Peace Corps Volunteer Sexual Assault Advisory Council

Annual Report

November 2012

PEACE CORPS VOLUNTEER SEXUAL ASSAULT ADVISORY COUNCIL

November 21, 2012

Ms. Carrie Hessler-Radelet
Acting Director
Peace Corps
Paul D. Coverdell Peace Corps Headquarters
1111 20th Street, NW
Washington, D.C. 20526

Dear Ms. Hessler-Radelet:

We are pleased to submit the first annual report of the Peace Corps Volunteer Sexual Assault Advisory Council (the "Council"). This submission fulfills the annual report requirement of the Kate Puzey Peace Corps Volunteer Protection Act of 2011 (the "Kate Puzey Act"). The Council's first meeting was July 24, 2012. Over the past four months, Council members representing a wide range of expertise, both governmental and nongovernmental, have worked to assist and assess Peace Corps' efforts to support victims of sexual assault. Our findings and recommendations are based on the review of over 40 Peace Corps documents relating to Peace Corps' training and response to sexual assault.

This report outlines the significant work Peace Corps has completed in an effort to better serve Peace Corps Volunteers affected by sexual assault and other crimes. The Council acknowledges the substantial amount of work still left to be done and believes that Peace Corps is moving forward in the development of required programs while working to enhance systems and response mechanisms currently in place. The Council's recommendations are intended to build on the current response and training infrastructure and vary in complexity from basic content inclusions to more substantial policy enhancements relating to advocate privilege.

The Council thanks all of those who contributed to this report and to the Peace Corps Volunteers and their family members, especially the Puzey family, who were instrumental in the drafting and passage of the Kate Puzey Act. We present these recommendations and findings with confidence that Peace Corps staff and leadership will continue to work with the Council and other experts to create and enhance training, policies, and services for Peace Corps Volunteers who are victims of crime.

Sincerely,

Kathleen Petersen
Council Co-Chair

Jennifer Marsh
Council Chair

Peace Corps Volunteer Sexual Assault Advisory Council

To the President
To the Chair, Senate Committee on Foreign Relations
To the Chair, House Committee on Foreign Affairs

We, the appointed members of the Peace Corps Volunteer Sexual Assault Advisory Council, do hereby submit the results of our findings and offer our best recommendations to enhance the response of Peace Corps to Volunteers who have been sexually assaulted.

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ACRONYMS AND DEFINITIONS

Best practices: procedures, policies, interventions that have been implemented and formally evaluated to show their effectiveness in achieving the intended results as determined by the program. Usually this means the practices have been implemented in several places or organizations.

CD: Country Director
CDC: Centers for Disease Control and Prevention
CIRS: Coordinated Incident Reporting System
CME: Continuing Medical Education
COU: Counseling and Outreach Unit
EAP: Emergency Action Plan/Protocol
FECA: Federal Employees' Compensation Act
HCN: Host Country National, a local citizen of the host country who interacts or works with the Volunteers
LCF: Language and Cross-Cultural Facilitator
MedEvac: Medical Evacuation
MOST: Medical Overseas Staff Training
MOU: Memorandum of Understanding
NACP: National Advocate Credentialing Program
NOVA: National Organization of Victim Assistance
OIG: Office of the Inspector General
OMB: Office of Management and Budget
OMS: Office of Medical Services
OVA: Office of Victim Advocacy
OVS: Office of Volunteer Services
PCMO: Peace Corps Medical Officer
PCSSO: Peace Corps Safety and Security Officer
PST: Pre-Service Training (initial 9 to 12 weeks in country)
RPCV: Returned Peace Corps Volunteer
SANE: Sexual Assault Nurse Examiner
SAPR VA: Sexual Assault Prevention and Response Victim Advocate (Military)
SARC: Sexual Assault Response Coordinator (Military)
SARL: Sexual Assault Response Liaison
SARRR: Sexual Assault Risk-Reduction and Response
SAWG: Sexual Assault Working Group
SS: Office of Safety and Security
SSC: Safety and Security Coordinator
STI: Sexually Transmitted Infection
Subject matter experts: those recognized by their respective fields with subject matter expertise in the medical, legal, advocacy fields relating to victims of sexual violence.
TCN: Third Country National
USDH: United States Direct Hire
USPSC: United States Personal Services Contractor

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EXECUTIVE SUMMARY

The Kate Puzey Peace Corps Volunteer Protection Act of 2011[1] was designed to promote and strengthen Peace Corps' training and policies regarding the prevention and response to sexual violence. Among its provisions, the law called for the creation of a Sexual Assault Advisory Council (the "Council"). The Council was charged with reviewing the training and policies adopted in response to the Act to ensure they conform to the extent practicable to best practices in the sexual assault field.

The Council has reviewed the training and policies mandated by the Act, and for each requirement considered whether such training or policy had been developed, implemented, and if applicable, whether it conformed to the extent practicable to best practices. The Council also provided recommendations for each requirement.

TRAINING: SUMMARY OF FINDINGS

The Kate Puzey Act requires Peace Corps to develop and implement comprehensive sexual assault risk-reduction and response training, tailored to the country of service. This includes cultural training relating to gender relations; risk-reduction strategies; training on sexual assault treatment available in such country; training relating to medical evacuation procedures; and training on a victim's right to pursue legal action against a perpetrator. Invitees are to be provided information regarding crimes against and risks to Volunteers in the country to which they been invited to serve, the contact information of the Inspector General of the Peace Corps for the purposes of reporting sexual assault mismanagement or other misconduct; guidelines regarding whom to contact (including direct telephone numbers) and what steps to take in the event of a sexual assault or other crime; and contact information for a 24-hour sexual assault hotline.

The Council finds that, generally, required training for Volunteers and staff has been developed and provided, and sufficient information is provided to Invitees. The Council also finds that, to the extent applicable, Peace Corps consulted with experts in implementing these provisions and the training conforms to best practice. The Council finds that, although Volunteers who are crime victims are provided information on how to contact the Victim Advocate, Invitees are not being provided the direct telephone number for the Office of Victim Advocacy. Also, as of September 30, 2012, the sexual assault hotline has not yet been established.

Many of the recommendations made by the Council involve the need to repeat important messages and provide refresher training during the course of the Volunteers' service. The Council also recommends making some important information conveyed during training available in other formats. Other recommendations focus on additions to training topics, such as a sensitivity training focused on privacy issues.

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[1] Kate Puzey Peace Corps Volunteer Protection Act of 2011, P.L. 112-57.

POLICY: SUMMARY OF FINDINGS

The Kate Puzey Act mandates the development of certain policies related to sexual violence. Peace Corps must develop and implement a comprehensive sexual assault policy that includes a system for restricted and unrestricted reporting of sexual assault; the designation of a Sexual Assault Response Liaison (SARL) in each country; the provision of services to a Volunteer who has been a victim of sexual assault, including, at a Volunteer's discretion, a sexual assault forensic exam in accordance with applicable host country law; the provision, if necessary, of emergency health care, including a mechanism for such Volunteer to evaluate health care providers; the provision, if necessary, of counseling and psychiatric medication; the completion of a safety and treatment plan with the Volunteer; the provision of an evacuation for medical treatment, accompanied by a Peace Corps staffer at the request of the Volunteer,, as well as a choice of medical providers when evacuated and a mechanism to evaluate the providers; and an explanation to the Volunteer of available law enforcement, prosecutorial options, and legal representation.

The Council finds that, while the development of these policies is not yet complete, Peace Corps has undertaken substantial efforts to develop a comprehensive sexual assault policy. The restricted reporting system is not finalized, but Peace Corps expects to have an interim restricted reporting system in place in early 2013 and a final policy within a year of that. Peace Corps is also still in the process of creating a system of SARLs in each country. While Peace Corps does provide Volunteers with information regarding counseling options, the tools to evaluate those providers have not yet been introduced to the field.

In the development of these policies, Peace Corps has made every effort to consult with experts and ensure that the policies conform to best practices to the extent that models exist.

The Council makes a number of recommendations to further the development of Peace Corps policies relating to sexual violence, including to develop a thorough protocol for the investigation and response to sexual offenses that do not meet the definition of major sexual assault; to continue collaborating with those developing military protocols to sexual violence, in order to learn from their experience; to evaluate policies after they are developed and seek feedback from those who have received services following sexual violence; to further streamline and clarify procedures and protocols for the Peace Corps Medical Officer; and to provide additional information to victims to enable them to make informed choices following an assault.

A complete listing of the Council's recommendations can be found in the Summary of Findings and Recommendations.

INTRODUCTION

PURPOSE OF THE KATE PUZEY ACT

On November 21, 2011, President Obama signed into law the Kate Puzey Peace Corps Volunteer Protection Act of 2011. The Act was named in honor of Kate Puzey, a Peace Corps Volunteer who died while serving in Benin in 2009.

Kate Puzey was an outstanding Volunteer who represented America with her passion for service and commitment to making the world a better place. The Act, a tribute to Puzey, marked an important milestone for Peace Corps and ensured that Peace Corps Volunteers would receive the best support and protection. [2]

The Kate Puzey Act not only codified and expanded Peace Corps' current efforts to support Volunteers who are victims of crime, it mandated the creation of new policies, trainings, and services that will strengthen Peace Corps' administrative and peer support for all Volunteers.

PURPOSE OF THE ADVISORY COUNCIL

The Sexual Assault Advisory Council (the "Council") was established by the Kate Puzey Act. The law mandated:

> *The Council should meet not less often than annually to review the sexual assault risk-reduction and response training developed under section 8A, the sexual assault policy developed under section 8B, and such other matters related to sexual assault the Council views as appropriate, to ensure that such training and policy conform to the extent practicable to best practices in the sexual assault field.*

The Act further mandated that:

> *On an annual basis for 5 years after the date of the enactment of this section and at the discretion of the Council thereafter, the Council shall submit to the President and the Committee on Foreign Relations and the Committee on Appropriations of the Senate and the Committee on Foreign Affairs and the Committee on Appropriations of the House of Representatives a report on its findings based on the reviews [of the sexual assault risk-reduction and training and policy].*[3]

Background and Expertise of the Council

In accordance with the Kate Puzey Act, Council members were appointed by the Peace Corps Director to meet the following qualifications:

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[2] Statement from Peace Corps Director Aaron S Williams, November 21, 2011. <http://www.peacecorps.gov/resources/media/press/1918/>.

[3] Kate Puzey Volunteer Protection Act of 2011, P.L. 112-57, Sec. 8D. And 22 USC 2507d.

> *The Council shall consist of not less than eight individuals. At least one member shall be a Returned Peace Corps Volunteer who was a victim of sexual assault, and at least one member shall be a Returned Peace Corps Volunteer who was not a victim of sexual assault. The other members shall be governmental and nongovernmental experts and professionals in the sexual assault field. The number of members who are employees of federal, state, or local governments shall not exceed the number of members who are not employees of federal, state, or local governments.*[4]

A complete list of Council members and their qualifications can be found in the Advisory Council Biographies section of this report.

PURPOSE OF THE REPORT

This report fulfills the Council's obligation as outlined in the 'Sexual Assault Advisory Council Charter and By-Laws' to prepare an annual report on its findings from a review of the sexual assault risk-reduction and response training and the sexual assault policy developed by Peace Corps. The report reviews the training and policies, provides recommendations to Peace Corps, and outlines the next steps for the Council.

METHODOLOGY

The Peace Corps Director appointed 11 individuals with varied backgrounds and experience working with victims of sexual assault, as well as Returned Peace Corps Volunteers. A majority of these individuals met over a day and a half in July 2012. This meeting provided an opportunity for the Council members to meet one another, learn about Peace Corps' Safety and Security approach, interact with Volunteers, and receive an overview of the Peace Corps Sexual Assault Risk-Reduction and Response program (SARRR) and Volunteer Sexual Assault training. Prior to the conclusion of the meeting, the Council members split into two sub-groups focused on training and policy.

The training and policy sub-groups reviewed existing trainings and policies, researched best practices, and drafted findings and recommendations over the course of the following three months. Daily check-in calls were held to monitor progress on assigned tasks. In an effort to be productive, and mindful of time constraints, the Council decided to end the exploratory phase on September 30, 2012, and reserve review of policies, training, and protocols developed after this date for subsequent annual reports.

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[4] Sexual Assault Advisory Council Charter and By-Laws, Section 2B.

On September 6, 2012, the Peace Corps Office of the Inspector General (OIG) provided Council members with a summary of its final report on Peace Corps' 'Guidelines Related to Volunteer Victims of Rape and Sexual Assault'. The OIG asked the following questions to guide their work:

- Is the agency's guidance for responding to victims of sexual assault sufficient to meet victim needs?
- Is the agency's sexual assault training for staff sufficient to prepare them to respond to victims?
- Are victims sufficiently supported?
- How does the agency's response to and care of sexual assault victims compare to other organizations and to the standards recommended by subject matter experts?

