

Sexual Assault Program Frequently Asked Questions

The Frequently Asked Questions (FAQ) section is intended to help Peace Corps staff implement MS 243 and other policy and procedures related to the agency's sexual assault program. The FAQ represents the advice and interpretation of the various offices at headquarters that oversee implementation of MS 243. The FAQ are guidelines rather than policy.

Staff should also be familiar with other FAQ, such as those provided for PST sessions related to sexual assault and CARS CMS, the agency's case management system.

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Sexual Assault Program Frequently Asked Questions

Reporting

1. Where can I find the phone numbers to report an incident, request counseling, etc.?

The phone numbers required for internal Peace Corps notifications are listed below. Many numbers are also provided in the Notifications Flowchart (See the MS 243 Procedures and Question 43 the end of this document). All of the numbers are staffed 24 hours a day, 7 days a week.

Peace Corps agency-wide duty phone	+1-202-692-1470
Designated Security Specialist	+1-202-437-5159
Victim Advocacy	+1-202-409-2704
Medical and Counseling Services	+1-202-692-1028
General Counsel	+1-202-692-1211
Inspector General	+1-202-692-2915

2. If a Volunteer reports a sexual assault to a staff member who is not part of the designated staff team does this mean that the report is automatically a standard report?

No, if a Volunteer reports a sexual assault to a staff member who is not a member of the designated staff team (for example, a Duty Officer), that staff member must immediately report the assault to the post Peace Corps Medical Officer (PCMO). All reports should be first treated as a restricted report. The report does not automatically convert from restricted to standard. The report will only be converted to standard if 1) the Volunteer chooses standard reporting via the Volunteer Preference Form (VPF), 2) the agency believes there is a serious or imminent threat to health or safety of the Volunteer and the report must be converted to standard, or 3) there is a court order or statute requiring disclosure of Restricted Information. See the [MS 243 Procedures](#) section on confidentiality.

3. Are there any consequences if staff do not inform designated staff about a reported incident?

All staff are obligated to report sexual assaults to the Peace Corps Medical Officer (PCMO) or other designated staff member if the PCMO is unavailable. The PCMO will contact the Safety and Security Manager (SSM) and Sexual Assault Response Liaison (SARL) and contact the Volunteer to explain the Peace Corps process including the types of reporting and support services available. Not reporting an incident to the PCMO is a failure to perform official duties. Any disciplinary actions are dependent on the nature, extent, and result of the failure to report the incident (e.g., intentional not reporting or accidental not reporting, once or several times, etc.).

4. Is a Volunteer on Volunteer sexual assault automatically a standard report?

No. However, if designated staff believes there is a serious or imminent threat to the Volunteer or that the perpetrator poses a threat to other Volunteers, the Safety and Security Manager (SSM) should immediately contact the Designated Security Specialist (+1-202-437-5159) to determine if the report must be converted.

If staff do not perceive there is a serious or imminent threat, and the Volunteer has chosen a restricted report, then the incident must be handled as a restricted report.

5. What documentation is needed when a Volunteer wants to change from a restricted report to a standard report?

If possible, a Volunteer should amend their original Volunteer Preference Form (VPF) by checking Standard Report and providing a new date and signature for the conversion. A new VPF can be used if the original is not available at the time of conversion. The revised/new VPF showing the conversion should be:

- Uploaded to the Case Management System (CMS) and Office of Victim Advocacy (OVA) notified of the change by phone or email;
- Kept in the appropriate files at post; and
- A copy should be provided to the Volunteer if requested.

If a Volunteer chooses to convert to a standard report while not at post, a designated staff member may complete the VPF by phone, email, or text/SMS and the Volunteer can sign the VPF the next time the Volunteer is at post.

6. Is a signature always required on a Volunteer Preference Form (VPF)?

Yes, however, the Volunteer Preference Form (VPF) does not need to be signed immediately. If the Volunteer is not at the Peace Corps office or not with designated staff at the time of reporting, the VPF can be completed by designated staff and acknowledged by the Volunteer by phone, email, or text/SMS. When the Volunteer next comes to post, the Peace Corps Medical Officer (PCMO) will ask the Volunteer to sign the form.

The VPF should be uploaded into the case management system within 5 days. On the 5th day after the assault has been reported to post, if the Volunteer has not yet chosen restricted or standard, staff should operate as if the Volunteer chose a restricted report and upload the VPF with known information and specify that the Volunteer has not yet decided. Once the Volunteer decides an updated VPF should be uploaded. If a Volunteer has chosen their report type, but not yet signed the VPF, the unsigned form should be uploaded within 5 days and then uploaded again when the Volunteer signs it.

7. How is the Sexual Assault Hotline (PCSAVES Helpline) different from filing a report?

A call to the sexual assault hotline is not the same as reporting a sexual assault. The Peace Corps Sexual Assault Volunteer Education and Support (PCSAVES) Helpline is an anonymous crisis hotline to provide crisis support and information to the Volunteer. Helpline staff do not ask for the Volunteer's name or post. The Helpline staff are not Peace Corps employees, but they are trained to provide information to a caller about Peace Corps resources and how to access support services. Helpline staff cannot make a referral for services. See the PCSAVES FAQ for Volunteers for further information.

Volunteers can access the PCSAVES Helpline by online chat at pcsaveshelpline.org, by calling 001-408-844-HELP (4357). Volunteers can request that a PCSAVES crisis counselor call them back by requesting a call on the pcsaveshelpline.org webpage.

