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From: Kathy A. Buller, Inspector General 

Date: November 21, 2013

Subject: Final Evaluation Report: Peace Corps Volunteer Sexual Assault Policy
(IG-14-02-E)

Transmitted for your information is our final report on the Evaluation of Peace Corps Volunteer Sexual Assault Policy.

Management concurred with all eight recommendations. Based on the documentations provided, we closed one recommendation: number three. Seven recommendations, numbers 1-2 and 4-8, remain open pending confirmation from the chief compliance officer that the documentation identified in management's response and OIG's comments has been received. In its response, management described actions it is taking or intends to take to address the issues that prompted each of our recommendations. We wish to note that in closing recommendations, we are not certifying that the agency has taken these actions or that we have reviewed their effect. Certifying compliance and verifying effectiveness are management's responsibilities. Our comments, which are in the report as Appendix C, address these matters. Please respond with documentation to close the remaining open recommendation within 90 days of receipt of this memorandum.

You may address questions regarding follow-up or documentation to Assistant Inspector General for Jim O'Keefe at 202.692.2904 or to Lead Evaluator Heather Robinson at 202.692.2913.

Please accept our thanks for your cooperation and assistance in our review.

Attachment

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Peace Corps Office of Inspector General



Final Evaluation Report: Peace Corps Volunteer Sexual Assault Policy IG-14-02-E

November 2013

EXECUTIVE SUMMARY

BACKGROUND

On November 21, 2011, the President signed into law the Kate Puzey Peace Corps Volunteer Protection Act of 2011 (Kate Puzey Act).¹ This Act requires the agency to: provide comprehensive sexual assault risk-reduction and response training to Volunteers that conforms to best practices; develop and implement a comprehensive sexual assault policy; establish an Office of Victim Advocacy (OVA) and a sexual assault advisory council (SAAC); and to undertake other efforts to enhance Volunteer safety and security and the Peace Corps' response to victims of sexual assault. The Kate Puzey Act requires the Peace Corps Office of Inspector General (OIG) to assess agency compliance with these changes.

OIG must provide to Congress² by November 21, 2013, reports on the status of the Kate Puzey Act implementation:³

1. An evaluation of the effectiveness and implementation of the sexual assault risk-reduction and response training.
2. An evaluation of the effectiveness and implementation of the sexual assault policy, including a case review of a statistically significant number of cases.
3. A report describing how Peace Corps representatives are hired, terminated, and how Peace Corps representatives hire staff, including an assessment of the implementation of performance plans.

OBJECTIVES

The following evaluation objectives have guided this evaluation of the sexual assault policy, including a case review of a statistically significant number of cases.

- Has Peace Corps developed and implemented a sexual assault policy that complies with section 8B of the Kate Puzey Act?
- Has all overseas staff received training on the Peace Corps' sexual assault policy?
- Are victims of sexual assault receiving the services mandated by section 8B of the Kate Puzey Act?

RESULTS IN BRIEF

Many elements of the Peace Corps' sexual assault policy are in place, but full compliance with the Kate Puzey Act remains a work in progress. Some of the Kate Puzey Act required elements existed in Peace Corps policies prior to the Act; others, that will significantly change the agency's sexual assault response and support, are still being developed and revised. One

¹ Kate Puzey Peace Corps Volunteer Protection Act of 2011, Pub. L. No. 112-57, 125 Stat. 736 (2011).

² OIG must provide reports to the Committees on Foreign Relations and Appropriations of the Senate and the Committees on Foreign Affairs and Appropriations of the House of Representatives.

³ Pursuant to the Kate Puzey Act, in November 2012, OIG provided Congress with a report on allegations or complaints received from Volunteers relating to misconduct, mismanagement, or policy violations of Peace Corps staff, any breaches of the confidentiality of Volunteers, and any actions taken to assure the safety of Volunteers who provide such reports. OIG is required to submit such reports biennially through September 30, 2018.

centralized sexual assault policy does not yet exist, although senior staff reported its intention is to identify and communicate to staff which documents make up the agency's comprehensive sexual assault policy. Some significant new elements of the policy, such as restricted reporting and sexual assault response liaisons (SARLs), among others, are scheduled to go into effect on September 1, 2013.

The implementation dates for some of the new sexual assault policies and the November 2013 congressional deadline for this report limited the extent to which we could evaluate the implementation and effectiveness of the agency's sexual assault policy. We were unable to verify the final content of some policies, or verify that victims received certain services, because the policies outlining the provision of services had not yet been finalized or fully implemented. We were also unable to evaluate whether the new and modified policies are having the intended effects because as of this writing, they had not been implemented or there has not been a sufficient amount of elapsed time since implementation to determine effectiveness.

We found that Peace Corps' existing and draft policies included most of the required elements mandated by the Kate Puzey Act; best practices were incorporated to the extent possible, and experts were consulted in most circumstances. However, we also found that there is not a single point of contact responsible for managing the agency's development and revision of the policies to ensure they contain the elements required by the Kate Puzey Act. Additionally, in some cases, required services were either not explicitly included in policy or not consistently communicated to staff. Without making these documents easily identifiable and accessible to staff, it will be difficult to guarantee that future victims of sexual assault will receive all the required services.

We determined that the Peace Corps has trained some, but not all, overseas staff on the sexual assault policies. Agency management stated that it could not meet this requirement until it had finalized its comprehensive sexual assault policy. However, the agency has made efforts to improve its approach to responding to victims of sexual assault and has trained some staff as changes have been implemented. The agency intends to train all overseas staff on the relevant policies after September 1, 2013.

Our analysis revealed that Volunteers who were victims of a sexual assault during our case review time period were generally offered all applicable services that were available, although Volunteers frequently declined some of the support options available to them. Some services, specifically the creation of a safety plan and presenting legal and prosecutorial options to Volunteers, were hard to verify due to a lack of documentation.

RECOMMENDATIONS

Our report contains eight recommendations, which, if implemented, should strengthen the agency's compliance with the Kate Puzey Act.

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BACKGROUND AND EVALUATION OBJECTIVES

Background on Sexual Assault at the Peace Corps

During 2010 and 2011 returned Peace Corps Volunteer (RPCV) rape and sexual assault victims brought concerns regarding the agency's response to their rape or sexual assault to the former Peace Corps Director, elected officials, OIG, and the media. RPCV sexual assault victims, agency officials, and subject matter experts testified before Congress in May 2011 and again in September 2011. Victims voiced concerns that the agency's response was inadequate, uncompassionate, victim-blaming and ineffective, and cited a lack of staff accountability to, or oversight of, the response effort. They called on the Peace Corps to adopt the highest standards for response to and care for victims.

The Kate Puzey Act

On November 21, 2011, the President signed into law the Kate Puzey Act. The Act was named in honor of Kate Puzey, a Peace Corps Volunteer who died while serving in Benin in 2009. This Act established requirements for the agency to provide comprehensive sexual assault risk-reduction and response training to Volunteers; develop a sexual assault policy; establish an OVA and a SAAC; and undertake other related efforts to enhance Volunteer safety and security and the Peace Corps' response to victims of sexual assault.

Section 8B of the Kate Puzey Act lists a set of requirements that the Peace Corps' comprehensive sexual assault policy must include. It also requires the agency to develop the policy in consultation with experts and train all overseas staff on the policy. The following are specific requirements of the Kate Puzey Act:

Sec. 8B. (a) In General.--The President shall develop and implement a comprehensive sexual assault policy that--

- (1) includes a system for restricted and unrestricted reporting of sexual assault;
- (2) mandates, for each Peace Corps country program, the designation of a Sexual Assault Response Liaison (SARL), who shall receive comprehensive training on procedures to respond to reports of sexual assault, with duties including ensuring that volunteers who are victims of sexual assault are moved to a safe environment and accompanying victims through the in-country response at the request of the victim;
- (3) requires SARLs to immediately contact a Victim Advocate upon receiving a report of sexual assault in accordance with the restricted and unrestricted reporting guidelines promulgated by the Peace Corps;
- (4) to the extent practicable, conforms to best practices in the sexual assault field;
- (5) is applicable to all posts at which volunteers serve; and
- (6) includes a guarantee that volunteers will not suffer loss of living allowances for reporting a sexual assault.

(b) Development and Consultation With Experts.--In developing the sexual assault policy under subsection (a), the President shall consult with and incorporate, as appropriate, the recommendations and views of experts in the sexual assault field, including experts with international experience.

(c) Elements.--The sexual assault policy developed under subsection (a) shall include, at a minimum, the following services with respect to a volunteer who has been a victim of sexual assault:

- (1) The option of pursuing either restricted or unrestricted reporting of an assault.
- (2) Provision of a SARL and Victim's Advocate to the volunteer.

- (3) At a volunteer's discretion, provision of a sexual assault forensic exam in accordance with applicable host country law.
- (4) If necessary, the provision of emergency health care, including a mechanism for such volunteer to evaluate such provider.
- (5) If necessary, the provision of counseling and psychiatric medication.
- (6) Completion of a safety and treatment plan with the volunteer, if necessary.
- (7) Evacuation of such volunteer for medical treatment, accompanied by a Peace Corps staffer at the request of such volunteer. When evacuated to the United States, such volunteer shall be provided, to the extent practicable, a choice of medical providers including a mechanism for such volunteers to evaluate the provider.
- (8) An explanation to the volunteer of available law enforcement and prosecutorial options, and legal representation.

(d) Training.--The President shall train all staff outside the United States regarding the sexual assault policy developed under subsection (a).

The Peace Corps' Operating Environment

Peace Corps Volunteers live and work in a broad range of unique and challenging environments around the world. While Volunteer service has long been considered a fulfilling, life-defining opportunity, there are inherent health and safety risks including the risk of sexual assault or other serious crime incidents. The safety and security of Volunteers has been highlighted by the agency as a "paramount objective of the Peace Corps" and a primary responsibility for its managers, staff, Volunteers, and trainees.

The Peace Corps emphasizes community acceptance as the key to maintaining Volunteer safety and security. It has found that safety is best ensured when Volunteers are well-integrated into host communities as extended family members and seen as contributors to their communities' development. Volunteers play an important role in ensuring their own safety: they are expected to comply with post safety and security policies and exercise good judgment.

According to agency policy, the Office of Safety and Security (SS) directs and oversees all safety and security programs for the agency (with the exception of information technology security). The *Peace Corps Manual* section (MS) 270, "Volunteer/Trainee Safety and Security," specifies the offices that have primary responsibility for the agency's safety and security program. The Peace Corps manages its Volunteer safety and security programs through two offices, SS and the Office of Global Operations (OGO). SS directs, oversees, and supports Volunteer safety and security programs. OGO manages and supervises Volunteers and trainees through three regional directors and the country directors (CDs) assigned to Peace Corps posts and has responsibility for ensuring implementation of the agency's safety and security programs at posts.

At the post level, the CD has overall responsibility for the day-to-day management and execution of Volunteer safety and security programs. This effort is coordinated with support from staff at the post, regional, and headquarters levels, including medical, safety and security, legal, and administrative staff. When crimes are committed against Volunteers overseas, investigative and prosecutorial jurisdiction frequently lies with that country's police and judicial system. Prosecution in the U.S. is available only for crimes over which the United States has

extraterritorial jurisdiction.⁴ Even for those crimes, local prosecution may be preferred because of evidentiary and legal considerations. Therefore, in order to develop a comprehensive Volunteer safety and security program and provide support to crime victims, each post must be familiar with local laws and with local customs and culture.

Volunteers receive medical care from Peace Corps medical officers (PCMOs). There is at least one PCMO at each country's post. PCMOs may be nurses, nurse practitioners, physician assistants, or physicians. These staff may be host country nationals, third country nationals, or Americans. The Peace Corps carefully evaluates and accredits each PCMO through the Peace Corps' Office of Health Services (OHS) Quality Improvement Unit at headquarters. The PCMO is available twenty-four hours a day, seven days a week to provide medical care for emergencies involving Volunteers.

The *Peace Corps Manual* contains the authoritative policies governing the operations of the agency and the responsibilities and conduct of Volunteers and employees. In addition, Interim Policy Statements (IPSs), Medical Technical Guidelines (TGs), directives, standard operating procedures (SOPs) and various other attachments provide more detail on how to implement the policies and must be consistent with the policies in the *Peace Corps Manual*.

OIG Reporting Requirements in the Kate Puzey Act

To fulfill oversight requirements, OIG must report to Congress by November 21, 2013 on the status of the Kate Puzey Act implementation.⁵ OIG is providing the following in three reports:

1. An evaluation of the effectiveness and implementation of the sexual assault risk-reduction and response training.
2. An evaluation of the effectiveness and implementation of the sexual assault policy, including a case review of a statistically significant number of cases.
3. A report describing how Peace Corps representatives are hired, terminated, and how Peace Corps representatives hire staff, including an assessment of the implementation of performance plans.