The OIG Report, 'Review of the Peace Corps Implementation of Guidelines Related to Volunteer Victims of Rape and Sexual Assault',[5] was released on September 27, 2012. The Council took this report into consideration when developing recommendations on training and policy requirements.

Throughout the Council's report, references are made to 'best practices' and 'experts.' The Council defined best practices as those procedures, policies, and interventions that have been implemented and formally evaluated to show their effectiveness in achieving the intended results as determined by the program. The best practices that are applicable to the Council's findings have been accepted by national and/or statewide guidelines, lessons learned, and input from sexual assault victims. Experts were defined as those recognized by their respective fields with subject matter expertise in the medical, legal, and advocacy fields relating to victims of sexual violence.

The Act tasked the Council with the review of Peace Corps protocols relating to sexual assault training and policy. The Council assessed all relevant Peace Corps documents and asked questions based on the requirements specified in the Kate Puzey Act. For each item the Council assessed whether the training or policy had been created, whether the item met recognized or promising best practice standards to the extent practicable, and whether Peace Corps had consulted experts in the development of the item. In some situations, best practices and/or consultation with experts was unnecessary due to the nature of the item (e.g. the inclusion of a phone number in training materials).

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[5] IG-12-08-E, 'Review of the Peace Corps Implementationof Guidelines Related to Volunteer Victims of Rape and Sexual Assault'.

SECTION 1: SEXUAL ASSAULT RISK-REDUCTION AND RESPONSE TRAINING

TRAINING REQUIREMENT 1: SEXUAL ASSAULT RISK-REDUCTION AND RESPONSE TRAINING

Peace Corps "shall develop and implement comprehensive sexual assault risk-reduction and response training that, to the extent practicable, conforms to best practices in the sexual assault field."

Findings

Was this training developed and implemented?

The Council finds that Peace Corps has met this requirement. Over a 14-month period, from November 2010 to December 2011, Peace Corps developed and implemented a three-part Pre-Service Training (PST) curriculum to address sexual assault risk reduction:

- Sexual Assault Awareness.
- Sexual Assault: Impact, Reporting, and Response.
- Bystander Intervention.[6]

These three modules are part of the Safety & Security Global Core Training package delivered to all Trainees during PST.

The Council reviewed the Facilitator's Guide to the following training modules:

Sexual Assault Awareness Training
This session was designed "to inform [Volunteers] about the problem of sexual assault and associated risk factors, both universally and specifically in their country of service." The learning objectives include distinguishing between rape myths and facts, comparing and contrasting sex signals, distinguishing between different tactics employed by potential rapists, and proposing defensive strategies to counter assailant tactics.

Sexual Assault: Impact, Reporting, and Response Training
This session was designed "to inform [Volunteers] about the impact of sexual assault and the associated reporting and response procedures." The learning objectives for this training include recognizing examples of how sexual assault can impact various aspects of the victim's life, explaining why it is important for Volunteers to report sexual assaults to Peace Corps, outlining the actions a victim should take following an assault, and summarizing Peace Corps' response to, and support of, a Volunteer who becomes a victim of a sexual assault.

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[6] For these and other Peace Corps trainings, documents, and publications, see Bibliography.

Bystander Intervention Training
This session was designed "to provide [Volunteers] with the tools they need to safely interrupt behaviors and circumstances that might place other [Volunteers] at risk of sexual or physical violence." The learning objectives for this training include analyzing the bystander phenomenon—what it is and why it occurs; assessing inappropriate sexual behavior along a continuum of behaviors; and finding ways of intervening safely in inappropriate and potentially harmful situations.

Other Risk-Reduction Training
In addition, to the sexual assault modules, the Council also reviewed general safety and security training to gauge the overall implementation and best practices of Peace Corps' approach to the issue of Volunteer safety.

Risk-reduction strategies are addressed in several other Peace Corps training sessions. These include Pre-Departure Online Training for Safety and Security, Personal Security and Risk Reduction, and workbooks and brochures. The Pre-Departure training does not focus exclusively on sexual assault; however, it provides a foundation for reducing risks of various types of crime. References to personal safety are made in the 'Be a Volunteer' brochure, 'Safety and Security Highlights to Help You Prepare for Peace Corps Service', the 'Staging Workbook', and on the Peace Corps website.

Risk-reduction strategies are reinforced in Personal Security and Risk Reduction training, which is part of the Global Core Training package given to all Trainees. This module is specifically designed to provide Volunteers with key information and skills to enhance their awareness of potential dangers and take steps to mitigate their risks. This training serves as a foundation for other safety and security sessions presented during in-country training. Conditions are discussed that increase the likelihood of becoming a victim of the most common crimes, and strategies are provided to effectively reduce a Volunteer's risk, including the RADAR principles. RADAR is an acronym for a series of steps to help Volunteers manage risks: Recognize the danger, Assess the options, Decide on a course of action, Act when the time is right, Reassess as the situation develops.

All these modules provide ample context and background, as well as clearly defined objectives. In addition, this training package offers a number of effective role-playing and situational scenarios that mimic real situations a Volunteer might face during his or her service. The Council concludes that the training objectives are reasonable and achievable.

Does the training conform to best practices, and were experts consulted in its development?

The Council assesses that Peace Corps' Risk-Reduction and Response training conforms to best practices in the field. The Council reviewed 'Development of Peace Corps' Sexual Assault Training Modules', which provided details of the three-step process undertaken in the curriculum's development. A brief overview of this process is outlined below.

Development Process

From November 2010 to January 2011, the Office of Safety and Security (SS) researched best practices in the field of sexual assault prevention and response. From December 2010 to March 2011, Peace Corps created general topics to utilize in sexual assault awareness, prevention, risk-reduction, and response training. An outline was created and revised by Peace Corps' internal Sexual Assault Working Group (SAWG) during a design meeting. Using the SAWG-revised outline of training topics, a training design team created a draft of the three sexual assault training modules. From March to December 2011, the modules were piloted, revised, and finalized. The research and development stage included interviews with more than fifteen experts from private, government, and non-government sectors,[7] as well as research collected from numerous relevant sources both internally and externally. The design stage was carried out through collaboration between Peace Corps' SS and the SAWG. Peace Corps tested the training with the SAWG, personnel at Peace Corps Headquarters, field staff, and Volunteers. In addition, Peace Corps tested the training with members of the Department of Justice's Office of Victims of Crime and Office of Violence against Women and the Department of Defense sexual assault program staff. Each group provided critical feedback that led to revisions and improvements. The overall development of the training curriculum was a collaborative and thorough process, which contributed to a final product that conforms to best practices.

Preliminary data indicates that the training package has been effective and well received by Volunteers. According to a preliminary report, 67 posts were eligible to deliver the training package in FY 2012. As of late September 92 percent of posts (n=63) had delivered all four Global Core modules and five percent of posts (n=2) were scheduled to deliver the training in October when Trainees arrived. Two posts did not receive Trainees this year and thus did not deliver the entire training package.[8] The Bystander Intervention training has been implemented by 99 percent of the posts, including posts that did not receive any Trainees. These posts opted to train currently serving Volunteers in the Bystander Intervention training during in-country training.

In addition, the 2012 Annual Volunteer Survey shows that 75 percent of respondents [Volunteers] who received the new training package during their PST reported that the training considerably to exceptionally raised their awareness of sexual assault in their host country (n=1038). Almost 50 percent of respondents who received the Sexual Assault: Impact, Reporting and Response training during PST reported the training was exceptionally effective at:

- Teaching them how to report crimes to Peace Corps.
- Informing them of the support services available to victims of crime.
- Teaching them about Peace Corps' commitment to sexual assault victims.

Finally, 31 percent of respondents (n=3395) reported they had used the skills gained from Bystander Intervention training during their service.

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[7] See Experts' Biographies.

[8] These two posts are scheduled to close in FY 2013.

Recommendations (1- 4)

The Council recommends the following:

> *Recommendation 1*: Sexual assault refresher courses should be offered at subsequent in-country training, such as In-Service or Mid-Service Training. The refresher training will provide an opportunity for Volunteers to share and learn from their experiences utilizing the tools and knowledge developed during PST. The portion of training relating to the definition of rape should be expanded to address the frequent question of "Was I raped?" Victims of sexual assault frequently do not classify their experiences in a definitive way immediately following an assault. Volunteers should be informed that Peace Corps offers resources for help and support if they feel something has happened to them that makes them uncomfortable.
>
> *Recommendation 2*: Peace Corps clearly states in training that sexual assault is never a victim's fault; however, this message should be mentioned multiple times and layered throughout all sexual assault response materials and content.
>
> *Recommendation 3*: A section on how Volunteers can support victims in the aftermath of an assault should be added to Bystander Intervention training. Exercises may include tools and techniques related to supporting the Volunteer, protecting his or her privacy, and reinforcing the innocence of the victim.
>
> *Recommendation 4*: A sensitivity training module should be developed for Volunteers and staff, focusing on privacy issues for victims. This training should include the appropriate use of social media when discussing incidents of crime and the ramifications of sharing this information publicly. This module can be incorporated into either Bystander Intervention training or response training.[9]

TRAINING REQUIREMENT 2: CULTURAL TRAINING RELATING TO GENDER RELATIONS

Peace Corps "shall provide the Volunteer with training tailored to the country of service that includes cultural training relating to gender relations."

Findings

Was this training developed and implemented?

Cultural training related to gender relations was addressed in several training packages through experiential learning. Most Trainees live with host families during PST, and Trainees debrief this

[9] The Council notes that this training module is in the development process; however, it was not completed by the conclusion of the Council's exploratory phase.

cross-cultural living experience in small learning groups held by Peace Corps-trained Language and Cross-Cultural Facilitators (LCFs). Thus, the Trainees observe behaviors, including gender relations, and discuss these behaviors in a group setting. Trainees also learn relevant local language about topics related to the gender behaviors.

In addition, Trainees receive formal training in country-specific gender and cross-cultural topics from six distinct sources. These include exercises in the Sexual Assault Awareness training, two modules in the Gender Relations training, the Cross-Cultural training, and a training addressing local gender norms and interactions. After three to six months of working in host communities, Volunteers receive a training entitled Gender Roles and the Role of the [Volunteer].

In the Sexual Assault Awareness training, an exercise is facilitated to discuss sex signals. Trainees and local staff are broken into four teams: female Trainees, male Trainees, female Host Country Nationals (HCNs), and male HCNs. Each team is asked, "What signals would a man or woman in your culture give to someone to show that they are interested in having sex?" Paper is provided to record responses. Next, each team is asked, "What signals would a man or woman in your culture look for to know that another person is interested in having sex?" Responses are again recorded. At the end of the time provided, each team is asked to post their responses on the wall. Participants are invited to move about the room and review the responses from the other teams. After ten minutes, participants return to their seats and discuss similarities and differences in their responses. Participants are asked which actions or words could be misinterpreted. The discussions are used as a starting point to show differences in perceptions and expectations between men and women and between Americans and HCNs on dating and sexual relations.

All Trainees participate in two modules during Gender Relations training. The first, Gender Equality and Women's Empowerment Part 1, is a 60-minute introduction to the topic. In this session, participants distinguish between gender and sex and discuss how gender roles can constrain men, women, girls, and boys in any society. These activities help participants adapt their gender lens as they familiarize themselves with the culture of their new home. This session is followed by Gender Equality and Women's Empowerment Part 2, which teaches Trainees to facilitate training around gender issues in their communities.

Trainees take a cross-cultural training module entitled Cross-Cultural Behaviors and Values. In this two-hour session, participants learn cross-cultural concepts that will help them to interpret behaviors they have observed in the host culture by identifying differences in cultural values. This module was designed from 'Culture Matters: The Peace Corps Cross-Cultural Workbook'. By the end of PST, participants can interpret observed behaviors in ways that distinguish between personal, cultural, and universal behaviors and draw upon their understanding of common values within the host culture. The 'Culture Matters' workbook is also distributed to all Volunteers.

In the fall of 2011, all posts were directed by Peace Corps' SS to design and conduct a country-specific training module that addresses local gender norms and patterns of male/female interactions. This training includes the impact of gender issues on Volunteer safety, potential lifestyle adjustments, and strategies for setting and maintaining personal boundaries.

Three to six months after Volunteers are working in their host communities, they attend a session entitled Gender Roles and the Role of the [Volunteer]. This two-hour session investigates host country behaviors and expectations influencing Volunteers and their host country partners. Because cultural factors have an influence in their roles as facilitators of equitable practices in education and/or community development, this training is particularly important. Volunteers analyze gender-related observations and experiences and clearly define their roles in engaging community members and colleagues in dialogue about gender roles.

Does the training conform to best practices in the field, and were experts consulted in its development?