8. What should designated staff do if a Volunteer doesn't want to report an incident?

If there is confirmed evidence that a sexual assault occurred – meaning that the Volunteer is not denying the assault, but just does not want to report it – a Consolidated Incident Reporting System (CIRS) report must be completed and appropriate information entered into PC MEDICS and CARS CMS. Not wanting to report is not a reason to not document a known incident. Only if the Volunteer denies that an assault occurred is there no victim and no report. Staff should complete a restricted report for the incident and note that the Volunteer denied all care and did not want to assist with reporting.

For every sexual assault, staff must explain that knowledge of a sexual assault requires Peace Corps to respond and take specific actions to provide for the health and safety of the Volunteer. Staff should explain our practices related to the confidentiality of the Volunteer's information and explain the services available. Staff should explain that the Volunteer's choices are important, and Peace Corps will make every effort to honor them if possible. Volunteers can decline services if they wish and do not have to assist with filing a report. Because a report is required (CIRS, CARS CMS, and PCMEDICS), staff must:

- 1) Make the Volunteer aware that staff will still need to complete a restricted report;
- 2) Emphasize the confidentiality of the Volunteer's information; and
- 3) Let the Volunteer know that they will be contacted by the Office of Victim Advocacy and receive an email invitation to complete the Response Quality Survey.

If staff believe there is a serious or imminent threat, the Safety and Security Manager (SSM) should immediately contact the Designated Security Specialist (+1-202-437-5159) to determine if action, including a standard report, is required. A completed Serious or Imminent Threat Assessment (SITA) is required for all sexual assaults.

9. What should staff do if the Volunteer asks them not to share information about a sexual assault with other designated staff at post?

It is not unusual for a Volunteer to trust one staff member more than others, and for the Volunteer to be willing to share what happened with that staff member, but not other staff. It is important for the trusted staff member to be supportive and honest in working with the Volunteer to follow the Peace Corps procedures. See Question 8 in this document (What should designated staff do if a Volunteer doesn't want to report an incident).

The trusted staff member should tell the Volunteer that he/she understands the desire to keep things private, especially something as personal as the incident. Staff should stress that the Peace Corps systems automatically block out the victim's name from most users (all people would see in the name field would be asterisks or "access denied"). The only people that would get the Volunteer's name are staff that provide services to them. Designated staff provide services, are involved in the Peace Corps response, and have a need-to-know. The trusted staff member should be clear that information must be shared with designated staff. Service providers have had training both in how to support Volunteers and how to ensure confidentiality. If a staff member is not providing treatment or assistance, they will not access the

Volunteer’s record or read the incident report. The way people typically find out about a crime is when the victim tells a friend or coworker about what happened. It is rare for a medical or law enforcement professional to disclose any confidential information.

Staff may wish to show the Volunteer how the narrative for his/her CIRS report would look like. Seeing how the incident will be described, and that no names are included in the description, may help the Volunteer feel less nervous about reporting.

10. What should designated staff do if the Volunteer’s situation meets the Peace Corps’ definition of sexual assault, but the Volunteer does not want to call it that?

Because the agency wants to be trauma informed and victim-centered, staff should use the same language the Volunteer uses to describe the sexual assault incident. Staff should ask questions to sensitively determine whether an assault occurred and use caution if the Volunteer defines the incident differently. Designated staff might ask the Volunteer if he or she considers what happened to be a sexual assault, or even state that the incident they are describing meets the Peace Corps definition of sexual assault. Staff should not, however, force a Volunteer to continue to use the term “sexual assault.”

All medical, counseling, and advocacy services can be provided to a Volunteer without calling an incident a sexual assault and requiring completion of a VPF. For guidance on how to ensure that Volunteers complete the required sexual assault paperwork in a victim-centered and trauma informed way, staff may wish to consult with designated staff at headquarters.

NOTE: Safety and Security Managers (SSMs) may assist the PCMO in helping the Volunteer complete the VPF. The VPF should be uploaded to the CARS CMS and provided to medical staff for filing. The Office of Victim Advocacy (OVA) should be notified when the VPF has been uploaded.

11. How and when should the Office of Inspector General (OIG) be notified?

The Office of Inspector General (OIG) must be immediately notified by the Country Director (CD) in cases of sexual assault where the offender is a Peace Corps Volunteer/trainee, staff member, contractor or consultant and the Volunteer victim chooses a standard report. The Office of Inspector General (OIG) can be reached at +1-202-692-2915. If the offender is not a Peace Corps Volunteer/Trainee, staff member, contractor or consultant, then OIG does not need to be notified by post.

Regardless of who the offender is, the OIG is not notified of a restricted report unless post becomes aware of the assault because of a third party report. See table below and see Question 13 for information about third party allegations of sexual assault.

Perpetrator <u>is</u> a Peace Corps Volunteer/Trainee, staff member, contractor or consultant				Perpetrator <u>is not</u> a Peace Corps Volunteer/Trainee, staff member, contractor or consultant
Restricted		Standard		Both
No 3 rd Party	Yes 3 rd Party	No 3 rd Party	Yes 3 rd Party	Either
No OIG	Yes OIG	Yes OIG	Yes OIG	No OIG notification

notification	notification	notification	notification	
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12. What information must be shared with embassy staff? (When should a Country Director notify a Regional Security Officer (RSO) of a sexual assault?)

