



**Peace Corps Volunteer
Sexual Assault Advisory Council**

Annual Report

September 2013

Peace Corps Volunteer Sexual Assault Advisory Council

September 25, 2013

Ms. Carrie Hessler-Radelet
Acting Director
Peace Corps
Paul D. Coverdell Peace Corps Headquarters
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Washington, D.C. 20526

Dear Ms. Hessler-Radelet:

We are pleased to submit the second 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 May 1, 2013. Over the past five 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.

The Council commends Peace Corps' worldwide implementation of the Sexual Assault Risk Reduction and Response program on September 1, 2013. We believe this comprehensive and layered program will significantly increase the quality of support and response for Volunteers who are sexually assaulted. Peace Corps has developed a robust monitoring and evaluation program to assess the effectiveness of the program's different components, and the Council looks forward to viewing the results in the coming years. The Council acknowledges that Peace Corps still has work to be done in terms of refining their training and policies and our recommendations vary in complexity from basic content inclusions to more substantial policy enhancements relating to medical support.

The Council thanks all 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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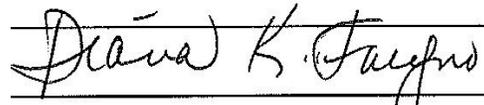
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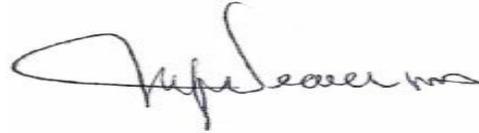
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ACRONYMS AND DEFINITIONS

Best practices: A set of implemented and formally evaluated procedures, policies, and interventions, highlighted to show their effectiveness in achieving the program’s intended results. Usually this means the practices have been implemented in several places or organizations.

BIT: Bystander Intervention Training

CD: Country Director

CDC: Centers for Disease Control and Prevention

CIRS: Crime Incident Reporting System

CME: Continuing Medical Education

COU: Counseling and Outreach Unit

DFSAs: Drug facilitated sexual assault

HCN: Host Country National, a local citizen of the host country who interacts or works with the PCVs or is a member of post staff

IPS: Interim Policy Statement

IST/MST: In Service Training/Mid-Service Training

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 for Victim Assistance

OHS: Office of Health Services

OIG: Office of the Inspector General

OMB: Office of Management and Budget

OSS: Office of Safety and Security

OVA: Office of Victim Advocacy

PCMO: Peace Corps Medical Officer

PCSSO: Peace Corps Safety and Security Officer

PCV: Peace Corps Volunteer

PEP: Post-Exposure Prophylaxis

PST: Pre-Service Training (initial 9 to 12 weeks in country)

RPCV: Returned Peace Corps Volunteer

SAFE: Sexual Assault Forensic Exam

SAIRR: Sexual Assault: Impact, Response, and Reporting

SAPR VA: Sexual Assault Prevention and Response Victim Advocate (Military)

SARC: Sexual Assault Response Coordinator (Military)

SARL: Sexual Assault Response Liaison

SARRRP: Sexual Assault Risk-Reduction and Response Program

SME: Subject matter experts

SSC: Safety and Security Coordinator

STI: Sexually Transmitted Infection

TCN: Third Country National

USDH: United States Direct Hire

USPSC: United States Personal Services Contractor

EXECUTIVE SUMMARY

The Kate Puzey Peace Corps Volunteer Protection Act of 2011¹ 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"), charged with reviewing the training and policies adopted in response to the Act to ensure they conform to best practices in the sexual assault field.

In 2012, the Council reviewed the Pre-Service Training (PST) developed for Peace Corps Volunteers (PCVs) and polices related to sexual assault response.² For each requirement, the Council considered whether the training or policy had been developed and, if applicable, whether it conformed to best practices. The Council also provided recommendations for each requirement.

This year, the Council reviewed staff training and policies related to Restricted Reporting, sexual misconduct by Volunteers, and the Sexual Assault Risk Reduction and Response Program. Overall, the Council finds that tremendous progress has been made to ensure policies and training meet the needs of Volunteers and educates staff in a manner consistent with best practices. The Council also finds it commendable that Peace Corps has continued to improve, enhance and build on recommendations made in the previous report. The Council sees a dedication to not only improving the Volunteer experience, but also ensuring a better understanding of the complexities of sexual violence and the needs of Volunteers throughout all levels of the organization. While Volunteers remain at the forefront of improvements, the policies and training developed for staff will have a long-term impact on all. The Council has highlighted areas where Peace Corps can continue to strengthen their programs and enhance response through a variety of ways, including: refined training content on sexual trauma responses and continued monitoring and evaluation efforts for all Sexual Assault Risk Reduction and Response services and mechanisms.

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 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

¹ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57.

² Peace Corps Sexual Assault Advisory Council: Annual Report, November 2012.

purposes of reporting sexual assault mismanagement or other misconduct; guidelines regarding whom to contact (including direct telephone numbers) and steps to take if a sexual assault or other crime occurs; and contact information for a 24-hour sexual assault hotline.

In general, the Council found these trainings comprehensive and compliant with best practices for sexual assault awareness and response training. Throughout the review process, the Council found that Peace Corps had addressed several of the Council's previous suggestions based on participant feedback from the first pilot. The Council identified several recommendations that will clarify and enhance these three trainings. These recommendations involve the need to continually repeat and add content relating to privacy and confidentiality, provide additional content for staff relating to drug facilitated sexual assault, refine staff training relating to sexual trauma and improve the Peace Corps learning management system.

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, with the final development and implementation of a number of the recommended policies and services during the past 12 months, Peace Corps has demonstrated strong commitment and follow-through to ensure that proper policies are in place for the education and preparation of staff and Volunteers.

With the September 1, 2013 release of the SARLs and Restricted and Standard Reporting policies, Peace Corps continues demonstrating its commitment to the implementation of a comprehensive program to prevent and respond to sexual assault. In addition, the Peace Corps' Procedures for Responding to Sexual Assault, which replaced Guidelines for Responding to Sexual Assault, provides a solid framework for all stakeholders.

Peace Corps continued to take a number of positive steps during the reporting period. Peace Corps established the policy framework to provide local law enforcement and prosecutorial options to Volunteers through its modified Legal Environment Survey. In addition, Peace Corps

developed the Standing Clinical Order Set and Treatment Plan, which outlines standardized, evidence-based clinical protocols for the clinical management of a sexual assault victim.

In November 2012, Peace Corps launched the Emergency Health Care and Provider Evaluation which is available to all Volunteers, not only victims of sexual assault. In February 2013, Peace Corps piloted its 24-Hour Anonymous Sexual Assault Hotline in seven countries. Through evaluation of this six-month pilot, Peace Corps anticipates launching the Hotline globally and eventually incorporating this critical resource into its training materials.

The Council will continue working with Peace Corps to ensure that the implementation of the Sexual Assault Forensic Exams (SAFE) responds to both the needs and well being of the victims as well as the requirements of local legal systems.

In the development and implementation of these policies and resources, Peace Corps made a significant effort to consult with experts and ensure that the policies conform to best practices to the extent that models exist. However, the Council encourages Peace Corps to continue to utilize the expertise found within its members when developing and refining its policies and protocols.

Findings Related to Confidentiality and the Paperwork Reduction Act

While reviewing trainings and policies the Council identified several items that would significantly strengthen Peace Corps response and support for victims of sexual assault. The first of these items is to provide privilege to all communications between victims and the Office of Victim Advocacy and Sexual Assault Response Liaisons. This will help to ensure the confidentiality of the cases and would follow best practice precedents in the civilian and military community. The second item is a recommendation to Congress to exempt Peace Corps from the Paperwork Reduction Act in an effort to allow a more thorough analysis and evaluation of the SARRRP program. The final items relate to Peace Corps monitoring and evaluation efforts as they apply to SARRRP. The Council finds these efforts paramount to ensuring the success of the program and its continuous evolution to meet the unique needs of Peace Corps Volunteers who are victims of sexual assault.

Status of Previous Recommendations

See Appendix A.

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.³

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, training and services that will strengthen Peace Corps' administrative support for all Volunteers.