The Council assesses that training on gender relations conforms to best practices in the field and was adequately reviewed by subject matter experts. 'Culture Matters' serves as the foundation for all Peace Corps cultural training relating to gender issues. The Culture Matters workbook was written by several experts in the field, including Peace Corps cultural and diversity experts.

Recommendations (5-6)

The Council recommends the following:

> *Recommendation 5*: A gender roles training should be offered at a subsequent in-country training, providing an opportunity for Volunteers to learn from one another about how gender roles are applied in their communities and how they affect service and safety.
>
> *Recommendation 6:* During subsequent in-country trainings, including mid-service trainings when offered, Volunteers should be reminded that information relating to country-specific gender roles can be found in the Welcome Book.

TRAINING REQUIREMENT 3: RISK-REDUCTION TRAINING TAILORED TO THE COUNTRY OF SERVICE

Peace Corps "shall provide the Volunteer with training tailored to the country of service that includes cultural training relating to…risk-reduction strategies."

Findings

Was this training developed and implemented?

The findings for this requirement are consistent with the findings for Training Requirements 1 and 2.

Does the training conform to best practices, and were experts consulted in its development?

Peace Corps consulted with experts and adhered to best practices in the development of their in-country risk-reduction training. Please reference the training development overview in Training Requirements 1 and 2.

Recommendation (7)

Recommendation 7: Please reference recommendations for Training Requirements 1 and 2.

TRAINING REQUIREMENT 4: TRAINING ON MEDICAL TREATMENT IN-COUNTRY

Peace Corps "shall provide the Volunteer with training …that includes…treatment available in such country (including sexual assault forensic exams, post-exposure prophylaxis (PEP) for HIV exposure, screening for sexually transmitted diseases and pregnancy testing)."

Findings

Was this training developed and implemented?

Treatment available to sexual assault victims is included in the Sexual Assault: Impact, Reporting and Response training. This is part of the Global Core Training package and is one of three modules addressing sexual assault. Treatment options are explored during the training when Volunteers are asked, "Why do you think it's important for a Volunteer to tell Peace Corps about a sexual assault?" After responses are elicited from the participants, the facilitator leads a discussion including any answers the Volunteers may have excluded. Information is provided about medical care following an assault, e.g. Volunteers are encouraged not to shower, bathe, or brush their teeth, in order to preserve evidence in the event they choose to report the crime.

Volunteers who are victims of sexual assault receive medical care from Peace Corps Medical Officers (PCMOs). Where applicable, this includes a sexual assault forensic exam, Post-Exposure Prophylaxis, screening for Sexually Transmitted Infections (STIs), and pregnancy testing. In addition, victims are provided emotional support, mental health care, and access to long-term health care benefits through the Federal Employees' Compensation Act (FECA).

Does the training conform to best practices, and were experts consulted in its development?

The Council has determined that the training about medical treatment available after a sexual assault conforms to best practices.

Recommendations (8-11)

The Council recommends the following:

Recommendation 8: Information pertaining to Peace Corps' medical options and information following a sexual assault should be provided during refresher training.

Recommendation 9: Medical information and guidance following an assault should be provided, in conjunction with other sexual assault resources, in a hard-copy format.

Recommendation 10: Common physical and emotional responses to trauma should be incorporated into the presentation of the medical services available to Volunteers to reassure victims that their responses are a normal reaction to an abnormal event.

Recommendation 11: Volunteers should be encouraged to report sexual assault at any time. While reporting within 120 hours is best for preserving evidence and providing medical services, other invaluable services can be provided after that window, such as mental-health services.

TRAINING REQUIREMENT 5: TRAINING ON MEDICAL EVACUATION PROCEDURES

Peace Corps "shall provide the Volunteer with training…that includes…medical evacuation (MedEvac) procedures."

Findings

Was this training created and implemented?

MedEvac procedures are presented in Sexual Assault: Impact, Response, and Reporting training. The training states:

> *[Peace Corps] will provide you with the support you need to aid in your recovery. This means that Peace Corps will provide both medical care and emotional support following the event. Each case is handled based on the needs of the Volunteer, and [Peace Corps does] not automatically MedEvac or [Medically] Separate sexual assault victims from service. Although [Peace Corps] may recommend MedEvac so that you can get the medical and psychological help you need, the decision to MedEvac is jointly determined by the Volunteer, the PCMO, and the Office of Volunteer Support in Washington.*

Additionally, the PCMO delivers and reviews the 'Peace Corps Policies and Procedures'. On page four of the text, the MedEvac and Medical Separation processes are outlined in detail. Information about the MedEvac process is also available in the 'Peace Corps Volunteer Handbook', a copy of which is provided to all Volunteers prior to their departure from the United States.

Does the training conform to best practices, and were experts consulted in its development?

The Council assesses that the training received by Volunteers regarding MedEvac processes conforms to best practices.

Recommendation (12)

The Council recommends the following:

> *Recommendation 12*: Volunteers should be informed in their training that a Victim Advocate, per their request, can convey the victim's wishes regarding the MedEvac process.

TRAINING REQUIREMENT 6: TRAINING ON A VICTIM'S RIGHT TO PURSUE LEGAL ACTION AGAINST A PERPETRATOR

Peace Corps "shall provide the Volunteer with training…that includes…information regarding a victim's right to pursue legal action against a perpetrator."

Findings

Was this training created and implemented?

Volunteers are provided with information about their right to legal action in the Sexual Assault: Impact, Response, and Reporting training. According to the training materials:

> *[Peace Corps] will help you to understand the relevant legal processes and your legal options. Peace Corps understands there may be significant cultural, [lingual], and legal challenges, and as a result [Peace Corps] will help you navigate the local system. If you are interested in reporting to the police, [Peace Corps] will stand beside you at every step of the process. The decision to report to the police is yours alone—[Peace Corps] will respect whatever decision you make.*

Volunteers and staff are given Peace Corps' 'Commitment to Sexual Assault Victims', a list of victim rights for Volunteers. In the document, Peace Corps promises to provide legal support, open communication, and privacy about their case.

Does the training conform to best practices, and were experts consulted in its development?

The Council has determined that the training received by Volunteers related to their right to legal action conforms to best practices in the field. Please reference Peace Corps' Sexual Assault Training modules.

Recommendations (13-14)

The Council recommends the following:

> *Recommendation 13*: Information pertaining to Peace Corps' forensic medical options following a sexual assault should be provided to Volunteers at appropriate refresher in-service training, including Mid-Service Training when provided.
>
> *Recommendation 14*: The Council believes strongly that victims of crime should have information about the legal environment in the country they are serving. We recommend

that Peace Corps draft a country-specific fact sheet containing basic information about the host country laws related to sexual assault. This document should be made available to Volunteers.

TRAINING REQUIREMENT 7: PROVIDE THE INVITEE WITH INFORMATION REGARDING CRIMES AGAINST AND RISKS TO VOLUNTEERS

"Each applicant for enrollment as a Volunteer shall be provided with information regarding crimes against and risks to Volunteers in the country in which the applicant has been invited to serve, including an overview of past crimes against Volunteers in the country."

Findings

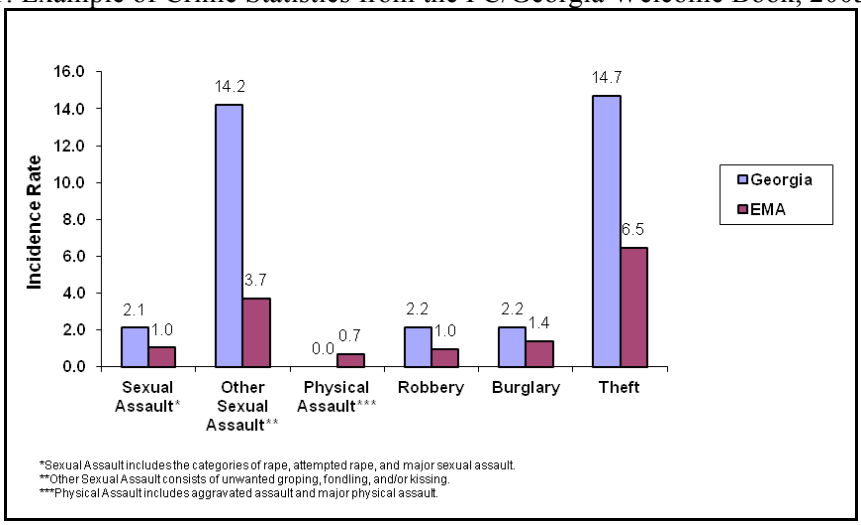
Was this information provided to Invitees?

Peace Corps provides information to Invitees and Trainees on country-specific risks and crimes. All Invitees receive a Welcome Book tailored to their country of service. Welcome Books follow the same standard format and topics globally, but the information they contain is country-specific. 'Be a Volunteer', given to all applicants, refers invitees to the official Peace Corps website, where they may find the annual 'Safety of the Volunteer' report. This report lists all crimes over a five-year period, including sexual assault crimes.

The Council reviewed the '2012 Peace Corps/Georgia Welcome Book' in order to get a sense of the depth of information provided to Invitees regarding crimes against and risks to Volunteers in the countries to which they have been invited to serve. Eight pages of the 59-page booklet cover health care and safety in Georgia. Within those eight pages, the following topics are covered:

- Factors that contribute to risk.
- Security issues and crime data in Georgia.
- Statistics of specific crimes reported by Volunteers in Georgia between the years 2006 and 2009. (See Figure 1.)
- Peace Corps' approach to safety: a five-part plan to help Volunteers stay safe during their service, including information sharing, training, site selection criteria, a detailed Emergency Action Plan (EAP), and protocol for addressing safety and security incidents.
- A perspective on diversity in Georgia, with regard to age, race, religion, and sexual orientation, as compared to the Europe, Mediterranean, and Asia (EMA) region.

Figure 1: Example of Crime Statistics from the PC/Georgia Welcome Book, 2005-2009[10]



The book also provides Volunteer testimonials and comments on the risks involved in serving in a country with considerably less exposure to, and understanding of, diversity than is common in the United States.

The Council also reviewed the 'Peace Corps/Georgia Bridge to Pre-Service Training'. The six-page packet, provided to Invitees four to six weeks prior to departure, references safety and security. Beginning on page three, the packet goes on to define the in-country environment:

> *In many communities, particularly in small towns and rural areas, people are not used to seeing foreigners walking around and sometimes may stare or make comments. You may hear catcalls, whistles, and exclamations on the street. Women may experience minor sexual harassment, such as touching, attempted kissing, or groping.*

The packet stresses the role of personal responsibility, including strategies to avoid becoming a victim or drawing unwanted attention. No references to assault, risk, rape, crime, or violence are made in 'Bridge to PST', nor are there references to statistics for past crimes in the country of service.

Both "Bridge to PST" and the Welcome Book are developed by in-country staff in coordination with Peace Corps Headquarters to ensure a degree of uniformity across all posts. All content, including the Safety and Security sections, is vetted for accuracy and relevance. Volunteers are sometimes invited to review the contents to ensure their comprehensiveness. Returned Peace Corps Volunteers (RPCVs) may also have the opportunity to provide feedback on updated drafts.

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[10] '2012 Peace Corps/Georgia Welcome Book', page 39.

Recommendations (15-16)

The Council recommends the following:

> *Recommendation 15*: Because 'Bridge to PST' is received two weeks prior to Volunteers receiving the Welcome Book, the Council recommends crime statistics found in the Welcome Book should also be included in 'Bridge to PST'.
>
> *Recommendation 16*: The Welcome Book, when referencing any type of crime, should include language that clearly states that if a Volunteer feels uncomfortable in any way, he or she should inform Peace Corps so they can discuss safety options and support resources.

TRAINING REQUIREMENT 8: PROVIDE EACH INVITEE WITH CONTACT INFORMATION FOR THE OFFICE OF THE INSPECTOR GENERAL

Peace Corps "shall provide each applicant…with the contact information of the Inspector General of the Peace Corps for purposes of reporting sexual assault mismanagement or any other mismanagement, misconduct, wrongdoing, or violations of law or policy whenever it involves a Peace Corps employee, Volunteer, contractor, or outside party that receives funding from the Peace Corps."

Findings

Was this information provided to Invitees?

The contact information for the Office of the Inspector General (OIG) is provided to Volunteers in several publications and through various media.

OIG contact information is provided on page 15 of the 'Staging Workbook', including the U.S./international phone number, toll-free U.S. phone number, fax number, email address, and physical mailing address. There is also a website listed, which directs the Volunteer to the Online Contact Form.[11] Volunteers are encouraged to retain this workbook, originally provided to them during Staging, for the duration of their service.

