



Peace Corps Volunteer Sexual Assault Advisory Council

Annual Report

September 2014

Peace Corps Volunteer Sexual Assault Advisory Council

September 25, 2014

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

Dear Ms. Hessler-Radelet:

We are pleased to submit the third annual report of the Peace Corps Volunteer Sexual Assault Advisory Council (the "Council"). This submission fulfills the annual report requirement of the Kate Puzey Peace Corps Volunteer Protection Act of 2011 (the "Kate Puzey Act"). The Council's first meeting for this year was May 6, 2014. Over the past five months, Council members representing a wide range of expertise, both governmental and nongovernmental, have worked to assist and assess Peace Corps' efforts to support victims of sexual assault.

The Council commends the Peace Corps for its initial fulfillment of the mandates of the Kate Puzey Act and the development of a wide-ranging program of sexual violence risk reduction and response for its Volunteers. The dedication and creativity Peace Corps has demonstrated through its work to address sexual violence should serve as a model for other federal agencies as well as international nonprofits.

Because of the unique structure and setting of the Peace Corps, and the continuing evolution in our collective understanding of the impact of sexual violence and the most effective response to victims, we urge the Peace Corps to regularly revisit its trainings and policies. The members of the Sexual Assault Advisory Council remain committed to assisting you and the Peace Corps staff in those efforts.

The Council thanks all those who contributed to this report, as well as the many Peace Corps Volunteers and their family members, especially the Puzey family, who were instrumental in the drafting and passage of the Kate Puzey Act. We are also grateful to those Volunteers who, having suffered sexual violence, have been willing to share their experience and advice, through surveys and other means, regarding the response they received. Their reflections will be invaluable as the Peace Corps monitors and refines its trainings and response.

We present these recommendations and findings with confidence that Peace Corps staff and leadership will continue to work with the Council and other experts to create and enhance training, policies, and services for Peace Corps Volunteers who are victims of crime.

Sincerely,



Kathleen Petersen
Council Co-Chair



Susan Smith Howley
Council Chair

PEACE CORPS VOLUNTEER SEXUAL ASSAULT ADVISORY COUNCIL

To the President

To the Chair, Senate Committee on Foreign Relations

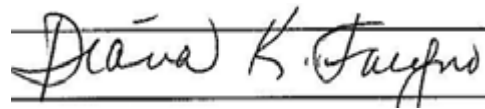
To the Chair, House Committee on Foreign Affairs

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



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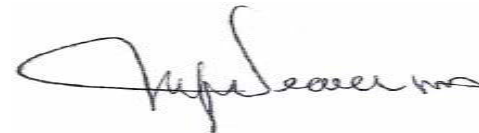
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ACRONYMS AND DEFINITIONS

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

Designated Staff: Those individuals to receive the first reports of a sexual assault; Peace Corps Medical Officer, Safety and Security Manager, Sexual Assault Response Liaison.

ASS: Assigned Security Specialist

BIT: Bystander Intervention Training

CD: Country Director

CDC: Centers for Disease Control and Prevention

CIRS: Crime Incident Reporting System

CME: Continuing Medical Education

COU: Counseling and Outreach Unit

DFSA: Drug-Facilitated Sexual Assault

EMDR: Eye-Movement Desensitization and Reprocessing

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

IPS: Interim Policy Statement

LES: Legal Environmental Survey

LMS: Learning Management System

M&E: Monitoring and Evaluation

MedEvac: Medical Evacuation

MOU: Memorandum of Understanding

NOVA: National Organization of Victim Assistance

OHS: Office of Health Services

OIG: Office of the Inspector General

OSS: Office of Safety and Security

OVA: Office of Victim Advocacy

PCMO: Peace Corps Medical Officer

PCSSO: Peace Corps Safety and Security Officer

PCV: Peace Corps Volunteer

PEP: Post-Exposure Prophylaxis

PII: Personally Identifying Information

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

PTSD: Post-Traumatic Stress Disorder

RPCV: Returned Peace Corps Volunteer

SAAC: Sexual Assault Advisory Council

SAFE: Sexual Assault Forensic Exam

SARL: Sexual Assault Response Liaison

SARRR: Sexual Assault Risk-Reduction and Response

SME: Subject Matter Expert

SSM: Safety and Security Manager (formerly known as Safety and Security Coordinator)

STAIR: Skills Training in Affect and Interpersonal Regulation

STI: Sexually Transmitted Infection

USDH: United States Direct Hire

EXECUTIVE SUMMARY

Since 2011, the Peace Corps has engaged in a complex, global initiative to develop sexual assault risk reduction and response trainings and policies at multiple levels throughout the organization.

September 1, 2013, marked a major milestone for Peace Corps. The Agency formally launched the final stages of implementing the Sexual Assault Risk Reduction and Response (SARRR) Program. This launch effected several new and revised policies, extensive training for Volunteers and staff; and new procedures for responding to Volunteers who are victims of sexual assault. Volunteers have a new option to report incidents, called restricted reporting, which strictly limits access to information about an assault to only those providing support services requested by the Volunteer. Under restricted reporting, Volunteers who might not have come forward due to confidentiality concerns can now access services. Volunteers also now have access to trained Sexual Assault Response Liaisons (SARLs) at each post to accompany them through the in-country response process. In Fall 2013, all overseas staff and Volunteers were trained in these new services and policies. The adoption of these policies and trainings marked the initial fulfillment of the mandates of the Kate Puzey Act. Each required element of the Act has been addressed in some form, whether as a pilot, interim, or fully adopted training, policy, or program.

One of the most remarkable aspects of the Peace Corps efforts has been the tremendous growth of its quality-improvement activities, which serve to provide important information on the effectiveness of its services, trainings, and policies. This information comes from both the data collected as part of the SARRR Program Monitoring and Evaluation (M&E) plan as well as an internal management assessment conducted by Peace Corps on staff roles in the SARRR Program. As it embarks on a year of re-evaluation of the SARRR Program, the Sexual Assault Advisory Council is pleased to provide this report.

As the Council reviewed and discussed the work of the Peace Corps to address and reduce sexual assault, several themes emerged:

- The need for Peace Corps to become a trauma-informed organization;
- The need to refocus on post-led multi-disciplinary team services;
- The need to address staffing issues;
- The need to review, clarify, and streamline policies and trainings;
- The need to adopt a more strategic approach to prevention; and
- The need to engage in interagency collaboration with other U.S. agencies and inter-governmental organizations around the globe.

These themes provided the lens through which the Council reviewed Peace Corps' progress and shaped its recommendations.

Training: Summary of Findings

The Kate Puzey Act requires Peace Corps to develop and implement comprehensive sexual assault risk reduction and response training. During the previous year, the Peace Corps developed new Staff Online Training in Sexual Assault Policies and Procedures and updated the Volunteer Pre-Service Training

Package. The Council found that both the staff online and Volunteer Pre-Service Training Package trainings and materials were generally comprehensive and adhered to best practices in sexual assault awareness and response training. The training formats met best practices in learning design, participant interaction, monitoring and evaluation of learning, and general content provision. These trainings also followed best practices in adult learning models using a train, practice, and test model.

In addition to reviewing new and updated training, the Council revisited the existing trauma training for Peace Corps Medical Officers. This review was prompted by the appointment in January of a new Council member who is a psychologist with experience in trauma research and training. The Council found the scope of this training to be too narrow in scope to meet the complex needs of sexual assault survivors.

Policy: Summary of Findings

The Kate Puzey Act requires the Peace Corps to develop certain policies related to sexual violence. During this review period, the Peace Corps launched 14 new and revised policies and procedures related to addressing Volunteer sexual assault. These included the 96-page document “Procedures for Responding to Sexual Assault,” which provides a step-by-step guide on the roles and actions of all staff involved in addressing sexual assault. The new policies were developed over a year-long process that included input from outside experts and focus groups composed of field staff and current and former Volunteers. The Council reviewed these new policies and procedures and in general found they were thoughtful, thorough, and responsive to the needs of victims.

Beyond reviewing existing policies, the Council made additional recommendations to strengthen the Peace Corps’ ability to meet the needs of Volunteers who are victims of sexual violence.

Medical/Mental Health: Summary of Findings

For clarity in review and reporting, the Council separately reviewed procedures and policies regarding the medical and mental health response to Volunteers who suffer sexual violence. The Kate Puzey Act requires that the Peace Corps provide emergency health care, a sexual assault forensic exam (at the discretion of the patient and in accordance with host country law), and counseling and psychiatric medication in response to incidents of sexual assault of Peace Corps Volunteers. The Council reviewed the current policies and procedures in place and made numerous recommendations to improve upon current practice through enhanced victim-centered and trauma-informed care. In addition, the Council reinforced its belief that the PCMO is central to the medical response that is provided to a Volunteer who has been sexually assaulted. While acknowledging the importance of the PCMO and supporting the use of evidence-based and promising practices for treatment and care, the Council strongly encourages the Peace Corps to adopt a “one size does not fit all” approach to its response to sexual assault. Culture, norms, and medical/mental health capabilities are going to vary greatly from country to country, making it difficult to enforce one rigid set of procedures. The ability for Peace Corps personnel responding to sexual assault to be flexible, adapt to unique circumstances, and “meet victims where they are” is critical.

INTRODUCTION

Purpose of the Kate Puzey Peace Corps Volunteer Protection Act

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.

Purpose of the Advisory Council

Among its many provisions, the Kate Puzey Act established the Sexual Assault Advisory Council (the “Council”), 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.¹

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.²

Members of the Council were appointed by the Peace Corps Director to meet the qualifications set forth in the Kate Puzey 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.³

¹ Kate Puzey Volunteer Protection Act of 2011, P.L. 112-57, Sec 8D.

