Final Report

Review of Key Office Coordination and Collaboration in the Effective Provision of Response and Support for Victims of Sexual Assault and Other Crimes.

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Executive Summary

"There are common challenges that require team members to acknowledge the boundaries of their own professional responsibilities, recognize the differing priorities of the various members of the response, and understand that there is inherent conflict when all members of the SART are fully functioning within the scope of their roles." Greeson & Campbell, 2012,

In November 2011 the Kate Puzey Peace Corps Volunteer Protection Act (KPA) was signed into law. In part this Act required that the Peace Corps ensure quality response and support for victims of sexual assault and other crimes. The efficiency and effectiveness of this response required the development of a multi-disciplinary team approach that would involve a number of offices and professionals from throughout the Agency to implement a Sexual Assault Risk Reduction and Response (SARRR) program.

For purposes of this Internal Management Consultation (IMC) the participating offices were the Office of Safety and Security, Office of the General Counsel, Office of Victim Advocacy, Office of Health Services, Counseling and Outreach Unit, Office of Global Operations, the Regions, and Posts.

To inform our review of the current operation and environment, we needed to examine the history of the development of this program. From over sixty interviews it was evident that staff at headquarters and in the field viewed the emphasis on quality response and support for victims of crime, especially sexual violence, to have been a very positive thing for the Agency. It has resulted in a marked cultural shift in the way the issue is viewed, discussed, and responded to. Interviewed staff believes that Volunteers who are victims of crime have received professional support, and in many cases, improved support. Yet there is serious concern that mistrust and poor communication between service providing offices may have already resulted in mixed messages being conveyed to Volunteers, even diminished support and services in some circumstances. It is also clear from interviews and review of documents from the field and headquarters that the deterioration of professional decorum and communication risks placing the Agency in a highly vulnerable position in relation to Volunteer support and thus public reputation and image.

Those interviewed spoke to the hiring of new staff over the last three years and establishment of the Office of Victim Advocacy as very positive steps. In a variety of offices (e.g. OSS, OGC, OVA) new staff members were hired who brought significant background in the area of trauma and sexual assault. This has resulted in additional

resources to support Volunteers, and has positioned the Agency to institutionally grow in its knowledge of sexual assault and the support of victims.

The establishment of the Office of Victim Advocacy was viewed positively in terms of experienced staff being brought onboard and Peace Corps engaging with thought leaders from the field of victim advocacy on a national and international level.

The IMC team was also tasked to look at other agencies and institutions which have similar programs in place to respond to and support victims of sexual assault and other crimes. We engaged a number of outside consultants to inform our understanding, in particular about the role of a victim advocate within different systems and elements of success of multi-disciplinary Sexual Assault Response Teams (SARTs). Interestingly all of those with whom we spoke could identify successful models, but quickly pointed out that these models are informed by their domestic setting and could not be totally translated into an international setting or the uniqueness of the Peace Corps program. Experts pointed out that many programs are influenced by an emphasis on criminal justice and related processes. Although prosecution and other actions are taken as a result of a sexual assault or other crimes against a Volunteer, the justice model for Peace Corps is significantly different. We were encouraged to dissect the successful models to determine the essence of their success and try to translate that to the Peace Corps' reality. We quickly became aware that Peace Corps has the opportunity to design and implement the premier international victim-centered, trauma-informed sexual assault model that might assist other institutions committed to strengthening their response to sexual assault. One observation made by all outside experts was that Peace Corps was incredibly fortunate to have drawn such high quality and dedicated professionals from the field to support and participate in the Agency's response.

In addition, we engaged experts with significant experience assisting and guiding the military to stand up and support their sexual assault response program. They pointed out that military branches experienced similar growing pains, role confusion, disagreement and a general siege mentality in their efforts to launch their sexual assault response and support programs. One significant observation made was that Peace Corps, unlike the military and other agencies, displayed a broad willingness to embrace the concept of advocacy.

Unfortunately, in the opinion of the IMC team, the manner in which the Peace Corps initially responded to the legislation hampered the launch of the program, from which it has not yet recovered. The Agency has not yet maximized its many positive culture and program changes to create fully a culture of learning for staff. The Agency has missed opportunities to develop capacity and grow from the experiences of the last three years.

Despite tremendous focus and commitment over the last three years, the Agency has not implemented a fully successful and integrated SARRR program. Nor has the Agency successfully established an efficient and effective multi-disciplinary team approach to implementation. Specific concerns and deficiencies are:

- Deep resentment and mistrust between offices within headquarters and between HQ and the field;
- An institutional fatigue related to the implementation of the KPA, which has distracted leadership and Agency staff from other areas of business and absorbed disproportionate amounts of time, energy and resources from across the Agency;
- Development of dysfunctional work environment and display of unprofessional behavior;
- Placement of Peace Corps in a very vulnerable institutional position in relation to support of victims of crime, public reputation and ability to reach its full commitment to total success in implementing the SARRR program.

The focus of this IMC was to look at the relationships between and among the key offices and comment on ways to strengthen and sustain the SARRR program by changing the current work environment.

