

Carol Spahn, Acting Director  
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1275 First St NE  
Washington, DC 20002

Dear Acting Director Spahn,

The Peace Corps Sexual Assault Advisory Council (the "Council") respectfully submits its 2021 Annual Report in support of the Kate Puzey Peace Corps Volunteer Protection Act of 2011. Since its inception, the Council has worked to respond to the needs of Peace Corps as the agency continues strengthening its Volunteer-centered sexual assault risk reduction and response program.

In 2021, despite the ongoing COVID-19 pandemic, Council members representing a wide range of expertise in sexual assault prevention and response, psychology, research, evaluation, and law, from both governmental and nongovernmental organizations (see Annex 6.2 for more detail), worked with Peace Corps to review and strengthen its work to reduce the risk of sexual assault, and to support survivors of sexual assault when an assault is reported.

The Council's work in 2021 was defined by USA Today's article entitled, *Sexual Assault in Peace Corps: Volunteers Betrayed by Agency Failures*, published in April 2021. The Council responded to Peace Corps' request to review the recommendations of previous SAACs over the past five years, and their current status, as well as their continued relevance to the SARRR mission. Recommendations were reviewed with an eye towards their support of the following guiding principles, which are described in detail in Section three of the report:

- Supporting a cultural shift with Peace Corps
- Integrating prevention
- Ensuring trauma-informed programming and approaches
- Strengthening accountability

The Council commends Peace Corps' work across these key areas in the six months since the publication of the USA Today article, and is hopeful that this work will continue, to create a supportive, safe, transparent environment that meets volunteers' needs and expectations as Peace Corps country programs re-open.

Sincerely,



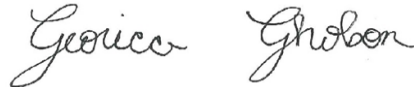
Elizabeth Arlotti-Parish  
2021 SAAC Chair

To the Acting Director, Peace Corps

We, the appointed members of the Peace Corps Sexual Assault Advisory Council, do hereby submit the results of our findings and offer our best recommendations to enhance Peace Corps' prevention and response to sexual assault within and on the Peace Corps community.



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# Table of Contents

Table of Contents.....	3
Acronym List .....	5
1. Background.....	6
2. 2021 Reporting context.....	6
3. Methodology for prioritizing recommendations .....	7
4. Recommendations.....	9
4.1 Recommendations across SARRR offices.....	9
SARRR1: Violence prevention and response.....	9
SARRR2: Communications .....	12
SARRR3: Monitoring and Evaluation.....	14
SARRR4: Trauma-informed organization .....	14
SARRR5: Expanding awareness and protection .....	15
SARRR6: Process enhancements.....	16
4.2 Recommendations for the Office of Safety and Security.....	16
OSS1: Host-family and counterpart training .....	16
OSS2: Staff training (frequency).....	18
OSS3: Staff training (content).....	19
OSS4: Unwanted attention policy .....	19
OSS5: Surveys .....	20
OSS6: Strategy.....	20
OSS7: Theory of Change .....	21
OSS8: Metrics.....	23
OSS9: Prevention plan, including risks and protective factors .....	24
OSS10: FETI training.....	25
OSS11: RPCV engagement .....	26
OSS12: Confidentiality.....	27
4.3 Recommendations for the Office of Victims' Advocacy.....	27
OVA1: Collaboration between OIG and OVA .....	27
OVA2: Post-service care .....	28
4.4 Recommendations for the Office of Health Services.....	28
OHS1: Forensic sexual assault response training.....	28

OHS2: Screening.....	31
OHS3: Sexual assault response team (SART).....	32
OHS4: 24/7 Tele-SANE services.....	34
OHS5: PCV telehealth.....	35
OHS6: External partnerships for sexual assault response.....	36
5. Conclusion.....	37
6. Appendices.....	39
6.1 2021 Summary recommendations.....	39
6.2 2021 SAAC member bios.....	40

# Acronym List

CQI	Continuous Quality Improvement
FETI	Forensic Experiential Trauma Interview
HIPAA	Health Insurance Portability and Accountability Act
IAFN	International Association of Forensic Nurses
ICDEI	Intercultural Competence, Diversity, Equity and Inclusion
LIVES	Listen, Inquire about needs, Validate experiences, Enhance safety, Support needs
LOE	Level of Effort
OGC	Office of the General Counsel
OHS	Office of Health Services
OIG	Office of the Inspector General
OSS	Office of Safety and Security
OVA	Office of Victims' Advocacy
PC	Peace Corps
PCV	Peace Corps Volunteer
RPCV	Returned Peace Corps Volunteer
RQS	Response Quality Survey
SAAC	Sexual Assault Advisory Council
SAMHSA	Substance Abuse and Mental Health Services Administration
SANE	Sexual Assault Nurse Examiner
SARRR	Sexual Assault Risk Reduction and Response
SART	Sexual Assault Response Team
SMARTIE	Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive, and Equity-focused
SOP	Standard Operating Procedure

# 1. Background

The passage of the Kate Puzey Peace Corps Volunteer Protection Act of 2011 served to guide a monumental effort to recast Peace Corps trainings and policies in a more victim-centered direction and shaped the development of a global sexual assault risk reduction and response program. This important legislation was named in honor of Kate Puzey, an outstanding and passionate Peace Corps Volunteer who died while serving in Benin in 2009.

Among its many provisions, the Kate Puzey Volunteer Protection Act established the Sexual Assault Advisory Council (the “Council” or “SAAC”), and mandated that:

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

The Act further required that:

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

Members of the Council were appointed by the Peace Corps Director to meet the qualifications set forth in the Kate Puzey Volunteer Protection Act:

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

Sexual Assault Advisory Council members act in a volunteer capacity, and bring their expertise to the Council as individuals. They do not act as representatives of the agencies or organizations with which they are professionally affiliated.

## 2. 2021 Reporting context

In April 2021, USA Today published an article entitled, *Sexual Assault in Peace Corps: Volunteers Betrayed by Agency Failures*. As part of Peace Corps’ response to this article, Peace Corps Acting Director Carol Spahn requested that the SAAC focus its 2021 work and

report on a review of the last 5 years (2015-2020) of SAAC recommendations, to examine the state of completeness of the recommendations and the extent to which the Peace Corps' actions met the intent of the recommendations. Seventy-seven recommendations were included in this review.

### 3. Methodology for prioritizing recommendations

To review these recommendations, SAAC members self-selected into working groups by responsible office: Office of Safety and Security; Office of Victim's Advocacy; and Office of Health Services. There were no open recommendations for the Office of the General Counsel or the Office of Global Operations, so working groups were not formed for these offices. An additional working group was formed to review recommendations which fell under multiple offices; this working group was designated as "SARRR." The Council reviewed recommendations that were designated by Peace Corps as not complete, and in some cases, also reviewed completed recommendations where the designation seemed unclear or incomplete. The recommendations reviewed by each group are as follows:

- Office of Safety and Security working group: 24 recommendations
- Office of Victim's Advocacy working group: 8 recommendations
- Office of Health Services working group: 11 recommendations
- SARRR working group: 34 recommendations

Within each office, many recommendations were similar year over year, or recommended actions shifted based on progress made on earlier recommendations. As a result, some recommendations from early years were no longer relevant to the current Peace Corps context. To ensure maximum relevance for Peace Corps going forward, rather than prioritize all 77 previous recommendations individually, the working groups reviewed the recommendations for each office as a whole. Some individual recommendations were carried forward, while other recommendations were grouped around key themes, and updated recommendations were provided around those themes.