² Kate Puzey Volunteer Protection Act of 2011, P.L. 112-57, Sec. 8D. And 22 U.S.C 2507d.

³ Sexual Assault Advisory Council Charter and By-Laws, Section 2B. To view a complete list of Council members and their qualifications, see Appendix A.

A complete list of 2014 Council members and their qualifications can be found in Appendix A.

Purpose of the Report.

This report was produced to meet the Council's obligation to prepare an annual report on its findings from a review of Peace Corps training and policies as required by the Kate Puzey Volunteer Protection Act. The report also outlines the next steps for the Council's own work.

Methodology

For the 2014 cycle of the Sexual Assault Advisory Council, the Peace Corps Director appointed 15 individuals: 12 experts with varied backgrounds and experience working in the field of sexual assault and three Returned Peace Corps Volunteers. A majority of these individuals met over a day and a half in May 2014 and two days in July 2014. These meetings provided an opportunity for the Council members to learn about the SARRR Program policies, services, protocols, and staff and Volunteer trainings launched in Fall 2013 as well as receive updates on the Council's 2013 recommendations. Prior to the conclusion of the May meeting, the Council members split into three working groups focused on the areas of Peace Corps-related training, policy, and medical/mental health topics.

The three working groups reviewed existing policies and trainings, applied best practice standards, and drafted findings and recommendations over the course of the following four months. Weekly conference calls were held to monitor progress on assigned tasks. In an effort to be productive, and mindful of time constraints, the Council chose to end the exploratory phase on July 31, 2014, and reserve further review of policies, technical guidance, training, and protocols developed after this date for subsequent annual reports.

Throughout the Council's Annual Report, references are made to best practices and subject matter experts (SMEs). The Council defines best practices as those procedures, policies, and interventions that have been implemented by other agencies or organizations and formally evaluated to show their effectiveness in achieving the intended results as determined by the program. The best practices that are applicable to the Council's findings have been accepted by national and/or statewide guidelines, lessons learned, and input from sexual assault victims. Some of these standards include *Achieving Excellence: Model Standards for Serving Victims of Survivors of Crime*⁴, U.S. Department of Justice; *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents*⁵, U.S. Department of Justice; and *Sexual Assault, Forensic and Clinical Management, A Virtual Practicum Based on the National Protocol for Sexual Assault Medical Forensic Examinations*.⁶ The Council determined that all Peace Corps policies and trainings should be victim-centered and applied this mindset when

⁴ U.S. Department of Justice. Office for Victims of Crime. *Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime*. N.p., 2011

⁵ U.S. Department of Justice. Office on Violence Against Women. *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents*. N.p., Apr. 2013.

⁶ Dartmouth College. Interactive Media Lab. *Sexual Assault, Forensic and Clinical Management: A Virtual Practicum Based on the National Protocol for Sexual Assault Medical Forensic Examinations*. 2008.

reviewing all materials and documentation. Subject Matter Experts (SMEs) were defined as those individuals recognized by their respective fields with subject matter expertise in the medical, mental health, legal, and advocacy fields relating to victims of sexual violence.

The Kate Puzey Act tasked the Council with the review of Peace Corps protocols relating to sexual assault policy and training. The Council assessed all relevant Peace Corps documents and asked questions based on the requirements specified in the Kate Puzey Act. For each item, the Council assessed whether:

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

SECTION 1: THEMES

For this 2014 report the Council analyzed the major accomplishments of the Peace Corps over the past year, including its release of new extensive sexual assault response policies and the Agency's wide-ranging work to date. During this review, several themes emerged from the Council's observations.

Thus, while the Annual Report is divided into findings and recommendations based on the three topical working groups—Training, Policy and Medical/Mental—guiding these recommendations are the following key themes:

- The need for Peace Corps to become a trauma-informed organization;
- The need to refocus on post-led multi-disciplinary team services;
- The need to address staffing issues;
- The need to review, clarify, and streamline policies and trainings;
- The need to adopt a more strategic approach to prevention; and
- The need to engage in interagency collaboration with other U.S. agencies and inter-governmental organizations around the globe.

Trauma-Informed Organization

A key over-arching theme of the Council's recommendations is that the Peace Corps dedicate itself not only to a victim-centered approach to sexual assault prevention and response, but more broadly to *trauma-informed* operations at every level of the organization. *Trauma-specific* refers to interventions and services focused on preventing a particular type of trauma and reducing and healing its associated symptoms and conditions. Most Peace Corps policy and procedure changes to date have been of this nature. *Trauma-informed* refers to institutional philosophies, principles, systems, policies, and procedures that enable staff (in particular roles and departments) to understand, recognize, and address trauma-related processes and dynamics in all relevant facets of their work.⁷ Integrating trauma-informed principles into all operations means training, organization, management, and functions are welcoming and appropriate to the special experiences and needs of trauma victims. Leaders in creating trauma-informed organizations have distilled five core principles to guide organizations in their self-assessment, planning, and implementation of trauma-informed operations: safety, trustworthiness, choice, collaboration, and empowerment.⁸ Indeed, because trauma, especially as it impacts crime victims, always involves *disempowerment* and *disconnection* (i.e., perpetrators dominate victims and treat them as objects to be used and harmed)⁹, at every level of operations, trauma-informed

⁷ Harris, M. and Fallot, R. "Using trauma theory to design service systems." San Francisco, CA: Jossey-Base, 2001.

Hodes, G. R. "Responding to childhood trauma: The promise and practice of trauma informed care." Pennsylvania Office of Mental Health and Substance Abuse Services, 2006.

⁸ Harris and Fallot. "Using trauma theory to design service systems."

⁹ Herman, J.L. *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York: Basic Books, 1991.

organizations integrate the key principles of *empowerment* and *collaboration* that are essential to trauma recovery and justice.

Working with trauma victims may entail experiences of *disempowerment in one's organizational role* and *breakdowns of collaboration* between individuals and departments responsible for working together to serve victims. Such experiences can have several causes, including feeling that other individuals or departments insufficiently understand and support trauma victims or, in contrast, are overzealous with respect to their own understanding and support. Disempowerment and breakdowns of collaboration may also be partly due to "vicarious trauma," i.e., individuals within the organization suffering from symptoms of trauma as a result of repeatedly hearing stories of assaults and interacting with highly traumatized individuals. Indeed, these issues are commonly found in organizations that must address the needs of traumatized individuals, such as sexual assault victims, and a major goal and benefit of becoming a trauma-informed organization is effectively addressing them. Furthermore, for some organizations, such staff experiences of disempowerment and collaboration breakdown may arise when prior suboptimal performance with respect to trauma prevention and response has brought on the additional stresses associated with scrutiny and oversight from superiors within the organization and from outside bodies. As Peace Corps has worked hard and made progress in fulfillment of the mandates of the Kate Puzey Act and the development of the most effective possible sexual violence risk reduction and response for its Volunteers, the Council has observed all of these factors at play.

Thus, it is essential that trauma-informed principles be integral to all of Peace Corps' efforts to better serve trauma victims, and integral to the myriad policies and procedures that enable every staff member and department to understand and appropriately respond to trauma. As detailed in this annual report, many of the Council's recommendations fall under this theme—and are included in the Council's vision of supporting the Peace Corps to become a pioneering and enduring leader among U.S. government agencies in integrating trauma-informed principles into its policies, procedures, and culture.

Post-Led Multi-Disciplinary Team Services

During the review process, the Council was struck by the degree to which services are provided from Headquarters in Washington, D.C., with staff members at post appearing to play a supporting role. Offices such as Victim Advocacy, Counseling, the Inspector General, and Safety and Security often have Washington-based staff who become a part of the critical services response, but they are not on site at posts. This creates a challenge in the development of a true multi-disciplinary team (MDT) that can meet the needs of the Volunteer victim in this complex overseas environment.

To provide victim-centered services, the Council believes that two shifts should occur. First, the emphasis of direct response should be placed in the hands of the MDT members at post, leaving coordination and oversight of the process to Washington-based staff and offices. Second, *wherever and whenever possible*, Headquarters needs to work with post staff to develop policies and procedures that are *uniquely adapted to their post and the needs and options of victims in that context* and needs to empower post staff to implement those post-specific policies and procedures.

Staffing

While the Council did not focus in-depth on staffing issues, during their review a recurring theme related to staffing became evident—that is, the delineation of roles within the team that provides services to Volunteers who have been sexually assaulted. There are a tremendous number of staff members who are involved in both the delivery and oversight of the SARRR Program. As with any multi-disciplinary response, each member/discipline must understand its roles and responsibilities, as well as the roles and responsibilities of the other members. When roles aren't established and followed, conflict, resentment, and feelings of disempowerment can arise. These, in turn, cause breakdowns of collaboration that affect the ability to maximize the value of the team as a whole.

Policies and Procedures: Review, Clarify, and Streamline

The Council commends Peace Corps for the speed and thoroughness with which they have implemented the Kate Puzey Act. Significant progress has been made, and the policies and subsequent protocols created to support its implementation are numerous and varied. As a result, information can be lost between departments and stakeholders. In an effort to capture the best practices and ideas related to the SARRR Program, the Council encourages Peace Corps to review all policies and procedures and how those are presented in training materials to determine whether content should be edited for clarification and what information can be consolidated for consistency purposes. The results of this review will be the streamlining of the information and its dissemination, resulting in better outcomes for Volunteers.

