



## MANUAL SECTION 243

### RESPONDING TO SEXUAL ASSAULT PROCEDURES

**EFFECTIVE DATE:** March 25, 2024

**RESPONSIBLE OFFICE:** OFFICE OF SEXUAL ASSAULT PREVENTION AND RESPONSE (OSAPR); OFFICE OF SAFETY AND SECURITY (OSS); OFFICE OF GLOBAL OPERATIONS (OGO); OFFICE OF VICTIM ADVOCACY (OVA); OFFICE OF HEALTH SERVICES (OHS); OFFICE OF THE GENERAL COUNSEL (OGC)

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# 1.0 INTRODUCTION

Sexual assault<sup>1</sup> is a traumatic event that can be physically and psychologically devastating. When a Volunteer first reports a sexual assault there is a narrow window of opportunity in which Peace Corps staff can provide the most critical medical, psychological, advocacy, and legal assistance to the Volunteer. It is our obligation to be prepared to respond effectively, compassionately, and in a victim centered and trauma-informed way to Volunteers who have been the victim of sexual assault.

Effective management of a sexual assault requires that we provide for the Volunteer's security, medical, emotional and advocacy needs. Staff must be well-informed of the local laws and investigative practices regarding sexual assaults and be willing to advocate within the local systems on behalf of the Volunteer to help protect her<sup>2</sup> rights.

The healthy recovery of a Volunteer in the aftermath of a sexual assault can depend on the combined efforts of Peace Corps staff. The actions outlined in these Procedures are the result of collaboration between the Office of Sexual Assault Prevention and Response (OSAPR), the Office of Safety and Security (OSS), the Office of Victim Advocacy (OVA), the Office of Health Services (OHS), the Behavioral Health and Outreach Unit (BHO), the Office of Global Operations (OGO) and the Regions, and the Office of the General Counsel (OGC). This collaboration is designed to help Post provide a timely and effective response, especially in the first crucial hours after the assault is reported to the Peace Corps.

The Peace Corps believes it is best able to respond to Volunteers who have been sexually assaulted by applying the procedures outlined under Standard Reporting. Standard Reporting provides a Volunteer with the full array of support services and options while still maintaining, to the extent possible, the confidentiality of the Volunteer's sexual assault. The agency recognizes that Volunteers may, for a variety of reasons, be reluctant or unwilling to report sexual assaults under Standard Peace Corps Reporting procedures. As a result, the Peace Corps developed Restricted Reporting policy and procedures to provide Volunteers with an alternative way to confidentially report sexual assaults. The Restricted Reporting policy allows Volunteers to request certain specific services without dissemination of information about the Volunteer or the sexual assault except as necessary for the provision of the services requested by the Volunteer, and without automatically triggering an official investigative process. Database administrators, quality assurance staff, monitoring and evaluation staff, and trained support staff within medical and safety offices may have access to information, but only to the extent necessary for provision of services or to ensure quality of response. Peace Corps' Office of the

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<sup>1</sup> The term "Sexual Assault" includes: Rape, Aggravated Sexual Assault, and Non-Aggravated Sexual Assault. See Peace Corps Sexual Assault Classifications on page 8.

<sup>2</sup> Peace Corps understands that people of all genders experience sexual assault, and that people of all genders commit sexual assault. In an effort to be inclusive of multiple gender identities, we alternate between "he/him" and "she/her" pronouns in this policy. In the Introductory Materials and "Restricted Reporting" section, "she/her" is used to refer to Volunteers, and in the "Standard Reporting" section, "he/him" is used. Peace Corps also understands that not every Volunteer uses "he/him" or "she/her" pronouns. Reporting options and services as outlined in this policy are available to every Volunteer and are inclusive of all gender identities.

Inspector General may access all Peace Corps records for evaluation and oversight purposes, including Restricted Reports of sexual assault.

A Volunteer has the option to make either a Restricted Report or a Standard Report. A Volunteer's report of sexual assault is treated as a Restricted Report until the Volunteer exercises the option to make it a Standard Report in accordance with these Procedures. A Volunteer may ask for their report to be changed from Restricted to Standard at any time. **Under no circumstances may a Restricted Report be converted into a Standard Report without the consent of the Volunteer unless OGC, in conjunction with the DSS, has determined in accordance with these Procedures that an exception applies.**

Certain staff members at Post have been designated to receive Restricted Reports. They are referred to in these Procedures as Designated Staff. Any staff member at Post who receives a report of sexual assault and who is not a member of the Designated Staff must refer the matter to the PCMO who will contact the Volunteer. Personally Identifiable Information (PII) or any other information about the Volunteer must not be revealed to anyone other than Designated Staff.

If a Designated Staff member has a close personal, business, or familial relationship with the alleged perpetrator or any other individual involved in the incident other than the Volunteer who reported the sexual assault, that Designated Staff member must not participate in providing any Restricted or Standard Report Services to the Volunteer and must report the conflict, based on the Designated Staff member's position, as follows:

- (a) A PCMO will notify OHS.
- (b) An SSM or PCSSO will notify the Office of Safety and Security.
- (c) A SARL will notify OVA.
- (d) Any Headquarters-based Designated Staff (including the Forensic Nurse Specialist (FNS)) will notify OGC.

A Designated Staff member at Post will also, without revealing any PII or details of the sexual assault, inform the Country Director (CD) of the conflict and ask the CD to assign another Designated Staff member to provide the services requested by the Volunteer.

Allegations of sexual assault that are brought to Peace Corps' attention by an individual other than the Volunteer victim ("third party") have different procedures (*see* section on Third Party Reporting).

## 1.1 Related Policies and Guidelines

MS 243 *Responding to Sexual Assault*, is just one of the many policies and procedures that govern the Peace Corps' response to sexual assault and other serious crimes against Volunteers and Trainees, hereinafter "Volunteers" (*see* definition in 1.5 of these Procedures). These policies, some of which are listed below, are interrelated, and in some cases multiple policies will apply to the same staff member or Volunteer. Therefore, Peace Corps staff should become familiar with the policies and refer to them when responding to a sexual assault against a Volunteer. OGC is available to answer any questions about the application or interpretation of Peace Corps policy.

(a) Available in the [Peace Corps Manual](#):

- (1) Interim Policy Statement (IPS) 1-12 *Volunteer/Trainee Sexual Misconduct*;
- (2) Manual Section (MS) 240 *Immunity From Disciplinary Action in Sexual Assault and Stalking Incidents*;
- (3) MS 241 *Anonymous Sexual Assault Hotline*;
- (4) MS 242 *Stalking of a Volunteer*;
- (5) MS 244 *Sexual Assault Response Liaisons*;
- (6) MS 245 *Respite Leave*;
- (7) MS 264 *Medical Evacuation*;
- (8) MS 271 *Confidentiality Protection*;
- (9) MS 461 *Crimes Against Volunteers and Trainees*;
- (10) MS 774 *Retention of Counsel and Payment of Expenses*; and
- (11) MS 861 *Office of Inspector General*.

(b) Available through the [Office of Health Services](#):

- (1) TG 540 *Clinical Management of Sexual Violence*;
- (2) TG 542 *Sexual Assault Forensic Examination*; and
- (3) TG 545 *Sexual Assault Mental Health Assessment and Care*.

(c) Available through the [Office of Safety and Security](#):

- (1) SSI 101 *Overseas Staff Safety and Security Training Guidelines*;
- (2) SSI 202 *Response to Threatening Situations*;



- (3) SSI 310 *PCV Training Guidelines*;
- (4) SSI 420 *Host Family and Counterpart Orientations*; and
- (5) SSI 500 *Local Legal Environment Survey Guidelines*.

## 1.2 Peace Corps Commitments to Sexual Assault Victims

Peace Corps is committed to providing a compassionate and supportive response to all Volunteers who have been sexually assaulted. To that end, Peace Corps makes the following commitment to our Volunteers who are victims of sexual assault. Peace Corps staff worldwide will demonstrate this commitment to Volunteers through our words and actions.

- (a) **Compassion** – We will treat Volunteers with dignity and respect. No one deserves to be a victim of a sexual assault.
- (b) **Safety** – We will take appropriate steps to provide for the Volunteer’s ongoing safety.
- (c) **Support** – We will provide Volunteers with the support they need to help their recovery.
- (d) **Legal** – We will help Volunteers understand the relevant legal processes and their legal options.
- (e) **Open Communication** – We will keep Volunteers informed of the progress of their case, should they choose to pursue prosecution.
- (f) **Continuation of Service** – We will work closely with Volunteers to make decisions regarding their safety and continued service.
- (g) **Privacy** – We will respect Volunteer privacy and will not, without the Volunteer’s consent, disclose the Volunteer’s identity or share the details of the incident with anyone who does not have a specific need to know.

## 1.3 Guiding Principles for Supporting Victims of Sexual Assault

The Peace Corps endeavors to be **victim-centered** in its approach to all cases of Volunteer sexual assault (*see* definition in Section 1.5 of these Procedures). The Peace Corps achieves a victim-centered approach with a multidisciplinary, coordinated agency response to meet the victims' needs. This includes:

- Specially trained staff at Post and Headquarters, who are prepared to compassionately receive Volunteer reports of sexual assault, and to provide support to Volunteers who have been sexually assaulted.
- Ensuring that the Volunteer understands their options and empowering the Volunteer to make choices that are right for them. This includes choosing the type of report they wish to make (Restricted or Standard) and electing the services that they wish to receive.
- Post staff coordinates with staff from Headquarters to provide a holistic response that facilitates the services requested by the Volunteer, to conduct an assessment of the Volunteer's health and safety, and to keep the Volunteer informed every step of the way. When the Volunteer requests a specific action from Peace Corps in response to the sexual assault, Peace Corps staff will make every reasonable effort to accommodate the Volunteer's wishes, or to provide an acceptable alternative. If no alternative is available Peace Corps staff will communicate that in a manner that is trauma-informed and compassionate.

The Peace Corps' commitments to sexual assault survivors serve as the backbone for all communications and services to Volunteer survivors – and those include the commitment to be transparent, non-judgmental, and to maintain the confidentiality of information shared by the Volunteer. *See* Section 1.2 of these Procedures.

The Peace Corps also endeavors to be **trauma-informed** in its approach to all cases of Volunteer sexual assault (*see* definition in Section 1.5 of these Procedures). A trauma-informed approach recognizes the prevalence and pervasive impact of trauma, as well as the varied manifestations of trauma. Reactions to trauma vary widely from person to person, and there is no one “normal” response. A trauma-informed approach recognizes that an individual can respond to trauma in a number of ways, including:

- Delayed reporting,
- Partial reporting,
- Fragmented memories,
- Flat or controlled affect,
- Avoidance or denial,

- Low situational awareness,
- Risky behaviors,
- Fear or shame, and
- Not actively resisting the assault.

Moreover, a trauma-informed approach aims to shift responders' interactions, behaviors and responses to acknowledge the victim's experience and prevent exacerbation of mental health symptoms, particularly those related to a trauma event.

In turn, when working with victims of sexual assault, Peace Corps staff should:

- Be educated about common biases, stereotypes, and myths surrounding sexual assault, and how to counteract these myths,
- Ensure that they are not compromised by personal bias and judgment,
- Adhere to a non-threatening approach,
- Focus on the victim's well-being,
- Maintain open communication and allow the victim to be part of the process when making decisions, and
- Make every effort to avoid re-traumatization of the victim.

These basic principles should be incorporated with unique aspects of the environment and the culture of those impacted by trauma.

Finally, sexual assault is never the fault of the victim, and staff should never blame the victim, either directly or indirectly, for the sexual assault or the circumstances surrounding the sexual assault.

**“Victim blaming”** is the act of holding a victim wholly or partially responsible for the offense committed against them, or questioning what a victim could have done differently to prevent or mitigate an offense (*see* definition in Section 1.5 of these Procedures). Victim blaming can appear in the form of negative reactions or comments from judicial, legal, security, medical, and mental health professionals, as well as from the media, family members, friends, co-workers, religious figures, and community members.

Examples of victim blaming statements include:

- You weren't supposed to be there.
- Why were you alone?
- You shouldn't have been drinking/taking drugs/you drank too much.

- Why did you go into the house/let them into your house?
- You should not have let him/her sleep in your room/bed.
- Why did you wait to report?
- Why did you continue to interact with the offender?

Victim blaming devalues the victim, reinforces feelings of guilt and shame, and can complicate the recovery process. It can also negatively impact the relationship between the victim and the service provider by impacting the victim's trust and openness.

Often, the people responsible for such statements or behaviors do not intend to blame the victim. Nonetheless, victim blaming still occurs. It is important to be cognizant of how a statement or action can be interpreted by the victim. For information on how to avoid victim blaming while developing a safety plan, please refer to Annex VI: Safety Plan Conversation Guide.

## 1.4 Peace Corps Sexual Assault Classifications

- (a) **Rape** – The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent\* of the Volunteer.
- (b) **Aggravated Sexual Assault** – Another person, without the consent of the Volunteer, intentionally or knowingly:
  - (1) touches or contacts, either directly or through clothing, the Volunteer’s genitalia, anus, groin, breast, thigh, or buttocks;
  - (2) kisses the Volunteer on the mouth, ear, or neck;
  - (3) disrobes the Volunteer;
  - (4) causes the Volunteer to touch or contact, either directly or through clothing, another person’s genitalia, anus, groin, breast, thigh, or buttocks; OR
  - (5) attempts to carry out any of those acts,**AND:**
  - (i) the offender uses or threatens to use a weapon;
  - (ii) the offender uses or threatens to use force or other intimidating actions; OR
  - (iii) the Volunteer is incapacitated or otherwise incapable of giving consent.
- (c) **Non-Aggravated Sexual Assault** – Another person, without the consent of the Volunteer, intentionally or knowingly:
  - (1) touches or contacts, either directly or through clothing, the Volunteer’s genitalia, anus, groin, breast, thigh, or buttocks;
  - (2) kisses the Volunteer on the mouth, ear, or neck;
  - (3) touches the Volunteer with the offender’s genitalia, either directly or through clothing, or offender’s semen or vaginal fluids (no matter which part of the Volunteer’s body is touched); OR
  - (4) attempts to carry out any of those acts.

\**Consent* means words or actions that show a knowing and voluntary agreement to engage in mutually agreed-upon activity. Consent is absent if force has been used against the Volunteer, the Volunteer has been threatened or placed in fear, or the Volunteer is incapable of appraising the nature of the conduct. Consent is absent if the Volunteer is physically incapable of declining participation in, or physically incapable of communicating unwillingness to engage in (e.g., Volunteer is intoxicated), that conduct.

## 1.5 Definitions

- (a) **Designated Security Specialist (DSS)** means a staff member in the Office of Safety and Security at Headquarters who has been trained to handle Restricted and Standard Reports and who provides technical assistance to Post staff and Peace Corps Safety and Security Officers (PCSSOs), and, if necessary, to direct and coordinate actions to mitigate risks to safety and security.
- (b) **Designated Staff** means:
  - (1) at Post, Peace Corps Medical Officers (PCMOs), Sexual Assault Response Liaisons (SARLs), Safety and Security Managers (SSMs), back-up SSMs as needed; PCSSOs; and
  - (2) at Headquarters, the Director of OVA, the Victim Advocate in OVA who is assigned to the particular case, the DSS who is assigned to the particular case, BHO personnel who are assigned to the particular case, OHS Field Support Unit personnel who are assigned to the particular case, and the FNS.
- (c) **Forensic Nurse Specialist (FNS)** coordinates continuous quality improvement initiatives for OHS' response to sexual assault and stalking cases by serving as a liaison between the SAPR Office and OHS. The FNS shall also participate in policy development and drafting for sexual assault and stalking OHS response protocols, in addition to the additional responsibilities outlined in these Procedures.
- (d) **Medical Treatment Plan** means a plan developed by a PCMO to address the medical treatment needs of a Volunteer who has been sexually assaulted, including treatment of physical injuries; mental health assessment, support and treatment; and prevention of sexually transmitted infections and pregnancy.
- (e) **Official Investigation** means any investigation or other action carried out by the Peace Corps or law enforcement authorities in response to a sexual assault but does not include actions carried out by Designated Staff or other authorized Peace Corps staff for purposes of providing Standard Report Services or Restricted Report Services.
- (f) **Personally Identifying Information** or **PII** means individually identifying information for or about a Volunteer who is a victim of sexual assault, including first and last name, home or physical address (including site location), contact information (such as postal address, email, IP address, telephone or fax number), social security number, date of birth, ethnicity, race, religious affiliation, the location of the incident, the victim's sector, entry on service date, close of service date or time since swearing-in and any other information that, either individually or in combination with other information, would serve to identify the Volunteer.
- (g) **Procedures** means the MS 243 *Responding to Sexual Assault Procedures*.

- (h) **Re-traumatization** (sometimes referred to as re-victimization) is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.
- (i) **Restricted Report** means a confidential report made to Peace Corps staff by a Volunteer who reports being sexually assaulted during service in order for the Volunteer to receive Restricted Report Services without further disclosure of PII except to the extent necessary for the provision of such Restricted Report Services and without automatically triggering an Official Investigation. Only Designated Staff are involved in responding to Restricted Reports of sexual assault.
- (j) **Restricted Report Services** means, for a Volunteer who reports being a victim of sexual assault:
- (1) an explanation of the option to make either a Restricted Report or a Standard Report;
  - (2) provision of a SARL and a Victim Advocate;
  - (3) provision of a sexual assault forensic exam in accordance with applicable host country law;
  - (4) provision of emergency health care, including a mechanism to evaluate the provider;
  - (5) provision of counseling and psychiatric medication;
  - (6) completion and implementation of a Safety Plan and a Medical Treatment Plan;
  - (7) evacuation for medical treatment accompanied by Designated Staff at the request of the Volunteer and, when evacuated to the United States, to the extent practicable a choice of medical providers and a mechanism to evaluate such providers;
  - (8) an explanation of the available law enforcement and prosecutorial options, including, for this purpose, legal representation; and
  - (9) review of a Security Incident Management System (SIMS) incident summary with a Victim Advocate.
- (k) **Safety Plan** means a plan developed by Staff and the Volunteer to address the immediate and ongoing personal safety and well-being of the Volunteer following a sexual assault.
- (l) **Serious or Imminent Threat** means a serious or imminent threat to the health or safety of the Volunteer or others, such as (i) any life threatening, or potentially life-threatening condition or security situation, (ii) any condition or security situation that threatens loss of limb or other serious bodily harm, (iii) any situation that has involved the Volunteer losing consciousness. A threat to health or safety would only be considered to be a Serious or Imminent Threat if it cannot be adequately prevented or lessened by Designated Staff or the Volunteer and/or the threat will require disclosure the Volunteer's PII to limited individuals

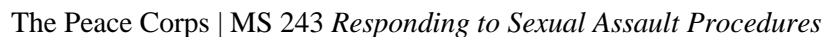


or organizations to adequately prevent or lessen the substance of the threat to health or safety.

- (m) ***Sexual assault*** means a Rape, Aggravated Sexual Assault, or Non-Aggravated Sexual Assault as defined in the Peace Corps.
- (n) ***The Security Incident Reporting Guide*** (SIRG) provides official Peace Corps definitions of crimes, deaths, stalking, vehicular accidents, and other security incidents.
- (o) ***Specific need to know*** means, with respect to particular information, that an individual is unable to perform a specific task that is part of that individual's official duties without knowledge of that particular information.
- (p) ***Standard Report*** means any report by a Volunteer of a sexual assault that, in accordance with this policy or the procedures, is no longer treated as a Restricted Report and may provide the Volunteer with the opportunity to receive services other than Restricted Report Services and may trigger an Official Investigation. A Standard Report of a sexual assault is confidential in nature.
- (q) ***Standard Report Services*** includes all Restricted Report Services, as well as the following:
  - (1) Assisting the Volunteer in making a report of the sexual assault to law enforcement authorities;
  - (2) Assistance in any legal proceedings related to the sexual assault;
  - (3) Retaining legal counsel to represent the Volunteer in legal proceedings in accordance with MS 774;
  - (4) Reporting to and requesting assistance from the Office of Inspector General (OIG);
  - (5) Initiating formal Peace Corps administrative processes, including initiating a complaint of sexual misconduct by another Volunteer in accordance with IPS 1-12 *Volunteer/Trainee Sexual Misconduct*;
  - (6) Consideration of site and host family changes;
  - (7) Support and assistance from non-Designated Staff; and
  - (8) Any other services not listed under Restricted Report Services that are deemed necessary in the particular circumstances.
- (r) ***Third party*** means an individual other than the Volunteer victim of a sexual assault. The third party could be, for example, another Volunteer, host family member, bystander, neighbor or local official. The recipient of a report from a third party could be any employee of Peace Corps, including Designated Staff, CD, Post staff, or OIG.

- (s) **Trauma** refers to a response to events that are shocking and overwhelming, typically involving a major threat to the physical, emotional, and/or psychological safety of the individual victims. Traumatic events are often sudden and unexpected and can be a single occurrence or happen several times. Trauma can generate a biological, psychological, social response that can be short-term, long-term, or intermittent. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.
- (t) A **trauma-informed approach** recognizes the prevalence and pervasive impact of trauma, as well as the varied manifestations of trauma. A trauma-informed approach recognizes that an individual can respond to trauma in a number of ways.
- (u) **Victim blaming** means the act of holding a victim wholly or partially responsible for the offense committed against them, or questioning what a victim could have done differently to prevent or mitigate an offense.
- (v) **Victim-centered approach** means the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. In a victim-centered approach, the victim's wishes, safety, and well-being take priority in all matters and procedures.
- (w) **Volunteer** means, for purposes of MS 243 and these Procedures only, a currently serving or Returned Peace Corps Volunteer or Trainee who has reported being sexually assaulted during Peace Corps service.

The chart below is Attachment B of TG 540 *Clinical Management of Sexual Violence*.



## 1.7 Confidentiality

Information received by the Peace Corps pertaining to a report of sexual assault is subject to specific confidentiality requirements prescribed by law. All Peace Corps staff who are involved in responding to sexual assault must comply with the following rules to ensure that the Volunteer's privacy is protected:

- (a) All reports, Restricted and Standard, are confidential in nature.
- (b) A Volunteer who reports a sexual assault has the choice of Restricted Reporting or Standard Reporting. All reports of sexual assault are treated initially as Restricted Reports. All reports remain Restricted unless
  - (1) the Volunteer requests the report be changed to Standard, or
  - (2) OGC, in coordination with the Office of Safety and Security, determines that a Serious or Imminent Threat reported by staff meets the standard to convert the Restricted Report to a Standard Report, or
  - (3) Another statutory or policy exception applies.
- (c) **You must not give any information about a sexual assault to anyone else (including another Peace Corps staff member) unless that person has a specific need to know that information to perform specific tasks that are part of their official duties, or you are expressly authorized to disclose that information under these Procedures.**
- (d) A Volunteer has the right to disclose her or his information to others. Disclosure by the Volunteer does not automatically make a Restricted Report into a Standard Report.
- (e) Only Volunteers who report being sexually assaulted during their Peace Corps service can file a Restricted Report.
- (f) A Volunteer victim identified through a third party report will be offered the opportunity to file a Restricted Report. If the Volunteer declines or denies the allegation, the Peace Corps staff involved will only share the information contained in the report to other Peace Corps staff who have a specific need to know the information.
- (g) There are different rules for disclosing information about a sexual assault depending on whether the report of sexual assault is a Restricted Report or a Standard Report.
  - (1) **Restricted Reporting**
    - (i) You may share PII with Designated Staff. However, you may only share medically confidential information with Designated Staff if they have a specific need to know that information.
    - (ii) If you are a PCMO or another member of Peace Corps medical staff, you **must not** extend medical confidentiality to the CD or any other staff member (other than Designated Staff and Peace Corps medical staff). (However, section 4.5 of

MS 243 and these Procedures do authorize PCMOs to give very limited information to the CD or Peace Corps staff that does not reveal any PII).

- (iii) If you are a PCMO or another member of Peace Corps medical staff, you may share PII with outside medical professionals if necessary for the procurement or provision of services.
- (iv) At Post, if a Volunteer initially reports a sexual assault to non-Designated Staff (e.g., Duty Officer), that staff member must immediately notify a PCMO and not disclose any information regarding the sexual assault to anyone else. Any records or notes taken by the non-Designated Staff regarding the Restricted Report must be given to the PCMO or SSM to maintain in their files.
- (v) At Headquarters, if a Volunteer reports a sexual assault to non-Designated Staff (other than OIG staff), that staff member must immediately contact OVA at +1 (202) 409-2704. All records of the Restricted Report must be transferred to OVA.
- (vi) Concerns or allegations regarding mismanagement of the sexual assault incident may be reported at any time to OIG without violating Peace Corps policy. Peace Corps staff are prohibited from taking or threatening any action against you for reporting such information, concern, or allegation to OIG as a reprisal for doing so unless you report the concern or allegation to OIG with the knowledge that it was false or with willful disregard for its truth or falsity.

## (2) **Standard Reporting**

- (i) You may share PII with both medical and non-medical Peace Corps staff if they are Designated Staff or have a specific need to know that information.
- (ii) If you are a PCMO or another member of Peace Corps medical staff, you may share PII with outside medical professionals if necessary for the procurement or provision of services.
- (iii) You may be required to report the sexual assault to OIG, and to provide OIG with any information OIG requests.
- (iv) Except to respond to requests for information from OIG, only the minimum information necessary for the Peace Corps staff to perform required tasks may be disclosed.