Each working group prioritized recommendations based on the extent to which they supported the following four guiding and interrelated principles, which emerged from the USA Today article and discussions with Peace Corps as key priorities to strengthen Peace Corps' work in sexual assault risk reduction and response. The key priorities are:

- **Cultural shift with Peace Corps:** Peace Corps' approach to sexual assault should prioritize expertise in sexual violence and trauma-informed prevention and response. It should include appropriate integration of volunteers; validate volunteers' experiences; and consider volunteers' well-being and mental health while helping them to continue their service. This includes a willingness to talk about gender norms and relationships and what that means for violence prevention.
- **Integrating prevention:** Peace Corps can and should include prevention in its sexual assault work with staff, including Peace Corps leadership, and volunteers. Prevention approaches should draw on global and national expertise in values clarification and attitudinal transformation and interventions to support normative change. These

approaches should integrate risk and [protective factors](#)<sup>1</sup> (e.g. connectedness to community), addressing root causes of sexual violence. This report's recommendations are made within the context that Peace Corps develop a sexual assault prevention, risk mitigation and response strategy to guide all future prevention work.

- **Trauma-informed programming:** Peace Corps' approach to sexual assault should meet the intentions of the [six guiding principles to a trauma-informed approach](#)<sup>2</sup> –safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues--and work towards best practice and not just compliance.
- **Accountability:** Accountability is defined as both responsibility and transparent and appropriate use of data to inform programming. All processes and approaches should clearly delineate who “owns” the outcome for the survivor at each stage in the process, as well as the final outcome. Peace Corps should collect high quality, relevant data that directly relates to improving programs and achieving desired results. Systems for data management and use should be strengthened. Accountability includes accountability within systems, accountability and transparency to volunteers, and accountability to host countries and communities. Peace Corps should hold all staff at all levels, including country directors and HQ leadership, accountable for upholding the rules and regulations to prevent and respond to sexual assault. Accountability also includes standardizing trainings and processes using global best practices and content while ensuring room for adaptation to country contexts.

Section 4 lists prioritized recommendations by SARRR office, with each office listed in its own sub-section. Section 4 begins with overarching recommendations from the “SARRR” working group, which considered actions requiring involvement of multiple offices. Certain components of these overarching recommendations are discussed in later sub-sections, outlining the role of specific offices.

Each subsection include revised recommendation language (if applicable), expected outcomes, proposed timelines, and measures of success. From the original 77 recommendations, the 2021 SAAC has prioritized a total of 20 aggregated and/or revised recommendations within individual offices, and an additional six recommendations that stretch across multiple SARRR offices. Relevant resources have been included in each sub-section as hyperlinks and as footnotes, to facilitate review of this report in both electronic and hard copy. A summary table of the recommendations for individual offices, along with their outcomes, timelines, measures of success, and resources, can be found in Annex 6.1.

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<sup>1</sup> <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

<sup>2</sup> [https://www.cdc.gov/cpr/infographics/6\\_principles\\_trauma\\_info.htm](https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)



# 4. Recommendations

## 4.1 Recommendations across SARRR offices

This section encompasses recommendations that were categorized as falling under the responsibility of multiple SARRR offices. Where noted, these recommendations include themes that are discussed at a more granular level in sub-sections devoted to specific offices.

### SARRR1: Violence prevention and response

A. **CULTURE SHIFT:** PC must commit to a culture shift to expand sexual assault prevention efforts throughout the organization (i.e., HQ, countries, and local communities). The current “Theory of Change for the Sexual Assault Risk-Reduction and Response Program” is not sufficient. We recommend anti-sexual assault messaging incorporated into all aspects of PC training and onboarding as well as during their service. This includes transparent communication about potential risks and acknowledgment of sexual violence in communities where PCVs live.

Expected Outcome	Timeline	Measure of success
PC publicly commits to a culture shift to expand sexual assault prevention and communicates clear strategies to work towards this culture shift.	By December 31, 2021	Public and internal announcements of Peace Corps acknowledgements of challenges and campaign to shift the culture of Peace Corps to prevent and respond to sexual assault (e.g., op-ed in a national newspaper)

B. **PREVENTION STRATEGY:** (links to OSS6) Peace Corps should develop a transparent sexual assault prevention and response strategy using and adapting existing evidenced-based models/approaches (e.g., the CDC violence prevention model [STOP SV<sup>3</sup>](#)).

Example of how STOP SV strategy could be used with Peace Corps	
<b>S</b>	Social norms that protect against violence (e.g., expand bystander training to families and coworkers; acknowledge that oppression is the root cause of violence and abuse - specifically, if we're learning to value some people less than other people, we're learning the foundations of violence; incorporate anti-oppression into onboarding at all levels of PC to help ensure that we're not unintentionally reinforcing norms and values that reinforce violence; address

<sup>3</sup> <https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf>

	the root causes of violence in communities and integrate programs to promote healthy norms; create a Standards of Conduct agreement with host families and counterparts)
<b>T</b>	<b>Teach skills to prevent SV</b> (e.g., safe dating and health promotion education including sexual health promotion; understanding power dynamics and reducing risk of perpetration among PCVs; ways to promote social connectedness to support volunteers' and community safety; integrate risk-reduction training and education on empowerment-based self-defense)
<b>O</b>	<b>Opportunities to empower and support girls and women</b> (e.g., assign volunteers to work on economic strengthening for women and families; ensure these themes are a key part of onboarding and training at all levels of PC - ensuring that the interconnectedness of multiple issues is a focus for Peace Corps)
<b>P</b>	<b>Protective environments:</b> (e.g., put safeguarding policies in place at PC workplace; conduct improved safety assessments with specific at volunteer sites and workplaces; effectively communicate how Peace Corps works to help keep volunteers safe at site – how sites are evaluated; do not place volunteers in sites where volunteers have reported incidences; include a focus on PC responsibility at all levels to contribute to safe and healthy environments for all people in PC and in the host countries)
<b>SV</b>	<b>Support Victims:</b> Provide victim-centered/trauma-informed services (e.g., train all PC staff, volunteers and trainees on first-line response to violence (adapted LIVES – see 1.4) and ensure volunteers are aware of response services in their communities; train all PC staff on trauma-informed care and how to be a trauma-informed program); provide safe spaces/support groups for PCV/RPCV survivors to share and build community; recognize the individuality of spiritual beliefs and that 'belief systems' are going to impact PCVs, etc. who have experienced sexual assault is a part of trauma-informed care and should inform how PC serves survivors with varying identities.

Expected Outcome	Timeline	Measure of success
Comprehensive violence prevention strategy with objectives, activities, timeline, continuous quality improvement strategies, and budget developed and disseminated.	By December 2022	Publicly available comprehensive Sexual Assault Prevention, Risk Mitigation, and Response Strategy

C. **PREVENTION SPECIALIST:** PC should hire a HQ Violence Prevention Specialist. Currently all Sexual Assault staff are clinical or safety/security staff.

Expected Outcome	Timeline	Measure of success
Sexual Assault Prevention Specialist hired to implement the Prevention Strategy.	By April 2022	Sexual Assault Prevention Specialist on staff at Peace Corps.

D. **TRAINING:** PC reassesses current violence prevention training approaches and adapt them to align with the strategy. Training materials should be developed with current PCVs and RPCVs, adapted for each country, and piloted and adapted based on results.

Expected Outcome	Timeline	Measure of success
PC conducted review of all sexual assault and integrated additional violence prevention training.	By December 2022	Report publicly available on violence prevention training approaches to be adapted into current curricula.

E. **FIRST-LINE SUPPORT TRAINING:** In direct response to situations similar to Kate Puzey’s in which community members disclosure experiences of sexual violence to a volunteer, Peace Corps should adapt the [World Health Organization’s LIVES first-line response approach](#)<sup>4</sup> (“Listen--Inquire about needs--Validate experiences—Enhance Safety—Support needs) and train all staff, PC trainees, and PCVs who work closely with community members. Peace Corps should acknowledge that some volunteers, due to the close relationships they build with community members, will receive disclosures of violence and they should be trained in how to respond, provided with SOPs and understand the support they can receive from PC. The priority should be their safety. This training would complement the current PC Bystander Training that focuses more on intervening or interrupting situations in which others may be at risk of becoming the victim of sexual or physical violence.

Expected Outcome	Timeline	Measure of success
First-line response training and piloted with staff and PCVs who work closely with community members.	By December 2022	First-line response training available and piloted.