Strategic Sexual Assault Prevention

While working to ensure appropriate care for victims of sexual assault, preventing the crime in the first place is a key goal in the sexual assault field. The Peace Corps has made significant progress in the area of bystander intervention training, which encourages Volunteers to step in to prevent a crime from occurring. However, there is a growing body of expert knowledge, activities, and metrics on sexual assault prevention which could be used to potentially inform future Peace Corps prevention initiatives.

The Kate Puzey Act captures prevention under the umbrella of “risk reduction training.” However, since the Act’s implementation in 2011, insights and expertise on sexual assault prevention programs have greatly expanded. While risk reduction is certainly key, numerous additional factors have been shown to positively influence sexual assault prevention efforts. Using Department of Defense (DoD) sexual assault prevention efforts as an example (drawn from *2014-2016 Sexual Assault Prevention Strategy*)¹⁰, DoD’s prevention approach seeks to draw together messaging and focus across the following elements:

- Leadership involvement;
- Accountability;
- Community involvement ;
- Communications;

¹⁰ U.S. Department of Defense. *2014-2016 Sexual Assault Prevention Strategy*. N.p., Apr. 2014.

- Peer-peer support;
- Organizational support and resources ;
- Deterrence;
- Harm reduction;
- Incentives recognizing innovation; and
- Education and training.

Due to the environments in which the Peace Corps operates, some of these elements may not be relevant; however, they should be considered before being ruled out.

The Peace Corps has efforts underway in many of these prevention-related elements. The missing piece appears to be a strategy linking them together to offer the greatest leverage to prevention efforts. In addition, a centralized strategy allows for the organization to quickly adopt and institutionalize new prevention practices that might have been shown to be effective elsewhere.

Interagency Collaboration

In many parts of the world, Peace Corps staff and Volunteers work alongside or near other U.S. government agencies and international government organizations. In these regions, interagency collaborations involving the Peace Corps could offer the opportunity to leverage sexual assault response resources within that region. This type of collaboration is consistent with the U.S. Government response to requirements laid out in *Executive Order 13623—Preventing and Responding to Violence Against Women and Girls Globally*.¹¹ Issued in August 2012 by the White House, this plan calls for increased coordination of gender-based violence prevention and response efforts among U.S. government agencies and with other stakeholders.

¹¹ Obama, Barack. “Preventing and Responding to Violence Against Women and Girls Globally.” Executive Order 13623 of August 10, 2012.

SECTION 2: TRAINING

Overview

Over the last year, the Council assessed both new and updated training materials developed for the Sexual Assault Risk Reduction and Response (SARRR) Program. The Kate Puzey Volunteer Protection Act mandates that Peace Corps "train all staff outside the United States regarding the Peace Corps Sexual Assault Policy." The Council reviewed content of both staff and Volunteer training, with additional time on materials, handouts, and learning management system review. The following training curricula and materials were reviewed during the reporting period.

1. Volunteer Pre-Service Training Package
2. Staff Online Training in Sexual Assault Policies and Procedures
3. Trauma Training for Peace Corps Medical Officers

Findings

To assess these trainings, the Council members reviewed all related training materials, including lesson plans, trainer's guides (where relevant), and the assessment tools that measured participant learning. The Council compared the content of Peace Corps' trainings to those currently in place at Council member agencies and organizations, as well as standards set forth by the Department of Justice in *Achieving Excellence: Model Standards for Serving Victims and Survivors of Crime*.

The Council found that both the staff online and Volunteer Pre-Service Training Package trainings and materials were, in general, comprehensive and adhered to best practices in sexual assault awareness and response training. The training formats met best practices in learning design, participant interaction, monitoring and evaluation of learning, and general content provision. These trainings also followed best practices in adult learning models using a train, practice, and test model.

Recommendations: General Training

The Council's training recommendations are divided into two parts. Following are broad recommendations for all trainings and then recommendations related to specific training packages.

Recommendation 2014 T1: Overall, Peace Corps should make all training materials gender-neutral.

Rationale: Given the hidden nature of male sexual assault and the increased stigma surrounding the victimization of males, it is important to take such additional measures to repeatedly acknowledge that sexual assault is not solely a crime against women.¹²

¹² Stemple, L. and Meyer, I.H. "The Sexual Victimization of Men in America: New Data Challenge Old Assumptions." *American Journal of Public Health*, Vol. 104, e19-26. 2014.

Recommendation 2014 T2: The Council reiterates its 2013 recommendation that Peace Corps implement a learning management system that is streamlined and contains an intuitive platform from which to present the trainings.

Rationale: Peace Corps should explore options for integrating their Articulate online learning program into a more robust learning management system (LMS) platform. Features should include in-depth and comprehensive reporting and user-tracking tools, intuitive user navigation, and course content that is easily accessible and downloadable. Ideally, the platform would integrate with human resources systems to ensure all trainings are received during the onboarding process. The LMS should also be mobile-enhanced to ensure easy access while in-country.

Recommendation 2014 T3: The Council recommends Peace Corps establish a two-year review cycle for training content. Review would include content, syntax, and grammar updates as well as a systematic way of collecting and incorporating participant feedback into future editions.

Rationale: This regular review will allow for feedback from users and emerging research and best practices to be incorporated into the training on a regular basis. It will also allow for the regular revision and streamlining of content to ensure clarity for both Volunteer and staff participants.

Pre-Service Volunteer Training Package

This training package is the newly revised version of the original Pre-Service Training (PST) training modules released in 2011 and reviewed by the Council in its 2012 Annual Report. In 2012, the Council made several recommendations on the PST curricula content changes, which are reflected in this new edition of the curricula.

The PST training modules were revised based on several data sources:

- Volunteers' evaluations in the Agency's global All-Volunteer Survey;
- Post Training Directors' evaluations contained in all posts' Annual Training Status Reports; and
- Focus groups of all Safety and Security Managers (SSMs). SSMs are responsible for overseeing the delivery of these trainings.

This newly revised training package expands the training to include a supplemental workbook for use by Volunteers, a new module on how to address unwanted attention, and an assessment tool for posts to measure if Volunteers have learned the training content. The package includes:

- Sexual Assault Awareness Training Module with Trainer's Guide and PowerPoints;
- Bystander Intervention Training Module with Trainer's Guide and PowerPoints;
- Reporting and Response Training Module with Trainer's Guide and PowerPoints;
- Coping with Unwanted Attention Training Module with Trainer's Guide;
- *Supplemental Learner's Workbook* (with content that reinforces all above modules); and

- Terminal Learning Objective (TLO) Assessment (a test to measure if Volunteers have learned the training content).

The PST training materials are provided to all Volunteers during their PST (prior to their arrival at their work site). This training is delivered in-country by the Safety and Security Manager, Director of Programming and Training, Training Manager, or a combination thereof.

Recommendation 2014 T4: The Council commends Peace Corps for making the training delivery flexible for Volunteers who are unable to attend the group training and who choose to complete their training through one-on-one facilitation with the PCMO. PCMOs should have the same level of familiarity and comfort with the training content as the primary facilitators.

Rationale: If a PCMO is working individually on the training content with a Volunteer, they must be able to effectively and accurately communicate all information and content, in particular the learning objectives highlighted in the training exercises.

Recommendation 2014 T5: In the module "Coping with Unwanted Attention," modify the language that states, when addressing stalking, "tell a Peace Corps staff member immediately, and they will quickly respond to ensure Volunteer safety."

Rationale: Victim services best practice provides that a responder should never give promises, e.g., ensuring Volunteer safety that he or she cannot guarantee. With circumstances that can exist beyond anyone's control, guaranteeing Volunteer safety is not a promise that the Peace Corps should make.

Staff Online Training in Sexual Assault Policies and Procedures

This online training was mandated after September 1, 2013, to inform staff of the new and revised policies and procedures for responding to Volunteers who are victims of sexual assault. It includes details on reporting options, the Designated Staff team (who respond to restricted reports), and the roles of the newly appointed SARLs. The training was mandated for all staff at overseas posts and for those United States-based staff that have any interaction with Volunteers or applicants. After taking the training, staff were administered a test to measure their learning.

Recommendation 2014 T6: Peace Corps' objective for their online staff training is to see 100 percent of participants scoring 80 percent or better on the post-test. The Council recommends that staff be encouraged to reach 100 percent on this post-test, possibly through repeated attempts. In conjunction with a brief secondary evaluation (three to five questions), a certificate might be generated to recognize this achievement.

Rationale: Given the importance of a well-trained staff in understanding the dynamics of and response to sexual assault, Peace Corps should strive for a perfect score for each staff member. The Council notes that the Department of Justice has set a goal of 100 percent of staff receiving 100 percent scores on post-training tests for several of their mandatory staff online training

programs. The purpose of having a secondary evaluation is to provide an opportunity for the Office of Safety and Security (OSS) to receive feedback on the online training.

Trauma Training for Peace Corps Medical Officers

This training, designed by Peace Corps psychologists with expertise in trauma, was given to all Peace Corps Medical Officers (PCMOs) during the Summer and Fall 2013 Continuing Medical Education (CME) conferences. With the January 2014 Council member appointment of a psychologist with experience in trauma research and training, the Council decided to review the training again and make the following recommendation. This recommendation provides more specific direction to Recommendation 2 from the Council's 2013 report.

Recommendation 2014 T7: With the help of outside experts, review and revise (for clarification and simplicity) the training which the Counseling and Outreach Unit (COU) provides to PCMOs on the experience, psychology, and neurobiology of assault and their impacts on behavior, memory, mental health, and recovery.

