complaint](#), but the policy itself remains relatively challenging to comprehend, and there are no translated resources available. UMSU is pleased to see this obligation is now mandated in the National Code at clause 2.3 which provides:

*A Provider must have and implement a Policy on preventing and responding to Gender-based Violence that:  
... (g) is publicly available, drafted in plain English and able to be translated into different languages, taking into account the student and staff demographics of the Provider.*

**Recommendation:**

The University should draft a plain language version of the policy that is translated into various languages, reflecting the demographics of students and staff.

### 3. “Trauma-informed” and “Victim-Centred”, “Whole of Organisation Approach”

It is insufficient to simply state in the policy that the policy meets the requirements of the National Code; the requirements must be substantively integrated in order to create a meaningful difference in approach from the current policy and practice, which is barely “Trauma-informed” and “Victim-Centred” and absolutely does not represent a “Whole of Organisation Approach”.

#### 3.1. All policies and procedures at the university to comply with the national code

Elements of the draft policy’s commitments are contingent on their integration into other existing policies, processes, and practices. This is why the code has a focus on a “Whole of Organisation Approach.” The *National Code* highlights that the Providers’ policy must be “[P]erson-centred and trauma-informed in its content and application” (at 2.3 b). While the policy draft mentions these principles, UMSU remains concerned about their implementation across the University, and we highlighted similar concerns in our 2021 submission on the draft *SMPR Policy (MPF1359)*:

Most obviously, the commitment to a trauma-informed and victim-centric approach will need to be seamlessly reflected through all processes that may interact with the victim-survivor/complainant. Otherwise, the policy’s commitments are largely hollow.

To ensure a whole of organisation approach which is genuinely trauma-informed and person-centred, the University will need to review all university policies with which victim-survivors may engage. While we anticipate the University will already plan to review the *Student Conduct Policy (MPF1324)* and the *Appropriate Workplace Conduct Policy (MPF1328)*, to adopt a trauma-informed and person-centred approach, the University must additionally review its entire suite of student-facing policies. Prioritising *Child Safety Policy (MPF1337)*, the *Assessment and Results Policy (MPF1326)*, the *Student Complaints and Grievances Policy (MPF1066)*, and the *Student Appeals Policy (MPF1323)* as all involve a range of processes that are not currently trauma-informed or person-centred. Other policies, such as the Academic Progress Review Policies for coursework and research and the Student Fitness to Practice and Student Fitness to Study Policies, similarly require review and uplift to integrate trauma-informed and person-centred processes. According to the *National Student Safety Survey (2021)*; one in five students will experience sexual harassment while at university, and one in twenty will experience sexual assault. In this context all student-facing policies have the potential to affect victim-survivors. Where these policies include processes that are neither trauma-informed nor person centred, they consequently risk re-traumatisation of those students.

The *Assessment and Results Policy (MPFI236)*, which is currently under review, offers an example of how it is critical for the university to review all student-facing policies with a trauma-informed and person-centred lens. This policy features a range of processes and implementation practices that currently can and do re-traumatise students. For example, under the current *Assessment and Results Policy*, students have the right to lodge a late special consideration application. However, whether a late application is assessed or not, is determined by the Academic Registrar (section 4.133). Under this provision, the Special Consideration Team has unilaterally instituted a blanket practice of declining all late applications submitted after the release of subject results. This approach is neither trauma-informed nor person-centred and is particularly problematic for students who have experienced gender-based violence, as delayed help-seeking is common among victim-survivors.

Where individual cases have been raised with the University, the approach has been to make special exceptions. In this context, only those students who have been in contact with key services (Safer Community Program and UMSU Sexual Harm Response Coordinators) are able to proceed. This approach does not factor in the many students who are not able to disclose violence or are simply not aware of support services for gender-based violence. The *National Student Safety Survey (2021)* revealed 40% - 60% of students were not aware of the support available for sexual violence at universities. The University must address these issues to ensure compliance with the *National Code* and to protect the rights of all students.

**Recommendation:**

The University must urgently consult on and amend all student-facing policies and address compliance failures.

### 3.2. The Prevention and Response Plan is not mandated in policy

Standard One of the *National Code* requires a written *Prevention and Response Plan* led by the Vice Chancellor, with specific content requirements including:

- whole-of-organisation risk assessment,
- consultation with students and staff,
- evidence-based approaches, and
- gender equality action plan integration.

The draft policy makes only a passing reference under Information, Data Collection and Record-keeping to a *Prevention and Response Plan*. This is the central governance document required by the *National Code*. The policy references guiding principles (s.4.3) and reporting (s.5.65), but these do not constitute or reference the mandatory Plan. Without explicit reference to the Plan requirement, there is no policy basis for its development, content requirements, or accountability. The Department of Education's GBV Reform Branch will likely view this as a foundational compliance failure.

**Recommendation:**

Include requirements for the University to write and publish a *Prevention and Response Plan* in the policy.