The Peace Corps must notify the Regional Security Officer (RSO) when a Volunteer or trainee is a victim of a serious crime. With regard to sexual assaults, the Peace Corps is responsible for notifying the RSO when the sexual assault is first reported. We are not obligated to provide additional information unless the RSO requests it. In providing any additional information, Peace Corps staff members are legally obligated to limit the amount of information shared. Unless assistance is needed, information about a sexual assault should not be provided to anyone except an RSO.

If the Volunteer victim chooses a restricted report, the Country Director (CD) should immediately notify a Regional Security Officer (RSO) at the U.S. embassy of the assault. The CD may only share the *type of assault* (i.e., rape, aggravated sexual Assault or non-aggravated sexual assault) and *category* of the location of the sexual assault (e.g., residence, local establishment, public transit, etc.) with the RSO. The date or general timeframe may also be shared. Because the Kate Puzey Act limits the amount of information CDs can share related to sexual assaults, CDs should not share any personally identifiable information (PII) related to a restricted report. The Consolidated Incident Reporting System (CIRS) does not send automated notifications to RSOs related to restricted reports. CDs must determine how RSOs wish to be notified related to restricted reports.

Whenever a standard report is made for a rape or aggravated sexual assault, or when a standard non-aggravated sexual assault is reported *and* post feels that there are ongoing security concerns that require RSO support, the CD should immediately notify a RSO with a phone call (or other means if agreed upon by the CD and RSO). For all other standard, non-aggravated sexual assault cases, RSOs will be notified via the CIRS automated system. With a standard report, if the RSO requests additional information, the CD can provide basic, categorical information about the offender (e.g., a host country national).

CDs wishing assistance in working with the RSO or other embassy staff related to sexual assaults should contact their Peace Corps Safety and Security Officer (PCSSO) or the Designated Security Specialists in the Office of Safety and Security (+1-202-437-5159). In the special case where the alleged perpetrator is an embassy staff person or someone affiliated with the embassy, the CD may also wish to consult with the Office of General Counsel.

Please refer to the Peace Corps manual sections related to confidentiality for additional information.

Sexual Assault				Other Serious Incidents
Restricted		Standard		N/A
Rape or Aggravated Sexual Assault	Non-Aggravated Sexual Assault	Rape or Aggravated Sexual Assault	Non-Aggravated Sexual Assault	Death, Kidnapping, Robbery, Aggravated Physical Assault
Phone call or email as determined by RSO and CD	Email or as determined by RSO and CD	CIRS plus phone call or email as determined by RSO and CD	CIRS	CIRS plus phone call or email as determined by RSO and CD

Third Party Allegations of Sexual Assault

13. What is the process if someone other than a Volunteer reports a sexual assault?

Allegations of sexual assault by an individual other than the Volunteer victim (i.e., a “third party”) must be reported to the Peace Corps Medical Officer (PCMO). The PCMO should contact the Volunteer and ask questions to determine if an assault occurred. The PCMO should also inform other members of the designated team at post that a third party allegation has been made and that the PCMO will speak with the Volunteer. *See the third party allegations of sexual assaults flowchart at the end of the FAQ.*

If the Volunteer victim confirms that an assault occurred, then the procedures should be followed and the Volunteer can choose a restricted or standard report.

- If the Volunteer chooses a restricted report, the Safety and Security Manager (SSM) must report to the CD that a sexual assault has taken place and that the Volunteer victim has chosen to make a restricted report. The report to the CD must include the type of assault (i.e., rape, aggravated sexual Assault or non-aggravated sexual assault), category of the location of the sexual assault (e.g., residence, local establishment, public transit, etc.), and if services were requested. No PII should be provided to the CD.
- If the Volunteer chooses to file a standard report, all relevant information, including PII of the Volunteer that has been assaulted, is shared with the CD.

If the Volunteer victim denies that an assault occurs, the PCMO should inform the Volunteer that Peace Corps policy requires that, because of the serious nature of the allegation, the CD must be told about the allegation. The PCMO or SSM must provide the names of all parties (i.e., alleged victim, alleged perpetrator, and third party reporting the issue) to the CD along with all other pertinent information. If the PCMO reports that the Volunteer denies that an assault occurred, the CD should not conduct additional follow-up with the Volunteer. If the Volunteer denies that an assault has occurred, then policies related to restricted reporting do not apply and all information can be provided to the CD. If the PCMO believes that an assault did occur and wants to give the Volunteer more time to think about filing a report, there is flexibility in the procedures relating to when the PCMO provides information to the CD. PCMOs may wait a day or two before notifying the CD of the denial.

If a Volunteer denies a third party allegation, designated staff should note the allegation and denial in their own confidential files. A Consolidated Incident Reporting System (CIRS) report is not completed for a denial.

If the third party indicates that the alleged perpetrator is another Volunteer/trainee, Peace Corps staff, or Peace Corps contractor, the PCMO should inform the Volunteer victim that Peace Corps policy requires that the OIG be notified. The PCMO or SSM should provide the CD with all relevant information (i.e., assault type and location type; Volunteer victim PII if standard, no victim PII if restricted; and the names of the alleged perpetrator and the third party). If the Volunteer has chosen restricted reporting, the CD will receive only non-restricted information (e.g., assault type, location type). The CD must report the assault to OIG if the alleged assailant is another Volunteer/Trainee, Peace Corps staff, or Peace Corps contractor. This OIG notification requirement applies whether or not the alleged Volunteer victim confirms or denies the sexual

assault, or whether or not the Volunteer victim has filed a standard or restricted report. If the Volunteer victim has filed a restricted report, the OIG will not contact the Volunteer to conduct an investigation.