During Staging, Volunteers are given a broad overview of the OIG and its role, including a specific mention of investigations in cases of mismanagement, misconduct, etc. It is made clear that staff, contractors, and Volunteers maintain the option to report anonymously and that the OIG will maintain confidentiality of all complainants, with the exception of Volunteer on Volunteer assaults. Further information regarding the role of the OIG as it pertains to victims of crime can also be found on page 10 of 'Safety and Security Highlights to Help You Prepare for Volunteer Service'.

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[11] 'Contact the Office of the Inspector General'. <https://www.peacecorps.gov/about/leadership/inspgen/contact/>.

The Council submitted an information request to Peace Corps to determine whether the OIG information was addressed verbally during Staging or exclusively provided in the hard-copy 'Staging Workbook'. Peace Corps reported that facilitators do not consistently discuss the OIG information contained in the documents during Staging. Review of this information is left to the discretion of individual facilitators and may or may not be addressed verbally.

Recommendations (17-18)

The Council recommends the following:

> *Recommendation 17*: Information about the OIG and how to contact the office should be highlighted in the facilitator's review of the 'Staging Workbook' and addressed verbally during the Staging process.
>
> *Recommendation 18*: The OIG overview and contact information should be included in the Sexual Assault: Impact, Response, and Reporting training as it pertains to sexual assault victims.

TRAINING REQUIREMENT 9: WRITTEN GUIDELINES REGARDING WHAT TO DO IN THE EVENT OF A SEXUAL ASSAULT OR OTHER CRIME

Peace Corps "shall provide each applicant…with clear, written guidelines regarding whom to contact, including the direct telephone number for the designated Sexual Assault Response Liaison (SARL) and the Office of Victim Advocacy (OVA), [as well as] what steps to take in the event of a sexual assault or other crime."

Findings

Was this information provided to Invitees?

Peace Corps meets this requirement to some extent. The OVA is referenced in the Sexual Assault: Impact, Response, and Reporting training; however, the direct contact information is not provided. The facilitator notes recommend that the PCMO, Safety and Security Coordinator (SSC), or Country Director (CD) can assist a victim in reaching the OVA.

Outreach posters containing the phone number and email address for the OVA were mailed to each post in September 2012. Wallet cards containing the information will henceforth be distributed to all Trainees and to each Volunteer who reports a crime to post. Information explaining the OVA and its role is under development for inclusion in the Volunteer Handbook.

Peace Corps is developing its policy on SARLs, and they have not been designated at each post yet.

Recommendations (19-22)

The Council recommends the following:

Recommendation 19: OVA contact information should continue to be layered throughout Staging, PST, and in-country trainings.

Recommendation 20: The OVA phone number should be promoted as the primary form of contact. Email or texting options can be provided as well, but only listed in conjunction with text explicitly stating that emails or texts to and from the OVA are not protected forms of communication and may be subject to subpoenas or investigations as discoverable information.[12]

Recommendation 21: The following documents and websites should be modified to include the contact information for the OVA:

- Safety and Security webpage.[13]
- Safety and Security Information for Friends and Family page.[14]
- 'Family and Friends Guide'.
- 'Safety and Security Highlights'.

Recommendation 22: At the conclusion of the Personal Security and Risk-Reduction, Sexual Assault Awareness, and Sexual Assault: Impact, Response, and Reporting trainings, facilitators should provide an overview of the services available to victims of assault. Each resource synopsis should include a short description of the services provided and contact information. The following resources should be included:

- PCMO (note as the primary point of contact for sexual assault victims)
- SSC
- SARL (when established)
- 24-hour sexual assault hotline (when established)
- OVA
- OIG
- Office of Civil Rights and Diversity

TRAINING REQUIREMENT 10: PROVIDE EACH INVITEE WITH CONTACT INFORMATION FOR A 24-HOUR SEXUAL ASSAULT HOTLINE

Peace Corps "shall provide each applicant…with the contact information for a 24-hour sexual assault hotline to be established for the purpose of providing Volunteers a mechanism to anonymously—

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[12] DeHart, D. *Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime* (2011). Washington, DC: United States Department of Justice Office for Victims of Crime.

[13] 'Safety and Security in Depth'. <http://www.peacecorps.gov/learn/safety/safeandsec/>.

[14] 'Safety and Security in Depth for Family and Friends'. <http://www.peacecorps.gov/resources/faf/safety/>.

A. Report sexual assault;
B. Receive crisis counseling in the event of a sexual assault; and
C. Seek information about Peace Corps sexual assault reporting and response procedures."

Findings

Was this information provided to Trainees and Volunteers?

As of September 30, 2012, the 24-hour sexual assault hotline was in development. Members of the Council have provided feedback in addition to the recommendations from subject matter experts. Peace Corps has actively worked on the hotline development, and the Council will continue to provide feedback and support on the hotline service, which will be summarized in the next annual report.

SECTION 2: SEXUAL ASSAULT POLICY

POLICY REQUIREMENT 1: RESTRICTED AND UNRESTRICTED REPORTING

Peace Corps "shall develop and implement a comprehensive sexual assault policy that includes a system for restricted and unrestricted reporting of sexual assault."

> *The term 'restricted reporting' means a system of reporting that allows a Volunteer who is sexually assaulted to confidentially disclose the details of his or her assault to specified individuals and receive services such as counseling and medical care without the dissemination of personally identifying information, except as necessary for the provision of such services, and without automatically triggering an official investigative process.*[15]

Findings

Was this policy developed and implemented?

At the conclusion of the Council's exploratory period, Peace Corps had not finalized a reporting policy for review. Peace Corps expects to have an interim restricted reporting system in place in early 2013 and a final policy within a year of that.

While this work is not complete, Peace Corps has undertaken substantial efforts to develop a comprehensive sexual assault policy, encompassing a range of policies to address sexual assault and stalking, as well as protocols to implement those policies in the field. [16] Peace Corps has sought to identify current best practices and adapt them to their unique environment.

Does the policy conform to best practices, and were experts consulted in its development?

The Council would like to note that while there are recognized standards for providing care to victims of crime,[17] best practices in the field of sexual assault are fluid, as the understanding of how to effectively respond to victims continuously evolves.

It is worth mentioning that the concept of restricted reporting is a fairly recent one, most fully developed by the military, where it is still being implemented and where enhancements to the program continue.[18] There are only limited parallels in the typical response to adult sexual violence

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[15] Kate Puzey Act: 8A.f.2.A.

[16] Interim Policy Statement 1-11: 'Immunity from PC Disciplinary Action for Victims of Sexual Assault'. IPS 1-12: 'Sexual Misconduct Policy'.

[17] DeHart, D. *Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime* (2011). Washington, DC: United States Department of Justice Office for Victims of Crime.

[18] DoD Directive 6495.01, *Department of Defense Sexual Assault Prevention and Response Program*, was initially published on October 6, 2005 and reissued on January 23, 2012.

victims across the United States. However, the military's restricted reporting option has proven successful in encouraging victims to come forward and report sexual assaults by giving the victim some control over the release of their information and by providing victims with the ability to access care confidentially. Some significant differences between the military and Peace Corps assaults exist. Perpetrators of sexual assault in the military (in cases of reported assaults) are more often Service members than any other single group.[19] This differs from assaults in Peace Corps, where perpetrators are most often HCNs rather than staff and fellow Volunteers. The Council notes that these differences may require significant adaptions to existing reporting models.

In order to learn from and adjust the Sexual Assault Risk-Reduction and Response program, Peace Corps has included a research and evaluation component, enabling them to monitor the effectiveness of the policies and activities, including restricted reporting. As the results of the research and evaluation are incorporated into ongoing improvements and adjustments in policy and programming, Peace Corps ensures that it is adopting best practices.

In terms of unrestricted reporting, Peace Corps SS and the Office for Global Operations; TG 540 and 545; and the OVA have each established distinct protocols for Rape and Major Sexual Assault.[20] 'Volunteer Incident Management'[21] requires that each post establish specific procedures for Volunteers and Trainees to report incidents as well as procedures for posts to receive and respond to such incidents.

These procedures must reflect a victim-centered response that ensures:

- Volunteers receive appropriate and timely support to assist in addressing physical, emotional, financial, and legal needs, as well as immediate security concerns.
- Information is disseminated to those among the staff who need to act promptly in support of the Volunteer.
- Sensitive information about a Volunteer incident is only shared as permitted by the Peace Corps privacy policy.
- Headquarters and regions review and analyze victimization trends and use this information to improve training, allocate resources, and make other program adjustments.
- Volunteers are encouraged to report safety and security incidents.

Recommendations (23-24)

The Council recommends the following:

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[19] Department of Defense Annual Report on Sexual Assault in the Military, FY 2011, pages 85 and 89. Full text available at <http://www.sapr.mil/media/pdf/reports/Department>.

[20] Medical Statement 270: 'Volunteer/Trainee Safety and Security'; TG 540: 'Clinical Management of Sexual Violence'; TG 545: 'Sexual Assault: Counseling'; 'Program Advisor/Victim Advocate Protocol'.

[21] MS 270: 7.0 'Volunteer Incident Management'.

Recommendation 23: Peace Corps should review existing military and civilian laws and policies similar to restricted and unrestricted reporting to determine whether they are working as intended.

Recommendation 24: An evaluation of the restricted reporting policy should be performed within two years of its implementation to determine if it is effective in encouraging reporting while providing access to care and maintaining a level of confidentiality.

POLICY REQUIREMENT 2: EACH PEACE CORPS COUNTRY MUST DESIGNATE A SARL

Peace Corps "shall develop and implement a comprehensive sexual assault policy that mandates, for each Peace Corps country program, the designation of a Sexual Assault Response Liaison (SARL), who shall receive comprehensive training on procedures to respond to reports of sexual assault, with duties including ensuring that Volunteers who are victims of sexual assault are moved to a safe environment and accompanying victims through the in-country response at the request of the victims. SARLs [must] immediately contact a Victim Advocate upon receiving a report of sexual assault in accordance with the restricted and unrestricted reporting guidelines."

Findings

Was this policy developed and implemented?

Peace Corps is still developing its system of SARLs and is holding focus groups to determine the parameters of this program. They anticipate implementation of the SARL system in the coming year. The existing structure of Peace Corps, and the structure of responsibilities regarding the health of its staff and Volunteers, is complex. Thus, the configuration of the SARL position, including the identification and training of potential SARLs, is ongoing.

Does the policy conform to best practices, and were experts consulted in its development?

There are no existing equivalents of SARLs used in other contexts, which prevents the identification of best practices. The U.S. military, however, offers Sexual Assault Response Coordinators (SARCs) and Sexual Assault Prevention and Response Victim Advocates (SAPR VAs), whose roles may be considered comparable to those of the SARLs, only within a military context. A recent legislative requirement for SARCs and SAPR VAs obligates them to be certified to perform victim assistance duties. In order to meet this requirement, the military has aligned their certification requirements with national standards from the National Advocate Credentialing Program (NACP), administered by the National Organization for Victim Assistance (NOVA).[22]

It is important for victims to be able to converse freely with an advocate without concern for their confidentiality; indeed, a concern for privacy is one of the principal barriers preventing victims

[22] National Advocate Credentialing Program. <http://www.trynova.org/help-crime-victim/nacp>.

from coming forward to seek services.[23] Several states have created a legal privilege for sexual assault advocates, typically conferred on those who have received a certain number of hours of professional training.[24] The President instituted a similar privilege for military sexual assault victims.[25] These privilege laws should be examined. The Council acknowledges that this privilege will not extend to jurisdictions outside of the United States; however, in cases of Volunteer against Volunteer crime that would be subject to the United States legal process, we believe this privilege to be necessary.

Recommendations (25-27)

The Council recommends the following:

> *Recommendation 25*: Peace Corps should consider requiring a credentialing standard for all SARLs that is comparable to other victim advocate certifications. The creation and application of these standards should be overseen by the OVA.
>
> *Recommendation 26*: Collaboration with the Sexual Assault Prevention and Response Office at the Department of Defense should be continued in order to inform Peace Corps' development and oversight of the SARL program.
>
> *Recommendation 27*: A victim advocate privilege should be granted within Peace Corps to the Victim Advocates in the OVA as well as to SARLs. Full implementation of such a privilege requires an amendment to federal law. In defining the roles of the Victim Advocates and the SARLs, the Council urges Peace Corps to carefully consider the issues of confidentiality and privilege.

POLICY REQUIREMENT 3: FORENSIC EXAMS

"The sexual assault policy…shall include…at a Volunteer's discretion, provision of a sexual assault forensic exam in accordance with applicable host country law."

Findings

Was this policy developed and implemented?

The Council finds that Peace Corps has met this requirement. Peace Corps has developed extensive clinical care policies regarding the medical forensic examination of Volunteers who have been sexually assaulted. This care is currently available in all countries in which Volunteers serve. All

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[23] 'Data Sources for Why Peace Corps Volunteers Don't Report,' August 1, 2012.