Further details on the differences between Restricted and Standard Reports can be found in the Services and Reporting Information Sheet (Annex I). **Any staff member who breaches their obligation of confidentiality may be subject to disciplinary action up to and including termination of employment.**

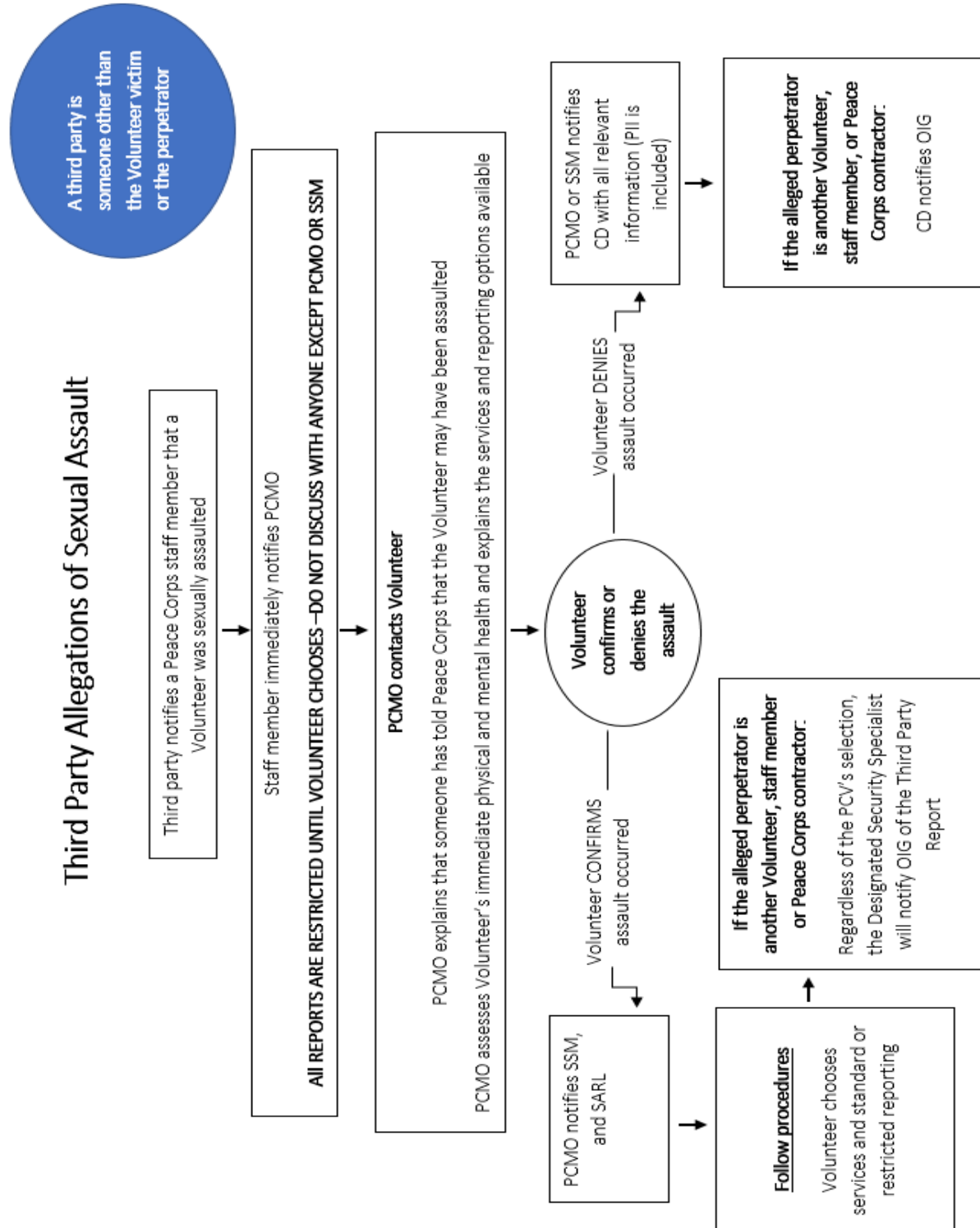
## 1.8 Third Party Reporting

Not all sexual assault incidents are reported to the Peace Corps by the victim of sexual assault. In some circumstances, a third party such as another Volunteer, a counterpart, a family member, or someone else in the community may disclose to Peace Corps that a Volunteer is a victim of sexual assault. Peace Corps will attempt to provide the Volunteer victim with the option of filing a Restricted Report. To ensure that the option to file a Restricted Report is available, the following steps should be taken:

- (a) **Staff Shares Report with the PCMO** – When the Peace Corps staff member (non-Designated Staff or Designated Staff) receives the third party report, that staff member must share the report, including the Volunteer’s PII, with the Post PCMO.
- (b) **PCMO Contacts Volunteer** – The PCMO will immediately contact the Volunteer who is alleged to have been a victim of sexual assault. The PCMO will assess the health and safety of the Volunteer and ask questions to determine whether a sexual assault occurred. The PCMO should also inform other members of the Designated Staff at Post that a third party allegation has been made and that the PCMO will speak with the Volunteer. The PCMO can work with the SSM in making a determination about the safety of the Volunteer. If the identity of the Volunteer who is alleged to have been a victim is not known, the Designated Staff should make reasonable efforts to determine the identity of the Volunteer.
  - (1) **If Volunteer Confirms Sexual Assault:** If the Volunteer confirms that she was sexually assaulted, the PCMO will provide information about Standard and Restricted Reporting options and the support services available and will otherwise follow the Procedures for responding to a sexual assault.
  - (2) **If Volunteer Denies Sexual Assault:** If the Volunteer denies that a sexual assault occurred, or if the Volunteer refuses to discuss the matter, the PCMO will notify the CD of the third party report. The PCMO and SSM must provide the CD with all relevant information, including the name of the alleged victim, the name of the alleged perpetrator, and the name of the person making the allegation. In other words, if the Volunteer denies that an assault has occurred, then policies related to Restricted Reporting do not apply and all information can be provided to the CD.
    - (i) NOTE: When a PCMO first contacts the Volunteer about a third party allegation, the Volunteer may not be emotionally ready to address the situation and say that an assault did not occur. When the Volunteer initially denies that the assault occurred, the Volunteer may still make a Restricted Report at a later date. The Volunteer should not be penalized for this when later telling Post that the allegation was true. When the assault is confirmed, staff should offer the choice of Standard or Restricted Reporting and handle the case as specified in these Procedures related to third party reporting.
    - (ii) NOTE: if the Volunteer initially denies that she was assaulted, but the PCMO has a strong suspicion that the assault did occur, the PCMO and CD will take action to protect the health and safety of the Volunteer

- (iii) **NOTE:** If a Volunteer denies a third party allegation, Designated Staff should note the allegation and denial in their own confidential files. A SIMS report is not completed for a denial.
- (c) **Country Director Assessment** – If the CD is notified, the CD will use Post resources to assess the third party allegation. If necessary, the CD will confer with Post staff, the DSS, OHS, OVA, PCSO, or Regions.
- (d) **Volunteer, Staff or Contractor as Perpetrator** – If the third party report indicates that the perpetrator may be a Volunteer, staff member, or contractor OIG must be notified of the report regardless of the Volunteer victim's election of a Restricted or Standard Report. The DSS (in Restricted Report cases) or the CD (in Standard Report cases) should notify OIG after the alleged Volunteer victim has been contacted by the PCMO, as outlined above. As described in MS 243, OIG may investigate certain allegations where the perpetrator is a Volunteer, staff member, or contractor.
- (e) **Communication with the Third Party** – The third party that reports a sexual assault to Peace Corps may inquire as to what actions Peace Corps is taking regarding the report. Peace Corps staff may direct the third party to these Procedures, but Peace Corps staff cannot confirm or deny the allegation (i.e., cannot tell the person making the allegation that a sexual assault did or did not occur). Staff must limit any information sharing with the third party by stating that the Peace Corps has procedures for looking into these types of allegations and that someone will contact them if additional information is needed. Staff should thank the third party and tell them that they will take the report seriously and look into the situation, but because of confidentiality, the Peace Corps will not be able to provide any information back to the person making the report.

## 1.8.1 Third Party Notification Flowchart





## 1.9 A Step-By-Step Guide to Handling the Initial Call

*By following this outline, any staff member taking the call from a Volunteer will be able to help stabilize the situation, begin providing effective support to the Volunteer and gather critical information to help Post respond. Please take notes of the Volunteer's answers. All notes and information collected from the call must be given to the appropriate Designated Staff.*

**(1) The first goal is to ensure that the Volunteer's urgent medical needs are addressed and that she is in a safe place...**

- ☐ “I am so sorry to hear this has happened to you.”
- ☐ “In case we get disconnected how can I call you?”
- ☐ “When did this happen?”
- ☐ “Where are you?”
- ☐ “Are you safe there?” *(If the Volunteer says no, discuss how to get some place safe. Call emergency services or a trusted community member if necessary.)*
- ☐ “Are you injured? Do you need immediate medical care?” *(If the Volunteer says yes, contact emergency services and notify PCMO immediately.)*
- ☐ “Are you alone or with someone you trust? If not, is there anyone nearby who you trust that can be with you?”

**(2) Next, help the Volunteer to protect possible physical evidence. (Note to staff: These questions and prompts will be most relevant if the assault happened recently. If the assault happened within the past 5 days, certain physical evidence might be present on the Volunteer's body. Even if the assault happened longer than 5 days ago, certain evidence might be present on clothing, at the location of the assault, etc. Remember to get in touch with the PCMO and SSM as soon as possible—they can assist with these discussions.)**

- ☐ “You don't have to decide right now if you want to report this to the police, but let's do a few things to preserve your ability to make that decision when you are ready.”
- ☐ *(If the assault happened within the past 5 days)* “To the extent possible, and if you have not done so already, please do not urinate or use the bathroom, douche, shower, bathe, rinse your mouth, brush your teeth, eat or drink, wash your hands or clean under your fingernails until after you have spoken with the PCMO.”
- ☐ “Don't move, wash or throw anything away where the assault occurred.”

**(3) Tell them what the next steps will be...**

- ☐ “We will do everything we can to protect your privacy and outline your options. Right now, I am going to call the PCMO who will call you right back.” *(If you have a problem contacting the PCMO, call the Volunteer back).*

**(4) Make sure the Volunteer understands...**

- ☐ “Do you understand the next steps?”
- ☐ “Is there anything else that you’re concerned about right now that we haven’t talked about?”
- ☐ “Stay in a safe place; the PCMO will contact you shortly. Please know, you are not alone, and we are here to help you.”

**(5) Immediately contact the PCMO after hanging up with the Volunteer.**

# RESTRICTED REPORTING

## 2.0 RESTRICTED REPORTING

**Important note:** A Volunteer's report of sexual assault is presumed to be a Restricted Report until the Volunteer exercises the option to make the report a Standard Report or until it is otherwise converted into a Standard Report in accordance with these Procedures. In the immediate response phase (first 24 hours), a report will likely be Restricted unless the Volunteer has indicated on the initial call that she<sup>3</sup> wishes to report the assault to law enforcement.

Any decision by the Volunteer to exercise the option to make the report a Standard Report should be documented with the Volunteer Preference Form. If it is not practicable for the Volunteer to sign the Volunteer Preference Form (e.g., because the Volunteer is not present to meet with a member of Designated Staff), the Volunteer's preferences should be noted on the Volunteer Preference Form **and the Volunteer's signature should be obtained at the Volunteer's earliest convenience.**

The following section of the Procedures assumes that the Volunteer has not exercised the option to make the report a Standard Report and the report has not otherwise been converted into a Standard Report. **If, at any time, the Volunteer exercises her option to make the report a Standard Report or it has otherwise been converted into a Standard Report, please go to the section on Standard Reporting.**

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<sup>3</sup> Peace Corps understands that people of all genders experience sexual assault, and that people of all genders commit sexual assault. In an effort to be inclusive of multiple gender identities, we alternate between "he/him" and "she/her" pronouns in this policy. In the Introductory Materials and "Restricted Reporting" section, "she/her" is used to refer to Volunteers, and in the "Standard Reporting" section, "he/him" is used. Peace Corps also understands that not every Volunteer uses "he/him" or "she/her" pronouns. Reporting options and services as outlined in this policy are available to every Volunteer and are inclusive of all gender identities.

## 2.1 Peace Corps Medical Officer (PCMO)

**You may contact the FNS at Headquarters for additional support.**

### 2.1.1 Immediate Response Phase (0-24 hours after report)

- ☐ As soon as you are notified of a sexual assault, immediately contact the Volunteer.
- ☐ Immediately notify the SSM and work with the SSM to assess Volunteer's health and safety.
- ☐ Confirm Volunteer's contact information and location.
- ☐ Ask if the Volunteer is alone and if she would like someone to be with her (e.g., neighbor, friend). If so, assist in making those arrangements if and when possible.
- ☐ Assess the extent of physical and psychological trauma using and following Technical Guideline TG 540 *Clinical Management of Sexual Violence*, Attachment D or E, Peace Corps Sexual Assault Exam (PCSAE) Female or Male Sexual Assault Form. If you must travel to the Volunteer's location, bring necessary supplies, including the sexual assault "go-bag" and a printed copy of the appropriate PCSAE Female or Male Sexual Assault Form.
- ☐ Determine the need for urgent mental health assessment and/or intervention following TG 545 *Sexual Assault Mental Health Assessment and Care*.
- ☐ Ask the Volunteer not to go to the hospital or law enforcement until Peace Corps staff arrives unless it is an emergency or there is an imminent threat of bodily harm. Instruct Volunteer to contact you (or other Designated Staff) if the medical and/or safety condition changes before staff arrive.
- ☐ To the extent possible, assess the circumstances surrounding the assault. Do not force the Volunteer to discuss the details if she is reluctant to do so. Avoid discussion of Peace Corps incident classifications and use the language the Volunteer uses to describe the incident.
- ☐ Depending on the circumstances of the assault, explain how to preserve evidence to protect future options. If the assault occurred within the past 5 days, ask the Volunteer not to urinate or use the bathroom, douche, shower, bathe, rinse her mouth, brush her teeth, eat or drink, wash her hands, or clean under her fingernails. Ask the Volunteer not to wash or dispose of clothing worn at the time of the assault. If the Volunteer chooses to change into fresh clothes, instruct the Volunteer to put all clothing worn at the time of the assault in a bag (paper, cloth, mesh) or a pillow case. Remind Volunteer to put on a pair of undergarments to potentially preserve evidence that may still be contained on her body.
- ☐ Explain to the Volunteer that he may receive assistance from a Victim Advocate and that the Victim Advocate will contact the Volunteer within 24-48 hours to make sure that the

## Restricted Reporting Procedures

Volunteer understands the process. Facilitate access to a Victim Advocate if requested at +1(202) 409-2704. Inform the Volunteer that Victim Advocates are part of the Designated Staff who respond to Volunteers that have been assaulted.

- ☐ Notify OVA via +1 (202) 409-2704.
- ☐ If needed, contact the Office of Medical Services' (OMS') Duty Officer at +1 (202) 692-1028.

### **Sexual Assault Forensic Examination (SAFE)**

- ☐ If applicable, explain the purpose of a Sexual Assault Forensic Examination (SAFE) and ask if the Volunteer would like information about the process for conducting a SAFE in the host country (including who is authorized to conduct the SAFE and where it will be done).
  - If, at your Post, having a SAFE requires notification to law enforcement or otherwise triggers a criminal investigation, explain this to the Volunteer and confirm that she understands that, if she chooses to have a SAFE, the report can no longer remain a Restricted Report.
  - If, at your Post, having a SAFE does not require notification to law enforcement or otherwise trigger an Official Investigation, explain to the Volunteer that, if she elects chooses to have a SAFE, the report can remain a Restricted Report.
  - If the Volunteer chooses to have a SAFE, refer to Sexual Assault Forensic Examination (SAFE) (Annex VII) to complete the SAFE.
- ☐ For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have the right to have a SAFE under U.S. laws. In these cases, notify the OIG before conducting a SAFE. Refer to Annex VII and Annex VIII for further guidance.

### **Explanation of the Sexual Assault Response Liaison (SARL)**

- ☐ Explain that a SARL is available, at the Volunteer's request. The SARL is a staff member who received special training on supporting Volunteers, and who can assist and accompany the Volunteer throughout the in-country response, which may include:
  - Meetings with Peace Corps staff;
  - Meetings with a local lawyer;
  - Making a report to law enforcement and any additional meetings with law enforcement;

## Restricted Reporting Procedures

- Appointments with a local medical provider (e.g., SAFE); or
- Attending court proceedings.
- ☐ Determine if the Volunteer would like to have SARL services. Explain to the Volunteer that the SARL will only be in contact with the Volunteer if she chooses to use the services of the SARL.
- ☐ If the Volunteer declines the services of the SARL, explain that the SARL is available at any time and provide the Volunteer with the SARL 24/7 duty phone number.
- ☐ Notify the SARL that a sexual assault has occurred. If a SARL has been requested, non-medically confidential information, including PII, can be shared with the SARL. If the Volunteer has not requested the services of a SARL, only notify the SARL that a sexual assault has been reported. However, you may not provide the SARL with any details of the sexual assault other than the information on the classification of the assault (Rape, Aggravated Sexual Assault or Non-Aggravated Sexual Assault) and the general location of the sexual assault (e.g., residence, local establishment, public transportation).

### Explanation of Restricted and Standard Reporting Options

- ☐ Explain to the Volunteer that all reports of a sexual assault are initially treated as Restricted Reports. This means that, as long as the report remains a Restricted Report, no report will be made to law enforcement and no PII about the Volunteer (such as her name and location) or details of the assault will be shared beyond a limited set of Designated Staff at Post and Headquarters. The CD will not be given the Volunteer's PII or details of the sexual assault under a Restricted Report. The CD will be told the type of assault, where it happened in general geographical terms, and if the Volunteer requested services.
- ☐ Explain to the Volunteer that a Standard Report allows for the provision of a more comprehensive response, such as: 1) a site change, 2) a more in-depth security assessment, 3) reporting to local law enforcement or the OIG, 4) the involvement of the CD in supporting the Volunteer.
- ☐ **During the immediate response phase, the Volunteer does not have to choose the type of reporting she wants. (See Continuing Support Phase section below for guidelines on Volunteer Preference Form submission.)** A Volunteer can convert her report from Restricted to Standard at any time but cannot convert from Standard to Restricted.
- ☐ Give the Volunteer the Services and Reporting Information Sheet and Volunteer Preference Form (*see* Annex I) and ask the Volunteer to review them.

### Reporting to Law Enforcement

- ☐ Ask the Volunteer if she would like to report the assault to local law enforcement. Remind the Volunteer that she can decide whether to report to law enforcement at a later

time. Explain that delays in reporting to law enforcement may result in certain forensic evidence being lost, which may make a future prosecution more difficult.

- ☐ Inform the Volunteer that, if she has additional questions or needs additional information concerning law enforcement and prosecutorial options, the SSM will be available to answer questions. If more information is necessary, the Peace Corps will hire a lawyer to advise the Volunteer.
- ☐ Should the Volunteer decide to report to law enforcement, remind her that her report will be converted into a Standard Report, and other Peace Corps staff with a specific need to know, including the CD, will be informed of the report.
- ☐ For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have legal and prosecutorial options in the United States. If the Volunteer would like to know more about her legal and prosecutorial options in the United States, ask the SSM to contact the DSS, who will coordinate with the OGC Sexual Assault Attorney or Regional Attorney to obtain more information about the legal and prosecutorial options in the U.S. If the Volunteer requests to consult with an attorney about her legal and prosecutorial options in the U.S., the SSM may work with the OGC Sexual Assault or Regional Attorney to hire a U.S. lawyer to advise the Volunteer on her legal and prosecutorial options in the U.S. Refer to Annex X for further guidance.
- ☐ If the law enforcement report must be made in the location where the incident occurred, send appropriate staff (PCMO, SSM, or SARL) to support the Volunteer. Bring any necessary supplies and information, including the sexual assault “go-bag.”

### Immediate Response Plan

- ☐ Develop an immediate response plan with the SSM and other Designated Staff.
- ☐ In consultation with the SSM and the on-duty SARL, assess the circumstances of the assault and determine if there are any Serious or Imminent Threats to the health or safety of the Volunteer or others using the Serious or Imminent Threat Assessment (SITA) Tool (*see* Annex III).
  - In cases where you believe there is a Serious or Imminent Threat to the health of the Volunteer or others is perceived (**other than in an emergency as set out below**), immediately contact the OMS Duty Officer at +1 (202) 692-1028.
  - **In an emergency, you may, without consulting in advance with the OMS Duty Officer, disclose PII to other individuals or organizations to the limited extent that is necessary to adequately prevent or lessen the threat to health of the Volunteer or others.** An emergency is a situation in which, due to the need to respond to a Serious or Imminent Threat in a timely manner, it is not possible to consult in advance with the OMS Duty Officer. You should report any such

emergency disclosure of PII as soon as possible to the OMS Duty Officer and the OGC Sexual Assault or Regional Attorney.

### **Travel and Hotel Arrangements**

- ☐ If appropriate, travel with the SSM or the SARL to the Volunteer's location.
  - If you are unable to travel to the Volunteer's location, and if an in-person assessment of health is needed, coordinate with the medical assistant or Director of Management and Operations (DMO), to make transportation arrangements for the Volunteer without disclosing any information regarding the incident.
    - In this case, ask the Volunteer if there is someone who can accompany the Volunteer. Every effort should be made to ensure that the Volunteer does not travel alone.
    - If the incident occurred on a bus, in a taxi, or on some other form of transportation, make every effort to refrain from using a similar form of transportation.
- ☐ In coordination with the medical assistant or DMO, make hotel arrangements for the Volunteer in the event the Volunteer is going to be moved from site. You may use your medical assistant or DMO, to make hotel and other logistical arrangements for the Volunteer as long as you do not disclose any information regarding the incident or reveal that the logistical needs are related to a sexual assault.
  - When possible, ask the Volunteer if she would like to stay in a hotel separate from one that is routinely used by Volunteers.
  - When possible, ask the Volunteer if she would like a Volunteer peer or friend to stay with her at the hotel. If so, request a list of three or four Volunteer peers or friends that she would be comfortable with and for Peace Corps to reach out to. Designated Staff should determine the most appropriate person to accompany the Volunteer and reach out to determine availability.
  - If the CD's authority is needed to assemble additional support for the Volunteer, you should notify the CD of such request. Unless one of the exceptions to Restricted Reporting applies, you may not provide the CD with PII.

### **2.1.2 Continuing Support (24+ hours after report—based on Volunteer's need)**

#### **Volunteer Reporting Preferences**

- ☐ Once the Volunteer's immediate critical medical and security needs are met and you are able to sit down and have a conversation with the Volunteer in a private and comfortable setting, discuss with her, in detail, the differences between Restricted Reporting and



## Restricted Reporting Procedures

Standard Reporting, as well as the medical, counseling, legal and advocacy options that are available to her so that she is able to make an informed decision regarding the reporting services available to her.

- For this purpose, use the Services and Reporting Information Sheet (*see* Annex I) to review the information with the Volunteer. Provide the Volunteer with a copy if she did not receive one earlier in the process.
- Jointly review all items in the Services and Reporting Information Sheet and answer the Volunteer's questions.
- ☐ Explain that the Volunteer may immediately review the SIMS incident summary with the Victim Advocate (or, if the Volunteer prefers, with the SSM). The Volunteer, upon review of the incident summary, may make any necessary amendments to the facts contained in the incident summary. In the event that the Volunteer does not wish to immediately review the summary, explain that the Volunteer may request to review it at any time in the future.
- ☐ If relevant, explain the Immunity Policy (MS 240 *Immunity from Disciplinary Action in Sexual Assault and Stalking Incidents*).
- ☐ If relevant, for when the perpetrator is another Volunteer or Trainee, explain the Volunteer/Trainee Sexual Misconduct Policy (IPS 1-12 *Volunteer/Trainee Sexual Misconduct*).
- ☐ After all of the Volunteer's questions have been answered, ask the Volunteer if she would like the sexual assault to be treated as a Restricted Report or as a Standard Report. If the Volunteer is unable to make a decision at this point, continue to treat the report as Restricted and continue to provide medical and security support services as needed.
- ☐ As soon as it is appropriate, ask the Volunteer to review and sign the Volunteer Preference Form (*see* Annex I).
  - Reassure the Volunteer that at any time in the future, she may request additional services or change her reporting preference to Standard by making a request to do so through the PCMO or SSM.
  - If it is not easy or feasible for the Volunteer to sign the Volunteer Preference Form (e.g., because the Volunteer is not present to meet with you), you should note the Volunteer's preferences on the form and obtain the Volunteer's signature at the Volunteer's earliest convenience (this may be the next time the Volunteer comes to the office).
  - **A Volunteer Preference Form must be completed by staff even if the Volunteer does not engage in a conversation about services or reporting options.**

## Restricted Reporting Procedures

- The Volunteer Preference Form must be completed by staff and uploaded to SIMS within 5 days of the report. If the Volunteer has not yet made a decision as to what type of reporting she wants, the preference form should indicate that the report is still Restricted. The form may be uploaded to the case management system before the Volunteer signs it. However, when the Volunteer does sign the form, the signed copy should also be uploaded.
- The Volunteer Preference Form (Annex I) should be updated anytime the Volunteer requests a change from a Restricted to Standard Report. (A new Volunteer Preference Form is not required when the Agency converts a report or when the Volunteer requests additional services that do not require a conversion.) A new form may be used, but the form should clearly indicate that it is an update/change for an existing case (the upper right-hand corner of the Volunteer Preference Form has a space for the SIMS number and a place to note if the form is the initial Volunteer Preference Form or an updated one).
- As with the original Volunteer Preference Form, if it is not easy or feasible for the Volunteer to sign the updated form (e.g., because the Volunteer is not present to meet with you), note the Volunteer's preferences on the form and obtain the Volunteer's signature at the Volunteer's earliest convenience (this may be the next time the Volunteer comes to the office).
- The updated form must be uploaded to SIMS within five days of the conversation with the Volunteer. Any previous versions should also be retained in SIMS.
- If applicable, the FNS should ensure that the PCMO or Field Support Clinician (FSC) involved adequately completes and accurately uploads the Volunteer Preference Form in SIMS and properly documents the services rendered in the Peace Corps' medical database.

### Notifying the OIG & Responding to OIG Requests

- ☐ If the perpetrator is another Volunteer/Trainee or a Peace Corps staff member or contractor, remind the Volunteer that she may report the assault to OIG at +1 (202) 692-2915. Provide the Volunteer with a copy of the OIG information sheet *Prosecutorial Options for Volunteers When the Alleged Perpetrators are Other Volunteers, Trainees or Staff Members* (see Annex X). In the event that the Volunteer chooses to report such a matter to OIG, the Restricted Report will be converted into a Standard Report.
- ☐ If OIG contacts you with a request for documents or information, please refer to Annex XI: Sharing Information from Restricted Reports with OIG.
- ☐ If OIG contacts you with a request to speak with the Volunteer in a Restricted Report case, please refer to Annex IX, Authorization for OIG to Contact Volunteer and Annex XI: Sharing Information from Restricted Reports with OIG.
- ☐ The Volunteer may at any time report concerns or allegations regarding mismanagement of the sexual assault incident to OIG at +1 (202) 692-2915 without the Restricted Report

being converted into a Standard Report. If the Volunteer does so, OIG may initiate and carry out a review of those concerns or allegations.

### **Option to Medevac**

- ☐ In all cases of sexual assault, determine if the Volunteer wants to request a medevac or if you are going to recommend a medevac in accordance with MS 264 *Medical Evacuation*. You may consult with the FSC or the FNS in these circumstances to coordinate and provide trauma-informed support throughout the medevac process.
  - For medevacs for mental health treatment, explain that BHO must speak with the Volunteer to assess whether a medevac is appropriate.
  - Explain that attending counseling at the medevac destination is an expectation of a mental health related medevac. The FSC will assist Volunteers in locating a counselor as needed.
  - Determine if the Volunteer wishes to be accompanied on medevac by a staff member or if accompaniment may be needed for medical reasons.
  - If the Volunteer is going to be medevac'd, notify the CD but do not disclose any information about the reason for the medevac.
- ☐ If the Volunteer remains at Post (not medevac'd), develop a Medical Treatment Plan with the Volunteer, and discuss available counseling options.
- ☐ Ensure other Designated Staff and OHS (BHO/FSC) are aware of any security, behavior or health concerns you may have regarding the Volunteer's ability to return to service. The FNS should facilitate communication between OHS and the other Designated Staff regarding these concerns.
- ☐ If the Volunteer was medevac'd and is medically cleared to return to country, be sure all Designated Staff at Post and the CD are notified when the Volunteer is scheduled to return. This would be done in concert with the FSC or the FNS at Headquarters with approximately one-week advance notice to Post. Arrange for transportation for the Volunteer upon her return to country.
- ☐ Ensure the Volunteer has received the TG 540 *Sexual Assault Discharge Information and Instructions for Volunteers Form* before returning to site, being medevac'd, or separated from service.

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.

## Restricted Reporting Procedures

- Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (SSM, SARL if involved, PCSO if involved) and at Headquarters (DSS, OVA, BHO if involved, FSC if involved, and FNS).
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### Ongoing Medical Care

- ☐ Work with the Volunteer in developing a Medical Treatment Plan using TG 540 *Clinical Management of Sexual Violence* and TG 545 *Sexual Assault Mental Health Assessment and Care* with the support of the FNS.
- ☐ When the Volunteer returns from Medevac, review the ongoing Medical Treatment Plan and discuss options for ongoing support.
- ☐ When all requested services have been provided to the Volunteer and she is medically cleared to return to site, notify the CD that the Volunteer is safe, medically cleared to return to site and that all services the Volunteer requested were provided. Do not provide the CD with any medically confidential information. Use the following template:

***“The [Rape/Aggravated Sexual Assault/Non-Aggravated Sexual Assault] that the SSM reported to you on [date] continues to be treated as a Restricted Report. The Volunteer is safe, and all services requested by the Volunteer have been provided.”***

### Developing a Safety Plan

- ☐ Review any Safety Plan as submitted by the Victim Advocate and SSM. If needed or requested, assist the Designated Staff or Volunteer in developing a Safety Plan.