14. What happens if a Volunteer initially denies the third party allegation, but later says an assault occurred?

When a third party reports that a Volunteer was the victim of a sexual assault and the Volunteer initially denies that the assault occurred, the Volunteer may still make a restricted report at a later date. When a PCMO investigates a third party allegation, the Volunteer may not be emotionally ready to address the situation and say that an assault did not occur. The Volunteer should not be penalized for this when later telling post that the allegation was true. When the assault is confirmed, staff should offer the choice of standard or restricted reporting and handle the case as specified in the MS 243 procedures related to third party reporting.

15. What information is provided back to the third party that reports a sexual assault to Peace Corps?

Peace Corps staff cannot confirm or deny the allegation (i.e., cannot tell the person making the allegation that a sexual assault did or did not occur). Staff must limit any information sharing with the third party by stating that the Peace Corps has procedures for looking into these types of allegations and that someone will contact them if additional information is needed. Staff should thank the third party and tell them that they will take the report seriously and look into the situation, but because of confidentiality, the Peace Corps will not be able to provide any information back to the person making the report.

CARS CMS

16. What is CARS CMS?

The Coordinated Agency Response System (CARS) Case Management System (CMS) is the database that serves as the centralized case management system to manage crimes, vehicular accidents, and other security incidents. CARS CMS enables the agency to better respond to Volunteer victims, communicate across offices, track services provided, and monitor and evaluate the response processes. The CARS CMS has different levels of access to ensure that personally identifiable information (PII) and other restricted information is not shared with staff who do not have a specific need-to-know that information. Data entered into the CARS CMS becomes part of the agency's official records.

More information about the CARS CMS, including the User Guide and related training and communications resources, can be found on the CARS CMS Learning Portal:

<https://in.peacecorps.gov/LC/CRM/Pages/CARS-CMS.aspx>

17. Are staff required to use the CARS CMS?

Yes. As of April 18, 2016, all staff are required to use CARS CMS to document the support provided to Volunteer victims. CARS CMS is for documenting support provided for all types of incidents documented in the Consolidated Incident Reporting System (CIRS), not just sexual assaults. Designated staff must enter information about services offered and provided, or enter that the Volunteer declined the services. Forms such as the VPF, SITA, and PIA must be uploaded to the CMS, but medically confidential information should

not be uploaded. Medical information in CARS CMS is limited to requests for sexual assault forensic exams (SAFEs), counseling, medical evacuation, and provision of emergency medical care, and completion of a medical treatment plan. Basic information about the incident entered into CIRS is automatically imported into the Case Management System (CMS). Additional information related to the management of a case must be entered in the CMS by designated staff or other service providers within 5 days of when an action took place. That action could be services offered/explained, accepted/requested, provided, or declined. That action could also be between designated staff or other supporting offices, for example, a referral from a PCMO to Counseling and Outreach Unit (COU).

18. Is CARS CMS just for sexual assaults?

No. CARS CMS is for all incidents reported by Volunteers. It is also for vehicular accidents and other security incidents. Basic incident information from the Consolidated Incident Reporting System (CIRS) is imported into CARS CMS automatically, but information related to managing the case must be entered in the CMS by designated staff or other service providers within 5 days of the date of service.

Sexual Assault Response Liaisons (SARLs)

19. What do we do if a Volunteer does not request SARL assistance?

Designated staff may meet the needs of Volunteers without Sexual Assault Response Liaison (SARL) assistance. Staff may recommend that a Volunteer request a SARL if a PCMO or SSM is unable to assist in a given situation or if designated staff think that the SARL might be better prepared to handle a request. For example, if a Volunteer is arriving from site and a PCMO or SSM is unable to meet her, they may recommend that a SARL accompany a Peace Corps driver. Designated staff may ask a Volunteer if she wants SARL assistance at different times during the in-country process.

20. What can a SARL know about a restricted report?

SARLs should be notified of all reports of a sexual assault. Under restricted reporting, if a SARL is not requested, the SARL will only be told the same information that a Country Director is told. For example, “A [rape/aggravated sexual assault/sexual assault] has occurred and is being treated as a restricted report. The Volunteer has not requested the services of a SARL. I will keep you posted on the progress of the case.” SARLs are notified of all assaults so they can prepare for the possibility of assistance being requested.

If a SARL is requested, the SARL should have access to all relevant information that is not medically confidential. Note, while both SARLs may be notified that a restricted report occurred (no PII), only the SARL that is on-duty and who will perform services should receive restricted information (restricted information includes PII). If a SARL is providing services to the Volunteer, then the SARL should participate in any Coordinated Agency Response System (CARS) calls related to that Volunteer.

Safety and Security

21. Should a Safety and Security Manager (SSM) do a SITA or a PIA?

The SSM and PCMO must conduct a Serious or Imminent Threat Assessment (SITA) after every sexual assault, even if a Volunteer is not going back to that location. The SITA requires the signature of both the SSM and the PCMO, and the CIRS number must be written on the form when the number becomes available. The SITA should be filed in the SSM's locked case files. A Post-Incident Assessment (PIA) is not always needed, however, a PIA is required when there are uncertainties about a Volunteer's ongoing safety and security. Requirements for conducting the PIA are outlined in the [MS 243 Procedures for Responding to a Sexual Assault](#). See also [MS 270](#) and [SSI 202](#).