## 4. Misalignment with *National Code* Scope

In the current draft, the scope of coverage for student accommodation is narrower than required under the *National Code* at Standard 7. Section 2.1(b) covers only "residential colleges and halls of residence that are owned by the University". Section 2.1(c) of the draft policy references "affiliated residential colleges", but the definition in s.7 of the draft policy limits this to colleges "affiliated with the University by the University Council in accordance with governing legislation."

Standard 7 applies to accommodation that is either owned by the Provider, controlled by the Provider; or "*affiliated*" with the Provider. Critically, accommodation is "affiliated" if it is authorised to use the University's intellectual property in recruitment/marketing or if it is listed as "student accommodation" on the University's website. There is no requirement that there is a formal affiliation arrangement.

Accordingly, the draft does not capture:

- Third-party accommodation providers using University logos/branding, with or without a formal affiliation relationship,
- Accommodation listed on the University website but not formally affiliated,
- Accommodation providers with informal partnerships.

### **Recommendation:**

Policy scope should be amended to reflect the full scope in the *National Code* in respect of student accommodation providers.

## 5. Gap analysis

The following section sets out the most critical compliance gaps in the draft policy.

### 5.1. Standard One: Reporting timelines for the *Prevention and Response Plan* are absent

National Code Provision	Draft policy gap analysis
<p><b>1.9 Commencing after the Initial Reporting Date, a Provider must report to the Governing Body at least every six months against the outcome 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 identification of any trends in the data.</b></p>	<p>Section 5.65 of the draft policy requires "regular reports" to the Vice-Chancellor and University Council, but doesn't specify:</p> <ul style="list-style-type: none"> <li>• Six-monthly frequency</li> <li>• Content requirements aligned with the <i>Prevention and Response Plan</i></li> <li>• Governing body expertise requirements</li> </ul> <p>"Regular" is vague and unenforceable. The <i>National Code</i> specifies six-monthly reporting precisely because it creates accountability.</p>

#### Recommendation:

Include the specific reporting timelines for the *Prevention and Response Plan* in the policy as required by the *National Code*.

### 5.2. Standard Two:

National Code Provision	Draft policy gap analysis
<p><b>2.1 (b)2.1 A Provider must:</b></p> <p>.....</p> <p><b>(b) as part of the engagement process, ask prospective employees and members of the Governing Body to declare whether they have been investigated for an allegation of Gender-based Violence, or determined to have engaged in conduct that constitutes Gender-based Violence during the course of their previous employment, or otherwise in a legal process</b></p>	<p>Section 5.66(e) requires pre-employment declarations to be made; however, it lacks substantial detail on the following and is vaguer than the <i>National Code</i>. There are no details on the following:</p> <ul style="list-style-type: none"> <li>• What must be declared. For example, investigations, findings, and allegations.</li> <li>• Who must make declarations. For example, employees, contractors, and governing body members.</li> <li>• How declarations will be assessed, including the consequences of false declarations</li> <li>• Whether existing staff must make retrospective declarations</li> </ul> <p>The draft's vague language may not satisfy this obligation and generally creates a risk of inconsistent implementation.</p>

<p><b>2.3. A Provider must have and implement a Policy on preventing and responding to Gender-based Violence that:</b></p> <p><b>(a) Provides information and increases awareness and understanding of the factors that drive and contribute to Gender-based Violence, as well as any factors relevant to the Provider's context.</b></p>	<p>The drivers of factors that contribute to gender-based violence are not outlined in the objectives or principles of the policy. There is some acknowledgement of the impacts of power imbalances, through section 4.1(b) and intersectionality through section 4.3(j). However, these do not cover the factors that lead to gender-based violence. For example, UMSU would expect some mention of inequality as a driver of gender-based violence.</p>
<p><b>(e) includes information on available support services, including academic supports, in relation to Gender-based Violence;</b></p>	<p>Partially covered under section 5.35, which discusses a tailored support plan. But it could be highlighted further in section 5.1. - 5.4. by mentioning academic supports in the list of services in section 5.2.</p> <p>Making readers jump to different parts of the policy makes it difficult to read and understand. The university should balance brevity and clarity for section 2.3(g).</p>
<p><b>(f) includes information on Procedures in relation to a Disclosure or Formal Report of Gender-based Violence;</b></p>	<p>Section 5.6 has been added to make the University's policy align with the <i>National Code's</i> definition of disclosure. Adding this on rather than restructuring the clause fully to reflect the intent of the code does have the potential to confuse readers and makes the policy unnecessarily long.</p> <p>Section 5.8 does not reflect the current practice. Advice given to students making complaints about sexual misconduct is that they must first speak to the Safer Community Program.</p> <p>Section 5.9 appears to give people the capacity to make complaints about staff anonymously (using the Speak Safely portal), but not for complaints about students. Complaints about students can only be made directly to the Academic Registrar. Students should be able to use the Speak Safely portal to make anonymous complaints.</p>