### Case Management Review Meetings

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

### SIMS Documentation

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures. The FNS shall confirm the SIMS entry, made by OHS personnel, is accurate and properly completed.

## 2.2 Safety and Security Manager (SSM)

### 2.2.1 Immediate Response Phase (0-24 hours after report)

- ☐ Immediately contact the PCMO and develop a response plan. Include other Designated Staff if necessary.
- ☐ In consultation with the PCMO and the SARL (if one is requested by the Volunteer) assess the circumstances of the assault and determine if there are any Serious or Imminent Threats the safety of the Volunteer or others by using the Serious or Imminent Threat Assessment Tool (*see* Annex III). A SITA is required for all sexual assaults and must be uploaded into SIMS.
  - In cases of Rape or Aggravated Sexual Assault that occurred in the last 5 days or in other cases if you suspect there is a Serious or Imminent Threat to the safety of the Volunteer or others, immediately contact the DSS at +1 (202) 437-5159.
    - The DSS will review the circumstances of the assault with you and determine whether or not disclosure of PII to limited individuals or organizations is needed in order to adequately prevent or lessen a Serious or Imminent Threat to the safety of the Volunteer or others.
    - All reports must remain Restricted unless the Volunteer requests the report be changed to Standard or OGC, in coordination with the Office of Safety and Security, determines that a Serious or Imminent Threat reported by staff meets the standard to convert the Restricted Report to a Standard Report.
  - **In an emergency, you may, without consulting in advance with the DSS, disclose PII to other individuals or organizations to the limited extent that is necessary to adequately prevent or lessen the threat to the safety of the Volunteer or others.** An emergency is a situation in which, due to the need to respond to a Serious or Imminent Threat in a timely fashion, it is not possible to consult with the DSS. You must report any such emergency disclosure of PII as soon as possible to the Office of Safety and Security, OGC Sexual Assault or Regional Attorney, and FNS.
    - In cases of Non-Aggravated Sexual Assault or a Rape or Aggravated Sexual Assault that happened more than 5 days before the report, AND where Designated Staff does not perceive an imminent or serious threat, make the required notification of the event through the SIMS. SIMS reports must be submitted within 3 business days of when the event was first reported to Post.
- ☐ Upon notice by the PCMO that a sexual assault was reported to Post, notify the CD that a sexual assault has been reported. However, you may not provide the CD with any

details of the sexual assault other than the information on the classification of the assault (Rape, Aggravated Sexual Assault or Non-Aggravated Sexual Assault) and the general location of the sexual assault (e.g., residence, local establishment, public transportation). Use the following template:

***“A [Rape/Aggravated Sexual Assault/Non-Aggravated Sexual Assault] has occurred and is being treated as a Restricted Report. The assault happened at a [e.g., residence/restaurant/bar/public transportation/taxi/other]. The Volunteer has (or has not) requested the services of the on-duty SARL. I will keep you posted on the progress of the case.”***

### **Travel and Hotel Arrangements**

- ☐ If appropriate, travel with the PCMO and/or the SARL to the Volunteer’s location.
- ☐ If you, the PCMO, or the SARL are unable to travel to the Volunteer’s location, and if it is necessary for the Volunteer to travel to a regional office or Post headquarters, assist the PCMO in making transportation arrangements for the Volunteer.
  - If Designated Staff cannot accompany a Volunteer, assist the PCMO in finding someone who can accompany the Volunteer (preferably someone the Volunteer trusts, such as another Volunteer). Every effort should be made to ensure that the Volunteer does not travel alone, but *the Volunteer must be consulted before anyone other than Designated Staff is contacted about accompaniment.*
  - If the assault occurred on a bus, in a taxi, or on some other form of transportation, make every effort to refrain from using a similar form of transportation.
- ☐ In coordination with the PCMO, make hotel arrangements for the Volunteer in the event the Volunteer is going to be moved from site.
  - When possible, ask the Volunteer if she would like to stay in a hotel separate from one that is routinely used by Volunteers.
  - When possible, ask the Volunteer if she would like a Volunteer peer or friend to stay with her at the hotel.

### **Overview of the Legal Process and Hiring an Attorney**

- ☐ If requested or necessary, provide the Volunteer with a brief overview of the host country’s law enforcement and prosecutorial options. Explain to the Volunteer the process for reporting to law enforcement, including where the report would need to be filed. Explain to the Volunteer that she may at any time choose to report the incident to law enforcement and that the Peace Corps will assist her in doing so. If the Volunteer is interested in reporting to law enforcement and wants to know more about her legal and prosecutorial options than you can answer, contact the DSS, who will coordinate with the OGC Sexual Assault or Regional Attorney and follow the steps below:

## Restricted Reporting Procedures

- Do not provide the Volunteer's identity or any other PII to the OGC Sexual Assault or Regional Attorney. You may, however, provide the OGC Sexual Assault or Regional Attorney with such information regarding the assault as may be needed for the OGC Sexual Assault or Regional Attorney to hire and instruct the lawyer.
  - The OGC Sexual Assault or Regional Attorney will make the initial contact with the lawyer or may ask you to participate on a conference call with the lawyer. If the lawyer does not speak English, you may be asked to interpret for the OGC Sexual Assault or Regional Attorney.
  - After the initial contact with the lawyer, the OGC Sexual Assault or Regional Attorney will provide you with the name and contact information of the lawyer who has been initially selected. When you are given this information, contact the lawyer to provide the name of the Volunteer requesting the service and the names of individuals you know who were involved in the assault in order to allow the lawyer to perform a conflicts check. Tell the lawyer to contact you with the outcome of the conflicts check. Once you know whether or not the conflicts check is cleared, pass this information along to the OGC Sexual Assault or Regional Attorney.
  - When the OGC Sexual Assault or Regional Attorney notifies you that the purchase of legal services from the lawyer has been authorized, make arrangement for the Volunteer to meet with the lawyer as necessary to provide the requested advice.
  - When the lawyer submits the invoice, certify the receipt of services as the receiving official. The certification will confirm the services listed on the invoice have been provided by the lawyer. After certifying the invoice, forward it to the OGC Sexual Assault or Regional Attorney who will approve the invoice as the invoice approving official.
  - If the lawyer has any questions regarding any aspect of the case (including any billing inquiries), refer the lawyer to the OGC Sexual Assault or Regional Attorney. Do not refer the lawyer to the CD or the Director of Management and Operations at Post.
- ☐ For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have legal and prosecutorial options in the United States. If the Volunteer would like to know more about her legal and prosecutorial options than you can answer, contact the DSS, who will coordinate with the OGC Sexual Assault or Regional Attorney to obtain more information about the legal and prosecutorial options in the United States. If the Volunteer requests a consultation with an attorney in the U.S., work with the OGC Sexual Assault or Regional Attorney to hire a U.S. lawyer to advise

the Volunteer on her legal and prosecutorial options in the United States. Refer to Annex X for further guidance.

- ☐ If the Volunteer elects to report to law enforcement, remind her that the report can no longer remain a Restricted Report and additional staff who have a specific need to know, including the CD, will need to be notified. Determine whether or not the report to law enforcement will need to be made where the assault occurred before moving the Volunteer.
  - If you need additional information regarding legal and prosecutorial options in the U.S., consult with the DSS.
- ☐ If the Volunteer does not want to report to law enforcement at this time or requests more information in order to make a decision, assure her that she can change her mind at any time. Explain that if she chooses to not report to law enforcement now, certain forensic evidence may be lost, which may make prosecution more difficult.

## 2.2.2 Continuing Support (24+ hours after report—based on Volunteer’s need)

### Response Plan

- ☐ If the Volunteer is medevac’d, coordinate logistical support with Designated Staff for the Volunteer when she returns to service (e.g., pick-up at the airport, hotel arrangements, travel back to site, etc.).

### Volunteer Reporting Preferences

- ☐ Once the immediate medical and security needs of the Volunteer are met, assist the PCMO as needed in reviewing the Services and Reporting Information Sheet and Volunteer Preference Form (*see* Annex I) with the Volunteer. The conversation should take place in a private setting where you can discuss with her, in detail, the differences between Restricted Reporting and Standard Reporting, as well as the medical, counseling, legal and advocacy options that are available to her so that she is able to make an informed decision regarding the reporting services available to her.
  - If appropriate, provide the Volunteer with a copy of the Services and Reporting Information Sheet (*see* Annex I) and jointly review with the Volunteer all items in the document.

### Post Incident Assessment (PIA)

- ☐ Refer to and complete the Post Incident Assessment (PIA) utilizing the Post Incident Assessment Tool (*see* Annex IV). A PIA is required for all Rapes and Aggravated Sexual Assaults or if there are concerns about ongoing threats to the Volunteer or others. If a deeper assessment is required, conduct the assessment and provide findings to the DSS and PCMO. Make recommendations as appropriate. SSMs should seek the assistance of the DSS if they need assistance communicating identified threats to a Volunteer.



- ☐ Inform the Volunteer of any risks identified during either the SITA or PIA. Answer questions as feasible and, if the circumstances call for the development of a post-incident Safety Plan, work with the Volunteer, Office of Victim Advocacy, and the PCMO (with the assistance of the FNS) to develop a plan. SSMs should seek the assistance of the DSS if they need assistance communicating identified threats to a Volunteer.
- ☐ The completed PIA must be uploaded to SIMS.

### **Developing a Safety Plan**

- ☐ If needed or requested, assist the Volunteer and other Designated Staff in developing a Safety Plan (*see* Annex V).
- ☐ Work with the PCMO and Victim Advocate, if deemed necessary, to provide information from the SITA and PIA back to the Volunteer.

### **Reviewing SIMS Incident Summary**

- ☐ If the Volunteer elects to review their SIMS incident summary with the SSM, share the summary with the Volunteer in writing (whether via e-mail or hard copy). Explain to the Volunteer that the Volunteer may make any necessary amendments to the facts contained in the incident summary, so that the incident summary accurately captures the reported sexual assault. Upon receiving the amendments from the Volunteer, share the revised incident summary with the Volunteer, and create an additional entry in SIMS and indicate that this entry reflects the Volunteer's changes. Edits that are purely stylistic (i.e., not related to the facts of the sexual assault), may be considered but do not have to be incorporated in the updated summary.

### **Notifying the OIG & Responding to OIG Requests**

- ☐ If the perpetrator is another Volunteer, a Peace Corps staff member, or Peace Corps contractor, remind the Volunteer that she may report the assault to OIG at +1 (202) 692-2915.
- ☐ Provide the Volunteer with a copy of the OIG information sheet "Prosecutorial Options for Volunteers When the Alleged Perpetrators are Other Volunteers, Trainees or Staff Members" (*see* Annex X).
- ☐ Inform the Volunteer that if she reports the incident to OIG or other law enforcement, the report will be converted into a Standard Report and the CD and others who have a specific need to know will be notified that the Volunteer reported a sexual assault.
- ☐ The Volunteer may at any time report concerns or allegations regarding mismanagement of the sexual assault incident to OIG at +1 (202) 692-2915 without the Restricted Report being converted into a Standard Report. If the Volunteer does so, OIG may initiate and carry out a review of those concerns or allegations.

- ☐ If OIG contacts you with a request for documents or information, please refer to Annex XI: Sharing Information from Restricted Reports with OIG.
- ☐ If OIG contacts you with a request to speak with the Volunteer in a Restricted Report case, please refer to Annex IX: Authorization for OIG to Contact Volunteer and Annex XI: Sharing Information from Restricted Reports with OIG.

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SARL if involved, PCSO if involved) and at Headquarters (DSS, OVA, BHO if involved, FSC if involved, and FNS).
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **Ongoing Overview of the Legal Process and Hiring an Attorney**

- ☐ Ensure the Volunteer has received an overview of the law enforcement and prosecutorial options and information about the host country process.
- ☐ Inform the Volunteer that she may consult with a lawyer about the legal and prosecutorial options.
- ☐ If the Volunteer requests to speak to a lawyer, contact the Office of Safety and Security who will coordinate with the OGC Sexual Assault or Regional Attorney and follow the steps outlined in "Overview of the Legal Process and Hiring an Attorney" above.

### **Case Management Review Meetings**

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 2.3 Sexual Assault Response Liaison (SARL)<sup>4</sup>

### 2.3.1 Immediate Response Phase (0-24 hours after report)

- ☐ If a Volunteer reports to you that she has been sexually assaulted:
  - Ensure the Volunteer is safe;
  - Immediately notify the PCMO and SSM of the reported assault; and
  - If necessary, coordinate with the PCMO and SSM to move the Volunteer to a safe environment.
- ☐ Participate in discussions with Designated Staff pertinent to the in-country response plan.
- ☐ If requested, make arrangements to travel with the PCMO and/or SSM.
- ☐ If requested by the Volunteer, accompany the Volunteer to meetings with Peace Corps staff, law enforcement or lawyer, or to medical appointments including the SAFE.
- ☐ Notify OVA that you have been activated on a case via e-mail at [victimadvocate@peacecorps.gov](mailto:victimadvocate@peacecorps.gov).

### 2.3.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ Provide updates to the Victim Advocate and other Designated Staff as necessary (e.g., refer legal and security questions to SSM, contact the PCMO if the Volunteer appears to be having problems sleeping or eating, etc.).
- ☐ If requested, continue accompanying the Volunteer to meetings with Peace Corps staff, law enforcement or local lawyer, or to medical appointments, and through the in-country response (e.g., during the SAFE exam, reporting to police, attending court hearings, or meeting with embassy officials, etc.).
- ☐ Participate as a member of the Coordinated Agency Response System (CARS) team and join CARS calls as required or necessary.
- ☐ Share information that affects the ongoing health or security of the Volunteer with Designated Staff.

#### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that

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<sup>4</sup> If the Volunteer has requested the services of a SARL.

## Restricted Reporting Procedures

the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.

- Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, PCSO if involved) and at Headquarters (DSS, OVA, BHO if involved, FSC if involved, and FNS).
  - If you need assistance arranging a CARS call, contact the DSS at 1-202-437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### Responding to OIG Requests

- ☐ If OIG contacts you with a request for documents or information, please refer to Annex XI: Sharing Information from Restricted Reports with OIG.
- ☐ If OIG contacts you with a request to speak with the Volunteer in a Restricted Report case, please refer to Annex IX: Authorization for OIG to Contact Volunteer and Annex XI: Sharing Information from Restricted Reports with OIG.

### Case Management Review Meetings

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

### SIMS Documentation

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 2.4 Victim Advocate

### 2.4.1 Immediate Response Phase (0-24 hours after report)

- ☐ Email the Volunteer to notify them of OVA's services and of the Victim Advocate's intention to call the Volunteer in the near future.
- ☐ If the sexual assault report is made directly to a Victim Advocate, the Victim Advocate will notify the appropriate Post PCMO and the DSS.
- ☐ Coordinate with the appropriate staff at Post and Headquarters and assist in the development of the immediate response plan, when necessary.

### Discussing Exceptions to Restricted Reporting

- ☐ If the OGC Sexual Assault Attorney or Regional Attorney notifies OVA that an exception (involuntary conversion from Restricted to Standard Reporting) is authorized under section 4.4(a)(ii) of MS 243, a Victim Advocate will notify the Volunteer, orally and in writing, about the decision to convert the report to a Standard Report, along with the identities of the parties to whom such disclosure is to be made, and, to the extent possible, the reasons for the conversion.
- ☐ If the OGC Sexual Assault Attorney or Regional Attorney notifies OVA of a court order or statute requiring disclosure of PII, notify the Volunteer of the decision to disclose the information and whether, as a result of such disclosure, the Restricted Report will be converted into a Standard Report.
- ☐ Such notice of conversion required by Peace Corps (as opposed to a conversion because of the Volunteer's choice of services and type of reporting) should be given, if possible, before any such disclosure of information is made in order to give the Volunteer an opportunity to challenge such disclosure.
- ☐ Pursuant to the Inspector General Act of 1978 and the Inspector General Empowerment Act of 2016, OIG may access all Peace Corps records for evaluation and oversight purposes, including Restricted Reports of sexual assault. However, OIG will not initiate an Official Investigation of a sexual assault as long as that sexual assault is the subject of a Restricted Report.

### 2.4.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ Ensure the Volunteer has been informed of available support services, including medevac options, which must be discussed with BHO and the FNS. Communicate Volunteer's choices to appropriate staff. Ensure relevant staff are aware of and take into consideration the preferences of the Volunteer regarding support services, medevac, and continued service or site changes.

## Restricted Reporting Procedures

- ☐ Ensure the Volunteer has access to and receives the support services outlined in MS 243 *Responding to Sexual Assault*, TG 540 *Clinical Management of Sexual Violence*, TG 545 *Sexual Assault Mental Health Assessment and Care*, and MS 264 *Medical Evacuation* in a timely fashion.
- ☐ If counseling services are requested by the Volunteer, notify the PCMO of the request. If needed, contact the BHO, FSC, or FNS for assistance. Follow up with Volunteer to ensure counseling services have been provided.
- ☐ If the Volunteer is on medevac, update the Volunteer, as necessary or as requested, on the progress of the Volunteer's case. More specifically, provide the Volunteer with any information that might affect her safety at site or continuation of service. With the Volunteer's consent, the Designated Staff at Post should be copied on messages or summaries of telephone calls to ensure that all parties are aware of the key points discussed and any agreements reached.
- ☐ Inform the Volunteer that she will receive a survey (the Response Quality Survey) to evaluate the way Peace Corps assisted the Volunteer.
- ☐ Work with the PCMO and SSM to determine the best way to provide information from the SITA and PIA back to the Volunteer if deemed necessary.

### Option to Medevac

- ☐ If the Volunteer is medevac'd:
  - Confirm with the Volunteer that she has been provided the option of a Peace Corps staff member to accompany her.
  - Coordinate logistics with OHS (including the FNS, BHO, and FSC) to include, if medevac'd to DC, airport pick-up and accompaniment to lodging.
  - Provide the Designated Staff with regular updates regarding the Volunteer's status.
  - If the Volunteer is medically cleared, coordinate the return to service with appropriate Post staff (*see* MS 264).
- ☐ Provide timely updates to the Volunteer or RPCV regarding ongoing criminal investigation, prosecution, safety, or administrative issues that may arise during a medevac.

### Reviewing SIMS Incident Summary

- ☐ If the Volunteer elects to review their SIMS incident summary with the Victim Advocate, share the summary with the Volunteer in writing (whether via e-mail or hard copy). Explain to the Volunteer that the Volunteer may make any necessary amendments to the facts contained in the incident summary, so that the incident summary accurately captures

the reported sexual assault. Upon receiving the amendments from the Volunteer, share the revised case summary with the Volunteer, and create an additional entry in SIMS and indicate that this entry reflects the Volunteer's changes. Edits that are purely stylistic (i.e., not related to the facts of the sexual assault), may be considered but do not have to be incorporated in the updated summary.

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved) and at Headquarters (DSS, BHO if involved, FSC if involved, and FNS).
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **Developing a Safety Plan**

- ☐ If needed or requested, assist the Volunteer and other Designated Staff in developing a Safety Plan (*see* Annex V).

### **Early Separation of Service**

- ☐ Determine if the Volunteer desires to continue service, especially if she has not expressed a desire to return to site. Confirm with the Volunteer that she is aware of the options available for continued or early termination of service.
- ☐ For Volunteers who are on medevac or who have separated from service, provide timely updates regarding the ongoing status of the case.
- ☐ In cases of early separation, assist with the transition from service by ensuring the Volunteer receives their personal belongings, receives their readjustment allowance, and Description of Service.
- ☐ If a Volunteer's service is ending, coordinate with the Post-Service Unit to assist Volunteer with the Federal Employees' Compensation Act (FECA) claims, if necessary.



- ☐ All early separations from service, whether requested by the Volunteer or not, are to be pursued in accordance with MS 284 *Early Termination of Service*.

### **Responding to OIG Requests to Contact a Volunteer Regarding an Official Investigation**

- ☐ If OIG notifies you that it has independently received information about a sexual assault incident, confirm to OIG whether the incident is already the subject of a Restricted Report.
  - If the incident is already the subject of a Restricted Report:
    - Inform the Volunteer that OIG has received independent information about the incident.
    - Ask the Volunteer if she would like to be contacted by OIG to discuss this incident.
    - Review Authorization for OIG to Contact Volunteer (*see* Annex IX), hereinafter “Authorization Form”, with the Volunteer, and assure her that it is her choice whether to consent to speak with the OIG about the sexual assault. Inform the Volunteer that if she does grant consent to speak with OIG, the Volunteer may withdraw that consent at any time. Inform the Volunteer that she will not be penalized if she elects to speak with OIG or not to speak with the OIG.
    - Inform the Volunteer that speaking with the OIG about an Official Investigation of the sexual assault underlying Restricted Report would result in conversion of the report to a Standard Report.
    - If the Volunteer agrees to be contacted by OIG, ask the Volunteer to sign an Authorization Form and return the signed form to OVA. After the Authorization Form has been signed by the Volunteer and obtained by OVA, OVA will inform OIG that the Volunteer has consented to be contacted.
    - If the Volunteer indicates that she will consent to speak with OIG about the third party report, but it is not feasible to obtain the Volunteer’s signature on the an Authorization Form within the OIG’s desired timeframe, OGC, in consultation with the DSS and other relevant Designated Staff, shall determine whether the situation warrants an exception to the requirement of a signed Authorization Form, and advise OVA on how to proceed.
    - If the Volunteer indicates that she does not consent to speak with OIG about the third party report, OVA should inform OIG immediately. OVA should still obtain a signed Authorization Form (indicating the absence of consent) at the convenience of the Volunteer.

## Restricted Reporting Procedures

- If the Volunteer does not respond to OVA's inquiry regarding consent to speak with the OIG, OVA shall inform OIG that the Volunteer has not granted consent. In such cases, OVA is not required to obtain a signed Authorization Form from the Volunteer.
- If the incident is not already the subject of a Restricted Report, follow instructions for third party reporting.

### **Responding to Other OIG Requests to Contact a Volunteer**

- If OIG notifies you that it would like to speak with the Volunteer for the purpose of discussing the services received by the Volunteer from Peace Corps (e.g., when OIG is conducting an evaluation or an investigation of fraud, waste or abuse at Peace Corps):
  - Ask the Volunteer if she would like to be contacted by OIG to discuss the services she received from the Peace Corps.
  - Review Authorization for OIG to Contact Volunteer (*see* Annex IX), hereinafter "Authorization Form", with the Volunteer, and assure her that it is her choice whether to consent to speak with the OIG about the sexual assault. Inform the Volunteer that if she does grant consent to speak with OIG, the Volunteer may withdraw that consent at any time. Inform the Volunteer that she will not be penalized if she elects not to speak with the OIG and that speaking with the OIG about services received under a Restricted Report does not automatically result in conversion of the report to a Standard Report.
  - If the Volunteer agrees to be contacted by OIG, ask the Volunteer to sign an Authorization Form and return the signed form to OVA. OVA will inform OIG that the Volunteer has consented to be contacted only after the Authorization Form has been signed by the Volunteer and obtained by OVA.
  - If the Volunteer indicates that she will consent to speak with OIG about the services she received, but it is not feasible to obtain the Volunteer's signature on the Authorization Form within the OIG's desired timeframe, OGC, in consultation with the DSS and other relevant Designated Staff, shall determine whether the situation warrants an exception to the requirement of a signed Authorization Form, and advise OVA on how to proceed.
  - If the Volunteer indicates that she does not consent to speak with OIG about the services received, OVA should inform OIG immediately. OVA should still obtain a signed Authorization Form (indicating the absence of consent) at the convenience of the Volunteer.
  - If the Volunteer does not respond to OVA's inquiry regarding consent to speak with the OIG, OVA shall inform OIG that the Volunteer has not granted consent. OVA is not required to obtain a signed Authorization Form from the Volunteer.

## Restricted Reporting Procedures

- ☐ If OIG contacts you with other requests for documents or information, please refer to Annex XI: Sharing Information from Restricted Reports with OIG.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.
- ☐ Before closing the case, obtain a safe contact telephone number and email address from the Volunteer and record it in SIMS.

## 2.5 Designated Security Specialist (DSS)

### 2.5.1 Immediate Response Phase (0-24 hours after report)

- ☐ Review Legal Environment Survey for Post.
- ☐ Review circumstances surrounding the assault with Designated Staff to determine the extent of any Serious or Imminent Threats to the safety of the Volunteer or others.
- ☐ In cases where you determine that there is a Serious or Imminent Threat to the safety of the Volunteer or others that requires disclosure of PII to non-Designated Staff, contact the OGC Lawyer to request legal review and final concurrence for disclosure of PII under the exception in paragraph 4.4(a)(ii) of MS 243.
- ☐ In cases where assistance is needed in determining whether or not there is a Serious or Imminent Threat to the safety of the Volunteer or others, you may consult with the appropriate PCSSO and SSM. For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have legal and prosecutorial options in the United States. If the Volunteer would like to know more about her legal and prosecutorial options than you can answer, coordinate with the OGC Sexual Assault or Regional Attorney to obtain more information about the legal and prosecutorial options in the U.S. If the Volunteer has questions that cannot be answered by the OGC Sexual Assault or Regional Attorney, work with the OGC Sexual Assault or Regional Attorney to hire a U.S. lawyer to advise the Volunteer on her legal and prosecutorial options in the United States. Refer to Annex X for further guidance.
- ☐ For cases in which the perpetrator is another Volunteer or a Peace Corps staff member or contractor, ascertain whether the sexual assault was first reported by a third party. If so, work with Designated Staff to follow third party reporting procedures and inform OIG of the report after the victim has been contacted by the PCMO.

### 2.5.2 Continuing Support (24+ hours after report—based on Volunteer’s need)

- ☐ Discuss findings from security assessments with Designated Staff and identify ongoing security concerns and mitigating steps as appropriate.
- ☐ Assist in the development of the Volunteer’s Safety Plan if needed.
- ☐ Ensure SIMS report has been properly submitted and relevant updates incorporated.
- ☐ Participate in a case review with the Designated Staff to ensure that all necessary actions have been taken.

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other Designated Staff members involved in the case, including Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), and Designated Staff at Headquarters (OVA, BHO, FSC, and FNS).
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 2.6 Field Support Clinician (FSC)

### 2.6.1 Immediate Response Phase (0-24 hours after report)

- ☐ When requested, assist and support the PCMO with the medical and SAFE exam, clinical assessment, necessary interventions, and the development of a Medical Treatment Plan for the Volunteer. If the Volunteer has been given a SAFE in accordance with U.S. law, follow the instructions in Annex VIII for handling the Sexual Assault Kit (SAK).
- ☐ If contacted by the PCMO in your role as OMS Duty Officer:
  - Review circumstances surrounding the assault with the PCMO to determine the extent of any Serious or Imminent Threats to the health of the Volunteer or others utilizing the Serious or Imminent Threat Assessment Tool (*see* Annex III).
    - Ensure that the PCMO makes the SSM or DSS aware of any real or perceived threats to the Volunteer's safety.
    - Ensure that the PCMO notifies the SSM and DSS if the assault is a case of domestic or intimate partner violence.
    - Ensure that the PCMO notifies the SSM and DSS if the perpetrator lives or works near the Volunteer's site.
  - In cases where you determine that there is a Serious or Imminent Threat to the health of the Volunteer or others that requires Peace Corps to disclose PII to non-Designated Staff, contact the OGC Duty Lawyer to request legal review and final concurrence for disclosure of PII under MS 243, paragraph 4.4(a)(ii).
- ☐ If a sexual assault occurs while a Volunteer is on Medevac, Medical Hold, or traveling internationally in a location where a PCMO is not located, and the FSC is involved in coordinating the initial response to the case and shall follow all instructions in the PCMO section of these Procedures.
- ☐ Participate as a member of the Coordinated Agency Response System (CARS) Team.
- ☐ Coordinate with BHO for the provision of counseling services for the Volunteer while in country if necessary.
- ☐ If at any time you have concerns or questions regarding the ongoing response process at Post or if you have concerns regarding the Volunteer's continued service, immediately request a CARS call through the Victim Advocate +1 (202) 409-2704 or through Designated Staff at Post and Headquarters, including the FNS.