Purpose of the Advisory Council

The Kate Puzey Act established the Sexual Assault Advisory Council (the "Council"), and mandates:

*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.*⁴

The Act further mandated that:

*On an annual basis for five 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.*⁵

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

³ Statement from Peace Corps Director Aaron S Williams, November 21, 2011.
<http://www.peacecorps.gov/resources/media/press/1918/>

⁴ Kate Puzey Volunteer Protection Act of 2011, P.L. 112-57, Sec 8D.

⁵ 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.⁶

A complete list of Council members and their qualifications can be found at the conclusion 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 training and policies developed by Peace Corps as required by the Kate Puzey Volunteer Protection Act. The report reviews the training and policies of, and provides recommendations to, Peace Corps. Additionally, the report outlines next steps for the Council.

Methodology

The Peace Corps Director appointed 12 individuals, all 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 May 2013 and two days in July 2013. These meetings provided an opportunity for the Council members to meet one another, learn about updates to Peace Corps' Safety and Security training, the implementation and development of policies and receive an overview of the Peace Corps Sexual Assault Response Liaison (SARL) Training. This 40-hour training for SARLs includes a one-day joint training for SARLs, Safety and Security Coordinators (SSCs) and Peace Corps Medical Officers (PCMOs). Prior to the conclusion of the May meeting, the Council members split into two sub-groups focused on training and policy.

The policy and training sub-groups reviewed existing policies and training, applied best practice standards, and drafted findings and recommendations over the course of the following four months. Weekly conference 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 August 31, 2013 and reserve further review of policies, training, and protocols developed after this date for subsequent annual reports.

Throughout the Council's Annual Report, references are made to 'best practices' and Subject Matter Experts (SMEs). The Council defined best practices as those procedures, policies, and interventions that have been implemented by other agencies or organizations and had been

⁶ Sexual Assault Advisory Council Charter and By-Laws, Section 2B. To view a complete list of Council members and their qualifications see appendix B

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. Some of these standards include *Achieving Excellence: Model Standards for Serving Victims of Survivors of Crime*, U.S. Department of Justice. The Council determined that all Peace Corps policies and trainings should be victim-centered and applied this mindset when reviewing all materials and documentation. Subject Matter Experts (SMEs) were defined as those individuals 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 policy and training. 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:

1. The training or policy had been created or updated;
2. The item met recognized or promising best practice standards to the extent practicable;
and
3. Peace Corps had consulted experts in the development of the item.

SECTION 1: TRAINING

Overview

Over the last year, the Council assessed the training developed for staff in relation to the Sexual Assault Risk Reduction and Response Program (SARRRP). The Kate Puzey Volunteer Protection Act mandates that Peace Corps “train all staff outside the United States regarding the Peace Corps Sexual Assault Policy.”⁷ There are three concurrent tracks for the PCMOs, SARLs and SSCs. The Council reviewed the 40-hour SARL training and within that, the curricular for the one-day training for the designated staff team. The following two staff trainings were reviewed during this reporting period:

1. Sexual Assault Awareness and Victim Sensitivity (SAAVS)
2. Designated Staff Training for *IPS3-13: Responding to Sexual Assault*

Sexual Assault Awareness and Victim Sensitivity (SAAVS)

The SAAVS training is an online, introductory course for staff on sexual assault awareness and the principles of a victim-centered approach. SAAVS was developed through consultation with outside SMEs, including the Department of Justice. SAAVS is a foundational course in a planned curriculum developed by Peace Corps at Headquarters and in-country staff who may have contact with a victim of sexual assault. This course covers myths and facts of sexual assault; the impact of sexual assault on victims, family, friends, work, and life; some of the reasons Volunteers and (victims in general) do not report sexual assaults; Peace Corps’ *Commitments to Sexual Assault Victims*; and victim relations and communication.

Peace Corps launched the training on December 14, 2012, and required the following staff to complete and pass the training by March 14, 2013 (90 days):

Headquarters: Office of Safety and Security, Office of Victim Advocacy, Office of Health Services, Office of the General Counsel, Volunteer Recruitment and Selection, Office of Congressional Relations, Office of Global Operations, and all Regional staff.

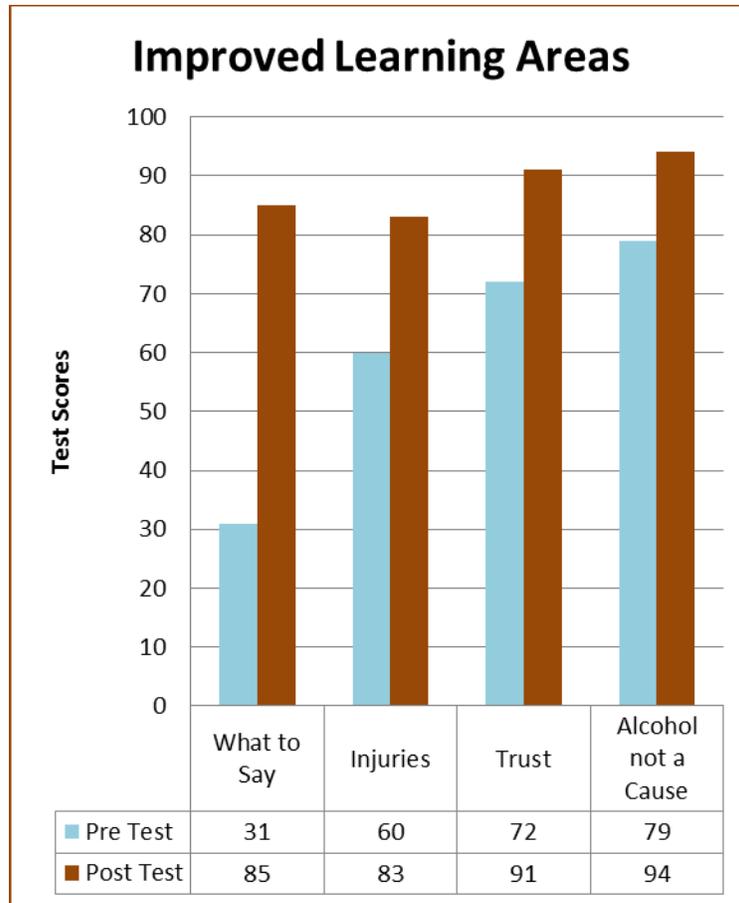
Overseas Staff: Country Director, Director of Management Operations, Director of Programming and Training, Training Manager, Program Manager, Peace Corps Medical Officer, Associate Peace Corps Director, Programming and Training Specialists, and Safety and Security Coordinator.

In order to evaluate the effectiveness of the training and gauge learners’ abilities, the evaluator for the SARRRP developed a pre and post-test. At the end of the mandatory 90 day period 1,594 Peace Corps staff had completed the SAAVS training. According to the data, 97 percent of

⁷ Kate Puzey Volunteer Protection Act of 2011, P.L. 112-57, Sec 8A.

staff passed the course with a score of 80 or better. Staff knowledge and awareness increased 15 points from an average score of 78 during the pre-test to 93 at the post-test. The most significant area of improvement was in victim relations (Figure 1). This area of the training introduced staff to the basics of a Volunteer-centered approach (or victim-centered approach) as defined by Peace Corps, what to say to victims, and cultural differences in defining and responding to sexual assault.

Figure 1: SAAVS Improved Learning Areas



Since March 2013, Peace Corps has required new staff within the offices or holding the positions listed above to complete and pass the training within 30 days of their arrival on duty. All other staff at posts and headquarters are encouraged to take the training.

Designated Staff Training for IPS3-13: Responding to Sexual Assault

In April 2013, Peace Corps passed *Interim Policy Statement (IPS)3-13: Responding to Sexual Assault*, a report accompanied by implementation procedures. This policy and accompanying procedures outline Peace Corps’ restricted and standard reporting options, staff roles and duties in response, confidentiality requirements, and the services available to Volunteers (see

the Policy section of this report for an assessment of the policy), effective September 1, 2013 after designated staff training.

