



Peace Corps  
Sexual Assault Advisory Council  
Annual Report

October 2015



## PEACE CORPS SEXUAL ASSAULT ADVISORY COUNCIL

October 28, 2015

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

Dear Ms. Hessler-Radelet:

We are pleased to submit the fourth annual report of the Peace Corps Sexual Assault Advisory Council (the "Council"). This submission fulfills the annual reporting requirement of the Kate Puzey Peace Corps Volunteer Protection Act of 2011 (the "Kate Puzey Act"). The Council's first meeting this year was May 14-15, 2015, with 19 members in attendance. Since then, Council members representing a wide range of expertise have worked to assist and assess the Peace Corps' efforts to reduce risk and improve the response to victims of sexual assault.

The Council continues to be impressed with the Peace Corps for its dedication to fulfill the mandates of the Kate Puzey Act and for the development of a wide range of programs and services for its Volunteers. Whether implementing new policies, introducing new staff and Volunteer training, or working to monitor and evaluate programs and services, the Peace Corps has demonstrated an ongoing commitment to its Volunteers.

In addition, under your leadership the Peace Corps has displayed an unwavering commitment to the sustainability of these efforts. Together, the Peace Corps staff and the Council will continue to question, strategize, and support best and promising practices in order to support the continued growth of the Sexual Assault Risk Reduction and Response Program for the good of all current and future Volunteers and the organization.

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. The spirit of Kate and these Volunteers lives on through the work of the Council and we are honored to carry on the legacy. We are also grateful to those Volunteers who, having suffered sexual violence, have been willing to share their experiences regarding the responses they received. Their personal stories and feedback are invaluable to both the Peace Corps and the Council as we work to monitor and improve training and response.

We present these findings and recommendations with confidence that Peace Corps staff will continue to work with the Council and other experts to further address how the Peace Corps reduces risk and improves response to victims of sexual assault.

Sincerely,



Carmella Donahue  
Council Chair



Suzanne M. Holroyd, PhD  
Council Vice Chair

## PEACE CORPS VOLUNTEER SEXUAL ASSAULT ADVISORY COUNCIL

To the President

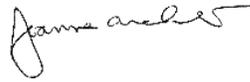
To the Chair, Senate Committee on Foreign Relations

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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Sexual Assault Resource Agency (SARA)



**Joanne Archambault**  
Executive Director  
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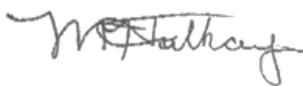
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## ACRONYMS AND DEFINITIONS

**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.

**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

**DSS:** Designated Security Specialist

**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

In the years since the Kate Puzey Act was passed, the Peace Corps has worked diligently and meticulously to implement a new Sexual Assault Risk Reduction and Response Program (SARRR) that raises the bar on support and services that are provided to Volunteer victims. The Peace Corps recognized the need for change and wholeheartedly embraced that concept. From 2011 to 2013, they assessed, discussed and planned for improvements. On September 1, 2013, the Peace Corps formally launched the program, rolling out new policies, procedures, staff responsibilities and training for both Volunteers and staff. Restricted reporting became an option for Volunteers, as well as access to a Sexual Assault Response Liaison (SARL). All of these programs were developed with the intent to improve collaboration, response and the overall experience of Volunteers who had experienced the worst.

However, it has not been easy. As seen with local Sexual Assault Response Teams, that level of expansion does not happen quickly without growing pains. At this point, the Peace Corps faces the same challenge shared by many organizations that seek to shift from a series of sound policies and programs to an institutional culture which weaves the underlying concepts throughout its organizational endeavors. In general, the Council simply noted that the volume of new services and policies created some confusion; moving forward, Peace Corps needs to tighten up training and streamline policies to ensure a beneficial impact for all.

While the nexus behind this report is to fulfill the Council's mandated requirement to Congress, the process itself has become vitally important to all. Through the information sharing phase, Council members question, discuss and debate policies and programs that can be successful in this complex environment in which the Peace Corps exists. The opinions of experts, with both domestic and international backgrounds, provide a framework for a rich exploration of new ideas and approaches. However, it is equally important to note that the Council views a snap-shot of the big picture, reviewing areas that are often in flux and still growing. Given the timeframe, the Council will always be challenged with understanding how components fit into the large and overarching response. The 2015 Summary of Findings is as follows:

### Promoting and Supporting Institutional Change

In 2015, the Council found that, while the Peace Corps has a strong mission statement, they do not in fact have an organizational "values" statement which can serve as a overarching guide for staff on how to do business. To that end, the Peace Corps should align its values across the Agency to reflect a focus by leadership, staff and Volunteers on sexual assault prevention and response. The Council also found that elements of the Kate Puzey Act have not yet been included in the five-year Agency Strategic Plan. Moving forward, the Council built a series of recommendations to help guide the Peace Corps on these efforts. To additionally help build awareness and support for the institutionalization of its sexual assault efforts, the Council recommends the Peace Corps create a "forward leaning" communications plan. This will allow Peace Corps staff at all levels to understand and communicate items which are vital to all.

### Policy and Training

This year, the Council had a number of new members who brought a fresh outlook to the policy and training efforts of the Peace Corps. The overall finding by these members was that Peace Corps should continue to refine their policies to ensure they are victim centered and trauma informed. Quite simply, all staff must understand trauma; equally important is the need for Volunteer victims to be heard throughout all stages of the response process, post-assault. In the past year, the Peace Corps has experienced its own ups and downs, working to identify what programs and policies are having their intended result, and which are, in some cases ever so slightly, missing the mark. Specific areas for consideration include policies or directives that might trigger an unwanted investigative response or compromise reporting

options. In addition, the Council strengthened our recommendation to ensure that lesbian, gay, bisexual, and transgender issues are appropriately addressed throughout all aspects of service and training.

### **Prevention and Collaboration**

In reviewing the prevention efforts of the Peace Corps and the SARRR Program, the Council found that while individual prevention efforts are being made, often through training, they lack a truly coordinated effort. To that end, Peace Corps should create a comprehensive sexual assault prevention strategy; in doing so, they should identify and address risk and protective factors for sexual assault. The Council also encouraged the Peace Corps to develop a pilot for multi-national collaboration with the intent of leveraging existing resources and services which might already be available in its operating regions. This collaboration could help Peace Corps become an example of improved service delivery worldwide.

### **Medical and Mental Health**

To advance progress in the area of medical and mental health, Peace Corps should consider several recommendations which will expand support to victims as well as the overall Peace Corps staff. The Council found that some programs/trainings in place to support the medical and mental health efforts had been developed for a domestic audience, and weren't taking into account the challenges and complexities of the Peace Corps system. As a result, the Council recommends creation of a specific training curriculum for the Peace Corps medical officers that addresses the needs of Volunteers when both evidence collection and treatment options are inconsistent at a local level. The Council also found the use of telemedicine was yet to be considered as a viable option; a pilot project to explore this technology could have a positive and lasting impact on victim services. The Council also found a missing component in that victims did not receive information after an assault via "hard copy" but instead in conversation. A number of recommendations support the tightening up of service delivery to ensure victims are getting what they need.

### **Monitoring and Evaluation**

Given the time frames on the Monitoring and Evaluation process, it was difficult for the Council to review any of the outcomes based on the new policies (since the first year evaluation period concluded after the Council meetings.) Instead, the Council focused on reviewing the overall policies guiding the monitoring and evaluation process. Recommendations include: continuing to transform the agency into a trauma-informed organization and developing indicators to determine if this shift is occurring. To aid in its monitoring and evaluation efforts, Peace Corps should improve and streamline data collection and management. Finally, since some analysis will require access to personally identifiable information, Peace Corps monitoring and evaluation staff should be granted appropriate access to that data.

### **Informal Recommendations**

With the many discussions and ideas generated by the Council, it is important to note that some observations did not rise to the level of a formal "recommendation" and have not been included as a part of this report. The Council instead provided "informal recommendations" to staff both through collaborative meetings as well as in a summary document to the Team Lead for the SARRR Program. In addition, the Council is providing considerations for the Office of the Inspector General (OIG), to support their office in this important process. It is hoped that this can be a tool to assist as the OIG engages in their review of Peace Corps programs beginning in late 2015.

### **Congressional Recommendations**

In addition to recommendations for the Peace Corps as a whole, the Council wanted to flag specific and pertinent issues for our Congressional leaders who impact the Peace Corps and its ability to provide cohesive services.

- Congress should consider revisiting the legislative restrictions that limit a Volunteer's ability to access post-service healthcare, including mental health counseling after separation of service.
- Congress should consider authorizing funding to support the efforts of Peace Corps to implement these new policies, programs and training. This would include specific funding to support the Peace Corps efforts to expand the use of a telemedicine program, with a pilot program rolled out over the next 3-5 years.
- Congress should consider supporting the efforts of the Council and Peace Corps staff to evaluate the future of the Council beyond the five-year mandate in 2017.

## INTRODUCTION

### Purpose of the Kate Puzey Peace Corps Volunteer Protection Act

The Kate Puzey Peace Corps Volunteer Protection Act of 2011 (“Kate Puzey Act”) detailed the requirements for the implementation of a robust and victim-centered approach for the Peace Corps to establish effective policies and programs as the basis of global sexual assault prevention and response programs for Volunteers. The legislation was named in honor of Kate Puzey, an outstanding and passionate Peace Corps Volunteer who was murdered while serving in Benin in 2009.

### Purpose of the Sexual Assault Advisory Council

To assist in the development of the Peace Corps’ prevention and response efforts, the Kate Puzey Act established the Sexual Assault Advisory Council (“Council”), and mandated the following:

*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.<sup>1</sup>*

In addition to offering program recommendations, the Kate Puzey Act also mandated that the Council serve an oversight function as well:

*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 response training, the sexual assault policy and 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.<sup>2</sup>*

Council members are 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.<sup>3</sup>*

A complete list of 2015 Council members and their qualifications can be found in the appendices.

### Purpose of the Report

As required under the Kate Puzey Act, this report addresses the Council’s requirement to submit an annual report on its findings following a review of the Peace Corps’ sexual assault prevention and response efforts.

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

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

<sup>3</sup> Sexual Assault Advisory Council Charter and Bylaws, Section 2B. To view a complete list of Council members and their qualifications, see Appendix.