Based on our review and findings, the five recommendations for consideration are.

- Install a senior program team lead of the SARRR program
- Develop and socialize technical guidelines and work plan for the OVA
- Provide a 2-3 day facilitated conversation of roles, responsibilities and parameters with all major stakeholder offices
- Implement a full review in Fall 2014 of all program policies and procedures to date
- Ensure full compliance of all aspects of the KP Act

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Background

1.1 Purpose of the Internal Management Consultation

In April 2014 then Acting Director Carrie Hessler-Radelet, since confirmed and appointed by the President as Director, initiated an Internal Management Consultation (IMC) of key offices providing response and support to victims of sexual assault and other crimes. For purposes of this IMC the participating offices were: the Office of Safety and Security, Office of the General Counsel, Office of Victim Advocacy, Office of Health Services, Counseling and Outreach Unit, Office of Global Operations, the Regions, and Posts. The Director was concerned that a lack of clarity around roles and responsibilities, insufficient oversight of the multi-disciplinary response, and deterioration of professional trust and respect would result in reduced quality of support to victims of sexual assault and other crimes.

Each of the participating offices has an organizational and functional statement that broadly defines its responsibilities, and the roles and responsibilities of each office have been detailed in the new policies of the Agency. Despite these delineations, and notwithstanding initiatives to address culture change and set forth leadership's vision and values, problems persist. Key offices are having difficulties with coordination, collaboration, and cooperation. There are breakdowns in communication, trust and cohesion that are critical to the successful fulfillment of each office's mission, as well as the Agency's mission to fully support Volunteers. The focus of this IMC was to clarify roles and responsibilities and to identify areas for more effective coordination and collaboration.

1.2 Historical Impact

In November 2011, the Kate Puzey Peace Corps Volunteer Protection Act (KPA) was signed into law. In part, the KPA required that the Agency ensure quality response and support for victims of sexual assault and other crimes. This in turn led to development of a multi-disciplinary team involving a number of offices and professionals from the Agency i.e., the Sexual Assault Risk Reduction and Response (SARRR) program. The KPA mandated perhaps the most comprehensive single source of change ever experienced by the Peace Corps within the governing timeframe. This law set forth a complex array of requirements and led to significant changes in the way Peace Corps does business.

The discussions, debates, media coverage, legislative hearings surrounding the passage of the KPA, and Peace Corps' response, resulted in a public and internal message that Peace Corps had historically provided sub-standard support to victims of crime in the field and that massive change would have to take place to ensure that this did not continue. This left many staff feeling demoralized, blamed and somehow guilty for the

situation in which Peace Corps found itself. To a significant degree this sentiment continues to be expressed in particular headquarters offices and the field. Implementation has resulted in some friction between headquarters and the field, with significant portions of the field feeling micro-managed by headquarters.

In response to the passage of the KPA, Peace Corps moved very quickly to demonstrate institutional commitment and ensure prompt implementation. This rapid response resulted in a number of institutionally sound management steps being skipped. For example, integration of a new Office of Victim Advocacy lacked a clear understanding of the role of a victim advocate or the office itself. The advocate was not adequately introduced to the Peace Corps organization or its staff, nor was the roles and responsibilities of her office clearly defined which resulted in the need to define her own role and scope of work. Institutional lack of knowledge about the role of a victim advocate, absence of more clearly defined responsibilities, and a general sense that the advocate was endorsed by management as the key element for improved support of victims of crime, especially sexual assault, contributed significantly to the existing conflictive environment .

As previously stated, the KPA required new policies and procedures to be developed and implemented. These policies govern implementation of the KPA, with the desired outcome of a strengthened response and support for Volunteers . A tremendous amount of time and energy has been invested in developing this new array of policies and related procedures. Numerous staff, at headquarters and in the field, were involved through focus groups and other processes with the understanding that their input would be woven into the guidance. The field staff especially was concerned that if their observations and suggestions were not heard and seriously considered, then the policies and procedures would prove difficult or impossible to implement at the post level. The general perception from interviews is that policies and procedures were drafted, shaped, or controlled by the Office of General Counsel without sufficient consideration of input provided by the field. There is a general sense that staff, field staff particularly, views the new array of policies and procedures as complex and confusing. Staff positively anticipates the one year policy and procedure review process to take place and the opportunity to weave in lessons learned from the year into revisions to strengthen the program in the future.

1.3 Sexual Assault Risk Reduction and Response (SARRR) Program Although the SARRR program was meant to be a comprehensive, multi-disciplinary program, it has not yet effectively functioned as one. There are many reasons for this lack of effective functioning, but perhaps two key issues include:

- The multi-disciplinary team never coalesced and the program has not benefitted from the value of the team as a resource and the team approach.
- The designated SARRR Program Manager did not have the authority or direction to manage the team or the process. The position sits in a service-providing office and is not the director of that office.