22. What should Designated Staff do if someone other than the Volunteer or Peace Corps contacts the police (e.g., a counterpart or host family calls the police)?

If the Volunteer wishes to file a restricted report and does not wish to participate in a law enforcement investigation, Designated Staff should inform the law enforcement of the Volunteer's wishes. If the police will not stop the investigation, Designated Staff should work with Office of Victim Advocacy (OVA) and the Designated Security Specialist at headquarters (who will work with the Office of the General Counsel) to ensure the Volunteer understands the impact the investigation will have on their report and outline the options available. If required by local law, Peace Corps staff should work in a collaborative fashion with police investigators. The SSM should consult with the Designated Security Specialist (+1-202-437-5159) and Office of the General Counsel (+1-202-692-1211) for guidance.

23. What is a safety plan?

A safety plan is a plan developed by a Volunteer with staff to help address any immediate and ongoing threats to the personal safety and well-being of a Volunteer following a security incident. Safety plan conversations are centered on the Volunteer. The plan must outline steps that both the Volunteer and Peace Corps staff can take to assist the Volunteer in managing the Volunteer's ongoing safety. Safety planning can be for any incident, not just sexual assault. A safety plan is not a behavioral contract. Safety plans do not have to be written and Volunteers should not be asked to sign them or be disciplined for failing to adhere to a safety plan. See [ANNEX VII of the MS 243 Procedures](#).

Country Directors (in standard cases or any non-sexual assault incident) and headquarters staff may collaborate with the designated team to assist Volunteers with the creation of a safety plan. A safety plan does not need formal approval, however, the Volunteer and staff should be in agreement with the general concepts and steps discussed (e.g., the importance of following specific rules/procedures or what to do if a risk arises).

24. What can a PCSSO be told about a sexual assault?

If a Volunteer chooses a standard report, a Peace Corps Safety and Security Officer (PCSSO) can be told information on a need to know basis so that the PCSSO can fulfill their technical support role. Information that is medically confidential should not be shared. If a Volunteer chooses a restricted report, a PCSSO can only be given PII if a Designated Security Specialist (DSS) in the Office of Safety and Security requests PCSSO

consultation. SSMs should not provide PCSSOs with restricted information unless the SSM knows that PCSSO involvement has been authorized by the DSS.

Health

25. What does a Volunteer need to decide/choose immediately after reporting a sexual assault?

If allowed under local law, a Volunteer must choose whether or not she or he wants a sexual assault forensic exam (SAFE) as soon as possible (normally within 72 hours) in order to preserve DNA evidence that could be used in prosecution. In some countries, law enforcement involvement may be required in order to get an official SAFE exam. Designated staff also should explain standard and restricted reporting, ask if the Volunteer wants to report to law enforcement, and ask if the Volunteer would like the assistance of a SARL.

The decision to request any of the standard or restricted services can be made after the immediate response period (i.e., after 24 hours). Staff should use their best judgment in assessing when Volunteers are able to understand the information provided and make informed decisions.

Although a Volunteer does not have to choose standard or restricted reporting within a set time frame, staff should upload a Volunteer Preference Form (VPF) to the case management system within 5 days of the incident being reported to post. If the Volunteer has not chosen the type of report they wish at the end of 5 days, the VPF should indicate that the report is restricted and that the Volunteer has not yet decided. When the Volunteer eventually makes a decision, an updated VPF should be uploaded to the case management system.

26. Does a PCMO need to complete a physical examination for sexual assaults that are not rape or attempted rape (e.g., unwanted touching, grabs, gropes)?

No. If the Volunteer indicates that she or he is not injured in any way, and the PCMO agrees, a physical examination is not required. For every sexual assault, PCMOs should use their clinical judgment to determine if mental health screening (Section E of TG 540 Attachment D/E) is necessary and should ensure that the Volunteer's history of sexual assault (Section D) has been entered into PCMEDICS. If a comprehensive mental health exam is conducted, the PCMO should record the exam in PCMEDICS (and/or check the Mental Health exam box on Attachment H, Standing Orders).

Volunteers have the right to refuse treatment at any time, including a physical examination or a SAFE. If a Volunteer refuses an examination that the PCMO feels is necessary, the PCMO should reach out to an International Health Coordinator (IHC) through PCMEDICS or, when a quick response is needed, by calling +1-202-692-1028. Note, with the implementation of PCMEDICS, TG 540 will be updated to reflect the procedures and data required by the software.

27. What should post do with used SAFE kits?

If the assailant is another Volunteer, American citizen, or the assault occurred on US property, the Sexual Assault Forensic Examination (SAFE) kit should be processed with an OIG number and sent to headquarters in Washington, DC.

If the assailant is a host country national or third country national, then host country rules and regulations apply. Typically a SAFE kit would be kept by the provider and/or submitted to the legal system, not kept by Peace Corps. For further information, see Medical Technical Guidelines 540 and 542. PCMOs that require

assistance should contact an International Health Coordinator (IHC) through PCMEDICS or, in an emergency, by calling +1-202-692-1028.

28. Is medical evacuation really a Volunteer’s right?

Yes. Volunteers who report a sexual assault are entitled to medical evacuation for care of their medical and/or mental health needs. The decision to medically evacuate a Volunteer must be made 1) after a comprehensive mental health evaluation by staff from the Counseling and Outreach Unit (COU), and/or 2) after consultation with Office of Medical Services staff to evaluate the Volunteer’s physical complaints. The decision to medevac is a medical decision made by headquarters staff in the Office of Health Services (OHS) in conjunction with the Volunteer. PCMOs provide important insights and advice to headquarters staff in making this decision.