Rationale: The current version fails to capture the complexity of trauma (e.g., the contributions of childhood abuse, dissociation, etc.) and the stages-of-recovery framework and associated, empirically supported stage-oriented interventions (e.g., STAIR). It is also too cognitively focused, neglecting the central roles of self-regulation deficits and capacities (e.g., emotional awareness, emotion tolerance, self-soothing, etc.) and how these are involved in trauma and essential to recovery, right from the very first contact with the PCMO. The current version needs to be revised so that it also lays the necessary foundation for PCMOs to conduct clinical assessments that are optimal for all victims, including those with potential legal involvement (e.g., methods of inquiry designed to minimize memory distortion and maximize the future retrieval strength of encoded memories about the crime).

Status of 2013 Training Recommendations

The PST training package reviewed in this report is the newly revised version of the original Pre-Service Volunteer Training (PST) modules released in 2011 and reviewed by the Council in its 2012 Annual Report. In 2012, the Council made several recommendations on the PST curricula content change. All of these recommended changes have been included in this latest edition of the curricula, which was released in Spring 2014.

In its 2013 report, the Council recommended three staff training enhancements and made one overall training recommendation on the Agency's LMS:

- Add more in-depth information to future (staff) trainings regarding how perpetrators may use substances to facilitate sexual assaults
- Incorporate training about sexual trauma responses and the neurobiology of trauma throughout future trainings for Designated Staff.

- Add language, layered throughout the staff training, that discusses the importance of confidentiality as it pertains to electronic communication.
- Continue to refine the Agency's LMS.

While the Agency concurred with all of these recommendations, they have not yet been completed. In FY 2014, the focus of the Agency's sexual assault-related training was to get staff and Volunteers trained in the new sexual assault policies and procedures released September 1, 2013, as well as revamping the original version of the PST training package.

Over the next year, Peace Corps plans to develop new staff sexual assault "refresher training", which will include the Council's three staff training content recommendations from 2013.

In Spring 2014, a Peace Corps leadership team began devising a plan to build a new LMS at the Agency. There is currently an external Request for Proposal to this end; however, it is estimated it will be at least another year before the current LMS is replaced with a more effective system.

SECTION 3: POLICIES

Findings

On September 1, 2013, Peace Corps launched 14 new and revised policies and procedures related to addressing Volunteer sexual assault. The foremost of these is the “Procedures for Responding to Sexual Assault,” which provides a step-by-step guide on the roles and actions of all staff involved in addressing sexual assault. These were developed over a year-long process that included input from outside experts and focus groups composed of field staff and current and former Volunteers.

The Council reviewed all policies and procedures launched in September 2013 and in general found they were thoughtful, thorough, and responsive to the needs of victims. The Council has identified some outstanding issues and divides its recommendations into the following categories: recommendations on policies related to responding to sexual assault; staffing recommendations; and other policy recommendations.

Recommendations on Policies Related to Responding to Sexual Assault

Recommendation 2014 P1: Peace Corps should create a “restricted plus” option, a limited additional sharing of information that would allow for a site change for Volunteers who file a restricted report following sexual assault. This new “restricted plus” option should maintain the restricted report constraints in every respect except this one, keeping information restricted as much as possible within the constraints of the particular situation (e.g., small post).

Rationale: Restoration of a victim’s sense of safety can be key to recovery following a sexual assault. Relocating, away from the perpetrator or the location of the crime, is often a critical component to restoring a victim’s feeling of safety. Unfortunately, current Peace Corps procedures do not allow relocation where a victim has filed a restricted report. The Council understands this limitation is due to the fact that multiple personnel are typically involved in a relocation, many of whom are not Designated Staff; informing those staff members would thus break the confidentiality that typically surrounds a restricted report. The Council urges the Peace Corps to carefully consider whether, when the victim chooses to do so in a fully informed way, confidentiality could be extended to a minimal additional number of staff members in the event a victim requests relocation: a “restricted plus” option.

Recommendation 2014 P2: Ensure that the Volunteer’s wishes and reasoning regarding MedEvac or termination of service are taken into account wherever possible at each stage of the decision-making process. Whenever such a process is undertaken, the Volunteer must have the opportunity to express his or her wishes in writing (unless this is physically or cognitively impossible for the Volunteer) as well as the opportunity to provide counterarguments to the reasoning Peace Corps staff have used as the basis for their preliminary decisions before those decisions are implemented (again, unless this is physically or cognitively impossible).

Rationale: The Volunteer’s ability to continue service at post—or to be Medevac’d or terminate service—are among the most important issues facing a Volunteer after suffering a sexual

assault. A victim-centered response requires that the Volunteer be involved in the decision regarding their future to the fullest extent possible. For example, providing the Volunteer with the opportunity to express his or her views in writing limits the possibility of misunderstanding. It also allows the Volunteer to offer counter-arguments before Peace Corps staff opinions and decisions are implemented. This could prevent MedEvac or termination of service based on incorrect or incomplete information or misunderstanding by Peace Corps staff.

Recommendation 2014 P3: Ensure that counseling staff are included on the list of Designated Staff for safety planning sessions with Volunteers who are sexually assaulted.

Rationale: Counseling staff have expertise on the impacts of sexual assault and how to support assault victims in its aftermath, expertise that complements that of OVA staff. The knowledge and services of counseling staff may be vital for helping some victims negotiate the aftermath of assault, including interactions and conversations with Peace Corps staff coordinating the response. In addition, having OVA but not COU staff as Designated Staff has been a central cause of miscommunication and conflict between those two offices and their personnel.

Recommendation 2014 P4: Give victims the option to choose their SARL whenever possible; if not possible, then the language should be apologetic and explanatory.

Rationale: A victim-centered response involves giving victims control over what happens to them wherever possible. Here, that can include being permitted to select one of the two on-site SARLs. Because the SARLs are local, the victim may already have positive or negative impressions of either—or both—SARL. Giving the victim the option to choose which SARL to work with may also increase the frequency with which the services of the SARLs are requested.

Recommendation 2014 P5: Add a definition for “details of the assault,” in IPS 3-13 Policy and Procedures, and replace the term “the details” with “any of the details” and “any details” on pages 19 and 21 (respectively) of the Supplemental Workbook provided to all Volunteers during the pre-service Safety and Security training. The definition in IPS 3-13 should indicate that details should be confined to those necessary to inform the professional response to the victim and to ensure its proper categorization for compilation of assault statistics and reviews by the Inspector General. And in the Supplemental Workbook, in the appropriate location, an explanation is needed to assure Volunteers that many details do not need to be reported and will not be recorded anywhere, because only the minimum required to document their assault and classify its type (e.g., alcohol-facilitated, physical force, involving penetration or not, etc.) will be recorded in any way, and even that information will only be shared with Peace Corps staff who have a “need to know” in order to perform their jobs and assist those sexually assaulted.

Rationale: Victims and others may be concerned that the term phrase “the details of the assault” includes all details, including graphic or highly personal information that they find embarrassing, humiliating, or, for whatever reason, want no one else to know. Providing a definition for staff and using the recommended language, assurances, and explanations in

materials provided to Volunteers can alleviate these concerns and increase the likelihood that victims will feel comfortable reporting sexual assaults.

Recommendation 2014 P6: Peace Corps should clarify the language surrounding PII in sections IPS 3-13 4.1(b) and 4.2 to read that PII can only be shared with those professionals if there is a need to know basis, as currently provided in the Confidentiality, Restricted Reporting section of the procedures.

Rationale: Currently, the language of the Confidentiality, Restricted Reporting in “Procedures for Responding to Sexual Assault” provides that PII can be shared with Designated Staff “other than the Assigned Security Specialist (ASS) and the Victim Advocate (VA).” It also provides that information can be shared with the ASS or VA, or with Peace Corps medical staff, only if they have a specific need to know. This is inconsistent with IPS 3-13 4.2(b), which does not distinguish between various staff included in the definition of “Designated Staff” who are entitled to receive PII. These sections should be harmonized to provide the greater degree of confidentiality.

Recommendation 2014 P7: Harmonize the policy and confidentiality procedures so that both documents provide that a non-Designated Staff member who receives a sexual assault disclosure from a Volunteer reports that information to the PCMO, rather than referring the Volunteer to the PCMO.

Rationale: These two documents are currently inconsistent with regard to whether a Volunteer who initially reports a sexual assault to a non-Designated Staff member should be referred to the PCMO or whether the staff member states that he or she will contact the PCMO. A victim-centered response to a Volunteer who has reached out is to make that report for the Volunteer, rather than require the Volunteer to make another attempt to obtain assistance.

Recommendation 2014 P8: The restricted and standard report procedures should require the PCMO to state that the SSM is available to answer additional questions about law enforcement and prosecutorial options and that the Peace Corps also has procedures in place to hire a local lawyer to advise the Volunteer upon the Volunteer’s request. Similar wording regarding local counsel should be changed where it appears in the Initial Support Phase, and should be added during the Extended Response Phase.

Rationale: Restricted report procedures for the PCMO during the Immediate Response Phase currently state that “If the Volunteer has questions or needs further information about law enforcement and prosecutorial options, involve the SSC as necessary” and, separately, “Inform the Volunteer that, if she wants a local lawyer to advise her on local law enforcement and prosecutorial options, the Peace Corps will hire one for her.”

The victim should be affirmatively and proactively provided all of his or her options for getting information about local laws and procedures. As currently worded, the victim is not informed of the option to discuss those matters with the SSM unless he or she asks questions that trigger that information. Furthermore, the wording of the recommendation regarding the local lawyer may discourage a request of a local lawyer and implies a time delay. Finally, this information

should also be added to the Extended Response Phase, since a victim may wish to consult an attorney even after the initial 72 hours have passed.

Recommendation 2014 P9: Amend all pertinent documents, including Annex I, Standard Report Services, to include information that the Peace Corps may be able to take other steps to keep victim and alleged perpetrator separate, in the event the accused is a Volunteer or staff member.