This report fulfills the requirement to evaluate the agency's sexual assault policy and conduct a review of sexual assault cases.

Evaluation Limitations

Key aspects of the requirements mandated by the Kate Puzey Act have yet to be implemented and are not scheduled to go into effect until September 1, 2013. Because some of the policies are being implemented too late for OIG to review them and still meet Congress' November 2013 deadline, our scope of review has significant limitations. We were asked to determine whether the Peace Corps developed and implemented a sexual assault policy that complies with section 8B of the Kate Puzey Act. Although we found that agency policies, including draft policies

⁴ Such crimes include but are not limited to those occurring within the special maritime and territorial jurisdiction of the United States pursuant to 18 U.S.C. §7, or where a federal criminal statute expressly provides for U.S. extraterritorial jurisdiction.

⁵ OIG must provide reports to the Committees on Foreign Relations and Appropriations of the Senate and the Committees on Foreign Affairs and the Appropriations of the House of Representatives.

generally comply with section 8B, because many policies are not final and have not been implemented, we were unable to verify final content of some policies, or to evaluate whether the new and modified policies have had the intended effects. Consequently, we are not able to comment on the effectiveness of the policies. Even for those policy changes that were implemented during the course of the evaluation, enough time has not elapsed to evaluate the effectiveness of the policies.

Evaluation Objectives

This evaluation report answers the following questions:

- Has Peace Corps developed and implemented a sexual assault policy that complies with section 8B of the Kate Puzey Act?
- Has all overseas staff received training on the Peace Corps' sexual assault policy?
- Are victims of sexual assault receiving the services mandated by section 8B of the Kate Puzey Act?

SECTION A: POLICY DEVELOPMENT AND IMPLEMENTATION

In this section of the evaluation report, OIG addresses the question: “Has Peace Corps developed and implemented a sexual assault policy that complies with section 8B of the Kate Puzey Act?” During our review we collected the various policies, guidelines, and instructions that fulfill the requirements of the Act and analyzed them to determine whether all the required elements were included. We also verified that experts were involved in policy development and revisions and whether applicable best practices were incorporated.

The agency has a collection of policies and procedures that address different requirements of the Kate Puzey Act.

One centralized sexual assault policy does not yet exist, although senior staff reported that they intend to identify and communicate to staff which documents make up the agency’s comprehensive sexual assault policy. Instead of having a centralized policy, the agency has a collection of policies and procedures that address the different requirements of the Kate Puzey Act. We reviewed more than 40

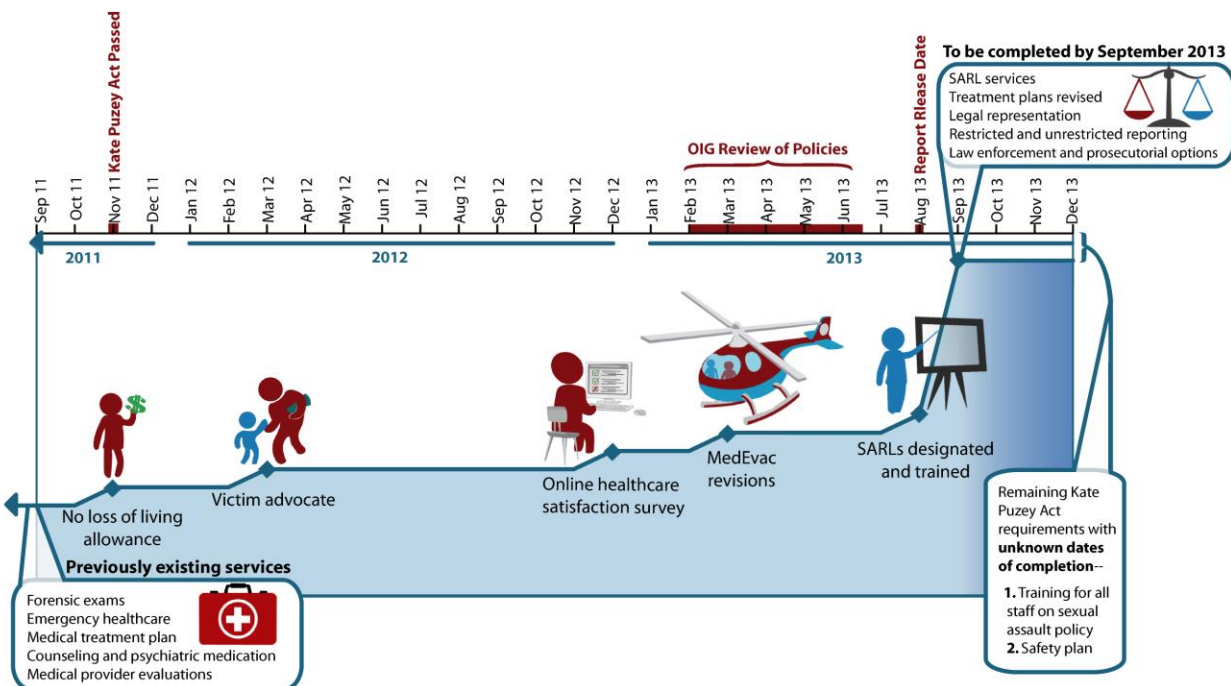
different documents, and multiple versions of some that were undergoing revision, as part of this evaluation. These policies and procedures include the *Peace Corps Manual*, IPSs, TGs, *Procedures for Responding to Sexual Assault*, and various other attachments and procedures that provide more detail on how to implement the policies. While the agency is working towards developing a comprehensive policy, having the requirements and instructions in so many places will make it difficult for staff to find the information and poses a risk that something will be overlooked.

Elements of the Peace Corps’ program to respond to sexual assault existed before the Kate Puzey Act was passed, but full compliance with the law remains a work in progress. In order for the agency to comply with the Act, some required aspects of sexual assault response and support, such as the concepts of victim advocacy and restricted reporting, required a major overhaul to the systems and culture of the Peace Corps.

Having instructions in many places poses a risk that something will be overlooked.

Other required aspects of sexual assault response and support, such as emergency healthcare, counseling, and forensic exams, have long existed in the agency, but were modified to incorporate best practices. Some of the agency’s existing sexual assault response policies required minor changes and some required no changes at all. The following graphic illustrates the implementation timing for the various policy requirements of the Kate Puzey Act.

Figure 1. Progress Implementing the Kate Puzey Act Requirements



Some significant new elements of the Peace Corps’ sexual assault policy, such as restricted reporting and SARLs, among others, are scheduled to go into effect on September 1, 2013. The implementation dates for some of the new sexual assault policies limited the extent to which we could evaluate the implementation and effectiveness of the agency’s sexual assault policy by the Congressional deadline of November 2013. We were unable to verify the final content of some policies or verify that victims received certain services because the policies outlining the provision of services had not yet been fully finalized or implemented. We were also unable to evaluate whether the new and modified policies are having the intended effects because there has not been a sufficient amount of elapsed time to determine effectiveness.

The Kate Puzey Act mandated that an independent panel of subject matter experts review the Peace Corps’ sexual assault policy for use of best practices. The SAAC was consequently established. In November 2012, the council included 10 individuals with expertise in sexual assault risk-reduction and response, medical treatment protocols, training and education, and sexual assault prevention. The council reviewed the Peace Corps’ policies and TGs in the summer of 2012 and published its first report in November 2012. Some of its findings are referenced throughout this report.⁶ Additionally Peace Corps staff who are sexual assault and/or medical experts were consulted. Current and former agency staff and Volunteers provided their perspective on Peace Corps’ unique international environment.

⁶ The SAAC is required to publish its second report by November 2013.

We found that best practices were incorporated into the policy revisions to the extent that applicable best practices were available and that experts were consulted in some circumstances. Because Peace Corps operates differently from other domestic organizations or federal entities with overseas operations, it was difficult to identify best practices for many of the requirements. In some situations, best practices and/or consultation with experts was unnecessary due to the nature of the item.

POLICY REQUIREMENT 1: RESTRICTED AND UNRESTRICTED REPORTING

The Kate Puzey Act states that “The President shall develop and implement a comprehensive sexual assault policy that includes a system for restricted and unrestricted reporting of sexual assault.” As defined by the Kate Puzey Act, restricted reporting prevents the disclosure of personally identifiable information (PII) and enables a Volunteer to report a sexual assault without automatically starting an investigation. The Kate Puzey Act also outlines the circumstances under which PII can be disclosed and instructs the agency to notify Volunteers if their PII is disclosed. The Kate Puzey Act gives the following description of restricted reporting:

The term ‘restricted reporting’ means a system of reporting that allows a volunteer who is sexually assaulted to confidentially disclose the details of his or her assault to specified individuals and receive the services outlined in section 8B(c) without the dissemination of his or her personally identifying information except as necessary for the provision of such services, and without automatically triggering an official investigative process.

Exceptions.--In cases in which volunteers elect restricted reporting, disclosure of their personally identifying information is authorized to the following persons or organizations when disclosure would be for the following reasons: i) Peace Corps staff or law enforcement when authorized by the victim in writing. ii) Peace Corps staff or law enforcement to prevent or lessen a serious or imminent threat to the health or safety of the victim or another person. iii) SARLs, victim advocates or healthcare providers when required for the provision of victim services. iv) State and Federal courts when ordered, or if disclosure is required by Federal or State statute.

Notice of disclosure and privacy protection.--In cases in which information is disclosed pursuant to subparagraph (B), the President shall--(i) make reasonable attempts to provide notice to the volunteer with respect to whom such information is being released; and (ii) take such action as is necessary to protect the privacy and safety of the volunteer (§ 8A(f)(2)).

Analysis

After passage of the Kate Puzey Act, the agency worked to develop a restricted reporting policy and related procedures. IPS 3-13 “Responding to Sexual Assault” defines the sexual assault reporting system that will be available to Volunteers once the IPS is issued. Further details about the restricted and standard reporting processes are contained in a related procedure document entitled *Procedures for Responding to Sexual Assault*, which is currently in draft form.⁷ IPS 3-13 was signed by the acting Director in March 2013 but

The agency’s restricted reporting policy is scheduled to be issued on September 1, 2013.

⁷ The agency is referring to “unrestricted” reporting as “standard” reporting, which is how it will be referred to throughout the report.

will not become effective until it is issued.⁸ The agency has targeted September 1, 2013 as the issue date for IPS 3-13 and the related procedure document.

The definition of restricted reporting included in the March 2013 version of IPS 3-13 generally conforms to the one provided by the Kate Puzey Act.⁹ The policy states that a Volunteer who elects restricted reporting will receive the services outlined by the Kate Puzey Act without automatically triggering an official investigation. The Volunteers' PII included in the report is restricted to designated staff and other staff providing authorized restricted report services to the Volunteer.

The agency's definition of restricted reporting generally conforms to the one provided by the Kate Puzey Act.

Experts and Best Practices

The Peace Corps consulted experts, including staff at the Department of Defense (DOD) as well as numerous Peace Corps staff and Volunteers, when developing its restricted reporting process. DOD is the only U.S. government agency that also has a system of restricted reporting for sexual assaults, and a member of DOD's Sexual Assault Prevention and Response Office was consulted when the Peace Corps was drafting IPS 3-13. This expert had the opportunity to advise the Peace Corps on the policy's background at DOD, share lessons learned, and provide comments on the Peace Corps' policy and procedures. The agency also sought feedback from current and former Peace Corps staff and Volunteers, thus providing input from people with international experience. The SAAC reviewed IPS 3-13 and the related procedures in July 2013 and found that it conformed to best practices.

However, restricted reporting is a relatively new concept that has primarily been used by DOD. Therefore it is difficult to consider it a best practice and compare the Peace Corps' approach to the one used by DOD. Even though some people stated that DOD's restricted reporting policy has encouraged people to report sexual assaults, DOD's own policy and response to sexual assault continues to be improved.

The SAAC and Peace Corps staff interviewed also noted that there are significant differences between Peace Corps and DOD that must be considered when applying restricted reporting to the Peace Corps. In the Peace Corps, unlike in DOD, perpetrators of sexual assault are often people outside of the agency, so it cannot rely on its own legal system or administrative procedures to punish offenders. Furthermore, the Peace Corps might have to rely on resources outside the agency to ensure Volunteers receive all the services they are entitled to

Giving Volunteers a reporting option incorporates best practices and should encourage reporting.

⁸ Although the agency finalized a version of IPS 3-13 that was signed by the acting Director, it did not issue it. The agency has and may continue to make modifications until it is issued.

⁹ We have serious concerns that the agency's policies and procedures related to restricted reporting, particularly our access to information, will hinder our ability to perform our mission and meet our statutory mandate. These concerns have been communicated to the acting Director of the Peace Corps and relevant congressional committees outside the framework of this report.

under the Kate Puzey Act, such as medical care and forensic exams.