Between May and August, Peace Corps trained all designated staff⁸ in the policies and procedures for IPS3-13, and the following related policies and procedures:

- IPS2-13: Sexual Assault Response Liaisons
- IPS1-13: Stalking
- IPS1-11: Immunity from Peace Corps Disciplinary Action for Victims of Sexual Assault
- IPS1-12: Volunteer Sexual Misconduct
- MS264 Medical Evacuation (revisions regarding sexual assault)
- MS284 Early Termination (revisions regarding sexual assault)

Three in-person trainings were held (Thailand, Florida, and Senegal), and approximately 270 post staff were trained during the week-long sessions. The trainings brought together the country response teams, which consist of two Sexual Assault Response Liaisons (SARLs), a Safety and Security Coordinator (SSC), and the Peace Corps Medical Officers (PCMOs). Topics for the training included sexual assault dynamics, team building, the role of the SARL, victim relations, post-trauma reactions by victims, demonstration of a Sexual Assault Forensic Exam (SAFE), and service providers ethics.⁹ Teams spent a full day learning the policies and practicing the procedures through response scenarios, and designing a response strategy. This was the first time Peace Corps had facilitated a multidisciplinary training for staff who are responsible for supporting Volunteers who have been sexually assaulted. Maintaining the Volunteer's confidentiality was emphasized in several sessions. The SARRRP evaluator created an online pre and post-test for this training as well, however the data was not available at the close of our research period in July.

Findings

To assess these trainings, the Council members reviewed the training materials, including session plans and learning objectives. We also were able to review the SAAVS online course through Peace Corps' learning management system during our annual meeting at Peace Corps. One Council member observed the fourth day of Designated Staff Training for the Inter-American and Pacific Region, which covered policy and procedure training. We compared the content of Peace Corps' training to those currently in place at our agencies and organizations,

⁸ The policy names these as Designated Staff who are tasked with responding to both restricted and standard reports of sexual assault. They are: PCMO, SSC, SARL, Victim Advocate, and Assigned Security Specialist.

⁹ Peace Corps Medical Officers (PCMOs) were trained on conducting SAFEs in 2011 and 2012.

as well as standards set forth by the Department of Justice in *Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime*.¹⁰

The Council found that both trainings were, in general, comprehensive and adhered to best practices in sexual assault awareness and response training. Both training formats met best learning practices in regards to adult learning design, participant interaction, monitoring and evaluation of learning, and general content provision. The Council found the Designated Staff Training trainers from Peace Corps Headquarters adept at conveying the seriousness of the training content while engaging the participants in productive conversations between headquarters and country teams. This training followed best practices in adult learning models using a train, practice, and test model. Participants appeared enthusiastic and responsive to the training content.

Recommendations

Recommendation 2013-1: Although addressed briefly in the Designated Staff Training for IPS3-13, the Council recommends adding more in-depth information regarding how perpetrators may use substances to facilitate sexual assaults in future trainings. Recent studies show that what was previously considered a situation of mutual alcohol consumption by victim and perpetrator is actually a pre-meditated assault by the perpetrator who uses alcohol as a drug.¹¹ The Council believes Peace Corps staff need to understand how alcohol is used as a sexual assault tool in order to best support the Volunteer.

Recommendation 2013-2: Peace Corps should incorporate training about sexual trauma responses and the neurobiology of trauma throughout future trainings for designated staff. The Designated Staff Training on IPS3-13 discusses trauma reactions primarily through the lens of Post-Traumatic Stress Disorder (PTSD) and through content addressing common assumptions about victim behavior. It is important for staff to recognize that a majority of sexual assault victims will not be diagnosed with a mental health disorder, and that most victims have a normal reaction to an abnormal event. We believe that sexual trauma responses and the neurobiology of trauma outside the context of PTSD will be more effective learning tools because they explain how and why victims react the way they do, both during and after an assault.

Recommendation 2013-3: Peace Corps should continue to refine their learning management system, Peace Corps University. The training is effective and can help ensure that no matter who a victim reaches out to that individual is prepared to respond in a sensitive, supportive and

¹⁰ 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.

¹¹ Lisak, D. *Understanding the Predatory Nature of Sexual Violence* (2011). Kingston, New Jersey: Civic Research Institute.

informed manner. The Council recommends Peace Corps create a comprehensive online learning strategy, and we encourage them to continue to improve their online courses to meet best practice standards for online learning.

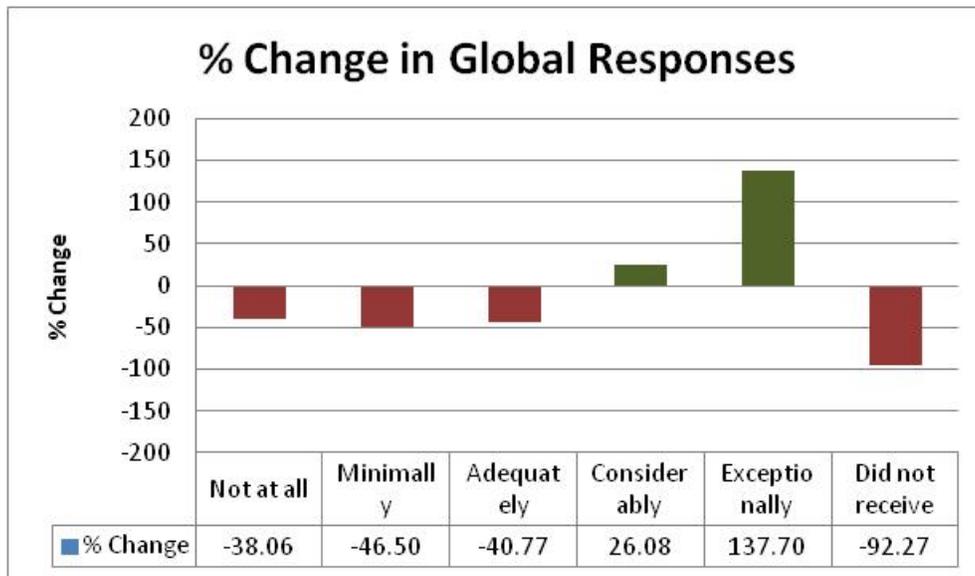
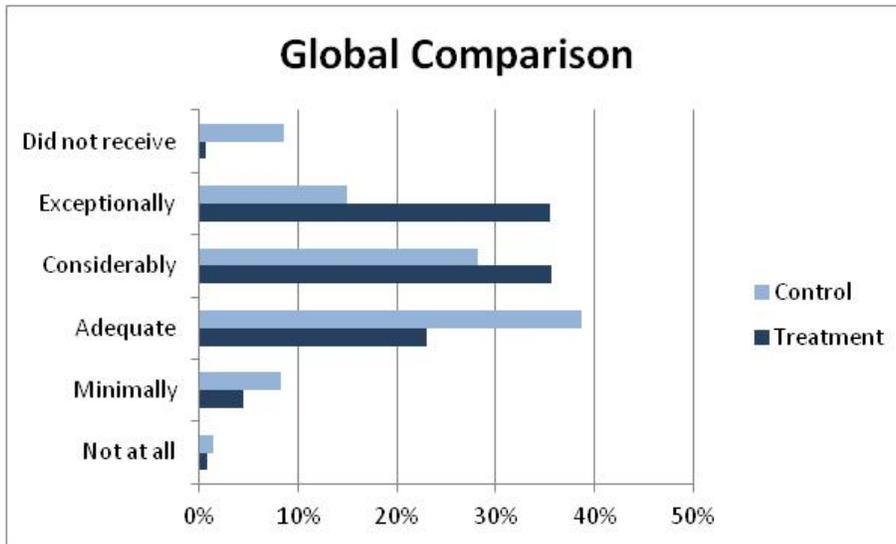
Recommendation 2013-4: Add language, layered throughout the staff training, which discusses the importance of confidentiality as it pertains to electronic communication (email, text etc) and how to avoid sharing information in an unsecure electronic format. Personally Identifying Information (PII) and confidentiality are both addressed in the Designated Staff Training. However, the Council believes these issues to be of the utmost importance, and as such the staff training, all activities, future trainings and scenarios should incorporate additional practical application of these policies and practices throughout. The Council recognizes the challenges Peace Corps faces when supporting a victim overseas and that there may be more staff engaged in order to provide appropriate support. As a result, it is important for all staff to understand the rules, guidelines and consequences regarding PII and confidentiality policies to avoid potentially harmful situations for the victims or themselves. This includes training the staff in issues of PII and social media, which the Council recommended in 2012 (See Status of 2012 Recommendations).