The multiple operational components of this program were distributed throughout the Agency. The program's effectiveness currently is viewed by the effectiveness of the components, instead of in its entirety. Major program components include:

- Comprehensive Risk Reduction Training for Volunteers
- Comprehensive Response Training for Volunteers
- Identification, Training and Support of the Post Sexual Assault Response Liaisons (SARLs)
- New Staff Training on Responding to Sexual Assault Victims
- Establishment of the Office of Victim Advocacy (OVA)
- Hiring of a Sexual Assault Nurse Examiner (SANE)
- Develop and Maintain an Incident Training and Reporting Protocol and System
- Establish a 24-Hour Anonymous Sexual Assault Hotline
- Conducting of In-Country Legal Environment Surveys (LESs)
- Establish and Implement a Coordinated Agency Response System (CARS)
- Establish and Implement Enhanced Medevac Procedures for Volunteers
- Strengthened Clinical Care for Victims of Sexual Assault
- Establish a Peace Corps Sexual Assault Advisory Council
- Develop a Monitoring and Evaluation System for SARRR program
- Revise the Sexual Assault Classifications and Definitions
- Develop and Implement an Anonymous Crime Victimization Survey
- Restricted and Unrestricted Reporting for Sexual Assault
- Stalking
- Volunteer Site Safety
- Volunteer Communication
- Sexual Harassment

- Volunteer Sexual Misconduct
- Immunity from Peace Corps Disciplinary Action for Victims of Sexual Assault
- Retention of Counsel and Payment of Related Legal Expenses for Volunteers
- Handling of Allegations by Volunteers or Trainees

The desired outcome of a multi-disciplinary team approach is to provide the Volunteer who is a victim of crime, particularly of sexual violence, quality services through a consistent and transparent system. Success of such a program depends upon cohesiveness in all elements of response and support. All members of the response and support effort should share collaborative ownership of the response as a whole. That is not the case at this time.

2. Methodology

The Acting Director of Peace Corps authorized the IMC team through a memorandum to headquarters and field staff on April 17, 2014. The team initially included Kate Raftery and Lee Lacy, with Jen Markowitz and Kris Rose providing technical expertise in the field of sexual assault. Ms. Rose serves on the Peace Corps Volunteer Sexual Assault Advisory Council and therefore, could not participate in the review. In addition to the ongoing engagement by Dr. Markowitz we enhanced our team's capacity through meetings held with Dr. Jane Sigmon at the Department of State, who led the establishment of their sexual assault program for consular officers, and later with Claudia Bayliff, an expert in sexual assault who established the sexual assault program for the Air Force. We also met with Dr. Rebecca Campbell, a national leader in the area of sexual assault research and evaluation. Biographies of these outside experts can be found in the annexes. It should be noted that the IMC team did not have an opportunity to meet with any Peace Corps Volunteers who had been victimized by sexual assault and relied instead on service providing offices for background on victim satisfaction related to the services provided following a sexual assault.

The team received entry briefings from Maryann Minutillo and Carl Sosebee, Senior Advisors to the Director on Tuesday and Wednesday, April 22-23; began a document review; and developed a protocol to use during extensive interviews of headquarters and field staff.

The interview protocol included the following nine questions:

1. How have you and/or your office been involved in the development and then implementation of the response to the Kate Puzey Act?

2. How has "your" engagement with victims of sexual assault changed since the Act's implementation?

3. Usually with *the institutional change there will be recognition of the positives* which the change has brought and then the challenges of the growing pains of change. What have been those positives and challenges with this effort?

4. The breadth of your office's/post's engagement in the area of Volunteer support is in general quite significant, but are there particular pieces of the Act which impact your office's operations more than others?

5. With the implementation of the Kate Puzey Act there has been some readjusting, realigning of institutional roles, responsibilities, and authorities. At this juncture are you and /or your office clear about the roles, responsibilities, and authorities?

6. Dealing with a sexual assault demands thoughtful, yet decisive action and decision-making. With the changes which have taken place do you believe at this time that there is clarity and effectiveness around the decision making process? If not, what should be done to provide this?

7. The successful execution of the Act requires collaboration, cooperation, and communication across various offices and functions. How well is the collaboration, cooperation, and communication currently happening and are there any recommendations for how the strengthen them?

8. We are visiting with a variety of folks from different stakeholder offices. Are there offices or specific people you would recommend we do not miss?

9. We are trying to ask questions that will allow us to see if there exist the processes, procedures, as well as clarity and commitment necessary, to effectively implement the Act but more importantly seamlessly provide the support needed by victims of sexual assault. If you were crafting some questions to allow for an even better understanding of this what would those questions be?

Over 60 interviews were conducted from April 23, 2014 to June 10, 2014 by phone and in person by one or more of the IMC team. The interviews provided the team the necessary information about the formulation and implementation of the policies and procedures related to the Kate Puzey Act and establishment of the SARRR program. Further interviews with experts in the field of sexual assault clarified how Peace Corps' program compares to community-based programs and those established in the armed services and the Department of State.

Interviewees were anxious to share their experiences and demonstrated a high level of emotion and frustration with the formulation and implementation of the policies, procedures, and related efforts. They questioned the potential of this IMC to bring about any real change and described the extensive efforts of a previous team that had

worked from September 2012 to January 2013 to assist staff implementing the program. Many interviewees made statements like, "Are you just last year's change management team? Nothing changed as a result of the last one," and "Is anything really going to change from this effort?"