Even though it is difficult to identify best practices related to restricted reporting, one of the experts we interviewed stated that it is important to give sexual assault victims some control over their situation by allowing them to make choices about actions that affect them. By giving Volunteers a reporting option, the policy incorporates this best practice and should encourage Volunteers to report sexual assaults.

One key difference between Peace Corps and DOD policies for reporting sexual assaults is that Peace Corps Volunteers can report a sexual assault to any staff, not just designated staff, and the report must remain restricted until the Volunteer acts to convert it to a standard report. Peace Corps policy presumes that all reports are restricted until a Volunteer elects to convert the report to a standard report. It is unclear how many Volunteers will choose to convert the report to a standard report.

POLICY REQUIREMENT 2: SEXUAL ASSAULT RESPONSE LIAISONS

The Kate Puzey Act requires the Peace Corps to create a sexual assault policy that includes SARLs and victim advocates. Specifically, the Kate Puzey Act mandates the following:

...for each Peace Corps country program, the designation of a Sexual Assault Response Liaison (SARL) who shall receive comprehensive training on procedures to respond to reports of sexual assault, with duties including ensuring that volunteers who are victims of sexual assault are moved to a safe environment and accompanying victims through the in-country response at the request of the victim (§ 8B (a)(2)).

The Kate Puzey Act further “requires SARLs to immediately contact a Victim Advocate upon receiving a report of sexual assault in accordance with the restricted and unrestricted reporting guidelines promulgated by the Peace Corps.” It also states that the agency’s sexual assault policy must provide a SARL and a victim’s advocate to a Volunteer who has been the victim of a sexual assault.

Analysis

Since the passage of the Kate Puzey Act, the agency has developed and implemented a Victim Advocate program that meets the Act’s requirements. On February 22, 2012, Aaron S. Williams, then Director, announced the establishment of OVA to provide victim advocate services to all Volunteers who are the victim of a sexual assault, stalking, or other crimes.¹⁰ On March 20, 2012, the Peace Corps revised MS 123 “Office of the Director: Organization, Mission, and Function” to include an OVA. Various documents, including TG 540 “Clinical Management of Sexual Assault” and the draft *Procedures for Responding to Sexual Assault*, describe when and how the victim advocate should be notified and provide services to victims in the case of a sexual assault. According to TG 540, the victim advocate is to be notified in every reported case of sexual assault.

¹⁰ According to information on the Peace Corps Intranet, OVA will give priority to cases involving serious crimes, including sexual assault and stalking.

SARLs are currently being selected and trained, and the policy is scheduled to become effective September 1, 2013.

The agency has also developed a SARL policy, IPS 2-13 “Sexual Assault Response Liaisons,” although it is not yet effective. IPS 2-13 requires all Peace Corps posts designate two SARLs and outlines the responsibilities for SARLs, which include all the required elements of the Act. The SARLs’ duties are also reinforced in the draft *Procedures for Responding to a Sexual Assault*. The Peace Corps has selected two SARLs for every post and upon selection, they received training on these policies and procedures from June to August 2013. They are supposed to begin their duties on September 1, 2013.

Experts and Best Practices

The agency was able to rely on the expertise of the director of OVA, a nationally recognized victim’s rights activist, when developing IPS 2-13. The SAAC reviewed IPS 2-13 and related SARL procedures in July 2013 and did not raise any significant concerns with the overarching policy.

It was difficult to identify best practices for SARLs because we could not find examples of this role being used outside of Peace Corps. DOD has Sexual Assault Response Coordinators (SARCs) who fill a similar role. However, the SARL program was still being developed during our evaluation fieldwork so we could not provide a comparison to the military’s SARC role.

Although there are not clear best practices for SARLs, the agency tried to build victim-centered best practices into the response protocols that SARLs and victim advocates, among others, will carry out. This includes considering a victim’s point of view and giving the Volunteer choices in their care and recovery. Experts highlighted the need to be transparent, provide information, be honest with Volunteers, and be clear about the process so that Volunteers know what to expect.

The SARL position is unique to the Peace Corps, although the US military has an equivalent position.

Potential Implementation Challenges

Although the agency prefers to fill the SARL positions with full-time Peace Corps staff who have volunteered for the position, IPS 2-13 includes a provision that would allow the agency to fill SARL positions with individuals such as family members of U.S. embassy personnel or U.S. citizens who reside in the host country. Although initially all SARLs will be full-time staff, we are concerned that selecting non-Peace Corps staff in the future could create challenges with training and accountability. Non-Peace Corps SARLs might not be sufficiently knowledgeable of post and headquarters operations and functions, which could affect the quality or timeliness of support to Volunteers. Furthermore, non-Peace Corps SARLs might not be as adept at handling

the logistical challenges that result from Peace Corps' unique operating environment and remote Volunteer sites, which could compromise the agency's response efforts.

POLICY REQUIREMENT 3: APPLICABLE TO ALL POSTS

The Kate Puzey Act states that the agency's sexual assault policy must be "applicable to all posts at which volunteers serve."

Analysis

The agency has fulfilled this requirement of the Kate Puzey Act. None of Peace Corps' posts are exempted from the various policies and guidelines that compose the agency's sexual assault policy.

Experts and Best Practices

Because this is a specific requirement that does not have associated "practice," no confirmation of expert involvement in policy development or best practice comparison was conducted.

POLICY REQUIREMENT 4: LOSS OF LIVING ALLOWANCE

The Kate Puzey Act stipulates that the comprehensive sexual assault policy includes a guarantee that Volunteers will not suffer loss of living allowances for reporting a sexual assault.

Analysis

The IPS 1-11 "Immunity Policy" prohibits victims or witnesses of a sexual assault from being subject to disciplinary action for violations of policy in connection with an assault. By prohibiting disciplinary action of any kind against victims of sexual assault in connection to the assault, IPS 1-11 also guarantees that victims will not suffer loss of living allowances for reporting a sexual assault. Furthermore, MS 221 "Volunteer Allowances" and MS 223 "Volunteer/Trainee Readjustment Allowance" were revised in May 2013 to state that Volunteers will not lose their living allowance for reporting a crime.

Experts and Best Practices

Experts we interviewed and members of the SAAC did not raise concerns about this policy. Because this is a specific requirement that does not have associated practice, no confirmation of expert involvement in policy development or best practice comparison was conducted.

POLICY REQUIREMENT 5: FORENSIC EXAMS

The Kate Puzey Act requires that Peace Corps provide Volunteers who are victims of sexual assault with a forensic exam.

Analysis

The agency's policies on forensic exams are currently being revised to incorporate restricted reporting and to reflect changes in how the agency will provide sexual assault forensic examinations (SAFEs) to Volunteers after a sexual assault. The revised SAFE policy is outlined in three documents: IPS 3-13 "Responding to Sexual Assault," TG 540 "Clinical Management of

Sexual Assault,” and *Procedures for Responding to Sexual Assault*. The new policies are expected to be implemented on September 1, 2013.

The Peace Corps’ revised policies state that forensic exams will be provided to all Volunteers in accordance with host country law; however, it is unclear how a Volunteer will receive an exam in some cases when a restricted report is filed. Even though the March 2013 version of IPS 3-13 states that a forensic exam will be provided to all victims of sexual assault, other guidance raises questions about whether this will happen in all cases. Under the new policy, SAFE will be provided in most cases by a local service provider, not the PCMO.¹¹ TG 540 and *Procedures for Responding to Sexual Assault* give staff guidance on how to provide a SAFE in some, but not all, cases. The Volunteer’s reporting preference, restricted versus standard, impacts whether the Volunteer can receive a SAFE.

The Volunteer’s reporting preference impacts whether the Volunteer can receive a forensic exam.

In cases where the Volunteer has elected standard reporting, the guidance clearly states that the Volunteer will be able to receive a SAFE if desired. Both TG 540 and *Procedures for Responding to a Sexual Assault* include specific protocols that PCMOs should follow in response to a sexual assault, requiring them to describe the purpose of a forensic exam, how forensic exams are provided in the country of service, and accompany the Volunteer to the exam if allowed by host country law.

The Volunteer’s ability to obtain a SAFE is less clear if a restricted report has been filed. In some Peace Corps countries, obtaining a SAFE would trigger an official local investigation, making restricted reporting impossible. Peace Corps policy explains that in those cases a Volunteer would have to convert to a standard report in order to receive a SAFE. However, there may be Peace Corps countries in which a SAFE would not trigger an official investigation. In those cases, the policy does not give guidance on how a SAFE should be conducted under restricted reporting.

The Peace Corps has determined that PCMOs should conduct a SAFE only in very limited circumstances. If a case meets the agency’s requirements, the policy clearly states that a Volunteer can receive a SAFE from the PCMO under both standard and restricted reporting.

Experts and Best Practices

Two external experts, also members of the SAAC, were the chief consultants for this revision of TG 540 and provided input on medical forms, PCMO duties, treatment plans, and who would be involved in the process. The Peace Corps also identified resources from reputable organizations in the sexual assault field and consulted with external and internal experts when revising TG 540. TG 540 cites a list of articles, experts, and organizations used to design the policy. These include resources on treatments for sexually transmitted illnesses (STI) and post traumatic stress disorder (PTSD), as well as forensic exams and clinical management of sexual assaults, among others. The sources come from organizations with established expertise in the field, including the World

¹¹ Previously, a PCMO would conduct the exam unless prohibited under host country law.

Health Organization, Centers for Disease Control and Prevention (CDC), St. Luke's Hospital of Kansas City, and Sexual Assault Nurse Examiner Program in Washington, DC.

Potential Implementation Challenges

The implementation of restricted reporting creates a new process for providing SAFEs to Volunteers that may make it more difficult for them to receive a SAFE. Previous policy required the PCMO to conduct the forensic exam whenever possible. Under the Peace Corps' new policies, staff will be responsible for identifying and contracting local providers to conduct SAFEs as well as ensuring that SAFEs are provided in accordance with restricted reporting confidentiality requirements. Additionally, it is possible there are other unknown risks of defaulting to SAFEs conducted by local providers that have not yet been identified. Without clear guidance from the Peace Corps on how to provide a SAFE in all cases, we are concerned it may become more challenging for Volunteers to receive a SAFE.

We recommend:

- 1. That the agency clarify the procedures for obtaining a sexual assault forensic exam for a Volunteer who has filed a restricted report if the forensic exam does not trigger an official investigation, and revise policies accordingly.**

POLICY REQUIREMENT 6: EMERGENCY HEALTHCARE

The Kate Puzey Act requires the agency to provide emergency healthcare, if necessary, to a Volunteer who has been a victim of sexual assault. It also requires the agency to provide a mechanism for a Volunteer to evaluate the emergency healthcare provider.

Analysis

Peace Corps policy guarantees the provision of emergency healthcare to victims of sexual assault, and multiple guidelines and instructions describe specific medical services to be provided as well as various mechanisms to evaluate those providers. We reviewed 13 TGs and procedures related to providing emergency healthcare and evaluating the healthcare providers.

Peace Corps' policy guarantees the provision of emergency healthcare to victims of sexual assault.

The clearest guarantee of emergency medical care is outlined in TG 120 "Medical Benefits" which states "the essential elements of medical care for Trainees and Volunteers include... emergency medical services anywhere in the world at any time." In addition, the Peace Corps TGs describe specific medical services to be provided to a Volunteer in the case of a sexual assault. These services include emergency medical care, forensic exams, STI testing, post exposure prophylaxis PEP, and clinical examinations. Peace Corps policy also clearly outlines who is responsible for providing these services.

The agency has established several methods to gather feedback from Volunteers about their medical care, which include reporting directly to Peace Corps staff, filing a concern with the agency's Quality Improvement Unit, and/or completing the Peace Corps' healthcare consultant online satisfaction survey. These various reporting mechanisms give Volunteers the opportunity to provide feedback about non-Peace Corps healthcare providers and healthcare received from Peace Corps staff.

Experts and Best Practices

Experts we interviewed and members of the SAAC did not raise significant concerns with the Peace Corps' provision of emergency healthcare to Volunteers. The Peace Corps' policy is similar to hospital or clinic protocols for managing patients' clinical needs and escalating care as appropriate. When developing the TG on STI and human immunodeficiency virus (HIV) prevention, Peace Corps staff referred to at least three external sources, including guidance from the CDC.

It is evident that the agency researched how other organizations, including other federal agencies, have conducted surveys similar to the healthcare consultant online satisfaction survey, and incorporated some best practices. The agency expert who built the Peace Corps' survey reviewed monitoring and evaluation programs from other sexual assault response programs and incorporated best practices when possible.

POLICY REQUIREMENT 7: PROVISION OF COUNSELING AND PSYCHIATRIC MEDICATION

The Kate Puzey Act requires the agency to provide counseling and psychiatric medication, if necessary, to a Volunteer who has been a victim of sexual assault.