## Methodology

As directed by the Kate Puzey Act, the Peace Corps Director appointed 19 members for the 2015 Sexual Assault Advisory Council. (Appendix A) Council members were provided a wide variety of background materials, including previous years' reports and more than 100 documents on the Sexual Assault Risk-Reduction and Response program. The Council chair convened all the members for two in-person meetings in May and August.

At the first meeting, Council members were provided updates by Peace Corps staff on responses to recommendations offered by the 2014 Council as well as overviews of new Peace Corps policies, programs, and legislative initiatives related to sexual assault prevention and response. A summary of the findings is included in Appendix B. The Council chair asked the members to consider individual improvements that might still be needed, as well as strategic-level actions that could further the process of long-term institutionalization of the desired climate and program support.

Council members divided into subject matter working groups to discuss gaps or additional areas of focus judged to be useful for further improving prevention and response efforts. The working groups considered recommendations in the following areas:

1. Promoting and Supporting Institutional Change
2. Policy and Training
3. Prevention and Collaboration
4. Medical and Mental Health
5. Monitoring and Evaluation

*Note: This report addresses recommendations and observations in each of these topic areas.*

Over the summer, subcommittee members collaborated to further refine their recommendations. They drew upon subject matter experts, best and promising practices, practices in place in other agencies and federal departments, and academic settings to provide concrete recommendations to the Peace Corps.

At the August 6-7 meeting, the Peace Corps staff provided updates on initiatives discussed over the summer. Council members met in their working groups to review the wording of their recommendations, which were then shared with the full Council. The Council chair facilitated a discussion to finalize the recommendation list and lay out a path ahead for the development of this report.

## 2015 COUNCIL RECOMMENDATIONS CHART

### 1. Promoting and Supporting Institutional Change

1.1	The Peace Corps should align its values across the agency to reflect a focus by leadership, staff, and Volunteers on sexual assault prevention and response.
1.2	The Peace Corps should include elements of the Kate Puzey Act into its five-year strategic plan.
1.3	The Peace Corps should create a strategic communications plan.
1.4	The Peace Corps should consolidate its theories of change into one model.

### 2. Policy and Training

2.1	The Peace Corps should revise its policies, procedures, and training to ensure a more victim-centered approach throughout the prevention and response to sexual assault.
2.2	The Peace Corps should enhance its policies, procedures, and training to further refine itself as a trauma-informed organization.
2.3	The Peace Corps should review policies to ensure Volunteer-centered confidentiality and reporting procedures related to sexual orientation and gender identity.
2.4	The Peace Corps should review its sexual orientation and gender identity policies and training to ensure lesbian, gay, bisexual, and transgender issues are appropriately reflected.

### 3. Prevention and Collaboration

3.1	The Peace Corps should create a comprehensive sexual assault prevention strategy.
3.2	The Peace Corps should identify and address risk and protective factors for sexual assault.
3.3	The Peace Corps should develop a pilot for multinational collaboration.

### 4. Medical and Mental Health

4.1	The Peace Corps should create an agency-specific training curriculum for Peace Corps medical officers.
4.2	The Peace Corps should institute the use of telemedicine technology to provide trauma-informed care and victim advocacy services to Volunteers.
4.3	The Peace Corps should create a plan to foster staff resilience.
4.4	The Peace Corps should create a single package of support information for Volunteers who are victims of sexual assault.
4.5	The Peace Corps should identify a cadre of mental health providers who are able to provide post-service counseling to Volunteers who have experienced sexual assault during service.

### 5. Monitoring and Evaluation

5.1	The Peace Corps should develop indicators for trauma-informed practice and organization.
5.2	The Peace Corps should improve and streamline data collection and management.
5.3	The Peace Corps should grant appropriate monitoring and evaluation staff access to data containing personally identifiable information.

## PROMOTING AND SUPPORTING INSTITUTIONAL CHANGE

In only a few years, the Peace Corps has implemented numerous programs and initiatives to address the issue of Volunteer sexual assault. At this point, the Peace Corps faces the same challenge shared by many organizations that seek to shift from a series of sound policies and programs to an institutional culture that weaves the underlying concepts throughout its organizational endeavors. An organization's value statement is a key indicator of issues held to be at the core of how it does business. To that end, the Peace Corps should align its values across the agency to reflect a focus by leadership, staff, and Volunteers on sexual assault prevention and response. Actions necessary to put a value statement into action should be reflected in an agency's strategic plan, so as the Peace Corps considers its five-year agency strategic plan, relevant elements of the Kate Puzey Act should be incorporated into that plan. To help build awareness and support for the institutionalization of its sexual assault efforts, the Peace Corps should create a "forward leaning" communications plan. Finally, as the program evolves, any changes should be considered in terms of both their risk reduction and response impact.

### Recommendation 1.1

*The Peace Corps should align its values across the agency to reflect a focus by leadership, staff, and Volunteers on sexual assault prevention and response.*

**Rationale:** The core values of any organization serve as the standard by which all programs and initiatives should be aligned. Core values serve as a reference point to offer current and potential employees guideposts around which organizational activities will be built. If potential initiatives or employee expectations are not aligned with those core values, then that gap needs to be addressed. In addition to guiding current staff, a well-socialized set of core values can help guide incoming leadership. Finally, the process itself of developing an agreed-upon set of core values can be a unifying effort across the organization if every echelon is involved in their development.

**Recommendation:** In order to institutionalize lasting and robust sexual assault prevention and response practices, the Peace Corps needs to be able to point to core values that reflect its commitment to this issue. Core values such as 'transparency' and 'victim focused' send a clear signal on the organization's commitment on this critical topic from an external perspective; internally, it can ensure sufficient resources and appropriate policies are in place to implement those values as the organization moves through its own strategic planning and implementation process.

### Recommendation 1.2

*The Peace Corps should include elements of the Kate Puzey Act into its five-year agency strategic plan.*

**Rationale:** Annually, the Peace Corps engages staff to evaluate its progress in the implementation of its multiyear strategic plan. The previous plan, "Peace Corps Strategic Plan Fiscal Years 2009–2014," guides the agency in achieving its long-term goals. These include the following:

1. Enhance the capacity of host country individuals, organizations, and communities to meet their skill needs
2. Promote a better understanding of Americans on the part of host country individuals, organizations, and communities served by Volunteers

3. Foster outreach to Americans through agency programs that assist Volunteers and returned Peace Corps Volunteers to help promote a better understanding of other peoples on the part of Americans
4. Provide Volunteers, who represent the diversity of Americans, to meet the evolving technical needs of host countries
5. Implement the Peace Corps mission in an effective and efficient manner through the provision of high-quality Volunteer support with optimal health care, safety and security support, and management of resources

Since the strategic plan was prepared prior to the Kate Puzey Act of 2011, the exact provisions of that legislation were not directly addressed in the current plan.

**Recommendation:** Future revisions to the strategic plan present an opportunity to focus on the strategic-level needs and requirements associated with sexual assault prevention and response. The Peace Corps needs to ensure that the plan has been updated to include requirements as laid out in the Kate Puzey Act and the Sexual Assault Risk-Reduction and Response program.

The integration of the sexual assault prevention and response components into the agency's strategic plan is an opportunity to illustrate how virtually every part of the organization has some role in addressing this issue. In addition, weaving the needs and requirements associated with this issue throughout the plan will facilitate the long-term institutionalization of the concepts, attitudes, and requirements necessary to address this complex topic.

### Recommendation 1.3

#### *The Peace Corps should create a strategic communications plan.*

**Rationale:** The Peace Corps has made significant strides in addressing sexual assault within the agency through the development and implementation of new policies and resources. The next step is to educate Volunteers, staff, and Congress about these successes. The Peace Corps has an opportunity to tell the collective story of its commitment to caring for Volunteers and staff through the way it communicates these initiatives.

**Recommendation:** The Council recommends that the Peace Corps create a strategic communications plan to raise visibility of the agency's sexual assault risk-reduction and response initiatives. By highlighting the agency's new policies and resources, the Peace Corps can establish itself as a leader in sexual assault prevention and response and further demonstrate the agency's commitment to caring for its Volunteers worldwide.

The development of a strategic communications plan should consider the following:

1. **Transparency:** Highlighting specific steps and innovative strategies that the Peace Corps has implemented to support Volunteers and staff.
2. **Sensitivity:** Incorporating gender-inclusive/gender-neutral pronouns and other language that supports all relevant groups within the Peace Corps.
3. **Message integration:** A strategic rollout of its campaign efforts, folding core messages into new and existing communications channels for both staff and the public.

During the development phase, the Peace Corps should explore the potential for obstacles or synergies that may arise during implementation of the plan. They should explore internal or external resources that might be allocated for the campaign as well as communications deadlines and deliverables that might

affect the rollout. Messaging about the new policies and resources can be folded into existing communications channels and materials (i.e., website, newsletter, social media). The Peace Corps may additionally decide to produce deliverables for a more robust messaging campaign to further raise the visibility of the agency's work.

A strategic communications plan should span five years (as the Peace Corps strategic plan does), with the understanding that it would be revisited in five-year increments. This roadmap will help guide the Peace Corps in its efforts to articulate its goals and commitment to preventing sexual violence, as well as influence how the Peace Corps is perceived in providing after-care to victims.

## Recommendation 1.4

*The Peace Corps should consolidate its theories of change into one model.*

**Rationale:** Like many organizations, the theories of change guide the monitoring and evaluation work of Peace Corps Sexual Assault Risk-Reduction and Response program. The Peace Corps has developed and currently utilizes two theories of change for its Sexual Assault Risk-Reduction and Response work: one for risk reduction and another for response. While the current risk-reduction theories of change maps the connections among challenges, requirements, strategies, interventions, expected results, and assumptions, it lacks solid indicators and an implementation plan. Conversely, while the current response theories of change has a solid implementation plan with mapped indicators, metrics, and data sources, it lacks a fully realized logic model.

**Recommendation:** The agency should consolidate the risk reduction and response theories of change into one single theory of change. The theories of change should include prioritized measurement areas based upon existing and preliminary data and have shared expected/desired outcomes. The effort should contain a consolidated measurement and evaluation plan with explicit strategy informed by "Peace Corps' Spectrum of Prevention: A strategy to reduce risk of sexual assaults against Volunteers." It would be important to have strategies in place to continue working toward the goal of increased reporting, particularly around Volunteer on Volunteer sexual assaults as well as plans and outcomes for evaluating community-level and structural risk reduction and response strategies.

