

BUTWAL KALIKA CAMPUS
Butwal – Ramnagar

Code of Conduct (CoC)
on Prevention of
Sexual Exploitation & Abuse and Sexual Harassment (SEA/SH)

Effective Date: 2082/12/23

Approved By: Campus Management Committee (CMC)

Applies To: All students, faculty, staff, officials, contract employees, consultants, service providers, visitors, research collaborators, interns, volunteers, and any person engaged in institutional activities.

1. Purpose and Institutional Commitment

This policy establishes binding standards of conduct to prevent, prohibit, and address sexual exploitation, abuse and sexual harassment within the institution. The institution is committed to providing a safe, respectful, and dignified academic and working environment where all individuals are free from intimidation, coercion, exploitation, harassment, and retaliation.

Sexual exploitation, abuse, and sexual harassment are treated as serious misconduct. Any violation of this policy may result in disciplinary action, including suspension, dismissal, termination of contract, student disciplinary measures, and referral to external authorities where required by law.

2. Scope of Application

This policy applies to all institutional spaces, including classrooms, laboratories, offices, libraries, hostels, canteens, vehicles, sports facilities, and other premises. It also applies to all institution-related activities conducted outside campus, including fieldwork, research sites, internships, workshops, community engagement, conferences, trainings, study tours, and official travel.

The policy extends to digital and virtual spaces connected to institutional life, including email, telephone, SMS, messaging applications, learning platforms,





and social media where such use is related to institutional relationships or activities. The policy applies irrespective of gender, position, rank, contractual status, or relationship, including but not limited to student–student, staff–student, staff–staff, supervisor–subordinate, and service provider–beneficiary interactions.

3. Guiding Principles

All prevention and response actions under this policy are guided by: (i) survivor-centered approach; (ii) confidentiality and data minimization; (iii) non-retaliation; (iv) accessibility of reporting mechanisms; and (v) fairness through impartial processes that avoid conflicts of interest.

4. Definitions

- 4.1 **Gender-Based Violence (GBV):** Any harmful act perpetrated against a person's will that is based on socially ascribed gender differences, including physical, psychological, and sexual harm, threats, coercion, and deprivation of liberty.
- 4.2 **Sexual Exploitation & Abuse and Sexual Harassment (SEA/SH):** A collective term referring to sexual exploitation, sexual abuse, and sexual harassment as defined in this policy.
- 4.3 **Sexual Exploitation:** Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including deriving benefit socially, financially, or politically from another person's sexual exploitation.
- 4.4 **Sexual Abuse:** Actual or threatened physical intrusion of a sexual nature, whether by force or under coercive or unequal conditions.
- 4.5 **Sexual Harassment:** Any unwelcome sexual advance, request for sexual favor, sexual physical contact, or sexual verbal or non-verbal conduct that creates an intimidating, hostile, or offensive environment.
- 4.6 **Consent:** A freely given, informed, voluntary, and adjustable agreement. Consent cannot be obtained through force, threats, deception, coercion, fear, or misuse of authority.
- 4.7 **Absence of Consent:** Consent is absent where a person is pressured, threatened, intoxicated, unconscious, fearful, coerced, or otherwise unable to freely agree.





- 4.8 Child:** Any person below the age of eighteen years.
- 4.9 Child Sexual Abuse:** Involving a child in any sexual activity. A child is incapable of giving consent within this policy framework.
- 4.10 Power Imbalance:** A situation where one person holds authority, influence, or control over another's academic, professional, financial, or personal outcomes.
- 4.11 Abuse of Power:** The misuse of authority or influence to obtain sexual access, favors, silence, compliance, or to punish refusal.
- 4.12 Quid Pro Quo Harassment:** An explicit or implicit exchange of academic or employment benefits for sexual favors.
- 4.13 Hostile Environment:** An environment made intimidating, humiliating, or offensive through sexual conduct that interferes with learning, work, participation, or well-being.
- 4.14 Survivor:** A person who has experienced sexual exploitation, abuse, or sexual harassment.
- 4.15 Complainant / Reporter:** A survivor or any person who reports an SEA/SH concern in good faith, including a witness.
- 4.16 Respondent:** The individual suspected to have violated this policy.
- 4.17 Witness:** A person who observed an incident or possesses relevant information.
- 4.18 Disclosure:** Sharing information about an SEA/SH incident formally or informally with any staff member, peer, or authority.
- 4.19 SEA/SH Focal Person:** A designated trained individual responsible for receiving complaints, ensuring confidentiality, providing information on options, and facilitating support and referrals.
- 4.20 Complaint Handling Committee:** A designated institutional body responsible for reviewing SEA/SH complaints, deciding response measures, ensuring safety and confidentiality, and closing cases.
- 4.21 Grievance Redress Mechanism:** The institutional process for receiving, reviewing, and resolving complaints in a timely, ethical, and documented manner.





- 4.22 Referral:** Linking a survivor to appropriate health, psychosocial, shelter, or legal support services with informed consent.
- 4.23 Service Provider Mapping:** Identification and maintenance of an updated directory of external support services available to survivors.
- 4.24 Confidentiality:** Protection of identity and personal information, with disclosure limited to minimum necessity and on a need-to-know basis.
- 4.25 Retaliation:** Any adverse action, threat, intimidation, penalty, discrimination, or harassment taken against a person for reporting, supporting a report, or participating in the complaint process.