### 2.6.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ If the Volunteer medevacs, coordinate with the PCMO, Medevac Team Lead, Medevac Program Specialist and OVA regarding travel arrangements, accommodations and any additional individualized support that may be required by the Volunteer.

## Restricted Reporting Procedures

- Ensure OVA is provided with the itinerary of the Volunteer so that airport pick-up can be arranged by OVA.
- Serve as the clinical case manager responsible for coordinating the medical and mental health care of Volunteers who are medevac'd.
- Coordinate with BHO for the provision of services by outside mental health providers, as appropriate for medevac to home of record, or in Washington, DC.
- Coordinate with OVA regarding the Volunteer's medevac status, ability to medically clear and overall disposition while on medevac.
- Ensure Post is kept up-to-date on any pertinent issues related to the Volunteer's status and likelihood of continuing service.
- Keep apprised of any security threats that may impact the ability of the Volunteer to return to Post and site, and as necessary, coordinate with OSS regarding any such security concerns.
- Coordinate with OVA, OSS, FSN and appropriate Post staff on return of Volunteer, if medically cleared. Notify Post of Volunteer's return approximately one week in advance of her arrival.
- If the Volunteer separates from service during medevac, coordinate with Post Service Unit on contacting the Volunteer to provide information regarding post-service health benefits and FECA related information. If the Volunteer remains in country, and early separates, in coordination with the Post-Service Unit, assist the PCMO in providing information to the Volunteer regarding clinical care options within Peace Corps, post-service health care benefits and FECA related information.

## **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 2.7 Forensic Nurse Specialist (FNS)

### 2.7.1 Immediate Response Phase (0-24 hours after report)

- ☐ When requested, assist the PCMO and FSC with the medical and SAFE exam, clinical assessment, necessary interventions, and the development of a Medical Treatment Plan for the Volunteer. If the Volunteer has been given a SAFE in accordance with U.S. law, instruct PCMO/FSC to follow the instructions in Annex VIII for handling the Sexual Assault Kit (SAK).
- ☐ If contacted by a FSC in their role as OMS Duty Officer, the FNS should provide guidance and support in the FSC's completion of their duties under these procedures.

### 2.7.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ If the Volunteer medevacs, support the FSC, PCMO, and Medevac Team to fulfill their obligations under these procedures.

#### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.
- ☐ By participating in CARS calls, the FNS will be able to observe and address medical issues affecting the victim/survivor in the Agency. In doing so, the FNS should identify potential gaps in OHS services and recommend additional services and enlist the support of additional OHS staff.
- ☐ The FNS should work with OHS staff involved in the case to ensure all health service issues are addressed.

#### SIMS and PCMEDICS Documentation



## Restricted Reporting Procedures

- ☐ Confirm the PCMO or FSC documents all services, communications, and other case involvement in SIMS and PCMEDICS, or any subsequent case management system, in accordance with applicable guidelines and procedures.
- ☐ If there are errors in either system, the FNS should ensure the errors are corrected in a timely manner.

### **Quality Improvement Function**

Provide a response to the SAPR response team when there are quality of service questions relating to a specific case, provision of medical services, and the medical evacuation process.

## 2.8 Peace Corps Safety and Security Officer (PCSSO)

### 2.8.1 Immediate Response Phase (0-24 hours after report)

- ☐ When requested, assist and support the DSS and SSM in determining whether or not there is a Serious or Imminent Threat to the safety of the Volunteer.
- ☐ Provide cultural, regional, and local understanding of the safety precautions that may be needed after a sexual assault incident.
- ☐ As needed, assist the DSS and SSM in understanding the local legal environment, which may include interpreting the Legal Environment Survey and the social, political and cultural contexts. Assist the DSS and SSM in communicating such information to Designated Staff and the Volunteer.
- ☐ When requested, participate as a member of the Coordinated Agency Response System (CARS) Team.

### 2.8.2 Continuing Support (24+ hours after report—based on Volunteer’s need)

- ☐ When directed, attend meetings with law enforcement, court and/or other local authorities to facilitate and monitor the investigative or prosecutorial process.
- ☐ As needed, attend court hearings or other legal proceedings.

#### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer’s well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved) and at Headquarters (DSS, OVA, BHO if involved, FSC if involved, and FNS).
  - If you need assistance arranging a CARS call, contact the DSS at 1-202-437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

#### SIMS Documentation

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 2.9 Country Director (CD)

### 2.9.1 Immediate Response Phase (0-24 hours after report)

- ☐ Upon notification from Designated Staff, the CD will inform the Regional Security Officer as soon as possible that a sexual assault took place in-country, and the Volunteer has opted for a Restricted Report. The CD will only provide the Regional Security Officer the type of assault (Rape, Aggravated Sexual Assault, or Non-Aggravated Sexual Assault) and category of the location of sexual assault (e.g., residence, local establishment, public transportation).
- ☐ Make resources available to Designated Staff if requested (e.g., Peace Corps vehicle when needed).

### 2.9.2 Continuing Support (24+ hours after report—based on Volunteer's need)

#### Case Management Review Meetings

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

## 2.10 OGC Sexual Assault Attorney or Regional Attorney

- ☐ As requested by Designated Staff at Post and Headquarters, provide legal guidance on matters including but not limited to Peace Corps policy and applicable laws, including The Kate Puzey Act, HIPAA and the Privacy Act.
- ☐ Advise Designated Staff on matters relating hiring a lawyer to provide advice to the Volunteer on law enforcement and prosecutorial options.

### **Advising Designated Staff on Law Enforcement and Prosecutorial Options in the United States**

- ☐ For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, criminal jurisdiction in the U.S. may exist pursuant to the Special Maritime and Territorial Jurisdiction of the United States (“SMTJ”). Refer to Annex X for further guidance.
- ☐ If you are contacted by a DSS or another Designated Staff member who has questions about a Volunteer’s legal and prosecutorial options in the U.S., advise such staff as appropriate. You may consult with OIG regarding a Volunteer’s legal and prosecutorial options in the U.S., if such consultation does not involve the disclosure of the Volunteer’s PII and is not presented as a third party report to OIG.
- ☐ If the Volunteer presents questions that you are unable to answer, if those questions are better suited to a private attorney, or if the Volunteer requests a consultation with an attorney, follow the procedures below to hire a U.S. lawyer to advise the Volunteer on her legal and prosecutorial options in the U.S.

### **Hiring an Attorney to Consult with a Volunteer in a Restricted Report Case**

- ☐ Once you receive a request via telephone or email by Designated Staff that a lawyer has been requested, identify one of the law firms/lawyers from the pre-selected list to determine the availability and interest in advising the Volunteer.
- ☐ The SSM should provide the local lawyer with Volunteer’s PII and offender’s name so that lawyer can perform a conflicts check.
- ☐ Along with the SSM, consult with the local lawyer by phone to ensure that the lawyer understands the terms of the engagement and the invoicing requirements.
- ☐ Only those in OGC with a Delegation of Procurement Authority from the Chief Acquisition Officer may contract with a local lawyer.
- ☐ To contract with the local lawyer:
  - Complete the contract template and send it to local lawyer for signature.

## Restricted Reporting Procedures

- Also send the local lawyer a copy of the Vendor Data Form from GAP (or request the lawyer's Vendor Data, and OGC can fill out the form).
  - Upon receipt of the Vendor Data Form, submit it to the Director's Office Administrative Officer for creation of a Vendor Record in Odyssey.
- Upon receipt of a signed contract from a local lawyer, sign it on behalf of the Peace Corps.
- Complete and sign "Retention of Counsel Form"
  - Provide the form to the Administrative Officer in Director's Office, requesting that s/he record a Purchase Order (PO) in Odyssey and write the appropriate fiscal coding on the form. The Retention of Counsel Form should not include any PII of the Volunteer who reported the sexual assault.
  - The Administrative Officer will retain a copy for his/her records and return the original to OGC. The OGC Sexual Assault or Regional Attorney should write the PO number on signed copy of contract and keep both documents and pertinent correspondence in OGC's shared files.
- After the local lawyer performs the contract:
  - The local lawyer should send the invoice to OGC. The invoice should not include any PII of the Volunteer who reported the sexual assault. If the invoice includes PII, OGC should contact the local lawyer and ask the lawyer to send a corrected invoice.
  - Contact the SSM, who must certify that services have been received.
    - If SSM cannot certify that services have been received, OGC should address the issue with the local lawyer.
- Send Retention of Counsel Form and certified invoice to the Director's Office Administrative Officer for transmission to CFO/ Office of Global Accounts Payable (GAP).
- CFO/GAP processes payment.
- Upon receipt of the SSM's certification, approve the lawyer's invoice as the invoice approving official and submit to Administrative Officer for payment.

## Determination of exception for disclosure of PII and Agency Conversions

- When requested by the DSS or OHS staff, determine if a proposed disclosure of PII is authorized under the exception in paragraph 4.4(a)(ii) of MS 243 for a Serious or Imminent Threat to the health or safety of the Volunteer or others. Notify the DSS or OMS Duty Officer and the Victim Advocate in writing. In making that determination,

## Restricted Reporting Procedures

you must give considerable weight to the preferences of the Volunteer. The Volunteer's choices should only be overturned if there is persuasive evidence of a Serious or Imminent Threat that cannot be prevented or lessened without such a disclosure of PII. Consultation with OVA is suggested to ensure that the Volunteer's preferences are considered.

- ☐ Determine if, and to what extent, a disclosure of PII is required in order to comply with an order of a state or Federal court or with a Federal or state statute.
  - For purposes of applying the exception contained in paragraph 4.4(a)(iv) of MS 243, any such statute or court order shall be interpreted as narrowly as possible to limit the amount and type of information disclosed in order to honor the preferences of the Volunteer.
  - No such disclosure may be made by Designated Staff without the prior written approval of the OGC Sexual Assault Attorney or Regional Attorney.
  - Any such disclosure will be coordinated by the OGC Sexual Assault Attorney or Regional Attorney.
- ☐ Determine whether, as a result of such disclosure, the Restricted Report must be converted into a Standard Report. Refer to Annex XII: Guidelines for Agency Conversion of Restricted Reports for criteria and instructions.
  - If it is determined that an Agency Conversion is warranted, OGC must notify OVA that an exception is authorized under section 4.4(a)(ii) of MS 243, and that such exception has resulted in an Agency Conversion from Restricted to Standard Reporting. As soon as possible, a Victim Advocate will notify the Volunteer, orally and in writing, about the decision to convert the report to a Standard Report, along with the identities of the parties to whom such disclosure is to be made, and, to the extent possible, the reasons for the conversion.
  - Such notice of an Agency Conversion (as opposed to a conversion because of the Volunteer's choice of services and type of reporting) should be given, if possible, before any such disclosure of information is made in order to give the Volunteer an opportunity to challenge such disclosure.

### **Determination of exception for signed "Authorization for OIG to Contact Volunteer" Form**

- ☐ In cases where OIG would like to speak with a Volunteer who has filed a Restricted Report in connection with the OIG's duties, Designated Staff are required to review "Authorization for OIG to Contact Volunteer" (*see* Annex IX) with the Volunteer and obtain the Volunteer's signature on the form before informing OIG that the Volunteer has consented to be contacted.
- ☐ In some cases, an exception to the requirement of a signed Authorization Form may be warranted. In coordination with the DSS and other relevant Designated Staff, you may consider the following factors to determine whether an exception is warranted:

## Restricted Reporting Procedures

- Whether the Volunteer has been adequately apprised of the content of the Authorization form (e.g., the Volunteer receives the form via e-mail).
  - Whether the Volunteer has clearly and unequivocally communicated her choices to the Designated Staff person.
  - Whether the Volunteer is able, as a practical or logistical matter, to sign and return the form without significant delay.
  - Whether OIG's need to speak with the Volunteer imminently is reasonable under the circumstances, and if the urgency outweighs the agency's interest in documenting Volunteer preferences.
- ☐ If an exception is granted, every effort should still be made to obtain the Volunteer's signature on the Authorization Form as soon as possible.
  - ☐ An exception should not be granted in cases where the Volunteer has not been apprised of the content of the Authorization Form or has not clearly communicated her consent to speak with OIG for the purposes set forth by OIG to Designated Staff.

### **SIMS Documentation**

- ☐ If the case is converted to a Standard Report, document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

# STANDARD REPORTING

## 3.0 STANDARD REPORTING

**Important note:** A Volunteer's report of sexual assault is considered a Restricted Report until the Volunteer exercises the option to make the report a Standard Report or until it is otherwise converted into a Standard Report in accordance with these Procedures. In the Immediate Response Phase, a report will likely be Restricted unless the Volunteer has indicated on the initial call that he<sup>5</sup> wishes to report the assault to law enforcement.

Any decision by the Volunteer to exercise the option to make the report a Standard Report should be documented on the Volunteer Preference Form. If it is not practicable for the Volunteer to sign the Volunteer Preference Form (e.g., because the Volunteer is not present to meet with a member of Designated Staff), the Volunteer's preferences should be noted on the Volunteer Preference Form **and the Volunteer's signature should be obtained as soon as practicable.**

This section assumes that the Volunteer has exercised the option to make the report a Standard Report or the report has otherwise been converted into a Standard Report. **If the Volunteer has not yet exercised his option to make the report a Standard Report and it has not otherwise been converted into a Standard Report, please go to the section on Restricted Reporting.**

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<sup>5</sup> Peace Corps understands that people of all genders experience sexual assault, and that people of all genders commit sexual assault. In an effort to be inclusive of multiple gender identities, we alternate between "he/him" and "she/her" pronouns in this policy. In the Introductory Materials and "Restricted Reporting" section, "she/her" is used to refer to Volunteers, and in the "Standard Reporting" section, "he/him" is used. Peace Corps also understands that not every Volunteer uses "he/him" or "she/her" pronouns. Reporting options and services as outlined in this policy are available to every Volunteer and are inclusive of all gender identities.



## 3.1 Peace Corps Medical Officer (PCMO)

**If the Volunteer has not yet exercised his option to make the report a Standard Report and it has not otherwise been converted into a Standard Report, please go to the section on Restricted Reporting. You may contact the FNS at Headquarters for additional support.**

### 3.1.1 Immediate Response Phase (0-24 hours after report)

- ☐ As soon as you are notified of a sexual assault, immediately contact the Volunteer.
- ☐ Immediately notify the SSM and assess the Volunteer's health and safety.
- ☐ Confirm the Volunteer's contact information and location.
- ☐ Ask if the Volunteer is alone and if he would like someone to be with him (e.g., neighbor, friend). If so, assist in making those arrangements.
- ☐ Briefly assess by phone the extent of physical injury (e.g. profuse bleeding, severe pain, etc.) and follow TG 540 *Clinical Management of Sexual Violence*, Attachment D or E, PCSAE Female or Male Sexual Assault Form. If you must travel to the Volunteer's location, bring necessary supplies, including the sexual assault "go-bag" and a printed copy of the appropriate PCSAE Female or Male Sexual Assault Form.
- ☐ Determine the need for urgent mental health assessment and/or intervention following TG 545 *Mental Health*.
- ☐ Ask the Volunteer not to go to the hospital or law enforcement until Peace Corps staff arrives unless it is an emergency or there is an imminent threat of bodily harm. Instruct Volunteer to contact you (or other Designated Staff) if the medical and/or safety condition changes before staff arrive.
- ☐ To the extent possible, assess the circumstances surrounding the assault. Do not force the Volunteer to discuss the details if he is reluctant to do so. Avoid discussion of Peace Corps incident classifications and use the language the Volunteer uses to describe the incident.
- ☐ Depending on the circumstances of the assault, explain how to preserve evidence to protect future options. Ask the Volunteer not to urinate or use the bathroom, douche, shower, bathe, rinse his mouth, brush his teeth, eat or drink, wash his hands, or clean under his fingernails. Ask the Volunteer not to wash or dispose of clothing worn at the time of the assault. If the Volunteer chooses to change into fresh clothes, instruct the Volunteer to put all clothing worn at the time of the assault in a bag (paper, cloth, mesh) or a pillow case. Remind the Volunteer to put on a pair of undergarments to potentially preserve evidence that may still be contained on his body.
- ☐ Explain to the Volunteer that he may receive assistance from a Victim Advocate and that the Victim Advocate will contact the Volunteer within 24-48 hours to make sure that the Volunteer understands the process. Facilitate access to a Victim Advocate if requested at

## Standard Reporting Procedures

+1 (202) 409-2704. Inform the Volunteer that Victim Advocates are part of the Designated Staff who respond to Volunteers that have been assaulted.

- ☐ Notify OVA via +1 (202) 409-2704.
- ☐ If needed, contact OMS or BHO via the OMS Duty Officer at +1 (202) 692-1028.

### **Sexual Assault Forensic Examination (SAFE)**

- ☐ If applicable, explain the purpose of a Sexual Assault Forensic Examination (SAFE) and ask if the Volunteer would like Information about the process for conducting a SAFE in the host country (including who is authorized to conduct the SAFE and where it will be done).
  - If, at your Post, having a SAFE requires notification to law enforcement or otherwise triggers a criminal investigation, explain this to the Volunteer and confirm that he understands.
  - If the Volunteer chooses to have a SAFE, refer to Sexual Assault Forensic Examination (SAFE) (Annex VII) to complete the SAFE.
- ☐ For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have the right to have a SAFE according to U.S. law. In these cases, notify the OIG before conducting a SAFE. Refer to Annex VII and Annex VIII for further guidance.

### **Explanation of Standard Reporting Services**

- ☐ Explain to the Volunteer that a Standard Report allows for the provision of: 1) a site change, if warranted 2) a more in-depth security assessment, 3) reporting to local law enforcement, 4) the involvement of the CD in supporting the Volunteer, 5) appropriate health care, including a clinical examination, PEP and STI prevention and pregnancy testing as necessary, as well as the option to speak with a counselor.
- ☐ Give the Volunteer the Services and Reporting Information Sheet and Volunteer Preference Form (Annex I) and ask the Volunteer to review them.

### **Explanation of the Sexual Assault Response Liaison (SARL)**

- ☐ Explain that a SARL is available, at the Volunteer's request. The SARL is a staff member who received special training on supporting Volunteers, and who can assist and accompany the Volunteer throughout the in-country response, which may include:
  - Meetings with Peace Corps staff;
  - Meetings with a local lawyer;

## Standard Reporting Procedures

- Meetings with law enforcement;
  - Appointments with a local medical provider (e.g., SAFE); or
  - Attending court proceedings.
- ☐ Determine if the Volunteer would like to have SARL assistance. Explain to the Volunteer that the SARL will only be in contact with the Volunteer if he chooses to use the services of the SARL.
  - ☐ If the Volunteer declines the services of the SARL, explain that the SARL is available at any time and provide him with the SARL 24/7 duty phone number.
  - ☐ Notify the SARL that a sexual assault has occurred. If a SARL has been requested, non-medically confidential information, including PII, can be shared with the SARL. If the Volunteer has not requested the services of a SARL, only notify the SARL that a sexual assault has been reported. However, you may not provide the SARL with any details of the sexual assault other than the information on the classification of the assault (Rape, Aggravated Sexual Assault or Non-Aggravated Sexual Assault) and the general location of the sexual assault (e.g., residence, local establishment, public transportation).

### Reporting to Law Enforcement

- ☐ Ask the Volunteer if he would like to report the assault to local law enforcement. Remind the Volunteer that if he isn't sure, he can decide whether to report to law enforcement at a later time. Explain that if he chooses to not report to law enforcement now, certain forensic evidence may be lost, which may make prosecution more difficult.
- ☐ Inform the Volunteer that, if he has additional questions or needs additional information concerning law enforcement and prosecutorial options, the SSM will be available to answer questions. If more information is necessary, the Peace Corps will hire a lawyer to advise the Volunteer.
- ☐ For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have legal and prosecutorial options in the U.S. (if unsure ask the SSM to arrange with the OGC Sexual Assault Attorney or Regional Attorney to hire a U.S. lawyer to advise the Volunteer on her legal and prosecutorial options in the U.S.).
- ☐ If the law enforcement report must be made in the location where the incident occurred, send appropriate staff (PCMO, SSM, or SARL) to support the Volunteer. Take any necessary supplies and information, including the sexual assault "go-bag."

## Immediate Response Plan

- ☐ Develop an immediate response plan with the CD and the SSM. The CD will coordinate the response or delegate it to another Designated Staff person at Post.
- ☐ In consultation with the SSM, CD, and the on-duty SARL, assess the circumstances of the assault and determine if there are any Serious or Imminent Threats to the health or safety of the Volunteer or others using the Serious or Imminent Threat Assessment (SITA) Tool (*see* Annex III).
  - In cases where you believe there is a Serious or Imminent Threat to the health of the Volunteer or other individuals is perceived, immediately contact the OMS Duty Officer at +1-202-692-1028.

## Travel and Hotel Arrangements

- ☐ If appropriate, travel with the SSM or the SARL to the Volunteer's location.
  - If you are unable to travel to the Volunteer's location, and an in-person assessment of health is needed, coordinate with the medical assistant or Director of Management and Operations (DMO), to make transportation arrangements for the Volunteer without disclosing any information regarding the incident.
    - In this case, ask the Volunteer if there is someone who can accompany the Volunteer. Every effort should be made to ensure that the Volunteer does not travel alone.
    - If the incident occurred on a bus, in a taxi, or on some other form of transportation, make every effort to refrain from using a similar form of transportation.
- ☐ In coordination with the medical assistant or DMO, make hotel arrangements for the Volunteer in the event the Volunteer is going to be moved from site. You may use your medical assistant or DMO, to make hotel and other logistical arrangements for the Volunteer as long as you do not disclose any information regarding the incident or reveal that the logistical needs are related to a sexual assault.
  - When possible, ask the Volunteer if he would like to stay in a hotel separate from one that is routinely used by Volunteers.
  - When possible, ask the Volunteer if he would like a Volunteer peer or friend to stay with him at the hotel. If so, request a list of three or four Volunteer peers or friends that he would be comfortable with and for Peace Corps to reach out to. Designated Staff should determine the most appropriate person to accompany the Volunteer and reach out to determine availability.

### 3.1.2 Continuing Support (24+ hours after report—based on Volunteer's need)

#### Volunteer Reporting Preferences

- ☐ Once the Volunteer's immediate critical medical and security needs are met and you are able to sit down and have a conversation with the Volunteer in a private and comfortable setting, discuss with him, in detail, the differences between Restricted Reporting and Standard Reporting, as well as the medical, counseling, legal and advocacy options that are available to him so that he is able to make an informed decision regarding the reporting services available to him.
  - For this purpose, use the Services and Reporting Information Sheet (*see* Annex I) to review the information with the Volunteer. Provide the Volunteer with a copy if he did not receive one earlier in the process.
  - Jointly review all items in the Services and Reporting Information Sheet and answer the Volunteer's questions.
- ☐ If relevant, explain the Immunity Policy (MS 240 *Immunity from Disciplinary Action in Sexual Assault and Stalking Incidents*).
- ☐ If relevant, for when the perpetrator is another Volunteer or Trainee, explain that there is a policy Volunteer/Trainee Sexual Misconduct Policy (IPS 1-12 *Volunteer/Trainee Sexual Misconduct*) that the CD will go over.
- ☐ Explain to the Volunteer that he may at any time choose to report the incident to law enforcement.
- ☐ Work with the SSM to provide the Volunteer with a brief overview of the host country's law enforcement and prosecutorial options including the process for reporting to the police.
- ☐ When appropriate, ask the Volunteer to review and sign the Volunteer Preference Form (*see* Annex I).
  - Reassure the Volunteer that at any time in the future, he may request additional services or change his reporting preference to Standard by making a request to do so through the PCMO or SSM.
  - If it is not easy or feasible for the Volunteer to sign the Volunteer Preference Form (e.g., because the Volunteer is not present to meet with you), you should note the Volunteer's preferences on the form and obtain the Volunteer's signature at the Volunteer's earliest convenience (this may be the next time the Volunteer comes to the office).
  - **A Volunteer Preference Form must be completed by staff even if the Volunteer does not engage in a conversation about services or reporting options.**

## Standard Reporting Procedures

- The Volunteer Preference Form must be completed by staff and uploaded to SIMS within 5 days of the initial report. The form may be uploaded to SIMS before the Volunteer signs it. However, when the Volunteer does sign the form, the signed copy should also be uploaded.
- The Volunteer Preference Form (Annex I) should be updated anytime there is a change from a Restricted to Standard Report. A new form may be used, but the form should clearly indicate that it is an update/change for an existing case (the upper right-hand corner of the preference form has a space for the SIMS number and a place to note if the form is new or updated).
- As with the original Volunteer Preference Form, if it is not easy or feasible for the Volunteer to sign the updated form (e.g., because the Volunteer is not present to meet with you), note the Volunteer's preferences on the form and obtain the Volunteer's signature at the Volunteer's earliest convenience (this may be the next time the Volunteer comes to the office).
- The updated form must be uploaded to SIMS within five days of the conversation. Any previous versions should also be retained in SIMS.

### Notifying the OIG

- ☐ If the perpetrator is another Volunteer/Trainee or a Peace Corps staff member or contractor, inform the Volunteer that Peace Corps policy requires that the matter be reported to OIG at +1 (202) 692-2915. Provide the Volunteer with a copy of the OIG information sheet *Prosecutorial Options for Volunteers When the Alleged Perpetrators are Other Volunteers, Trainees or Staff Members* (see Annex X).

### Option to Medevac

- ☐ In all cases of sexual assault, determine if the Volunteer wants to request a medevac or if you are going to recommend a medevac in accordance with MS 264 *Medical Evacuation*.
  - Explain that BHO must speak with the Volunteer to assess whether a medevac is appropriate.
  - Explain that attending counseling at the medevac destination is an expectation of medevac. The FSC will assist Volunteers in locating a counselor as needed.
  - Determine if the Volunteer wishes to be accompanied on medevac by a staff member or if accompaniment may be needed for medical reasons.
  - If the Volunteer is going to be medevac'd, notify the CD.
- ☐ If the Volunteer remains at Post (not medevac'd), develop a Medical Treatment Plan with the Volunteer, and discuss available counseling options.

## Standard Reporting Procedures

- ☐ Ensure other Designated Staff and OHS (BHO/IHS) are aware of any security, behavior or health concerns you may have regarding the Volunteer's ability to return to service.
- ☐ Coordinate with appropriate staff at Post and at Headquarters to discuss any legal actions that may coincide or conflict with scheduled medical or medevac actions.
- ☐ If the Volunteer was medevac'd and is medically cleared to return to country, be sure all Designated Staff at Post and the CD are notified when the Volunteer is scheduled to return. This would be done in concert with FSC at Headquarters with approximately one-week advance notice to Post. Arrange for transportation for the Volunteer upon her return to country.
- ☐ Ensure the Volunteer has received the TG 540 *Sexual Assault Discharge Information and Instructions for Volunteers Form* before returning to site, being medevac'd or separated from service.
- ☐ Explain that the Volunteer may immediately review the SIMS incident summary with the Victim Advocate (or, if the Volunteer prefers, with the SSM). The Volunteer, upon review of the incident summary, may make any necessary amendments to the facts contained in the incident summary. In the event that the Volunteer does not wish to immediately review the summary, explain that the Volunteer may request to review it at any time in the future.

### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at 1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **Ongoing Medical Care**

- ☐ Work with the Volunteer in developing a Medical Treatment Plan using TG 540 *Clinical Management of Sexual Violence* and follow TG 545 *Sexual Assault Mental Health Assessment and Care*.
- ☐ When the Volunteer returns from medevac, review the ongoing Medical Treatment Plan and discuss options for ongoing support. Provide updates to the CD and other staff as appropriate regarding the Volunteer's medical status. Do not extend medical confidentiality to the CD or other staff with regard to particular information unless they have a specific need to know that information in order to perform specific tasks that are part of their official duties.