Consideration should be given to streamlining and reducing the number of constructs and indicators that are prioritized through data-driven decision making, based upon existing and preliminary data and qualitative exploration. It would be important to have the underlying assumptions mapped onto it, particularly where both theory failures and/or successes have already presented themselves, for the purposes of exploring the influence of assumptions on evaluation results. If need be, the effort should include qualitative methods and analysis with relevant groups and stakeholders to determine unaddressed assumptions and factors.

The desired end point is that the Peace Corps would have a comprehensive theory of change that both guides its Sexual Assault Risk-Reduction and Response program and provides clear pathways to monitoring and evaluation of this program. All aspects of the program would be mapped to the theory of change and, if prioritized, have the potential to be monitored and evaluated. There is a key staff involvement component to this effort. When using participatory methods, participants may need an introductory informational or training session on theories of change or logic models and their purposes. Outcomes should be developed that are feasible to measure.

## POLICY AND TRAINING

Numerous changes have been made in Peace Corps policy and training areas to reflect the implementation needs tied to the Kate Puzey Act, with the intent of creating an organization that is both victim-centered and trauma-informed. However, there are revisions or additions to consider to further the agency's shift toward incorporating a victim-centered approach throughout the prevention and response to sexual assault. Similarly, the Council identified several opportunities for the Peace Corps to enhance its policies, procedures, and training to further refine itself as a trauma-informed organization. It is also important to assess whether lesbian, gay, bisexual, and transgender issues are appropriately reflected throughout policy and procedures

### Recommendation 2.1

*The Peace Corps should revise its policies, procedures, and training to ensure a more victim-centered approach throughout the prevention and response to sexual assault.*

**Rationale:** The Peace Corps has made significant progress in the establishment of their policies and procedures regarding sexual violence since the inception of the Kate Puzey Act. In general, policies guiding the prevention of and the response to sexual violence are comprehensive and address the needs of victims. The ability for a victim of sexual assault to be heard throughout the process of a system wide response is crucial to the person's recovery, and will ultimately reduce trauma, provide empowerment, help to reestablish control, and decrease feelings of helplessness. Given that, with the core elements of the prevention and response program in place, there could be opportunities to build on previous efforts to better ensure a victim-centered approach in the agency's response to these offenses.

**Recommendation:** Create a victim-centered approach to sexual violence prevention and response by enhancing applicable policy and procedures to incorporate the victim's voice throughout the various stages of the post-assault decision-making process.

The recommended enhancements for the Peace Corps to consider include, but are not limited to, the following:

- Develop expanded reporting options, to include mechanisms for victim-centered third-party or alternative reporting
- Utilize victim-sensitive terminology in survey instruments, guide sheets, checklists, and forms; the information the Peace Corps needs to collect does not necessarily correspond with the information the victim needs to make informed choices or understand processes
- Create Peace Corps-recommended strategies for sexual assault survivors interacting with the media following publicity resulting from an event
- Elicit and seek to honor a victim's preferences at critical steps of the official response process and ensure that the victim's best interest and desires pertaining to the investigation are considered throughout the process

## Recommendation 2.2

*The Peace Corps should enhance its policies, procedures, and training to further refine itself as a trauma-informed organization.*

**Rationale:** In addition to focusing on the needs of the individual victim (as addressed in the previous recommendation), organizations such as the Peace Corps should conduct their broader business efforts in a trauma-informed manner. To become and remain a truly trauma-informed organization, staff members at every level of the organization—not just those involved in direct services to traumatized Volunteers—must integrate into the agency culture the concepts related to trauma-informed services and how to be a trauma-informed organization.

**Recommendation:** The Peace Corps should institute organization-level changes that ensure care is extended not only to direct victims of sexual assault, and not solely in response to this offense, but also in observance of the far-reaching, long-term effects these crimes inflict on the organization as a whole. It should also consider implementing measures that will ensure a cohesive and comprehensive organizational response to sexual assault.

The recommendations to establish a more trauma-informed organization within the Peace Corps include, but are not limited to, the following:

- Institute a Crisis Intervention and Response Peer Team
- Explore an expanded role for the sexual assault response liaisons
- Require cross-office review of draft policies and guidelines to ensure procedures for one entity are not counterproductive for another. For example, the technical guide for medical officers currently instructs providers to *not* collect evidence of drug-facilitated sexual assault, which could be critical to an Inspector General investigation
- Augment stalking, screening, and response policy to ensure coverage and consideration of intimate partner violence factors as precursors to other violent sexual crimes
- Explore the potential to extend or increase post-service care for victims of sexual assault, as well as affected family members
- Establish partnerships with external organizations to enhance a coordinated post-sexual assault response, such as ongoing case management services and therapeutic resources

The intended outcome is to identify institutional changes that will improve the over-all response process and account for the far-reaching, long-term effects of sexual trauma, not only on direct victims, but also for the organization, not only immediately, but long term. These findings would be coordinated with the articulation and implementation of the Peace Corps' core values (Recommendation 1.1), which must explicitly include and implicitly support the embracing of trauma-informed principles into the heart of the organization.

Additionally, the Council recommends consideration of policies and procedures for staff hiring, evaluation, and retention that reflect the agency's commitment to trauma-informed values and behaviors. For example, questions should be added to protocols for interviewing potential staff to offer insight into the interviewees' views on supporting victims of sexual assault, regardless of their potential role in the organization. This is especially critical for positions such as the directors of the Counseling and Outreach Unit and the Office of Medical Services. Additionally, this would include country directors who often set the tone for posts and whose actions can have significant impact on the lives of traumatized Volunteers.

Furthermore, the Kate Puzey Act specifically directs the inspector general to submit a report to Congress “describing how Peace Corps representatives are hired, how Peace Corps representatives are terminated, and how Peace Corps representatives hire staff, including an assessment of the implementation of the performance plans”<sup>4</sup> associated with the requirements of the Kate Puzey Act. That report would be key to understanding what gaps might exist.

### Recommendation 2.3

*The Peace Corps should review policies to ensure Volunteer-centered confidentiality and reporting procedures related to sexual orientation and gender identity.*

**Rationale:** As the Peace Corps takes steps to cultivate a Volunteer-centered approach, policies, procedures, and resources regarding confidentiality and reporting must take into consideration that Volunteers may not have made their sexual orientation and/or transgender status public. Additionally, there are criminal and legal issues in various posts regarding LGBT, sexuality, and gender issues. In light of this, Volunteers might distrust Peace Corps sexual assault response policies and procedures.

**Recommendation:** To build the required trust and understanding of support so that all Volunteers feel safe reporting, the Council recommends drawing on best practice resources to implement the following:

- Researching and ensuring completely transparent communication to all staff and Volunteers regarding legal issues related to sexual orientation, gender identity, and sexual assault
- Creating and/or maintaining safe pathways for reporting about same-sex and transgender assaults, such as a self-selected staff member(s) and availability of an out-of-country hotline, both of which are sensitive to issues faced by sexual orientation and gender identity minorities
- Making available self-help resources for victims of sexual assault that can be accessed without the knowledge of anyone but the user<sup>5</sup>

### Recommendation 2.4

*Peace Corps should review its sexuality and gender policies and training to ensure lesbian, gay, bisexual, and transgender issues are appropriately reflected.*

**Rationale:** At present, lesbian, gay, bisexual, and transgender (LGBT) trainings designed and conducted through the Same-Sex Couple Initiative primarily use the language of identity (gay, lesbian, bisexual, transgender). However, same-sex sexual assault can be experienced by people who do not identify as LGBT. Sexual assault can result in victims questioning their own sexual orientation and/or gender identity, and there is a common concern that gender identity or sexual orientation will become the focus of sexual assault response rather than the assault itself. Factors such as these can be important considerations in a victim’s decision to report and seek help.

**Recommendation:** The Peace Corps should consider improvements to be made to its sexual orientation and gender identity-related training to ensure it supports the risk reduction and response needs of those potentially affected by LGBT, sexuality, and/or gender issues. Specific improvements could involve the following:

<sup>4</sup> Kate Puzey Volunteer Protection Act of 2011, P.L. 112-57, Sec 8E(d).

<sup>5</sup> For an example, see FORGE’s “Trans Sexual Violence Survivors: A Self-Help Guide to Healing and Understanding” (2015).

- Including a balance between increased competency toward Volunteers who identify as LGBT and increased competency to handle the fluidity (non-stagnancy) in gender identity and sexual orientation
- Ensuring gender-neutral language of training and policy materials (e.g., use of “individual,” “person,” or “one” rather than “he or she,” or “they” in the plural)
- Ensuring that differences between sexual orientation and gender identity are addressed properly in training materials (i.e., transgender issues are not assumed as the same as sexual orientation issues)
- Formulating examples, role plays, interactive activities, etc., as inclusive of sexual orientation and gender identity minorities, in that they speak to the specificity of diverse experiences
- Having Peace Corps posts explore their ability to offer environments that are inclusive to sexual orientation and gender identity minorities, such as with signage and language
- Incorporating language and training on how to be an LGBT ally into staff, Volunteer, and bystander sexual assault risk reduction and response training

This effort should involve cooperation between the Peace Corps Sexual Assault Risk-Reduction and Response program team and the Same-Sex Couples Initiative team that is developing and conducting sexual orientation and gender identity trainings. Further, the agency should utilize partnerships with national and/or international LGBT organizations that address the intersection of sexual orientation and gender identity issues and sexual assault.

## PREVENTION AND COLLABORATION

Like many organizations that had initially focused on victim care and response efforts, expanding prevention efforts will allow the Peace Corps to build the capacity to prevent the incident from occurring in the first place. To that end, the Peace Corps should create a comprehensive sexual assault prevention strategy and, in doing so, identify and address risk and protective factors for sexual assault. For any victim care or prevention effort, capacity challenges are always an issue, so to address those challenges overseas, the Peace Corps should develop a pilot for multinational collaboration with the intent of leveraging existing resources and services that might already be available in its operating regions.

### Recommendation 3.1

*The Peace Corps should create a comprehensive sexual assault prevention strategy.*

**Rationale:** Regardless of the kind of change needed in any organization, a comprehensive and integrated strategy will ensure that all stakeholders are aligned toward achieving the same endpoints and steps necessary to get there. Given the complexity of preventing sexual assault, such a strategy is required to achieve the goal of greatly reducing the incidents of this crime. In addition, a strategy defined by a specific time period can be critical for long-term progress since, even if key players leave the organization, incoming staff should be able to pick up the strategy document and continue implementation.