Rationale: The knowledge that the Peace Corps may take steps to restrict the perpetrator's contact with the victim when the victim files a standard report may influence the Volunteer's decision to file a standard, rather than restricted, report. Therefore, Volunteers should be made aware of this option.

Recommendation 2014 P10: Amend Annex I, Disclosure of Personally Identifying Information, Restricted Report to include notice to the victim that the OIG will have access to all information about the report, except the PII of the victim and explicit details of the sexual assault, for purposes of overall monitoring of Peace Corps' compliance with procedures under the Kate Puzey Act. Also amend the annex regarding the disclosure of Personally Identifying Information on the Standard report to comport with Annex II, final page, which states that information may be shared with the Regional Security Officer at the U.S. Embassy and other individuals who have a need to know in order to perform specific tasks that are part of their official duties.

Rationale: In the interest of transparency, Volunteers should be informed that the Office of Inspector General may receive some information and that certain information may be shared with the Regional Security Officer and others. This notification should prevent the Volunteer from feeling that his or her confidentiality was violated.

Staffing Recommendations

Recommendation 2014 P11: Create a clear delineation of roles for COU and OVA staff. In doing so, Peace Corps should consider bringing in an independent, outside mediator to help work through the sensitive and complex issues at hand.

Rationale: There is fundamental role confusion between the COU and OVA staff, and this has led to resentment and mistrust among the staff. As a result of the role confusion, victims can become confused themselves and are not able to benefit fully from the strong services each office has to offer. A clear understanding of the roles and responsibilities for each office, as well as for the staff duties within those offices, is necessary so that care for victims is not compromised in any way. Other organizations working through such a role delineation have found it helpful to use an outside mediator.

Recommendation 2014 P12: When referring to SARLs in Peace Corps documents that introduce or explain the SARL role to Volunteers, be sure to include a description of the type of training SARLs have received.

Rationale: The literature currently only refers to the entity that provided the training (OVA). For Volunteers who have been sexually assaulted to have confidence in the services of a SARL, it is more important for them to have some understanding of the nature of the training those SARLs have received.

Recommendation 2014 P13: Peace Corps should create contingency plans in order to ensure that all posts are continually able to identify, train, and support well-qualified SARLs. Peace Corps should also examine the prospect of funding the position so as to compensate the SARL for their time, energy, attention, and use of resources.

Rationale: Given the numerous responsibilities of the SARL, in addition to being a voluntary and unpaid position, the Council is concerned that a situation may arise where a post might find it difficult to reliably provide the support of a SARL to Volunteers who experience sexual assault. Therefore, the development of contingency plans is important, to ensure that vacancies are quickly and responsibly filled. Furthermore, as the frequency with which SARLs are requested increases, SARLs will face an increased demand on their time and energy. Compensating them for these important services recognizes their importance, value, and the burden that response places on the SARLs.

Other Policy Recommendations

Recommendation 2014 P14: The Peace Corps and the Office of the Inspector General should dedicate themselves not only to a victim-centered approach in prevention and response, but more broadly to trauma-informed operations at every level. When Peace Corps embarks on the first-year evaluation and subsequent revision of its “Procedures for Responding to Sexual Assault,” it should examine whether the revised procedures promote trauma-informed operations at every level of the organization.

Rationale: Integrating trauma-informed principles to Peace Corps efforts to prevent and respond to sexual assault will enable staff to understand, recognize, and address trauma-related processes and dynamics throughout their work. Incorporation of these principles will also help to mitigate the risk of vicarious trauma, which can adversely affect professionals working with traumatized individuals such as sexual assault victims. This recommendation also applies to the Office of the Inspector General, as an entity working with traumatized individuals and subject to vicarious trauma through its investigation and monitoring activities.

Recommendation 2014 P15: Peace Corps should develop a strategy linking its sexual assault prevention efforts.

Rationale: Developing a formal strategy to prevent sexual assault can help leverage and expand the Peace Corps’ existing efforts. The intent of the strategic prevention plan would be to achieve unity of effort across all of the Peace Corps in terms of prevention efforts, to develop objective criteria for measuring progress, and to identify tasks that operationalize the prevention activities. The plan development team should be made up of individuals from across the Peace Corps so the document reflects the varying organization roles and interests needed to ensure its success. The strategic plan would be a dynamic document and would be reviewed periodically (every two

years is recommended). The plan would highlight and capture resources, methods, and tasks that contribute directly to the strategic objectives laid out in the plan. In addition, a strategic plan would allow the Peace Corps to more quickly incorporate new prevention practices as they are shown to be effective elsewhere.

Recommendation 2014 P16: Peace Corps should provide Volunteers who have been sexually assaulted up to 20 counseling sessions, with consideration given that some individual cases may require more than 20 sessions and thus requests for additional sessions be considered on a case-by-case basis. Additionally, Peace Corps should provide up to six months of case management for Returned Peace Corps Volunteers who need assistance in applying for workers' compensation benefits and other related benefits.

Rationale: A complete response to sexual assault victimization may include aftercare. The Department of Labor specifies that a Volunteer who has been sexually assaulted may receive 10 paid counseling sessions after the close of service and before workers' compensation benefits begin. However, applying for and receiving workers' compensation benefits can entail a lengthy and cumbersome process. The immediate provision of 20 counseling sessions could fill the void that can otherwise occur prior to the victim receiving a determination of eligibility and coverage through workers' compensation.

Recommendation 2014 P17: The Peace Corps should develop a pilot initiative for one specific geographic area of operation in which there are other U.S. government and non-government actors, to identify local resources and support for victims of sexual assault. This pilot should involve the preparation of MOUs laying out the roles and restrictions of this collaboration. In addition, evaluation criteria should be included to ensure accountability.

Rationale: The Council understands that trying to identify appropriate professionals in-country who are qualified to provide the best immediate response to a sexual assault victim, such as local therapists who are culturally competent to provide mental health services to Americans, may be very time-consuming. The Council also recognizes that this work has already been done by other U.S. agencies and organizations in many parts of the globe. Collaborating with such agencies in the identification of local support and resources can improve the effectiveness of the response to Volunteers who have been victimized.

Recommendation 2014 P18: Peace Corps should explore the development of a mobile app for Volunteers (that can be accessed without Internet service) that contains information and resources on sexual assault.

Rationale: A well-developed app could provide a quick and anonymous way for Volunteers to learn about the range of services and options available if they experience sexual assault. The app could be developed as a "safety and security" app that includes information for all crime victims, not just sexual assault victims, thereby increasing the likelihood that Volunteers would install and use it.

Recommendation 2014 P19: Peace Corps has two Volunteer survey tools related to Volunteer sexual assault. These are the Response Quality Survey (a survey for Volunteers who are sexually assaulted to give feedback on the services they received) and the Security Incident Questionnaire (a questionnaire given to all Volunteers at the end of their Peace Corps service in which they can anonymously report previously unreported sexual assaults). Upon review of those tools, the Council recommends that both surveys have a vigorous communications plan to raise awareness and encourage participation in the surveys. The Response Quality Survey could include a letter from the Peace Corps Director sent in advance of the email going out about the survey.

Rationale: A communication plan for both surveys, and a letter from the Director in the case of the Response Quality Survey, could signal the importance of Volunteer input. It would provide advance notice that could improve the response rate and serve as a further positive message to Volunteers. In the case of the Response Quality Survey, given the importance of the survey and at the same time the potential surprise of its arrival, Volunteers should be hearing about the survey on a regular basis. That outreach should also include examples of previous changes made in response to feedback from the survey, underscoring that Peace Corps values this input.

Recommendation 2014 P20: The Peace Corps should consider circulation of a short survey for individuals who were not victims but might have known a victim, perhaps rolled into the regular ongoing survey offered to Volunteers. That section might start, "If you knew someone who was sexually assaulted, please answer these questions about how you saw their treatment..."

Rationale: Such a survey of the perception of the Peace Corps' response to Volunteer victims of sexual assault would reveal the overall climate within Peace Corps and would help identify failures of response or understanding.

Status of 2013 Policy, Evaluation and Congressional Recommendations

The below table details the 2013 policy and evaluation recommendations with which the Agency concurred and their statuses as of July 2014.

Recommendation	Recommendation Description	Status
Legal Representation	The legal representation in the policy should be cross-referenced through a hyperlink to the online training with MS774.	Completed
Restricted and Standard Reporting OIG	Develop an MOA between the OIG and the OVA that requires the OIG to notify the OVA when the office initiates a sexual assault allegation investigation.	Not completed; Agency in discussions with OIG
Reporting Options Checklist	Develop a one-page, country-specific checklist for PCMOs to use when discussing reporting options with Volunteers.	Completed

Safety and Treatment Plan	The safety planning guide should be included in the “Procedures for Responding to Sexual Assault.”	Safety plan created and being piloted at overseas posts; will be finalized and added to “Procedures” FY 2015
Monitoring and Evaluating Sexual Misconduct Policy	Evaluate the Sexual Misconduct Policy to ensure it is not negatively impacting victims.	Annual Evaluation Report due Winter 2014 (Note: Report will address results but cannot address impact after only one year)
Train All Overseas Staff on Sexual Assault Policy	Develop ongoing training schedule for the Designated Staff (PCMOs, SARLs, and SSCs) on the topic of sexual assault response.	Completed
SARL Nondisclosure Agreement	Agree to put nondisclosure agreement in contract for SARLs who are not Peace corps employees.	The Agency concurred but subsequently decided not to use external contractors as SARLs.