[24] Field, Julie Kunee. 'Summary of U.S. State Laws Related to Advocate Confidentiality.' National Network to End Domestic Violence, October 2010.

[25] Military Rule of Evidence 514: 'Victim Advocate–Victim Privilege'. <http://www.sapr.mil/media/pdf/policy/MRE_514-Advocate_Privilege-Text.pdf>.

PCMOs have received United States Continuing Medical Educations (CME)-accredited training in delivering sexual assault forensic exams. This training was designed by the Peace Corps Medical Training Officer who is a certified Sexual Assault Nurse Examiner (SANE). In general, sexual assault crimes against Volunteers overseas fall under the exclusive jurisdiction of the country in which the crime occurred. Peace Corps must abide by host nation law with respect to the execution of forensic exams so as ensure the legal and scientific validity of any evidence collected. In the majority of countries in which Peace Corps Volunteers serve, host nation law does not permit PCMOs to conduct a forensic exam that would be legally admissible in the court system. In countries where the PCMO may conduct the exam, the PCMO will do so.

The Council recognizes the enormous challenge that exists in designing procedures to address the variety of medical, forensic, and psychological needs of Volunteers with the limited resources available in 70 different countries.

Several Peace Corps policies and medical technical guidelines relate to Peace Corps' provision of forensic exams for Volunteers. These include:

- 'Clinical Management of Sexual Violence', taking particular note of parts 4. 'Clinical Management' and 5.a 'Legal Requirements In-Country'.[26]
- 'PCMO Preparation for Managing Assault'.[27]
- The 'Legal Environment Survey' for each country.

Does the policy conform to best practices, and were experts consulted in its development?

The Council finds that Peace Corps was exhaustive in its research pertaining to the best practices in its efforts to ensure that all Volunteers have access to forensic exams when applicable. Peace Corps health specialists and staff worked closely with subject matter experts, including those on the Council, to survey applicable national and international standards pertaining to the care of sexual assault victims and the collection of forensic evidence.

Recommendations (27-36)

The Council recommends the following:

> *Recommendation 27*: Peace Corps should adopt the proposed 'Peace Corps Sexual Assault Medical Forensic Examination Form'. This template, which already exists in electronic format, will allow better documentation of care and future tracking of sexual assault data.
>
> *Recommendation 28*: Peace Corps should adopt the proposed 'Peace Corps Sexual Assault Medical Forensic Examination Instruction Guide'. This template, which also exists in electronic format, will provide step-by-step instructions consistent with the Sexual Assault

[26] TG 540

[27] TG 540: 10.a

Medical Forensic Examination Form' to guide the clinical provider during the medical forensic exam.

Recommendation 29: PCMO resources should be enhanced and consolidated, with assistance from the Centers for Disease Control and Prevention (CDC), to provide specific information and recommendations for the PCMO in the selection of medical tests and medications for each country.

Recommendation 30: A standardized and comprehensive 'Peace Corps Sexual Assault Discharge Form' should be developed. This will need to be designed to allow the PCMO to select and record, via check boxes, the specific actions and recommendations provided to the Volunteer. This will also require collaboration with the CDC to be consistent with the Peace Corps order set and should be developed in an electronic format.

Recommendation 31: TG 540 should be re-titled 'A Resource Guide for the Clinical Management of Sexual Violence'. There is excellent supplemental educational information provided within these pages that should be available to the PCMO but should not be a part of the basic sexual assault form. There is also redundant information, which should be removed. The Council recommends changes to this form (e.g., changing subheading 2.e to 'Peace Corps Medical Officer Clinical Responsibilities') to avoid confusion with other areas in the document.

Recommendation 32: 'Summary Note Example for Sexual Assault Documentation'[28] should be retained, and an additional picture should be embedded showing the proper utilization of Toluidine Blue.

Recommendation 33: A healthcare environment survey (similar to legal environment surveys currently in use) should be created by PCMOs with available healthcare facilities and in-country treatment information.

Recommendation 34: Informal relationships between PCMOs and local healthcare providers should continue to be encouraged. After the implementation of the restricted and unrestricted reporting options, these providers should be notified that Volunteers now have reporting options available to them.

Recommendation 35: 'PCMO Preparation for Managing Sexual Assault'[29] should be reorganized and reformatted to include two separate sections. First, a 'Peace Corps Sexual Assault Supply and Equipment Checklist' with check boxes should be developed. It should contain supplies, equipment, and furnishings appropriately tailored for all of the jurisdictions

[28] TG 540: 8.a

[29] TG 540: 10.a

in which Volunteers serve. The personnel items on that page should be moved to Subheading 3, which should be re-titled 'PCMO Administrative Preparations to Manage Volunteer, etc.'

Recommendation 36: 'Sexual Assault Management Resources' should be moved to the 'Resource Guide for the Clinical Management of Sexual Violence' as there is redundancy and much of the content seems primarily directed to the PCMO with some additional recommendations for the CD.[30]

[30] 'Guidelines for Responding to Rape and Sexual Assault', 9-10; TG 540: 2.b.

POLICY REQUIREMENT 4: EMERGENCY HEALTHCARE

"The sexual assault policy…shall include…if necessary, the provision of emergency health care, including a mechanism for such Volunteer to evaluate such provider."

Findings

Was this policy developed and implemented?

Peace Corps currently provides emergency healthcare to sexual assault victims worldwide, primarily through services provided by the PCMO. There is at least one PCMO at each country's post. PCMOs may be nurses, nurse practitioners, physician assistants, and physicians. These staff may be HCNs, Third Country Nationals (TCNs), or Americans. Peace Corps carefully evaluates and accredits each PCMO through the Peace Corps' Office of Medical Services (OMS) Quality Improvement Unit at Peace Corps Headquarters. The PCMO is available 24/7 to provide medical care for emergencies involving Volunteers.

PCMOs receive accredited training through an initial three-week orientation conference called Medical Overseas Staff Training (MOST) and annual weeklong CME conferences. During MOSTs and CMEs, PCMOs are trained on a range of applicable medical protocols, including emergency medical care. PCMOs are specifically trained in sexual assault response, including forensic exams, clinical exams, clinical testing and treatment, and counseling based on TG 540 and 545. These training sessions are both didactic and hands-on and based on realistic scenarios from the field. Training requires PCMOs to practice the initial interview and counseling sessions with persons simulating victims. In this way, the training incorporates the challenges of managing a sexual assault case using a victim-centered approach within a host-country system. The sexual assault training classes are accredited through the American Academy of Family Practitioners, the American Academy of Physician Assistants, and the Maryland Nurses Association.[31]

TG 540 outlines ways for the PCMO to prepare for the clinical management of a sexual assault victim. These include gathering and maintaining unexpired forensic evidence collection supplies, post-assault treatment medications, and knowing the legal parameters in which the PCMO may collect evidence. TG 545 outlines ways for the PCMO to prepare for the emotional support to be provided to the assault victim.

PCMOs also receive medical cultural training to discuss the health care expectations of American Volunteers.

Several Peace Corps medical guidelines document the steps Peace Corps takes to provide emergency medical care to sexual assault victims. These include:

- TG 540, taking note of parts 6: 'Prevention of Pregnancy' and 7: 'Prevention of Sexually-Transmitted Infections'.
- HIV Testing and Counseling, including Pre HIV Test Counseling, Post HIV Test Counseling, and STI/HIV Prevention.
- HIV Post Exposure Prophylaxis Protocol.

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[31] AAFP, <http://www.aafp.org/>; AAPA, <http://www.aapa.org/>; MNA, <http://www.marylandrn.org/>.

- Consent for HIV Post Exposure Prophylaxis.
- STI Treatment Checklist.
- Outline for Sexual Assault Documentation'.[32]

Does the policy conform to best practices, and were experts consulted in its development?

Peace Corps has made tremendous efforts to provide high-quality emergency health care to Volunteers. Peace Corps completed extensive research pertaining to best practices in the area of emergency medical care in their efforts to ensure that all Volunteers have access to appropriate and up-to-date medical services. Peace Corps health specialists and staff worked closely with subject matter experts, including those on the Council, to survey applicable national and international standards pertaining to the care of sexual assault victims, including the provision of pregnancy testing, post-exposure prophylaxis, and testing and treatment for STIs. We believe that Peace Corps should continue these efforts as it moves forward with the development of its policies and procedures.

Volunteers are offered a choice of counselors along with the results of a health care provider/consultant satisfaction survey to assist the victim in making a choice. However, the tools to evaluate those providers need to be further developed.

Recommendations (37-38)

The Council recommends the following:

> *Recommendation 37*: The current 'Step-by-Step Guide To Handling The Call'[33] should be revised, reduced, and reordered. We recommend a type of branching logic be developed such that only a few questions are asked initially, and depending on those answers, specific actions are taken. Therefore, actions currently listed last (Step 5: Make the notifications) would be performed earlier in the process.
>
> *Recommendation 38*: The section 'Actions By The Country Director',[34] which appears to be a continuation of the step-by-step guide, should also be streamlined or perhaps reorganized/repositioned as a separate 'Resource Guide for the Country Director'. A clear line of accountability between the PCMO and CD regarding the various actions should be noted. The reference to different actions taken at five days should be revised, consistent with

[32] TG 715: 'HIV Testing and Counseling' Attachment A, 'Pre HIV Test Counseling'; Attachment B, 'Post HIV Test Counseling'; TG 710: 'STD/HIV Prevention'; Attachment C, 'HIV Post Exposure Prophylaxis Protocol for Evaluation of a Volunteer after Possible HIV Exposure'; Attachement D, 'Consent for HIV Post Exposure Prophylaxis (PEP)'; Attachment E, 'HIV Post Exposure Prophylaxis and Sexually Transmitted Disease Checklist'; TG 540: 10.f, 'Summary Note Outline for Sexual Assault Documentation'.

[33] 'Guidelines for Responding to Rape and Sexual Assault', 4.

[34] 'Guidelines for Responding to Rape and Sexual Assault', 5.

the flow diagram. Coordination between all key in-country staff is crucial to providing responsive emergency care.

POLICY REQUIREMENT 5: PROVISION OF COUNSELING AND PSYCHIATRIC MEDICATION

"The sexual assault policy…shall include…if necessary, the provision of counseling and psychiatric medication."

Findings

Was this policy developed and implemented?

Peace Corps policy and guidelines in relation to counseling are reflected in the following medical protocols: 'Mental Health Assessment and Support'; 'Sexual Assault: Counseling'; and 'Mental Status Examination'.[35] These documents outline the medical protocols that PCMOs should follow in addressing Volunteer needs related to counseling and psychiatric medication following a sexual assault.

Peace Corps' policy requires a Counseling and Outreach Unit (COU) officer to discuss counseling options with the victim.[36]

Does the policy conform to best practices, and were experts consulted in its development?

The current protocols provide Volunteers with information regarding counseling options. PCMOs, OVA, and COU currently discuss with victims of sexual assault their options for counseling while in country or during MedEvac at their home of record or Peace Corps Headquarters. Counseling options and services available to Volunteers in each of the relevant circumstances are discussed as applicable. The Council believes that the language surrounding the discussion of counseling can be improved.

At this time the Council has not reviewed policies related to the provision of psychiatric medication, and it will review these processes in the next annual report.

Recommendations (39-42)

The Council recommends the following:

> *Recommendation 39*: Victims should receive an assessment tool, allowing them to compare potential providers, when applicable.

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[35] TG 510, 'Mental Health Assessment and Support'; TG 545, 'Sexual Assault: Counseling'; TG 510: Attachement A, "'Mental Status Examination'.

[36] Volunteer Support Standard Operating Procedures: Sexual Assault Occurs In-Country: C.2.

Recommendation 40: The policy document 'Sexual Assault: Counseling'[37] should more specifically address referrals to professional counselors.

Recommendation 41: TG 545, which advises staff to "suggest professional counseling as appropriate", should be more specific about offering options for counseling and a way to evaluate those options.

Recommendation 42: Procedures should also require the COU officer to discuss counseling options with victims who remain in country, and such Volunteers should also receive information to enable them to compare providers.

POLICY REQUIREMENT 6: SAFETY AND TREATMENT PLAN

"The sexual assault policy…shall include…completion of a safety and treatment plan with the Volunteer, if necessary."

Findings

Was this policy developed and implemented?

Peace Corps does currently offer and complete both treatment plans and safety plans with Volunteers who are victims of sexual assault. Peace Corps has protocols for both treatment and safety plans in the aftermath of a Volunteer sexual assault. Three documents—'Sexual Assault Discharge Form', 'Discharge Survey Form', and 'Summary Notes Outline'[38]—detail the clinical treatment plan. 'Response to Threatening Situations'; the 'Safety Plan Worksheet'; and 'Post Incident Assessment'[39] outline the steps in safety planning that must be taken at the post following a Volunteer sexual assault.

Does the policy conform to best practices, and were experts consulted in its development?