<sup>4</sup> <https://www.who.int/reproductivehealth/training-health-care-providers-help-women-survivors-of-violence/en/>

		Adaptations made based on piloting as needed
First-line response training integrated into staff training and pre-service training in all Peace Corps countries.	By June 2023	% of countries rolling out first-line response training as part of staff trainings  % of countries rolling out first-line response training as part of pre-service training.

## SARRR2: Communications

- A. **TRANSPARENT COMMUNICATION:** PC must improve transparency and communication related to its sexual assault prevention and response programming and should consider hiring or allocating 50% LOE of a PC Communications person to support SARRR with HQ and country office communication. This will increase transparency and strengthen messaging about how PC has improved efforts to prevent and respond to sexual assault among PCTs and PCVs.

Expected Outcome	Timeline	Measure of success
Minimum 50% LOE committed by Peace Corps to specific communication related to sexual assault prevention and response.	By December 2022	Additional staff member hired/LOE allocated to qualified staff member.

- B. **ANNUAL SEXUAL ASSAULT REPORT:** Peace Corps should release an annual sexual assault report similar to the [DOD sexual assault and issues report](#).<sup>5</sup>

Expected Outcome	Timeline	Measure of success
PC publicly released its first annual sexual assault report.	By December 2022	Annual sexual assault report made publicly available

<sup>5</sup> <https://sapr.mil/reports>

C. **COMMUNICATION PLAN:** PC should integrate the SARRR communications plan within the overall Peace Corps Communications Plan.

Expected Outcome	Timeline	Measure of success
PC expanded their Communication Plan to include SARRR Communications.	By June 2022	PC Communications Plan includes SARRR Communications Plan

D. **IMPROVED MEDIA COMMUNICATION:** Assess current training for SARRR staff in communicating with media related to sexual violence prevention and response and adapt to respond to identified gaps.

Expected Outcome	Timeline	Measure of success
PC conducted an assessment and completed an assessment report and developed sexual assault communication guidance including how to communicate with media.	By June 2022	Report completed

E. **SARRR SUMMIT:** Peace Corps should hold an annual SARRR Review or Summit at the Leadership and Director level; this could be guided by a gap analyses from an internal working group, the SAAC, and a town hall/listening session with RPCVs. The focus could include: sexual assault statistics, resource allocation, policy changes, lessons learned from the field leadership perspective, OIG case study, and continuous quality improvement assessment results (see SARRR3).

Expected Outcome	Timeline	Measure of success
PC conducts gap analysis, listening sessions, and key stakeholder consultations to inform content and structure of SARRR Summit	By June 2022	Summit preparation report available. Summit agenda, participant list and schedule available.
SARRR Summit hosted to guide strategic direction of PC violence prevention and response programming and policies.	By December 2022	1 <sup>st</sup> SARRR Summit hosted Summit report available

## SARRR3: Monitoring and Evaluation

- A. **QUALITATIVE DATA WITH RQS:** PC should conduct qualitative interviews as part of the Response Quality Survey as the RQS results are still very low. RPCVs also report that PC is not hearing their concerns and this would afford RPCVs the opportunity to provide feedback in a more personal manner.

Expected Outcome	Timeline	Measure of success
PC developed qualitative interview tool, trained staff and conducted personal interviews as part of RQS.	By December 2022	PCVs are offered personal interviews in addition to the RQS

- B. **CONTINUOUS QUALITY IMPROVEMENT (CQI):** PC should incorporate intentional strategies across the other recommendations in this report, to assess the effectiveness and impact of processes and procedures related to sexual violence prevention, risk mitigation, and response on a regular basis, to be defined by SARRR. The results of this CQI process can be reviewed and analyzed as part of the SARRR Summit (see above).

Expected Outcome	Timeline	Measure of success
CQI strategies identified across all SARRR offices, processes and procedures with a clearly identified timeline for ongoing implementation.	By December 2022	CQI approaches integrated into existing programming

## SARRR4: Trauma-informed organization

- A. **TRAUMA-INFORMED ORGANIZATION:** While PC has made progress by integrating the definitions for victim-centered, trauma-informed, victim blaming, re-traumatization, trauma and adding the “Guiding Principles for Supporting Victims of Sexual Assault” to MS 243 Procedures; PC should expand its capacity to be a trauma-informed organization by integrating training on trauma-informed care into its training program for those who work in sexual assault response. PC could work with [SAMHSA](https://www.samhsa.gov)<sup>6</sup> on how to become a more trauma-informed organization, this includes developing indicators and metrics for trauma-informed practice and organizations trauma-informed practices. (Linked to OSS and OHS training recommendations.)

<sup>6</sup> <https://www.samhsa.gov/trauma-informed-care>

Expected Outcome	Timeline	Measure of success
PC formalized partnership with SAMHSA or other trauma-informed care partners	By March 2022	Partnership formalized and MOU developed.
Trainings on trauma-informed programming and support developed, piloted, and implemented for PC staff.	By June 2022	Training curriculum available and training schedule developed.
Trainings rolled out to staff in all PC countries.	By June 2023	% of PC staff who have been trained in trauma-informed programming.

## SARRR5. Expanding awareness and protection

- A. **INTERNAL COLLABORATION:** PC should formalize the collaboration (i.e., internal MOU) between the Intercultural Competence, Diversity, Equity and Inclusion (ICDEI) group and the SARRR and align objectives, activities and communication. This will ensure that collaboration is sustainable and not dependent on specific staff.

Expected Outcome	Timeline	Measure of success
Signed MOU among ICDEI and SARRR.	By June 2022	MOU

- B. **PERFORMANCE PLANS:** PC should integrate expectations for understanding and following SARRR practices into all PC employees' job descriptions performance plans. Expectations will vary based on individual staff roles, but all employees' performance plans should include basic criteria for understanding and adherence to SARRR practices.

Expected Outcome	Timeline	Measure of success
Relevant SARRR/sexual assault prevention and response criteria and performance indicator included in all job descriptions and staff performance plans.	By December 2022	Standard job descriptions revised to include relevant SARRR/sexual assault prevention and response criteria.  % of staff with at least one SARRR/sexual assault prevention and response indicator in performance plan,

		across HQ and country offices.
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## SARRR6: Process enhancements

- A. **FOCUS ON WELL-BEING AND RESILIENCE:** PC should assess how to better support the health, well-being, and resilience of volunteers, particularly those who have experienced sexual assault, by using a four-pillar approach to support the physical, mental, spiritual, and social aspects of volunteers and trainees.

Expected Outcome	Timeline	Measure of success
Assessment conducted on how to better support PCTs and PCVs on well-being and resilience.	By December 2022	Assessment report made publicly available.
Report recommendations integrated into training and support to PCVs at site.	By December 2023	Record of adaptations available.

- B. **SITE SELECTION PROCESSES:** Peace Corps should update the processes and train all staff on improved processes for site selection and site assignments to support volunteer safety. This includes policies that (1) ensure volunteers are not placed in sites where any form of violence has been reported; (2) support volunteers who would like to return to service to have a site change (or remain at their site) and to honor their preference and support needs following disclosures of sexual abuse.

Expected Outcome	Timeline	Measure of success
Assessed and updated policies and processes on site selection	By December 2022	List of relevant policies and processes developed.  Documentation of policy and process updates available.
Staff trained on updated processes and policies	By June 2023	% of staff trained on updated processes and policies

## 4.2 Recommendations for the Office of Safety and Security

### OSS1: Host-family and counterpart training

The Council recommends that Peace Corps' orientation and training for PCV host families and counterparts be based on a standard curriculum that emphasizes unwanted attention, violence



prevention, and bystander intervention. It also recommends that the orientation and training programs be trauma-informed and remove content that could be construed as victim blaming. Training should include resources and processes on support for PCVs if they are harmed, and for host families and counterparts if they experience hard from a PCV or Peace Corps.