Peace Corps partially concurred with one policy recommendation related to the Legal Environment Survey (LES). The Council recommended the LES be reviewed every two years; Peace Corps agrees it should be reviewed but would like to retain the current LES review process, which is a complete review every three years with an annual update of the LES based on changes in host country laws. The three-year complete reviews are extensive, mandated processes that include relevant stakeholders in country.

Peace Corps did not concur with the following policy recommendations:

1. The Council recommended Peace Corps review the SARL background check process to determine if more frequent checks should be conducted. Peace Corps did not concur because Peace Corps does not have authority over these checks; they are done by the U.S. Embassy in-country. SARLs can be host country nationals or U.S. direct hires. The background checks for host country nationals (HCNs) are done every three years and for U.S. direct hires every five years in accordance with Federal guidelines.
2. The Council recommended Peace Corps establish a policy that requires sensitive or personally identifying victim information to be shared through its case management system. Peace Corps did not concur, as the Agency has existing strong protocols to protect PII and a secure file transfer protocol for medical records.

In 2013 the Council made two policy-related recommendations to Congress:

1. Exempt Peace Corps from the Paperwork Reduction Act so that former Peace Corps Volunteers can be surveyed.
2. Amend the Kate Puzey Volunteer Protection Act to create a privilege for communication between Volunteer crime victims and the Office of Victim Advocacy and Sexual Assault Response Liaisons. This privilege would also include exempting the communications from being accessed through the Freedom of Information Act.

Congress has not addressed these recommendations.

SECTION 4: MEDICAL/MENTAL HEALTH

Findings

Because of the nature of the medical response within the unique setting of the Peace Corps, the Council found it useful to organize medical findings around a few discrete themes. While these themes are similar in some respects to the themes guiding the rest of the Council's recommendations, the Council believes a separate set of themes better captures the thinking.

The Peace Corps must provide patient/victim-centered care and informed consent.

The critical element of any patient/victim-centered care is being properly informed of options for care and empowered to make real choices about those options. This can only be accomplished if the data is shared regarding the pros and cons of the various options.

For example, it is clear that in many countries the PCMO currently may not be credentialed to perform the medical forensic part of the exam, which involves the collection of DNA evidence. However, it is not clear that in all or most cases this is what is needed or most desired by the Volunteer. Much emphasis has been placed on the collection of DNA evidence, and in stranger cases this can carry more importance. The essence of a "successful outcome" of a sexual assault case—in most cases—is not whether the perpetrator is found guilty but how the patients/victims view their treatment and the process. There may be certain countries where the PCV will be provided with a victim-centered, medical forensic exam by the in-country forensic provider and that country has a high prosecution and conviction rate for sexual assault. And if so, the Volunteer should be provided with this information. Conversely, if a country is known to have low prosecution and conviction rates for sexual assault and they do not provide victim-centered exams, the Volunteer needs to be *informed* of that likelihood and given the option of having the exam performed by the PCMO. However, the Volunteer should also be told of the inherent legal risks of having a PCMO conduct the exam, especially in countries where this could hurt the chances of prosecution.

Thus, Peace Corps medical procedures should fully incorporate a victim-centered response.

The PCMO must remain central to the medical forensic response.

The evaluation and management of an in-country sexual assault of a Peace Corps Volunteer involves multiple variables. Many, if not most, of these variables are beyond the control of the Peace Corps. However, the one constant over which the Peace Corps possesses medical oversight, control, and accountability is the PCMO. As the individual who provides the initial medical forensic response, which sets in motion a complex array of medical and mental health options, it is incumbent that the PCMO be trained, credentialed, and accountable as the center of the Peace Corps response.

One size does not fit all.

The original medical forensic guidelines developed for Peace Corps are generic best practice recommendations based on evaluation and management of a sexual assault patient in the U.S. These

guidelines must be modified for the country-specific environment in which they are to be deployed, in order to meet the Peace Corps Volunteer “where they are” and to provide appropriately tailored medical and mental healthcare.

Medical/Mental Health Recommendations

Recommendation 2014 M1: The Council repeats its previous recommendation to develop a medical environmental survey. This survey must contain, but not be limited to, collecting country-specific information about medical forensic management and treatment options, appropriate medications, detailed assessment of the forensic provider’s experience/capabilities, alternative mental health resources, and adjudication rates.

Rationale: There should be a concise resource of country-specific medical and mental health information that the PCMO can use to properly inform the Volunteer of their medical forensic evaluation and management options (e.g., SAFE exam by PCMO vs. in-country forensic examiner) and provide appropriate up-to-date STI, EC, and HIV prophylaxis. Using the Legal Environmental Survey (LES), provide criminal justice data on the rates of prosecution and conviction, as well as the availability of alternative mental health counseling services.

Recommendation 2014 M2: Develop a standard training goal for PCMOs who will conduct sexual assault forensic exams. This can easily be done by providing each PCMO with a standardized, high-quality training that can be used for initial and ongoing certification. The initial training should be 18-20 hours, followed by updates of two to four hours annually to maintain competency.

Rationale: The PCMO must be certified by Peace Corps for having met certain knowledge and skill requirements and be exposed to as much practical, hands-on experience as possible. It is important that PCMOs understand the details of a sexual assault medical forensic exam, so that they can appropriately counsel the Volunteer regarding the various options available to the victim during the examination process.

Recommendation 2014 M3: PCMOs should become licensed or certified to do the medical forensic examination in the countries in which they are currently allowed by law. Peace Corps should actively pursue discussions with the remaining countries as to how the PCMOs can become credentialed/licensed to perform the exam.

Rationale: It would be advantageous, in many cases, for the Volunteer to have the medical forensic examination performed by the PCMO rather than an unfamiliar outside provider. This would apply to all sexual assault cases, but especially in cases that would not involve the local criminal justice system, including Volunteer-on-Volunteer, staff-on-Volunteer, and assaults occurring within Federal jurisdiction. The only exception would be if a PVC was involved in a sexual assault involving potentially serious bodily injury, e.g., laceration repair, fracture evaluation, an altered state of consciousness secondary to alcohol or drugs, etc. In such cases, medical care is prioritized over forensic care, and the PCV would be initially treated by the appropriate in-country physician.

PC HQ Medical Staff have explained why they believe that the SAFE (with or without the collection of DNA) is best performed by an in-country forensic provider—most importantly, that not doing so could prevent the Volunteer from being able to prosecute the perpetrator in that country’s legal system. However, in-country forensic providers are strangers to the victim and are unfamiliar with the culture of the Peace Corps and the associated concerns of a victimized Volunteer—including concerns about being Medevac’d and concerns regarding confidentiality throughout their post. Their basic training in victim sensitivity and the conduct of forensic exams is also unknown. The Peace Corps has well understood such concerns: they are similar to those that led to the use of PCMOs to provide a health care response to Volunteers in every post, rather than depending on local medical professionals, and are more consistent with patient-centered care.

Furthermore, there are areas where PCMOs can be certified as sexual assault forensic examiners in the host country. If that is the case, PCMOs should be certified in those countries, thereby eliminating the objection from Peace Corps HQ about the possibility of having to forego potential in-country prosecution. PC HQ medical staff have also said that having a PCMO certified in the host country could potentially require the PCMO to conduct SAFEs on non-Volunteers. This additional potential concern should be addressed on a country-by-country basis, including by negotiating agreements with in-country law enforcement agencies. Although the host country may not currently have the capability to perform DNA or other forensic analysis, that technology is rapidly spreading, and it is likely that it will be available in the future. If the proper chain of evidence has been followed and that evidence is preserved, it can be analyzed at a later date and used for criminal justice purposes, similar to the United States’ experience in bringing 15-year “cold cases” to resolution.

Recommendation 2014 M4: Prophylaxis should be based on the CDC’s “Post-Sexual Assault Treatment Guidelines,” not the current CDC’s “STI Treatment Guidelines.”

Rationale: These are two different guidelines. The CDC’s STI treatment guidelines limit some of the medications that can be utilized. The prevalence and incidence of various STIs will vary from country to country, and prophylaxis should be adjusted to meet the needs of those jurisdictions. In addition, the resistance to various medications used to provide prophylaxis will also vary from country to country. At a minimum, resistance rates should be audited every three years. The Peace Corps should use CDC, World Health Organization, and in-country resources to properly provide up-to-date care.

Recommendation 2014 M5: The Standing Orders and Treatment Plan must be country-specific. The current standing orders include recommendations that may not be appropriate for all countries.

Rationale: The STIs and the medications to treat them will vary from country to country and will need to be adjusted.

Recommendation 2014 M6: The SAFE Consultant Information should be rolled into the medical environmental survey and include more detailed information.

Rationale: The SAFE Consultant Information is another important resource for the PCMOs to obtain valuable information in one place, that being the medical environmental survey. However, it should include additional questions about how well the in-country forensic provider speaks English, how many SAFEs they have conducted and over what period of time, when the last exam was performed, their gender, their general availability, their distance from the in-country headquarters, whether they provide photographic imaging (both genital and non-genital), and whether they provide chaperones.

Recommendation 2014 M7: Though Technical Guideline (TG) 542, relating to the storage of DNA, has not yet been issued, the Council recommends the development of procedures so that DNA samples, as well as blood/urine for toxicological testing, can be collected and secured in a manner that meets the chain of evidence standards.

Rationale: Volunteers may decide, after proper patient/victim-centered informed consent, that they would prefer to have their evidence obtained by the PCMO (perhaps with duplicate samples obtained in some jurisdictions), rather than have their examination performed by the in-country medical forensic provider.

Recommendation 2014 M8: Case review should be conducted within 30 days after the sexual assault event. This case review should include both U.S. and in-country personnel.

Rationale: It is important to perform case review within 30 days of the incident to properly provide ongoing feedback in a quality improvement manner. A 30-day time period is recommended because memories will be more accurate and other relevant information will be more easily obtained.