Some interviewees expressed personal pain and trauma experienced during the last three years while implementing the program and at least two people changed jobs, feeling their professional ethics or qualifications had been challenged. Others thanked us for our time stating that it had been useful to feel as though someone was interested in how the work was impacting them.

3. Summary of Headquarters and Field Interview Findings with Related Recommendations

3.1   Install a senior program team lead of the SARRR program

Each member of the Peace Corps SARRR program implementation team (Office of Safety and Security, Office of the General Counsel, Office of Victim Advocacy, Office of Health Services, Counseling and Outreach Unit, Office of Global Operations, the Regions, and Posts) must be clear about their roles and responsibilities within the system and be capable of guiding the victim through all the response and support services in a seamless way. Should any Volunteer feel the program or system failed them, the reaction will be to "Peace Corps" support, and not a particular office. According to technical experts a Sexual Assault Response Team (SART) seeks to improve victims' help-seeking experience by addressing barriers to help seeking, improving how systems and staff treat victims, and ensuring comprehensive service delivery. In a model SART there is no hierarchy in the provision of support. Each victim will need a different set of services and in different doses. No office or service is more or less important in the response.

To be successful the program needs to become a true multi-disciplinary team and not simply multiple disciplines working in isolation or without effective collaboration. There need to be established indicators of success for each team member or office, as well as for the collaboration as a whole. Each staff member needs to be clear as to what services and supports they and/or their office can make available, as well as those of all other service providers. Each office and provider needs to be held accountable for the provision of those services and the professionally handled referrals to others. At this point individual offices might be held accountable for their execution of a piece of the SARRR program, but the current program manager is not in a position to ensure accountability in terms of overall program success.

Despite the substantive involvement and participation of various offices in program implementation, including drafting of policies and procedures and conducting case reviews - these efforts did not result in a perception or reality of institutional growth and strengthening, but rather deteriorated into power plays and lack of professional etiquette. We heard of staff rolling their eyes and turning their backs to colleagues at meetings, as well as simply leaving meetings altogether. This behavior has been tolerated and therefore has continued, resulting in staff refusing to be in meetings with certain other staff, undermining colleagues in person and behind their backs, and a continual movement away from the team building that is required for the successful implementation of this program.

In the early days of the roll out of the policies and procedures there was a focus on quality assurance vs quality improvement. Implementation mistakes or deficiencies were perceived as being subject to a blame-focused reaction rather than an opportunity for institutional learning and improvement. This perceived attitude contributed to professional and talented staff second guessing their technical knowledge, or not taking actions that would otherwise be congruent with their professional training and standards, out of fear of making a mistake and being publically blamed. This sentiment was reiterated repeatedly during interviews.

It is very important to note that when discussing responsibility for the response to, and support of, victims of sexual assault and other crimes that the initial response takes place at the country level. The country team is critical to the successful implementation of this program. The field has reported that since the initial roll out there has been a significant amount of headquarters micromanagement and/or attempt to provide services from DC to ensure the quality of services desired.

The general environment that has developed and the lack of oversight and accountability for the implementation of the overall program could, based on national research, be potentially redirected in a positive fashion by the installation of a senior SARRR program team lead who would be independent of the primary service providing offices (OSS, OHS, OVA, OGC). There would not be a need for a new office to be established.

In a recent national study of SARTs (Campbell, Greeson, Bybee, & Neal, 2013) a 360 degree view of the characteristics of effective SART leadership was gathered from members of numerous SARTs across the country. The highlights included:

1) The leader had strong social capital in the community: they are well-known to people across organizations and units; have an established record of successful project management; are well-regarded among peers and superiors as an effective problem solver and conflict resolver; and are respected by people at all levels of the

organization. Common descriptions of an effective SART leader include "gets things done"; "do-er"; and "makes people come to the table and stay there to get it right".

2) The leader had power to make final decisions and institute change: in large, bureaucratic organizations, the leaders had the authority to make and execute decisions (the "this is final" and "my word stands" authority).

3) However, the leader took into account feedback from all groups before making the final decision.

4) Leaders did not necessarily come into SART knowledgeable about sexual assault (many did, but a sizable minority did not). They were known as effective in managing complex projects--often in the domain of sexual assault, but not always. It's important to note that if SART leaders did not have pre-exiting sexual assault response expertise, they had to make a substantial learning investment to gain respect among members of the group.

Installing a Senior Team Lead would provide cohesion, leadership and accountability to the SARRR program and would ensure proper collaboration while allowing each responding office to focus on their particular role in responding to and supporting Volunteers. It would establish an environment in which collaborative relationships could be re-established among team members without the power struggles that have existed since the program's inception.