5. Code of Conduct Rules

- 5.1** Respect all individuals and maintain dignity in all interactions—verbal, non-verbal, physical, and digital.
- 5.2** Maintain professional and academic boundaries in teaching, supervision, mentoring, evaluation, and employment relationships.
- 5.3** Refrain from sexual jokes, comments, gestures, or rumors that demean, objectify, or intimidate others.
- 5.4** Do not engage in persistent flirting, staring, leering, or propositions that are unwelcome.
- 5.5** Do not engage in any form of sexual harassment, including through electronic communication.
- 5.6** Do not touch any person without consent; repeated ‘accidental’ contact may also constitute misconduct.
- 5.7** Never use authority, grades, recommendations, jobs, internships, scholarships, housing, or any benefit to request sexual access or favors.
- 5.8** Never threaten, pressure, deceive, or coerce any person for sexual purposes or to obtain silence.
- 5.9** Never engage in sexual activity with a child (a person under 18) in any context covered by this policy.
- 5.10** Do not send sexual messages, images, or materials through any medium to anyone without clear consent.
- 5.11** Do not record, share, forward, or display intimate content of any person without explicit consent.

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- 5.12 Do not harass, stalk, shame, intimidate, or threaten through social media or digital platforms.
- 5.13 Report SEA/SH concerns in good faith through available institutional channels.
- 5.14 Maintain confidentiality and do not spread allegations, identities, or case details.
- 5.15 Do not retaliate against survivors, reporters, witnesses, committee members, or anyone supporting a report.
- 5.16 Cooperate fully with complaint handling processes and comply with interim protective measures.
- 5.17 Follow safety protocols during events, fieldwork, and travel, including accommodation and supervision instructions.
- 5.18 Service providers and vendors must ensure their personnel comply with this Code while on institutional work or premises.
- 5.19 Do not misuse complaint mechanisms for malicious purposes; however, a complaint is not 'false' merely because it cannot be proven.
- 5.20 Supervisors and leaders must act promptly upon awareness of risks or complaints and ensure safe, confidential handling.

6. Reporting Channels

SEA/SH concerns may be reported in person to the designated SEA/SH focal person, through a complaint box, by telephone, SMS, email, written submission, or any other safe channel established by the institution. Anonymous reporting may be accepted, although follow-up actions may be limited.

In emergencies or situations of immediate danger, safety and urgent medical support will be prioritized. Survivors will be treated with dignity and will not be blamed for the incident.

7. Response Procedure

Upon receipt of a complaint, minimal necessary information shall be recorded. The survivor shall be informed of available options, confidentiality protections, and support services. With informed consent, referrals to appropriate services shall be made as soon as possible. Interim protective measures may be implemented to prevent further harm and to reduce the risk of retaliation.





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The Complaint Handling Committee shall review the case, determine appropriate actions, and communicate outcomes confidentially. Where a complainant is dissatisfied, appeal or external remedies remain available as provided by institutional procedures and applicable law.

8. Confidentiality and Information Management

All SEA/SH records shall be stored securely. Information shall be shared strictly on a need-to-know basis, and survivor identity shall be protected at all stages. Any documentation shall prioritize data minimization and privacy, and discussions of cases must remain confidential.

9. Prohibition of Retaliation

Any form of retaliation against survivors, reporters, witnesses, or those supporting the process is strictly prohibited and shall be treated as a separate and serious violation of this policy. Protective measures may be used to prevent retaliation and to maintain safety during and after case handling.

10. Sanctions and Corrective Actions

Depending on severity and the applicable institutional rules, sanctions may include written warning, counseling, removal from responsibilities, transfer, suspension, demotion, dismissal or termination of contract, student disciplinary actions (including suspension or expulsion), and referral to external authorities where required. Corrective measures may also include academic or workplace adjustments and risk reduction measures at events or facilities.

11. Handling Malicious Complaints

Complaints made in good faith are protected even if unproven. A report will not be treated as false merely because the available evidence is insufficient. However, a complaint that is proven to be intentionally false and malicious may result in disciplinary action under institutional rules.

12. Prevention, Awareness, and Capacity Building

The institution shall conduct regular awareness and sensitization programs for students, staff, and service providers. The SEA/SH focal person and Complaint Handling Committee members shall receive periodic training on survivor-centered response, confidentiality, safe documentation, and referral pathways. Reporting information and contact details shall be displayed prominently in appropriate locations and shared through institutional communication channels.





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13. Referral Directory

The institution shall maintain an updated directory of support services, including health services, psychosocial counseling, shelter/safe accommodation, and legal support providers. Referrals shall be made with informed consent. Follow-up shall focus on whether services were reached, without collecting unnecessary personal details.

14. Monitoring and Review

The institution shall maintain anonymized aggregate data for monitoring purposes, such as number of cases received, open/closed status, average time to closure, and referral uptake, without personal identifiers. This policy shall be reviewed periodically (at least annually) and updated based on lessons learned and institutional needs.