If a Volunteer desires a medical evacuation for a situation that OHS feels is not medically indicated (meaning there is no need for medical or mental health care), respite leave may be offered to provide the Volunteer with the appropriate rest and support needed to continue service. The determination to provide respite leave, like a medical evacuation, is made by COU and the Volunteer. See Question 29 for information on respite leave.

29. Does a medical evacuation increase the likelihood that a Volunteer will have to end their service?

It depends. Peace Corps wants Volunteers to have safe and productive period of service. Sometimes a Volunteer must leave their country of service to receive more advanced or more comprehensive care (therapy, medical treatment, etc.), which is the purpose of a medical evacuation. While on medical evacuation, staff from the Office of Health Services work, in conjunction with the medical providers and Volunteer to determine if continued Peace Corps service is in the best interest of the Volunteer and the Peace Corps.

After completion of the necessary course of care, most Volunteers have the opportunity to return and successfully complete their service. When volunteers do not return to country following a medical evacuation, this is most often the preference of the Volunteer. In some cases, the medical or mental health needs are such that continued service is not in the best interest of all parties or the care needs extend past the designated period of time for the medical evacuation (45 days). In these instances, the decision of Medical Separation is made by the parties involved, allowing for the Volunteer to continue their plan for care and giving the opportunity for reinstatement of the Volunteer after the care needs have been met (within one year of the separation date).

30. What is respite leave?

Respite leave is leave that is granted, at the agency’s expense, for Volunteers that experience a personal trauma or serious security incident while in service. A Volunteer may ask a PCMO for respite leave within 30 days of reporting a traumatic event such as a sexual assault. The PCMO will refer the request to the Counseling and Outreach Unit (COU). The Office of Victim Advocacy (OVA) may also convey a Volunteer’s request to a PCMO, or the COU clinician may propose respite leave when assessing the Volunteer’s needs after a sexual assault.

COU will work with designated staff and the Volunteer to determine if respite leave is appropriate or whether a medical evacuation would be better. Volunteers or trainees who need medical or mental health care should receive a medevac, not respite leave.

When a request for respite leave is approved, the Volunteer will be issued a round-trip travel authorization and a ticket to the approved location of the respite leave. The location of the respite leave will be the Volunteer's Home of Record unless OHS/COU determines that another location to be more appropriate. Respite leave is granted for an amount of time not to exceed 14 days. The reason for respite leave, like a medevac, is restricted information that should not be shared with staff that do not have a specific need-to-know.

While on respite leave, a Volunteer or trainee may decide that it would be good to receive counseling or medical care. When this happens, the respite leave would be converted to a medical hold. A medical hold is appropriate because the immediate need developed while at home and the Volunteer did not go through the medical evacuation process. The medical hold clock (45 days maximum, with a possible extension if granted by the Associate Director of OHS) begins on the date respite leave is converted to a medical hold.

Note, although a Volunteer can request and receive a conversion of respite leave to a medical hold (effectively a medevac), respite leave will not be granted at the end of a medevac or medical hold to extend or add an additional leave period. In other words, a Volunteer can decide they want respite leave and then request and receive additional support. A Volunteer cannot request and receive a medical evacuation and then request respite leave for the same traumatic event. See IPS 2-15 for additional information on respite leave.

31. Can a PCMO submit a CIRS report?

Yes. Safety and security staff at post (i.e., the SSM, back up SSM or SSA) have the primary responsibility to write (Consolidated Incident Reporting System (CIRS) reports. However, there are times when security staff are not present or able to submit the CIRS report or when the Peace Corps Medical Officer (PCMO) may have more information and/or is more involved than the SSM. In these cases, the PCMO may submit the CIRS report. CIRS reports must be submitted within three days after an incident is reported to post. If the PCMO does not have CIRS access, the CD or Regional Security Advisor (RSA) can submit a CIRS access request form to OCIO Help Desk for the PCMO.

32. Will Peace Corps provide counseling for sexual assault that occurred prior to a Volunteer's service?

Yes, the Counseling and Outreach Unit (COU) can assist a Volunteer related to issues that occurred prior to their Peace Corps service if those issues are impacting the Volunteer's ability to function. The PCMO should make a referral if the Volunteer needs COU assistance.

Evaluation

33. Is it mandatory for Volunteers to complete the Response Quality Survey (RQS)?

No. The Response Quality Survey (RQS) is an evaluation survey sent to every Volunteer that reports a sexual assault. The survey is optional and the individual responses from Volunteers are confidential. Volunteers can also skip questions that they do not wish to answer.

Peace Corps values the input of Volunteers in assessing the support provided and would like all Volunteers who report a sexual assault to complete the RQS. The Sexual Assault Risk Reduction and Response (SARRR) procedures are modified based on the input of Volunteers. Volunteer feedback related to their experience will help Peace Corps make changes to ensure the best response possible.

34. How can staff provide feedback on the MS 243 and the Sexual Assault Risk Reduction and Response Program?

Staff with specific ideas about improvements or concerns related to the Sexual Assault Risk Reduction and Response (SARRR) program, including MS 243 and other associated manual sections or medical technical guidelines, should share their thoughts with the Sexual Assault Risk Reduction and Response (SARRR) Team Lead or with the evaluation staff responsible for conducting evaluation activities related to the Peace Corps' sexual assault activities. The evaluation staff for the sexual assault procedures are housed within the Office of Safety and Security and can be reached at evaluation2@peacecorps.gov.