Analysis

There are several agency guidelines and policies that comply with the Kate Puzey Act and address the counseling options that should be provided to victims of sexual assault. One of the most significant is TG 545 "Sexual Assault: Mental Health Assessment and Care." This TG provides PCMOs with guidance on how to support Volunteers' emotional needs after a sexual assault. It instructs the PCMO to encourage the Volunteer to speak with a licensed mental health provider and states that the PCMO should offer counseling through a variety of methods, including a mental health provider in country; phone sessions with the Counseling and Outreach Unit (COU); or a medical evacuation to Washington, DC or the Volunteer's home of record. It also provides guidance on the provision of psychiatric medications. Provision of psychotropic medications must be done in consultation with OHS, but they are available to Volunteers when needed.

Peace Corps' policies and guidelines guarantee counseling and psychiatric medication to victims of sexual assault.

The agency has several other TGs and policies that reinforce staff's duty to provide Volunteers with mental health support when needed, including TG 540 "A Resource Guide for the Clinical Management of Sexual Violence," TG 510 "Mental Health Assessment and Support," and MS 270 "Volunteer/Trainee Safety and Security." The Peace Corps' various policies and TGs include the provision of counseling and psychiatric medication, when needed, to victims of sexual assault.

Experts and Best Practices

The agency made revisions to its TGs based on input from members of the SAAC who have a medical background and are experts in the sexual assault field. Since the passage of the Kate Puzey Act, the agency also hired experts in PTSD/acute stress disorder and made further revisions based on their input.

The Peace Corps has updated its approach to providing counseling and psychiatric medication based on best practices and input from experts.

The agency incorporated best practices into its sexual assault counseling TGs based on the input from experts and research provided by the U.S. Department of Health and Human Services' Agency for Healthcare Research & Quality.¹² The Peace Corps has selected two evidence-based techniques staff will use when treating sexual assault victims and other trauma survivors. These therapies have been shown to be effective and are recommended responses for trauma survivors.

POLICY REQUIREMENT 8: SAFETY PLAN

The Kate Puzey Act requires staff to work with a Volunteer who has been the victim of a sexual assault to complete a safety plan, if necessary.

Analysis

We found two policy and procedure documents that instructed staff to complete a safety plan following a sexual assault, but the documents did not provide information on the safety plan's format, contents, or when a plan is necessary. Furthermore, neither of the documents has been issued so the guidance will not be in effect until the target implementation date of September 1, 2013.

Agency guidance directs staff to develop a safety plan but does not provide information on its format, contents, or when one is necessary.

The March 2013 version of IPS 3-13 lists the completion of a "Victim Safety Plan" as one of the services a Volunteer will receive in the case of a sexual assault. It further defines the Victim Safety Plan as "a plan developed by Designated Staff and a Volunteer to address the immediate and ongoing personal safety and emotional needs of the Volunteer following a sexual assault

¹² The Agency for Healthcare Research and Quality's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

including, when necessary, housing changes.” No other information related to safety plans is provided in IPS 3-13.

Safety plans are mentioned numerous times throughout the draft *Procedures for Responding to Sexual Assault* but the document is missing important information about when a safety plan is needed, the essential elements of such plan, or how the plan should be documented and distributed.

We reviewed a sample “Volunteer Safety and Support Plan” from OVA to demonstrate the content of a safety plan. This document is intended to help Peace Corps staff guide the safety planning conversation with the Volunteer and is intended to be tailored to the circumstances of each individual case. Its framework is based on questions to guide open discussions about three important topics: how to reduce risk, how to respond if something happens, and how to maintain health and well-being. The document emphasizes that the plan needs to be jointly developed between the Volunteer and staff. It also states that it is “NOT a behavioral contract,” and the Volunteer should never be asked to sign it. The document instructs the facilitator to take detailed notes and to write up a summary for his or her files. Although this provides some of the needed guidance to staff, it has not been rolled out globally or incorporated into policy or procedure documents.

Experts and Best Practices

Because Peace Corps policy did not include consistent guidance for a safety plan’s format, contents, or when one is necessary, we were not able to verify that best practices were incorporated into the Peace Corps’ policies. In November 2012, the SAAC reported that the safety planning documents they reviewed adhere to best practices in safety planning and that the key to successful implementation is to tailor the plan to the individual Volunteer’s circumstances.¹³

Experts and members of the SAAC who were interviewed for this evaluation reinforced the SAAC’s previous report finding that the documents they reviewed adhered to best practices. However, they also indicated that the agency should include safety planning guidance in its policies.

Potential Implementation Challenges

Agency guidance directs staff to develop a safety plan but does not provide information on its format, contents, or when one is necessary. We acknowledge the agency’s concern about victim blaming as well as the need to approach each case individually. But, without clear guidance for staff on how and when to complete a safety plan, compliance with this element of the Kate Puzey Act is not guaranteed.

¹³ Three documents “Response to Threatening Situations,” the “Safety Plan Worksheet,” and “Post Incident Assessment” were referred to as “outlining the steps in safety planning that must be taken at the post following a Volunteer sexual assault.”

We recommend:

- 2. That the associate director for Safety and Security revise agency policy to provide clear guidance on when a safety plan is needed, the essential elements of such a plan, and how the plan should be documented and distributed.**

POLICY REQUIREMENT 9: TREATMENT PLAN

The Kate Puzey Act requires staff to work with a Volunteer who has been the victim of a sexual assault to complete a treatment plan, if necessary.

Analysis

The agency has been revising its treatment plan guidance in response to the Kate Puzey Act and feedback from experts. A draft version of TG 540 “A Resource Guide for the Clinical Management of Sexual Violence” dated June 2013 instructs PCMOs to respond to a sexual assault by developing a treatment plan “according to the mental and medical health needs of the Volunteer.” This will be offered to Volunteers who are the victim of a sexual assault regardless of whether they file a restricted or standard report. The agency plans to issue this revised TG on September 1, 2013.

The agency has been revising its treatment plan guidance in response to the Kate Puzey Act and feedback from experts.

The revised policy clarifies the guidance on providing a treatment plan. Prior to the revisions, TG 540 instructed PCMOs to conduct short and long term treatment planning with the Volunteer, but did not clearly define the provision of a treatment plan. Once this TG becomes effective, the agency will satisfy this element of the Kate Puzey Act.

Experts and Best Practices

We confirmed that experts were involved in revising the treatment plan guidance. In November 2012, the SAAC reported that these forms adhered to best practices in treatment planning. According to the SAAC, the forms allow the Volunteer and Peace Corps staff to work together to develop the best and most appropriate course of action for each specific situation. That flexibility, in the SAAC’s view, is a key to successful implementation.

POLICY REQUIREMENT 10: MEDICAL EVACUATION

The Kate Puzey Act requires the following related to the medical evacuations for Volunteers who have been the victim of a sexual assault:

Evacuation of such volunteer for medical treatment, accompanied by a Peace Corps staffer at the request of such volunteer. When evacuated to the United States, such volunteer shall be provided,

to the extent practicable, a choice of medical providers including a mechanism for such volunteers to evaluate the provider (§ 8B (c)(7)).

Analysis

The Peace Corps' policies on medical evacuation, which existed before the passage of the Kate Puzey Act, were modified to include all the elements required by the Act. MS 264 "Medical Evacuation" requires that victims of a sexual assault be medically evacuated upon request and be accompanied by staff unless accompaniment is declined by the victim. The policy states:

In the case of a Volunteer who is the victim of a sexual assault, the Volunteer has the right to be evacuated for medical treatment from the country of assignment if requested by the Volunteer... In the case of a medevac resulting from a sexual assault, stalking or other serious crime, the Volunteer must be accompanied by a Peace Corps staff member, unless declined by the Volunteer.

The provision of medical evacuation and staff accompaniment is reinforced in the OHS SOP document entitled *Management of Sexually-Assaulted Volunteers or Victims of Crime on Medevac* as well as *Procedures for Responding to Sexual Assault*.

Peace Corps' policies on medical evacuation were modified to include all the elements required by the Act.

IPS 3-13 "Responding to Sexual Assault" and *Procedures for Responding to Sexual Assault* include a choice of medical providers when medically evacuated to the U.S. as a service available to victims of a sexual assault for both standard and restricted reports.

Additionally, the *Procedures for Responding to Sexual Assault* instruct headquarters medical staff and the victim advocate to provide a Volunteer with medical

evacuation, clinical care, and mental health options. The service is emphasized in OHS's SOP for U.S. medical evacuations that instructs Peace Corps medical staff to give Volunteers a choice of medical providers.

Finally, Volunteers are able to evaluate their medical evacuation providers through the same mechanisms provided in the Policy Requirement 6: Emergency Healthcare section above.

Experts and Best Practices

Because the medical evacuation policy was developed long before the Kate Puzey Act was passed we could not confirm that experts from outside the agency were involved in its development. However, after the Act was passed, Peace Corps staff with medical expertise reviewed the policy to ensure its quality. The external experts we interviewed raised no concerns with it. The SAAC noted that the medical evacuation concept is unique to the Peace Corps and were therefore unable to comment on best practices.

Potential Implementation Challenges

Guidance to staff to provide a choice of medical providers when a Volunteer is medically evacuated to the United States is inconsistently communicated in Peace Corps' procedural documents. The *Procedures for Responding to Sexual Assault* instruct staff to provide Volunteers with medical evacuation, clinical care, and mental health "options," but do not specify that those options include a choice of medical providers. They also do not reference

OHS's SOP for U.S. medical evacuations, where instruction to provide that choice is clear. While there was no evidence that Volunteers were not receiving a choice of medical providers, the agency should ensure that its guidance to staff is consistent across procedural documents to avoid possible confusion.

We recommend:

- 3. That the agency revise all relevant procedures to direct staff to provide a choice of medical providers to victims of sexual assault who are medically evacuated to the United States.**

POLICY REQUIREMENT 11: PROVIDE APPLICABLE LAW ENFORCEMENT AND PROSECUTORIAL OPTIONS

The Kate Puzey Act requires that the Peace Corps' sexual assault policy provide victims of sexual assault with an explanation of legal and prosecutorial options, as well as legal representation, if necessary.

Analysis

Since the passage of the Kate Puzey Act, the Peace Corps has modified and developed a series of policies and procedures in order to ensure that Volunteers receive all the required legal information and services. The *Procedures for Responding to Sexual Assault* requires a PCMO to provide an initial overview of law enforcement and prosecutorial options to a victim in response to a sexual assault and inform

The agency has been revising its policies and procedures in order to ensure that Volunteers receive all the required legal information and services.

the Volunteer that Peace Corps will hire a local lawyer to advise them on those options, if desired. The post's Safety and Security Coordinator (SSC), with support from an Office of General Counsel (OGC) duty officer, is responsible for identifying and hiring a local lawyer for that consultation. Additionally, Peace Corps MS 270, the Peace Corps' primary policy dealing with Volunteer safety, states that Volunteers should be provided with appropriate and timely support to assist with legal needs. The Peace Corps' policy also establishes a victim's right to legal counsel provided by the agency. MS 774, "Retention of Counsel and Payment of Related Expenses Overseas," requires the provision of legal counsel to Volunteers who are victims of sexual assault. It states, "The Peace Corps is required to retain counsel for a Volunteer who is the victim of a sexual assault if requested by the Volunteer."

Experts and Best Practices

Best practices were not applicable to this requirement because legal systems and regulations vary so widely between Peace Corps countries. Peace Corps staff and one expert we interviewed noted that best practices are difficult to incorporate into this area of the agency's sexual assault

policy because, unlike the military, the Peace Corps must use host country legal systems, which are country-specific.

None of the experts interviewed raised concerns about this policy, though the SAAC felt strongly that Volunteers should receive written information about the legal environment of their host country before agreeing to serve as a Volunteer in that country. The Peace Corps concurred with the SAAC's recommendation.

CONCLUSION

Overall, the Peace Corps' collection of policies and procedures contain the elements required by the Kate Puzey Act, incorporate best practices to the extent practicable, and were reviewed by experts. Some of the policies that meet the requirements of the Act were in place before the Act was passed, and in other cases the Peace Corps revised its policy to ensure compliance. Restricted reporting and SARLs, along with the related revision to other Peace Corps policies, are scheduled to be implemented on September 1, 2013.

While we were able to confirm whether Peace Corps policy contained all the elements required by the Kate Puzey Act, the collection of policies and procedures that address the requirements are not organized and identified as a comprehensive sexual assault policy. No single person or office is responsible for managing the agency's development and revision of these policies to ensure they contain the needed items and are being implemented as planned. Many offices across the agency, such as OGC, SS, OHS, OGO, and OVA, were involved in developing the policies that comprise the Peace Corps' new sexual assault response. Several Peace Corps staff we interviewed stated that this made progress difficult at times. This also made it difficult to determine who is responsible for implementing or addressing the SAAC's 24 policy-related recommendations. We are concerned that the decentralized nature of the management of the agency's sexual assault policies will create challenges during implementation and when updating the Peace Corps' sexual assault policy.