In addition to the content, the process of developing that strategy can be critical to its long-term success. Buy-in from both leadership and implementers will facilitate the strategy development process and, at the end, ensure the key players have “ownership” in the outcome.

**Recommendation:** As mentioned in last year’s report, developing a formal strategy to prevent sexual assault— signed off by Peace Corps leadership—would help synergize, leverage, and expand the Peace Corps’ existing efforts. If created with agency wide input, the prevention strategy would do the following:

- Unify prevention efforts across the agency
- Allow for development of specific objectives that are time-dependent and measurable
- Identify tasks (by owner) to operationalize the prevention strategy

The Council recommends that the strategy development team comprise individuals from across the Peace Corps so the document reflects the varying organization roles and interests needed to ensure its success. If properly facilitated, that involvement should translate into ownership as the strategy is implemented. In addition, the prevention strategy should “flow” from the agency’s overarching strategic plan. This alignment will help identify needed resources or potential gaps.

The strategic plan should be a dynamic document. As illustration, the Peace Corps’ prevention efforts are guided by the multi-tiered Spectrum of Prevention, which features six key initiatives, including the following:

1. Strengthening Volunteers’ knowledge and skills
2. Promoting education across the wider Peace Corps community
3. Educating support providers
4. Fostering coalitions and networks
5. Changing organizational practices
6. Changing policies and procedures

*Note: The next recommendation addresses adding a seventh initiative area focused on identifying and addressing risk and protective factors.*

All of these initiatives both overlap and rely on others on the list. A clearly delineated strategy will help identify those overlaps and reliances. For example, efforts to foster coalitions and networks can be connected with promoting education across the wider Peace Corps community. What coalitions can the Peace Corps connect with that will also influence the Peace Corps community? A strategy will allow the organization to identify these leverage points.

In addition to specific tasks (that are time connected), metrics should be developed that allow for the assessment of progress. While outcome data is always preferable, output data may be suitable. For example:

1. Strengthening Volunteers' knowledge and skills -- Outcome metric: Volunteer survey results
2. Promoting education across the wider Peace Corps community -- Output metric: Number of outreach meetings held with key audiences

The objective statement derived from each initiative topic needs to reference the desired endpoint. For example, two years after the implementation of the prevention strategy, survey results should show a 90 percent knowledge of key sexual assault policies.

Many federal entities, such as the Department of Defense, have prevention strategies that might offer useful templates for the strategy. (Peace Corps staff have met with the Department of Defense on its sexual assault prevention strategy.) At a minimum, the Peace Corps should meet with those entities to understand any lessons learned from their development process. In addition, strategies designed to address other harmful behaviors, such as suicide and domestic violence, might include techniques or tasks that could be adapted for the Peace Corps' efforts.

## Recommendation 3.2

### *The Peace Corps should identify and address risk and protective factors for sexual assault.*

**Rationale:** Effective sexual assault prevention strategies are comprehensive and should address multiple levels of influence for sexual assault victimization and perpetration, including individuals' characteristics, their relationships, and their physical, social, and cultural environments. As noted in previous recommendation, the Peace Corps has adopted the Spectrum of Prevention as the basis of its prevention efforts. While the Peace Corps has successfully implemented many aspects of the Spectrum of Prevention model, one concern is the lack of strategies targeting community-level risk and protective factors through the use of structural, environmental, and/or programmatic interventions.<sup>6</sup>

If those risk and protective factors were included in prevention efforts, the Peace Corps would have a good, evidence-based understanding of both country-specific and global risk factors for sexual assault.

<sup>6</sup> For the purposes of this document, a distinction is made between *community-based* interventions and *community-level* interventions. *Community-based* interventions are implemented in a community setting but target change in individual-, peer-, or family-level factors (e.g., attitudes, knowledge). *Community-level* interventions target modifiable risk and protective factors that are characteristic of communities and that are empirically or theoretically associated with sexual violence (e.g., physical environment, level of community support).

The Peace Corps could institutionalize the use of that knowledge to decrease sexual assaults through the implementation of strategies to ensure safe site selection, housing, counterpart selection, and other structural, environmental, and programmatic characteristics.

**Recommendation:** To address this gap, the Peace Corps should identify and address modifiable community, structural, and programmatic risk and protective factors for sexual assault. An initial step in this effort should include performing a case control study (or other appropriate epidemiological or inferential study) to identify modifiable community, structural, and programmatic characteristics that place Volunteers at increased risk of sexual assault.

In such a study, consideration should be given to whether Volunteers are at higher risk of sexual assault based on factors such as the following:

- Presence at their site or off site
- Serving in a new site versus an established site
- Number of prior Volunteers at site
- Characteristics of Volunteers' living facilities (walls/doors)
- Presence/characteristics of a courtyard
- Distance to latrine or water source
- Presence of/characteristics of Volunteer host families
- Presence of/characteristics of Volunteers' counterparts
- Distance to closest neighbor
- Volunteers' length of service and type of work

The results of this case control/other study would help identify Volunteers currently at increased risk for sexual assault and develop appropriate strategies for them. In addition, the agency would be able to develop strategies (global and country-specific) to decrease or minimize community, structural, and programmatic characteristics that increase Volunteers' risk of becoming victims of sexual assault. Insights from this assessment should be woven into the Peace Corps' overall sexual assault prevention planning and operations.

The successful implementation of the study would require access to appropriate, country-specific data sources. The Peace Corps might consider collaborating with the Centers for Disease Control and Prevention; CDC might be able to provide assistance from an Epidemic Intelligence Service officer. While the Peace Corps has an epidemiologist on staff, additional consultation is always beneficial.

An implementation challenge might be that some types of data might be difficult to obtain from sites. The large number of countries to be included is challenging and identified strategies might not be appropriate for all countries. Risk factors may vary by country and region and may be masked by performing a global case-control study. Instead, it might be more appropriate to perform multiple smaller regional studies.

### **Recommendation 3.3**

***The Peace Corps should develop a pilot for multinational collaboration.***

**Rationale:** Clearly the Peace Corps is operating in some of the most challenging parts of the world, where connecting sexual assault victims with resources and a support network can be difficult. However, while a Volunteer may be working in a remote area, that country may be hosting other U.S. government and nongovernmental organizations that could provide valuable and timely support for a Volunteer who is a sexual assault victim.

**Recommendation:** To determine what level and type of collaboration might be possible with other U.S. government or nongovernmental organizations, the Peace Corps should employ a country-specific collaboration model that could be piloted in a small number of countries (three to five) that are currently reporting a high number of sexual assault cases. While not feasible for all countries in which the Peace Corps operates, identifying opportunities for some type of collaboration could be beneficial to the agency.

A suggested starting point for this dialogue is the Department of Defense and the Department of State, to identify if there are regions where their presence, resources, and needs overlap. An in-country meeting could be convened with medical, security, consular, and advocate staff from the various agencies to share information, resources, handouts, etc. Information on local laws, facilities, and services could be compiled for use by any victim in need. While a benefit to the Volunteer victims, this could also build capacity for private U.S. citizens or employees in need.

Another area of potential collaboration could be the sharing of “vetted” counselors and lawyers who might be a resource for a Volunteer. For example, if a Volunteer feels comfortable meeting with a counselor in a host country—who is known to the Peace Corps and others in the pilot program—then that counseling could potentially be sufficient for the Volunteer and eliminate the need to return home.

## MEDICAL AND MENTAL HEALTH

To continue to advance its progress in the area of medical and mental health, the Peace Corps should consider several recommendations to further expand support to victims as well as the overall Peace Corps staff. For example, the agency should create a Peace Corps-specific training curriculum for Peace Corps medical officers, as well as develop a plan to foster staff resilience. Given the growing body of experiences with telemedicine throughout the national medical and mental health community, the Peace Corps should develop a pilot program intended to lead to the use of telemedicine technology to provide trauma-informed care and victim advocacy services to Volunteers. Recognizing that having access and control over information can be a key factor in a victim's recovery, the Peace Corps should create a single, "hard-copy" package of support information for Volunteers who were victims of sexual assault. Further, recognizing that Volunteers might need counseling after they return home, the Peace Corps should identify a cadre of mental health providers able to provide post-service counseling to Volunteers who have experienced sexual assault during service.

### Recommendation 4.1

*The Peace Corps needs to create a Peace Corp-specific training curriculum for Peace Corps medical officers.*

**Rationale:** Sexual violence is a significant healthcare issue, as it often has severe and lasting effects on the physical and emotional well-being of victims. The Peace Corps medical officers need training in this area in order to be effective healthcare providers. Interacting with patients who have experienced sexual violence is likely inevitable for any medical officer working within the Peace Corps. Even if a patient does not experience sexual violence while serving overseas, Volunteers may have experience with sexual violence earlier in their lives. Further, as current data demonstrates that medical, nursing schools, and residency programs continue to fall short in providing this type of education,<sup>7</sup> the Peace Corps should assume that newly hired medical officers will not have sufficient foundational training in this area prior to coming to the agency.

**Recommendation:** The Council recommends creating a Peace Corp-specific training curriculum—as well as vehicle for teaching that curriculum—for all medical officers on both the acute- and long-term health-care response to and consequences of sexual violence. Medical officer medical-forensic training needs to be tailored to the realities of the Peace Corps, rather than trying to translate the Peace Corps' clinical issues and realities through the lens of another organization's packaged training program. These pre-existing training programs often only address the acute period. If used by the Peace Corps, medical officers will not receive critical education about the long-term needs of sexual assault patients.

The Council recognizes that time and resources will be significant challenges to implementing this recommendation. To address at least a portion of those requirements, the Peace Corps should tap into the expertise on the Sexual Assault Advisory Council to simplify the process of finding subject matter experts to assist in developing the curriculum. New online training, webcasts, and e-learning tools should be utilized to their maximum capabilities.

Ultimately, the organization should be able to provide a more trauma-informed approach to the health care of Peace Corps Volunteers by educating medical officers to not only respond to sexual violence in a

<sup>7</sup> Sande, MK, et al. (2013). Sexual Assault Training in Emergency Medicine Residencies: A Survey of Program Directors. *Western Journal of Emergency Medicine*, 14(5), 461-66.

comprehensive, patient-centered fashion, but to understand the impact that sexual violence may have on the health and well-being of Volunteers, regardless of when that experience may have occurred. This training should be evaluated, modified, and updated over time.