Training

35. What should designated staff do if a trainee decides to opt-out of PST sexual assault training?

This question has been moved to the FAQ related to Pre-Service Training (PST) sexual assault training. Please review the recommended actions here.

36. What should designated staff do if a trainee says that the sexual assault sessions are victim-blaming/male-bashing/heteronormative?

See the FAQ related to the sexual assault training provided to Volunteers during PST.

37. What training is required for staff related to sexual assault?

All staff are required to receive annual training in sexual assault awareness and current policies and procedures for responding to sexual assault. Staff training related to sexual assault is conducted both online and in-person.

Staff—at headquarters and post—are required to complete two online trainings within 30 days of their entry on duty date. The two mandatory online trainings are: Sexual Assault Awareness and Victim Sensitivity *and* Sexual Assault Policies and Procedures. Both trainings can be found in [PC University](#). If staff have difficulty logging in to PC University, would like to check whether they have completed both online trainings, or to receive a list of those staff who have completed the training, they should email the learning management

system administrator at pcuniversityti@peacecorps.gov . Staff at post have an additional mandatory requirement for annual refresher training. This training alternates between in-person and online (e.g., 2016 is in-person training delivered by Peace Corps Safety and Security Officers and 2017 will be online).

In addition to the two mandatory online trainings, PCMOs, SSMs and SARLs must also participate in an in-person training session and pass an associated post-test to become fully certified to work as designated staff. These sessions are typically held during Overseas Staff Training sessions or special trainings designed for SARLs.

All users of the agency's case management system (CARS CMS) must complete online training in order to get access to the system.

Other

38. How do I explain confidentiality as it relates to the Peace Corps response to sexual assault?

All reports, restricted and standard, are confidential. Under MS 243, confidentiality means that only those staff members with a specific need-to-know may receive the Volunteer's PII and details of the assault. Confidentiality does *not* mean that no one will know. Staff should tell Volunteers that only certain post staff (i.e., PCMO, SSM, and SARL) may know as well as limited number of staff at headquarters.

Information about a sexual assault should always be handled in confidential manner even if that information is not restricted information. Information should not be shared with people that do not have a specific need-to-know.

NOTE: Volunteers have the right to choose whether or not to disclose their personal information. This right includes disclosing information about a sexual assault to non-designated staff. All staff, designated and non-designated, must continue to handle the Volunteer's sexual assault information in a confidential manner. If staff feel that the number of people or type of people a Volunteer is talking to about the assault might require conversion of a report from restricted to standard, designated staff should consult with the Designated Security Specialist (+1-202-437-5159) or Office of Victim Advocacy (+1-202-409-2704) to determine if the Office of General Counsel (OGC) should be contacted.

39. How do I explain the difference between sexual harassment, unwanted attention, and sexual assault to a Volunteer?

Harassment is offensive conduct that interferes or is intended to interfere with a Volunteer's performance or creates an intimidating, hostile, or offensive environment. Harassment may include being subjected to sexual, racial or gender based comments or questions that are intended to illicit or spark a response. Indecent exposure (e.g., "flashing" of genitals) is considered sexual harassment. In order to be classified as a sexual assault, an incident must involve physical contact or unwanted touching of the Volunteer by the perpetrator.

Being the focus of attention is part of every Volunteer's daily life. Some of this attention may be welcome while other attention will be unwelcome. How a Volunteer perceives attention is highly personal. What one may experience as curiosity, others may experience as harassment. Examples of unwanted attention may include being stared at or asked the same questions repeatedly. Unwanted physical contact that is sexual in nature, such as grabbing breasts or buttocks, is considered sexual assault, not unwanted attention or harassment.

NOTE: Stalking is repeated behavior directed at a Volunteer or Trainee that causes them to fear for their safety; the safety of others and/or suffer substantial emotional distress. The major difference between unwanted attention, harassment and stalking is that stalking causes Volunteers to fear for their safety or suffer substantial emotional distress while unwanted attention and harassment typically do not. If, at any time, behavior directed at a Volunteer makes them feel threatened or intimidated, the Volunteer should contact their SSM or another Peace Corps staff member they trust for support. See IPS 1-13 (MS 242) Stalking.

For further information about incident classifications, the [Consolidated Incident Reporting System \(CIRS\) guide](#) is available on the Peace Corps intranet.

40. How do I know when I should follow-up or check-in with a Volunteer?

PCMOs should refer to the medical technical guideline (TG 540) for medical follow-up requirements. Follow up by staff other than the PCMO is usually at the request or approval of the Volunteer and varies according to the nature of the incident, the Volunteer's preference, and staff work patterns. SSMs and SARLs should tell the Volunteer that they would like to follow-up with the Volunteer and ask when an appropriate time would be. Staff should ask the Volunteer when, how, and how often the Volunteer would like to be contacted (e.g., phone call next Monday only, phone call every Wednesday, etc.).

41. Does the Immunity Policy (MS 240) apply to issues other than sexual assault?

No, MS 240 is specific to instances of sexual assault. The Peace Corps will provide the Volunteer who is a victim of sexual assault, as well as any witnesses who provide information or assistance in relation to the sexual assault of a Volunteer, with immunity for policy violations related to the incident. The Immunity Policy applies to Volunteer actions at the time of the sexual assault. It does not provide the Volunteer with immunity from future policy violations or violations unrelated to the sexual assault.