### 5.3. Standard Three: Training mandates are absent from policy

National Code Provision	Draft policy gap analysis
<p><b>(b) Annual specialised training for anyone likely to receive disclosures.</b></p> <p><b>(c) monitoring and evaluation of training effectiveness.</b></p>	<p>The draft policy contains only passing references to training under sections 5.14(d) regarding management of disclosures, 5.47 as a disciplinary outcome, and 5.59 bystander intervention.</p> <p>Despite the name of the policy and an aspirational statement under section 4.3, there is:</p> <ul style="list-style-type: none"> <li>• No mandate for prevention education</li> <li>• No requirement for annual specialised training</li> <li>• No monitoring or evaluation requirement</li> <li>• No identification of which staff must receive training</li> </ul> <p>This is especially troubling since training requirements are a cornerstone of the <i>National Code's</i> prevention framework. While some requirements may be addressed in procedures, the complete absence of any training mandate in policy is a significant gap.</p>
<p><b>3.14 A Provider must require that risk assessments conducted under the Code are undertaken by Staff who have:</b></p> <p><b>(a) expertise in Gender-based Violence risk assessment.</b></p> <p><b>(b) competency in working with specific cohorts, including First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity; and</b></p> <p><b>(c) relevant knowledge, including:</b></p> <p><b>(i) evidence-based static and dynamic risk factors and protective factors for experiencing Gender-based Violence.</b></p> <p><b>(ii) types, patterns and effects of Gender-based Violence.</b></p> <p><b>(iii) how Gender-based Violence is experienced by different groups of people; and</b></p> <p><b>(iv) the nature and impact of coercive control.</b></p>	<p>Undefined Risk Assessment Framework (s.5.30) requires a risk assessment for all disclosures and formal reports listing the factors to be considered. However, it does not include any of these important details:</p> <ul style="list-style-type: none"> <li>• Who will be conducting the risk assessment</li> <li>• What methodology or framework will be applied</li> <li>• Timeframes for the risk assessment</li> <li>• How assessment outcomes will be documented</li> <li>• How ongoing monitoring is conducted. This is mentioned in section 5.30 but is undefined.</li> </ul> <p>Given that adequate risk assessments are central to person-centred responses, an undefined framework creates an unhelpful lack of certainty.</p>

**Recommendation:**

Amend the draft policy to address the gaps identified above.

#### 5.4. Standard Five: Missing Timeframe Provisions and Inconsistent Language

National Code Provision	Draft policy gap analysis
<p><b>5.15 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.</b></p>	<p>Section 5.27 should refer to business days; it currently says 'days.'</p>
<p><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:</b>  <b>(a) the Respondent appealing a disciplinary decision; and</b>  <b>(b) information on potential outcomes of the appeal.</b></p>	<p>The current draft policy does highlight that disclosers have the right to be informed within two business days of any appeal being lodged (section 5.41c). However, it does not require the university to provide the disclosers with information on potential outcomes of the appeal.</p> <p>Additionally, the <i>Student Appeals Policy (MPFI323)</i> does not articulate any such rights for disclosers when appeals are made about their complaint.</p> <p>Transparency and trustworthiness are one of the six principles of trauma-informed care. Providing this information is key to providing a trauma-informed response.</p>
<p><b>5.24 A Provider must ensure their Procedures are designed to allow appeals to be finalised within 20 business days.</b></p>	<p>The draft contains no reference to a 20-business-day appeals timeframe. Section 5.41(d)-(e) references appeal but provides no completion timeframe, which is a specific <i>National Code</i> requirement.</p>
<p><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></p>	<p>This is not articulated under section 5.41 or in any other section of the drafted policy.</p>

**Recommendation:**

The draft policy must include the required timeline provisions and set out rights for disclosers when an appeal is lodged by the respondent.

**5.5. Standard Seven:**

National Code Provision	Gap Analysis
<p><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:</b></p> <p>.....</p> <p><b>(g) in its procedures relating to Gender-based Violence, include a requirement that the Provider must, for Disclosures or Formal Reports by or about a Resident, Student Accommodation Staff, or any Staff whose substantive role is in connection with the Student Accommodation:</b></p> <p>.....</p> <p><b>(iii) within 48 hours of a Disclosure or Formal Report, develop and implement a support plan collaboratively with, and as desired by, the Discloser in accordance with the relevant requirements in Standard 4; ...</b></p>	<p>Sections 5.35-5.36 require "tailored support plans" developed collaboratively with disclosers and respondents.</p> <p>However, the <i>National Code</i> guidance indicates that support plans in accommodation settings, which are owned, operated or managed by the Providers, should be developed within 48 hours. The draft provides no timeframes for support plan development in any context. Without timeframes, "tailored support plans" become aspirational rather than actionable. A discloser could wait weeks for a support plan with no policy recourse.</p>

**Recommendation:**

The draft policy must specify compliance with all timelines set out in the *National Code*.