Recommendation 2014 M9: Reorganize procedures for the clinical management of sexual assault into a streamlined, user-friendly fashion for the PCMO.

Rationale: The currently outlined procedures for the initial management of sexual assault refers the PCMO to the “Sexual Assault Notification Flow Chart” and to “Procedures for Responding to Sexual Assault,” in addition to other documents, which are clinically difficult to use.

Recommendation 2014 M10: Identify and set goals for COU staff to receive training in additional evidence-based interventions for sexual assault trauma (and trauma caused and exacerbated by other crimes).

Rationale: The counseling staff must have access to and understanding of all the best available information and tools for their work with a range of traumatized clients, from relatively healthy clients with minimal histories of child neglect or abuse to clients with significant prior trauma histories and psychological vulnerabilities and impairments. It is important that COU staff be prepared to employ interventions appropriate for clients with more severe and complex

problems than PTSD, including significant prior trauma histories, self-regulation deficits, dissociation, addiction, etc. Such treatments with empirical support include Skills Training in Affect and Interpersonal Regulation (STAIR), which addresses the unique needs of those with severely impaired capacities for self-regulation, for whom treatments that begin with or quickly focus on confronting avoidance and exploring intrusive memories can be not only ineffective but harmful; Seeking Safety, which addresses the self-regulation and safe-care deficits of those with severe substance use disorders (and other addictions) who are also not ready to begin processing traumatic memories without extensive prior skill building; and Eye-Movement Desensitization and Reprocessing (EMDR), an empirically supported exposure-based therapy that can be very helpful for clients who, although otherwise ready to begin processing memories, are unwilling or unable (due to severe shame and other reasons) to talk about the details of their traumatic experiences. The Council would be pleased to share resources and to engage in further discussion about these approaches.

Recommendation 2014 M11: Explore the use of telemedicine to provide counseling for Volunteers who don't have access to local, in-person counseling and for whom phone contact may not be enough.

Rationale: Telemedicine is a commonly used method to deliver needed medical and mental health services in remote and underserved areas. Using telemedicine to deliver face-to-face counseling and therapy for Volunteers who have experienced sexual assault could be highly effective, both in the immediate aftermath of a sexual assault and for long-term care. The face-to-face interaction would strengthen the role of the COU staff on the overall response team by allowing them to become more closely involved in the victim's healing earlier in the process (and possibly mitigate the need for MedEvac) and over a longer period of time.

Recommendation 2014 M12: Review and revise to clarify and simplify TG 545, "Sexual Assault: Mental Health Assessment and Care," based on (a) input from outside experts on the acute needs of sexual assault victims and (b) clarification of roles and responsibilities of the PCMO and COU staff.

Rationale: This technical guideline tries to be everything to all people; it contains too much detail in some areas and not enough in others. In addition, it makes unwarranted assumptions (e.g., defining recovery solely in terms of decrease in PTSD symptoms) and places a heavy emphasis on the PTSD diagnosis. The document also needs some reorganization of major sections. This section requires expert input on use and timing of posttraumatic symptom measures. The Council would be pleased to share resources and to engage in further discussion about revision of this technical guideline.

Recommendation 2014 M13: Review and revise to clarify and simplify TG 540, "A Resource Guide for the Clinical Management of Sexual Violence," based on (a) input from outside experts on the acute needs of sexual assault victims and (b) clarification of roles and responsibilities of the PCMO and COU staff.

Rationale: The current version does not provide enough guidance on how to empower sexual assault (and other crime) victims with information, options, and support for regulation of

posttraumatic emotions, physiological states, and memories. For example, the “Preparing the Volunteer” section needs a list of simple but empowering choices the Volunteer can be given (e.g., about timing of things, when to take breaks, etc.).

Recommendation 2014 M14: After revising TG 545, TG 540, and the training on sexual assault-related psychological trauma for PCMOs, create a “PCMO Handbook for Responding to Sexual or Physical Assault,” which will include simplified procedures and simplified versions of TGs 545 and 540 and all other documents PCMOs may need to provide acute and ongoing care to crime victims.

Rationale: PCMOs report being overwhelmed and confused by voluminous, cumbersome, poorly organized, insufficiently clear, and sometimes inappropriate (to their expertise and role) training materials and procedural and technical documentation.

Status of 2013 Medical/Mental Health Recommendations

The below table details the 2013 medical/mental health related recommendations with which the Agency concurred and their statuses as of July 2014.

Recommendation	Description	Status
Reporting Options Checklist	Develop a one-page, country-specific checklist for PCMOs to use when discussing reporting options with Volunteers.	Completed
Sexual Assault Forensic Exams	Develop a mechanism to ensure updates are made annually in regards to in-country changes for post-sexual assault prophylaxis.	In process
Sexual Assault Forensic Exams	PC HQ PCMOs visit each post to perform an audit every 3 years.	Ongoing
Medical Exam	Use Sexual Assault Clinical Assessment Form.	Completed
SAFE LES	Update LES or medical environmental survey to include if the PCMO has the legal capacity according to the host country to conduct the SAFE.	Completed
Provision of Counseling and Psychiatric Medication	The agency should continue to work with the Council to finalize the updating of TG 530 regarding Psychiatric Medications.	Completed

The Agency partially concurred with four medical-related recommendations for the following reasons.

1. **Consider developing a long-term, in-country medical forensic strategic plan:** Peace Corps has implemented a long-term plan to get PCMOs allowed in the room during SAFEs. PCMOs receive initial SAFE training and ongoing refresher trainings. The Agency has stated that due to the

limited number of exams that are performed by PCMOs and the individual requirements of each country, it will not pursue a plan to allow its PCMOs to conduct all Volunteer forensic exams.

2. **Track the sexual assault examination access, requests, and results in the case management system:** Peace Corps has developed and launched the alpha version of a sexual assault case management system that will track access, requests, and legal outcomes. The wider beta system is planned for launching in FY 2015. However, this system cannot track the results of forensic exams, as that is outside the legal jurisdiction of the Peace Corps.
3. **PCMOs should collect the appropriate forensic samples in those cases in which the Volunteer elects to have a restricted report:** TG 542, which has not been finalized, outlines the procedures for PCMOs to follow when collecting evidence for Volunteer-on-Volunteer and staff-on-Volunteer sexual assault. Chain of custody procedures are outlined in revised IPS 3-13. Peace Corps cannot collect evidence for restricted reports for countries where it is prohibited or where the evidence will not be accepted.
4. **Develop an internal process for all PCMOs to be certified by Peace Corps to perform a SAFE in accordance with the healthcare background of the PCMO.** Peace Corps concurs with developing standards of competency. The Agency provides accredited training for PCMOs to perform SAFE. Peace Corps has stated it will not pursue all PCMOs being certified to do SAFEs as government-approved forensic examiners within country, as this is outside the scope of PCMO duties, nor does Peace Corps have the capabilities to certify current competency for SAFE performance through witnessed proctoring.

THE WAY AHEAD

During FY 2015, The Council will continue to focus on the development and efficacy of Peace Corps policy and training for risk reduction and response to sexual assault as well as relevant policies and protocols. The Council will monitor and contribute to Peace Corps' continued efforts to develop resources for Headquarters, in-country staff, and Volunteers. In addition, the Council will provide guidance and feedback on the development of new and enhanced Peace Corps policies, protocols, and systems related to sexual assault. Specifically, the Council will carry over the following themes and items to examine in its FY 2015 report:

Overall Themes

- Creating a trauma-informed organization, at every level of its operations and culture
- Centering sexual assault responses on post-led multi-disciplinary team services
- Addressing staffing issues that facilitate or impede optimal prevention and response
- Reviewing, clarifying, and streamlining policies and trainings
- Adopting a more strategic approach to prevention and response
- Collaborating with other U.S. agencies and inter-governmental organizations around the world
- Providing patient/victim-centered and trauma-informed care
- Ensuring the PCMO remains central to the medical forensic response
- Realizing, in adopting policies and practices in posts throughout the world, that one size does not fit all

Specific Items

- A review of the M&E plan to assess if the measures should be reviewed on an annual basis to determine relevance versus benefit and, if needed, adjusted accordingly
- Communication standards between Peace Corps staff and victim's family members
- An examination of the feasibility of the use of telemedicine for medical/forensic exams performed in-country
- Creation of standards for what Volunteers and staff are allowed to discuss on social media regarding crime victims (The issues surrounding social media and victim rights are not singular to Peace Corps. The Council will continue to monitor new developments in the area of victim services standards regarding privacy and social media.)
- Training for Volunteers on, and guidance for, secondary survivors
- Resiliency training
- An assessment of the use of telemedicine in medical/forensic exams performed in-country
- The use of email to communicate with victims, including its relationship to the implementation of the global hotline

One of the items listed in last year's Way Ahead became a recommendation in this 2014 report—efforts to improve security and confidentiality through enhanced remote (online) counseling options.

Also, the Council was pleased to find during the review process that one of the items suggested in the Way Ahead section of the 2013 report was addressed by Peace Corps during the current year.

Establishment of disciplinary action for Peace Corps staff who disregard policies for assisting victims of sexual assault was set out in the new *Procedures for Responding to Sexual Assault* enacted September 1, 2013.

APPENDIX A

ADVISORY COUNCIL BIOGRAPHIES

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

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

Carmella Donahue, Director of Outreach and Training, U.S. Department of State

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

Greg Ducot, Deputy Assistant Director, Regional Operations for Europe and Eurasia, International Criminal Investigative Training Assistance Program (ICITAP), U.S. Department of Justice.