The number and accessibility of documents that provide guidance to staff on Peace Corps' sexual assault policy could also create barriers to the consistent provision of services to Volunteers. There is no guidance on what set of documents make up the Peace Corps' official sexual assault policy and where they can be found. Additionally, in some cases, the Kate Puzey Act required services that were either not explicitly included in policy or not consistently communicated to staff. In the case of a medical evacuation to the United States, guidance to staff to provide a choice of medical providers is inconsistent between procedural documents. Without making these documents easily identifiable and accessible to staff, it will be difficult to guarantee that future victims of sexual assault will receive all the services required by the Kate Puzey Act.

We recommend:

- 4. That the agency clarify what documents constitute its official comprehensive sexual assault policy and make those documents easily identifiable and accessible to staff.**

- 5. That the agency develop a process for the systematic review of all sexual assault advisory council recommendations, clearly outlining the offices responsible for implementing each recommendation with which the agency concurs.**

SECTION B: STAFF TRAINING

In this section of the evaluation report, we address the question: “Has overseas staff received training on Peace Corps' sexual assault policy?” During the evaluation we reviewed the agency’s approach to providing sexual assault response training and assessed whether the agency had met the mandate included in the Kate Puzey Act section 8B (d): “The President shall train all staff outside the United States regarding the sexual assault policy developed under subsection (a).”

We determined that the Peace Corps has trained some but not all overseas staff on the sexual assault policies. Agency management stated that they could not meet this requirement until they had finalized the comprehensive sexual assault policy. The scheduled launch date for several key policies is September 1, 2013. The agency advised us that it intends to train all overseas staff on the relevant policies after that time.

All overseas staff have not been trained on the agency’s sexual assault policies.

Even though the agency is waiting until its comprehensive sexual assault policy is finalized before training all overseas staff, it has conducted training for staff in select roles. The following table summarizes the key sexual assault-related trainings that have been provided since 2011.

Table 1. Key Sexual Assault-Related Staff Trainings Conducted Since 2011

Training Name	Training Date(s)	Required Staff
Guidelines for Responding to Rape and Major Sexual Assault	March 29, 2011 and annually thereafter	Any staff who could be a first responder to a sexual assault
Medical Overseas Staff Trainings (MOST) and Continuing Medical Education (CME)	2012	PCMOs
Joint CME conferences	June-August 2013	PCMOs, SSCs, SARLs
Regional CD conferences	May-September 2013	CDs

Following is more detail about these trainings.

2011 Training: Guidelines for Responding to Rape and Major Sexual Assault

In March 2011, the associate director for global operations directed all CDs to conduct training on the procedures that had been newly established in the *Guidelines for Responding to Rape and Major Sexual Assault*.¹⁴ This document explained the procedures staff were required to follow when responding to a rape or major sexual assault but did not represent a comprehensive sexual

¹⁴ The *Guidelines for Responding to Rape and Major Sexual Assault* were released in February 2011 and detailed the agency’s sexual assault response procedures for staff. These procedures will be replaced by the *Procedures for Responding to Sexual Assault* on September 1, 2013.

assault policy. This training was to be provided to any staff who could be a first responder to a sexual assault.¹⁵ Specifically, the memorandum states, “Participants should include any staff who could function as first responders (e.g., Duty Officers, Medical staff, AO [Administrative Officer], APCD [Associate Peace Corps Director], Program Assistants, Training staff).”¹⁶ Posts were instructed to complete this training by March 29, 2011 and deliver it annually thereafter. While the memo sets expectations for training key staff on the *Guidelines for Responding to Rape and Major Sexual Assault*, it does not address the Kate Puzey Act requirement stated above because it did not cover the comprehensive sexual assault policy and was not required for all overseas staff.

Even though this training was not intended to meet the Kate Puzey Act’s requirement to train all overseas staff, we reviewed training records to determine how many staff had received it and verify that it was being conducted annually. Although the training was only required for first responders, CDs were given the latitude to extend the training to other staff if desired, making it possible for all overseas staff to receive the training. Despite that possibility, our analysis revealed that many overseas staff did not receive training on the *Guidelines for Responding to Rape and Major Sexual Assault*. We received training records from 61 of 64 active posts.¹⁷ For posts reporting, 59 percent of all overseas staff had received the training at least once since 2011, although only 34 percent of them had received the training within the past year. We acknowledge that it was not the agency’s intent to provide this training to all overseas staff, only select positions. However, the results of our analysis may provide useful information the agency can consider when implementing its comprehensive sexual assault training.

Approximately 60 percent of overseas staff received training on the agency’s sexual assault response procedures prior to the upcoming roll-out of the comprehensive sexual assault policy training.

Incomplete training records made this analysis difficult to perform, and we discovered that the agency was not tracking whether the training was provided annually as required. The original memorandum specified that the country desks should be notified when posts completed the 2011 training and that the training was to be repeated annually. However, the expectation to maintain ongoing training records was not clear, and many country desks did not have the records needed to determine whether the annual training requirement was met. Furthermore, we discovered that only 54 percent of the posts conducted the training within the past year as required by the agency. One post delayed training in subsequent years in anticipation of new policy changes. Going forward, it will be important for the agency to have complete, accurate training records so it can verify that it is meeting the staff training requirements in the Kate Puzey Act. In addition, the agency will need to clarify how and when newly hired employees must receive this training.

¹⁵ Individual posts determined which staff positions could be first responders to a sexual assault.

¹⁶ Duty officers are staff who respond to emergency situations that occur after work hours.

¹⁷ The data for three posts was never provided to OIG. These requests were made to the country desks, not directly to the posts.

2012 Training: Medical Overseas Staff Trainings and Continuing Medical Education

Even though the sexual assault policy was not final in 2012, the agency has been training overseas medical staff on updated material as it becomes available. Two trainings that covered this updated material were the 2012 MOST and CMEs.¹⁸ The 2012 MOST included over 10 hours of training relevant to the Kate Puzey Act requirements and covered topics such as: an introduction to the Kate Puzey Act, interviewing a victim of sexual assault, sexual assault case studies, the sexual assault clinical exam, forensic evidence collection and documentation, and medical evacuation protocols. The 2012 CME included training on the following relevant topics: the background of the Kate Puzey Act and its purpose, the role of the victim advocate, the sexual assault hotline, intimate partner violence, and assessing site safety after an incident.

Plans for 2013 Training on the Comprehensive Sexual Assault Policy

As the Peace Corps gets closer to finalizing and issuing the remaining elements of its sexual assault policy, it has started training staff on new policies as well as the updates that have been made to existing policies and procedures. Trainings are taking place in different venues, and some of the trainings are targeted to specific roles.

PCMOs, SSCs, and SARLs, the three positions that serve as “designated staff” in the agency’s restricted reporting policy, were trained from June through August 2013 during three joint CME conferences. During these week-long events, staff received in-depth training about the agency’s sexual assault policies and their roles as first responders. Session topics included dynamics of sexual assault, sexual assault policy updates, cross-cultural factors that influence Volunteer support, team communication, understanding medical and legal processes, hiring an attorney, and assessing risk after an incident. OIG observed the EMA region conference held in June 2013 and the IAP region conference held in July and August 2013.¹⁹ In general, these trainings were informative and comprehensive. However, safety plans were not covered in detail and we are concerned that staff did not receive the information necessary to comply with this element of the Kate Puzey Act. Additionally, some of the policies and procedures were in draft form and continued to be edited after initial trainings occurred.

Staff not classified as “designated staff” in the agency’s restricted reporting policy are also receiving training, although most of this training will not be completed before the agency’s scheduled September 1, 2013 issuance date for the sexual assault policies. Position-specific training is being provided at the regional CD conferences being held May through September 2013. Post staff who serves as duty officers will receive training on the revised *Procedures for Responding to Sexual Assault*. This is planned to occur before the scheduled launch of the new policies on September 1, 2013. For all other staff, the agency plans to develop an online training module covering the comprehensive sexual assault policy. The agency is planning to launch that training in September 2013. Further information was not available.

¹⁸ PCMOs receive accredited training through an initial three-week orientation conference called MOST and annual weeklong CME conferences. During MOSTs and CMEs, PCMOs are trained on a range of applicable medical protocols, including emergency medical care.

¹⁹ An OIG representative was not available to attend the Africa region CME that took place in mid-August 2013.

CONCLUSION

Because the agency has not finalized its comprehensive sexual assault policy, it has not been able to meet the staff training requirement mandated by the Kate Puzey Act. However, since 2011, the agency has provided training to select staff on other topics related to sexual assault response. In an attempt to determine how many staff had received some of these trainings, we uncovered weaknesses with the agency's training records. Overcoming these weaknesses will be important to ensure that the agency can verify it is meeting the mandates of the Kate Puzey Act.

We recommend:

- 6. That the agency train all overseas staff on the sexual assault policy per the Kate Puzey Act.**
- 7. That the agency develop and communicate expectations for training newly hired overseas staff, including training methods and deadlines.**
- 8. That the agency develop and implement a method to track training records to verify that it is meeting the requirements of the Kate Puzey Act.**

SECTION C: CASE REVIEW

Section 8B(c) of the Kate Puzey Act lists specific services that must be covered in the agency's sexual assault policy and provided to a Volunteer who has been a victim of a sexual assault. Specifically, the Kate Puzey Act states:

Sec 8B. (c) The sexual assault policy developed under subsection (a) shall include, at a minimum, the following services with respect to a volunteer who has been a victim of sexual assault:

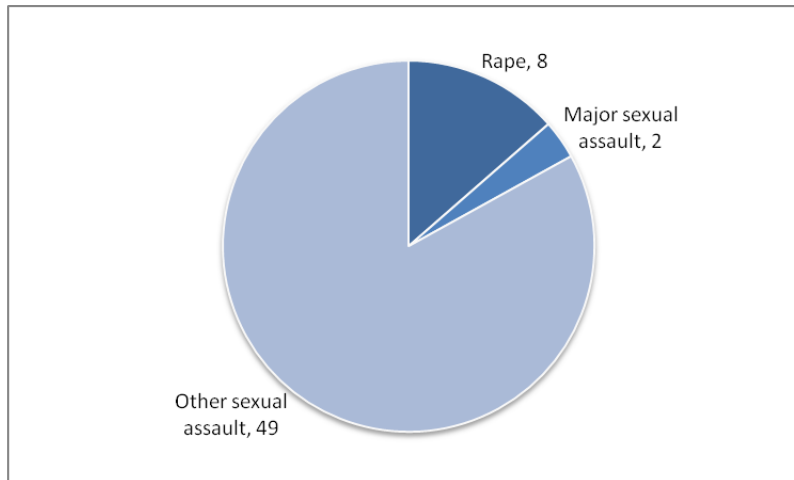
- (1) The option of pursuing either restricted or unrestricted reporting of an assault.
- (2) Provision of a SARL and Victim's Advocate to the volunteer.
- (3) At a volunteer's discretion, provision of a sexual assault forensic exam in accordance with applicable host country law.
- (4) If necessary, the provision of emergency health care, including a mechanism for such volunteer to evaluate such provider.
- (5) If necessary, the provision of counseling and psychiatric medication.
- (6) Completion of a safety and treatment plan with the volunteer, if necessary.
- (7) Evacuation of such volunteer for medical treatment, accompanied by a Peace Corps staffer at the request of such volunteer. When evacuated to the United States, such volunteer shall be provided, to the extent practicable, a choice of medical providers including a mechanism for such volunteers to evaluate the provider.
- (8) An explanation to the volunteer of available law enforcement and prosecutorial options, and legal representation.

One of the objectives of this evaluation was to answer the question “Are victims of sexual assault receiving the services mandated by section 8B of the Kate Puzey Act?” To answer this question, we conducted a case review of all 59 reported sexual assaults that occurred between November 1, 2012 and February 28, 2013 and determined whether the services mandated by Section 8B(c) of the Kate Puzey Act were provided.²⁰ The following graph shows how the 59 cases in our review were categorized.²¹

²⁰ Refer to the Objective, Scope, and Methodology section for more information about these cases and the way the case review was conducted.

²¹ This report reflects the crime categories in use at the time fieldwork was conducted. Refer to the Glossary for definitions of these crime categories. The agency was planning to change the sexual assault crime categories based on feedback from experts but those changes were not yet in effect.

Figure 2. Crime Classification of Cases Included in OIG Case review



Source: Crime Incident Reporting System, May 2013

Our analysis revealed that Volunteers who were victims of a sexual assault during this time period were generally offered all applicable services that were available, although Volunteers frequently declined some of the support options available to them. Providing Volunteers who are victims of crime with choices about their support, including whether or not they choose to take advantage of support services, is consistent with the victim-centered model the Peace Corps has implemented.