3.2   Develop and socialize technical guidelines and work plan for the OVA

The initial legislation mandated the creation of an Office of Victim Advocacy. To its credit, at the time of the passing of the legislation the Agency had already hired a victim advocate and mental health professionals in the field of trauma and sexual assault, provided additional staff training, and launched an effort to improve response and support for Volunteers

When the Office of Victim Advocacy was established the Agency did not provide an adequate overview of the role of the office as it related to other existing offices; nor were the roles, responsibilities and parameters of that position clarified. The Agency did not provide adequate orientation to the new advocate, her role and responsibilities and relationship to other offices. The Victim Advocate defined her role and scope of work herself which, at times, has created conflicts with other offices at headquarters and in the field. It also put the advocate in an institutionally awkward position as she was attempting to establish herself professionally.

These circumstances appear to have led to widely reported confusion around the role of the advocate, including her role within the SARRR program. Staff sensed an ever expanding sense of authority by the advocate in oversight of the program. If a more

thorough introduction of the VA role had been given when the office was established much of the contentious environment that exists today likely would have been avoided.

It is important to understand that we heard general acceptance and expressed value for the concept of victim advocacy. However, in addition to the lack of clarity around roles and responsibilities and the intersection of the OVA and other offices, there have been individual personality conflicts.

A lack of credentialing or degrees has become equated with a devaluing of experience or potential for positive contribution. This dynamic has occurred most frequently between the Office of Health Services and the Office of Victim Advocacy, and it is further undermining professional collaboration.

The profile of victim advocates varies greatly, especially from community to federal agency levels. At the community level the education and professional experience is significantly varied. At the USG level, including institutions such as the military and F.B.I. the decision has been made to have a certain credentialing protocol in place to help ensure that the position and the individuals in those positions will bring the background needed to not only support the victim, but to also serve as broad institutional resources.

Clear technical guidelines for the role of victim advocate need to be prepared with input from the members of the OVA, the new Senior Program Team Lead and representatives of the Office of Human Capital. These will also define oversight and accountability for the office. Once completed they would be socialized within the Agency, most importantly within the SARRR program implementation team offices. The developed guidelines should also address credentialing of all advocates to acknowledge the Sense of the Congress as expressed in the KPA, to conform to other federal agencies' practices, and to eliminate once and for all the debate around this issue as a source of contention.

3.3 Provide a 2-3 day facilitated conversation of roles, responsibilities and parameters with all major stakeholder offices as well as create benchmarks for defining success

There needs to be clarity as to what services and support activities individuals and/or stakeholder office can make available to any victim. Each office and every provider needs to be held accountable for the provision of their services. Clear boundaries must be recognized and the seamless ability to professionally handle referrals to others created.

Each service providing office needs to have its own technical guidelines and guidance for accountability, to allow for smooth referrals and succession. There currently seems to be a race to get to the victim "first". It is not clear what the perceived benefit is for doing that. Egos and turf battles appear too often to trump concern for victim support. According to research on SART best practices there should be no hierarchy in relation to the services available. No service, office or provider is more or less important than another.

There continues to be an institutional question in relation to the breadth of the OVA's scope. In part this could be a reflection of the lack of Agency understanding about the office.

There is natural technical overlap that exists between the roles of various offices within the SARRR program. When a victim should move to another service is informed by the victim, but each office should put parameters around their engagement and aspire to seamless transition and referral. Boundaries need to be established in accordance with the best practices guiding the work of inter-disciplinary teams. Particularly where there was concern expressed about role confusion between OVA and OHS (COU), a simple distinction was made in discussion with outside experts:

OVA – crisis management/first responder/service connector (response)

OHS (CU) – immediate and long term therapeutic counseling (recovery)

While this is a somewhat simplistic view of the two roles, it begins to put broad parameters around the immediate and longer-term support Peace Corps wants to provide. This issue of longer-term support, however, needs to be clarified for all responders. At the time of termination of service the Peace Corps SARRR program implementation team will refer the victim to the broader USG support through Workmen's Compensation, local Home of Record service providers and national support networks like Rape, Abuse, and Incest National Network (RAINN). In certain cases ongoing direct services from Peace Corps might be required and is allowed in policy, but the general view expressed to the IMC team is long term engagements will be infrequent.

As the Agency designs strategies for strengthening the multi-disciplinary team dynamic and operations at the headquarters level we also will need to strengthen the team at the post level, as well as communication, collaboration and overall relationships between headquarters and the field staff. The role of each member of the response team will be reviewed to ensure that we are deploying staff in the appropriate way and that staff feels they are prepared to execute their responsibilities as they relate to the SARRR program.

Each office needs to have clear benchmarks to determine their success for seamless coverage, back up and succession. The work needs to be evidence-based, understanding that there will be few best practices or industry standards that will be relevant to Peace Corps in every situation.

A facilitated conversation needs to be held to make clear the responsibilities of each office involved in the SARRR program implementation. The Peace Corps Manual section on roles and responsibilities will help guide this conversation, which would be a time for all staff to recognize the breadth of skills, experience and knowledge that exists within this Agency. It would also be a time to begin work on the development of the framework an institutional strategy for effective implementation of the SARRR program. The format and tone for the event would set the stage for how the SARRR program implementation team would work in the future. Clarity, honesty and professionalism would be key guiding principles. Inappropriate and unprofessional behavior that has been described in various interviews would not be tolerated at the facilitated conversation or in the future. The meeting would allow the team to define its operational norms to address such issues as how conflict is managed and decisions made. It would be important that the SARRR senior team lead and other Agency supervisors are vigilant to ensure that inappropriate and/or unprofessional behaviors are not tolerated moving forward.