These forms adhere to best practices in both safety and treatment planning. The key to implementing both plans successfully is specificity relating to the individual Volunteer's circumstances. Both plans allow for the Volunteer and Peace Corps staff to work together to develop the best, and most appropriate, course of action moving forward.

Recommendation (43)

The Council recommends the following:

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[37] TG 545.

[38] TG 540: Attachment H, 'Sexual Assault Discharge Summary Form'; Attachment F, 'Summary Note Outline for Sexual Assault Documentation'.

[39] Safety and Security Instruction 202, 'Response to Threatening Situations', SSI 201, 'Proceduras for Conducting Safety and Security Assessments'; SSI 201.

Recommendation 43: Peace Corps should continue to evaluate the use and effectiveness of treatment plans in an effort to improve their efficacy and usefulness.

POLICY REQUIREMENT 7: PROVIDE VOLUNTEERS WITH THE OPTION OF A MEDICAL EVACUATION

"The sexual assault policy…shall include…evacuation of such Volunteer for medical treatment, accompanied by a Peace Corps staffer at the request of such Volunteer. When evacuated to the United States, such Volunteer shall be provided, to the extent practicable, a choice of medical providers including a mechanism for such Volunteers to evaluate the provider."

Findings

Was this policy developed and implemented?

Peace Corps currently allows any Volunteer who has experienced a sexual assault to be medically evacuated either to Peace Corps Headquarters in Washington, DC, or to the Volunteer's home of record. The Council reviewed both the Peace Corps MedEvac Guide for Washington, DC and the 'Peace Corps MedEvac Guide for Home of Record'. The Office of Volunteer Support, including the Office of Medical Services and the COU, provide clinical support services and expertise to all Volunteers, their families, RPCVs, and staff through a multidisciplinary staff of professionals. The International Health Coordinator, the MedEvac Team Lead, the MedEvac Program Specialist, and the Post-Service Nurse are all part of the Office of Volunteer Support and participate in the MedEvac process for a victim of sexual assault.[40]

If Volunteers are MedEvac'd, they are provided with an option of having a Peace Corps staff member accompany them. When they return to the United States, either to the home of record or Washington, DC, they have the ability to access their choice of medical providers.

Peace Corps staff protocols and guidelines related to Volunteer MedEvac are reflected in the documents 'Medical Evacuation', pages 7, 8, and 12, and 'Medical Evacuation Technical Guidelines for PCMOs'.[41]

Does the policy conform to best practices, and were experts consulted in its development?

Because the option to MedEvac victims is somewhat unique to Peace Corps, best practices in this area must be determined by looking to the model standards for victim services. Standards relevant to the MedEvac policy include:

- "The victim assistance provider assists individual victims to address their traumatic responses to victimization."

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[40] 'Medevac Guide for Home of Record', 5.

[41] MS 264, 'Medical Evacuation', 7-12; TG 380, 'Medical Evacuation Technical Guidelines for PCMOs'.

- "The victim assistance provider uses effective crisis intervention skills when confronted with a crisis situation." One element of this standard is to "apply safety and security strategies of crisis intervention to assess victim concerns about immediate safety and take steps to reduce these concerns."
- One of the recognized ethical standards for victim services states, "The victim assistance provider respects the victim's right to self-determination".[42]

The Council understands that the MedEvac process involves Peace Corps staff as well as the Volunteer. It is important to apply standards of victim care to not only long- and short-term treatment options, but in the process of transitioning a Volunteer out of country as well.

Recommendation (44)

The Council recommends the following:

> Recommendation 44: It is important to establish a relationship with the Washington Hospital Center in the District of Columbia in the event a Volunteer on MedEvac is sexually assaulted. A letter of agreement should be signed by both parties stating that the DC SANE program would inform a Volunteer about services available through Peace Corps, including the OVA, but would not require Peace Corps' Victim Advocate to be notified.

POLICY REQUIREMENT 8: PROVIDE APPLICABLE LAW ENFORCEMENT AND PROSECUTORIAL OPTIONS

"The sexual assault policy…shall include…an explanation of available law enforcement and prosecutorial options, and legal representation."

Findings

Was this policy developed and implemented?

The Sexual Assault: Impact, Response, and Reporting training that Volunteers receive when they first arrive in country includes the following script:

> *[Peace Corps] will be with you every step of the way. Sometimes the investigative and judicial process may take a very long time and will most likely be different from the systems and procedures [with] which you are familiar in the U.S.*

Peace Corps has conducted detailed legal environment surveys of the countries in which Volunteers serve. These surveys draw from a variety of information sources, including the American Citizen Services section of the local U.S. Embassy. This document provides an overview of the host

[42] 'Standards for Victim Assistance', *National Victim Assistance Standards Consortium (NVASC)*, Competency Standard 3.4; Competency Standard 3.5; Ethical Standard 3.4.

national criminal justice process and relevant statutes, particularly as they relate to sexual assault. The survey also identifies host national forensic and investigative resources. These surveys are updated periodically.

Recommendation (45)

The Council recommends the following:

> *Recommendation 45*: Please see Recommendation 14.

POLICY REQUIREMENT 9: TRAIN ALL STAFF OUTSIDE THE UNITED STATES REGARDING THE PEACE CORPS SEXUAL ASSAULT POLICY

Peace Corps "shall train all staff outside the United States regarding the sexual assault policy."

Findings

Peace Corps has not completed the comprehensive sexual assault policy, and therefore staff have not been trained. However, Peace Corps staff have received a variety of trainings related to sexual assault awareness, response, sensitivity, victim advocacy, and forensics (Table 1).

Table 1: Overseas Staff Training Related to Sexual Assault

Position	Training Related to Sexual Assault
Peace Corps Safety and Security Officer (PCSSO) USDH	August 2008: PCSSOs completed an 80-hour course on investigative principles covering topics such as sex crimes, forensics, and victim advocacy. Beginning 2008, all PCSSOs have been required to complete the Department of Justice's Victim Assistance Training Online (VAT Online) course. Summer 2010: PCSSOs met to address safety and security issues (including PCV sexual assault) and to design sexual assault training that was presented to SSCs. Summer 2011: PCSSOs trained to lead training-of-trainers seminars introducing new sexual assault training modules. Summer 2012: PCSSOs facilitated SSC in-service training (IST), including training on victim-centered incident response, victim interviewing, and victim assistance.
Country Director (CD) USDH	Overseas Staff Training (OST): New CDs receive four-week leadership training including sexual assault awareness and response protocols. CD Conferences 2011: included session on sexual assault topics and

	Victim Advocate role. 2012 CD Global Conference included training on sexual assault response, risk reduction and the Victim Advocate.
Director of Programming and Training **(DPT)** USDH	OST: receive four-week leadership training with emphasis on safety and security and medical issues, including sexual assault awareness and response protocols. Summer/Fall 2011: All DPTs completed a three-day TOT on how to deliver the new sexual assault training modules to PCVs at their post. DPT Global IST 2012: addressed implementation of the new PCV training modules and sexual assault response related to the Puzey Act including the Victim Advocate role.
Safety and Security Coordinator (SSC) HCN	New SSCs are mentored by their regional PCSSO; there are also extensive training materials and resources available on the Peace Corps intranet. August 2010: All SSCs trained in crime incident response procedures (including sexual assault resource procedures), interview techniques and victim assistance. Summer/Fall 2011: All SSCs completed a three-day TOT on how to deliver the new sexual assault training modules to PCVs at their post. Summer/Fall 2012: SSC ISTs address sexual assault response procedures, interview techniques, and victim support including the Victim Advocate role.
Peace Corps Medical Officer (PCMO) HCN, TCN or USPSC	New PCMOs complete a three-week Medical Overseas Staff Training (MOST). Sessions address clinical care and management of sexual assault victims. Training provided by Office of Medical Services, Counseling and Outreach Unit, Office of Safety and Security and Victim Advocate. All PCMOs attend an annual weeklong CME, which addresses sexual assault response procedures and clinical management of sexual assault cases. CMEs and MOST are clinically accredited. Training is managed by the Peace Corps Training Officer who is a Registered Nurse and is SANE-trained.
Post Staff USDH, HCN,	Spring 2011: All staff who have a direct role in responding to sexual assaults against PCVs received specialized training in 'Guidelines for Responding to

TCN, USPSC	Rape and Major Sexual Assault'. Annual refresher training repeated at all posts Spring 2012.

Recommendations

At this time the Council has no recommendations for the implementation of the staff training program. The Council anticipates that the second annual report will provide an assessment of the implementation and success of the current sexual assault and risk-reduction training.

OTHER RELEVANT ITEMS

The Kate Puzey Act mandates that the Council "review such other matters related to sexual assault the Council views as appropriate, to ensure that such training and policy conform to the extent practicable to best practices in the sexual assault field." Other relevant items included in the Council's review are described below.

PEACE CORPS SEXUAL ASSAULT MISCONDUCT POLICY

Peace Corps is in the process of finalizing a sexual assault misconduct policy that will serve to provide Volunteers who are sexually assaulted by another Volunteer with an option for seeking justice through an internal administrative process. The Council has reviewed the draft policy and discussed it in-depth with Peace Corps leadership. We encourage Peace Corps to evaluate the usefulness and effectiveness of this policy and provide the Council with its findings for the next annual report, if available.

Recommendation (46)

The Council recommends the following:

> *Recommendation 46*: The definitions of the aforementioned categories, which are presented in the Sexual Misconduct policy, should be linked to the three categories in the Safety and Security policy: Rape, Major Sexual Assault, and Other Sexual Assault.[43] [44] This will reinforce the categories as crimes while underscoring the importance of taking each allegation seriously.

PEACE CORPS VOLUNTEER IMMUNITY POLICY

In November 2011, Peace Corps executed a policy that provides victims of sexual assault, as well as any witness who provides information or assistance in relation to the sexual assault of a Volunteer or Trainee, with immunity for policy violations related to the incident. This effort furthers Peace Corps' goals of encouraging reporting and shifting focus away from the victim's behavior or otherwise blaming the victim, directly or indirectly, for the assault. The Council reviewed this policy to include the limitations and exclusions and applauds Peace Corps' efforts to create a policy that appropriately places the weight of the crime of sexual assault over self-reported policy violations. The Council encourages Peace Corps to conduct an evaluation on whether this policy is having the intended outcome and provide the results to the Council at the next annual review, if available.

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[43] This language is specific to Peace Corps and in no way indicative of a ranking or hierarchy of any kind.

[44] IPS 1-12; MS 270.

EVALUATION

Peace Corps recognizes the need to evaluate the implementation and effectiveness of the Sexual Assault Risk-Reduction and Response program. Evaluating the effectiveness of the program will require Peace Corps to survey or interview Returned Peace Corps Volunteers (RPCVs) who were victims of sexual assault during their service but who are now part of the American general public. However, before Peace Corps can collect the data from this population, the Agency must seek Office of Management and Budget (OMB) approval under the Paperwork Reduction Act of 1995 (PRA). Currently, surveys of RPCVs, including former victims, are considered a paperwork burden covered by the PRA, which requires federal agencies to seek public comment and OMB approval prior to collecting data;[45] the process of obtaining approval of such data collection can take from six to nine months. While Peace Corps has taken steps to gather relevant information from a variety of stakeholders,[46] the inability to contact former victims who have left Peace Corps hinders their ability to establish best practices and improve their programs.

[45] "Paperwork Reduction Act". (44 United States Code 3501 *et seq*.)

[46] For the purposes of this report, stakeholders are defined as RPCVs, Volunteers, CDs, SSCs, PCMOs, and others.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

RECOMMENDATIONS RELATED TO SECTION 8A: RISK-REDUCTION AND RESPONSE TRAINING

Training Requirement 1:

Recommendation 1: Sexual assault refresher courses should be offered at subsequent in-country training, such as In-Service or Mid-Service Training. The refresher training will provide an opportunity for Volunteers to share and learn from their experiences utilizing the tools and knowledge developed during PST. The portion of training relating to the definition of rape should be expanded to address the frequent question of "Was I raped?" Victims of sexual assault frequently do not classify their experiences in a definitive way immediately following an assault. Volunteers should be informed that Peace Corps offers resources for help and support if they feel something has happened to them that makes them uncomfortable.

Recommendation 2: Peace Corps clearly states during training that sexual assault is never a victim's fault; however, this message should be mentioned multiple times and layered throughout all sexual assault response materials and content.

Recommendation 3: A section on how Volunteers can support victims in the aftermath of an assault should be added to Bystander Intervention training. Exercises may include tools and techniques related to supporting the Volunteer, protecting his or her privacy, and reinforcing the innocence of the victim.

Recommendation 4: A sensitivity training module should be developed for Volunteers and staff, focusing on privacy issues for victims. This training should include the appropriate use of social media when discussing incidents of crime and the ramifications of sharing this information publicly. This module can be incorporated into either Bystander Intervention training or response training.