Status of 2012 Training Recommendations

In 2012, the Council reviewed the training developed for Volunteers and Trainees—a global core training package consisting of three modules related to sexual assault. These modules are delivered during Pre-Service Training to all Trainees. The Council found that this training package, developed according to best practices in consultation with SMEs in the sexual assault prevention field and in combination with other safety and security and cultural relations trainings, satisfied the requirements outlined in the Kate Puzey Volunteer Protection Act.

Since our review, Peace Corps collected data from two groups of Volunteers: those who began service after November 2011 received the standardized global core sessions on sexual assault (treatment) and Volunteers who began service before November 2011 received the previous safety and security training (control). The survey measured the Volunteers' perception of each training's effectiveness on meeting learning objectives related to sexual assault. The Council was pleased to see the results of this analysis showed Volunteers who received the standardized global core training on sexual assault reported the training was exceptionally to considerably effective at a higher rate than Volunteers who received the older safety and security training (See Figure 2). For example, results showed a 137.7 percent change between the two Volunteer groups on the effectiveness of the training to prepare them to identify tactics used by sexual assault assailants in their host country and Volunteers (n=5150)

Figure 2: Perceptions of Effectiveness in Training PCVs to Identify Tactics used by Sexual Assault Assailants in Host Country (n=5150)



In 2012, the Council made 22 recommendations regarding training for Volunteers, Trainees, and staff.¹² Out of the 22 recommendations, Peace Corps concurred with the following 19 recommendations:

1. Expand the training modules for Volunteers to address questions of “Was I raped”?
2. Inform Volunteers and Trainees of resources and/or support if they feel something in the training made them feel uncomfortable.
3. Develop Volunteer training focused on victim privacy, including social media.
4. Incorporate sexual trauma responses into Volunteer medical training to reassure victims their responses are normal.
5. Encourage Volunteers to report sexual assaults at any time.
6. Provide Trainees with information about the role of the Victim Advocate and SARL in the medevac process.
7. Include the contact information for the Office of Inspector General in the Sexual Assault Impact, Reporting and Response training module.
8. Layer the Office of Victim Advocacy contact information through the Pre-Service Training.
9. Provide sexual assault risk reduction refresher courses during other in-service trainings.
10. Provide additional training on gender roles at in-service trainings.
11. Remind the Volunteers that additional information on gender roles is in their Welcome packet.
12. Provide refresher course on Peace Corps medical options following a sexual assault.
13. Provide information on Peace Corps forensic medical options following a sexual assault.
14. Layer the contact information for the Office of Victim Advocacy throughout in-service training.
15. Develop staff training on privacy issues, including social media.
16. Modify the *Bridge to PST* to include crime statistics found in the *Welcome Book*.
17. Modify the Welcome Book to state that Volunteers or Trainees who feel uncomfortable in any way, to inform Peace Corps and discuss safety options and support resources.
18. Provide written and oral information about the Office of Inspector General during Staging.
19. Modify Staging materials to include the contact information for the Office of Victim Advocacy.

All of these recommendations will be implemented by Spring 2014 when the revised global core training sessions will be delivered to posts. Peace Corps strategically decided to wait until the Office of the Inspector General completed its evaluation of the Pre-Service Training in order to

¹² Peace Corps Sexual Assault Advisory Council: Annual Report, November 2012.

combine the OIGs recommendations with those of the Council, and to include new information on restricted and standard reporting. This would allow Peace Corps to complete one revision process and one international rollout of the revised curriculum. By minimizing confusion for in-country staff and Volunteers, the Council believes this approach appropriate, and that it will lead both to training consistency between posts and more effective implementation of the recommended changes.

Peace Corps partially concurred with the following two recommendations related to training:

1. Add to the Bystander Intervention Training a section on how Volunteers can support fellow Volunteers in the aftermath of a sexual assault, including protecting privacy, reinforcing the victim's innocence, and supporting the Volunteer.
2. Provide an overview of the services provided to sexual assault victims by the PCMO, SSC, SARL, OVA, OIG, Office of Civil Rights and Diversity, and the Sexual Assault Hotline at the end of the Pre-Service Training modules for sexual assault.

Peace Corps partially concurred with these recommendations for the following reasons: Before Peace Corps conducts large scale revisions to these modules they are awaiting feedback from the Office of Inspector General on the content of the three Pre-Service Training sexual assault training modules, as well as Volunteer feedback on the newly piloted PST feedback tool. Peace Corps agrees to include a section on how Volunteers can support fellow Volunteers in the aftermath of a sexual assault, including protecting privacy, and supporting the Volunteer. However, they have stated they don't know if it would be best to add that content to the Bystander Intervention module or the module on Sexual Assault Impact, Reporting and Response. They would like to wait until all the feedback data is analyzed to determine where, from a training perspective, it is best to add this information to the existing training.

Provide an overview of the services provided to sexual assault victims by the PCMO, SSC, SARL, OVA, OIG, Office of Civil Rights and Diversity, and the Sexual Assault Hotline at the end of the Pre-Service Training modules for sexual assault. Peace Corps believes it is important to provide an overview of these services. However, they are not sure it would be helpful to provide this verbally or in print at the end of each of the three PST training modules. They would like to explore ways to give this information so that Volunteers' response options are clear and they know about the various resources.

SECTION 2: POLICY

Overview

During FY 2013 Peace Corps developed several policies required by the Kate Puzey Volunteer Protection Act. Many of these policies are Interim Policy Statements (IPS), which allow Peace Corps to make alterations to the policy based on evidence from its monitoring and evaluation plans.

The Council reviewed the following policies developed in FY 2013:

1. Designation of a SARL (IPS2-13: Sexual Assault Response Liaisons)
2. Restricted Reporting (IPS3-13 Responding to Sexual Assaults and procedures)
3. Provide applicable law enforcement and prosecutorial options (IPS3-13 Responding to Sexual Assaults and procedures)
4. Safety and treatment plan (IPS3-13 Responding to Sexual Assaults and procedures)
5. Forensic Exams (IPS3-13 Responding to Sexual Assaults and procedures)
6. 24 Hour Anonymous Sexual Assault Hotline (IPS2-12 Anonymous Sexual Assault Hotline)
7. Emergency health care & provider evaluation
8. Provision of counseling and psychiatric medication
9. Medical evacuation (MS264 Medical Evacuation)
10. Train all staff outside the US on the Peace Corps Sexual Assault Policy

Findings

Designation of a SARL

In April 2013, Peace Corps issued *IPS2-13 Sexual Assault Response Liaisons (SARLs)*, which outlines the selection criteria and process, qualifications, and the role and duty of the SARL. Peace Corps consulted with the following stakeholders on the design of the SARL role: focus groups with Peace Corps Safety and Security Officers; returned Peace Corps Volunteers; current Peace Corps Volunteers; former Country Directors; Peace Corps Medical Officers; Peace Corps Safety and Security Coordinators; and internal experts in the field of sexual assault (Chai Shenoy, David Fleisig, Ed Hobson, Kellie Greene, and Claudia Kuric). As well, Peace Corps led a focus group session with current Country Directors at the Fall 2012 global Country Directors Conference.

SARL's role is to:

- Ensure the Volunteer is in a safe environment
- Accompany Volunteers through the in-country response process, at the Volunteer's request
- Contact the Office of Victim Advocacy upon receiving a report of a sexual assault

- Maintain the strict confidentiality of the Volunteer and any information received in relation to the sexual assault
- Perform the duties assigned to SARLs as part of the Designated Staff in *IPS3-13 Responding to Sexual Assault*

The selection of SARLs began in April and continued through June. All SARLs were trained in the three regional Response Team Trainings that occurred between May and August, 2013. This policy took effect as of September 1, 2013 after all of the SARLs were trained.