As we look at other SARTs a significant difference is that each participating office comes from a different Agency. Peace Corps has, in some respects, an advantage having all the SARRR program implementation team members within the same Agency, therefore sharing the same mission, goals and objectives. Traditionally SARTs convene (often on a regular basis) to help maintain and strengthen collaboration and to review processes and procedures. However, because different organizations are usually represented it can be difficult to get consistent attendance and participant turnover is high. That is one issue Peace Corps should not face. Case reviews are often done at regular meetings as a vehicle to identify the response's strengths and challenges. In some ways this is also easier with a SART comprised of members of one agency

We recommend having outside subject matter experts participate in this conversation to offer lessons learned from other agencies and research which has been derived on issues which will be discussed. A carefully prepared agenda will advance the need to move forward in an informed and positive manner.

3.4 Implement a full review in Fall 2014 of all program policies and procedures to date

Everyone who was interviewed at headquarters and in the field viewed the emphasis on quality response and support for victims of crime, especially those of a sexual nature, to have been a very positive thing for the Agency. It has resulted in a marked cultural shift in the way that the issue is viewed, discussed and responded to. Staff states that they believe that Volunteers who are victims of crime have received professional, and in many cases, improved support. Peace Corps is to be commended for this more victim centered approach.

It's important to determine what over the last year has assisted headquarters and the field to implement the SARRR program and what has not, and then remove or adjust those elements that have not been helpful or in fact have been obstacles to smooth implementation. The field staff, especially the PCMOs, expressed that the quantity and complication of procedures have at times immobilized them or have had them second-guessing their own instincts or professional choices.

Considerable feedback was received in relation to the process used to develop the policies and procedures related to the KPA. Staff expressed that new and/or improved policies and procedures were needed and were greatly appreciated. Many expressed the urgent need to "streamline, simplify and clarify" some policies and procedures. It was also noted by numerous staff that although input was solicited from the field and contributing headquarters offices through focus groups and numerous meetings in the development stage of these policies and procedures input was often not included in the final documents.

The recommendation is for a "full" review by a cross section of field and headquarters staff participation from various offices and disciplines rather than a large number of people. We would suggest that this be a concentrated period of time, no less than week-long activity, rather than spread over an extended period of time. Homework assignments would be distributed well in advance so that everyone's time would be well used and desired outcomes achieved. A list of policies and procedures mentioned often as unclear or burdensome by staff would be provided for the event organizers to consider during planning.

It is also strongly recommended that prior to the review there is an institutional celebration / recognition of the good work that already has been done by the entire Agency, as positive strides have been noted.

3.5   Ensure full compliance of all aspects of the Act

The Kate Puzey Act is multi-faceted with a number of elements not directly, or only marginally, related to sexual assault. If the Agency is to move forward it is recommended that a thorough review of all elements and their degree of completion is done as soon as possible, with clear dates for quick compliance agreed upon.

Elements still pending:

- The requirement for the MOU to be signed with Diplomatic Security on the updates with KPA into the MOU. (Sec 7A)

- Establishment of a 24 hour hotline

- The case management system

  - Credentialing of the Victim Advocates

  - The performance plans and elements (Sec 8E(b))

4. Relevant Evidence-Based Research in Field of Sexual Assault Response and Support

4.1 Benefits and Challenges of Multi-disciplinary Teams

Multi-disciplinary collaboration is widely regarded as the ideal approach in responding to sexual violence, with various professionals working together "to ensure an effective, consistent, comprehensive, and collaborative response to sexual assault that prioritizes the needs of sexual assault victims and brings responsible persons to justice" (OSATF, 2009). Communities that lack a coordinated response to sexual assault face numerous challenges: different professionals involved in the response operate in isolation from one another; confusion regarding roles can occur; victims may be required to seek help repeatedly from different responders in the absence of a seamless network of professional assistance; and opportunities can be lost for building relationships among responders that allow for mutual education and promotion of services (Greeson & Campbell, 2012). Guiding documents, including the National Protocol for Sexual Assault Medical Forensic Examinations of Adults/Adolescents (USDOJ, 2013) and the Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient (ACEP, 2013) advocate for a coordinated multi-disciplinary response, which often take the form of the Sexual Assault Response Team (SART). These types of team responses developed in the 1970's, but began to gain national popularity in the 1990s alongside the proliferation of Sexual Assault Nurse Examiner (SANE) programs. While it is difficult to identify the specific number of SARTs in operation today, many states have outlined their use via protocols (see http://www.nsvrc.org/projects/sart-protocols for examples).