Peace Corps should have a set of standard core training content that is non-negotiable with modifiable aspects that regions and country offices adapt to their local cultural issues, resources, and information about support. Specific training elements should include “What to do” and “What not to do” and include fostering trust and safety in any relationship, promoting prevention and protection against assault/harassment.

Expected Outcome	Timeline	Measure of success
Global core training curriculum developed	By October 2022	<p>Global training curriculum developed with standardized content on (1) unwanted attention (2) violence prevention (3) bystander intervention.</p> <p>Global training adheres to trauma-informed basic principles.</p> <p>Country adaptations include resources and support for PCV.</p>
Preliminary training completed with host families and counter-parts between being designated and a volunteer being placed at site or with the host family.	Dependent on when volunteers return to country and staging schedules for country	<p>Did training occur at designated time frames? (Nominal Y/N)</p> <p>Was training delivered to appropriately identified (by role/individuals/groups)? (Nominal Y/N)</p> <p>Did adapted training conducted in X country meet all global criteria? (Nominal Y/N)</p>
The same baseline training delivered to PCVs prior to placement at permanent site.	Dependent on when volunteers return to country and staging schedules for country	<p>Did training occur at designated time frames? (Nominal Y/N)</p> <p>Was training delivered to appropriately identified (by</p>

		<p>role/individuals/groups? (Nominal Y/N)</p> <p>Did adapted training conducted in X country meet all global criteria? (Nominal Y/N)</p>
<p>A combined secondary training is provided to PCVs along with their host family or counterparts for shared understanding.</p>	<p>Dependent on when volunteers return to country and staging schedules for country</p>	<p>Did training occur at designated time frames? (Nominal Y/N)</p> <p>Was training delivered to appropriately identified (by role/individuals/groups)? (Nominal Y/N)</p> <p>Did adapted training conducted in X country meet all global criteria? (Nominal Y/N)</p>

## OSS2: Staff training (frequency)

Peace Corps should provide all SARRR-related foundational and refresher training to Designated Post Staff on an annual basis. This should follow a global training SOP and should be tracked as part of regular data collection activities.

Expected Outcome	Timeline	Measure of success
<p>Standard Operating Procedure (SOP) developed for how all trainings are provided on an annual basis and to which staff.</p>	<p>By October 2022</p>	<p>PC is using the SOP to support annual training for appropriate staff.</p> <p>Did training occur at designated time frames? (Nominal Y/N)</p> <p>Was training delivered to appropriately identified (by role/individuals/groups)? (Nominal Y/N)</p> <p>Did the training include the material as intended?</p>

### OSS3: Staff training (content)

SARRR-related trainings for Peace Corps headquarters and country staff should include examples, role plays, interactive activities, etc., as inclusive of sexual-orientation and gender-identity minorities that speak to diverse experiences. This process should be standardized through the development of an SOP to assess, update training development, and assure trainings meet established inclusivity standards.

Expected Outcome	Timeline	Measure of success
Standard criteria developed for inclusive training content developed using established diversity, equity, and inclusion sources ( <a href="#">see example here</a> )	By July 2022	Standard criteria developed and disseminated for HQ and country use.
SOP developed to assess, update training development, and assure trainings meet established inclusivity standards	By October 2022	SOP developed and disseminated for HQ and country use.
Trainings adapted according to SOP.	Ongoing. The SOP should include a calendar for revision of different training curricula.	Does training now include inclusive material? (Y/N, for each training)

### OSS4: Unwanted attention policy

Peace Corps should continue to include sexual assault/harassment training into orientation for PCV host families and counterparts, and add stalking information to these orientations. This orientation should also be provided to new counterparts in the event the volunteer changes site during service, prior to the site change.

Expected Outcome	Timeline	Measure of success
Training materials updated to include stalking information.	By March 2022	Does training now include material on stalking? (Y/N)
Trainers trained on updated training materials	By July 2022	% of trainers trained
Host families and counterparts receive new training prior to arrival of PCV	Ongoing. Timeline should be developed to roll out training to all sites in all country	% of host country counterparts/families trained (by country)

	programs, including provision for training of new counterparts in case of site change	
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## OSS5: Surveys

Peace Corps should review existing surveys from the perspective of the volunteer (or with volunteer input) to minimize retraumatization and to maximize response rate. Here are some sample resources on [trauma-informed data collection](#)<sup>7</sup> and [diversity, equity, and inclusion](#)<sup>8</sup> in data collection.

Expected Outcome	Timeline	Measure of success
PCV/RPCV reviewer process developed	By March 2022	SOP for modality of review by PCVs/RPCVs developed.
Surveys reviewed by PCV/RPCVs	By June 2022	Summary of PCV/RPCV feedback and recommended changes to surveys provided.
Revise surveys based on PCV/RPCV feedback	By August 2022	Has survey been revised to incorporate feedback? (Y/N for each survey)  Has survey been pilot-tested (Y/N for each survey)  Final surveys revised based on results of pilot and approved for use.
Surveys reviewed every 2 years by PCVs/RPCVs according to SOP	Ongoing	Repeat above process every two years

## OSS6: Strategy

It is critical to include prevention within the SARRR approach. The Peace Corps should develop a comprehensive Sexual Assault Prevention, Risk Mitigation, and Response strategy which includes the Theory of Change. This process should include consultations with subject matter

<sup>7</sup> <https://aea365.org/blog/trauma-informed-eval-week-trauma-informed-consent-by-carolyn-f-fisher/>

<sup>8</sup> <https://www.schusterman.org/blogs/rella-kaplowitz/how-we-collect-data-determines-whose-voice-is-heard>

experts and a review of domestic and international programs currently working on sexual assault prevention, risk mitigation, and response. One example toolkit is [here](#)<sup>9</sup>.

Expected Outcome	Timeline	Measure of success
SOW for strategy development (including consultations with relevant USG and other actors, including SAAC and PCVs/RPCVs) drafted	By March 2022	SOW for strategy development developed, including list of stakeholders to be consulted.
Lit review/meetings to inform strategy completed	By June 2022	Strategy incorporates results of lit review and consultative meetings
First draft of strategy developed	By July 2022	First draft of strategy
Strategy reviewed by 2022 SAAC and other key stakeholders as defined in SOW	By August 2022	Key stakeholder reviews of strategy compiled.
Strategy revised and finalized	By October 2022	Final draft of strategy available
Strategy approved and disseminated	By December 2022	Strategy approved by Peace Corps and disseminated to country programs and HQ

## OSS7: Theory of Change

Use trauma-informed and collaborative monitoring and evaluation approaches ([example here](#)<sup>10</sup>) to streamline the logic model and Theory of Change into a single program description so that it 1) clearly reflects the volunteer experience and is trauma-informed; 2) includes strategic objectives identified in the updated, comprehensive Sexual Assault Prevention, Risk Mitigation, and Response strategy; and 3) identifies short, medium, and long-term outcomes, and overall impact.

The Theory of Change should be revised so that priority outcomes reflect the volunteer experience, i.e. they are meaningful to the lived experiences of PCVs and reflect what sexual assault/harassment survivors expect from PC, presented in a trauma-informed way. The Theory of Change should be reorganized for maxim usability to include clear logical connections and short, medium, and long-term outcomes and impact that connects to the comprehensive

<sup>9</sup> <https://digital.osl.state.or.us/islandora/object/osl%3A950031>

<sup>10</sup> <https://www.pathlms.com/aea/courses/15601>

strategy. Please see the Social-Ecological Model referenced [here](#)<sup>11</sup> for a framework to support revisions, as well as [Better Evaluation](#)<sup>12</sup> for general Theory of Change and Logic Model guidance.