There were also some support services the agency was not able to provide or that did not apply to many of the cases. The most notable were the provision of a SARL and the option to pursue restricted or standard reporting. Those policies and related services were not in place and available to Volunteers between November 1, 2012 and February 28, 2013.²² Furthermore, some services did not apply due to the nature of the crime or the circumstances surrounding it. For example, forensic exams and emergency healthcare was not needed in the majority of the cases, and most Volunteers did not choose to be medically evacuated.

Victims of sexual assault were usually offered all applicable services. Volunteers often declined available support options.

For a few of the mandated services, the lack of documentation and unclear expectations about how to provide the service made it difficult to determine whether the services had been offered. The most notable were the completion of safety plans and verification that staff had provided Volunteers with an explanation of available law enforcement and prosecutorial options. Except for OHS's medical case management system, the agency does not have a centralized system or method whereby staff can document the services that were offered to Volunteers, the information provided regarding those services, and whether Volunteers chose to avail themselves of applicable services. We had to rely on staff's recollection of conversations or ask them to gather emails and other documentation that could be used to verify that services were offered. In many

²² Headquarters staff responsible for implementing restricted reporting and SARLs expect those services to be available in September 2013 after the issuance of the respective policies.

cases, no documentation existed, making it difficult to determine whether Volunteers had declined the services or staff had failed to offer them. Headquarters staff has been reluctant to ask Volunteers to sign a document when they refused support. However, after the restricted reporting system is implemented, Volunteers will be asked to sign a document to confirm their reporting preference and verify that various services were offered to them. If completed, the form will help Volunteers hold the agency accountable for offering all required services and may serve as a way for the agency to document actions taken and verify that staff is providing the support that is expected.

The rest of this section provides more detail about each of the support services mandated by section 8B(c) of the Kate Puzey Act and the results of our case review.

CASE REVIEW REQUIREMENT: RESTRICTED AND UNRESTRICTED REPORTING (KATE PUZEY ACT SECTION 8B(C)(1))

Restricted reporting was not available during the case review timeframe; therefore, none of the Volunteers in our case review were provided the option to pursue restricted or standard reporting.

CASE REVIEW REQUIREMENT: PROVISION OF A SARL (KATE PUZEY ACT SECTION 8B(C)(2))

Because SARLs had not been selected and implemented during the case review timeframe, none of the Volunteers in our case review were provided a SARL.

None of the Volunteers included in the case review were offered restricted reporting or a SARL because those policies had not been implemented.

CASE REVIEW REQUIREMENT: PROVISION OF A VICTIM ADVOCATE (KATE PUZEY ACT SECTION 8B(C)(2))

The services of the victim advocate were offered to Volunteers in 58 out of 59 cases; there was one case that we could not confirm that services were offered. OVA indicated that victim advocate services are offered in every case of sexual assault reported to the Peace Corps, but many Volunteers choose not to take advantage of them. There was no evidence that victims in need of a victim advocate was not provided with one.

CASE REVIEW REQUIREMENT: PROVISION OF A SEXUAL ASSAULT FORENSIC EXAM (KATE PUZEY ACT SECTION 8B(C)(3))

A sexual assault forensic exam was conducted in two of 59 cases; both of these cases were classified as rapes. A forensic exam was not provided in the other 57 cases for a variety of reasons:

- The Volunteer did not want to participate in a sexual assault forensic exam
- The nature of the crime did not necessitate a sexual assault forensic exam

- The crime was reported to Peace Corps staff more than five days after the crime occurred²³

There was no evidence that Volunteers who could have received a forensic exam were denied the opportunity.

There was no evidence that Volunteers were denied access to forensic exams or emergency healthcare.

CASE REVIEW REQUIREMENT: PROVISION OF EMERGENCY HEALTHCARE (KATE PUZEY ACT SECTION 8B(C)(4))

Volunteers received emergency healthcare in six of 59 cases; four of these cases were classified as rapes and the other two were classified as an “other sexual assault.” Emergency healthcare was not provided to the other Volunteers because they did not sustain injuries that required emergency healthcare. There was no evidence that Volunteers who needed emergency healthcare were denied access.

CASE REVIEW REQUIREMENT: OPPORTUNITY TO EVALUATE EMERGENCY HEALTHCARE PROVIDER (KATE PUZEY ACT SECTION 8B(C)(4))

All six of the Volunteers who obtained emergency healthcare were provided information about Peace Corps’ healthcare provider evaluation tools. However, it was not possible to verify whether the Volunteers took advantage of these evaluation tools because they are not mandatory and the information is anonymous and cannot be tracked.

Posts used a variety of methods to inform Volunteers about the available feedback mechanisms, including Volunteer newsletters, training sessions, and posters in the Peace Corps office. Staff provides this information regardless of whether the Volunteer has been the victim of a crime or has sought medical care.

CASE REVIEW REQUIREMENT: PROVISION OF COUNSELING AND PSYCHIATRIC MEDICATION (KATE PUZEY ACT SECTION 8B(C)(5))

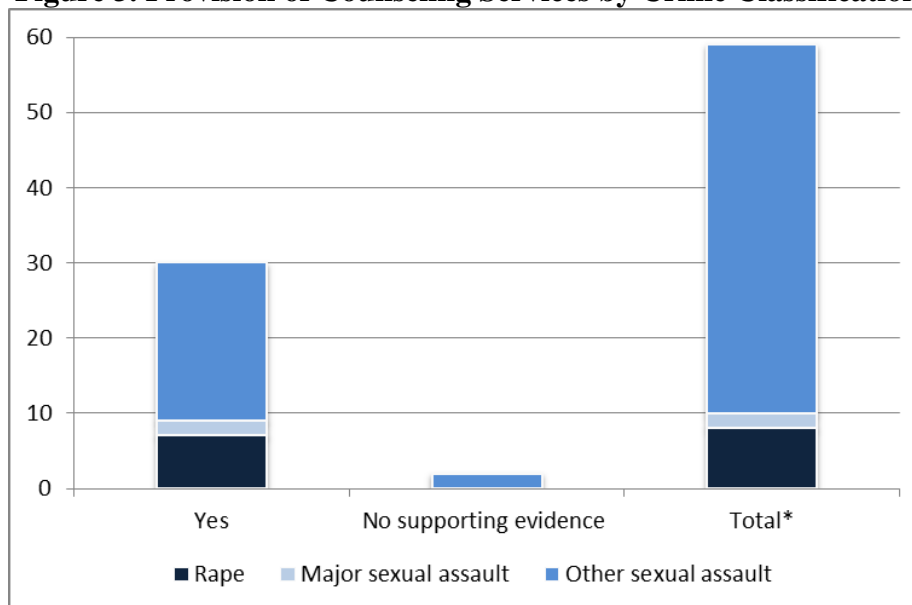
Our case review confirmed that Volunteers were almost always provided the option to receive counseling; there were only two cases that we were unable to confirm that counseling was offered. Despite being offered counseling support, many Volunteers did not take advantage of this service. Volunteers received counseling in 30 of 59 cases, and psychiatric medication was available if deemed necessary. Volunteers received counseling in seven of eight rape cases and both major sexual assaults. In 27 cases (one rape and 26 crimes classified

There were only two cases in which we were unable to confirm that counseling was offered.

²³ During the case review timeframe, the agency’s medical guidelines stated that forensic evidence could be found up to five days after the incident. Agency guidance is being revised in response to input from experts, and future guidance will no longer include this time limitation.

as “other sexual assaults”), staff reported that the Volunteer refused counseling. In two “other sexual assault” cases, there was no documentation to support that counseling and psychiatric medication was offered and/or provided if needed. In one of these cases, the CD reported that counseling and psychiatric medication “was not appropriate” given the details of the incident. In the other case, post staff could not recall whether counseling was offered and/or provided, although they reported that non-medical staff provided support to the Volunteer after the incident. The Volunteer’s medical file contained no information demonstrating that counseling had been offered. The breakdown of services offered by crime classification is portrayed in the following graph.

Figure 3. Provision of Counseling Services by Crime Classification



* Includes cases in which the Volunteer chose not to pursue counseling
Source: Crime Incident Reporting System, May 2013

The case review also demonstrated that Volunteers were provided multiple ways of receiving counseling, either from a PCMO, COU counselor, or non-Peace Corps counselor.²⁴ Of the 30 Volunteers who received counseling, 17 received it from a Counseling and Outreach Unit counselor and/or a non-Peace Corps mental health provider; the other 13 Volunteers received support solely from their PCMO. Generally, PCMOs are medical practitioners, not mental health providers, but they provided support sessions if the Volunteer wanted support but did not want to work with a licensed mental health provider.

²⁴ PCMOs are field-based staff that provide medical support to Volunteers in-country. Headquarters-based staff in the COU support Volunteers by phone or when they are medically evacuated to Washington, DC.

CASE REVIEW REQUIREMENT: SAFETY PLAN (KATE PUZEY ACT SECTION 8B(C)(6))

It was difficult for us to determine whether the agency fulfilled this requirement in the 59 cases we reviewed. As previously discussed in Section A of this report, at the time of our fieldwork, the agency had not defined and communicated what a safety plan was, the essential elements of such plan, when a safety plan was necessary, or how the plan should be documented and distributed. In lieu of formal, documented guidance, we spoke to a manager in SS who described its key elements as follows:

Guidance regarding safety plans was unclear, and staff could not provide sufficient evidence of a safety plan in six of nine cases.

- A safety plan is a structured conversation with the Volunteer, not a written document that is provided to the Volunteer upon completion; headquarters staff were clear that they did not want a safety plan document to be provided to Volunteers
- The elements discussed during safety planning vary depending on the nature of the incident
- A safety plan is needed if the perpetrator poses an ongoing threat to the Volunteer; for example, if the crime was committed by someone the Volunteer will possibly see again, such as a co-worker or host family member, including extended family. Safety plan discussions should also be held if the Volunteer is the victim of repeat offenses.

In reviewing the case data, we found nine cases in which, based on the criteria above, we determined that a safety plan was needed because the situation posed an ongoing threat to the Volunteer. In three cases, staff was able to provide sufficient evidence demonstrating that a safety plan had been developed and documented. In the other six cases, there was no such evidence. Staff involved in these six cases reported that safety conversations were held with the Volunteers but they could not produce documentation that captured the details of the conversation. Some staff could not identify any agency guidance on how to develop a safety plan.

Despite the absence of safety plans in most cases, we found evidence that post staff had taken immediate actions to ensure Volunteer safety after sexual assaults occurred.

Even though safety plans were not always documented, it is important to note that we found evidence that post staff had taken immediate actions to ensure Volunteer safety after sexual assaults occurred. Emails the agency provided to us as well as notes captured in the agency's Crime Incident Reporting System (CIRS) demonstrated that staff moved Volunteers to safe locations after incidences occurred and made safety improvements to Volunteers' houses when necessary. Staff also willingly changed Volunteers' sites, host families, and partner organizations to ensure their safety. However, most of these actions were not documented in a clear, easy-to-

obtain safety plan that listed the actions the staff and/or the Volunteer would take to respond to the incident and mitigate future risk. Based on this information, we determined that the agency took action to ensure Volunteers' safety but did not always complete safety plans with Volunteers when needed.

CASE REVIEW REQUIREMENT: TREATMENT PLAN (KATE PUZEY ACT SECTION 8B(C)(6))

Treatment plans were created in all cases in which the Volunteer received medical or mental healthcare.

Treatment plans were created in all 31 cases in which the Volunteer received medical and/or mental healthcare. PCMOs used the SOAP or Subjective, Objective, Assessment, and Plan format to document their case notes. Included in this format is a plan, which is "a record of medications or treatments prescribed, further evaluations and follow-up planned, and any instructions or health education given to the Volunteer."²⁵ These plans were maintained in the Volunteer's medical file. As reported in

Section A, the agency has been making changes to its treatment plan guidance and template. Going forward, treatment plans will follow a different format, and the Volunteer should receive a written copy.

CASE REVIEW REQUIREMENT: MEDICAL EVACUATION WITH STAFF ACCOMPANIMENT (KATE PUZEY ACT SECTION 8B(C)(7))

Volunteers were medically evacuated in four of 59 cases; all four were rape cases, and all of these Volunteers were evacuated to the United States or one of its territories. All four of these Volunteers were offered the opportunity to have staff accompany them; only two of the four accepted the offer. There was no evidence that Volunteers were denied the right to be medically evacuated or have staff accompany them.

All four Volunteers who were medically evacuated were offered the opportunity to have staff accompany them.