In 2012, the Council recommended that Peace Corps develop credentialing standards for SARLs, overseen by the Office of Victim Advocacy and that Peace Corps collaborate with DOD SAPRO to develop the SARL program. Peace Corps concurred with the first recommendation and developed its own internal certification process consistent with national standards. The training was modeled on two certification courses developed by the Office of Victims of Crime (OVC). First, Peace Corps used OVC-TTAC foundational level training for sexual assault advocate counselors and other service providers. OVC-TTACs National Victim Assistance Academy training sessions for victim advocates and the Criminal Justice Institute's training for Rural Law Enforcement served as the major source materials for the SARL training. As well, Peace Corps conducted numerous design meetings with internal experts.¹³ Finally, Peace Corps followed OVCs Instructional Design Standards in the development of the SARL (and Designated Staff) training. Although Peace Corps established a pre and post-test evaluation for the training, the trainings were not complete by the time the Council closed its research period. Peace Corps partially concurred with the second recommendation to collaborate with DOD, citing the ongoing federal collaboration already taking place and the desire to integrate the SARL policy. Peace Corps plans a continuum of training and education for SARLs, to begin in late FY 2014.

Restricted and Standard Reporting

Interim Policy Statement (*IPS*)3-13 *Responding to Sexual Assault* and its accompanying procedures establishes Peace Corps restricted and standard reporting options for Volunteers. This policy was approved in April 2013 and took effect September 1, 2013, after all designated staff were trained.

In 2012, the Council recommended that Peace Corps review existing military and civilian laws to evaluate restricted and standard reporting practices. Peace Corps concurred with this recommendation and consulted extensively with the: the Department of Defense; US Army; Service Women's Action Network; Department of State; Bureau of Diplomatic Security; and Consular Affairs. The resulting policy reflects substantial efforts toward a comprehensive sexual assault policy that includes stalking and procedures for implementation (*Procedures for Responding to Sexual Assault*) that replace the earlier *Guidelines for Responding to Sexual Assault*. The Council finds it commendable that every report of a sexual assault will be

¹³ <https://www.ovcttac.gov/views/TrainingMaterials/dspTrainingCatalog.cfm>

designated a restricted report until a Volunteer chooses to make the report standard, or one of the exceptions related to Volunteer safety emerges (as outlined in the policy).

Provide Applicable Law Enforcement and Prosecutorial Options

The Kate Puzey Volunteer Protection Act requires that the sexual assault policy include “an explanation of available law enforcement and prosecutorial options, and legal representation.”¹⁴ The *IPS3-13 Responding to Sexual Assault* and its procedures establish the requirements for providing Volunteers who have been sexually assaulted with an explanation of local law enforcement and prosecutorial options, as well as legal representation to fully explain these options. Under the policy, Volunteers are provided with an overview on the local law enforcement and legal system by either the PCMO or SSC. If the Volunteer has further questions that staff cannot answer, the Volunteer is provided with local legal counsel to answer questions and provide detailed explanations.

The initial information provided by staff is based on Peace Corps Legal Environment Survey (LES) for each Host Country. This document provides post staff with an overview of the law enforcement and legal environment in the host country, including processes such as how to file a complaint with local police and sexual assault related laws. Peace Corps took steps to formalize and standardize this document in 2009. The Office of General Counsel is working with the Office of Safety and Security to review every LES for each Peace Corps country to ensure specific information about sexual assaults is included in the LES. The Council commends Peace Corps for formalizing and standardizing this tool and encourages the agency to make these efforts a priority.

Safety and Treatment Plan

The Kate Puzey Volunteer Protection Act requires that Peace Corps sexual assault policy include the “completion of a safety and treatment plan with the Volunteer, when necessary.”¹⁵ The Peace Corps has been using a safety plan document since hiring the Victim Advocate. The plan is structured as a conversational guide to facilitate a discussion with a Volunteer to discuss strategies the Volunteer can adopt to increase their safety as well as what to do should they encounter a dangerous situation. Included in the plan is what Peace Corps can do to support the Volunteer in mitigating risks as well as staying emotionally and physically safe. The Council will continue to work with Peace Corps in the development and review of this document.

Though codified in *IPS3-13 Responding to Sexual Assaults*, the corresponding procedures for this policy do not include the safety plan. The procedures state the Victim Advocate has the primary responsibility for developing the safety plan with the Volunteer, in partnership with the

¹⁴ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57. Sec 8B.

¹⁵ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57. Sec. 8B.

PCMO, SSC, and CD. All four of these staff members have responsibility for checking in with the Volunteer on the safety plan.

The Peace Corps developed the Standing Clinical Order Set and Treatment Plan (TG 540 Attachment H) that outlines standardized, evidence-based clinical protocols for the clinical management of a sexual assault victim. The Sexual Assault Discharge Information and Instructions form (TG540 Attachment I) provides an overview of the treatment provided to the Volunteer, any instructions regarding care, and follow-up care plan. Both forms are based on forms offered by the SAAC clinical members. After revision, the forms now show the latest clinical treatment protocols and mental health assessment. The Council will continue to work with Peace Corps in the development and implementation of these forms.

Sexual Assault Forensic Exams (SAFE)

The Kate Puzey Volunteer Protection Act states that 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.”¹⁶ The interim policy *IPS3-13 Responding to Sexual Assaults* outlines how a Volunteer will be provided with a SAFE based on the country’s laws in cases where the perpetrator is a host country national or in any other case where the victim is interested in criminal prosecution. In 2012, the Council recommended that Peace Corps create a separate healthcare environment survey for each host country. In response, Peace Corps developed a tool to evaluate the SAFE exam facilities and examiners in each host country. The Council will continue to work with Peace Corps to revise the evaluation form.

In situations where both the victim and the perpetrator are Peace Corps Volunteers, the Peace Corps Medical Officer (PCMO) will complete the forensic exam. In 2012, the Council recommended that the Peace Corps adopt the medical forensic examination forms provided by two Council members and create an accompanying instruction guide. These recommendations were implemented and PCMOs have been provided with these forms and manuals.

24-Hour Anonymous Sexual Assault Hotline

In late 2012, the Peace Corps issued *IPS2-12 Anonymous Sexual Assault Hotline*. This interim policy established a pilot, staff qualifications and duties, training, and procedures for the Hotline. In February 2013, Peace Corps launched the Hotline pilot in seven countries: Togo, Tanzania, Armenia, Jordan, Indonesia, Guyana, and Jamaica. The pilot ran from February until August 15, 2013. Volunteers in the field were notified of the hotline through text, email and flyers. Peace Corps will evaluate the pilot and use the data to develop the global Hotline. Because the hotline was in this pilot phase, the information for this service had not yet been incorporated into all training materials.

¹⁶ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57. Sec. 8B.

Emergency Health Care and Provider Evaluation

According to the Kate Puzey Volunteer Protection Act, the Peace Corps sexual assault policy “shall include, if necessary, the provision of emergency health care, including a mechanism for such Volunteer to evaluate such provider.”¹⁷ This policy was developed last year in relation to medical policies and the Council found that Peace Corps consulted with appropriate SMEs. The SARRRP evaluator worked with the Office of Health Services to develop an online mechanism to allow Volunteers to assess their US and in-country health care providers. This assessment launched in November 2012 and is available to all Volunteers, not only sexual assault victims. The Council has not reviewed this document but will continue to work with Peace Corps in its development and implementation. As of July 31, 2013, 292 Volunteers completed the survey to evaluate their provider. Based on this data, 81 percent rated their local health care provider excellent to good while 11 percent rated their local health care provider fair to poor. Overwhelmingly, dentists are the health care provider most often rated as fair to poor.

Provision of Counseling and Psychiatric Medication

According to the Act, the sexual assault policy should also include “if necessary, the provision of counseling and psychiatric medication.”¹⁸ The Council finds that Peace Corps provides medication and psychiatric services in accordance with best practices, and under the guidance of medical and psychiatric staff at Peace Corps headquarters.