Expected Outcome	Timeline	Measure of success
<p>Train PC M&amp;E staff and key M&amp;E information users on trauma-informed evaluation (<a href="#">example here</a><sup>13</sup>) to support integration of PCV and PC perspectives into the Theory of Change by Nov 2022</p> <p>OR</p> <p>PC may hire a consultant with experience applying a trauma-informed evaluation approach to lead trauma-informed revisions to the Theory of Change</p>	<p>By December 2021</p>	<p>Staff/consultant with capacity for trauma-informed evaluation approaches engaged.</p>
<p>Develop a consultative process that includes PC staff in HQ, country offices, and PCVs/RPCVs in creation and review of Theory of Change iterations</p>	<p>By Dec 2021</p>	<p>SOP for consultative process developed</p>
<p>First draft of revised Theory of Change available for review as part of larger strategy (see OSS5)</p>	<p>By July 2022</p>	<p>Theory of Change revised to 1) clearly reflect the volunteer experience and is trauma-informed; 2) include strategic objectives identified in the updated, comprehensive Sexual Assault Prevention, Risk Mitigation, and Response strategy; and 3) identify short, medium, and long-term outcomes, and overall impact.</p>

<sup>11</sup> <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>12</sup> <https://www.betterevaluation.org/>

<sup>13</sup> <https://www.pathlms.com/aea/courses/15601>

Theory of Change reviewed by 2022 SAAC and other key stakeholders as defined in strategy development SOW	By August 2022	Key stakeholder reviews of Theory of Change compiled.
Theory of Change revised and finalized	By October 2022	Final draft of Theory of Change available
Theory of Change approved and disseminated	By December 2022	Theory of Change approved as part of strategy by Peace Corps and disseminated to country programs and HQ
Plan developed for regular revision of Theory of Change (for example, to ensure a revised Theory of Change is available every 5 years)	By December 2022	Theory of Change revision plan developed and available

### OSS8: Metrics

All levels of the Theory of Change (including activities, outputs, outcomes, impacts) should have 2-3 quality indicators. These can include process indicators but at a minimum should include at least one outcome measure (to indicate that the desired result was achieved, not just that the process was conducted).

Indicators must be Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive, and Equity-focused ([SMARTIE](#)<sup>14</sup>) and apply trauma-informed principles ([example here](#)<sup>15</sup>). Where possible, indicator data should be able to be collected using existing data collection tools and systems. If this is not the case, the [Performance Indicator Reference Sheet](#)<sup>16</sup> should clearly delineate the process for collecting the data, and the timeline for bringing any new processes online.

Expected Outcome	Timeline	Measure of success
Each Theory of Change component (i.e., short, medium, long-term outcomes,	By August 2022	SMEs in evaluation and trauma-informed care agree indicators are SMARTIE and

<sup>14</sup> <https://www.idealists.org/en/careers/better-than-smart-smartie-goals>

<sup>15</sup> <https://aea365.org/blog/trauma-informed-eval-week-principles-of-trauma-informed-evaluation-by-martha-brown/>

<sup>16</sup> <https://www.marketlinks.org/good-practice-center/value-chain-wiki/performance-indicator-reference-sheet>

and impact or strategic objectives) is accompanied by 2-3 quality indicators.		incorporate trauma-informed principles.
Systems are in place to collect data for each indicator	By December 2022	PC staff find indicators useful and feasible to collect on and report.
Plan developed for updating indicators and evaluation strategies every three years	By December 2022	Plan developed and available.

**OSS9: Prevention plan, including risks and protective factors**

As noted in OSS6, the SAAC recommends including [protective factors<sup>17</sup>](#) as part of a comprehensive SARRR strategy that includes prevention. As part of the strategy’s operationalization, Peace Corps should incorporate a dynamic planning process with each volunteer as part of pre-service training that applies a comprehensive sexual assault prevention approach. This plan must fully incorporate risk and protective factors, metrics, and volunteer self-assessments, using tools and resources provided by Peace Corps. The plan should address social norms and cultural practices that contribute to pre-existing stigmas and misperceptions relating to sexual violence and the volunteer’s self-assessed comfort/environmental stress tolerance.

These plans should include the following specific elements: (1) individual self-assessment of comfort/environmental stress tolerance; (2) Environmental (actual) threat/risk as determined by PC metric; (3) Combined personal skill and environmental risk safety dynamic planning process. Together, these elements build towards informing individual volunteers about themselves and their new environments to create choices available to a volunteer that move towards preventing sexual assault.

This recommendation is revised in 2021 to support PC in implementing a more comprehensive prevention approach in countries of service. In prior years, prevention recommendations were indicated by PC to have been completed due to the development of crime action plans. However, SAAC does not feel this to be a comprehensive response. The current recommendation aligns with the prevention strategy that is being recommended currently, and the recommendation is to explore preventive and protective factors. The resources listed under OSS6 are also relevant here.

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<sup>17</sup> <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>



Expected Outcome	Timeline	Measure of success
PC develops a module for pre-service training that supports each volunteer to develop a safety plan that moves towards prevention and uses both risk and protective factors.	By June 2022	Module developed and piloted.
PC develops a package of resources for PCVs about protective factors against sexual assault and their practical application during PC service.	By June 2022	Resource package developed.
PC develops a self-assessment tool to help volunteers assess their comfort/environmental stress tolerance.	By June 2022	Self-assessment developed and piloted
Host country staff oriented on volunteer safety plan development and staff roles in this process	By October 2022	% of staff self-reporting comfortable with supporting volunteers to develop this plan (by country)

## OSS10: FETI training

All Peace Corps personnel conducting interviews related to sexual assault must be [certified in FETI principles](#)<sup>18</sup> and receive annual refresher requirements for all training, at the level which Peace Corps determines is most appropriate based on staff members' roles. This should include follow-up through observations and mentorship to assess adherence to training. In addition, all Peace Corps staff, regardless of role, should be trained in current [trauma-informed practices and compassionate communication](#),<sup>19</sup> on an annual basis.

Expected Outcome	Timeline	Measure of success
PC determines level of FETI training certification for all staff roles	By January 2022	SOP for FETI training certification by staff role developed.

<sup>18</sup> <https://www.certifiedfeti.com/about/certification-path/>

<sup>19</sup> <https://www.samhsa.gov/trauma-informed-care>

Training plan developed for initial training and annual refresher requirements.	By February 2022	Training calendar developed
Required staff should be certified in FETI principles at the level required by their role	By June 2022	% of staff certified (by role)
All staff receive training on trauma-informed practices and compassionate communication.	By June 2022	% of staff trained (by country/HQ, all roles)
Annual refreshers completed	Ongoing	% of staff receiving refresher training (yearly)

### OSS11: RPCV engagement

In collaboration with RPCVs who have self-identified as having experienced sexual assault, and other federal agencies who have successfully incorporated survivors into their communications processes, PC should co-design with RPCVs themselves a trauma-informed approach to engage these RPCVs in SARRR processes and communications.

This must include making support available to these RPCVs to mitigate risk of retraumatization. Resources can include contact information for individuals RPCVs can talk to, hotline numbers, and links to vetted readings, videos, or other content RPCVs can access for information and to mitigate any trauma or re-experienced trauma that surfaces in the course of engaging with PC on SARRR work. SAAC members who are RPCVs are included in this recommendation.

Expected Outcome	Timeline	Measure of success
Develop resource bank for RPCVs engaged with PC on SARRR processes and communications	By November 2021	Resource bank available.
SOP for co-design process defined	By November 2021	SOP available.
RPCV participants identified for co-design process	By May 2022	Participants identified.
Co-design process completed	By August 2022	SOP for engagement process based on co-design developed.

## OSS12: Confidentiality

The role of the OIG and the investigations they may conduct must be specified in the waiver form as it relates to the medical record, and the policies in both IG and Medical areas of responsibility revised so that only limited disclosure of the medical record occurs. Currently, the paragraph about re-release is too vague, edits should be made so it is more specific. In addition, the waiver should follow a selection process that allows a volunteer to select what they are willing to share and for what purposes. For example, not participate, participate with medical record release, participate without disclosing medical records. The waiver should also include a footnote regarding the legal authority that allows the OIG to collect information.

Expected Outcome	Timeline	Measure of success
Waiver updated so that volunteers can determine what information is shared under what circumstances versus the current risk which is an "opt-out" process.	By January 2022	Updated waiver available for volunteer use.