Training Requirement 2:

Recommendation 5: A gender roles training should be offered at a subsequent in-country training, providing an opportunity for Volunteers to learn from one another about how gender roles are applied in their communities and how they affect service and safety.

Recommendation 6: During subsequent in-country trainings, Volunteers should be reminded that information relating to country-specific gender roles can be found in their Welcome Book.

Training Requirement 3:

Recommendation 7: Please reference recommendations for Training Requirements 1 and 2.

Training Requirement 4:

Recommendation 8: Information pertaining to Peace Corps' medical options following a sexual assault should be provided during refresher training.

Recommendation 9: Medical information and guidance following an assault should be provided, in conjunction with other sexual assault resources, in a physical format.

Recommendation 10: Common physical and emotional responses to trauma should be incorporated into the presentation of the medical services available to Volunteers to reassure victims that their responses are a normal reaction to an abnormal event.

Recommendation 11: Volunteers should be encouraged to report sexual assault at any time. While reporting within 120 hours is best for preserving evidence and providing medical services, other invaluable services can be provided after that window, such as mental-health services.

Training Requirement 5:

Recommendation 12: Volunteers should be informed in their training that a Victim Advocate, per their request, can convey the victim's wishes regarding the MedEvac process.

Training Requirement 6:

Recommendation 13: Information pertaining to Peace Corps' forensic medical options and information following a sexual assault should be provided to Volunteers at appropriate refresher in-service training.

Recommendation 14: The Council believes strongly that victims of crime should have information about the legal environment in the country they are serving. We recommend that Peace Corps draft a country-specific fact sheet containing basic information about the host country laws related to sexual assault. This document should be made available to Volunteers.

Training Requirement 7:

Recommendation 15: Because 'Bridge to PST' is received two weeks prior to the Invitee receiving the Welcome Book, the Council recommends crime statistics found in the Welcome Book should also be included in 'Bridge to PST'.

Recommendation 16: The Welcome Book, when referencing any type of crime, should include language that clearly states that if a Volunteer feels uncomfortable in any way, he or she should inform Peace Corps so they can discuss safety options and support resources.

Training Requirement 8:

Recommendation 17: Information about the OIG and how to contact the office should be highlighted in the facilitator's review of the 'Staging Workbook' and addressed verbally during the Staging process.

Recommendation 18: The OIG overview and contact information should be included in the Sexual Assault: Impact, Response, and Reporting training as it pertains to sexual assault victims.

Training Requirement 9:

Recommendation 19: OVA contact information should continue to be layered throughout Staging, PST, and in-country trainings.

Recommendation 20: The OVA phone number should be promoted as the primary form of contact. Email or texting options can be provided as well, but only listed in conjunction with text explicitly stating that emails or texts to and from the OVA are not protected forms of communication and may be subject to subpoenas or investigations as discoverable information.

Recommendation 21: The following documents and websites should be modified to include the contact information for the OVA:

- Safety and Security webpage.
- Safety and Security Information for Friends and Family page.
- 'Family and Friends Guide'.
- 'Safety and Security Highlights'.

Recommendation 22: At the conclusion of the Personal Security and Risk-Reduction, Sexual Assault Awareness, and Sexual Assault: Impact, Response, and Reporting trainings, facilitators should provide an overview of the services available to victims of assault. Each resource overview should include a short description of the services provided as well as contact information. The following resources should be included:

- PCMO (note as the primary point of contact for sexual assault victims)
- SSC
- SARL (when established)
- 24-hour sexual assault hotline (when established)
- OVA
- OIG
- Office of Civil Rights and Diversity

RECOMMENDATIONS RELATED TO SECTION 8B: SEXUAL ASSAULT POLICY

Policy Requirement 1:

Recommendation 23: Peace Corps should review existing military and civilian laws and policies similar to restricted and unrestricted reporting to determine whether they are working as intended.

Recommendation 24: An evaluation of the restricted reporting policy should be performed within two years of its implementation to determine if it is effective in encouraging reporting while providing access to care and maintaining a level of confidentiality.

Policy Requirement 2:

Recommendation 25: Peace Corps should consider requiring a credentialing standard for all SARLs that is comparable to other victim advocate certifications. The establishment of this set of standards should be overseen by the OVA.

Recommendation 26: Collaboration with the Sexual Assault Prevention and Response Office at the Department of Defense should be continued in order to inform Peace Corps' development and oversight of the SARL program.

Recommendation 26: A victim advocate privilege should be granted within Peace Corps to Victim Advocates in the OVA as well as SARLs. Full implementation of such a privilege requires an amendment to federal law. In defining the roles of the Victim Advocates and the SARLs, the Council urges Peace Corps to carefully consider the issues of confidentiality and privilege.

Policy Requirement 3:

Recommendation 27: Peace Corps should adopt the proposed 'Peace Corps Sexual Assault Medical Forensic Examination Form.' This template, which already exists in electronic format, will allow better documentation of care and future tracking of sexual assault data.

Recommendation 28: Peace Corps should adopt the proposed 'Peace Corps Sexual Assault Medical Forensic Examination Instruction Guide.' This template, which also exists in electronic format, will provide step-by-step instructions consistent with the 'Sexual Assault Medical Forensic Examination Form' to guide the clinical provider during the medical forensic exam.

Recommendation 29: PCMO resources should be enhanced and consolidated, with assistance from the CDC, to provide specific information and recommendations for the PCMO in the selection of medical tests and medications for each country.

Recommendation 30: A standardized and comprehensive 'Peace Corps Sexual Assault Discharge Form' should be developed. This will need to be designed to allow the PCMO to select and record, via check boxes, the specific actions and recommendations provided to the Volunteer. This will also require collaboration with the CDC to be consistent with the Peace Corps order set and should be developed in an electronic format.

Recommendation 31: TG 540 should be re-titled 'A Resource Guide for the Clinical Management of Sexual Violence'. There is excellent supplemental educational information provided within these pages that should be available to the PCMO, but should not be a part of the basic sexual assault form. There is also redundant information that should be removed. The Council recommends changes to this form (e.g., changing subheading 2.e to 'Peace Corps Medical Officer Clinical Responsibilities') to avoid confusion with other areas in the document.

Recommendation 32: The document titled 'Summary Note Example for Sexual Assault Documentation' should be retained and an additional picture should be embedded showing the proper utilization of Toluidine Blue.

Recommendation 33: A healthcare environment survey (similar to legal environment surveys currently in use) should be created by PCMOs with available healthcare facilities and in-country treatment information.

Recommendation 34: Informal relationships between PCMOs and local healthcare providers should continue to be encouraged. After the implementation of the restricted and unrestricted reporting options, these providers should be notified that Volunteers now have reporting options available to them.

Recommendation 35: 'PCMO Preparation for Managing Sexual Assault' should be reorganized and reformatted to include two separate sections. First, a 'Peace Corps Sexual Assault Supply and Equipment Checklist' with check boxes should be developed. It should contain supplies, equipment, and furnishings appropriately tailored for all of the jurisdictions in which Volunteers serve. The Personnel items on that page should be moved to TG 540: 3, which should be re-titled 'PCMO Administrative Preparations to Manage Volunteer, etc.'

Recommendation 36: Pages 9-23 in the 'Sexual Assault Management Resources' should be moved to the 'Resource Guide for the Clinical Management of Sexual Violence', as there is redundancy and much of the content seems primarily directed to the PCMO with some additional recommendations for the CD.

Policy Requirement 4:

Recommendation 37: The current 'Step-by-Step Guide to Handling the Call' should be revised, reduced, and reordered. We recommend a type of branching logic be developed such that only a few questions are asked initially, and depending on those answers, specific

actions are taken. Therefore, actions currently listed last (Step 5) would be performed earlier in the process.

Recommendation 38: The section 'Actions by the Country Director', which appears to be a continuation of the step-by-step guide, should be streamlined or perhaps reorganized/repositioned as a separate 'Resource Guide for the Country Director'. A clear line of accountability between the PCMO and CD regarding the various actions should be noted. The reference to different actions taken at five days should be revised, consistent with the flow diagram. Coordination between all key in-country staff is crucial to providing responsive emergency care.

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Recommendation 44: It is important to establish a relationship with the Washington Hospital Center in the District of Columbia in the event a Volunteer on MedEvac is sexually assaulted. A letter of agreement should be signed by both parties stating that the DC SANE program would inform a Volunteer about services available through Peace Corps, including the Office of Victim Advocacy, but would not require Peace Corps' Victim Advocate to be notified.

Policy Requirement 8:

Recommendation 45: Please see Recommendation 14.

Other Recommendations:

Recommendation 46: The definitions of the categories presented in the Sexual Misconduct policy should be linked to the three categories in the Safety and Security policy: Rape, Major Sexual Assault, and Other Sexual Assault. This will reinforce the categories as crimes while underscoring the importance of taking each allegation seriously.

THE WAY AHEAD

During FY 2013, the Council will continue focusing on the development and efficacy of Peace Corps' policy and training for risk reduction and response to sexual assault. The Council will monitor and contribute to Peace Corps' continued efforts to develop training resources for Headquarters and field staff and Volunteers/Trainees. In addition, the Council will provide guidance and feedback on the development of new and enhanced Peace Corps' policies, protocols, and systems that relate to sexual assault. Specifically, the Council will examine the following areas in its FY 2013 report:

- Training of Peace Corps Headquarters staff on sensitivity to victims' issues.
- Efforts to improve security and confidentiality through enhanced remote (online) counseling options.
- Training for the OIG on victim sensitivity and interviewing victims.
- Training for Volunteers/Trainees on, and guidance for, secondary survivors; Volunteer 'rumor control'; and specifics on what to do if a friend is assaulted.
- Applicability of existing advocate certification frameworks to Peace Corps' SARL program.
- Communication standards between Peace Corps staff and victims' family members.
- Establishment of disciplinary action for Peace Corps staff who disregard policies for assisting victims of sexual assault.
- Creation of standards for what Volunteers and staff are allowed to discuss on social media regarding crime victims.
- The use of email to communicate with victims will be further reviewed.
- Peace Corps' case management system should be assessed to identify how data is being shared, accessed, and maintained.
- Research and development of privilege options for the OVA.
- Creation of a response protocol for Other Sexual Assault cases, consistent with those for rape and major offenses.
- Address the issue of sexual harassment and Other Sexual Assault throughout training and policies.

CONCLUSION

Since first meeting in July 2012, the Council has reviewed Peace Corps' training and policy documentation as it relates to sexual assault risk reduction and response. Peace Corps has made significant and admirable progress; has formalized existing policy and protocols; and has developed completely new trainings, policies and services for Volunteers and staff worldwide. The Council recognizes the significant amount of work and resources dedicated to serving Peace Corps Volunteers affected by sexual assault and acknowledges the work still ahead.

EXPERTS' BIOGRAPHIES

Shilpa Alimchandani

Ms. Alimchandani has facilitated cross-cultural and diversity Training of Trainers workshops in over a dozen countries. She provides technical assistance to field staff in more than 70 countries in Africa, Central and South America, Eastern Europe, Asia, and the Pacific. Alimchandani analyzes annual reports from the field offices on their instructional design processes. She also supports Volunteers from diverse backgrounds in coping with their adjustment challenges during service abroad.

Meghan Donahue

Ms. Donahue has 30 years of training and management experience in international education at the elementary, secondary, and tertiary levels, including more than 15 years working in developing countries. She is trained in qualitative research and evaluation methodologies with an emphasis on participatory learning and action techniques. Donahue has experience in program management as chief of party, program monitor, and evaluator, as well as policy planner. She has strong skills in gender analysis and development training, education evaluation, education (specializing in girls' education), education policymaking, second language education, and teacher training.

Kellie Greene

Ms. Greene joined Peace Corps as the agency's first Victim Advocate in May of 2011. She currently acts as the Director of the Office of Victim Advocacy. She is a nationally recognized and respected victims' rights activist, working to influence policy and raise social awareness concerning issues of sexual violence. She has participated in numerous focus and working groups addressing prevention, risk-reduction, and systems response to sexual assault. Her policy work includes co-authoring Florida's "Sexual Predator Prosecution Act of 2000", contributing to the development of the *National Protocol for Sexual Assault Medical Forensic Examinations* for the Office on Violence Against Women, and participating in the White House press conference announcing the President's DNA Initiative.

Greene is a past advisory council member for the National Sexual Violence Resource Center and RAINN, and a former member of the board of directors for the Florida Council Against Sexual Violence.