The typical makeup of the SART includes professionals from medical, law enforcement, victim advocacy and prosecution fields. However, others have branched out beyond these professions to include mental health providers, faith-based organizations, adult and child protective services, and other allied professionals as

deemed appropriate by the individual community. The benefit of bringing these diverse disciplines to the table is recognized; there are many challenges inherent in this type of collaboration, as well. Organizational buy-in and participation is often described, but will not be an issue for Peace Corps since it is in the unique position of having a SART wholly comprised of Agency staff. Other challenges, such as lack of role clarity and conflicting goals among the various members of the SART have already been in evidence. These are common challenges that require team members to acknowledge the boundaries of their own professional responsibilities, recognize the differing priorities of the various members of the response, and understand that there is inherent conflict when all members of the SART are fully functioning within the scope of their roles. SARTs may benefit from discussing their collective goals, associated trade-offs and create plans from the onset for dealing with goal conflict" (Greeson & Campbell, 2012, p. 90). Additionally, it's imperative to engage the team in identifying stylistic differences among SART members when working with sexual assault victims, understanding that discussions about whose approach is right or whose involvement with the victim is more important are ultimately unproductive and lead to the type of turf battles that limit the effectiveness of SARTs (Campbell & Ahrens, 1998). It is precisely because it is impossible to predict what services any one victim will find most useful or in what order services will be used that necessitates the type of seamless collaboration SARTs can provide—one in which responders are able to articulate and promote the value of the other members of the team as the needs and desires of the individual victim become clear. Successful collaboration among team members requires roles to be clearly defined and differentiated (Bronstein, 2003; Hall, 2005).

4.2   SART Operations

While there is no consensus regarding an ideal SART model of operation, certain commonalities shed light on particularly important characteristics. For instance, the issue of regular meetings seems to be largely agreed upon as an important part of a functional SART (OVC, 2011). A national survey of SART members found that the majority of teams convened quarterly or monthly (29% and 27% respectively), with fewer teams meeting bimonthly (18%) or on an as needed basis (10%) (Zajac, 2009). A report on SARTs in California (a state that has a SART in virtually every county) found that 72% of the survey respondents reported holding regular meetings, almost 60% of which met monthly (CCFMTC, 2008). In fact most state protocols for SARTs encourage regular meetings, which afford consistent relationship building and avoid the added tension of the reactive SART meeting, in which participants are only convening because there has been an issue that needs to be addressed.

Another characteristic widely held to be important for the SART is having an identified coordinator. While many communities report being unable to financially

sustain a coordinator, most agree that it is a critical role and rank it high on their wish list. A coordinator can fulfill a variety of important functions including, but not limited to:

- Problem-solving and mediation;

- Policies and procedures development, updating, and ongoing utilization in SART deliberations and practice;

- Meeting facilitation;

- Budget development and accountability;

- Multi-disciplinary training, development, and implementation;

- Communication enhancement;

- Database creation and maintenance;

- Administrative oversight and scheduling, and training development;

- Coordination and oversight of case review;

- Ongoing, concerted relationship-building to keep partners involved and effective;

- Leadership development and succession planning. (CCFMTC, 2008)

Case review is also frequently described as a component of SARTs around the country. In the national SART survey mentioned earlier the majority of respondents (75%) reported conducting case review, although for many that occurred as issues arose and not necessarily with regularity (Zajac, 2009). The format in which case review occurs may vary; Peace Corps' unique structure and confidentiality requirements mean that the Agency will need to identify the parameters for review, particularly with respect to restricted reporting cases. There is currently no model for conducting review of equivalent cases in either the civilian or military setting. Irrespective of what cases are reviewed, the process may include:

- Acknowledging excellence in the SART response;

- Problem-solving difficult cases;

- Evaluating service delivery;

- Examining areas for gaps in services or systems improvements;

Case review should be educational, providing an opportunity for preventing future problems, rather than spotlighting errors made by individual team members. While it is important to address issues that come up within specific cases, the ultimate goal is to proactively improve processes to more effectively meet professional standards (HRSA, n.d.).

4.3   SART Benchmarks for Success

What constitutes success in SART operations is not consistently defined. Because there is no single model for SARTs to mirror, they are left to identify what makes them successful within the framework of their own operations, which may not be generalizable to other teams. Research regarding SART success has been limited to date—small studies and some state and organizational surveys are generally what are available to help understand the parameters around defining this concept within the context of the SART (with no available data from the Department of Defense at this time). The survey of SARTs conducted by the National Sexual Violence Resource Center (Zajac, 2009) identified aspects of service provision and its impact (e.g. victim satisfaction, numbers of cases prosecuted, quality of evidence collected), in describing benchmarks for SART success, but didn't examine collaborative elements (e.g. communication between team members, conflict resolution, role clarity). Other studies highlighted collaboration outcomes, including enhanced communication, role understanding and quality of relationships among the team members as positive aspects of the SART model (Campbell & Ahrens, 1998; Nobel, Brannon-Patel & Tysoe, 2001). In the largest study of SARTs to date researchers found that members of high functioning SARTs had the following commonalities: frequency of communications between themselves and other members of the SART beyond what was required at meetings and case reviews; perception that other SART members valued their role; and perception that other members of the SART were a resource for their own work in responding to sexual assault (Campbell, Greeson, Bybee & Neal, 20013). What we can say unequivocally is that to date there is limited research that sheds light on why some SARTs are more effective than others, or what characteristics within a SART make it most effective in meeting the goals of the multi-disciplinary collaborative. What's more, the data that has been gathered is all self-reported data from SART participants, and not from victims who have worked with SARTs, leaving the most critical stakeholder voice out of the research altogether (Greeson & Campbell, 2012).