### **Developing a Safety Plan**

- ☐ If needed or requested, assist the Volunteer and other staff in developing a Safety Plan.
- ☐ If you are responsible for discussing the Safety Plan with the Volunteer, the conversation should be documented in SIMS.

### **Case Management Review Meetings**

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.



## 3.2 Safety and Security Manager (SSM)

### 3.2.1 Immediate Response Phase (0-24 hours after report)

#### Notifications and Response Plan

- ☐ Develop an immediate response plan with the CD and other Designated Staff as necessary.
- ☐ In consultation with the CD and other Designated Staff, assess the circumstances of the assault and determine if there are any Serious or Imminent Threats to the health or safety of the Volunteer or others utilizing the Serious or Imminent Threat Assessment (SITA) Tool (*see* Annex III). A SITA is required for all sexual assaults and must be uploaded into SIMS.
  - In cases of Rape or Aggravated Sexual Assault that occurred in the last 5 days or in other cases if you suspect there is a Serious or Imminent Threat to the safety of the Volunteer or others, immediately contact the DSS at +1 (202) 437-5159.

#### Travel and Hotel Arrangements

- ☐ If appropriate, travel with the PCMO and/or the SARL to the Volunteer's location.
- ☐ If it is necessary for the Volunteer to travel to a regional office or Post, assist the PCMO or SARL in making transportation arrangements for the Volunteer.
  - If staff cannot accompany a Volunteer, assist the PCMO in finding someone who can accompany the Volunteer (preferably another Volunteer or someone the Volunteer trusts). Every effort should be made to ensure that the Volunteer does not travel alone.
  - If the assault occurred on a bus, in a taxi, or on some other form of transportation, make every effort to refrain from using a similar form of transportation.
- ☐ In coordination with the CD and PCMO, make hotel arrangements for the Volunteer in the event the Volunteer is going to be moved from site.
  - When possible, ask the Volunteer if he would like to stay in a hotel separate from one that is routinely used by Volunteers.
  - When possible, ask the Volunteer if he would like a Volunteer peer or friend to stay with him at the hotel.

#### Overview of the Legal Process and Hiring an Attorney

- ☐ Review the Legal Environment Survey and ensure you understand the process for reporting to law enforcement in the host country and options in the host country for prosecuting the offender.

- ☐ If requested or necessary, provide the Volunteer with a brief overview of the host country's law enforcement and prosecutorial options. Explain to the Volunteer the process for reporting to law enforcement, including where the report would need to be filed. Explain to the Volunteer that he may at any time choose to report the incident to law enforcement and that Peace Corps will assist him in doing so.
  - Notify the CD and PCMO as to whether or not the report will need to be made where the assault occurred before moving the Volunteer.
  - Discuss law enforcement and prosecutorial options with the CD and PCMO and be prepared to assist them in providing information on law enforcement and prosecutorial options to the Volunteer if requested.
  - For cases in which (1) the perpetrator is another Volunteer or a Peace Corps staff member and (2) the assault took place in a building or on land used by the U.S. government or in a residence used by a Volunteer, a U.S. government employee or other U.S. government personnel, the Volunteer may have legal and prosecutorial options in the U.S. (if unsure ask the SSM to arrange with the OGC Sexual Assault Attorney or Regional Attorney to hire a U.S. lawyer to advise the Volunteer on his legal and prosecutorial options in the U.S.).
- ☐ If the Volunteer requests a lawyer either locally or in the U.S., coordinate with the CD and notify the Office of Safety and Security and the OGC Sexual Assault Attorney or Regional Attorney that a lawyer is needed to provide advice to the Volunteer on available law enforcement and prosecutorial options.
- ☐ If the Volunteer wishes to report to law enforcement, accompany the Volunteer (along with the SARL, if requested) to the police station or, when not possible, arrange for another appropriate staff person to do so.
- ☐ As necessary, contact law enforcement to leverage support and resources.
- ☐ If the Volunteer does not want to report to law enforcement at this time or requests more information in order to make a decision, assure him that he can change his mind at any time. Explain that if he chooses to not report to law enforcement now, certain forensic evidence may be lost, which may make prosecution more difficult.

### **3.2.2 Continuing Support (24+ hours after report—based on Volunteer's need)**

#### **Response Plan**

- ☐ If the Volunteer is medevac'd, coordinate logistical support with relevant staff for the Volunteer when he returns to service (e.g., pick-up at the airport, hotel arrangements, travel back to site, etc.).
- ☐ If the Volunteer chooses to file a complaint with law enforcement, notify the CD and other relevant staff.

## Standard Reporting Procedures

- Ensure the Volunteer is accompanied to all ongoing law enforcement or court proceedings by an appropriate staff person.
- If the Volunteer is in the country, provide regular updates to the Volunteer on the status of the case, even if there is nothing new to report.
- Provide regular updates on the status of the case to the DSS.

### Volunteer Reporting Preferences

- ☐ Once the immediate medical and security needs of the Volunteer are met, assist the PCMO as needed in reviewing the Services and Reporting Information Sheet and Volunteer Preference Form (*see Annex I*) with the Volunteer. The conversation should take place in a private setting where you can discuss with him, in detail, the differences between Restricted Reporting and Standard Reporting, as well as the medical, counseling, legal and advocacy options that are available to him so that he is able to make an informed decision regarding the reporting services available to him.

### Post Incident Assessment

- ☐ Refer to and complete the Post Incident Assessment (PIA) utilizing the Post Incident Assessment Tool (*see Annex IV*). A PIA is required for all Rapes and Aggravated Sexual Assaults or if there are concerns about ongoing threats to the Volunteer or others. If a deeper assessment is required, conduct the assessment and provide findings to the CD, DSS, and PCMO. Make recommendations as appropriate. SSMs should seek the assistance of the CD or DSS if they need assistance communicating identified threats to a Volunteer.
- ☐ Inform the Volunteer of any risks identified during either the SITA or PIA. Answer questions as feasible and, if the circumstances call for the development of a post-incident Safety Plan, work with the Volunteer, Office of Victim Advocacy, and the PCMO to develop a plan. SSMs should seek the assistance of the DSS if they need assistance communicating identified threats to a Volunteer.
- ☐ The completed PIA must be uploaded to SIMS.

### Developing a Safety Plan

- ☐ If needed or requested, assist the Volunteer, CD and/or other Designated Staff in developing a Safety Plan (*see Annex V*).
- ☐ Work with the PCMO and Victim Advocate to determine the best way to provide information from the SITA and PIA back to the Volunteer if deemed necessary.

## **Reviewing the SIMS Incident Summary**

- ☐ If the Volunteer elects to review their SIMS incident summary with the SSM, share the summary with the Volunteer in writing (whether via e-mail or hard copy). Explain to the Volunteer that the Volunteer may make any necessary amendments to the facts contained in the incident summary, so that the incident summary accurately captures the reported sexual assault. Upon receiving the amendments from the Volunteer, share the revised incident summary with the Volunteer, and create an additional entry in SIMS and indicate that this entry reflects the Volunteer's changes. Edits that are purely stylistic (i.e., not related to the facts of the sexual assault), may be considered but do not have to be incorporated in the updated summary.

## **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at 1-202-437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

## **Ongoing Overview of the Legal Process and Hiring an Attorney**

- ☐ Ensure the Volunteer has received an overview of the law enforcement and prosecutorial options and information about the host country process.
- ☐ Inform the Volunteer that he may consult with a lawyer about the legal and prosecutorial options.
- ☐ If the Volunteer requests to speak to a lawyer, contact the Office of Safety and Security and OGC Attorney, and follow instructions for hiring an attorney.

## **Case Management Review Meetings**

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

**SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 3.3 Sexual Assault Response Liaison (SARL)

### 3.3.1 Immediate Response Phase (0-24 hours after report)

- ☐ If a Volunteer reports to you that he has been sexually assaulted:
  - Ensure the Volunteer is safe;
  - Immediately notify the PCMO and SSM of the reported assault; and
  - If necessary, coordinate with the PCMO and SSM to move the Volunteer to a safe environment.
- ☐ Participate in discussions with Designated Staff pertinent to the in-country response plan.
- ☐ If requested, make arrangements to travel with the PCMO and/or SSM.
- ☐ If requested by the Volunteer, accompany the Volunteer to meetings with Peace Corps staff, law enforcement or lawyer, or to medical appointments including the SAFE.
- ☐ Notify OVA that you have been activated on a case via e-mail at [victimadvocate@peacecorps.gov](mailto:victimadvocate@peacecorps.gov).

### 3.3.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ Provide updates to the Victim Advocate and other Designated Staff as necessary (e.g., refer legal and security questions to SSM, contact the PCMO if the Volunteer appears to be having problems sleeping or eating, etc.).
- ☐ If requested, continue accompanying the Volunteer to meetings with Peace Corps staff, law enforcement or local lawyer, or to medical appointments, and through the in-country response (e.g., during the SAFE exam, reporting to police, attending court hearings, or meeting with embassy officials, etc.).
- ☐ Participate as a member of the Coordinated Agency Response System (CARS) team and join CARS calls as required or necessary.
- ☐ Share information that affects the ongoing health or security of the Volunteer with Designated Staff.

#### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.

## Standard Reporting Procedures

- Any staff person involved in the response or coordination of a case may convene a CARS call.
- When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
- If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.

- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **Case Management Review Meetings**

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 3.4 Victim Advocate

### 3.4.1 Immediate Response Phase (0-24 hours after report)

- ☐ Email the Volunteer to notify them of OVA's services and of OVA's intention to call the Volunteer in the near future.
- ☐ If the sexual assault report is made directly to a Victim Advocate, the Victim Advocate will notify the Post PCMO and the DSS.
- ☐ Coordinate with the appropriate staff at Post and Headquarters and assist in the development of the immediate response plan when necessary.
- ☐ Ensure the Volunteer's choices and concerns are relayed to the CD or other relevant staff.

### 3.4.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ Ensure the Volunteer has been informed of available support services, including medevac options, which must be discussed with BHO. Communicate Volunteer's choices to appropriate staff. Ensure relevant staff are aware of and take into consideration the preferences of the Volunteer regarding support services, medevac, and continued service or site changes.
- ☐ Ensure the Volunteer has access to and receives the support services outlined in MS 243 *Responding to Sexual Assault*, TG 540 *Clinical Management of Sexual Violence*, TG 545 *Sexual Assault Mental Health Assessment and Care*, and MS 264 *Medical Evacuation* in a timely fashion.
- ☐ If counseling services are requested by the Volunteer, notify the PCMO of the request. If needed, contact the BHO or FSC for assistance. Follow up with Volunteer to ensure counseling services have been provided.
- ☐ If the Volunteer is on medevac, update the Volunteer, as necessary or as requested, on the progress of the Volunteer's case. More specifically, she should be provided with any information that might affect his safety at site or continuation of service. With the Volunteer's consent, the Designated Team at Post should be copied on messages or summaries of telephone calls to ensure that all parties are aware of the key points discussed and any agreements reached.
- ☐ Inform the Volunteer that he will receive a survey to evaluate the way Peace Corps assisted the Volunteer.
- ☐ Work with the PCMO and SSM to determine the best way to provide information from the SITA and PIA back to the Volunteer if deemed necessary.

## Notifying the OIG



- ☐ If the perpetrator is another Volunteer or a Peace Corps staff member or contractor, inform the Volunteer that Peace Corps policy requires that the matter be reported to OIG. Provide the Volunteer with a copy of the OIG information sheet, “Prosecutorial Options for Volunteers When the Alleged Perpetrators are Other Volunteers, Trainees or Staff Members” (*see* Annex X).

### **Option to Medevac**

- ☐ If the Volunteer is medevac’d:
  - Confirm with the Volunteer that he has been provided the option of a Peace Corps staff member to accompany him.
  - Coordinate logistics with OHS to include, if medevac’d to DC, airport pick-up and accompaniment to lodging.
  - Provide the Designated Staff with regular updates regarding the Volunteer’s status.
  - If the Volunteer is medically cleared, coordinate the return to service with appropriate Post staff (*see* MS 264).
- ☐ Provide updates to the Volunteer regarding ongoing legal, safety or administrative issues that may arise during a medevac.

### **Reviewing SIMS Incident Summary**

- ☐ If the Volunteer elects to review their SIMS incident summary with the Victim Advocate, share the summary with the Volunteer in writing (whether via e-mail or hard copy). Explain to the Volunteer that the Volunteer may make any necessary amendments to the facts contained in the incident summary, so that the incident summary accurately captures the reported sexual assault. Upon receiving the amendments from the Volunteer, share the revised case summary with the Volunteer, and create an additional entry in SIMS and indicate that this entry reflects the Volunteer’s changes. Edits that are purely stylistic (i.e., not related to the facts of the sexual assault), may be considered but do not have to be incorporated in the updated summary.

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer’s well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.

- When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at 1-202-437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **Developing a Safety Plan**

- ☐ If needed or requested, assist the Volunteer and other Designated Staff in developing a Safety Plan (*see* Annex V).

### **Early Separation of Service**

- ☐ Determine if the Volunteer desires to continue service, especially if he has expressed a desire to return to site. Confirm with the Volunteer that he is aware of the options available for continued or early termination of service.
- ☐ For Volunteers who are on medevac or who have separated from service, provide timely updates regarding the ongoing status of the case.
- ☐ If requested by the Volunteer, request that the CD consider granting Interrupted Service per the guidance in MS 284 *Early Termination of Service*.
- ☐ In cases of early separation, assist with the transition from service by ensuring the Volunteer receives her personal belongings, receives their readjustment allowance, and submits the Description of Service to the CD.
- ☐ If a Volunteer's service is ending, coordinate with the Post-Service Unit to assist Volunteer with FECA claims, if necessary.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.
- ☐ Before closing the case, obtain a safe contact telephone number and email address from the Volunteer and record it in SIMS.

## 3.5 Designated Security Specialist (DSS)

### 3.5.1 Immediate Response Phase (0-24 hours after report)

- ☐ Review circumstances surrounding the assault with the CD and other staff members as necessary to determine the extent of any Serious or Imminent Threats to the health or safety of the Volunteer or others. In the event of a Serious or Imminent Threat, provide guidance on appropriate actions to take.
- ☐ Review Legal Environment Survey for Post. As needed, review the Legal Environment Survey with the CD and SSM and discuss law enforcement and prosecutorial procedures.
- ☐ Instruct Post to take steps to protect crime scene or possible evidence as necessary.
- ☐ In the event another Volunteer, staff member, or contractor is accused of committing the assault, confirm that OIG has been notified.
- ☐ For cases in which the perpetrator is another Volunteer or a Peace Corps staff member or contractor, ascertain whether the sexual assault was first reported by a third party. If so, work with Designated Staff to follow third party reporting procedures and inform OIG of the report after the victim has been contacted by the PCMO.
- ☐ Notify appropriate staff members at Headquarters and if necessary, the Diplomatic Security, Criminal Investigative Liaison Office.
- ☐ Notify PCSSO within 24 hours and request assistance as necessary.
- ☐ When necessary, coordinate response plan with Victim Advocate and Region.

### 3.5.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ If necessary or requested, coordinate with CD, PCSSO, SSM, RSO and others to discuss the security situation and identify any actions that may need to be taken to support or further the investigative and or prosecutorial process.
- ☐ If needed, request assistance from the Criminal Investigative Liaison Branch in the Bureau of Diplomatic Security.
- ☐ If at any time you have concerns or questions regarding the ongoing response process at Post or if you have concerns regarding the Volunteer's continued service, immediately request a Coordinated Agency Response System (CARS) Call through the Victim Advocate.
- ☐ Assist in the development of the Volunteer's Safety Plan if needed.
- ☐ Ensure SIMS report has been properly submitted and relevant updates incorporated.

- ☐ If a Volunteer decides to move forward with pursuing one or more of the law enforcement or prosecutorial options, coordinate with Post.
- ☐ If legal counsel is requested or required, coordinate with the OGC Sexual Assault or Regional Attorney to retain a lawyer in accordance with MS 774 *Retention of Counsel and Payment of Expenses*.
- ☐ Provide updates to the OVA, Region, and OHS as necessary.
- ☐ If the perpetrator is another Volunteer or a Peace Corps staff member or contractor, coordinate with OIG.

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (OVA, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 3.6 Field Support Clinician (FSC)

### 3.6.1 Immediate Response Phase (0-24 hours after report)

- ☐ When requested, assist and support the PCMO with the medical and SAFE exam, clinical assessment, necessary interventions, and the development of a Medical Treatment Plan for the Volunteer. If the Volunteer has been given a SAFE in accordance with U.S. law, follow the instructions in Annex VIII for handling the Sexual Assault Kit (SAK).
- ☐ If contacted by the PCMO in your role as OMS Duty Officer:
  - Review circumstances surrounding the assault with the PCMO to determine the extent of any Serious or Imminent Threats to the health of the Volunteer or others utilizing the Serious or Imminent Threat Assessment (SITA) Tool (*see* Annex III).
  - Ensure that the PCMO makes the SSM or DSS aware of any real or perceived threats to the Volunteer's safety.
  - Ensure that the PCMO notifies the SSM and DSS if the assault is a case of domestic or intimate partner violence.
  - Ensure that the PCMO notifies the SSM and DSS if the perpetrator lives or works near the Volunteer's site.
- ☐ If a sexual assault occurs while a Volunteer is on Medevac and the FSC is involved in coordinating the initial response to the case, follow all instructions in the PCMO section of these Procedures.
- ☐ Participate as a member of the Coordinated Agency Response System (CARS) Team.
- ☐ Coordinate with BHO for the provision of counseling services for the Volunteer while in country if necessary.

### 3.6.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ If the Volunteer medevacs, coordinate with the PCMO, Medevac Team, and OVA regarding travel arrangements, accommodations and any additional individualized support that may be required by the Volunteer.
  - Ensure OVA is provided with the itinerary of the Volunteer so that airport pick-up can be arranged by OVA.
  - Serve as the clinical case manager responsible for coordinating the medical and mental health care of Volunteers who are medevac'd.
  - Coordinate with BHO for the provision of services by outside mental health providers, as appropriate for medevac to home of record, or in Washington, DC.

## Standard Reporting Procedures

- Coordinate with OVA regarding the Volunteer's medevac status, ability to medically clear and overall disposition while on medevac.
- Ensure Post is kept up-to-date on any pertinent issues related to the Volunteer's status and likelihood of continuing service.
- Keep apprised of any security threats that may impact the ability of the Volunteer to return to Post and site, and as necessary, coordinate with OSS regarding any such security concerns. Coordinate with OVA, OSS, and appropriate Post staff on return of Volunteer, if medically cleared. Notify Post of Volunteer's return approximately one week in advance of her arrival.
- If the Volunteer separates from service during medevac, coordinate with Post Service Unit on contacting the Volunteer to provide information regarding post-service health benefits and FECA related information. If the Volunteer remains in country, and early separates, in coordination with the Post-Service Unit, assist the PCMO in providing information to the Volunteer regarding clinical care options within Peace Corps, post-service health care benefits and FECA related information.

### **Coordinated Agency Response System (CARS) Calls**

- If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- As needed, participate in CARS calls initiated by other members of the team.

### **SIMS Documentation**

- Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 3.7 Forensic Nurse Specialist (FNS)

### 3.7.1 Immediate Response Phase (0-24 hours after report)

- ☐ When requested, assist the PCMO and FSC with the medical and SAFE exam, clinical assessment, necessary interventions, and the development of a Medical Treatment Plan for the Volunteer. If the Volunteer has been given a SAFE in accordance with U.S. law, instruct PCMO/FSC to follow the instructions in Annex VIII for handling the Sexual Assault Kit (SAK).
- ☐ If contacted by a FSC in their role as OMS Duty Officer, the FNS should provide guidance and support in the FSC's completion of their duties under these procedures.

### 3.7.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ If the Volunteer medevacs, support the FSC, PCMO, and Medevac Team to fulfill their obligations under these procedures.

#### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.
- ☐ By participating in CARS calls, the FNS will be able to observe and address medical issues affecting the victim/survivor in the Agency. In doing so, the FNS should identify potential gaps in OHS services and recommend additional services and enlist the support of additional OHS staff.
- ☐ The FNS should work with OHS staff involved in the case to ensure all health service issues are addressed.

#### SIMS and PCMEDICS Documentation

## Standard Reporting Procedures

- ☐ Confirm the PCMO or FSC documents all services, communications, and other case involvement in SIMS and PCMEDICS, or any subsequent case management system, in accordance with applicable guidelines and procedures.
- ☐ If there are errors in either system, the FNS should ensure the errors are corrected in a timely manner.

### **Quality Improvement Function**

- ☐ Provide a response to the SAPR response team when there are quality of service questions relating to a specific case, provision of medical services, and the medical evacuation process.



## 3.8 Peace Corps Safety and Security Officer (PCSSO)

### 3.8.1 Immediate Response Phase (0-24 hours after report)

- ☐ When requested, assist and support the DSS and SSM in determining whether or not there is a Serious or Imminent Threat to the safety of the Volunteer.
- ☐ Provide cultural, regional, and local understanding of the safety precautions that may be needed after a sexual assault incident.
- ☐ As needed, assist the DSS and SSM in understanding the local legal environment, which may include interpreting the Legal Environment Survey and the social, political and cultural contexts. Assist the DSS and SSM in communicating such information to Designated Staff and the Volunteer.
- ☐ When requested, participate as a member of the Coordinated Agency Response System (CARS) Team.

### 3.8.2 Continuing Support (24+ hours after report—based on Volunteer's need)

- ☐ When directed, attend meetings with law enforcement, court and/or other local authorities to facilitate and monitor the investigative or prosecutorial process.
- ☐ As needed, attend court hearings or other legal proceedings.

#### Coordinated Agency Response System (CARS) Calls

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved) and at Headquarters (DSS, OVA, BHO if involved, FSC if involved, and FNS).
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

#### SIMS Documentation

## Standard Reporting Procedures

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

## 3.9 Country Director (CD)

### 3.9.1 Immediate Response Phase (0-24 hours after report)

- ☐ As Team Lead, coordinate with the PCMO, SSM, and SARL (if requested by the Volunteer) and develop a response plan. To the extent possible, obtain updates from the PCMO and SSM regarding the general medical and physical health status of the Volunteer, circumstances of the assault, and whether or not the Volunteer wants to report to law enforcement. Ensure that response at Post is carried out in accordance with these Procedures.
- ☐ Discuss the results of the Serious or Imminent Threat Assessment with the SSM, PCMO, and SARL (if requested).
- ☐ Whenever a Standard Report is made for a Rape or Aggravated Sexual Assault, or when a standard Non-Aggravated Sexual Assault is reported and Post feels that there are ongoing security concerns that require RSO support, the CD should immediately notify a RSO with a phone call (or other means if agreed upon by the CD and RSO). For all other standard, Non-Aggravated Sexual Assault cases, RSOs will be notified via the SIMS automated system. With a Standard Report, if the RSO requests additional information, the CD can provide basic, categorical information about the offender (e.g., a host country national).
- ☐ In the event another Volunteer, staff member, or contractor is accused of committing the assault:
  - Immediately notify the OIG at +1 (202) 692-2915.
  - Refrain from interviewing the Volunteer or the alleged perpetrator.
  - Keep the Volunteer and the alleged perpetrator separate.
- ☐ In the event another Volunteer is accused of committing the assault, inform the Volunteer who reported the assault of *IPS 1-12 Volunteer/Trainee Sexual Misconduct*. Follow the *IPS 1-12 Volunteer/Trainee Sexual Misconduct Procedures*.
- ☐ In the event of a policy violation that occurred leading up to or during the assault, confirm that the Volunteer has been informed of the Immunity Policy (refer to *MS 240 Immunity from Disciplinary Action in Sexual Assault and Stalking Incidents*). Do not take any administrative action related to the violation.
- ☐ If the Volunteer requests advice from a lawyer, notify the SSM, who will arrange with the Office of Safety and Security and the OGC Sexual Assault Attorney or Regional Attorney for hiring of a lawyer.
- ☐ Ensure that the SSM and SARL (if requested), or when not possible, an appropriate Peace Corps staff member, accompanies the Volunteer to all law enforcement or legal proceedings.
- ☐ Ensure the Volunteer has been provided with the contact information for the Victim Advocate +1 (202) 409-2704.

### 3.9.2 Continuing Support (24+ hours after report—based on Volunteer’s need)

- ☐ For cases of Rape of Aggravated Sexual Assault or in cases where there is an ongoing threat, ensure the Post Incident Assessment is conducted utilizing the Post Incident Assessment Tool (*see* Annex IV) and all appropriate staff members have been updated. Ensure you are receiving timely updates from the PCMO, SARL and SSM regarding the Volunteer’s medical and security status, but only request information that you have a specific need to know in order to perform specific tasks that are part of your official duties.
- ☐ Provide timely updates to the DSS, the Victim Advocate, and Region as warranted.
- ☐ Ensure frequent updates are being provided to the Volunteer, even if there is nothing new to report.
- ☐ Be prepared to address rumors or concerns expressed by other Volunteers without disclosing any information about the Volunteer.
  - The Victim Advocate can provide support and assistance in this area.
  - As needed, consult with your OGC Sexual Assault Attorney or Regional Attorney to obtain advice on compliance with applicable U.S. law, including HIPAA and the Privacy Act.
- ☐ If other Volunteers are emotionally or psychologically impacted, request that the PCMO assess the situation and contact BHO as needed.
- ☐ If the perpetrator is another Volunteer or a Peace Corps staff member or contractor (or if OIG is otherwise involved), coordinate and cooperate with OIG. This could mean:
  - Logistical support for OIG, if requested,
  - Communication with Volunteers, and
  - Sharing requested information or documents with OIG.
- ☐ Note: Pursuant to MS 861, Volunteers are “strongly encouraged” to cooperate fully and truthfully with OIG during the course of an audit, evaluation, investigation, or review, and CDs may instruct Volunteers to cooperate with OIG. If Volunteers do not comply with this instruction, they may be subject to disciplinary action. **However, Volunteers who are victims of sexual assault should never be compelled to speak with OIG regarding the sexual assault. Volunteers should not be disciplined for declining to participate in or cooperate with an OIG audit, evaluation, investigation or review regarding the Volunteer’s sexual assault.**

### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), Designated Staff at Headquarters (DSS, OVA, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.

### **Case Management Review Meetings**

- ☐ Actively participate in all Case Management Review Meetings in accordance with the procedures in Annex XIV.

### **SIMS Documentation**

- ☐ Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

### 3.10 OGC Sexual Assault and/or Regional Attorney

- ☐ Provide general legal guidance as requested by Designated Staff and the CD and advise the CD on compliance with Peace Corps policy and applicable laws, including The Kate Puzey Act, HIPAA and the Privacy Act.
- ☐ When requested, participate as a member of the Coordinated Agency Response System (CARS) Team.

#### **Retention of Counsel for Volunteers in a Standard Report Case**

- ☐ Consultation: If the Volunteer has requested advice from a lawyer on law enforcement and prosecutorial options:
  - Work with the DMO at Post (or other contracting officer) to identify one of the law firms/lawyers from the pre-selected list to determine availability and interest in advising the Volunteer.
  - As needed, review the Statement of Work and tailor it to the facts of the case.
  - Consult with the local lawyer via phone to ensure that the local lawyer understands the terms of the engagement.
  - Assist the DMO (or other contracting officer) in determining whether to process the engagement with the lawyer as a micro-purchase or a purchase order.
  - After completion of the work, when the lawyer submits an invoice, forward the invoice to the SSM in order to obtain the SSM's certification of receipt of services.
  - Upon receipt of the SSM's certification, submit the lawyer's invoice to the Chief Accounting Officer for the Director's Office, who will forward it to the Office of Global Accounts Payable for payment.
- ☐ Representation: If the Volunteer decides to move forward with pursuing one or more of the law enforcement or prosecutorial options, assist the Post in retaining legal counsel to represent the Volunteer in accordance with the provisions of MS 774. This includes, but is not limited to:
  - Work with the DMO at Post (or other contracting officer) to identify contact one of the law firms/lawyers from the pre-selected list to determine availability and interest in advising the Volunteer.
  - Request and review the Request for Authorization to Retain Counsel Memo, per MS 774.
  - Provided that the memo is satisfactory, send written authorization to the CD and OSS.