## 4.3 Recommendations for the Office of Victims' Advocacy

### OVA1: Collaboration between OIG and OVA

Peace Corps should conduct a review of existing procedures regarding collaboration between OIG and OVA to address gaps and strengthen standardized communications and collaboration between the two offices, particularly to ensure support of the PCV by a victim advocate during the OIG interview process.

Expected Outcome	Timeline	Measure of success
Review case outcomes and report of the same as part of SART/CCM meetings (e.g. timelines of resolution; continued service, etc.)	By April 2022	Report on case outcomes and gaps on OIG/OVA collaboration available
Recommendations provided to strengthen support to PCV.	By June 2022	Recommendations submitted to SARRR director
Action plan developed to implement selected recommendations	By August 2022	Action plan available

## OVA2: Post-service care

Peace Corps should explore the potential to extend or increase post-service care for volunteers who experience sexual assault, as well as affected family members or PCV-identified support persons.

Expected Outcome	Timeline	Measure of success
Develop opt-in process for volunteers to receive extended interval contacts from OVA (including post service) not less than twice for the year following close of service.	By October 2022	Process developed and available for PCVs  Number of PCVs who opt in  Number of contacts per PCV (average)
Develop opt-in process for survivor support persons	By October 2022	Process developed and available for PCV support persons  Number of PCV support persons who opt in  Number of contacts per PCV support person (average)
Offer opportunities for impacted RPCVs to be involved in response programs with PC (such as recommendations in OSS11)	By March 2022	See OSS11
Review of RPCV and support person service extension	By October 2023	Qualitative survey of opt-in RPCVs and support persons launched and analyzed.  Service extension program adapted based on survey results.

## 4.4 Recommendations for the Office of Health Services

### OHS1: Forensic sexual assault response training

Peace Corps should contract a reputable forensic nursing organization to develop a sexual assault response training tailored to the specific needs of Peace Corps, PCMOs, and PCVs in their host countries. The training must follow current best practices as identified by the International Associate of Forensic Nurses (IAFN) and include an intensive initial training,

annual continuing education, and regular skills-based competencies. Similar recommendations have been provided by the SAAC in 2015, 2019, 2020, and is critical to ensure the safety and well-being of sexual assault survivors, so that:

- PCMOs will develop appropriate, individualized, patient-centered care plans for post-assault care.
- PCMOs will perform quality, compassionate, trauma- informed SANE exams.
- PCMOs will report improved confidence in discussing SANE options and post-assault care using trauma-informed language.
- PCMOs will demonstrate a strong understanding of trauma response in patients experiencing a sexual assault.

As such, the timeline of this recommendation is expected to begin immediately upon review of this report. Please see an example of [existing SANE training resources](#)<sup>20</sup> developed by the District of Columbia Forensic Nurse Examiners, which has also adapted similar trainings for the State department.

Currently, PC only requires PCMOs to complete the IAFN credentialed, online training “No SANE in Sight.” This training is inadequate for training PCMOs in Sexual Assault Nurse Examiner (SANE) services. The course is 1.5 continuing education hours, and topics are only minimally relevant to the needs of PCMOs. A PCMO SANE training program should include: (1) initial SANE training upon hiring (or implementation of training); (2) annual continuing education relevant to SANE services in the Peace Corps; and (3) annual “hands-on” skills training & skills competencies. (Example: Anogenital exam using (human) standardized patients.)

Medical Forensic Care Training: Example Curriculum Outline	
Session Length (minutes)	Topic
30	Overview of Forensic Nursing
30	Forensic History Taking
60	Anatomy, Forensic Findings, & Normal Variants
60	Medical Forensic Exam: Head to Toe
90	Medical Forensic Exam: Anogenital Exam
60	Forensic Photography
60	Forensic Specimen Collection & Physical Evidence Recovery Kit & Chain of Custody
60	Medications (STI, EC, nPEP)
120	Trauma-informed Care & Vicarious Trauma
60	Discharge Planning & Patient Education
<b>630</b>	<b>Total Minutes</b>
<b>10.5</b>	<b>Total Hours</b>

<sup>20</sup> <https://www.dcfne.org/training>

Expected Outcome	Timeline	Measure of success
Research forensic nursing organizations for contracting development of PCMO SANE training & sign contracts.	By January 2022	Contract signed  PC employees identified to provide oversight of program development & oversight of training completion.
SANE trainings (initial, annual, & competencies) and practice protocols developed.	By June 2022	Trainings developed and approved.  Training overview disseminated to PC country programs and PCVs
Individualized modules recorded, including post-module accountability.  OR  Program developed for live-virtual training twice per year for all PCMOs.	By July 2022	Modules or training program available.
Training modules (or live training) piloted and adapted based on feedback.	By November 2022	Revised modules approved.
SANE training modules distributed along with timeline for completion	By December 2022	Modules distributed to all PCMOs
PCMOs complete training & accountability plan & implementation of sexual assault protocols.	By April 2023	% of PCMOs completing SANE training
Annual refresher modules distributed or training conducted	Ongoing	Plan developed for annual refreshers  % of PCMOs completing annual refreshers

## OHS2: Screening

Peace Corps should develop verbal standardized screening questions for PCMOs to incorporate into PCV consultations to identify sexual assault, intimate partner violence, and stalking among PCVs.

Currently, PCMOs do not have standardized screening questions to identify sexual assault, intimate partner violence, or stalking as part of a routine medical examination or written into their medical documentation. Sexual assault, intimate partner violence, and stalking are all underreported issues identified by Peace Corps. Routine screening normalizes discussions regarding violence, builds trust between patients and clinicians, and encourages reporting violent incidents. Screening resources are available from the [CDC](#)<sup>21</sup> and the [National Sexual Violence Resource Center](#).<sup>22</sup>

Expected Outcome	Timeline	Measure of success
Literature Review to identify most appropriate screening tools related to SA, IPV, & stalking.	By December 2021	Screening tool developed based on lit review
Guidelines developed for how to respond to positive screening	By December 2021	Guidelines approved and available
System formalized for tracking PCMOs implementation of screening questions (chart audits, self-report, hard stop if electronic medical records)	By December 2021	System piloted
Training module developed to introduce standardized screening questions for all PCMOs	By February 2022	Training module developed
Screening tools piloted in multiple countries, and adapted based on pilots/PCMO feedback	By March 2022	Revised tools available
Train PCMOs on use of screening questions and guidelines for positive response	By April 2022	% of PCMOs trained

<sup>21</sup> <https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

<sup>22</sup> <https://www.nsvrc.org/publications/assessing-patients-sexual-violence-guide-health-care-providers>

Screening questions integrated into PCMO documentation (electronic/paper)	Next documentation update	Documentation updated
PCMO screens for sexual assault, intimate partner violence, and stalking at every medical appointment and document in medical charting.	Ongoing	<p>% of PCMOs reporting increased comfort asking questions related to violence and increased use of trauma-informed language.</p> <p>% of PCMO-client interactions where screening questions are used</p> <p>% change in reporting of sexual assault, intimate partner violence, and stalking by PCVs to PCMOs</p>

**OHS3: Sexual assault response team (SART)**

Each Peace Corps country should determine key stakeholders in their response to sexual assault to form a sexual assault response team (SART). The SART will routinely review their response to sexual assault, including their protocols, ability to work as a team, and periodic site case reviews. The SART can also provide an important space for coordination on sexual assault prevention. Key stakeholders should include PCMOs, Security, SAARL, other identified resources.