4.4   Existing Areas of Conflict

As mentioned earlier, it is critical for the functioning SART to have team members whose roles and responsibilities are clearly defined, and who understand and value the contributions of the various members of the team. Within Peace Corps' fledgling

SART there are already obvious areas of tension among professionals, specifically victim advocates and clinicians. Tension between these groups is not unique to Peace Corps; several studies have documented the issues that can arise between these responders, in part because there is overlap between the two roles that can easily be interpreted as encroachment if a culture of mistrust has been allowed to take hold. For example, the role of crisis intervention is seen as a role for both advocacy and medical-forensic examiners in the SART research (Cole and Logan, 2010). And yet, there is clear guidance from the field that the two professions should be collaborating, because regardless of overlapping components of the individual roles, they remain distinct, yet symbiotic in any victim-centered response: "…most survivors who worked with advocates reported less secondary victimization from legal and medical system personnel, and less post-system-contact distress than those who did not have the assistance of advocates. Secondary victimization has been linked with a variety of negative health outcomes, such as increased psychological distress, physical health symptomatology, and sexual health risk-taking behaviors…Thus, a reduction in secondary victimization may have important long-term benefits for rape survivors." (Campbell, 2006).

Likewise the roles of victim advocacy and counseling: nowhere in the literature are the two terms used interchangeably. The two roles are clearly seen as separate and equally important in the response to and potential recovery of sexual assault victims. Although mental health professionals are not consistently included in the traditional makeup of the SART, the overwhelming evidence of both short- and long-term mental health consequences of sexual violence makes it clear that there is a role for these clinicians, as well (Campbell, Dworkin & Cabral, 2009; Temple, Weston, Rodriguez & Marshall, 2007; Rees, Silove, Chey, et.al., 2011; Chen, Murad, Paras, et. al., 2010). It is a mistake for any SART to limit its definition of appropriate victim response to immediate crisis management, or to view expertise in the long-term care of sexual assault victims as being of lesser value in the multi-disciplinary response. Particularly in light of Peace Corps' responsibility to volunteers who may continue to serve for months if not years following a sexual assault, the importance of having both immediate crisis intervention and professional long-term mental health support becomes that much more important in the overall response to victims.

5. Closing

The IMC team is most grateful for the opportunity to work on this project. Staff at headquarters and in the field has been incredibly generous with their time and observations around this issue. We have also had the benefit of an amazing array of

national leaders in this field who also have generously shared their knowledge and experience with us.

The general sentiment is that the tremendous institutional effort around and commitment to the issue of sexual assault and other crimes against Peace Corps Volunteers has been greatly appreciated by all. It is time to build a sustainable SARRR program that will become part of the overall institutional fabric, and a SARRR program implementation team that represents all the best of this thoughtful and professional Agency. All of the elements of a world class SARRR team and SARRR program exist. We are confident that the team can coalesce and move ahead allowing the Peace Corps SARRR to become a model for others.

Appendix A

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Appendix B

The document review included the following documents:

Kate Puzey Peace Corps Volunteer Protection Act of 2011

Procedures for Responding to Sexual Assault

IPS 3-13 Responding to Sexual Assault

IPS 2-13 Sexual Assault Liaisons

IPS 1-12 Volunteer/Trainee Sexual Misconduct

MS 123 Office of the Director Organization, Mission, and Functions

MS 284 Early Termination of Service

MS 264 Medial Evacuation

MS 270 Volunteer/Trainee Safety and Security

IPS 1-13 Stalking

IPS 1-11 Immunity from Peace Corps Disciplinary Action for Victims of Sexual
Assault

Medical Technical Guidelines 545 Sexual Assault: Mental Health Assessment and Care

MS 774 Retention of Counsel and Payment of Expenses

Consolidated Incident Reporting Guide

Office of Compliance Risk Assessment Matrix

Peace Corps' Victim Advocate FAQs for Volunteers

Code of Professional Ethics for Victim Assistance Providers

Sexual Assault Risk Reduction and Response Program FAQs for Post Staff

Sexual Assault Risk Reduction and Response Program FAQs for Volunteers

Peace Corps Volunteer Sexual Assault Advisory Council Annual Report – September 2013

Change Management Narrative Summary – September 2012

M&E for Sexual Assault Program Safety and Security PST Modules

M&E Results: Responding to Sexual Assaults – September 1, 2013 to March 31, 2014

Spring SAAC Meeting M&E Results & Update

Inspector General Report: Final Report on the Review of the Peace Corps' Implementation of Guidelines Related to Volunteer Victims of Rape and Sexual Assault (IG-12-08-E