Medical Evacuation

In 2012, the Council found that Peace Corps provided an effective and appropriate policy for providing Volunteers with the option for a medical evacuation in accordance with the Act that required the agency to “provide, to the extent practicable, a choice of medical providers including a mechanism for such Volunteers to evaluate the provider.”¹⁹ Volunteers are able to evaluate their providers using the same online mechanism outlined under Emergency Health Care.

Train all Staff outside the US on the Peace Corps Sexual Assault Policy

As stated in ‘Section 1: Training,’ Peace Corps trained all staff who will respond to a sexual assault in the new policies and procedures between May and August, 2013. Additionally, training for the remainder of the overseas staff was under development when the Council completed its research in July. The Council will assess this training in 2014.

¹⁷ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57. Sec. 8B

¹⁸ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57. Sec. 8B

¹⁹ KATE PUZEY PEACE CORPS VOLUNTEER PROTECTION ACT OF 2011, P.L. 112-57. Sec. 8B

Recommendations

Recommendation 2013-5: Designation of a SARL Background Checks

Peace Corps should review the background check process for the SARLs and determine if further investigation and more frequent checks should be conducted. The Peace Corps already has procedures to conduct periodic background checks of staff, at the date of hire and updated every three-5 years depending on the staff person's contract and Federal regulations. Because of the sensitive nature of the SARL position, the Council recommends that Peace Corps consider the feasibility to update the background check annually.

Recommendation 2013-6: Designation of a SARL Non-Disclosure Agreement

Peace Corps should develop a policy for all SARLs who are not Peace Corps staff to sign a Non-Disclosure Agreement (NDA) that includes administrative action for violating the NDA. Standard victim response includes confidentiality protections of victim information. SARLs who are members of Peace Corps staff are already subject to confidentiality requirements contained in IPS3-13 *Responding to Sexual Assault*. However, non-staff are currently under no such duty to protect victim confidentiality. Therefore, the Council recommends that non-staff SARLs be required to sign a Non-disclosure Agreement to protect victim information.

Recommendation 2013-7: Restricted and Standard Reporting Legal Representation

The Council recommends that the legal representation in the policy be cross-referenced through a hyperlink to the online training with MS774. Peace Corps' provision of legal representation represents a crucial part of victim care, and should be referenced in conjunction with the policy.

Recommendation 2013-8: Restricted and Standard Reporting OIG

Peace Corps should develop an MOA between the OIG and the OVA that requires the OIG to notify the OVA when the office initiates a sexual assault allegation investigation. The Council has concerns over impacts on a victim should a victim file a restricted report but the OIG is notified of an assault through a third party or other means. The Council believes an MOA will help to provide clarification in terms of how the agency will support a Volunteer during an investigation while not undermining the restricted reporting option.

Recommendation 2013-9: Restricted and Standard Reporting PCMO Checklist

Develop a one-page, country-specific checklist for PCMOs to use when discussing reporting options with Volunteers. The checklist should be country-specific and include information on SAFE examination locations, evidence collected, transportation time to the exam site, and other relevant information. Peace Corps has done an excellent job of delineating some of the details involved in providing the Volunteer a complete picture of the reporting options and what will be involved in terms of medical forensic care. All PCMOs are trained currently on how to discuss

these options with a Volunteer, but the large amount of information does not lend itself to providing an accurate, user-friendly, and quick country-specific overview.

Recommendation 2013-10: Restricted and Standard Reporting Secure Communication

The Council encourages Peace Corps to establish a policy that requires any type of sensitive or personally identifying information regarding victims be shared through their case management system (in development). Email and other forms of electronic communication are inherently unsafe and insecure. (See Recommendations to Congress in this report for additional secure communication recommendations).

Recommendation 2013-11: Provide Applicable Law Enforcement and Prosecutorial Options

The LES for each country should be reviewed and updated every two years. Laws in countries change quickly and it is important to provide Volunteers accurate and up to date information.

Recommendation 2013-12: Safety and Treatment Plan

The safety planning guide should be included in the *Procedures for Responding to Sexual Assault* document. Safety planning is an integral part of victim response and care, and should be included in any formal policy relating to how to respond to a Volunteer who has been victimized.

Recommendation 2013-13: Sexual Assault Forensic Exams

The Council believes that the best response to sexual assault victims involves a trained, sensitive medical examination that includes both the treatment and gathering of forensic evidence within one visit. Such response is best provided by a Peace Corps Medical Officer (PCMO). Indeed, the Peace Corps' normal practice for all health matters is to encourage Volunteers to be examined and treated by trained PCMOs, ensuring a uniform best health care, response across the many countries in which the Peace Corps operates. Thus, the Peace Corps current plan to send a traumatized Volunteer who wishes to seek justice for a sexual assault to a local medical provider for the gathering of forensic evidence, possibly to be followed by an additional medical exam by the PCMO, falls short of best practice. The Council understands that, in some countries, a SAFE must be performed by an authorized local provider in order to be admissible in court. However, in other countries a PCMO could seek to be credentialed or otherwise authorized to conduct such an exam.

Therefore, the Council recommends that Peace Corps develop a mechanism to ensure updates are made annually in regards to in-country changes for post-sexual assault prophylaxis. Overall, the Council commends Peace Corps for its efforts to reach out to multiple experts, including in-country infectious disease specialists, and we encourage Peace Corps to utilize multiple information sources to ensure the most accurate and up to date information. Peace Corps requires PCMOs to update their information annually. This requirement is linked to the PCMO's

performance appraisal. In addition, every 3 years, PC HQ PCMO's visit each post to perform an audit.

Recommendation 2013-14: Sexual Assault Forensic Exams Assessment Forms

Peace Corps should use only one Sexual Assault Clinical Assessment Form. The only difference between the original 'medical forensic assessment' form and the proposed 'clinical assessment' form provided to the PCMOs is the collection of forensic swabs, clothing and blood. If these items and procedures are not part of the process conducted by the PCMO, then those boxes should remain unchecked. The Council believes having two forms may lead to further confusion.

Recommendation 2013-15: Sexual Assault Forensic Exams LES

Peace Corps should update the Legal Environment Survey (LES) or Medical Environment Survey (MES) to include whether or not the PCMO has the legal capacity according to the host country to conduct the SAFE. Currently, the LES does not distinguish between legal ability, being medically credentialed, and legally authorized. As a result, it is unclear when a PCMO is not 'legally allowed' vs 'medically credentialed' vs 'not currently authorized' without prior permission (which might be established if sought) to do an acceptable SAFE in each country.

Recommendation 2013-16: Sexual Assault Forensic Exams Strategic Plan

Peace Corps should consider developing a "Long Term In-Country Medical Forensic Strategic Plan." This plan would specify goals and options that may allow PCMO's in the future to satisfy the legal and medical requirements necessary to perform an accepted best practice medical forensic exam including procedures for evidence collection in drug facilitated sexual assault (DFSA). The plan would explore options regarding certifying, credentialing, licensing or getting prior approval of their PCMO's where possible to perform medical forensic exams in-country for incidents involving host country national perpetrators and Peace Corps Volunteer victims. The Council recognizes the challenges this may present but encourages Peace Corps to explore the possibility as more and more countries begin to adopt best practice standards for forensic care and DNA collection. The Council believes ongoing dialogue between the PCMO and their in-country healthcare colleagues will over time raise the standard of care for sexual assault victims in communities around the world.

Recommendation 2013-17: Sexual Assault Forensic Exams Certify PCMOs to Conduct SAFE

Peace Corps should develop an internal process for all PCMOs to be certified by Peace Corps to perform a medical forensic exam in accordance with the healthcare background of the PMCO. Although most PCMOs may not legally be able to or may rarely conduct a forensic exam, they should all be initially trained by sexual assault forensic educators and receive ongoing refresher trainings.