## Recommendation 4.2

***The Peace Corps should institute the use of telemedicine technology to provide trauma-informed care and victim advocacy services to Volunteers.***

**Rationale:** Victims of sexual assault should have as many options as possible available to them for receiving services from the Peace Corps after a sexual assault. Telemedicine allows real-time face-to-face contact between health providers and patients via videoconference technology. It is commonly used around the world to deliver health services to remote and underserved communities. Using telemedicine to deliver face-to-face trauma-informed care and advocacy for Volunteers who have experienced sexual assault could be highly effective, both in the immediate aftermath of a sexual assault and also for longer-term care.

**Recommendation:** The Council repeats its previous recommendation to explore the use of telemedicine to provide counseling for Volunteers who do not have access to local, in-person counseling and for whom phone contact may not be enough. The recommendation has been revised slightly to include both trauma-informed care and victim advocacy services and to undertake a needs assessment to determine what would be necessary to implement this recommendation.

This telemedicine effort should start with an assessment to determine the feasibility of using telemedicine technology to deliver trauma-informed care and victim advocacy services in the aftermath of a sexual assault. The assessment should lead to the implementation of a pilot project to test its use in selected Peace Corps host countries. The assessment should include a scan of Peace Corps host countries to determine the technological capabilities and limitations for instituting telemedicine services. All options should be considered, including offering telemedicine consultations in locations other than the actual post where the Volunteer resides (e.g., somewhere the Volunteer can easily travel to and offers privacy and confidentiality). As stated in last year's report, telemedicine is a commonly used method to deliver needed medical and mental health services in remote and underserved areas and the Peace Corps offers the ideal setting for such a practice.

The Council recognizes that the implementation of a telemedicine technology approach requires a significant investment of time and money, as well as training for all providers who would be using the technology, both at headquarters and at post. This concept should not be abandoned because it cannot be implemented in every country the same way. Beginning with a few sites will enable the Peace Corps to test a model that works best for them. The Council recommends that the Peace Corps secure a research partner that can conduct a process evaluation to measure the implementation process and document the steps that lead to achievement of the goal.

Telemedicine equipment and support can be costly. As a result, there may be financial barriers to instituting this practice, although a cost assessment is recommended. Congress should consider a line item appropriation for the exploration and implementation of telemedicine services for trauma-informed care and victim advocacy. Each country will likely experience its own unique challenges in terms of access, reliability, and usage. However, the benefits associated with offering this type of service to Volunteers who have experienced sexual assault are likely to outweigh the challenges that need to be overcome.

## Recommendation 4.3

### *The Peace Corps needs to create a plan to foster staff resilience.*

**Rationale:** In recent years, Peace Corps staff have been challenged to quickly and dramatically improve their services to sexual assault victims, while providing supportive quality services to Volunteer victims. The organization has added many new staff, implemented new policies and trainings, and created new models for service delivery. All of the pressures of the work—whether serving victims directly or working hard to meet deadlines, create policies, and work collaboratively—can create stress and tension on employees who already may be stretched thin. While the Peace Corps has recognized the importance of resilient Volunteers, the organization does not address resilience in its staff trainings and support.

**Recommendation:** The Peace Corps should create a plan to promote staff resilience as they work to support victims, implement new policies, and roll out large-scale training programs. The success of individual employees will be largely dependent on their ability to stay healthy in the workplace.

Given the need, this resilience plan should be comprehensive and address activities critical to a healthy workforce including self-care, communication strategies, boundaries, and professional support and training. The Council believes such a resilience program could be easily implemented. Training modules could be incorporated into existing courses across the board. While key components of resilience focus on self-care, the Peace Corps should also consider workplace factors that might impact healthy staff interactions and support. Both personal (healthy eating, exercise, etc.) and workplace (managing up, setting goals, build community, create connections, etc.) activities to support staff mental health could be incorporated at headquarters and at post.

Consistent leadership support of these types of efforts will be critical to their success. Peace Corps leadership needs to ensure a level of understanding about resilience across the organization and emphasize the importance from the top to bottom. To be credible, leadership needs to be engaged in the resilience concepts as well.

Once fully implemented, individual Peace Corps employees will experience several benefits:

- Enjoy a positive, healthy work-life balance
- Understand the impact of trauma on one's well-being, which would be carried over to addressing Volunteer needs
- Be able to identify when their own resilience is low
- Know how to access resources when help is needed

In addition to the benefits for the individuals working at the Peace Corps, the agency itself is likely to recognize several administrative and fiscal benefits, such as potentially lower staff turnover, fewer staff sick days, and an overall more positive culture. Given the tight competition for the high-caliber employees who have the expertise needed by the Peace Corps, attracting and retaining employees for long periods of time can certainly be beneficial to agency continuity.

## Recommendation 4.4

### *The Peace Corps should create a single package of support information for Volunteers who are victims of sexual assault.*

**Rationale:** It is clear that the Peace Corps has put numerous resources in place for victims of sexual assault, both in terms of staff and resources. However, input from Volunteers on the Council who had been assaulted made it clear that this sudden influx of information and interactions during a time of personal crisis can be very challenging.

As illustration, if a Volunteer is sexual assaulted while overseas, currently at least four individuals get involved (assuming the report is not confidential): country director, medical officer, safety and security manager, and the program manager. At headquarters, additional support could come from the offices of Victim Advocacy and Health Services, and perhaps others depending on a Volunteer's decisions following an assault. (One Volunteer Council member who had been assaulted noted that she received 68 correspondences from 13 people in eight offices in two countries during her 45-day evacuation.) While Volunteers may appreciate and understand the role that each supporting component could play in addressing their situations, they expressed the desire for an overview "snapshot" of the entire process to help them regain some of the loss of control experienced due to the assault.

**Recommendation:** Recognizing that information can be very empowering in time of crisis, the Council recommends that the Peace Corps develop and distribute an information packet to help Volunteer victims answer questions and lay out the process for what might happen when the agency seeks to assist. This "Sexual Assault Survivor Packet" might include guidance for Volunteers to receive medical assistance, counseling, quick lists to help make well-informed decisions regarding their case, and allow Volunteers access to vital information throughout the medical-evacuation process.

This information is verbally presented to Volunteers when they first report the assault and provided in training as well, but in a time of crisis, much of that information may not be heard or remembered. Instead, having all that information in one place—in a tangible hard-copy format—would allow Volunteers to review it at their own pace and develop a clearer understanding of what lies ahead.

The Council recommends that the Peace Corps draw on input from Volunteers (including members of the Council) to prepare this information packet. Ensuring that this stakeholder group has a strong voice in its development will lead to be the best possible product for users. In addition, the Peace Corps is encouraged to solicit samples from other federal agencies or departments (e.g., Department of Defense) as well as nonprofits that might have already prepared such resources.

Potential content could include items such as the following:

- Information on the two reporting options (standard and restricted) and considerations associated with each
- Overview of role of Victim Advocacy and Health Services offices
- Directory of Peace Corps staff and medical teams
- Information on insurance and expense reimbursement
- Information on treatment and support options in-country, at headquarters, and at home of record
- Summary of the investigation process in-country
- Overview of the medical-evacuation process
- Frequently asked questions

While such information is frequently available online, providing this detail in hard-copy format would be critical as Volunteers could then review it wherever they are regardless of connectivity. In addition, they could take notes and track their own issues or concerns. Further, this packet could be placed in obvious locations in each country office, which might encourage victims to review and then come forward with a report.

## **Recommendation 4.5**

***The Peace Corps should identify a cadre of mental health providers who are able to provide post-service counseling to Volunteers who have experienced sexual assault during service.***

**Rationale:** The Peace Corps policy allows a limited number of counseling sessions for returned Peace Corps Volunteers who have been sexually assaulted. Once they have used their allotment (currently 10 sessions), they must seek outside services and they no longer have access to counseling services at the Peace Corps. Volunteers who are able to receive FICA benefits through the Department of Labor to continue their counseling have experienced difficulty in locating a provider who understands the Peace Corps culture. Additionally, many providers do not accept new patients. However, some Volunteers who have experienced sexual assault may need additional mental health services beyond the 10-session limit and would benefit from knowing that the referrals provided to them understand Peace Corps service and are willing to accept them as new patients.

**Recommendation:** The Peace Corps should identify a cadre of mental health providers who are able to provide post-service counseling to Volunteers who have experienced sexual assault. Working in partnership with the American Psychological Association (APA), the Peace Corps can solicit providers who are willing to attend a Peace Corps orientation to learn about the unique nature of the agency and challenges faced by Volunteers who are sexually assaulted while in service. These providers would also agree to provide services to Volunteers, even if they are not accepting new patients. A partnership with APA will need to be established and may require a memorandum of understanding. Another opportunity for collaboration is with local rape crisis programs, as they provide various sexual assault support groups and individual counseling services, some of which are at no cost to the victim.

Potential challenges may exist to implementation. For example, the Peace Corps may not be able to identify enough providers willing to do this. Of those providers willing to be of service, they may not be located in close proximity to the Volunteer needing services. However, to address these potential challenges, staff time will need to be invested to establish the partnership, develop the database of providers, provide the Peace Corps orientation, and maintain correct contact information.

## MONITORING AND EVALUATION

In order to know if desired progress is being made, an effective program will require monitoring and evaluation to ensure its efforts are having the intended impacts and, if not, where adjustment need to be made. Tying back to the earlier recommendation of continuing to transform the agency into a trauma-informed organization, the Peace Corps needs to develop indicators to determine if this shift is occurring. To aid in its monitoring and evaluation efforts, the Peace Corps should improve and streamline data collection and management. Finally, since some analysis will require access to personally identifiable information, Peace Corps monitoring and evaluation staff should be granted appropriate access to that data.

### Recommendation 5.1

*The Peace Corps should develop indicators for trauma-informed practice and organization.*

**Rationale:** The Council has previously recommended that the Peace Corps dedicate itself to developing trauma-informed operations at every level of the organization. The Peace Corps is committed to growing into a trauma-informed organization, but has yet to develop specific indicators for this goal. Developing specific plans will help the Peace Corps work strategically at this type of organizational change, leading to integrating a philosophy of a trauma-informed organization into both its' identity and practices.

**Recommendation:** The Peace Corps should develop key benchmarks for developing as a trauma-informed organization in a way that is relevant to the Peace Corps identity, values, and structure. It is recommended that the Peace Corps review available tools on developing trauma-informed organizations and work with Council members to create specific indicators for the Peace Corps.