Currently, Peace Corps is developing a protocol for sexual assault case review in each country. It is the understanding of the SAAC that it will be implemented in early FY2022. This recommendation goes one step further with the development of a SART in each country. A SART brings together key stakeholders who respond to PCV sexual assault to accomplish a number of goals. SARTs learn to work more cohesively to better support PCVs after a sexual assault. SARTs allow the members to become more familiar with response policies, as well as become more confident in using a trauma-informed approach and more comfortable using trauma-informed language. Please see here for the National Sexual Violence Resource Center’s [toolkit](#) for SART organization and prevention and response roles.<sup>23</sup>

The goals of a SART are:

1. Team becomes more familiar with various aspects of sexual assault response and key players in the response.
2. Team becomes more familiar with pre-determined protocols.
3. Members can work as peers to identify areas of strength, as well as areas that need improvement, in an environment that is not punitive.
4. Members can work to change response protocols or determine areas of education needed to better serve victims of violence.

<sup>23</sup><https://www.nsvrc.org/sarts/toolkit>



5. (Case Review) Members can review specific cases to determine strengths & weaknesses to improve future care of PCVs experiencing violence.
6. Members can hold each other accountable for their response to sexual assaults & determine when action should be taken to escalate an issue, in accordance with defined accountability protocols.

Expected Outcome	Timeline	Measure of success
Sexual Assault Response Team (SART) policy, guidelines for beginning & running a SART, guidelines for case review, system of accountability developed	By April 2022	Foundational policies, guidelines, and systems developed and approved.
SART piloted in at least two countries for a minimum of six months, and foundational documents revised based on results of pilot	By October 2022	Pilot report developed Foundational documents revised based on results of pilot
Global training for beginning SARTs at the country level developed, and guiding documents disseminated.	By December 2022	Country programs received SART training and guidance
SARTs rolled out in PC country programs	All countries have SART by December 2023	% of countries with active SART (active = meets routinely to review policy, review cases, identify areas of improvement, identify areas for SART member education)
Improved sexual assault response practices in SART countries	Ongoing	% of staff in SART countries with improved comfort discussing topics surrounding sexual assault.  Qualitative data about SART members holding each other accountable for attending meetings, quality response to SA, dedication to learning about trauma-informed care, advocating for policy changes, streamlining policies to meet needs of post

		% of PCVs reporting feeling supported with post-assault care
Regular assessments of SARTs conducted (annually for first five years and then every other year thereafter), and utilized for continuous quality improvement of the SART model and broader PC sexual assault response and prevention practices.	Ongoing	Assessment SOP defined.  Assessments conducted according to SOP schedule.  SART model adapted based on results of assessments.

#### OHS4: 24/7 Tele-SANE services

Peace Corps should contract with a reputable forensic nursing program to provide 24/7 on-call SANE telehealth (tele-SANE) services using telephone and virtual/ online video platforms, so that PCMOs will have access to a certified SANE nurse to develop care plans for post-assault care, as well as to answer individual questions.

Upon review of documents provided by PC and interviews with relevant stakeholders, it is unclear if PCMOs have access to 24/7 on-call telephone and virtual SANE consultation. If this service is available it is not widely known by all stakeholders. PCMOs do not provide medical forensic services on a daily basis so it is not expected for all of that knowledge to be at the forefront of their mind when a SANE patient presents. Tele-SANE services are widely used in the US, including in [Pennsylvania](https://safetcenter.psu.edu/)<sup>24</sup> and [Arkansas](https://idhi.uams.edu/telesane/).<sup>25</sup> Tele-SANE services will assist PCMOs to develop an appropriate care plan for each post-assault patient. Tele-SANE services will provide reference for PCMOs who have individualized questions re: post assault care.

Expected Outcome	Timeline	Measure of success
Research medical forensic organizations to provide tele-health services, including through consultations with subject matter experts (including SAAC members).	By January 2022	Tele-SANE provider identified
Reputable medical forensic nursing program contracted to provide 24/7 on-call tele-SANE services for PCMO use.	By March 2022	Contract signed

<sup>24</sup> <https://safetcenter.psu.edu/>

<sup>25</sup> <https://idhi.uams.edu/telesane/>

PCMOs oriented on Tele-SANE services	By April 2022	Informational material provided to all PCMOs
PCMOs access tele-SANE services to assist in care plan development and to ask specific questions.	Ongoing	# of calls to tele-SANE provider (by country/region)  % reported reduced anxiety/increased comfort when working with SANE patients  % increased satisfaction with post-assault medical care reported by PCVs

### OHS5: PCV telehealth

Peace Corps should contract with a reputable, secure, & reliable video platform to provide online/ virtual therapy and medical follow up sessions with PCMOs or other contracted trained therapists for PCVs who have experienced sexual assault. This option would be available for any PCV where their access to technology will allow.

Currently, PCVs have limited options for ongoing therapy after a sexual assault, including phone therapy, limited sessions of in-person therapy, or to be medically evacuated to the US for therapy. The use of video platforms for therapy and medical appointments have become standard around the world since the pandemic. Platforms such as Zoom now have HIPAA compliant options for the privacy of the patient and have relatively low bandwidth requirements, making them accessible in locations with poor internet connectivity. The SAAC recognizes that this option will not be available for every PCV at their site as the internet infrastructure in many places is unavailable. However, it is easier for a PCV to go to their market town or nearest city with internet access for an online therapy session than to travel to the capital for an in-person session or to be medically evacuated from their country of service. A trauma-informed organization meets the needs of the people they serve, as well as the providers that work for the organization. Online therapy is a valuable tool that will allow survivors of sexual assault to heal and thrive while still remaining at site and continuing to complete their service.

Expected Outcome	Timeline	Measure of success
Research video platforms	By March 2022	Video platform identified
Reputable online video platform contracted to use for therapy and medical follow up after an assault.	By April 2022	Contract signed
Training module for PCMOs and contracted therapists to	By September 2022	Training module developed

learn to use online video platform and transfer medical appointments and counseling sessions to online medium.		
Virtual therapy sessions piloted in at least 3 PC countries	By April 2023	Pilot report available and virtual therapy model adapted as needed.
Virtual therapy/medical sessions conducted by PCMOs and contracted therapists.	Ongoing	# of virtual therapy sessions (by country/region)  % increased satisfaction with post-assault therapy or medical care reported by PCVs  % change in number of med-evacs due to ongoing trauma experienced after assault

**OHS6: External partnerships for sexual assault response**

Peace Corps should support PCMOs to identify services available throughout the country that will potentially serve PCVs status post sexual assault, including case management, therapeutic resources, and specifically forensic (or similar) services.

In 2015 SAAC recommended to “Establish partnerships with external organizations to enhance post-sexual assault response, such as case management and therapeutic resources.” Per Peace Corps, this is partially complete, however it is unclear what services must be identified or whether this task is mandatory. In addition, local forensic services were not included.

Peace Corps should formalize this process through the development of a mandatory checklist to be administered to each county’s PCMO team. The checklist will guide PCMOs to identify resources throughout the country to serve PCVs post sexual assault. Resources should include at minimum therapeutic resources; forensic nursing program or similar program (for example “One Stop” in Malawi are nurses trained to work with victims of gender-based violence & liaise with law enforcement; and victim advocacy (including medical advocacy & legal advocacy) services. The checklist should also determine: Would these resources be beneficial or detrimental to the care of PCVs? Do these resources have a basic understanding of trauma-informed care? Would PCVs have to interact with these resources if they were to pursue legal action in-country? Would the PCVs experience any legal repercussions for accessing these services (e.g. if a volunteer is LGBTQ+ or Trans\* and this violates local laws)?

Expected Outcome	Timeline	Measure of success
Post-assault external resource checklist developed (or updated if one exists)	By January 2022	Checklist available
Point person to confirm the checklist is completed from each country	By February 2022	Accountable person identified in each country
Training module developed for PCMOs for roll out of checklist	By May 2022	Training module developed
Checklist distributed to PCMOs	By July 2022	% of PCMOs who have received checklist  Point-person identified for PCMO questions regarding checklist
Completed checklist reviewed for each country	By September 2022	% of countries with completed checklist
Checklist use evaluated	By April 2023	% of PCMOs and SAARLs who have used checklist to refer PCVs to local resources  % of PCMOs and SAARLs who report feeling more confident in providing care and resources for post-assault patients
Checklists reviewed and revised on an annual basis	Ongoing	SOP for checklist review developed and available.  Record available of checklist review and revision schedule and activities.