Recommendation 2013-18: Sexual Assault Forensic Exams for Restricted Reporting

Peace Corps medical officers should collect the appropriate forensic samples in those cases in which the PCV elects to have a restricted report. Peace Corps has met the challenge of collecting SAFE evidence for Volunteer on Volunteer sexual assaults by developing procedures and protocols for PCMOs to collect, store and transfer forensic evidence while maintaining the chain of evidence. If a PCV decides to make a restricted report *and* requests that samples be collected, the samples should also be obtained using the same procedures. The current issue is that these samples may not be admissible in a host country court of law, both presently and in the future. The Council believes that as CODIS' international use increases, medical and legal standards will evolve to allow this evidence to be admissible in local courts. Because of this, the forensic material may benefit the PCV in the future. For these situations, it is important that the Volunteer understand the full legal implications of their choices regarding Restricted and Standard Reporting, and the likelihood that their case would not result in prosecution if filed as a Restricted Report.

Recommendation 2013-19: Provision of Counseling and Psychiatric Medication

The Peace Corps is in the process of updating TG530 regarding Psychiatric Medications. The agency should continue to work with the PCAC to finalize this protocol.

Recommendation 2013-20: Train all Staff Outside the US on the Peace Corps Sexual Assault Policy

The Council recommends an ongoing training schedule for the designated staff (PCMOs, SARLS, and SSCs) on the topic of sexual assault response. Some in-country staff rarely utilize the skills learned in the current training course, and it is important to keep the large amount of information presented in the training easily accessible to ensure all staff can respond appropriately.

Status of 2012 Policy Recommendations

In 2012, the Council made 29 policy-related recommendations to Peace Corps, including several related to the Office of Victim Advocacy. Peace Corps concurred with 21, partially concurred with 4 and did not concur with 4.

Table 1 outlines the status of the concurred recommendations (as of July 31, 2013). The following two recommendations made in 2012 are no longer applicable due to *IPS3-13 Responding to Sexual Assault* and its corresponding procedures:

1. Modify the *Guidelines for Responding to Sexual Assault* "Step by step guide to handling the call"
2. Modify the Actions by the Country Director portion of the *Guidelines for Responding to Sexual Assault*

The new *Procedures for Responding to Sexual Assault* supersede the former guidelines and the policy outlines new roles and duties for Country Directors and other staff. Therefore, these recommendations no longer apply.

Table 1: Status of 2012 Concurred Recommendations

Policy Area	Recommendation	Status
Medical	Develop physical format for medical information and post-assault guidance to be given to PCVs	Completed/Not Yet Reviewed by Council
Medical	Adopt Sexual Assault medical Forensic Exam form	Completed
Medical	Adopt Sexual Assault medical Forensic Exam instruction guide	Completed
Medical	Modify TG540 and retitle to “Resource Guide for clinical management of Sexual Violence” and remove redundant information and modify subtitles	Completed
Medical	Develop health care environment surveys for each country to assess in country health care facilities, treatment information	In Progress/Under Current Review by Council
Medical	Continue to encourage informal relationships between PCMOs and host country health care providers	Completed; made part of PCMO performance evaluation
Medical	Modify PCMO Preparation for Managing Sexual Assault to include a supply and equipment check list	Completed
Medical	Move personnel items to TG540:3 and retitle to PCMO Admin Preparations to Manage Volunteers	Completed
Medical	Move pages in Sexual Assault Management Resources to “Resource Guide for clinical management of Sexual Violence”	Completed
Medical	Provide victims an assessment tool to compare potential mental health providers	In Progress
Medical	Modify “Sexual Assault Counseling” to address referrals to professional counselors	Completed
Medical	Modify TG 545 to offer specific options for counseling and evaluation of options	Completed
Medical	Require Peace Corps counselors to discuss counseling options with victims who remain in country	Completed
Medical	Continue to evaluate the use and effectiveness of treatment plans to improve their efficacy and usefulness	In Progress
Restricted	Review existing military and civilian laws to	Completed

Reporting	evaluate restricted and standard reporting practices	
Legal	Develop country specific fact sheets of basic information on host country laws related to sexual assault	In progress; See also Recommendation 2013-9
OVA	Modify the safety and security web page, information for friends and family, and “Family and Friends Guide” as well as Highlights to include the OVA contact information	Completed

Peace Corps partially concurred with the following recommendations:

1. Modify the “summary Note Example for Sexual Assault Documentation” to include a picture demonstrating the proper use of Toluidine Blue dye.
2. Develop an electronic standardized and comprehensive sexual assault discharge form in collaboration with the CDC.
3. With CDC assistance, modify the PCMO resources to provide country-specific information and recommendations regarding medical tests and medications.
4. Collaborate with DOD SAPRO program throughout the development of the SARL policy.

Peace Corps agreed to update the PCMO resources. Peace Corps sought advice from Dr. Princy Kumar, Chief of Infectious Diseases and Travel Medicine at Georgetown University, to seek the best avenue in which to collect in-country data related to STI resistance and to review Peace Corps’ HIV and STI testing and treatment protocols. Her recommendation was to obtain country-specific information from infectious disease specialists in the host country for STI resistance. She confirmed that Peace Corps current STI and HIV testing and treatment protocols are based on the latest CDC guidelines.

Peace Corps collaborated with DOD as much as possible within the time frame of the fast-tracked SARL policy.

Peace Corps did not concur with the following recommendations:

1. Promote the OVA phone number as the primary form of contact for PCVs
2. Pursue modification of federal law to grant privilege to victim advocates and SARLs within Peace Corps
3. Link sexual assault classifications in the Sexual Misconduct Policy with the classifications recognized by Peace Corps
4. Sign MOU with the Washington Hospital Center in DC in the event that a PCV/T on medevac is sexually assaulted

Peace Corps did not concur with these recommendations for the following reasons.

1. The most popular methods among Volunteers to communicate are texting and emails. The 2012 global Annual Volunteer Survey found that Volunteers' preferred method of in-country communication with Peace Corps staff was email or text messages (63% of Volunteers surveyed). Peace Corps wants to support Volunteers' communication choices and promote contact methods that make the most sense for Volunteers who are living in remote areas, overseas, at poverty level and may have logistical and financial challenges to calling the OVA number. Calls to the United States are prohibitively expensive and in most countries Volunteers in-country cell phone companies do not allow for international calls.
2. Peace Corps is unable to lobby Congress and modify federal law. The Council has therefore made this a recommendation to Congress (see Other Recommendations).
3. Peace Corps did not concur with linking the sexual assault classifications from the Misconduct Policy to the classifications used by the Agency's internal system called the Crime Incident Reporting System (CIRS). The behavior listed in the Sexual Misconduct Policy is far broader and it includes behaviors which do not have a classification under the CIRS but which Peace Corps considers sexual misconduct (including a range of behaviors under the category of sexual exploitation).
4. Peace Corps believes that while on Medevac, whether at home of record (HOR) or in Washington DC, Volunteers who are sexually assaulted should be treated by the hospital just as any regular citizen would be treated. A Peace Corps victim advocate would not be able to advocate for the Volunteer outside of the Peace Corps in this particular situation. In Washington DC, the Volunteer would be assigned a DC victim advocate who would be responsible for assisting with the local process. However, with that said, the Peace Corps victim advocate could definitely assist the Volunteer in accessing the local resources in DC or HOR, but that would be the limit. Peace Corps updated the Medevac Guides given to all medevaced Volunteers, in order to provide information to the Medevacs in DC and HOR on where to go and who to contact locally if they are the victim of a sexual assault and do not want to report to Peace Corps nor want the assistance of the PC victim advocate.

SECTION 3: OTHER RECOMMENDATIONS

The Council's review of Peace Corps work related to the Kate Puzey Volunteer Protection Act revealed several other areas on which the Peace Corps works, and some related recommendations.

Recommendations to Congress

In 2012, the Council recommended that Peace Corps pursue privilege options for the victim advocates and SARLs through revised legislation. The Council recognizes that Peace Corps is not in a position to lobby Congress for these changes.

Recommendation 2013-17: Creating Privilege for Victim Advocates and SARLs

The Council recommends that Congress amend the Kate Puzey Act to create a privilege for communications between crime victims and the Office of the Victim Advocacy and Sexual Assault Response Liaisons. This privilege should also provide an exception to the Freedom of Information Act for notes, electronic communication and other documentation or correspondence regarding interactions between crime victims and the OVA or SARLs. Keeping information shared with a Victim Advocate or a SARL, confidential and privileged allows for the development of a trustful and healing relationship between the Volunteer and Peace Corps staff and cultivates the type of connection necessary for recovery and healing to occur.