The Council recognizes that this type of organizational change is challenging and takes time. An initial step would be the review the theories of change approach (see Recommendation 1.4) for trauma-informed language opportunities, as well as draw on practices in place at other agencies involved in addressing sexual assault issues, such as the National Sexual Violence Resource Center.<sup>8</sup> The Peace Corps will be able to draw on models used elsewhere, but will need to take time to adapt them to the specific Peace Corps context.

### Recommendation 5.2

*The Peace Corps should improve and streamline data collection and management.*

**Rationale:** The Peace Corps has a significant number of administrative, financial, medical, and programmatic databases and several records management systems. The intent of these efforts has been to

<sup>8</sup> The following tools and resources could offer guidance for the development of trauma-informed metrics:

- a. The National Sexual Assault Coalition Resource Sharing Project and the National Sexual Violence Resource Center (2013). Building Cultures of Care: A Guide for Sexual Assault Services Programs. <http://www.nsvrc.org/publications/nsvrc-publications-guides/building-cultures-care-guide-sexual-assault-services-program>
- b. Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). Trauma-informed organizational toolkit for homeless services. Retrieved from the National Center on Family Homelessness: <http://www.familyhomelessness.org/media/90.pdf>

assure that high-quality data are available on the sexual victimization of Volunteers as well as monitor and evaluate changes the agency has made related to training and responding to Volunteers who report an assault. For example, the data collection tools used for these purposes include the Consolidated Incident Reporting System, the Security Incident Questionnaire, and the Response Quality Survey.

In September 2014, the Office of Victim Advocacy began piloting the agency's first iteration of the Coordinated Agency Response System (CARS) case management system for response services provided to Volunteers. The CARS case management system will be expanded to contain data on all response services to Volunteers who are sexually assaulted (and eventually to all Volunteer crime victims). Some offices and field staff will enter data directly into the CARS case management system. Others will use different systems that will automatically populate the CARS case management system (e.g., Peace Corps medical officers will enter data into the PC Medics system, which will populate certain fields in the CARS case management system). The Sexual Assault Risk-Reduction and Response Implementation team is working with the case management system vendors to develop requirements and permissions for the CARS case management system.

**Recommendation:** The Peace Corps should review, revise, and develop policies, procedures, and processes related to data collection, communication about data collection, and dissemination strategies to increase quality of data, improve response rates, and align with suggested revised indicators.

The following specific recommendations should be considered priorities:

1. Develop specific policies and procedures related to what data is collected, how it is collected, who collects it, and who will have access to it
2. Shorten the 95-question Response Quality Survey and map core questions to revised indicators
3. Revise the communication and dissemination plan for the Response Quality Survey<sup>9</sup>
4. Review data collection and case management systems to determine if needed information is being gathered<sup>10</sup>

If fully implemented, this recommendation will help ensure the Peace Corps has quality data with which to evaluate its progress in addressing sexual assault. The Peace Corps has multiple methods established for Volunteers to provide feedback about their experiences and has excellent response rates. Peace Corps staff will have access to data needed in order to do their jobs and make improvements to policies and services. Finally, refining the process and reducing the amount of data collected may cost the Peace Corps less in the long run and allow staff to better focus their efforts.

### Recommendation 5.3

***The Peace Corps should grant appropriate monitoring and evaluation staff access to data containing personally identifiable information.***

<sup>9</sup> The following should be considered:

- Discuss having invitation and information about the survey come from the Office of Victim Advocacy
- Redesign outreach email for the survey to be more personal and conversational in tone, Consider discussing how participation in the survey can make long-term impact from a community-oriented standpoint
- Reconsider the survey dissemination time frame of 40 days from incident, to consider individual case situations

<sup>10</sup> The following data should be captured:

- Did Volunteers get services they asked for?
- What services did they receive?
- What aspects of their Peace Corps experience are correlated with sexual assault response experience?

**Rationale:** The Kate Puzey Act mandates multiple monitoring and evaluation (M&E) components including the following:

- Establishment of performance plans with performance elements and standards for Peace Corps representatives with an annual review and standards
- Conduct a confidential survey of Volunteers regarding the effectiveness of Peace Corps programs and staff and the safety of Volunteers

As data is now handled, the agency is not able to appropriately perform the functions mandated in the Kate Puzey Act. The Peace Corps' ability to effectively perform these monitoring and evaluation activities has been unduly and negatively affected by the stringent rules and regulations concerning personally identifiable information (PII). For example, M&E staff are unable to link key data across different programs and are unable to separate survey results by type of sexual assault. PII may be shared with employees if the recipient's need for the information is related to one's official duties.

The provisions in the Privacy Act of 1974, the foundation of U.S. public sector privacy law that applies to federal agencies, include the ability to disclose PII data to those who need access for proper purposes, such as to perform agency work. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule was enacted by the U.S. Department of Health and Human Services (HHS) in 2000 to set national standards for protected health information (PHI), while balancing individual needs with those of society. HHS recognized the importance of sharing PHI to accomplish essential public health objectives and activities such as program operations, public health surveillance, and program evaluation. Therefore the HIPAA Privacy Rule expressly permits PHI to be shared for specified public health purposes.

**Recommendation:** The Peace Corps should balance the desire to tightly control and protect PII with the needs of employees to use the data to perform their jobs. To address this, designated M&E staff should be granted access to data containing PII to do the following:

- Create de-identified databases that will allow them to link information across program components via unique ID numbers
- Track individual Volunteer services throughout the system
- Perform a comprehensive evaluation of the Peace Corps' sexual assault risk-reduction and response program

Granting M&E staff access to PII in order to create de-identified databases will increase the accuracy and completeness of reporting by the Peace Corps, thereby enhancing the reliability and validity of the data collected. These data will support the following:

- Management of program operations and service delivery
- Monitoring and analysis for ongoing program implementation and improvement
- Program evaluation to determine the outcome or benefit of services and agency performance on key service indicators

While no major disadvantages are foreseen by providing designated M&E staff access to PII, security and confidentiality training and protocols and nondisclosure and rules of behavior agreements must be adapted and/or created. Any Peace Corps personnel with potential access to PII should be required to undergo formal security and confidentiality training, adhere to strict security and confidentiality protocols, and sign nondisclosure and rules of behavior agreements.

## THE WAY AHEAD

In this year's report, the Council endeavored to take a broader view of the issues that would improve long-term service delivery and prevention efforts. In responding to recommendations Peace Corps staff should ask, "With the implementation of this recommendation, what would services look like five years from now?" All new policies, training, strategies, or monitoring and evaluation efforts should be scrutinized from a broad organizational perspective and a thoughtful consideration of "How does this piece fit into the broader puzzle of service delivery?" Uniting the various policies and procedures that have been culled together over the recent past should continue to be a focus area.

During fiscal year 2016, the Council will continue to focus on supporting these strategic efforts. To that end, it is imperative that the Peace Corps grow the institutional structure of the agency, as well as continue to address the unique and varied needs of posts overseas. Implementing these services in the communities in which Volunteers serve will never be easy; instead, learning to work with and grow capacity with local service providers, federal partners, and international nongovernmental organizations will be critical to success.

In addition, the Council will assess the Peace Corps' growth in the following areas:

- Creating a trauma-informed organization at every level of the Peace Corps' operations and culture
- Ensuring a Volunteer voice is represented in the decision-making process
- Continuing to review, clarify, streamline and unite policies and trainings
- Fully developing a comprehensive risk-reduction strategy
- Incorporating input from the field (both staff and Volunteers) as programs and services are evaluated by the Council
- Pursuing telemedicine as a viable option for post-provided services
- Addressing the future of the Council beyond the five year Congressional mandate, to explore how the Council can be most supportive and effective for the agency as a whole.

The Council looks forward to 2016 and the continued work to support and strengthen the Peace Corps' programs on behalf of Volunteers.

## **APPENDIX A— ADVISORY COUNCIL BIOGRAPHIES**

## Advisory Council Biographies

### Alex Amarin

Clinical Director, Sexual Assault Resource Agency (SARA)

Ms. Amarin is a licensed clinical social worker specializing in trauma. As the clinical director at SARA, Ms. Amarin works with children and adults impacted by sexual violence, supervises clinical staff, serves as an expert witness in criminal and civil cases, and is a first responder in acute cases of sexual assault with a forensic nurse examiner. Ms. Amarin is a returned Peace Corps Volunteer (Vanuatu, 2009–11), where she served with her husband. Ms. Amarin joined the Peace Corps Sexual Assault Advisory Council in 2015.

### Joanne Archambault

Executive Director, End Violence Against Women (EVAW) International

In 2003, Ms. Archambault founded EVAW International, a nonprofit organization dedicated to providing affordable training for all disciplines with an emphasis on law enforcement investigation and proper criminal justice responses to sexual assault and domestic violence. In 2010, Ms. Archambault was honored by U.S. Attorney General Eric Holder for her decades of work on behalf of sexual assault victims, with a National Crime Victims' Service Award for Allied Professionals. In October 2010, Ms. Archambault was invited to meet with President Obama and Vice President Biden for the first assembly on violence against women to ever be held at the White House. Prior to full-time consulting work, Ms. Archambault worked for the San Diego Police Department for almost 23 years, until her retirement in October 2002. Ms. Archambault has written and co-authored numerous articles and chapters on the criminal justice response to sexual assault crimes. They address topics such as the role of law enforcement, the forensic examination, the impact of DNA, and overcoming a consent defense. She has lectured extensively to multidisciplinary audiences on the role of law enforcement in the investigation of sex crimes throughout the U.S. and abroad. Ms. Archambault joined the Peace Corps Sexual Assault Advisory Council in 2015.

### Matthew Bakko

Research Associate, Brown School of Social Work, Washington University in St. Louis.

Matthew Bakko, MA, MSW, is a research associate at the George Warren Brown School of Social Work and project coordinator at the Gephardt Institute for Public Service, at Washington University in St. Louis, where he is involved in research projects regarding civic engagement, institutional assessment and evaluation, and economic changes in the social service sector. He is currently finishing a research study examining service provider discrimination and organizational change among transgender communities from a harm-reduction perspective. He has served as a special issue editor for the Graduate Journal of Social Science. As a Peace Corps Volunteer (Kyrgyz Republic, 2008–10), his primary assignment was developing programming that served the health and social needs of the local LGBT community. He also served the Peace Corps as a Peace Corps Volunteer trainer, Volunteer advisory committee president, and peer support network member and trainer. Mr. Bakko's professional background as a social worker includes work in community organizing, public housing, and HIV prevention. Mr. Bakko joined the Peace Corps Sexual Assault Advisory Council in 2015.