## Standard Reporting Procedures

- As needed, review the contract and the Statement of Work and tailor it to the facts of the case.
- Consult with the local lawyer via phone to ensure that the local lawyer understands the terms of the engagement.
- After completion of the work, when the lawyer submits an invoice, forward the invoice to the SSM in order to obtain the SSM's certification of receipt of services. Upon receipt of the SSM's certification, submit the lawyer's invoice to the Chief Accounting Officer for the Director's Office, who will forward it to the Office of Global Accounts Payable for payment.

### **Coordinated Agency Response System (CARS) Calls**

- If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FSC, FNS), and the Regional Security Advisor.
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- As needed, participate in CARS calls initiated by other members of the team.

### **SIMS Documentation**

- Document all services, communications, and other case involvement in SIMS, or any subsequent case management system, in accordance with applicable guides and procedures.

### 3.11 Regional Director (RD)

- ☐ If notified of the assault, ensure Post has the resources necessary to adequately provide support services to the Volunteer.
- ☐ Ensure that updates to appropriate staff (including senior agency management) are limited to that information necessary to perform specific tasks that are part of their official duties.

#### **Coordinated Agency Response System (CARS) Calls**

- ☐ If at any time you have questions or concerns about the ongoing response process, concerns about the Volunteer's well-being or ability to continue in service, or believe that the coordinated response would benefit from a discussion with members of the team, you should request a Coordinated Agency Response System (CARS) call.
  - Any staff person involved in the response or coordination of a case may convene a CARS call.
  - When requesting a CARS call, make sure to include all other parties involved in the case, including members of the Designated Staff at Post (PCMO, SSM, SARL if involved, PCSSO if involved), the CD, Designated Staff at Headquarters (DSS, OVA, BHO, FSC, FNS), and the Regional Security Advisor. You should also include the OGC SAPR Attorney as needed.
  - If you need assistance arranging a CARS call, contact the DSS at +1 (202) 437-5159.
- ☐ As needed, participate in CARS calls initiated by other members of the team.



# ANNEXES

## ANNEXES

### Annex I: Services and Reporting Information for Volunteers; Volunteer Preference Form

This handout provides information about many of the services available to Volunteers following a sexual assault. It also explains the difference between Standard and Restricted Reporting. The Volunteer Preference Form (VPF) is where you can indicate the services you would like right now, and where you can choose a reporting type.

The PCMO and SSM will talk with you to assess your safety, medical needs, and your overall wellbeing. They will help you review all of your options and choose what is right for you. You can ask for additional services at any time.

#### (a) **Instructions for Volunteer**

- (1) Discuss any health or safety concerns you have with your PCMO and SSM.
- (2) Read through the Services and Reporting Information handout. The most essential information about available services and the differences between Restricted and Standard Reporting options is at the beginning. Your PCMO or SSM can help explain your options and address any questions you have.
- (3) On the VPF, select the services you would like to receive. Note that some of the services require a Standard Report. Remember that you can request additional services at any time.
- (4) Choose the kind of report you prefer (Standard or Restricted).
- (5) Sign the VPF and return it to your PCMO. Your PCMO will make a copy of the form for you. The copy of the form and the information packet are yours to keep for future reference.

#### (b) **Instructions for staff**

Refer to complete instructions in the Procedures.

- (1) Assess for any urgent health or safety concerns.
- (2) Provide the Volunteer with a copy of the Services and Reporting Information handout and Volunteer Preference Form (VPF).
- (3) Talk with the Volunteer about all of the services available and the difference between a Restricted and Standard Report, answering any questions the Volunteer may have.
- (4) Assist the Volunteer as needed in completing and signing the VPF.
- (5) Complete the staff portion of the VPF and sign it.
- (6) Make a copy of the signed VPF and give it to the Volunteer along with the entire Services and Reporting Information handout.
- (7) Upload the VPF to SIMS in accordance with the procedures.

*Staff Use Only*

SIMS #

[ ] Initial VPF [ ] Updated VPF

## Volunteer Preference Form

**Services:** Please check the box next to any services you are requesting.

### Services Available with BOTH Restricted and Standard Reports

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Health Care   | <input type="checkbox"/> Safety Planning   |
| <input type="checkbox"/> Medical Treatment Plan  | <input type="checkbox"/> SARL services   |
| <input type="checkbox"/> Mental Health Services  | <input type="checkbox"/> Victim Advocate services  |
| <input type="checkbox"/> Sexual Assault Forensic Exam (SAFE) (may require report to law enforcement in some jurisdictions) | <input type="checkbox"/> Explanation of your legal options, including the opportunity to consult with a local lawyer |
| <input type="checkbox"/> Medical evacuation (Medevac), including accompaniment by staff if requested                       | <input type="checkbox"/> No services requested   |
| <input type="checkbox"/> Review SIMS Incident Summary  |  |

### Services Available ONLY with Standard Reports

- |  |  |
|--|--|
| <input type="checkbox"/> Site Change   | <input type="checkbox"/> File a report with local law enforcement  |
| <input type="checkbox"/> Retention of local lawyer to represent your interests in legal proceedings (where available by law) | <input type="checkbox"/> Host family change  |
| <input type="checkbox"/> Request assistance from the Peace Corps Office of Inspector General (OIG)                           | <input type="checkbox"/> File a Complaint against another Volunteer/Trainee under the Sexual Misconduct Policy |

**Reporting Options:** Please check the box next to the report type you prefer.

- ☐ **Restricted Report:** Access certain services without beginning an Official Investigation, without reporting to law enforcement, and with limited disclosure to staff.
- ☐ **Standard Report:** Access to full array of services, including the opportunity to request a site change, report to law enforcement, begin an Official Investigation, and receive formal assistance from additional staff (including the CD).

I understand that the Peace Corps will treat all of my information as confidential. I understand the difference between Restricted and Standard Reporting. I understand that I can request additional services at a later time.

Printed Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ or [ ] by phone [ ] by email [ ] text

Check any that apply, then sign below

*Staff Use Only*

- ☐ Volunteer was unable to sign form in person, but the choices above reflect the Volunteer's stated wishes
- ☐ Volunteer did not respond to staff outreach (classify report as Restricted)
- ☐ Volunteer did not wish to discuss available services or reporting options (classify report as Restricted)

Printed Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Services and Reporting Information for Volunteers

### Services

There are many services available to a Volunteer who reports a sexual assault to Peace Corps. Your PCMO, SSM, SARL, or Victim Advocate can help you understand these services and select the ones that are right for you.<sup>6</sup>

Available with a Restricted or Standard Report

#### Medical Services:

- Emergency Health Care
- An ongoing Medical Treatment Plan, including treatment to prevent STIs or pregnancy if applicable
- Sexual Assault Forensic Exam (SAFE), in accordance with applicable law<sup>7</sup>
- Mental Health Services/counseling<sup>8</sup>
- Evacuation for Medical Treatment (Medevac), including accompaniment by staff at your request

#### Advocacy and Support Services:

- Assistance from a Victim Advocate
- Assistance from a Sexual Assault Response Liaison (SARL)
- Review SIMS Incident Summary

#### Safety and Legal Services:

- Safety Assessment and Safety Planning
- Legal advice from an attorney, including explanation of the law enforcement and prosecutorial options available to you

Available only with a Standard Report

#### Law Enforcement and Additional Legal Services:

- Report to law enforcement, with assistance from Peace Corps in making the report
- Assistance and accompaniment through any legal proceedings
- Retention of legal counsel (where allowable by local law) to represent you in legal proceedings
- Report to, request assistance from, or request investigation by OIG<sup>9</sup>

#### Peace Corps Administrative Services:

- Site change or host family change
- Filing a complaint of sexual misconduct against another Volunteer under the Sexual Misconduct Policy
- Support and assistance from the Country Director (CD) and other non-Designated Staff
- Any other service deemed necessary in the particular circumstances<sup>10</sup>

<sup>6</sup> Some services require assessment of medical, safety and security, or other factors.

<sup>7</sup> Depending on local law, a SAFE may require a report to law enforcement and therefore require a Standard Report.

<sup>8</sup> If counseling services are requested, you will be contacted by a BHO provider within 72 hours of the referral.

<sup>9</sup> OIG Investigation is at the discretion of OIG staff and is dependent on issues such as jurisdiction.

<sup>10</sup> Not all services are listed here. If there is a particular kind of assistance you are interested in, please talk to your PCMO or another member of Designated Staff.

## **Reporting Options**

**Restricted Report:** A Restricted Report limits the number of staff who are aware of the sexual assault. A Restricted Report allows you to access certain services without launching an Official Investigation, without reporting to law enforcement, and with limited disclosure to staff.

**Standard Report:** A Standard Report provides you with access to a full array of support services and options, including the opportunity to request a site change or report to law enforcement, while still maintaining to the extent possible the confidentiality of your information. A limited number of additional staff, such as the CD, will know your identity so that they can help provide services and coordination. Information in Standard Reports is still treated confidentially and is only disclosed on a “need-to-know” basis.

### **Conversion of a Restricted Report to a Standard Report**

All sexual assault reports are treated initially as Restricted Reports and remain Restricted until/unless they are converted into Standard Reports.

**Conversion of a Report by a Volunteer:** You can convert a Restricted Report to a Standard Report at any time—this is usually to access services available under Standard Reporting. Just talk to your PCMO or SSM, and they can help you.

If you report to law enforcement, initiate a legal proceeding regarding the sexual assault, seek formal assistance from your CD or other non-Designated Staff, or request a formal administrative process regarding a complaint of sexual misconduct on the part of another Volunteer, the Restricted Report will be converted to a Standard Report. Seeking support from a non-Designated Staff member doesn’t automatically require conversion, but any formal assistance or coordination will likely require conversion.

**Conversion of a Report by Peace Corps:** Under limited circumstances, Peace Corps may also convert a Restricted Report into a Standard Report. This is usually because Peace Corps determines there is a Serious or Imminent Threat to you or to others, and that this threat cannot be prevented or lessened without disclosure of your identity. Peace Corps will make every effort to communicate with you about this process and address any questions you might have.

## **Frequently Asked Questions**

### **Will I get the services I request?**

In most cases, you will receive all the services you request. Some services are dependent on certain criteria being met. These may be related to local law, or assessment of medical needs. If the Peace Corps is not able to provide a requested service, staff will explain the reasons why the service is not possible.

### **Should I choose to file a Standard or Restricted Report?**

The choice between a Standard or Restricted Report is an individual one, but there are some important considerations.

- Fewer staff are aware of Restricted Reports.
- Some services can only be offered under Standard Reporting.

Peace Corps believes we can best support you through Standard Reporting as it allows us to leverage additional resources. We recognize, however, that some Volunteers want minimal services or to limit the sharing of their personal information.

**Who will know about the sexual assault?**

All reports of sexual assault are considered confidential, and only staff with a specific “need-to-know” will be informed about the assault. In Restricted Reports, only Designated Staff are involved in responding to an assault. Your CD and a limited number of other staff will know that a sexual assault occurred, but they will not be given your name or personal information unless the report is Standard. In Standard Reports, more staff will have access to information, but this will still be limited to those with a specific “need-to-know.”

**What if the person who assaulted me is also a Volunteer or Trainee?**

You have access to Peace Corps services regardless of who assaulted you. You can still choose either a Restricted Report or a Standard Report. Peace Corps will make every effort to maintain your report as Restricted if that is your preference, factoring in any concerns about your safety or the safety of other Volunteers. If you would like to file a formal complaint of sexual misconduct and request an administrative process, your report must be Standard. *See IPS 1-12: Volunteer/Trainee Sexual Misconduct* for more information.

**What if I was doing something against Peace Corps policy at the time of the assault?**

Peace Corps will provide you with immunity for any Peace Corps policy violations related to the incident. Immunity for policy violations is also available to any witness who provides information or assistance in relation to the assault. Further details of this policy are contained in MS 240 *Immunity from Disciplinary Action in Sexual Assault and Stalking Incidents*.

**What if I request counseling?**

Any Volunteer who reports a sexual assault will receive counseling upon request. The Peace Corps’ Behavioral Health and Outreach unit (BHO) within OHS will contact you within 72 hours of your case being referred to BHO by the PCMO. If you are not contacted by BHO within 72 hours of the referral, you may report this to the Quality Improvement Unit by e-mailing [qualitynurse@peacecorps.gov](mailto:qualitynurse@peacecorps.gov).

**What is a Victim Advocate?**

A Victim Advocate is a professionally trained Designated Staff member whose job is to provide support and advocacy to Volunteers who are victims of crime. Advocates offer Volunteers information, help represent the Volunteer’s perspective in agency decisions, and connect Volunteers to resources.

**What is a SARL?**

A SARL is a Sexual Assault Response Liaison. SARLS are Peace Corps staff at Post who have gone through special training to support Volunteers who have experienced a sexual assault. SARLS can assist Volunteers throughout the in-country process, including accompanying you to meetings, legal proceedings, or travel related to the incident.

**What is the Role of the Office of Inspector General (OIG) in responding to sexual assault?**

The OIG provides independent oversight over Peace Corps programs and operations and promotes effectiveness and efficiency in the Peace Corps. OIG may evaluate the Peace Corps’ provision of sexual assault services, investigate a sexual assault that is the subject of a Standard Report (including reports of Volunteer Sexual Misconduct), or investigate an allegation that the agency’s response to a sexual assault

was mismanaged. See “Prosecutorial Options for Volunteers When the Alleged Perpetrators are Other Volunteers, Trainees, or Staff Members” (Annex X) for more information.

### **What is the SIMS incident summary and how do I review it?**

Whenever a Volunteer/Trainee reports a crime to Peace Corps, that report is documented in SIMS (Security Incident Management System), a database that is used to track crimes against Volunteers, as to coordinate the agency’s response to the incident (including the services offered/provided to the Volunteer victim). After reporting a sexual assault, you may at any time request to review the SIMS incident summary. The purpose of this review is to ensure that the summary accurately reflects what you reported to the SSM (or other Peace Corps staff) about the sexual assault. The victim advocate will share a copy of the incident summary with you and walk you through the process of making amendments. If you prefer, you may review the incident summary with the SSM instead of the victim advocate.

## **Helpful Terms and Information Related to Confidentiality and Reporting**

**Personally Identifiable Information (PII)** means information that could be used to identify you. This includes your first and last name, home or physical address, site location, contact information, social security number, date of birth, and any other personal information.

**Designated Staff** are those involved in responding to Restricted Reports. At Post, this includes Peace Corps Medical Officers (PCMOs), Safety and Security Managers (SSMs), Sexual Assault Response Liaisons (SARLs) if requested by the Volunteer, and in some circumstances Peace Corps Safety and Security Officers (PCSSOs). At Headquarters, Designated Staff include the following roles who are assigned to the particular case: Victim Advocate, DSS, and Office of Health Services staff.

Only those staff with a **specific “need-to-know”** will be informed about the sexual assault or PII of the Volunteer. A specific “need-to-know” means that someone is unable to perform their official Peace Corps duties without access to information. This includes staff providing services and assistance to Volunteers, as well as others with oversight duties. For example, a CD has a responsibility to know where each Volunteer is located, and the CD is also responsible for allocating time and resources required for site development. As such, a CD has a need-to-know when a site change is being considered. All staff, regardless of the type of reporting, are expected to keep your information as private as possible.

### **Other Access to Information**

In addition to those staff necessary for the provision of services, a limited number of staff at headquarters have access to information in both Standard and Restricted Reports.

- **Monitoring and Evaluation Staff:** Staff responsible for database administration, monitoring & evaluation, statistical crime analysis, and quality assurance have access to reports of sexual assault, including PII.
- **OIG:** In order to perform its oversight and evaluation duties, OIG has access to all Peace Corps records, including both Standard and Restricted Reports of sexual assault. For Restricted Reports, OIG will not initiate an Official Investigation of the sexual assault unless the report is converted into a Standard Report or it receives information about the incident from someone else, it will not contact you without your consent, and it will not disclose information concerning the incident to anyone other than Designated Staff.

## Annex II: Determining If There Is a Serious or Imminent Threat

Following *ANY* sexual assault, an immediate assessment must be made to determine if there is a Serious or Imminent Threat to the health or safety of the Volunteer who was the victim or to others. The assessment should be made utilizing the Serious or Imminent Threat Assessment Tool.

“Serious or Imminent Threat” means a serious or imminent threat to the health or safety of the Volunteer or others, such as (i) any life threatening, or potentially life threatening condition or security situation, (ii) any condition or security situation that threatens loss of limb or other serious bodily harm, or (iii) any situation that has involved the Volunteer losing consciousness. A threat to health or safety would only be considered to be a Serious or Imminent Threat if it cannot be adequately prevented or lessened by the Designated Staff or the Volunteer and will require disclosure of PII to limited individuals or organizations to adequately prevent or lessen the substance of the threat to health or safety.

When assessing if there is a Serious or Imminent Threat, first, consider the Volunteer’s medical condition. If the Volunteer has suffered a major injury or lost consciousness, then this probably represents a Serious or Imminent Threat to the Volunteer’s health. Begin working immediately to get medical assistance to the Volunteer. If you feel there is no way you can accomplish this without revealing PII, immediately contact the OMS Duty Officer at +1-202-692-1028.

Second, consider the threat posed by the situation. If the Volunteer is still in close proximity to the offender or if the Volunteer is in a situation that is threatening his or her safety, then this probably represents a Serious or Imminent Threat to the safety of the Volunteer. Usually, the most effective means of mitigating this will be to remove the Volunteer from that situation. Begin working immediately to remove the Volunteer from the area or, if the Volunteer can’t leave, seek immediate assistance for the Volunteer. If you feel there is no way you can accomplish this without revealing PII, immediately contact the DSS at +1-202-437-5159.

Third, consider whether the offender could still present a serious threat, even if the offender is not currently in close proximity to the Volunteer. Consider whether the offender knows where the Volunteer is and if the offender has the ability to get to the Volunteer. If the offender could reasonably get to a Volunteer, this probably represents a serious threat. Begin working immediately to safely move the Volunteer to some place where the offender will not be able to harm the Volunteer. If you feel there is no way you can accomplish this without revealing PII, immediately contact the DSS at +1-202-437-5159.

Next, consider whether the offender could present a threat to other Volunteers. Depending on the nature of the assault, it might be possible that the offender could target other Volunteers in the area. If the offender might be likely to cause serious harm to other Volunteers, this probably represents a serious threat. Begin working immediately to safely move the Volunteers to some place where the offender will not be able to threaten them. If you feel there is no way you can accomplish this without revealing PII, immediately contact the DSS at +1-202-437-5159.

**Lastly, determine if the threat to the health or safety of the Volunteer or others can be adequately prevented or lessened by Designated Staff or the Volunteer. If not, disclosure of PII may be authorized to limited individuals or organizations to adequately prevent or lessen the substance of the threat to health or safety.**

There may be times when it is difficult to ascertain whether or not there is a Serious or Imminent Threat to the Volunteer or others based on the information obtained. In such circumstances, removal of the Volunteer from site may be warranted if:



- The perpetrator breaks into the Volunteer's residence and sexually assaults the Volunteer.
- The perpetrator is a co-worker or host-family member.
- Post suspects the assault is the result of domestic violence or intimate partner violence.
- The perpetrator has threatened the Volunteer if a report of the assault is made to police or others, including Peace Corps.
- The Volunteer has requested that she be removed from site (**the PCV must be removed in this case**).
- The perpetrator knows the identity of the Volunteer or the location of the Volunteer's residence and has attempted to contact the Volunteer following the sexual assault.
- The Volunteer reveals the perpetrator has assaulted her before or committed other acts of violence.
- The perpetrator has engaged in behavior that constitutes stalking prior to or following the sexual assault.
- Community members witnessed the assault and took no action to stop or lessen the severity of the sexual assault.

**Removing a Volunteer from site in such circumstances does not automatically convert a Restricted Report to a Standard Report and Designated Staff must ensure that PII is not disseminated to anyone other than Designated Staff, Peace Corps medical staff and outside medical professionals at this time.**

## Annex III: Serious or Imminent Threat Assessment Tool

SERIOUS OR IMMINENT THREAT ASSESSMENT TOOL			
<p>This form should be used immediately following a physical assault, sexual assault, or stalking incident to determine if there is a Serious or Imminent Threat to health or safety of the PCV or others. It should be used in conjunction with the MS 243 <i>Responding to Sexual Assault Procedures</i>, MS 461 <i>Crimes Against Volunteers and Trainees</i>, and MS 242 <i>Stalking of a Volunteer</i> (as applicable).</p> <p>The SSM and PCMO should work together to complete the assessment. Once completed, the form must be printed, dated, and signed by the PCMO and SSM and filed by the SSM in their secure files. A completed SITA may be uploaded to SIMS.</p> <p><b>Answer the questions below by checking the appropriate box and following the instructions.</b></p>			
CATEGORY	MEDICAL CRITERIA	THREAT	
MEDICAL		No	Yes
	Does the PCV require hospitalization or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
	Did the PCV lose consciousness before, during, or after the assault?	<input type="checkbox"/>	<input type="checkbox"/>
	Did the PCV suffer serious blows to the head or abdomen resulting in major injury?	<input type="checkbox"/>	<input type="checkbox"/>
	Was strangulation involved?	<input type="checkbox"/>	<input type="checkbox"/>
	Are the PCV's injuries or vital signs potentially life threatening?	<input type="checkbox"/>	<input type="checkbox"/>
	Is loss of limb a possibility?	<input type="checkbox"/>	<input type="checkbox"/>
	Do the PCV's injuries meet any of the criteria outlined in TG 212, Clinical Escalation?	<input type="checkbox"/>	<input type="checkbox"/>
	STOP: If you checked Yes for any of the medical criteria above, this may be a Serious or Imminent Threat to the health of the PCV. Provide immediate medical care and complete the remainder of this checklist.		
	For sexual assaults, if you cannot provide the needed medical care without revealing Restricted Information, contact the On Duty Medical Officer at 301-790-4749.		
	If you did not check Yes to any of the criteria above, proceed to the next section.		

PCMO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIMS#: \_\_\_\_\_

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SECURITY CRITERIA		THREAT	
<b>Situation/Environment</b>		<b>No</b>	<b>Yes</b>
	Is the PCV still in close proximity to the offender?	<input type="checkbox"/>	<input type="checkbox"/>
	Does the PCV work or live with the offender?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the offender a boyfriend or girlfriend, host family member, or a counterpart?	<input type="checkbox"/>	<input type="checkbox"/>
	Does the offender know where the PCV lives or works?	<input type="checkbox"/>	<input type="checkbox"/>
	Did the offender threaten the PCV following the assault or stalking incident?	<input type="checkbox"/>	<input type="checkbox"/>
	Has the offender harmed, threatened, or assaulted the PCV in the past?	<input type="checkbox"/>	<input type="checkbox"/>
	Did the offender stalk the PCV prior to the assault or most recent stalking incident?	<input type="checkbox"/>	<input type="checkbox"/>
STOP: If you checked Yes for any of the situational criteria above, this may be a Serious or Imminent Threat to the security of the PCV. Move the PCV to a place where the offender cannot contact or locate them and complete the remainder of this checklist.			
In cases of sexual assault, if you cannot provide the needed assistance without revealing restricted information, contact the Designated Security Specialist at 202-437-5159. For all cases of stalking, contact the PCSSO.			
If you did not check Yes to any of the criteria above, proceed to the next section.			
SECURITY CRITERIA		THREAT	
<b>Other PCVs</b>		<b>No</b>	<b>Yes</b>
	Is there reason to believe the offender may target other PCVs in the area?	<input type="checkbox"/>	<input type="checkbox"/>
	Based on the nature of the incident, would other PCVs be at risk from this offender?	<input type="checkbox"/>	<input type="checkbox"/>
STOP: In cases of physical or sexual assault, if you checked Yes for any of the situational criteria above this may be a Serious or Imminent Threat to the security of OTHERS. Notify the Designated Security Specialist immediately at 202-437-5159. For all cases of stalking, contact the PCSSO.			
In cases of sexual assault, if you cannot provide the needed assistance without revealing restricted information, contact the Designated Security Specialist at 202-437-5159.			
If you did not check Yes to any of the criteria above, continue providing services outlined in the MS 243 <i>Responding to Sexual Assault Procedures</i> or MS 242 <i>Stalking of a Volunteer</i> , as appropriate.			

## Annex IV: Post Incident Assessment (PIA)

In all cases of Rape and Aggravated Sexual Assault and in specific cases of Non-Aggravated Sexual Assault, a PIA, utilizing the PIA Tool, must be conducted to determine whether there are any ongoing threats to the Volunteer or others. The PIA will typically be conducted after an assessment has been made to determine if there is a Serious or Imminent Threat. The nature and scope of the PIA will initially be determined by the Volunteer's choice of either Restricted or Standard Reporting. For Restricted Reports, assessments will be carried out by Designated Staff only. For Standard Reports, the CD will identify the appropriate staff for conducting the assessment. Any questions or concerns regarding the nature and scope of the assessment can be discussed with the DSS in the Office of Safety and Security, or in cases of Standard Reports, with the appropriate PCSSO. It is important to note that in cases where Post believes there is an imminent threat to the Volunteer, Post must take immediate action (without Headquarters notification if necessary) to ensure the health and safety of the Volunteer or others, in accordance with SSI 202 *Response to Threatening Situations*.

**For non-Rape and Non-Aggravated Sexual Assaults, a PIA must be conducted if any of the following conditions are met:**

- There are suspicions of domestic violence associated with the assault.
- The sexual assault is perpetrated by a neighbor, host family member or coworker.
- The assault occurred in the Volunteer's residence.
- There is stalking behavior associated with the incident.
- The assault occurred in PCV hotel, transit house or regional office.

For all other sexual assault incidents that do not meet any of these criteria, Post will make the determination as to whether a Post Incident Assessment is warranted.

In cases of Restricted Reports, Designated Staff should make every effort to answer the questions outlined in the PIA Tool based solely on the Volunteer's description of the sexual assault taking care not to pressure the Volunteer for details. In standard cases, Post may consult with relevant parties as necessary. Findings from the assessment must be discussed with the DSS, or in cases of Standard Reports, with the appropriate PCSSO, as soon as possible.

**DO NOT** attempt to interview witnesses (neighbors, host family members, coworkers or other Volunteers), collect evidence, or take any action that would disclose PII unless the Volunteer has made a Standard Report or OGC has approved the conversion of a Restricted Report to a Standard Report. **If the Volunteer has chosen to report to law enforcement or OIG, coordinate any interviews with them.**

## Post Incident Assessment (PIA) Tool

This tool provides a standardized set of questions to be addressed following sexual assaults or other serious incidents. A PIA may be completed for any type of crime incident. The tool is designed to assist Post in the identification and analysis of ongoing threats to the Volunteer or others. Findings from the assessment must be discussed with the appropriate staff at Post and at Headquarters before any final decision is made regarding the Volunteer's ongoing service.

Note: a PIA cannot be completed in place of a SITA. If a SITA is required, staff should complete the SITA prior to completing a PIA. The completed PIA should be kept in the SSM's files and may be uploaded to the SIMS.