CASE REVIEW REQUIREMENT: CHOICE OF MEDICAL PROVIDERS DURING MEDICAL EVACUATION TO UNITED STATES (KATE PUZEY ACT SECTION 8B(C)(7))

Three of four Volunteers evacuated to the United States were provided with a choice of medical providers. OHS staff stated that they are expected to discuss the provider choices with Volunteers who have been medically evacuated; however, the case notes did not contain evidence that this discussion occurred in the fourth case.

CASE REVIEW REQUIREMENT: OPPORTUNITY TO EVALUATE MEDICAL EVACUATION PROVIDER (KATE PUZEY ACT SECTION 8B(C)(7))

All four of the Volunteers evacuated to the United States were provided information about the Peace Corps' healthcare provider evaluation tools. It was not possible to verify whether the Volunteers took advantage of these evaluation tools because they are not mandatory and the information is anonymous and cannot be tracked.

²⁵ A description of each SOAP note category is provided in the Peace Corps' medical TG 210: Health Records.

As previously reported, the agency uses a variety of methods to inform Volunteers about the available feedback mechanisms, including the *Medevac Guide for Washington, DC*. Volunteers receive this information regardless of whether they have been the victim of a crime or sought medical care within the country or during a medical evacuation. Notes entered into Peace Corps' medical case management system demonstrate that staff often reminded the Volunteers that were under their care about the available feedback mechanisms, such as the *Health Care Consultant Satisfaction Survey* and Quality Nurse program.

CASE REVIEW REQUIREMENT: EXPLANATION OF LAW ENFORCEMENT, PROSECUTORIAL OPTIONS, AND LEGAL REPRESENTATION (KATE PUZEY ACT SECTION 8B(C)(8))

It was difficult for us to determine whether the agency fulfilled this requirement in the 59 cases we reviewed. Post staff generally did not document the conversations they held with Volunteers concerning law enforcement, prosecutorial options, and legal representation so there was no way for us to verify if or when a conversation took place and what was discussed. We were able to obtain information regarding the number of Volunteers who reported the incident to police, but we could not determine what led the Volunteer to make that decision. According to the crime reports in CIRS, Volunteers reported the crime to local police in 11 of 59 cases; two of these cases were rapes, one was a "major sexual assault," and eight were classified as an "other sexual assault." In one instance where the case went to trial, we verified that Peace Corps acquired legal counsel for the Volunteer.

According to the information staff entered into CIRS, there were a variety of reasons why Volunteers chose not to report the incidents to police. Some Volunteers did not think the incident was serious enough to warrant police action, some did not think the police would be able to do anything about the crime, and others worried that police corruption or community reaction could make it counterproductive to file a report.

Staff generally did not document the conversations with Volunteers concerning the law enforcement, prosecutorial options, and legal representation, making it difficult to confirm that these discussions occurred.

It is also important to note that some of the actions that are classified as a sexual assault in the United States are not considered crimes in certain countries where Peace Corps serves; therefore, no police or law enforcement activity would take place if the Volunteer tried to report the incident. Volunteers should be clearly and accurately informed of their options, which will vary from country to country.

CONCLUSION

When reviewing the 59 reported sexual assaults that occurred between November 1, 2012 and February 28, 2013, we determined that, with the few exceptions described above, victims of sexual assault were offered all applicable services. Two services that could not be offered were the option of restricted reporting and the provision of a SARL; the agency advised us that these services will be available in September 2013 after the related policies have been issued. Even

though a variety of services were offered, Volunteers declined many of them and others did not apply because of the nature of the case, or the timing of notifying staff that a crime had occurred. Some services, specifically the completion of a safety plan and an explanation of law enforcement and prosecutorial options, were hard to verify. In most cases, staff did not document these conversations with Volunteers so it was not possible to independently verify if and when the conversations occurred and determine whether complete and accurate information was provided to Volunteers.

OBJECTIVE, SCOPE, AND METHODOLOGY

The purpose of OIG is to prevent and detect fraud, waste, abuse, and mismanagement and to promote economy, effectiveness, and efficiency in government. In February 1989, the Peace Corps OIG was established under the Inspector General Act of 1978 and is an independent entity within the Peace Corps. The Inspector General is under the general supervision of the Peace Corps Director and reports both to the Director and Congress.

The OIG Evaluation Unit provides senior management with independent evaluations of all management and operations of the Peace Corps, including overseas posts and domestic offices. OIG evaluators identify best practices and recommend program improvements to comply with Peace Corps policies.

The Evaluation Unit announced its intent to conduct the congressionally mandated evaluation of Peace Corps' sexual assault policy on November 14, 2012. The evaluation addressed the following questions:

- Has Peace Corps developed and implemented a sexual assault policy that complies with section 8B of the Kate Puzey Act?
- Has all overseas staff received training on the Peace Corps' sexual assault policy?
- Are victims of sexual assault receiving the services mandated by section 8B of the Kate Puzey Act?

Lead Evaluator Heather Robinson, Senior Evaluator Susan Gasper, and Evaluation Apprentice Tim Shaw conducted the fieldwork and analysis for this evaluation from November 14, 2012 to June 30, 2013. This research included: a review of the policies provided by the agency related to the requirements of the Kate Puzey Act; interviews with staff representing OHS, SS, OGC, and OVA; interviews with experts in the field of sexual assault risk-reduction and response; and a case review of all sexual assault cases occurring between November 1, 2012 and February 28, 2013.

EVALUATION OF PEACE CORPS POLICY

The Kate Puzey Act contains two main requirements of the agency's sexual assault policy that were reviewed in this evaluation. The first is a series of specific elements that needed to be included in the policy. In order to assess the Peace Corps' compliance with this requirement, we conducted a content analysis of the agency's policies. The policies provided by the agency were compared to the policy requirements in the Kate Puzey Act to determine whether or not the agency met each requirement.

The second requirement was that the agency's policies be developed in accordance with best practices and in consultation in experts. We interviewed staff to identify which experts were involved in the development of Peace Corps' policy. We also attended SAAC meetings and interviewed experts in the field to determine their level of involvement in policy development and to help identify relevant best practices. As part of the content analysis described above, we reviewed each policy provided by the agency for the inclusion of best practices. In certain cases,

expert review was deemed unnecessary, particularly when the policy requirement was straightforward or not associated with a professional practice (e.g. the Act requires that the policies be applicable to all posts).

EVALUATION OF STAFF TRAINING

In order to monitor the status of staff training on *Guidelines to Responding to Rape and Sexual Assault* at all overseas posts, we contacted country desk officers for all 64 posts. We requested that country desk officers report the dates of the most recent training for all staff. These training records were used to determine which posts had conducted training within the past year and which staff was overdue for training or had not ever been trained.

In addition to analyzing the status of the *Guidelines to Responding to Rape and Sexual Assault* training we attended two of the three 2013 CMEs that included Kate Puzey Act related content. While attending we observed the sessions provided as well as the feedback provided by trainees.

CASE REVIEW

The Kate Puzey Act also required that we conduct a case review of a “statistically significant number of cases.” In order to conduct this review, we reviewed cases from a four month time period, November 1, 2012 to February 28, 2013. We collected data on all reported cases of sexual assault that took place during that time period in order to determine whether victims had received the services mandated by the Kate Puzey Act. For each case, we reviewed the CIRS crime report, requested documentation from the appropriate post, and reviewed submitted documentation. When documentation was not available, we requested testimonial evidence of services provided from post staff.

It was difficult to determine what sample of cases would be necessary to achieve statistical significance because several key pieces of information required to construct a sample were unavailable: the population size, desired confidence level, and margin of error. Therefore, instead of constructing a sample, our analysis included every reported case of sexual assault that occurred during our data collection period.

This evaluation was conducted in accordance with the Quality Standards for Inspections, issued by the Council of the Inspectors General on Integrity and Efficiency. The evidence, findings, and recommendations provided in this report have been reviewed by agency stakeholders affected by this review.

INTERVIEWS CONDUCTED

As part of this evaluation, interviews were conducted with 11 representatives from Peace Corps headquarters in Washington, DC and five other stakeholders and experts.

Table 2. Peace Corps Staff Interviews

Position	Office
Attorney Advisor	General Counsel
Policy and Program Analyst	General Counsel
Clinical Social Worker	Office of Health Services/Counseling and Outreach Unit
Deputy Director, Counseling and Outreach Unit	Office of Health Services/Counseling and Outreach Unit
Director, Office of Medical Services	Office of Health Services/Office of Medical Services
Expert	Office of Health Services/Office of Medical Services
Quality Improvement Manager	Office of Health Services/Office of Medical Services
Chief, Operations Support	Office of Safety and Security
Lead Security Specialist	Office of Safety and Security
Monitoring & Evaluation Specialist	Office of Safety and Security
Director, Office of Victim Advocacy	Office of Victim Advocacy

Data as of June 2013.

Table 3. External Stakeholder and Expert Interviews

Position	Organization
Director of Public Policy	National Center for Victims of Crime
Medical Director	St. Luke's Hospital's Sexual Assault Treatment Center
Independent Medical Practice Professional	Not applicable
Senior Victim Assistant Advisor	Secretary of Defense, Sexual Assault Prevention and Response Office
Vice President of Victim Services	Rape, Abuse and Incest National Network

Data as of June 2013.

LIST OF RECOMMENDATIONS

WE RECOMMEND:

1. That the agency clarify the procedures for obtaining a sexual assault forensic exam for a Volunteer who has filed a restricted report if the forensic exam does not trigger an official investigation, and revise policies accordingly.
2. That the associate director for Safety and Security revise agency policy to provide clear guidance on when a safety plan is needed, the essential elements of such a plan, and how the plan should be documented and distributed.
3. That the agency revise all relevant procedures to direct staff to provide a choice of medical providers to victims of sexual assault who are medically evacuated to the United States.
4. That the agency clarify what documents constitute its official comprehensive sexual assault policy and make those documents easily identifiable and accessible to staff.
5. That the agency develop a process for the systematic review of all sexual assault advisory council recommendations, outlining clearly the offices responsible for implementing each recommendation with which the agency concurs.
6. That the agency train all overseas staff on the sexual assault policy per the Kate Puzey Act.
7. That the agency develop and communicate expectations for training newly hired overseas staff, including training methods and deadlines.
8. That the agency develop and implement a method to track training records to verify that it is meeting the requirements of the Kate Puzey Act.

APPENDIX A: LIST OF ACRONYMS AND GLOSSARY

CD	Country Director
CDC	Centers for Disease Control and Prevention
CIRS	Crime Incident Reporting System
CME	Continuing Medical Education
COU	Counseling and Outreach Unit
DOD	Department of Defense
HIV	Human Immunodeficiency Virus
IPS	Interim Policy Statement
MOST	Medical Overseas Staff Trainings
MS	Peace Corps Manual Section
OGC	Office of General Counsel
OGO	Office of Global Operations
OHS	Office of Health Services
OIG	Office of Inspector General
OVA	Office of Victim Advocacy
PCMO	Peace Corps Medical Officer
PII	Personally Identifiable Information
PTSD	Post Traumatic Stress Disorder
RPCV	Returned Peace Corps Volunteer
SAAC	Sexual Assault Advisory Council
SAFE	Sexual Assault Forensic Examination
SARC	Sexual Assault Response Coordinator
SARL	Sexual Assault Response Liaison
SOAP	Subjective, Objective, Assessment, and Plan
SOP	Standard Operating Procedure
SS	Office of Safety and Security
SSC	Safety and Security Coordinator
STI	Sexually Transmitted Illness
TG	Medical Technical Guideline

Glossary²⁶

Major Sexual Assault. Intentional or forced contact with the victim’s breast, genitals, mouth, buttocks, or anus OR disrobing of the Volunteer or offender without contact of the Volunteer’s aforementioned body parts, for sexual gratification AND any of the following:

- 1) the use of a weapon by the offender, OR
- 2) physical injury to the victim, OR
- 3) when the victim has to use substantial force to disengage the offender.

Other Sexual Assault. Unwanted or forced kissing, fondling, and/or groping of the breasts, genitals, mouth, buttocks, or anus for sexual gratification.

²⁶ Definitions taken from CIRS prior to September 1, 2013.

Rape. Penetration of the vagina or anus with a penis, tongue, finger, or object without the consent and/or against the will of the Volunteer. This includes when a victim is unable to give consent because of ingestion of drug and/or alcohol. Rape also includes forced oral sex, where:

- 1) the victim's mouth contacts the offender's genital or anus, OR
- 2) the offender's mouth contacts the victim's genital or anus, OR
- 3) the victim is forced to perform oral sex on another person.

Any unsuccessful attempts to penetrate the vagina or anus are also classified as Rape (formerly Attempted Rape).

APPENDIX B: AGENCY'S RESPONSE TO THE PRELIMINARY REPORT



Since 1961.