## 5. Conclusion

The 26 recommendations provided in this report represent a comprehensive analysis of the recommendations provided by the SAAC over the last five years, and outline critical actions to be taken by Peace Corps to create a new culture that prioritizes prevention as well as response, strengthens accountability and transparency, and conducts all sexual assault programming using trauma-informed approaches. This type of cultural shift takes time, and most recommendations suggest outcomes to be achieved within the next two years and

beyond. The SAAC looks forward to continuing its collaboration with Peace Corps to bring these recommendations to fruition and strengthen its ability to create a supportive, safe, transparent environment that meets volunteers' needs and expectations.

## 6. Appendices

### 6.1 2021 Summary recommendations

\*\*see separate Excel spreadsheet

## 6.2 2021 SAAC member bios

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**Name:** Elizabeth Arlotti-Parish, **RPCV** – Guinea (**SAAC Chair**)

**Position:** Senior Technical Advisor for Gender

**Organization:** Jhpiego

**Background:** Elizabeth has almost 20 years of experience in project management and technical guidance in programs across Africa, Asia and the Caribbean. Elizabeth's areas of expertise include sexual and reproductive health rights; gender based violence prevention and treatment, maternal and child health nutrition, women's empowerment, and youth. Elizabeth currently supports healthcare worker training programs in West Africa, East Africa, and Asia. These programs identify survivors of gender-based violence; provide linkages to treatment options, and institute the delivery of gender-sensitive, rights-based health services within the public sector.

Elizabeth is a Returned Peace Corps Volunteer who served for 3 years as a math teacher, Life Skills teacher, and technical advisor for a local girls' education non-profit in Guinea.



**Name:** Sarah Bristol, **RPCV** – Ghana and Malawi

**Position:** Director of Clinical Programs

**Organization:** DC Forensic Nurse Examiners

**Background:** Sarah has dedicated her career to the prevention of gender-based violence, and the improvement of victim-centered and trauma-informed care to survivors of sexual assault and intimate partner violence. Sarah has a special interest in improving medical and forensic care for the LGBTQ+ community, and has facilitated trainings on this topics for healthcare professionals within the DC area.

Sarah is an RPCV who served in Ghana and Malawi.

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**Name:** Andrew Busch, Lt. Gen., USAF, (Ret.)

**Position:** Consultant

**Organization:** AE Busch Consulting

**Background:** Prior to his retirement, Andrew served as the Director of the Defense Logistics Agency (DLA) and established a Sexual Assault Prevention Program for Department of Defense civilians. A recent GAO report on sexual assault and sexual harassment (Final Report 21-113) commended the DLA for its coverage of Federal civil employees.



**Name:** Kimberly Castelin, **RPCV** – Madagascar

**Position:** Senior Service Fellow

**Organization:** Center for Disease Control and Prevention

**Background:** Kimberly specializes in project monitoring and evaluation. During her time with the Peace Corps and USAID, Kimberly used her insights to support projects teams in unearthing assumptions; navigating complex context and competing priorities, and turning educational experiences into opportunities for action and decision making.

Kimberly is a Returned Peace Corps Volunteer who served in Madagascar.



**Name:** Jill Dunlap

**Position:** Senior Director for Research, Policy, and Civic Education

**Organization:** NASPA, Student Affairs Professionals in Higher Education

**Background:** Jill's areas of expertise include victim advocacy, sexual assault risk reduction and response, medical health response, and mental health response. Jill has used her experience to support evidence-based risk reduction programs, trainings, and social marketing in large, campus level systems. This includes team-based approaches to sexual assault response.

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**Name:** Megan Foster, **RPCV** – Rwanda

**Position:** Prevention Program Coordinator

**Organization:** Oregon Attorney General’s Sexual Assault Task Force (SATF)

**Background:** Meghan has used her career to focus primarily on prevention and community programming. Since joining SAFT in 2015, Meghan has worked to support violence and abuse prevention efforts across Oregon, and has fostered better interdisciplinary prevention partnerships statewide.

Meghan is a Returned Peace Corps Volunteer who served as a Community Health and Development Volunteer in Rwanda where she supported public health campaigns in the rural community of Kitabi.

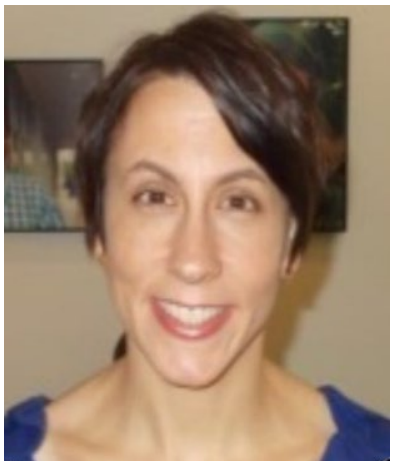


**Name:** Georica Gholson, PhD

**Position:** Clinical Psychologist

**Organization:** Walter Reed National Military Medical Center (DHA)

**Background:** Dr. Gholson offers individual and group therapy to active military service members who have survived sexual violence and combat trauma. Dr. Gholson also provides therapeutic services to adults living with anxiety and mood disorders.



**Name:** Jennifer Hegle, **RPCV** – Thailand

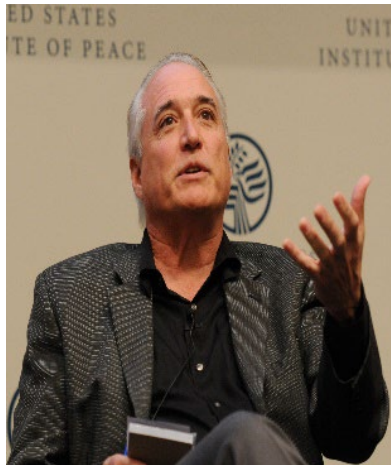
**Position:** Health Scientist

**Organization:** Center for Disease Control and Prevention

**Background:** Jennifer has extensive experience in gender-based violence programming and evaluation. For over 25 years, Jennifer has developed her expertise in the management, coordination and implementation of public health programs in developing countries. Jennifer leads HIV and violence prevention and response programming that includes first-line support training for healthcare providers; post-violence care quality assurance training and monitoring, and the evaluation rape prevention programs.

Jennifer is a Returned Peace Corps Volunteer who served in Thailand as an HIV/ AIDS Advisor. During her Peace Corps service, Jennifer also conducted HIV prevention trainings for youth and supported hospice work at a Buddhist temple.

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**Name:** Chris Kilmartin, PhD

**Position:** Independent Consultant

**Organization:** Independent Consulting

**Background:** Dr. Kilmartin is an internationally recognized expert in areas such as gender, violence prevention, diversity and inclusion. Dr. Kilmartin has over 30 years of experience as a professor, author, consultant and professional psychologist. Dr. Kilmartin has also co-authored 5 books that highlight men and gender. These books include *Men's Violence against Women: Theory, Research and Activism* and *Sexual Assault in Context: Teaching College Men about Gender*.



**Name:** Jennifer Longa

**Position:** Assistant Dean of Students for Victim Support Services and Bystander Initiatives

**Organization:** University of Connecticut

**Background:** Jennifer has over 25 years of experience in victim services, including non-profit and higher education. Throughout her career, Jennifer has designed and conducted educational programs on sexual and intimate partner violence, and has provided support and advocacy to victims. Jennifer creates sexual violence response protocol, and provides educational programs for numerous colleges, high schools, private businesses and athletic teams.



**Name:** David Oberfell, USAF, SAPR

**Position:** Senior Director of Crisis Services; Reserve Officer

**Organization:** Terros Health; United States Air Force Reserve

**Background:** David specializes in providing case management and social work services to special populations, including Tribal government and Tribal members. Over the past 20 years, David has provided and overseen direct service programs. David maintains clinical currency in the best and most innovative practices for areas such as crisis intervention and victim services; violence prevention, forensic social work, and post-trauma stress and growth.

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