**For Restricted Reports**, the Peace Corps Medical Officer (PCMO) and the Safety and Security Manager (SSM) will work together to answer all questions outlined in the PIA. In most cases, this information will be based solely on the Volunteer's description of the assault. **DO NOT** attempt to interview witnesses (neighbors, host family members, coworkers or other PCVS), collect evidence, notify law enforcement or other authorities or speak with non-Designated Staff, or take any action that would disclose PII unless the Volunteer has made a Standard Report or OGC has authorized the conversion of a Restricted Report to a Standard Report.

For Standard Reports and incidents other than sexual assault, the Country Director should direct the appropriate staff at Post to conduct the assessment. Findings from the assessment should be discussed with the appropriate staff at Post and at HQ. It is important to note that in cases where Post believes there is an imminent threat to the Volunteer, Post must take immediate action (without HQ notification if necessary) to ensure the health and safety of the Volunteer or others, in accordance with SSI 202.

Situational Factors	SIMS # _____
1. What is the nature of the violence or threats that were used against the Volunteer?	
2. Does the Volunteer know who the perpetrator is – or if not, can the Volunteer identify the perpetrator?  If “yes”, was the alleged perpetrator a co-worker or host-family member?	
3. What sort of previous contact or relationship existed between the perpetrator and Volunteer?	
4. Has the perpetrator attempted to contact the Volunteer after the assault? Has the Volunteer attempted to contact the perpetrator after the assault? If yes, what type of contact (i.e. text messages, email, phone calls, in person)?	

5. Was there any history of stalking, threatening messages, prior assaults, or destruction of property directed at the Volunteer *BEFORE* the current incident?

If “yes”, are those incidents linked to the current incident or the perpetrator? If so, how?

6. Does the suspect know the identity of the Volunteer? Where the Volunteer lives or works?

If “yes”, what steps can be taken to provide for the Volunteer’s continued safety?

Did the perpetrator force his way into the Volunteer’s home?

7. Did the perpetrator make any threats towards the Volunteer if the Volunteer reports the incident to the police or others?

Does the Volunteer feel that the perpetrator could carry out these threats?

Does the Peace Corps think the perpetrator could carry out these threats?

8. Is there any indication the incident is part of a pattern of domestic or intimate partner violence?

9. Does the nature of the incident pose a threat to other Volunteers? If YES, how?

10. How much influence does the perpetrator (or the perpetrator’s family or friends) have in the community?

Does the perpetrator (or the perpetrator’s family) have connections to or influence over the local law enforcement or other authorities?

Does the perpetrator (or the perpetrator’s family) have connections to or influence over people with whom the Volunteer lives or works?

Does the perpetrator have links to organized crime or have a history of violent and/or illegal behavior?

11. Are community members aware of the incident? If YES, what was their reaction?

12. List any additional concerns, not yet addressed, that may affect the ongoing safety and security of the Volunteer as result of the incident.

13. Did the Volunteer report the incident to law enforcement, or does the Volunteer intend to do so in the future?

If law enforcement is involved, how responsive are they being?

Has the perpetrator been arrested?

Can the perpetrator be released on bail?

Will the Volunteer or Peace Corps be notified before the perpetrator is released?

## CONTACT NOTES

Was the DSS consulted?

Notes:

Was a PCSSO consulted?

Notes:

Was a RSO consulted?

Notes:

**SSM Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Annex V: Safety Plans

Safety Plans are personalized, practical steps that can help Volunteers manage their personal security following an incident. Each Safety Plan is unique, and therefore, should be tailored to the circumstances of the incident and the needs of the Volunteer. Not all Volunteers or incidents require a Safety Plan. However, all Volunteers have a right to request a Safety Plan.

### **Purpose of a Safety Plan**

- To assist the Volunteer in identifying strategies for mitigating on-going risks.
- To outline possible responses and resources in instances of potential future harm.
- To strengthen the partnership between the Volunteer and staff in promoting the Volunteer's on-going safety and security and well-being.
- To empower the Volunteer to reclaim a sense of safety and security by addressing safety and security needs and concerns.

### **Safety Plans are NOT:**

- Safety Plans cannot guarantee the future safety of the Volunteer.
- Safety Plans are not a behavioral contract; therefore, a Volunteer should never be asked to sign a Safety Plan or be told they will be held accountable to one.
- Safety Plans are not meant to take the place of working with a mental health specialist to identify ways to cope with emotions and stressful situations which may arise in the aftermath of an incident. If the Volunteer would like such assistance, counseling can be arranged through the PCMO.

### **When are Safety Plans Needed?**

- When requested by the Volunteer.
- When staff have identified an on-going security concern after conducting the Post Incident Assessment (PIA).

### **Who Develops the Safety Plan?**

- Safety Plans should be developed jointly by the Volunteer and appropriate staff.
- In Restricted Reports of sexual assaults, only Designated Staff are involved in safety planning with the Volunteer.
- For Standard Reports of sexual assault, stalking and other serious crimes, the CD should coordinate with a Victim Advocate, PCMO, SSM, and DSS or PCSSO to assist in the safety planning.
- When a Volunteer is on medevac, the Victim Advocate or the DSS may assist the Volunteer in developing the Safety Plan with input and concurrence from Post.



## **How is a Safety Plan Developed?**

When developing a Safety Plan with a Volunteer, it is important that staff ensure the plan covers the following three topics:

- (1) On-going risks and concerns associated with the incident,
- (2) Strategies on how to respond when a perceived threat is present, and
- (3) The Volunteer's safety and well-being.
  - To assist the Volunteer in being prepared for the conversation, provide the Volunteer with advance notice of the purpose of the meeting and an overview of the safety planning process including the three topic areas. Encourage the Volunteer to think about issues of concern as well as possible strategies for addressing those issues.
  - Staff participating in the conversation should be familiar with both the details of the incident and the Volunteer. Staff should feel free to offer suggestions if the Volunteer has difficulties or ask for assistance.
  - Review the Post-Incident Assessment in order to identify areas of concern which should be addressed.
  - Incorporate feedback from the PCMO, OHS/BHO, Victim Advocate or other pertinent staff (only Designated Staff may be consulted if it is a Restricted Report) which may be critical to the Volunteer's safety and well-being. Use the Safety Plan Conversation Guide (*see below*) to identify the issues to be addressed during the safety planning conversation.
  - Limit the number of staff members present during the conversation to no more than two so the Volunteer feels comfortable and not overwhelmed (preferably this should be staff that the Volunteer trusts and who will be understanding and patient).
  - In all cases where a Volunteer has been removed from site and a Safety Plan has been requested or required, the Volunteer and staff should meet before the Volunteer returns to site.

## **What Happens During the Safety Planning Conversation?**

When having this conversation with the Volunteer, remember, your goal is to empower Volunteers to make choices by providing the information they need to make informed decisions.

It is important that this be a collaborative process, so the Volunteer does not feel they are being told what to do or blamed for the incident.

- Encourage the Volunteer to share any safety and security concerns they may have related to the incident and be sure you do the same.
- Once you have jointly identified areas of concern, ask the Volunteer to identify mitigating strategies or actions they may take to reduce any on-going safety and security concerns.

- Identify strategies or actions post may take to support the Volunteer in these efforts.
- If the Volunteer fails to identify or address a particular issue that post may have identified, ask them about the issue with open-ended questions, like “Have you thought about [insert issue]?”
- Be mindful that the Volunteer may have concerns of their own that you didn’t identify beforehand. These are also valid, and you should be willing to discuss them. Remember to listen carefully and be patient.
- Give the Volunteer plenty of time to think about their ideas. Do not interrupt when they are speaking and let them fully explore any ideas or suggestions they may have.
- The conversation should not be rushed so be sure both you and the Volunteer plan accordingly.
- If the Volunteer expresses a great deal of fear or anxiety, have a conversation about their interest in speaking to the PCMO or a therapist to assist the Volunteer in talking about these feelings.
- When you have finished developing and discussing the Safety Plan with the Volunteer, ask the Volunteer if they have any questions.
- It may be helpful to revisit key points to ensure clarity.
- Advise the Volunteer that safety planning is an on-going process. Over time, new concerns may arise that require adjusting the Safety Plan. Encourage Volunteers to let you know when their needs or circumstances change. The SSM will regularly check-in with the Volunteer and work with them to modify their Safety Plans to accommodate any changes.
- Volunteers are free to take notes, however, remind them of the importance of keeping their notes in a safe place to protect their privacy and security.

### **How is a Safety Plan Completed?**

Attached you will find an outline of key topics (Safety Plan Conversation Guide) that can be discussed with the Volunteer. It lists examples of both safety measure conversations and action items which can be utilized by staff and Volunteers.

Remember the Safety Plan Conversation Guide is intended to guide and help facilitate a conversation with the Volunteer. Each Safety Plan should be tailored to the circumstances of the incident and the needs and concerns of the Volunteer.

After your conversation with the Volunteer, write up a summary and document it in SIMS (or any subsequent case management system) in accordance with any applicable guidelines or procedures.

## Annex VI: Safety Plan Conversation Guide

This guide is intended to serve as a helpful tool for the safety planning conversation and includes some examples of concerns and concrete actions the PCV and Post can use in their Safety Plan discussion. Not all topics may be relevant. Depending upon the incident, there may also be additional safety and security measures that can be utilized by both Volunteer and Post.

***Your safety and security are always a primary concern for us. We want to support you in being and feeling safe before you go back to site or return to service.***

***What safety concerns do you have before returning to site or service?***

### **Physical Safety**

*Concerns:*

Have you anticipated where and in which ways you might come into contact with the perpetrator and perpetrator's friends/family?

If you were to come into contact with the perpetrator and perpetrator's family/friends, have you thought about specific things you could do that might help you feel safe in that situation?

Have you thought about making a plan in case of emergencies of who you could call, where you could go, and how you could get there? How can Peace Corps assist you in developing this plan?

*Actions:*

- *Know where to go for help.*
- *Have a way to alert neighbors/counterparts if there's a problem.*
- *Help develop a phone list of people to call in an emergency.*
- *Ensure that the Volunteer has readily accessible emergency contact numbers for local authorities and Peace Corps.*
- *If requested, establish contacts between Peace Corps and counterpart, neighbors, local law enforcement & community leaders so they know how to contact Peace Corps.*
- *Having important documents ready in case of an emergency.*

### **Home**

*Concerns:*

Do you suspect the perpetrator or the perpetrator's family/friends know where you live? If so, do you believe the perpetrator may have access to your housing?

Do you feel safe inside your home? What can Peace Corps do to help you feel safe inside your home (e.g., working locks on door/windows, etc.)?

If you live with a host family or on a family compound, does anyone know about the incident? If not, would they be supportive if they were to learn of the incident?

If the perpetrator or the perpetrator's family/friends were to show up at your home, are there people you can turn to for assistance?

In the unlikely event of a non-medical emergency, are there local friends, community members, or other Volunteers nearby who you can stay with or contact for assistance? If not, can Peace Corps help you identify individuals and establish those contacts?

How could you contact these individuals?

Can you think of other resources or things you can do to feel safer where you live? What can Peace Corps do to assist you with this?

*Actions:*

- *Know where to go for help.*
- *Staff may conduct a safety inspection of the Volunteer's home.*
- *Ensure needed security upgrades are completed.*
- *Help develop a phone list of people to call in an emergency.*
- *Ensure that the Volunteer has readily accessible emergency contact numbers for local authorities and Peace Corps.*
- *Have a way to alert neighbors/counterparts if there's a problem.*
- *Take steps to enhance privacy (use locks, keep curtains closed, etc.).*

## **Safety and Technology**

*Concerns:*

Does the perpetrator know your cell phone number? Your email address? Have you thought about what you would do if the perpetrator or perpetrator's friends/family attempts to contact you or posts things about you online? What can the Peace Corps do to help you?

Does the perpetrator know any of your passwords? If so, have you considered changing your passwords?

Do you have any social media accounts (e.g., Facebook, Google, Twitter, Linked In, blogs)? Are you "friends" with the perpetrator or perpetrator's friends/family? If so, do you know how to block the perpetrator or perpetrator's family or friends?

Are you concerned that the perpetrator or perpetrator's family/friends will contact you on the Internet? If they do, have you thought about what you will do?

*Actions:*

- *Change Volunteer's SIM card or cellphone.*
- *Ensure that the Volunteer has readily accessible emergency contact numbers for local authorities and PC.*
- *Change usernames and/or passwords for mail and other social media.*
- *Try to avoid using location services or posting information that may divulge location.*
- *Notify Peace Corps as soon as possible of safety and security concerns or if the perpetrator attempts to contact you.*
- *Program phone with important emergency numbers.*
- *Keep phone charged and have enough minutes in case of an emergency.*

## **Workplace**

*Concerns:*

Does the perpetrator or perpetrator's family/friends know where you work?

Does anyone else at work know about the incident?

If your counter-part/supervisor learns about the incident, do you think it would make you more or less safe?

If you work with the perpetrator, are there steps you can take to avoid interacting with the perpetrator?

If the perpetrator shows up at your work, are there people you can turn to for support?

Is there anything that the Peace Corps can do to help you feel safe at work?

*Actions:*

- *Establish contacts between Peace Corps and counterpart so they know how to contact Peace Corps.*
- *Identify an emergency point of contact in the workplace.*
- *Immediately notify Peace Corps if the perpetrator comes to your work.*
- *If working in isolated areas, seek accompaniment by a coworker or community member if possible.*
- *Avoid staying late or alone in the office or workplace.*

## **Community**

### *Concerns:*

Do you anticipate that you will see the perpetrator when you are out in public? If yes, where?

Do you see the perpetrator's family/friends when you are out in public? If yes, where?

If needed, is there someone you trust who can accompany you to the places you need to go?

If you were approached by the perpetrator or perpetrator's friends/family in a public place, do you know where you could go to be safe?

Do you have any concerns about rumors related to the incident that are mentioned by community members or other Volunteers? How might you respond to these? How might these rumors impact you? How can Peace Corps assist you in dealing with rumors?

Are there specific things you or Peace Corps can do that might help you feel safer in your community?

### *Actions:*

- *Recognize and validate the times the Volunteer has managed personal safety.*
- *Reassure the Volunteer that Peace Corps is here to provide support.*
- *Offer skills and strategies for coping with stress.*
- *Establish regular check-in plan with PCMO and other Peace Corps staff.*
- *Ensure Volunteer is aware of support services available, including Volunteer Support Network and PCVLs.*
- *Trust instincts; don't worry about appearing to over-react (over-reacting is okay).*
- *Be aware of unhealthy coping mechanisms such as self-medicating, isolating oneself, etc. and seek help from Peace Corps.*
- *Ask Peace Corps for help before stress becomes overwhelming.*

## **Transportation**

### *Concerns:*

Do you have any safety concerns with any modes of transportation related to the incident?

Does the perpetrator know your transportation routes? If yes, can you change the routes you take to work, home, shopping?

Does the perpetrator or the perpetrator's friends/family use the same transportation you do? If so, are there other ways you could get where you need to go?

Are there specific things you can think of doing or that the Peace Corps might do that might help you feel safer in transport?

*Actions:*

- *Assist with identifying a safe taxi/moto-taxi or bus services.*
- *Ensure that the Volunteer has readily accessible emergency contact numbers for local authorities and Peace Corps.*
- *Recognize and validate the times the Volunteer has managed personal safety.*
- *Notify Peace Corps as soon as possible of safety and security concerns.*
- *Program phone with important emergency numbers.*
- *Trust instincts; don't worry about appearing to over-react (over-reacting is okay).*
- *Modify daily routines, change times and routes to frequent locations if possible.*
- *Keep personal belongings secure at all times.*

## Frequently Asked Questions — Safety Plan

### **Is a Safety Plan required if Post and the Volunteer don't feel one is necessary?**

No. Safety Plans are only required when the Volunteer requests one or when staff feel there is an ongoing security concern related to the Volunteer's safety.

### **Does a Safety Plan need to be completed in person?**

When possible, Safety Plans should be conducted in person. However, if that is not possible it can be done via a phone call or, if necessary, email.

### **What is the difference between a Safety Plan and a Behavioral Plan?**

A Safety Plan is intended to help Volunteers manage their own sense of safety and security. The Safety Plan Conversation should empower the Volunteer to identify tangible strategies that may assist in addressing ongoing risks and concerns related to, or as a result of, the incident. Safety Plans are not contracts, they are not signed by either the Volunteer or staff, and the Volunteer is not held accountable to one.

Behavioral Plans are utilized to address deliberate violations of Post or agency policy and procedure (e.g., leaving site without notifying Post). It is signed by the Volunteer and Staff and the Volunteer is held accountable for meeting the established requirements.

### **What happens when a Volunteer doesn't follow the Safety Plan?**

The Safety Plan is intended to be a joint exercise in helping the Volunteer to think of ways to mitigate their safety risks as related to the incident and is not intended to be a behavioral contract. As a result, it is not actionable in the same way that a behavioral contract would be. However, if at any time Post believes there is a Serious or Imminent Threat to the Volunteer then Post should address this as outlined in SSI 202.

### **What should I do if I have a concern about the Volunteer's behavior?**

Post should address the concern directly with the Volunteer. In order to avoid victim blaming, do not directly reference the original incident to the Volunteer's current behavior. For example, if a Volunteer was raped while jogging in an isolated area and you subsequently learn that she has recently been jogging in an isolated area, do not reference the Rape. If you need assistance discussing Volunteer behavior, contact the Victim Advocate assigned to the case.

### **Should Post document the Safety Plan conversation?**

Yes. A summary of the Safety Plan conversation should be written up by the staff member participating in the conversation and documented in SIMS (or any subsequent case management system) in accordance with the any applicable guidelines or procedures. A copy of the summary may be offered to the Volunteer for their own reference, but it is not mandatory that they accept the written summary.

### **What might a summary look like?**

The summary should be brief and concise and only reference major points discussed in the conversation. Below is an example of a summary:

*PCMO Robert Allan met with Sarah Windwood on Saturday March 14, 2014 to discuss safety planning. During the conversation several items were discussed. The PCV will use taxis to get to and from work and Peace Corps will reimburse her on a monthly basis. The PCMO also assisted the Volunteer in saving emergency contact information in her phone. The SSM will check-in with the Volunteer once a week for the next four weeks. The PCV will immediately notify Peace Corps in the event she feels unsafe.*

### **How do I manage the Volunteer's confidentiality if the Volunteer is talking to other people about the incident?**

Volunteers may tell others about the incident, and this is a normal part of the healing process. A Volunteer has the choice to share their experiences with others and this should not affect our responsibility as staff to maintain confidentiality. In rare instances, sharing incident details may pose a threat to the safety or security of the Volunteer. If this is the case, then it is your responsibility to notify relevant staff so that it may be addressed.



## Annex VII: Sexual Assault Forensic Exams

### Restricted Reports

#### Host Country-Based SAFE

- ☐ If the Volunteer would like a SAFE according to host country law:
  - If having the SAFE requires notification to law enforcement or otherwise triggers an Official Investigation and the Volunteer chooses to have a SAFE, Designated Staff must obtain written consent from the Volunteer, if possible, acknowledging that this may cause the report to be converted into a Standard Report. If possible, this should be in the form of a signed Volunteer Reporting Preference Statement. If it is not possible to obtain written consent, obtain verbal consent from the Volunteer before referring the Volunteer for the SAFE and obtain written consent in the form of a Volunteer Reporting Preference Statement from the Volunteer as soon as possible after the SAFE.
- ☐ If the Volunteer elects to have a SAFE according to U.S. protocols, but there is no U.S. jurisdiction, explain to the Volunteer that the results of a SAFE conducted in accordance with U.S. law might not be admissible in a prosecution conducted in the host country and, therefore, having a SAFE in accordance with U.S. law rather than host country law could make a prosecution in the host country difficult or impossible.
- ☐ When legally permissible and when requested by the Volunteer, the PCMO should be present during the SAFE.

#### U.S.-Based SAFE

In cases where a U.S.-based SAFE can be conducted:

- ☐ Explain to the Volunteer that having the PCMO conduct a SAFE in accordance with U.S. law will not trigger an Official Investigation unless and until the Restricted Report is converted into a Standard Report but may preserve her ability to seek prosecution in the U.S. should she change her mind and decide later on to report to U.S. law enforcement authorities.
- ☐ Explain to the Volunteer that the evidence collected will be stored by OIG in Washington, DC, but that no action will be taken to process the evidence unless and until the Restricted Report is converted into a Standard Report. Evidence will be held for five years and then destroyed (or twenty years if there is potential for criminal prosecution in the United States). The Volunteer will be notified by OVA before the evidence is destroyed.
- ☐ Obtain written consent from Volunteer acknowledging that the evidence collected might not be admissible in a prosecution conducted in the host country and that a prosecution in the host country might therefore be difficult or impossible. This should be in the form of a signed Volunteer Reporting Preference Statement.
- ☐ Upon completion of the SAFE, follow the instructions in Annex VIII for shipping the kit to Headquarters.

## Annex VIII: Instructions for Handling a Sexual Assault Kit (SAK)

### Restricted Report

#### PCMO

- (1) Collect evidence by performing a SAFE using an unexpired SAK. Refer to TG 542 on how to complete the SAK.
- (2) When the evidence collection is complete, seal the SAK with red integrity stickers that come with the SAK.
- (3) Complete the Chain of Custody information on top of the SAK and on any other envelopes that contain forensic evidence that do not fit into the SAK:
  - (a) Victim's Name: *Write the Volunteer's name.*
  - (b) Case Number: *Provide SIMS Number.*
  - (c) Attending Physician/Nurse: *Provide name of PCMO who collected evidence.*
  - (d) Hospital/Clinic: *Write the address of where the exam took place (e.g., Peace Corps Niger Medical Office).*
  - (e) Kit Sealed by: *Write the PCMO or the individual's name who sealed it.*
  - (f) Placed by: *Write the PCMO's name.*
  - (g) Date/Time: *Fill in date and exact time.*
- (4) Obtain a unique alphanumeric identifier for the Volunteer's SAK from OVA and document unique alphanumeric identifier in Volunteer's medical file.
- (5) Place the sealed SAK and any other envelopes that contain evidence that did not fit into the sealed SAK (e.g., underwear, pants, etc.) inside a new box, bag or padded envelope. Seal the package and affix a separate RESTRICTED chain of custody label (*see* TG 542, Attachment A-1) to the package containing only the unique alphanumeric identifier provided by the Office of Victim Advocacy.
- (6) If the SAK must be stored in the Post's medical office until it is sent to Headquarters, the SAK must be stored in a secure location within the medical office that is accessible to the minimum number of staff - preferably only the PCMO who collected the evidence. Possible secure areas can include: the locked desk drawer of the PCMO who collected the evidence and is the only one with the key; the safe in which narcotics are stored; or the locked filing cabinet in which medical records are stored. The PCMO may have to give testimony that the SAK was not tampered with while stored at the medical office.

- (7) Send the package as soon as logistically possible to OIG. Label the package as follows:

Evidence Custodian

Peace Corps - Office of Inspector General

1111 20<sup>th</sup> Street NW, 5<sup>th</sup> Floor

Washington, DC 20526

- (8) The package must be sent through an avenue in which there is a tracking number. The order of preference for sending the SAK to OIG at Headquarters is:
- (a) Diplomatic pouch with pouch registry number
  - (b) APO/FPO with tracking number
  - (c) DHL/FedEx/UPS express courier service with tracking number
- (9) Notify OIG by email at [oig@peacecorps.gov](mailto:oig@peacecorps.gov), providing the date, avenue (dip pouch, APO, etc.), and tracking number of the SAK. Copy the DSS and the Director of OVA on the notification email.
- (10) In the SIMS database associated with the Restricted Report, record the date and time that the SAK was sent from field to Headquarters.

**Office of Inspector General - Evidence Custodian (OIG)**

- (1) Receive the SAK via carrier sent by Peace Corps Post.
- (2) Document receipt on the chain of custody label on top of the sealed SAK package.
- (3) Store in secure area in OIG for 5 years from date of receipt (or twenty years if there is potential for criminal prosecution in the United States).
- (4) Do not open or process the SAK unless OVA advises that the Restricted Report has been converted into a Standard Report and the Volunteer has given written consent to processing of the evidence contained in the SAK.
- (5) Maintain a system by which to track and destroy evidence after five years if Volunteer does not wish to pursue legal action (or twenty years if there is potential for criminal prosecution in the United States).
- (6) Notify the Director of OVA six weeks prior to the end of the storage period.
- (7) Once evidence is destroyed, provide documentation to OVA and the DSS.

## **Office of Victim Advocacy**

- (1) Generate a unique alphanumeric identifier, provide the alphanumeric identifier to PCMO and document the alphanumeric identifier in OVA Case Management System.
- (2) Inform the Volunteer of the SAK alphanumeric identifier through email and phone call and remind the Volunteer that the SAK will not be processed until the Restricted Report has been converted to a Standard Report and the Volunteer has given written consent to processing of the evidence in the SAK.
- (3) Notify OIG immediately if the Restricted Report is converted to a Standard Report.
- (4) Following notification from OIG that the SAK will be destroyed in six weeks, contact the Volunteer to notify the Volunteer about the impending destruction of the SAK, providing the Volunteer the option to pursue legal action if desired. Inform OIG of Volunteer's response. Document in SIMS.
- (5) Once the SAK is destroyed by OIG, provide written confirmation of destruction to the Volunteer.

## Standard Report

### PCMO

- (1) Notify OVA of the need for a SAFE to be performed by the PCMO under a Standard Report and obtain a Volunteer SAK alphanumeric identifier from OVA.
- (2) Collect evidence by performing a SAFE using an unexpired SAK. Refer to TG 542 on how to complete the SAK.
- (3) When the evidence collection is complete, seal the SAK with red integrity stickers that come with the SAK.
- (4) Complete the Chain of Custody information on top of the SAK and on any other envelopes that contain forensic evidence that did not fit into the SAK:
  - (a) Victim's Name: *Write the Volunteer's name.*
  - (b) Case Number: *Provide SIMS number.*
  - (c) Attending Physician/Nurse: *Provide name of PCMO or MD who collected evidence.*
  - (d) Hospital/Clinic: *Write the name of the address (e.g., Peace Corps Niger Medical Office).*
  - (e) Kit Sealed by: *Write the PCMO's name or the individual's name who sealed it.*
  - (f) Placed by: *Write the PCMO's name.*
  - (g) Date/Time: *Fill in date and exact time.*
- (5) Place the sealed SAK and any other envelopes that contain evidence that did not fit into the SAK into another box, bag or padded envelope, seal the package, affix a STANDARD Chain of Custody label (*see* TG 542, Attachment A-2) to the package and complete chain of custody information on the package as noted in 4.b-g. Use the unique alphanumeric identifier in lieu of Volunteer's name on the Chain of Custody label.
- (6) If the SAK must be stored in the Post's medical office until it is sent to Headquarters, the SAK must be stored in a secure location within the medical office that is accessible to the minimum number of staff - preferably only the PCMO that collected the evidence. Possible secure areas can include: the locked desk drawer of the PCMO that collected the evidence and is the only one with the key; the safe in which narcotics are stored; or the locked filing cabinet in which medical records are stored. The PCMO may have to give testimony that the SAK was not tampered with while stored at the medical office.
- (7) Contact OIG at +1 (202) 692-2900 or [oig@peacecorps.gov](mailto:oig@peacecorps.gov) to determine the method for returning the SAK to OIG at Headquarters. OIG will advise whether an investigator will pick up the SAK from Post, if it should be turned over to the RSO, or if the PCMO should send the SAK to OIG via another avenue.

- (8) Regardless of method, send an email to OIG and Office of Victim Advocacy with the date, avenue (dip pouch, APO, etc.), and, if appropriate, tracking number of the SAK. Copy the DSS on the notification email.
- (9) In the SIMS database associated with the Standard Report, record the date and time that the SAK was sent from field to Headquarters.