Edward C. Hobson

Mr. Hobson was appointed as the Associate Director for Safety and Security for Peace Corps in May 2009. He has more than 25 years of law enforcement and security experience in federal and municipal agencies and the military. As the senior security official at Peace Corps he is responsible for the safety and security of more than 10,000 staff and Volunteers working in 77 countries around the world and at nine locations across the U.S. He joined Peace Corps as a Regional Safety and Security Officer in June 2002 and was posted in Uganda and Kenya until December 2007 when he transferred to headquarters and was promoted to Lead Security Specialist. He is a certified law

enforcement instructor, an Adjunct Instructor at the Foreign Service Institute, and conducts training for the Centers for Disease Control and Prevention. He is also a member of the American Society for Industrial Security.

Lorette Benhold-Samann

Ms. Benhold-Samann was the first Cross-Cultural Specialist with Peace Corps. She co-authored the original cross-cultural training workbooks, coordinated support for cross-cultural training in over 90 countries, and managed and coached HCNs.

Chaitra Shenoy

Ms. Shenoy is an attorney, activist, and professor in the field of gender-based violence. Currently, she works at Peace Corps in the Office of General Counsel as an Attorney Advisor. She began at Peace Corps in May 2012, with the focus of her responsibilities on developing sexual assault policies and protocols in line with the "Kate Puzey Peace Corps Volunteer Act of 2011". Prior to joining Peace Corps, Shenoy worked at WEAVE (Women Empowered Against Violence), Break the Cycle, and the Pennsylvania Coalition against Domestic Violence. In addition to working at non-profits, Shenoy worked at the Manhattan Borough President's Office as the Domestic Violence Policy Analyst. She authored "Hidden in Plain Sight: Sexual Harassment and Sexual Assault in the New York City Subways" (July 2007), a report that studied the prevalence of sexual violence in NYC subways and prompted NYC's Metropolitan Transit Authority to issue public service announcements encouraging people to report sexual assault or harassment to appropriate authorities.

Craig Storti

Mr. Storti is the director of Communicating Across Cultures, which specializes in the design and delivery of seminars in intercultural communications, cross-cultural business dynamics, expatriation and repatriation, cultural diversity, and managing a multicultural/global workforce. The seminars are targeted to clients from government, business, military, and education sectors. He is a nationally recognized figure in the field of intercultural communications and cross-cultural adaptation and the author of several works, including *The Art of Crossing Cultures* and *Cross-Cultural Dialogues*. Storti has over 25 years of experience training businessmen and women, diplomats, civil servants, and foreign aid workers in understanding and working effectively with people from other cultures and backgrounds.

PEACE CORPS VOLUNTEER SEXUAL ASSAULT ADVISORY COUNCIL

Council Members

Staci A. Beers, Victims Services Manager, Office for Victim Assistance, Terrorism and Special Jurisdiction Program, Federal Bureau of Investigation (FBI).

Carolyn Collins, Program Manager and Division Chief, Department of the Army Sexual Harassment/Assault Response and Prevention (SHARP)

Gregory Ducot, Acting Assistant Director, Regional Operations for Europe, Eurasia, Latin America, and the Caribbean, International Criminal Investigative Training Assistance Program (ICITAP), Department of Justice.

Diana Faugno, RN, MSN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN.

Susan Smith Howley, Director of Public Policy, National Center for Victims of Crime.

Jennifer Marsh, Vice President of Victim Services, Rape, Abuse & Incest National Network (RAINN).

Kathleen Petersen, RPCV Kyrgyz Republic 2005-2009

Gisela Schmidt, RPCV Kazakhstan 2009-2011

Bette Stebbins, MSCP, CA, Senior Victim Assistance Advisor, Office of the Secretary of Defense, Sexual Assault Prevention and Response Office.

Michael Weaver, MD, FACEP, FCC.

Peace Corps Liaison

Claudia Kuric, Senior Advisor at Peace Corps

Administrative Support

Sandi Giver, Administrative Assistant at Peace Corps, RPCV Uganda 2009-2011

ADVISORY COUNCIL BIOGRAPHIES

Staci Ann Beers

Ms. Beers assists crime victims in overseas and terrorism cases, serving as a liaison between the victim and the FBI throughout the course of the investigation. She collaborates and coordinates with the Department of State, Department of Defense, Department of Justice, employers, and other appropriate entities to address victim needs. She assesses needs that include crisis intervention, community referrals, and compensation referrals. Prior to working at the FBI, Beers worked as a victim advocate in the United States at the local and state levels. She has conducted numerous training at the university level and to law enforcement officers. During her 20-year career, Beers has won numerous awards for her work in victim advocacy. She holds a Bachelor's degree in Criminal Justice from West Chester University and a Master's in Social Work from Marywood College.

Carolyn Collins

Ms. Collins is responsible for developing and implementing a world-wide US Army strategy and policy that promotes a culture and command climate that does not tolerate sexual assault, sexual harassment, or sexually offensive language or gestures. Her many duties include developing the Army-wide policy in alignment with legislation, Department of Defense Instruction (DoDI), and leadership directives. Collins manages strategic, operational, and tactical policy requirements; and directs the Army-wide Strategic Communications plan that addresses program awareness requirements, public messages, and inquiries. Collin's background includes experience in strategy, legislative and policy development. She has extensive experience in budget development, validation, and funding commitments; worldwide program execution; integrated response capability; and measuring program effectiveness and return-on-investment. Collins holds a Bachelor's degree in Occupational Training and Development from the University of Louisville.

Gregory Ducot

Mr. Ducot has over 20-years' experience in international training, consulting, and program management in Latin America and Eastern Europe. Over the past 13 years, he has focused on implementing United States Government-funded law enforcement training programs in Europe and Eurasia. Ducot served with the Peace Corps from 1995-1998, as a business development Volunteer in Ukraine and as a PST trainer. Before going to Ukraine, he worked in Latin America for nearly five years at the Fundación Arias para La Paz y el Progreso Humano and as director of the University of Costa Rica's English for Business Professionals program. Prior to arriving at ICITAP in 2003, Ducot worked as Associate Director of Development for Project Harmony (PH), an organization funded by the Department of State and engaged in law enforcement development programs throughout the former Soviet Union. While at PH, he directed the Community Policing Training Initiative, which facilitated training and partnerships between U.S. police departments and law enforcement agencies from Ukraine and Russia. Ducot has a Bachelor of Arts in Spanish from the University of Massachusetts and a Master's degree in Business Administration from the National University/Universidad de Costa Rica. He speaks Ukrainian, Russian, French and Spanish.

Diana Faugno

Ms. Faugno is currently a Founding Board Director and Treasurer for End Violence Against Women (EVAW) International. She is also certified adolescent/adult and pediatric sexual assault nurse examiner (SANE) and continues to work in the field. She is a Fellow in the American Academy of Forensic Science and was awarded the Distinguished Fellow from the International Association of Forensic Nurses (IAFN), of which she is also a charter-founding member. She is a recipient of the Outstanding Achievement award by the IAFN and has held various elected positions in the organization. Faugno is the former district director of a child abuse program, sexual assault team, and a family violence program. She has made numerous presentations to sexual assault response teams across the country,, as well as to scientific community assemblies such as the American Academy of Science. Additionally, Faugno is the co-author of *Color Atlas of Sexual Assault*, *Sexual Assault Across the Life Span*, and numerous other publications. She has a Master of Science in Nursing from the University of Phoenix.

Susan Smith Howley

Ms. Smith has been the Director of Public Policy at the National Center for Victims of Crime since 1999. From 2002 through 2005, she also directed the National Center's Victim Services. As one of the nation's leading authorities on legislation relating to crime victims, she analyzes victims' rights laws, provides technical assistance to federal and state lawmakers and advocates, and drafts model legislation. She has testified before Congress and state legislatures on bills affecting the rights and interests of crime victims, and she has conducted numerous training at the national and local levels. A graduate of the Georgetown University Law Center, Howley recently received the Lois Haight Award for Excellence and Innovation from the Congressional Victims' Rights Caucus at a Capitol Hill ceremony. She previously served on the National Advisory Committee on Violence Against Women and chaired the Victims Advisory Group to the U.S. Sentencing Commission.

Jennifer Marsh, Chair

Ms. Marsh currently works as the Vice President of Victim Services at the Rape, Abuse & Incest National Network (RAINN), the nation's largest anti-sexual assault organization, managing the National Sexual Assault Hotlines and coordinating services and communication with 1,100 affiliate sexual assault service providers nationwide. In addition, Marsh acted as the RAINN Project Manager for the development and launch of the Department of Defense Safe Helpline, serving the DoD community worldwide. With over 10 years of experience in the field of nonprofit management, Marsh has been published in the journal *Evaluation and Program Planning* and presented at national victim services conferences on online crisis intervention best practices. Marsh testified before Congress in the spring of 2011 and is a member of the U.S. Department of Justice National Victim Assistance Standards Consortium and the Department of Defense Sexual Assault Advocate Certification Program Review Committee. She has been featured on ABC News and CNN, as well as in *People*, *Seventeen*, and *Cosmopolitan* magazines.

Kathleen Petersen, Co-Chair

Ms. Petersen has extensive Peace Corps Volunteer leadership experience as a Peace Corps Volunteer Leader, Volunteer Advisory Council Member, Peace Corps Volunteer Trainer, and Peer Support Network member and trainer. During her four years of Peace Corps service she assisted several Volunteers who had been sexually assaulted. In Petersen's primary assignment as a Volunteer in Kyrgyz Republic, she worked at an orphanage to build a foster care system in the country, and she trained several non-governmental organizations in youth development issues. Petersen has had a 36-year career as a social worker, managing social service programs and providing direct services to abused and at-risk youth and adults. She holds a Bachelor's of Science Degree in Sociology from Middle Tennessee State University.

Gisela Schmidt

During her two years as a Peace Corps Volunteer in Kazakhstan, Schmidt worked as a Secondary Education teacher, instructing middle and high school students in English and American language, history, and culture. She also started a Women's Club for college-age girls and developed lessons on confidence building, women's rights, and introspection. As a sexual assault survivor, Schmidt has personal experience with Peace Corps' response to victims, MedEvac processes, and post-service care. She has a Bachelor's Degree in English from the University of Notre Dame. She currently works as a freelance writer and editor while pursuing personal interests in advocacy and victims' rights.

Bette Stebbins

Ms. Stebbins is the Senior Victim Assistance Advisor for the Department of Defense, Sexual Assault Prevention and Response Office. She is a subject matter expert on crime victim care within the military jurisdiction and has been serving military crime victims since 1996. She holds a Masters of Science Degree in Counseling Psychology from Chaminade University, Hawaii. She also holds a paralegal certification from Brigham Young University. She is a trained Department of the Army Inspector General and Credentialed Advanced Advocate with the designation of Comprehensive Victim Intervention Specialist from the National Advocate Credentialing Program. Prior to joining the Sexual Assault Prevention and Response Office in 2007, Stebbins served as the senior victim specialist on two congressionally mandated Defense Task Forces: Sexual Assault in the Military Services, and Sexual Harassment & Violence at the Military Service Academies. She also served as the victim-witness assistance program manager and paralegal for approximately ten years with the Office of the Staff Judge Advocate, 25th Infantry Division, Hawaii. Stebbins is considered an expert in victims' rights, and she is a national speaker on victim care in the military, as well as an adjunct professor. She led the Department in several ground-breaking initiatives, including the development of the DoD Safe Helpline, the nation's first confidential hotline resource for military victims of sexual assault; the Department's first sexual assault advocate certification program for individuals providing direct assistance to military victims of sexual assault; and Department-wide standards for all victim assistance-related services. Stebbins has received numerous awards over the years, and she currently serves as an advisor to several national organizations assisting military victims of crime.

Michael Weaver

Mr. Weaver has served as Medical Director for St. Luke's Hospital's Sexual Assault Treatment Center in Kansas City, Missouri, since 1980. The program has expanded throughout the St. Luke's Health System's eleven hospitals and has evolved into a Forensic Care Program addressing the needs of elderly abuse, child abuse, and domestic violence patients. St. Luke's established the first private Sexual Assault Treatment Center in the country and was part of the first and largest Sexual Assault Response Teams (SART) program in 1974. He is currently Medical Director of the SANE program, a founding member of the Kansas City Interdisciplinary Response to Sexual Assault (KCIRSA), and a board member of EVAW International. He is also a member of the American College of Emergency Physicians task force that developed and published the "Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient." He has lectured for several organizations including the National College of District Attorneys; participated in the video "Presenting Medical Evidence at Trial" developed by the Department of Justice, National Judicial Education Program; and worked with the Department of Justice's Office on Violence against Women to develop "A National Protocol for Sexual Assault Forensic Examinations Adult/Adolescence." He recently received recognition from the Kansas City, Missouri, Police Department for his efforts to improve care of sexual assault victims, and in 2005, he was awarded the "Visionary Award" from the International Association of Forensic Nurses (IAFN). He holds both a Bachelor's Degree and Doctor of Medicine Degree from the University of Missouri at Kansas City.

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