MEMORANDUM

To: Kathy Buller, Inspector General

Through: Daljit K. Bains, Chief Compliance Officer

From: Carrie Hessler-Radelet, Acting Director

Date: November 4, 2013

CC: Stacy Rhodes, Chief of Staff
Joaquin Ferrao, Deputy Inspector General
Jim O'Keefe, AIG, Evaluations
Carlos Torres, Acting Associate Director, Office of Global Operations
Daryl Sink, Chief of Operations, Office of Safety and Security
Brenda Goodman, Deputy Associate Director, Office of Health Services
Bill Rubin, General Counsel
Kellie Greene, Director, Office of Victim Advocacy
Karen Bickle, Director, Human Resource Management
Sonia Stines Derenoncourt, Director, Overseas Programming & Training Support

Subject: Agency Response to the Preliminary Report of Peace Corps Volunteer Sexual Assault Policy 2013

Enclosed please find the agency's response to the recommendations made by the Inspector General for Peace Corps Volunteer Sexual Assault Policy, as outlined in the Preliminary Report of the IG Evaluation submitted to the agency on August 30, 2013.

The agency concurs with the 8 recommendations provided by the OIG in its Preliminary Evaluation Report: Peace Corps Sexual Assault Policy. The agency will continue to work with the departments identified in the Preliminary Report to ensure closure of these recommendations by the dates specified within the report for any outstanding recommendations.

Recommendation 1

That the agency clarify the procedures for obtaining a sexual assault forensic exam for a Volunteer who has filed a restricted report if the forensic exam does not trigger an official investigation and revise policies accordingly.

Concur

The IPS 3-13 Procedures for Responding to Sexual Assault have been revised to specifically provide that, if having a SAFE does not require notification to law enforcement or otherwise trigger an official investigation, the PCMO should explain to the Volunteer that, if she elects to undergo a SAFE, the report can remain a restricted report.

Documents Submitted:

- IPS 3-13 Procedures for Responding to Sexual Assault

Documents to be Submitted:

- Technical Guidance 542 - Sexual Assault Examination & Forensic Evidence Collection

Status and Timeline for Completion:

- January 2014

Recommendation 2

That the associate director for Safety and Security revise agency policy to provide clear guidance on when a safety plan is needed, the essential elements of such a plan, and how the plan should be documented and distributed.

Concur

The Office of Safety and Security will work with the Office of Victim Advocacy, OGO/Regions and the Counseling and Outreach Unit to incorporate guidance and a template in the Procedures for Responding to Sexual Assault that outlines the process and tools to be used for developing a Safety Plan. The guidance and template will be incorporated into the Procedures by January 2014.

Documents to be Submitted:

- Safety Plan Template

Status and Timeline for Completion:

- January 2014

Recommendation 3

That the agency revise all relevant procedures to direct staff to provide a choice of medical providers to victims of sexual assault who are medically evacuated to the United States.

Concur

The procedures that direct staff to provide a choice medical providers to victims of sexual assault who are medical evacuated to the U.S. have been updated and highlighted in the relevant sections of the corresponding documents.

Documents Submitted:

- TG 540

Status and Timeline for Completion:

- May 26, 2013

Recommendation 4

That the agency clarify what documents constitute its official comprehensive sexual assault policy and make those documents easily identifiable and accessible to staff.

Concur:

The Kate Puzey Act requires the Peace Corps to adopt a comprehensive sexual assault policy and, in compliance with this statutory mandate, the Peace Corps has adopted several new policies and policy revisions, as well as implementing procedures. A new entry for Comprehensive Sexual Assault Policies will be added to the Peace Corps Manual folder on the Intranet. That new entry will link to a page with a listing of all the documents that constitute the comprehensive sexual assault policy required by various provisions of the Kate Puzey Act. All policies are on the Intranet currently and by December 1, 2013 all the policies will reside under one heading “Comprehensive Sexual Assault Policies” on the Intranet, in addition to having them separated out. By the end of fiscal year 2014 all the policies will be combined into one omnibus policy that addresses the requirements of the Kate Puzey Act.

Documents to be Submitted:

- Comprehensive Sexual Assault Policy
- Policy summary sheet v2

Status and Timeline for Completion:

- September 2013

Recommendation 5

That the agency develop a process for the systematic review of all sexual assault advisory council recommendations, outlining clearly the offices responsible for implementing each recommendation with which the agency concurs.

Concur

The Office of Safety and Security currently reviews all Sexual Assault Advisory Council recommendations and will develop a procedure that describes the review process by December 1, 2013.

Documents to be Submitted:

- Sexual Assault Advisory Council Report Review Process

Status and Timeline for Completion:

- December 2013

Recommendation 6

That the agency train all overseas staff on the sexual assault policy per the Kate Puzey Act.

Concur

Overseas Staff Training schedule includes training modules related to the Kate Puzey Act policies and protocols through presentations conducted by the Office of the General Counsel, Office of Global Operations, and the Office of Safety and Security.

The following overseas staff were trained in the sexual assault policies during in-person trainings Summer 2013: CDs, PCMOs, SSCs, SARLs and PCSSOs. The Agency developed and launched online training in the sexual assault policies for all other overseas staff on 9/1/2013. The guidance given with that online training was that current staff (excluding those trained in person during Summer 2013) had to complete the online training by 12/2/2013. The guidance further stated that new staff hired after 12/2/2013 had to take the online training within 30 days of being hired.

For the Office of Health Services, Community Back-Up providers who provide relief coverage for PCMOs are trained by the PCMO on TG 185, *Backup Health Care Providers*, Attachment A to receive sexual assault response training and written guidelines that will equip them to respond to reports of sexual assault from Volunteers and remain in compliance with the specific guidance in TG 185 attachment A (Oct 2013) and TG 540 attachment L (Oct. 2013). OHS/SANE Staff will provide clinical support for back-up providers who provide care to victims of sexual assault. Annual Kate Puzey Act updates and policy review will become a permanent tract at all CMEs. CME attendance is required of all PCMOs, with unusual exceptions, as a condition of continued employment. The updates will be made available online to PCMOs unable to attend the CME.

Documents Submitted:

- Technical Guidance 185 – Back-up Provider Information Sheet 10 2013
- Technical Guidance 540 - Clinical Management of Sexual Violence, Attachment L

Status and Timeline for Completion:

- Current staff online training to be completed by 12/2/2013
- New hires after 12/2/2013 within 30 days of hire date.

Recommendation 7

That the agency develop and communicate expectations for training newly hired overseas staff, including training methods and deadlines.

Concur

The Office of Human Resource Management (HRM) will provide to newly hired employees mandatory training requirements, initially addressing US direct hire (USDH) employees and subsequently personal services contractors (PSC).

HRM in coordination with OGO/Regions, OHS, OVA and OSS will develop a short-term solution to ensure staff are trained per expectations of the Kate Puzey Act.

All Peace Corps staff are required to complete the online training courses related to the Kate Puzey Volunteer Protection Act found on the Peace Corps University.

In addition to the online Sexual Assault Risk Reduction Response Training offered by Peace Corps University, all newly hired PCMOs, including long-term Temporary Duty (TDY) PCMOs who are not current Peace Corps Contractors, are required to receive Sexual Assault training consistent with IPS 3-13 *Responding to Sexual Assault* and Technical Guidelines 540 and 545 within one month of hire. This requirement has been incorporated in the mentoring program and is to be documented on the Mentoring Checklist TG 187 Attachment B. This document becomes a permanent record in the PCMO's OHS personnel file. Starting February 2014, the annual Medical Overseas Staff Training (MOST) for PCMOs hired in the previous 12 months will include a Sexual Assault Training Track.

Documents Submitted:

- TG 187: PCMO Mentoring Checklist Oct2013 Attachment B
- Learning Space Screen Shot – LS_SS_SexualAssault_coursepage.png
- Peace Corps Screen Shot – PCU_SS_SexualAssault_coursepage.png

Documents to be Submitted:

- Training guidance on training newly hired overseas staff on relevant sexual assault policy and procedures.

Status and Timeline for Completion:

- March 2014 for interim solution
- October 2014 for longer term solution

Recommendation 8

That the agency develop and implement a method to track training records to verify that it is meeting the requirements of the Kate Puzey Act.

Concur:

Human Resource Management (HRM) and Office of Programming and Training Support are working together to acquire a Learning Management System which will track the training requirements for USDHs and PSCs.

In the interim, HRM in coordination with OGO/Regions, OHS, OVA and OSS will develop a short-term solution to ensure training records are also being managed by the appropriate departments.

Documents to be Submitted:

- Training guidance on the tracking of training for newly hired staff on relevant sexual assault policy and procedures.

Status and Timeline for Completion

- March 2014 – interim solution
- September 2014 – longer term solution

APPENDIX C: OIG COMMENTS

Management concurred with all eight recommendations. Based on the documentation provided, we closed one recommendation: number three. In its response, management described actions it is taking or intends to take to address the issues that prompted each of our recommendations. We wish to note that in closing recommendations, we are not certifying that the agency has taken these actions or that we have reviewed their effect. Certifying compliance and verifying effectiveness are management's responsibilities. However, when we feel it is warranted, we may conduct a follow-up review to confirm that action has been taken and to evaluate the impact.

Seven recommendations, numbers 1-2 and 4-8, remain open. We will review and consider closing these recommendations when the documentation reflected in the agency's response to the preliminary report is received. For recommendations two and six, additional documentation is required. These recommendations remain open pending confirmation from the chief compliance officer that the documentation reflected in our analysis below is received.

2. **That the associate director for Safety and Security revise agency policy to provide clear guidance on when a safety plan is needed, the essential elements of such a plan, and how the plan should be documented and distributed.**

Concur

The Office of Safety and Security will work with the Office of Victim Advocacy, OGO/Regions and the Counseling and Outreach Unit to incorporate guidance and a template in the Procedures for Responding to Sexual Assault that outlines the process and tools to be used for developing a Safety Plan. The guidance and template will be incorporated into the Procedures by January 2014.

Documents to be Submitted:

- Safety Plan Template

Status and Timeline for Completion:

- January 2014

OIG Analysis: In addition to providing the safety plan template, please also submit any related guidance to staff that is incorporated into the Procedures for Responding to Sexual Assault as reflected in the agency's response.

6. **That the agency train all overseas staff on the sexual assault policy per the Kate Puzey Act.**

Concur

Overseas Staff Training schedule includes training modules related to the Kate Puzey Act policies and protocols through presentations conducted by the Office of the General Counsel, Office of Global Operations, and the Office of Safety and Security.

The following overseas staff were trained in the sexual assault policies during in-person trainings Summer 2013: CDs, PCMOs, SSCs, SARLs and PCSSOs. The Agency developed and launched online training in the sexual assault policies for all other overseas staff on 9/1/2013. The guidance given with that online training was that current staff (excluding those trained in person during summer 2013) had to complete the online training by 12/2/2013. The guidance further stated that new staff hired after 12/2/2013 had to take the online training within 30 days of being hired.

For the Office of Health Services, Community Back-Up providers who provide relief coverage for PCMOs are trained by the PCMO on TG 185, Backup Health Care Providers, Attachment A to receive sexual assault response training and written guidelines that will equip them to respond to reports of sexual assault from Volunteers and remain in compliance with the specific guidance in TG 185 attachment A (Oct 2013) and TG 540 attachment L (Oct. 2013). OHS/SANE Staff will provide clinical support for back-up providers who provide care to victims of sexual assault Annual Kate Puzey Act updates and policy review will become a permanent tract at all CMEs. CME attendance is required of all PCMOs, with unusual exceptions, as a condition of continued employment. The updates will be made available online to PCMOs unable to attend the CME.

Documents Submitted:

- Technical Guidance 185 – Back-up Provider Information Sheet 10 2013
- Technical Guidance 540 - Clinical Management of Sexual Violence, Attachment L

Status and Timeline for Completion:

- Current staff online training to be completed by 12/2/2013
- New hires after 12/2/2013 within 30 days of hire date.

OIG Analysis: We acknowledge receiving the agency's description of its plans to train all overseas staff by December 2, 2013. Please provide training records or some other method to verify that staff were trained by that date.

APPENDIX D: EVALUATION COMPLETION AND OIG CONTACT

EVALUATION COMPLETION

This evaluation was conducted under the direction of Assistant Inspector General for Evaluations Jim O’Keefe, by Lead Evaluator Heather Robinson, Senior Evaluator Susan Gasper, and Evaluation Apprentice Tim Shaw. Additional contributions were made by Lisa Chesnel, Logan Davis, Christopher Fontanesi, Reuben Marshall, Ben Simasek, and Rebecca Underhill.



Jim O’Keefe
Assistant Inspector General for Evaluations

OIG CONTACT

Following issuance of the final report, a stakeholder satisfaction survey will be distributed to Peace Corps staff. If you wish to comment on the quality or usefulness of this report to help us improve our products, please contact Assistant Inspector General for Evaluations Jim O’Keefe at jokeefe@peacecorps.gov or 202.692.2904.

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