### **Office of Inspector General**

- (1) Receive the SAK via the carrier used by Peace Corps Post or through in-person transfer.
- (2) Document receipt on the chain of custody area on top of the SAK.
- (3) Notify PCMO of receipt of the SAK by email and copy OVA.
- (4) Store the SAK in a secure area in OIG.
- (5) Pursue legal investigation as needed.
- (6) Maintain a system by which the Volunteer and Office of Victim Advocacy are notified of the SAK processing status.
- (7) Maintain a system by which the SAK may or may not be retained after criminal lab processing.
- (8) Maintain a system by which to track and destroy evidence after five years if Volunteer does not wish to pursue legal action (or twenty years if there is potential for criminal prosecution in the United States).

### **Office of Victim Advocacy**

- (1) Generate a unique alphanumeric identifier, provide the alphanumeric identifier to PCMO and document the alphanumeric identifier in OVA Case Management System.
- (2) Six weeks prior to SAK being destroyed by OIG, get in touch with the Volunteer through email and phone to notify the Volunteer about the impending destruction of the SAK, providing the Volunteer the option to pursue legal action if desired. Inform OIG of the Volunteer's response. Document in SIMS and OVA Case Management System.
- (3) Once evidence is destroyed by OIG or the criminal lab, provide confirmation of destruction to the Volunteer.
- (4) Once evidence is destroyed by OIG or the criminal lab, note in SIMS and OVA Case Management System.

## Annex IX: Authorization for OIG to Contact Volunteer

The Peace Corps Office of Inspector General (OIG) is an independent entity within the agency. OIG reports to the Director of the Peace Corps and to Congress. It is responsible for providing oversight in order to prevent and detect fraud, waste, abuse and mismanagement and promote efficiency and effectiveness in government. With respect to sexual assaults against Peace Corps Volunteers, OIG has been required by Congress to evaluate the effectiveness and implementation of Peace Corps' comprehensive sexual assault policy, including its sexual assault prevention and response training. In some cases, OIG may also wish to investigate the underlying sexual assault for potential criminal or administrative action against the perpetrator.

**OIG Evaluations or Whistleblower Investigations:** As part of its oversight of the Peace Corps, OIG may wish to evaluate the services that were offered to you, the services that you received, and the effectiveness of the response and such services. For this purpose, OIG may be interested in discussing your case and the services you received with you (e.g., if a problem is detected with any services you received). Doing so will enable OIG to more effectively evaluate the services that you received. Ultimately, the goal is to help improve the Peace Corps' response to sexual assault incidents and the services provided to Volunteers who are the victims of sexual assault. In some cases, OIG may independently receive a concern or allegation from a whistleblower regarding mismanagement by the Peace Corps of the sexual assault incident that is the subject of a Restricted Report. In those cases, OIG may initiate a review into the handling of the case. As part of that review, OIG will be evaluating the services that were offered to you, the services that you received, and the effectiveness of the response and such services.

Any information you disclose to OIG will be used solely for the purpose of enabling OIG to evaluate the services you received in the aftermath of the sexual assault. It will not be used for the purpose of conducting an investigation of the sexual assault incident. If you filed a Restricted Report of sexual assault, OIG will only contact you to discuss an evaluation with your consent.

**OIG Official Investigations:** In some sexual assault cases, OIG may independently receive a complaint or allegation from a third party (i.e., someone other than the victim, such as a witness, a fellow PCV, or a community member). OIG may choose to investigate that case for potential criminal action in the U.S. against the accused, or for referral to the Peace Corps for administrative action against the accused if the accused is a Peace Corps staff member or Volunteer/Trainee. However, if you filed a Restricted Report of sexual assault, OIG will only contact you to discuss an investigation with your consent.

**Note:** If you grant OIG consent to contact you as part of an Official Investigation, you will thereby be converting the report of sexual assault from Restricted to Standard.

We would like to give you the opportunity to authorize OIG to contact you in the future to discuss your case and/or the services you received. If you agree to being contacted by OIG in the future, please provide us with a safe telephone number and email address that OIG can use to contact you.

You may freely choose to speak with OIG or not to speak with OIG. You will not be subject to disciplinary or administrative action for either choice.

## Authorization

Please fill out either A or B below.

(A) I, (print full name) \_\_\_\_\_,  
authorize OIG to contact me in connection with the following:

- ☐ An **evaluation or whistleblower investigation** of the services that I received in connection with a reported sexual assault;
- ☐ An **Official Investigation** of the reported sexual assault incident for potential criminal or administrative action against the accused assailant. **I understand that this will result in the conversion of my report from Restricted to Standard.**

I can be contacted at the following safe telephone number or email address:

Telephone no. \_\_\_\_\_

Email address \_\_\_\_\_

(B) I, (print full name) \_\_\_\_\_, do  
not authorize OIG to contact me for any reason.

This authorization will remain in effect for one year from the date of signature.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date





## **Annex X: Prosecutorial Options for Volunteers When the Alleged Perpetrators Are Other Volunteers, Trainees, or Staff Members<sup>11</sup>**

When a Volunteer becomes the victim of a crime abroad and the alleged perpetrator is another Volunteer, a trainee (V/T) or a staff member, the Peace Corps Office of Inspector General (OIG) can conduct an investigation supporting prosecution of the crime. In cases of a misconduct investigation, OIG can refer the matter for administrative action against the perpetrator.

OIG is an independent entity within the Peace Corps. OIG investigates allegations of fraud, waste, abuse, and mismanagement related to Peace Corps programs and operations, including criminal wrongdoing, administrative misconduct and violations of federal laws, rules, regulations and policies by Peace Corps staff, V/Ts and any contractors and other individuals and entities conducting transactions with the Peace Corps or receiving Peace Corps funds.

OIG will investigate all allegations in a professional manner, providing the utmost confidentiality available to the Volunteer. OIG, by law, cannot disclose the identity of any individual making a complaint or providing an allegation without their consent unless OIG determines, during the course of the investigation, that disclosure is unavoidable. A variety of factors can impact the potential prosecution of a crime including the location of where the crime took place; the national origin of the perpetrator; and whether prosecution is possible in the U.S. or in the country of where the crime took place. OIG's role includes assessing these factors and reporting related facts so that appropriate prosecutorial options can be considered.

### **THE ROLE OF THE VOLUNTEER**

#### *SEEKING MEDICAL ATTENTION*

Volunteers should immediately consult with the Peace Corps medical officer (PCMO) at their Post regardless of whether physical injuries are evident. PCMOs can provide Volunteers Medical treatment and offer counseling services.

#### *REPORTING THE CRIME*

Volunteers are strongly encouraged to promptly report all crimes to OIG, which allows investigators to quickly gather facts, increases their ability to preserve evidence, and enhances the possibility for a successful prosecution of the crime committed. This is particularly important when prosecuting cases in the U.S. where presenting reliable testimony and/or physical evidence are the hallmarks of a successful criminal prosecution.

Volunteers who have been sexually assaulted may be reluctant to report to OIG and unsure if they want to pursue prosecution, especially if the perpetrator is known by the Volunteer. Some Volunteers

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<sup>11</sup> If the perpetrator is a host country national not connected to the Peace Corps, please seek guidance from the Office of Victim Advocacy.

may blame themselves for the crime and others may worry if anyone will believe them. These are all understandable reactions, and in these cases, Volunteers should discuss the assault with a trusted friend, a reliable confidant, or the Office of Victim Advocate (OVA). OIG investigators will do their part to reduce these burdens by being professional, respectful and attentive to the Volunteer's concerns while working diligently to address the underlying allegation.

### *PRESERVING EVIDENCE*

When a Volunteer reports a crime, OIG will coordinate with the PCMO at the Post. If the crime was a sexual assault, the PCMO will offer the Volunteer a forensic examination. If the Volunteer does not choose to immediately report the crime, the Volunteer should preserve the evidence for possible use at a later date by collecting any clothing, undergarments, bedding, etc., associated with the crime and photograph injuries, property damage, and the area where the crime took place. The Volunteer should also preserve anything the perpetrator touched or left behind. When practical, Volunteers should refrain from brushing their teeth, changing their clothes, or cleaning themselves or the area where the crime occurred. If penile penetration occurred, Volunteers should immediately put on undergarments to collect body fluids. After several hours, the Volunteer should remove the undergarments, air dry them, and wrap them in a cloth or paper (*never plastic*) to preserve DNA evidence.

U.S. Department of Justice guidelines<sup>12</sup> and OIG experience suggest that sexual assault victims, who initially decide against seeking prosecution, may later decide to take action. For this reason, preserving the evidence keeps options open and affords victims a greater likelihood of prosecution regardless of when the crime was reported. If the Volunteer elects to have the report of sexual assault Restricted, evidence from the forensic examination can be preserved for up to five years under a generic number not tied to the Volunteer's identity, providing the Volunteer with the possibility of pursuing the matter at a later date.

## **THE ROLE OF OIG**

### *HOW OIG RECEIVES INFORMATION ABOUT CRIMES*

OIG can review and/or investigate crimes when the perpetrator is a V/T, staff member or other individual receiving Peace Corps funds or engaged in transactions with the Post (e.g., member of a host family). OIG works with OVA to understand the Volunteer's wishes about seeking prosecution. OIG also coordinates the investigation with the appropriate federal and/or local authorities.

### *APPLICATION OF U.S. CRIMINAL LAW TO CRIMES COMMITTED ABROAD*

Criminal law is usually territorial. However, a number of U.S. criminal laws apply outside of the United States. In many cases these laws are meant to apply to U.S. nationals who become a victim of crime abroad, or who are perpetrators of crimes abroad under certain conditions. Examples include when the crime is committed in a property owned, leased, or used for a government purpose such as at a Peace Corps Post, training office, or similar site. Another circumstance relates to crimes occurring in residences used by the Peace Corps or its personnel, which may include residences where Volunteers or staff permanently reside. OIG is a resource for Volunteers who are interested in pursuing cases in U.S. courts.

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<sup>12</sup> <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

## Annex XI: Sharing of Information from Restricted Reports with OIG

**CONTACT THE OIG HOTLINE FOR ADDITIONAL COMMENTS OR CONCERNS**  
INT'L AT +1 (202) 692-2915; U.S. AT (800) 233-5874; [OIG@PEACECORPS.GOV](mailto:OIG@PEACECORPS.GOV)

The Peace Corps Office of the Inspector General (OIG) is an independent entity within the Peace Corps. OIG reports to the Director of the Peace Corps and to Congress. OIG has a number of important functions: OIG investigates allegations of fraud, waste, abuse, and mismanagement related to Peace Corps programs and operations. OIG also investigates allegations of criminal wrongdoing, administrative misconduct and violations of federal laws, rules, regulations and policies by Peace Corps staff, V/Ts and any contractors and others. With respect to sexual assaults against Peace Corps Volunteers, OIG has been required by Congress to evaluate the effectiveness and implementation of Peace Corps' comprehensive sexual assault policy, including its sexual assault prevention and response training.

On occasion, OIG may reach out to Peace Corps staff to obtain information about a Restricted Report case or to request to speak with a Volunteer who has filed a Restricted Report. In most cases, OIG will make such requests through OVA (as described in MS 243 Policy, Section 4.6(c)) but OIG may also make such a request through other Designated Staff members, such as a PCMO, SSM, DSS, or SARL.

If you are contacted by OIG about a Restricted Report case, please follow the below guidance:

### **OIG Requests for Records or Information**

- ☐ If OIG requests any records relating to the sexual assault, you may provide the records directly to OIG. If the OIG is requesting a high volume of records, please coordinate with OGC and the Office of the Chief Compliance Officer. If OIG wishes to discuss the case with you, you may speak directly with OIG. If you have any questions about the information you will be sharing with OIG, contact OGC for assistance.

### **OIG Requests to Speak with a Volunteer for an Evaluation or an Investigation of Mismanagement**

- ☐ If OIG notifies you that it would like to speak with the Volunteer for the purpose of discussing the services that Peace Corps provided to the Volunteer (e.g., when OIG has received a concern or allegation from a whistleblower regarding mismanagement of a sexual assault incident):
  - Ask OIG about their desired timeframe for speaking with the Volunteer.
  - Review Annex IX: Authorization for OIG to Contact Volunteer (hereinafter "Authorization Form") with the Volunteer. Explain OIG's role and the nature of OIG's request and assure the Volunteer that it is her choice whether to consent to speak with the OIG about the sexual assault. Inform the Volunteer that if she does grant consent to speak with OIG, the Volunteer may withdraw that consent at any time. Inform the Volunteer that if she speaks with OIG for the purpose of

discussing an OIG evaluation or investigation of mismanagement, the Restricted Report will not be converted to a Standard Report.

- Ask the Volunteer if she would like to be contacted by OIG to discuss the services she received from Peace Corps.
- If the Volunteer agrees to be contacted by OIG, ask the Volunteer to sign an Authorization Form and return the signed form to you. After the Authorization Form has been signed by the Volunteer and returned to you, you may inform OIG that the Volunteer has consented to be contacted.
- If the Volunteer indicates that she will consent to speak with OIG about the services she received, but it is not feasible to obtain the Volunteer's signature on the Authorization Form within the OIG's desired timeframe, please inform the OGC Sexual Assault or Regional Attorney. OGC, in consultation with relevant Designated Staff, shall determine whether the situation warrants an exception to the requirement of a signed Authorization Form, and will advise you on how to proceed.
- If the Volunteer indicates that she does not consent to speak with OIG about the services received, please inform OIG immediately. You should still obtain a signed Authorization Form (indicating the absence of consent) at the convenience of the Volunteer.
- If the Volunteer does not respond to your inquiry regarding consent to speak with the OIG, you must inform OIG that the Volunteer has not granted consent. In such a case, you are not required to obtain a signed Authorization Form from the Volunteer.

**OIG Requests to Speak with a Volunteer for an Official Investigation of a Sexual Assault:**

- ☐ If OIG notifies you that it has independently received information about a sexual assault incident (i.e., when it has received a report of sexual assault from a third party other than the Volunteer victim), advise OIG whether the incident is the subject of a Restricted Report.
- ☐ Immediately refer the matter to the Victim Advocate, who will follow the procedures for responding to such a request.
- ☐ See MS 243 4.6(b) for additional information.

## Annex XII: Guidelines for Agency Conversion of Restricted Reports

A Volunteer's report of sexual assault is treated as a Restricted Report until the Volunteer exercises the option to make it a Standard Report in accordance with these Procedures. A Volunteer may, at any time, make the choice to convert the report to a Standard Report. This is called a "Volunteer Conversion," and it is ordinarily documented on the Volunteer Preference Form (VPF).

However, in certain limited situations, it may become necessary for the agency to convert a Restricted Report into a Standard Report, even if the Volunteer does not agree. This is called an "Agency Conversion." **Under no circumstances may a Restricted Report be converted into a Standard Report without the consent of the Volunteer unless OGC, in conjunction with the DSS or Office of Health Services, has determined in accordance with these Procedures that an exception applies.**

Note that the Kate Puzey Act and MS 243 include four exceptions to the prohibition of disclosure of PII in Restricted Reports. However, not all exceptions merit an automatic Agency Conversion.

### **Types of Agency Conversions:**

(1) *Law Enforcement/OIG Involvement:* If the Volunteer affirmatively reports the incident to OIG or other law enforcement, for the purpose of requesting an Official Investigation of the incident, the report will be converted into a Standard Report.

- ☐ In some cases, law enforcement might come to the scene of a crime after being called by a witness other than the Volunteer. Alternatively, they might be alerted by a medical practitioner conducting a SAFE. In those cases, every effort will be made to treat the report as a Restricted Report, unless circumstances require the disclosure of PII by Peace Corps to law enforcement, or to the CD, the RSO, or other non-Designated Staff who might be involved as a result of the law enforcement involvement.
- ☐ If OIG independently receives a report of a sexual assault from a third party (someone other than the victim), OIG may request the Volunteer's consent to contact her and discuss the allegation. If the Volunteer consents to OIG contact regarding an Official Investigation of the sexual assault, the Restricted Report will be converted into a Standard Report.
- ☐ If the Volunteer reports to OIG for the purpose of making a complaint regarding mismanagement of a sexual assault incident, the report will not be converted into a Standard Report.

(2) *Serious or Imminent Threat:*

- ☐ If there is a Serious or Imminent Threat to the health or safety of the Volunteer or others, and the disclosure of PII is necessary in order to mitigate that Serious or Imminent Threat, the report will be converted into a Standard Report.
- ☐ This determination is made by OGC, in consultation with the DSS and the Victim Advocate.

- ☐ In making such a determination, the agency must give considerable weight to the preferences of the Volunteer. The Volunteer's choices should only be overturned if there is persuasive evidence of a Serious or Imminent Threat that cannot be prevented or lessened without such a disclosure of PII.
- (3) *Compliance with a Court Order or Statute:* If disclosure of PII is necessary in order to comply with an order of a state or Federal court or with a Federal or state statute, a Restricted Report may be converted to a Standard Report.
- ☐ This will depend on the nature of the required disclosure and the circumstances.
  - ☐ Any such statute or court order shall be interpreted as narrowly as possible to limit the amount and type of information disclosed in order to honor the preferences of the Volunteer.

### **Notification Requirements**

If it is determined that an Agency Conversion is warranted, OGC must notify OVA that an exception is authorized under section 4.4(a)(ii) of MS 243, and that such exception has resulted in an Agency Conversion from Restricted to Standard Reporting. As soon as possible, a Victim Advocate will notify the Volunteer, orally and in writing, about the decision to convert the report to a Standard Report, along with the identities of the parties to whom such disclosure is to be made, and, to the extent possible, the reasons for the conversion.

Such notice of an Agency Conversion (as opposed to a conversion because of the Volunteer's choice of services and type of reporting) should be given, if possible, before any such disclosure of information is made in order to give the Volunteer an opportunity to challenge such disclosure.

### **Situations That Do Not Mandate Agency Conversion**

- (1) *Volunteer reports incident to other Volunteers or community members:* This does not warrant an Agency Conversion, as the Kate Puzey Act and MS 243 do not impose limitations on what the Volunteer may disclose. However, the Volunteer should be counseled that in some cases, widespread knowledge of the incident may create a serious and imminent threat to the Volunteer.
- (2) *Volunteer reports incident or discloses information about incident to non-Designated Staff, such as the CD:* This does not warrant an automatic Agency Conversion. However, if the Volunteer requests involvement by non-Designated Staff, the Volunteer should be informed that such involvement can only take place under a Standard Report. If the Volunteer's disclosure leads to significant or repeated involvement by non-Designated Staff, an Agency Conversion may be warranted.
- (3) *Emergency Disclosure of PII to non-Designated Staff:* In the event that a Designated Staff member must make an emergency disclosure of PII to non-Designated Staff in a Restricted Report case, that staff member should refer to the protocols in the MS 243 Procedures and contact OGC in order to determine whether such Disclosure necessitates an Agency Conversion.

## Annex XIII: Guidelines for Response to RPCVs

Please note that the MS 243 Procedures apply only to those Volunteers who experience a sexual assault during their Peace Corps service (including assaults that take place at site or away from site, and those during staging, during PST, while on a medevac and while on leave), and who report that sexual assault to Peace Corps during their Peace Corps service. However, Peace Corps is committed to providing certain services to Volunteers who experience a sexual assault during their service even after their service ends.

For the purpose of this section, those Volunteers will be referred to as “RPCVs.”

- ☐ Health care (including mental health care) and benefits: Support services available to RPCVs for sexual assaults that occurred during their service include the right to file a Federal Employees Compensation Act (FECA) claim. RPCVs will have access to a Post Service Unit (PSU) Nurse Case Manager (NCM). The NCM provides compassion, empathy, and support to both the RPCV and (with the RPCV’s permission) his/her family during the FECA claims process. The case manager helps provide continuity of care and assists RPCVs with filing their FECA claims, including getting both in-service and post-service medical documentation that needs to be submitted to the Department of Labor.

The NCM can assist in identifying both First Health and FECA providers via the International Medical Group (IMG) and Department of Labor websites. The NCM can assist by contacting any of the RPCVs current providers regarding the acceptance of FECA compensation. If the provider isn’t currently registered with the Department of Labor, the NCM will offer services to assist the provider regarding FECA enrollment. The NCM also provides employment disability compensation information.

Upon request from a RPCV, PSU should educate that RPCV on FECA benefits and assist the RPCV with FECA claims. The Peace Corps OMS and PCMOs may not provide direct medical care to a RPCV.

- ☐ Victim advocacy: OVA may continue to work with RPCVs on matters such as information, referrals or accompaniment after the RPCV left service. However, requests for accompaniment will be evaluated on a case-by-case basis.
- ☐ SARL services: In the event that the Peace Corps is facilitating the RPCV continued participating in a criminal process or trial, SARL services will not typically be available to that RPCV.
- ☐ Legal representation: If the Peace Corps has retained local counsel to advise or represent a Volunteer during that Volunteer’s service, the Peace Corps will continue to retain such counsel after the Volunteer has left service, in accordance with MS 774.

For RPCVs who first request local counsel after leaving service, retention of counsel may be limited to remote consultations (facilitated by phone or Skype) and may be capped at a reasonable number of hours, upon review by OGC. Requests for local counsel that are

received more than one year after the RPCV has left service will be evaluated by OGC on a case-by-case basis.

- ☐ Local criminal process: As part of the “Standard Report Services” offered to Volunteers pursuant to MS 243, upon request from a Volunteer, the Peace Corps can (1) assist a Volunteer in making a report of the sexual assault to law enforcement authorities, and (2) assist in any legal proceedings related to the sexual assault. This assistance can take many forms, including but not limited to: identifying the proper law enforcement authorities, transporting the Volunteer to those authorities or to the trial, offering financial assistance to the Volunteer for expenses relating to travel or lodging, offering accompaniment from a SARL or Victim Advocate, and/or assisting local law enforcement and prosecutors in the investigation and/or trial.

Once a Volunteer has left service, the Peace Corps will make every effort to continue to assist with respect to local law enforcement or local legal proceedings as outlined above. The Peace Corps will, at its sole discretion, determine the nature and extent of the assistance available to an RPCV in any particular situation, based on factors including but not limited to safety and security, and RPCV health and wellbeing.

- ☐ Peace Corps Sexual Misconduct Policy: For sexual assaults in which the alleged perpetrator is another Volunteer/Trainee, the Peace Corps will continue to offer RPCVs the option of seeking administrative redress against the alleged perpetrator, so long as the alleged perpetrator is still serving as a Peace Corps Volunteer or Trainee.
- ☐ OIG: A RPCV may at any time report concerns or allegations regarding mismanagement of the Peace Corps’ response to the sexual assault incident to OIG. OIG may initiate and carry out a review of such concerns or allegations. In some cases, OIG may continue to investigate or initiate an investigation regarding a sexual assault perpetrated by another Volunteer or Trainee, even after the Volunteer victim has left service.



## Annex XIV: Post Case Management Review Meetings Standard Operating Procedures

### Meeting Purpose

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The Case Management Review Meeting is a bi-monthly (every two months) meeting to discuss cases of sexual assault that have been reported to Post staff.

The Case Management Review Meetings provides an opportunity for Designated Staff and leadership at Post to:

- ✓ review the Post's response to Volunteers who report being a victim of sexual assault,
- ✓ ensure system accountability at the local level, and
- ✓ Identify and address systemic barriers that may exist.

The goal of the meeting is to provide Post with the opportunity to continuously improve the overall response to Volunteers who report being a victim of sexual assault.

### Meeting Attendance

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In order to protect the confidentiality of the Volunteer, **no Personally Identifiable Information (PII) will be discussed or revealed during the meeting.** Limiting this information will allow the CD to assist the Designated Staff with identifying and resolving concerns while maintaining the “specific need to know” standard outlined in MS 243 and MS 294.

Attendance at the meeting is limited to Post-Designated Staff (PCMO, SSM, SSA, and SARLs) and the CD (or the Acting CD, in the event of the CD's absence from Post).

All PCMOs are expected to attend the Case Management Review Meetings. However, when there are competing priorities and/or time constraints, at least one PCMO must attend the meeting. It is preferable that the PCMO who responded to the case(s) attend the meeting. If there are multiple cases by different PCMOs, it is the attending PCMO's responsibility to thoroughly review the cases with the responding PCMO before the Case Management Review Meeting.

### Meeting Coordination

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To successfully prepare for the Review Meeting, each Post will be responsible for:

- ☐ Coordinating the dates for the meetings based on the guidance provided by the SAPR Office. The meeting process is designed to be efficient and should not take more than 1 hour to complete.

*Post is strongly encouraged to be proactive in establishing these dates as early as possible to ensure all required attendees can be present.*

- ❑ Identifying a meeting coordinator for each meeting. The meeting coordinator can be any member of the Designated Staff, and this responsibility can rotate as the Post decides. The meeting coordinator will be responsible for the following:
  - Establishing an agenda of cases to be discussed.
    - *The cases will include all reports of sexual assault made during the specified reporting period on the CMRM calendar. Each case must be reviewed at least once; however, Post can choose to review a case from a previous reporting period again if deemed necessary.*
    - *This agenda should be distributed to attendees one week prior to the meeting to ensure that each member of the Designated Staff and the CD, as appropriate, is able to prepare for the cases being discussed.*
    - *The agenda should not contain any PII.*
  - Preparing the Case Narrative Form for each case being discussed.
    - *The Case Narrative Form contains basic details about the report that will be used during the meeting to assist in reviewing the Post response. This information is to be collected directly from the Security Incident Management System (SIMS) to ensure accuracy and consistency.*
    - *To help ensure confidentiality, Case Narrative Forms should be saved using the SIMS number as the file name.*
    - *Additionally, Case Narrative Forms are not distributed to attendees prior to the meeting and should be collected by the coordinator at the end of the meeting.*
  - Documenting the responses to the procedural review discussion questions received from the group during the meeting on the corresponding Case Management Narrative Forms.
  - Submitting the Case Management Narrative Forms to the [Case Management Review Meeting Submission Form](#) on SharePoint.

If no sexual assault cases have been reported during the preceding two months, the Case Management Review Meeting is not required. In this situation, the meeting coordinator will:

- ❑ Inform the attendees that the meeting has been cancelled due to no reports.
- ❑ Document that no meeting was required on the [Case Management Review Meeting Submission Form](#) on SharePoint.
  - *The meeting coordinator should provide the CD with a confirmation that this action has been completed.*

## Meeting Process

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The Case Management Review Meeting is designed to be focused on the procedural response by staff to the Volunteer.

The meeting coordinator will provide copies of the agenda and Case Narrative Forms to each meeting attendee.

Following the order of the agenda, each case will be reviewed in the following manner:

- ☐ The SSM will provide a brief synopsis of the case by reviewing the first two sections of the Case Narrative Form.
- ☐ Following the brief review, the CD will lead the procedural overview discussion.
  - *The discussion will be conducted by asking the five questions in the third section of the Case Narrative Form as well as any necessary follow-up questions.*
  - *All meeting attendees will have the opportunity to provide input from their professional perspective for each question.*
  - *During the discussion, the meeting coordinator will be responsible for documenting the responses received for each question on the Case Narrative Form.*
- ☐ A typical individual case review is designed to take no more than 10 minutes to complete.
  - *Please keep in mind that if a systemic concern is identified, it might require more time to discuss and properly address.*
- ☐ At the conclusion of the meeting, the meeting coordinator will collect any physical copies of the agendas and Case Narrative Forms from attendees.
  - These physical copies will be stored securely until they have been uploaded to SharePoint.

## Post-Meeting Actions

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Within 5 business days after the Case Management Review Meeting, the meeting coordinator will:

- ☐ Coordinate with the CD to review the responses to the procedural overview discussion questions on the Case Narrative Forms to ensure accuracy.
- ☐ Submit the completed Case Narrative Forms to the [Case Management Review Meeting Submission Form](#) on SharePoint.
  - *The meeting coordinator should provide the CD with a confirmation that the forms have been submitted.*

- *The Case Narrative Forms will be reviewed by the Office of Sexual Assault Prevention and Response to identify systemic challenges and potential policy updates.*
- After the forms have been uploaded, all physical copies of the agenda and Case Narrative Forms will be shredded immediately.