Recommendation 2013-18: Exempting Peace Corps SARRRP from the Paperwork Reduction Act

The Council recommends that Congress make an exemption to the Paperwork Reduction Act for Peace Corps SARRRP. Collecting data from Volunteers about their sexual assault and experience reporting to Peace Corps is vital to the monitoring and evaluation activities of the SARRRP and follows best practices in evaluating sexual assault response programs. Best practices in the sexual assault field indicate that victims should be surveyed about the response quality at least three months after they receive services. Peace Corps is unable to meet this best practice in many cases because the Volunteer completes or ends their service before three months has passed. Once the Volunteer leaves Peace Corps, they become American citizens subject to the Paperwork Reduction Act regulations, and Peace Corps cannot easily collect any data from them without going through the lengthy proposal process. The requirements of this Act have prohibited data collection and placed an undue burden on Peace Corps as it attempts to make evidence-based decisions for this program.

Recommendations to Peace Corps

Recommendations on Monitoring and Evaluation

As noted throughout this report, Peace Corps is monitoring and evaluating training, policies, implementation, and outcomes related to the SARRRP. To date, M&E plans and monitoring data collection systems exist for the Hotline pilot, staff and PCV training, and *IPS3-13 Responding to Sexual Assault*. The agency will be making decisions based on the evidence from the monitoring data collected in the coming years. The M&E follows best practices in evaluation in general, and where applicable in relation to sexual assault prevention and response programs.

Conversations with the SARRRP evaluator and others led to the following recommendations, in addition to the recommendations made in 2012 regarding M&E:

Recommendation 2013-17: Monitoring and Evaluation SAFE

Peace Corps should track the sexual assault examination access, requests and results in their case management system. Currently, Peace Corps cannot easily count the number of sexual assault exams provided to Volunteers, how many exams were done by PCMOs or in-country medical professionals, the type of evidence collected during exams, how many of those cases went to trial, and their ultimate legal outcomes. All of this information should be collected and tracked in the new case management system in order to provide a clear picture of Volunteer needs and determine how local processes impact program outcomes.

Recommendation 2013-18: Monitoring and Evaluation Sexual Misconduct Policy

The Council encourages Peace Corps to evaluate the Sexual Misconduct Policy to ensure it is not negatively impacting victims.

Status of 2012 Other Recommendations

Status of 2012 Other Recommendations: Monitoring and Evaluation Restricted Reporting

The Council recommended Peace Corps evaluate its restricted reporting policy within two years of implementation. Peace Corps partially concurred. The monitoring and evaluation (M&E) plan for the Sexual Assault Risk Reduction and Response Program (SARRRP) includes monitoring and evaluating restricted and standard reporting, as well as other policies. The M&E plan states that Peace Corps will monitor implementation of the policy for the first two years in order to adapt the policy to in-country conditions. Short, medium and long-term outcomes are not expected until year three through year five. As a result, an evaluation of the policy's effectiveness cannot be conducted until FY2016 at the earliest. The Council concurs with this approach.

Status of 2012 Other Recommendations: Monitoring and Evaluation Immunity Policy

The Council encouraged Peace Corps to create an evaluation mechanism for the Immunity Policy to determine if the policy is resulting in its intended effect. Peace Corps concurred but has not yet conducted this evaluation for the reasons outlined above. These policies will be reviewed after they have been in place long enough to gather enough data to make and verifiable inferences according to best practices in program monitoring and evaluation. The Council recognizes this approach as a valid and acceptable approach to evaluating the program effectiveness, and would recommend a thorough program evaluation begin no later than four years following implementation.

THE WAY AHEAD

During FY 2014, The Council will continue to focus on the development and efficacy of Peace Corps policy and training for risk reduction and response to sexual assault, as well as relevant policies and protocols. The Council will monitor and contribute to Peace Corps' continued efforts to develop resources for Headquarters, in-country 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 related to sexual assault. Specifically, the Council will carry over the following items to examine in its FY 2014 report:

- Efforts to improve security and confidentiality through enhanced remote (online) counseling options.
- Communication standards between Peace Corps staff and victim's 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
- Training for Volunteers/Trainees on, and guidance for secondary survivors'
- The use of email to communicate with victims will be further reviewed.

In FY2012, the Council outlined four items it felt could positively impact policy and service delivery in the long-term. The Council was pleased to find during the review process that many of the items were addressed during the current year. The long-term items were:

1. Training of Peace Corps Headquarters staff on sensitivity to victim's issues. This was accomplished through the Sexual Assault and Victim Sensitivity Training
2. Training for the OIG on victim sensitivity and interviewing victims. We recommend investigators and other relevant staff, including those who may interact with a victim, complete this training. It should be noted three investigators from the Office of Inspector General will be completing the Army's training for sexual assault investigators.
3. Applicability of existing advocate certification frameworks to Peace Corp's SARL program. The SARL training referenced OVC-TTAC certification courses when developing training for all SARLs as well as internal Peace Corps expertise.
4. Creation of a response protocol for "Other Sexual Assault" cases, consistent with those for rape and major sexual assault. Peace Corps revised its sexual assault classifications and no longer uses the term "Other" sexual assault. The restricted and standard reporting policy and procedures apply to all classifications of sexual assault, and included in staff and PCV training. It should be noted that Peace Corps has revised their sexual assault classifications so that they are more in line with recent changes in sexual

assault definitions used by other Federal and state agencies. Peace Corps no longer uses the term 'Other Sexual Assault'.

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. Collins'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.

Carmella Donahue

Ms. Donahue works for the U.S. Department of State, in the Bureau of Consular Affairs' Directorate of Overseas Citizen Services, where she supervises the Bureau's Crime Victim Assistance Program. Since 2005, Ms. Donahue has led the Bureau's efforts to improve services for sexual assault victims through training, advocacy, and direct referrals to resources. In her previous position as Victim Assistance Specialist, Ms. Donahue served as the Course Coordinator for the Foreign Service Institute's five-day training course on assisting victims of crime. She has traveled overseas in advance of major world events, where she assisted in the training and preparation for consular services and emergency response. Ms. Donahue holds a Master of Science Degree in Public Health from The George Washington University. Prior to joining the Department, she served as the Director of Forensic and Medical Services at Children's Hospital San Diego, as well as the Coordinator of Children's Services within the Sexual Assault Response Team in Santa Barbara, CA. She has provided training to law enforcement

officers, social workers, and community advocates, and worked to improve community response to the victims of violent crime.

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.

Justin Hargesheimer

As a Peace Corps Volunteer in Guatemala, Mr. Hargesheimer served as the Treasurer of the Volunteer Advisory Council while working as a Municipal Development Volunteer. He taught a series of workshops on project design and management to community leaders, organized a coalition of national and international actors to build a school out of plastic bottles filled with trash and facilitated a series of workshops on the bottle-building technique for Guatemalans and Peace Corps Volunteers. Mr. Hargesheimer has a B.A. in Anthropology and Communication Arts from the University of Wisconsin-Madison and a Master's in Public Administration with a

concentration in Nonprofit Management from Georgia State University. He currently works as a Corporate and Foundation Relations Manager for the Piedmont Park Conservancy in Atlanta, Georgia.

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 Inch

Ms. Inch is an expert in crime victims' rights and she is a national speaker on victim care in the military and an adjunct professor. She led the Department of Defense in several ground-breaking initiatives, to include, the development of the DoD Safe Helpline, the nation's first confidential hotline resource for military victims of sexual assault, and award winning Safe Helpline mobile app, the nation's first sexual assault response app, and a secure moderated online peer support forum; 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. Ms. Inch has received numerous awards over the years to include Federal Employee of the Year for the U.S. Army, Pacific Region, and Letter of Commendation from the Under Secretary of Defense for Personnel and Readiness and the Award for Excellence from the Secretary of Defense. She currently serves as an advisor to several national organizations assisting military victims of crime, such as the National Victim Assistance Standards Consortium.

Michael L. Weaver, MD FACEP

Dr. 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 EAW 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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