### Meg Biallas

Online Communications Manager, RAINN (Rape, Abuse & Incest National Network)

Ms. Biallas works on the Communications Team at RAINN, where she develops and executes strategies for RAINN's digital channels, edits the monthly newsletter, and creates multimedia assets to spread awareness of sexual assault issues, policies, and news. Prior to joining RAINN, Ms. Biallas worked for a consortium of education nonprofits, helping shape policy on child abuse prevention methods, child nutrition priorities, and early childhood education funding. Throughout her nonprofit career, Ms. Biallas

has worked with industry leaders to create best practices for social media strategy, measurement, and community management. Ms. Biallas joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Carmella Donahue**

Director of Outreach and Training, Bureau of Consular Affairs, 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, California. She has provided training to law enforcement officers, social workers, and community advocates, and worked to improve community response to the victims of violent crime. Ms. Donahue joined the Peace Corps Sexual Assault Advisory Council in 2013 and serves as the 2015 Council Chair.

**Autumn Gardner**

Returned Peace Corps Volunteer, Dominican Republic  
During her 14 months 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. Prior to her service, Ms. Gardner was a health specialist at the Utah Department of Health. In her work, Ms. Gardner used her experience counseling individuals to create recommendations for higher standards in prison health policies. Ms. Gardner also created a resource website for providers working in a refugee resettlement. Ms. Gardner holds a Bachelor of Science in Public Health Education from Brigham Young University.

**Mark Hathaway, MD, MPH**

Senior Technical Adviser for Family Planning and Reproductive Health, MCSP/Jhpiego  
A board certified OB/GYN, Dr. Hathaway was on Washington Hospital Center's OB/GYN faculty from 1997–2013 developing and leading the Community Outreach Section, Family Planning Section, Ryan Residency Program, and Family Planning Fellowship. He serves as director of Family Planning Services at Unity Health Care Inc. and senior technical adviser for reproductive health at Jhpiego, an international nongovernmental organization focused on international maternal and child health. He has served on several national-level working groups, including the Institute of Medicine Standing Committee on Family Planning and National Contraceptive Metrics Workgroup, and holds appointments at Georgetown University as assistant professor and The George Washington University as associate clinical professor. He was on the board of directors of National Family Planning and Reproductive Health Association and currently is on the board of the Association of Reproductive Health Professionals. He served in the Peace Corps as agricultural extensionist Volunteer and program coordinator in Paraguay for nearly four years. Named one of the "Best Doctors in America," Dr. Hathaway lectures and advocates for family planning and maternal and child health-care access issues. In September 2013 he left his full-time faculty position to concentrate on international and national advocacy and trainings. In May and June 2014, he volunteered with Doctors Without Borders in Aweil, South Sudan, directing and teaching in a large maternity ward. Dr. Hathaway joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Suzanne Holroyd, PhD**

Senior Prevention Adviser, Department of Defense, Sexual Assault Prevention and Response Office  
Dr. Holroyd is the senior prevention adviser for the Department of Defense’s Sexual Assault Prevention and Response Office. This office is responsible for the oversight and policy development of DoD programs on sexual assault prevention and response designed to implement the department’s comprehensive sexual assault prevention strategy. Dr. Holroyd oversees a wide variety of prevention-related initiatives 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. She chairs a department wide collaborative forum with the military services to foster information sharing. 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. Dr. Holroyd joined the Peace Corps Sexual Assault Advisory Council in 2014 and serves as the Council’s 2015 Vice Chair.

**James Hopper, PhD**

Independent Consultant, Part-Time 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, judges, and victim advocates. Dr. Hopper was a founding board member of *1in6 Inc.*, a nonprofit that serves men with histories of childhood sexual abuse and served on the board of directors of *Stop It Now!*, a nonprofit child sexual abuse prevention organization. Dr. Hopper joined the Peace Corps Sexual Assault Advisory Council in 2014.

**B.J. Horn**

Former 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 2000–06 she was the executive director of Pittsburgh Action Against Rape. In 2006, Ms. Horn was appointed director of the Pennsylvania Office of Victims’ Services, where she oversaw the Victim Compensation and Victims’ Services Programs. At the Office of Victims’ Services, she initiated a statewide victim outcomes and data collection project. As a former visiting fellow she created 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. Ms. Horn joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Nicole Irwin**

Independent Contractor  
For the past 20 years, Ms. Irwin has dedicated her career to providing services to victims of crime, developing and enhancing programs, and providing leadership to organizations involved in sexual assault victim advocacy. She began her career as a victim advocate in the Office of the State Attorney for Florida’s 9th Judicial Circuit, assisting victims of sexual assault, domestic violence, and child abuse as their cases proceeded through the judicial system. Ms. Irwin was recruited to work for Florida Attorney

General as a victim services program specialist, representing his office in 10 counties for all victim services-related priorities, including participation in the administration of the Victim of Crime Act grants, facilitation of citizen review teams for funding recommendations, and monitoring programs for technical compliance. She received high honors for her contributions to several sexual assault response teams and the creation of a children's advocacy center. Ms. Irwin served on a statewide committee that authored updated Florida Sexual Assault Protocol recommendations. She worked in the nonprofit sector as the executive director of the Victim Service Center of Central Florida Inc., responsible for all aspects of victim advocacy case management, medical intervention, and therapeutic programming. She managed the Orange County Sexual Assault Response Team (SART), producing the first SART protocol in the Orlando metro area. She served on the Florida Council Against Sexual Violence, Statewide Sexual Assault Response Team Advisory Council. Ms. Irwin joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Sally Laskey**

Director of Special Projects, National Sexual Violence Resource Center

Ms. Laskey joined the National Sexual Violence Resource Center in 2001 and currently serves as the director of special projects. For more than 20 years, Ms. Laskey has worked for social change to prevent sexual assault at local, state, and national levels. Ms. Laskey received her bachelor's degree in sociology from the University of New Hampshire, and her master's in community psychology and social change from Pennsylvania State University. She manages several national technical assistance and training projects related to strengthening sexual assault advocacy and prevention, and building effective and sustainable multidisciplinary responses to sexual assault. Ms. Laskey joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Jen Markowitz**

Forensic Nursing Consultant

Dr. Markowitz is a forensic nursing consultant who specializes in issues related to sexual assault, domestic violence, and strangulation. She is spending 2015 working with the United States Army to revise their sexual assault medical management curricula and create a standardized certification process for health-care providers. Her recent projects include consultation to the Peace Corps on its multidisciplinary sexual assault response, content development for the newly released SANE Sustainability iPhone/iPad app, and development of an intimate partner violence medical-forensic examination curriculum for the Tribal Forensic Healthcare Training Project. A forensic nurse examiner since 1995, Dr. Markowitz regularly serves as faculty and expert consultant at trials for the Judge Advocate General's Corps across all of the military services. Her past activities include working with the Department of Justice Office on Violence Against Women to develop a national protocol and training standards for sexual assault forensic examinations, with Department of Defense to revise the Sexual Assault Evidence Collection kit and corresponding documentation forms, and as advisory board member to National Sexual Violence Resource Center. In 2012, Dr. Markowitz served as president of the International Association of Forensic Nurses. She is board certified as a Women's Health Nurse Practitioner and as a Sexual Assault Nurse Examiner (Adult/Adolescent). Dr. Markowitz joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Monica Patton**

Medical Epidemiologist, Centers for Disease Control and Prevention (CDC)

Dr. Patton is a board-certified pediatrician who has worked in the Division of STD Prevention at CDC since 2012. At CDC, Dr. Patton has focused on evaluating appropriate testing and treatment of gonorrhea among high-risk individuals and communities, investigating the epidemiology of and risk factors for herpes, syphilis, and HPV infections in pregnancy and neonates, and monitoring national syphilis trends. Prior to completing her medical education, Dr. Patton served as a Peace Corps Volunteer in Burkina Faso

and started a civic engagement nonprofit organization for which she later served as executive director. Dr. Patton joined the Peace Corps Sexual Assault Advisory Council in 2015.

**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 2009–10. 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 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, D.C. Ms. Rose currently serves on the White House Task Force to Protect Students from Sexual Assault. Ms. Rose joined the Peace Corps Sexual Assault Advisory Council in 2014.

**Aurelia Sands Belle**

Executive Director, Durham Crisis Response Center

Ms. Belle draws on more than 30 years of professional experience in human service delivery and advocacy as executive director of Durham Crisis Response Center in Durham, North Carolina, which assists victims of domestic violence and sexual assault. Her past work includes director of the Victim-Witness Assistance Program for the Metropolitan Atlanta Crime Commission, which developed victim services after the 1996 Centennial Olympic Games; interim director of the North Carolina Coalition Against Sexual Assault; and executive director of the Rape Crisis Volunteers of Cumberland County in Fayetteville. Ms. Belle is on the End Violence Against Women, International Board of Directors, North Carolina Innocence Inquiry Commission, and served on the North Carolina Governor’s Crime Commission, Georgia Governor’s Criminal Justice Coordinating Council, and Georgia Commission on Family Violence and was president of Georgians for Victim Justice. She is a founding director of Justice Solutions Inc. of Washington, D.C. Ms. Belle provides consultation and training to agencies and organizations across the country on program services, victim advocacy, and faith-based and culturally specific issues, and presents workshops on team building, establishing community collaborations, diversity training, and women’s self-empowerment. Her many awards include the 2014 Remarkable Women of Durham, Margery Fry Award by National Organization for Victim Assistance, and U.S. Presidential Award for Outstanding Service and Commitment to Crime Victims. Ms. Belle joined the Peace Corps Sexual Assault Advisory Council in 2015.

**Lillian Schoer**

Returned Peace Corps Volunteer, Panama

Ms. Schoer, from Shepherd, Montana, served as a community environmental conservation Volunteer in La Bonga, Panama. During her time in Panama, she taught community members to compost, recycle, and reuse their trash, and taught several classes at the local school. She also served as her region’s seeders representative and safety and security warden and also served as editor of the Peace Corps/Panama magazine, *La Vaina*. Currently Ms. Schoer is back in Montana, working, farming, and getting ready to move to Texas to pursue a teaching job. Ms. Schoer is overjoyed to be a part of the Sexual Assault Advisory Council and hopes to use her Peace Corps experience to make a positive difference for future Volunteers.