Mr. Ducot has nearly 20 years' experience in international training, consulting, and program management in Latin America and Eastern Europe. Over the past nine years, he has focused on implementing United States Government-funded law enforcement training programs in Europe and Eurasia. Mr. Ducot served with the Peace Corps from 1995-1998 as a business development Volunteer in Ukraine and as a Peace Corps Pre-Service Training (PST) trainer. Before going to Ukraine, he worked in Latin America for nearly five years at the Fundación Arias para La Paz y el Progreso Humano and as director of the University of Costa Rica's English for Business Professionals program. Prior to arriving at

ICITAP in 2003, Mr. Ducot worked as Associate Director of Development for Project Harmony (PH)—an organization funded by the Department of State and engaged in law enforcement development programs in the Former Soviet Union. While at PH, he directed the Community Policing Training Initiative that facilitated training and partnerships between U.S. police departments and law enforcement agencies from Ukraine and Russia. Mr. Ducot has a Bachelor of Arts in Spanish from the University of Massachusetts and a Master in Business Administration from the National University/Universidad de Costa Rica. He speaks Ukrainian, Russian, French, and Spanish.

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

Ms. Faugno is currently a Founding Board Director/Treasurer for End Violence Against Women International. She is also a contract sexual assault nurse examiner/pediatric sexual abuse nurse in California. She demonstrates her ongoing passion and commitment through her certification as an adolescent/adult and pediatric sexual assault nurse examiner (SANE). She is a fellow in the American Academy of Forensic Science and was awarded the Distinguished Fellow from the International Association of Forensic Nurses (IAFN), of which she is also a charter founding member. She is a recipient of the Outstanding Achievement award by the IAFN and has held various elected positions within the organization. Her past nursing experience includes labor and delivery; medical/surgical, pediatrics, and neonatal intensive care. Ms. Faugno is the former district director of a child abuse program, sexual assault team, and family violence program. She has made numerous presentations to sexual assault response teams across the country, as well as to scientific community assemblies such as the American Academy of Science. Additionally, Ms. Faugno is the co-author of *Color Atlas of Sexual Assault, Sexual Assault Across the Life Span*, and numerous other publications. She has a Master of Science in Nursing from the University of Phoenix.

Autumn Gardner, Returned Peace Corps Volunteer

During her time as a Peace Corps Volunteer, Ms. Gardner taught women's health, sex education, and English classes. She also assisted in planning locations, transportation, events, meals, and marketing for a dental mission. Ms. Gardner has a BS in Public Health Education from Brigham Young University. She has previously worked for the Utah Department of Health in the areas of tuberculosis control, HIV/AIDS prevention, and refugee health.

Justin Hargesheimer, MPA, Returned Peace Corps Volunteer

As a Peace Corps Volunteer in Guatemala, Mr. Hargesheimer served as the Treasurer of the Volunteer Advisory Council while working as a Municipal Development Volunteer. He taught a series of workshops on project design and management to community leaders, organized a coalition of national and international actors to build a school out of plastic bottles and facilitated a series of workshops on the bottle-building technique for Guatemalans and Peace Corps Volunteers. Mr. Hargesheimer has a BA in Anthropology and Communication Arts from the University of Wisconsin-Madison and a master's degree in Public Administration with a concentration in Nonprofit Management from Georgia State University. He currently works in Corporate and Foundation Relations for Habitat for Humanity International.

Suzanne Holroyd, PhD, Senior Prevention Advisor, U.S. Department of Defense, Sexual Assault Prevention and Response Office

Dr. Suzanne Holroyd leads the sexual assault prevention efforts of the Department of Defense's Sexual Assault Prevention and Response Office. Dr. Holroyd oversees a wide variety of prevention-related outreach campaigns designed to educate internal and external audiences on DoD prevention policy and programs. In addition, she identifies promising practices from sexual assault programs as well as other issue areas that can be adopted and adapted for DoD use, including those practiced by foreign militaries. She coordinates with federal civilian organizations to establish collaborations for leveraging existing sexual assault prevention practices. Prior to working with the Department, Dr. Holroyd was a consultant with Booz Allen Hamilton and a senior-level instructor at the Defense Information School in Fort Mead, Maryland. She also worked as a research analyst for The RAND Corporation. Her education started with a BA in Political Science at University of Missouri in Columbia, followed by a master's degree in International Affairs at George Washington University in Washington DC, and then a PhD in Political Science from University of Southern California in Los Angeles.

James Hopper, Independent Consultant, Clinical Instructor in Psychology, Harvard Medical School

For more than 20 years, Dr. Hopper's research, clinical, and consulting work has focused on the psychological and biological effects of sexual assault and other traumatic experiences. With a doctoral degree in Clinical Psychology from the University of Massachusetts Boston, Dr. Hopper has conducted research related to child abuse and sexual assault, including the neurobiology of trauma and unique effects of sexual assault on males. He provides consultation and therapy to adults assaulted as adults or children; serves as an expert witness on cases involving traumatized people who have suffered or committed violent crimes; and provides training on the neurobiology of trauma and consequences of sexual assault for military and civilian investigators, prosecutors, and victim advocates. Dr. Hopper was a founding board member of 1in6, Inc., a non-profit that serves men with histories of childhood sexual abuse, and is on the board of directors of Stop It Now!, a non-profit child sexual abuse prevention organization.

BJ Horn, Visiting Fellow, Office for Victims of Crime

Ms. Horn has worked for and with victims of crime for over 20 years. She began her career in victim services at the Pennsylvania Coalition Against Rape. From 2000-2006, she was the executive director of Pittsburgh Action Against Rape. In 2006, Ms. Horn was appointed Director of the Pennsylvania Office of Victims' Services (OVS) where she oversaw the Victim Compensation and Victims' Services Programs. At OVS, she initiated a state-wide victim outcomes and data collection project. As a Visiting Fellow, she creates in-depth state profiles on innovative practices, service gaps, and underserved populations. She is very interested in organizational capacity building and staff development. Ms. Horn was a member of the Capacity Building Stakeholder Group for Vision 21 and served on the National Victim Assistance Standards Consortium.

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

Ms. Smith has been the Director of Public Policy at the National Center for Victims of Crime since 1999. From 2002 through 2005, she also directed the National Center's Victim Services. As one of the nation's leading authorities on legislation relating to crime victims, she analyzes victims' rights laws, provides technical assistance to federal and state lawmakers and advocates, and drafts model legislation. She has testified before Congress and state legislatures on bills affecting the rights and interests of crime victims and has conducted numerous trainings at the national and local levels. A graduate of the Georgetown University Law Center, Ms. Howley recently received the Lois Haight Award for Excellence and Innovation from the Congressional Victims' Rights Caucus at a Capitol Hill ceremony on April 6. She previously served on the National Advisory Committee on Violence Against Women and chaired the Victims Advisory Group to the U.S. Sentencing Commission.

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

Ms. Marsh currently works for the Rape, Abuse and Incest National Network (RAINN), the nation's largest anti-sexual assault organization, managing the National Sexual Assault Hotlines and coordinating services and communication with 1,100 affiliate sexual assault service providers nationwide. In addition, Ms. Marsh acts as the RAINN Project Manager for the Department of Defense Safe Helpline, serving the DoD community worldwide. With over 10 years of experience in the field of nonprofit management, Ms. Marsh has been published in the journal *Evaluation and Program Planning* and has presented at national victim services conferences on online crisis intervention best practices. Ms. Marsh testified before Congress in the spring of 2011 and was a member of the U.S. Department of Justice National Victim Assistance Standards Consortium and the Department of Defense Sexual Assault Advocate Credentialing Program Certification Committee. In 2012, Ms. Marsh was appointed by the Director of the Peace Corps to serve as the Chair of the Volunteer Sexual Assault Advisory Council. She has been featured on ABC News, NBC News and CNN, as well as in *People*, *Seventeen*, and *Cosmopolitan* magazines.

Kathleen Petersen, Returned Peace Corps Volunteer

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

Kristina Rose, Deputy Director, Office for Victims of Crime, U.S. Department of Justice

Ms. Rose joined the Office for Victims of Crime in September 2013 to serve as the Deputy Director. Prior to this, Ms. Rose was the Deputy Director for the National Institute of Justice (NIJ), the Department of


Justice's research and evaluation arm. Ms. Rose also served as NIJ's Acting Director from 2009-2010. Prior to joining NIJ, Ms. Rose was the Chief of Staff at the Department's Office on Violence Against Women. While with the Department of Justice, Ms. Rose has spearheaded numerous large-scale projects in the area of violence against women, including the first national survey on stalking, the creation of a "virtual practicum" on sexual assault forensic exams, and an action research study on untested sexual assault kits. She is currently engaged in the creation of the Nation's first telemedicine center focused exclusively on providing sexual assault forensic exam assistance to medical providers in underserved areas. In 2012, Ms. Rose was selected for the Department of Justice's Leadership Excellence and Achievement Program (LEAP) and recently completed an eight-month developmental assignment as a victim advocate in the Victim/Witness Assistance Unit at the U.S. Attorney's Office in Washington, DC. Ms. Rose has a BA in sociology from George Mason University and an MS in criminal justice from Northeastern University.

Gisela Schmidt, Returned Peace Corps Volunteer

During her two years as a Peace Corps Volunteer in Kazakhstan, Ms. Schmidt worked as a Secondary Education teacher, instructing middle and high school students in the English language and American history and culture. She also started a Women's Club for college-age girls and developed lessons on confidence-building, women's rights, and introspection. Ms. Schmidt has a Bachelor of Arts degree from the University of Notre Dame and has worked in the fields of journalism and information technology.

Michael Weaver, MD, FACEP, FCC

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



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