**Susan Smith Howley**

Director of Public Policy, National Center for Victims of Crime

Ms. Smith Howley has been the director of public policy at the National Center for Victims of Crime since 1999. From 2002–05 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 conducted numerous trainings at the national and local levels. A graduate of the Georgetown University Law Center, Ms. Smith Howley is a recipient of the Lois Haight Award for Excellence and Innovation from the Congressional Victims’ Rights Caucus. She has served on the National Advisory Committee on Violence Against Women and the Victims Advisory Group to the U.S. Sentencing Commission, and is currently a member of the National Commission on Forensic Science. Ms. Smith Howley joined the Peace Corps Sexual Assault Advisory Council in 2013 and served as the 2014 Council Chair.

**Lauren A. Ware, MFS**

Chief, Forensics & Special Investigative (FSI) Skills Branch, Federal Law Enforcement Training Center

Ms. Ware is the chief of the FSI Branch of the Investigative Operations Division, at the Federal Law Enforcement Training Center (FLETC), Glynco, Georgia. As the branch chief of FSI, Ms. Ware supervises a team of senior law enforcement officers and agents with vast experiences in various forensic disciplines. Prior to her current position, Ms. Ware spent 10 years as an active duty special agent with the Air Force Office of Special Investigations (OSI). She served as a forensic science consultant, responsive to all major and complex crimes on Air Force installations or involving U.S. service members throughout Asia and the Pacific. This included numerous sex crime allegations among military members, their dependents, and their host nation counterparts. Ms. Ware also led the Advanced Training Division of the Air Force Special Investigations Academy, and served as the forensic science subject matter expert, providing training to all OSI special agents in advanced criminal investigations, forensic applications to crime scene investigation, child forensic interviewing, and sex crimes investigations. Ms. Ware also continues to serve as an OSI special agent and Reserve major in the United States Air Force. Ms. Ware joined the Peace Corps Sexual Assault Advisory Council in 2015.

**APPENDIX B— 2014 STATUS OF COUNCIL RECOMMENDATIONS CHART**

## 2014 Status of Council Recommendations Chart

Description	Concurrence	Status
T1 Make training materials gender-neutral	Concur	Pending. The Peace Corps plans to make materials gender neutral when updated in FY 16 (update cycle submitted to Council). The agency would like to modify this recommendation to make the materials gender inclusive, not gender neutral, and requests related technical advice from the Council members.
T2 Implement Learning Management System	Concur	In development. The Peace Corps' Learning Management System (LMS) Working Group has gathered requirements for the LMS and created and issued a request for proposal. The working group is currently determining the technical suitability of proposals received.
T3 Create review cycle for training content	Concur	Completed (two-year cycle submitted to Council).
T4 Peace Corps medical officers have some familiarity with training as primary facilitators	Concur	Completed. Medical officers were trained as trainers and training facilitators during the 2014 continuing medical education sessions. A Safety and Security Instruction (internal guidelines) reinforces the roles of staff in delivering the training.
T5 Modify the language in "Coping with Unwanted Attention"	Concur	Pending. Changes will occur during the next training revision cycle (FY 16).
T6 Require 100% on staff post-tests	Do not concur	Due to language and time barriers, it is not feasible to require non-native English speaking staff to continue taking the same course until they receive 100% on the tests. Test scores are monitored and staff who receive less than 80% receive focused remedial training.
T7 With outside experts, revise Peace Corps medical officer trauma training	Concur	Completed. In 2014, a new training, "Emotional Well-Being," was given at the continuing medical education sessions.
P1 Enact "restricted plus" option	Do not concur	Peace Corps' opinion is this does not meet with provisions of the Kate Puzey Act.
P2 Ensure Volunteers are involved in decisions regarding medevac or termination	Partially concur	Volunteers will continue to be involved in medevac decisions; do not concur with revisions to include written Volunteer response.
P3 Have Counseling and Outreach Unit on the list of designated staff to conduct safety planning sessions	Do not concur	Counseling and Outreach Unit does not participate in safety planning as the safety plans do not include an emotional support component.

Description	Concurrence	Status
P5 Add a definition for “details of the assault”	Partially concur	Concur with spirit of recommendation but, as written, maintain concern that putting parameters around what Volunteers should share may interfere with prosecution and medical documentation.
P6 Clarify the language surrounding PII	Concur	Completed. These changes were made to IPS 3-13 Policy, as noted in policy rolled out to the field in November 2014.
P7 Harmonize policy and confidentiality procedures	Concur	Completed (revised procedures to be released October 2015).
P8 Promote safety and security managers as available to explain law enforcement/prosecutorial options	Concur	Completed (revised procedures to be released November 2015).
P9 Amend pertinent documents to include information on steps Peace Corps takes to keep victim and perpetrator separate	Concur	Completed (revised procedures to be released 11/15). Note: in Volunteer on Volunteer assaults, if the Volunteer victim of sexual assault does not identify the Volunteer perpetrator, the agency is limited in ensuring the safety of the victim.
P10 Amend in Annex I that Office of the Inspector General will have access to information about report	Concur	Completed (revised procedures to be released October 2015).
P11 Delineate roles for Counseling and Outreach Unit and Office of Victim Advocacy staff and bring in independent, outside mediator	Concur	Completed. Counseling and Outreach Unit and Office of Victim Advocacy staff roles were addressed during Sexual Assault Risk-Reduction program retreat November 2014, SARRR team training December 2014, and SARRR team weekly meetings, which include staff from both offices. Office of Victim Advocacy staff initiated weekly case updates with Counseling and Outreach Unit staff in spring 2015. The tension between the two offices has dissipated and the agency did not see need for outside mediators.
P12 When referring to sexual assault response liaisons include a description of position’s training	Concur	In process. Moving forward, documents that explain the liaison role to Volunteers will include a description of liaison training.
P13 All posts to identify, train, and support sexual assault response liaison and examine funding the position	Concur	Completed. Liaison position criteria and selection process is codified. New liaisons must complete a 40-hour training and pass a training assessment to obtain their certification and act as a liaison. New liaison training is held annually. Annual refresher training is planned for currently acting liaisons. The liaison and medical officer are compensated with “compensatory time” for the time they actually work on a case while on duty.

Description	Concurrence	Status
P15 Strategically link prevention efforts	Concur	In process. An assessment of current risk-reduction efforts was completed in June 2015 but an overall strategy still needs to be developed.
P16 Provide up to 20 counseling sessions and up to 6 months of case management for returned Volunteers	Do not concur	Systematic reviews of effective treatments for PTSD rarely have identified treatment longer than 10–12 sessions. Longer courses of care are documented only when there is a presence of significant co-morbidity, which is not seen in typical Volunteer victims of sexual assault. Oversight of mental health treatment, especially in long-term therapy, to ensure effectiveness of that treatment is not feasible. The Peace Corps does not have the resources to provide such oversight.
P17 Develop a pilot to identify local resources	Partially concur	Ongoing. Peace Corps medical officer Medical Technical Guideline (TG) 110, “Establish and maintain an in-country referral network of health-care providers through the identification and evaluation of consultants and services.” In-country health-care consultants are evaluated per TG 200.
P18 Explore the development of a mobile app	Concur	In process. In partnership with the General Assembly User Experience Design course, experts designed a victim-centered, trauma-informed desktop and mobile app prototype and Systems Google Summer of Code is coding the app using GitHub with testable app projected for December 2015.
P19 Create a communications plan for Response Quality Survey and Security Incident Questionnaire to increase response rates	Concur	In process. FY 16 budget includes plans for a new position of outreach specialist who, if approved, will develop this communications plan. Awaiting FY 16 budget decisions.
P20 Develop survey for individuals who were not victims	Do not concur	Volunteers currently have several required surveys and an additional survey is seen as an undue burden on Volunteers.
M1 Develop a medical environment survey	Do not concur	The Legal Environmental Survey (LES) done at all posts includes country-specific information on Sexual Assault Forensic Exam (SAFE) and available medical providers licensed/certified to perform a SAFE.
M2 Develop SAFE forensic standardized training for initial/ongoing certification	Partially concur	Medical officers receive standardized training on conducting SAFE. The training is mandatory and the medical officer must pass a test in order to perform a SAFE.

Description	Concurrence	Status
M4 Prophylaxis based on the CDC's "Post-Sexual Assault Treatment Guidelines"	Concur	Pending. New CDC guidelines will be reviewed upon release and integrated into the Standing Orders and Treatment Plan.
M5 Make Standing Orders and Treatment Plan country-specific	Partially Concur	Inconsistent tracking and unreliable testing limit ability to provide this level of treatment. Will continue with standard protocols in all countries unless culture and sensitivity testing indicate need for treatment with an alternative drug regime.
M6 The SAFE Consultant Information included in the medical environmental survey	Do not concur	The SAFE Consultant Information is documented in LES for each country. To minimize errors, confusion, and duplication, the agency does not plan to include this information in the medical environmental survey.
M7 Develop procedures for DNA and blood/urine testing	Do not concur	DNA testing is beyond the capacity of Peace Corps resources and is not readily available in many countries the agency serves.
M8 Case review conducted within 30 days and include both U.S. and in-country personnel	Concur	Medical case reviews ongoing. SARRR team case review process designed and launched spring 2015. Put on hold summer 2015 due to OVA workload. Will resume January 2016.
M9 Reorganize clinical procedures into user-friendly fashion for the medical officers	Concur	Completed (TG 540, Attachment M Sexual Assault Check List).
M10 Identify/set goals for Counseling and Outreach Unit training	Concur	In process. Agency had sought funding for training spring 2015 but did not receive it.
M11 Explore counseling telemedicine for Volunteers	Concur	Ongoing via phone with both Victim Advocates and COU. For Office Skype Volunteers need to use in Peace Corps office. For many Volunteers, Internet access at sites is in Internet cafes, which do not afford the privacy a victim may want.
M12 Revise TG 545 with outside experts	Concur	Pending
M13 Revise TG 540 based on outside experts and clarification of medical officer and Counseling and Outreach Unit roles	Concur	Pending
M14 Create a "Peace Corps Medical Officer Handbook for Responding to Sexual or Physical Assault"	Partially Concur	Process simplified with new checklists and guidelines; new handbook not created.





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