Staff are discouraged from addressing policy violations in the immediately after any crime to avoid blaming Volunteers and additional mental upset. Policy violations can and should be addressed in a proper fashion and, when a crime is involved, in consultation with the appropriate headquarters staff.

42. Who has the final say in whether or not a Volunteer can continue their service?

Generally speaking, the Country Director has the authority to determine if a Volunteer may continue in service. OHS and OSS, (i.e., headquarters staff in medical, counseling and safety and security) however, take precedence over the CD when there are serious concerns related to a Volunteer's health and safety. In these cases, medical or safety concerns may override a CD's decision related to a Volunteer continuing in service and require that the Volunteer leave service. Medical and safety and security staff may not force a

CD to retain a Volunteer that the CD believes cannot remain at post. Throughout the decision making process, the Volunteer's preference, through the Office of Victim Advocacy, should be given considerable weight. The final decision should be shared with the Volunteer in-person and in-writing. The Volunteer must be informed of their right to make a written appeal.

43. What services/support is available to RPCVs for sexual assaults that occurred during their service?

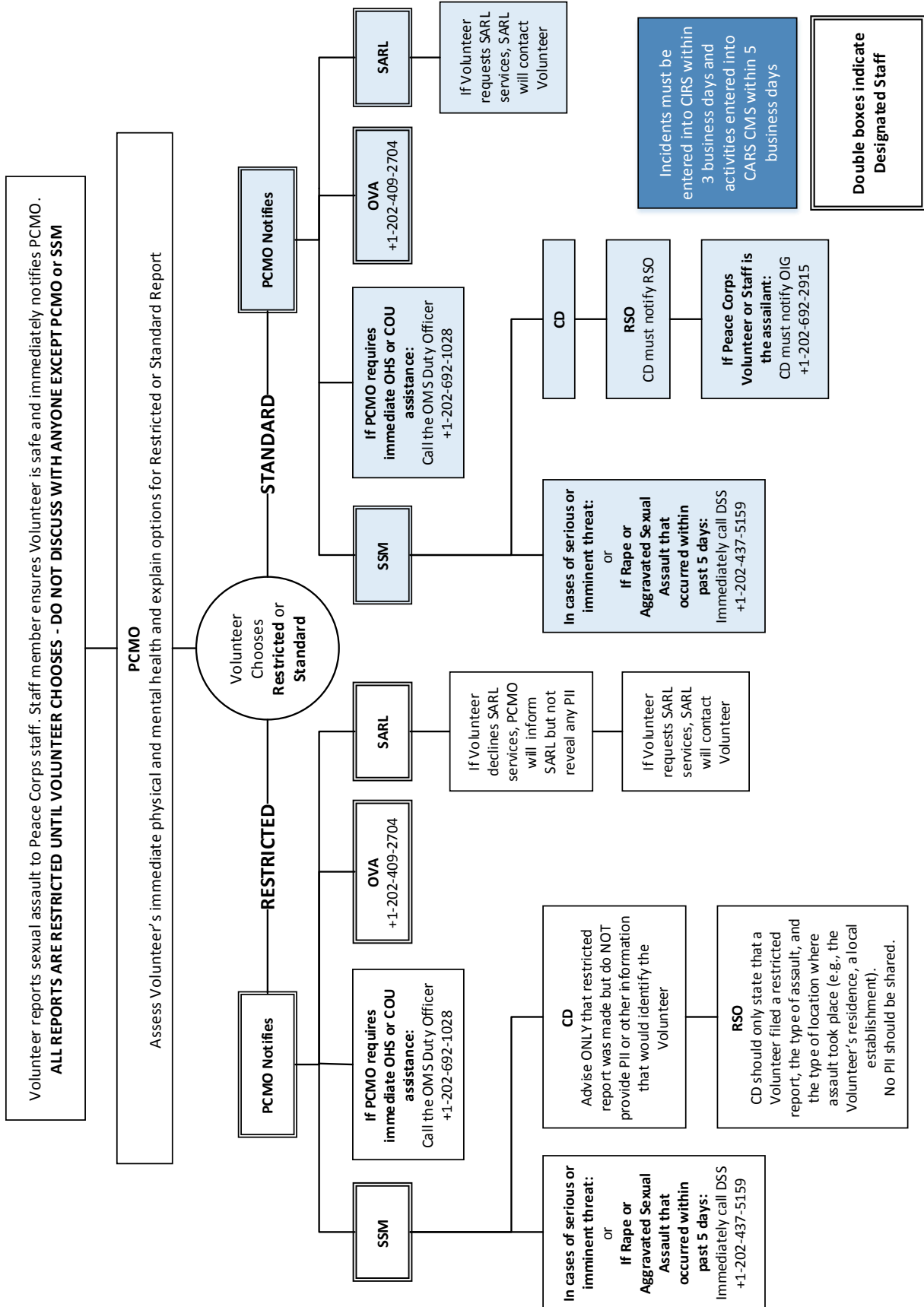
Support services available to Returned Peace Corps Volunteers (RPCVs) for sexual assaults that occurred during their service include the right to file a Federal Employees Compensation Act (FECA) claim. RPCVs will have access to a Post Service Unit (PSU) Nurse Case Manager (NCM). The NCM provides compassion, empathy, and support to both the RPCV and (with the RPCV's permission) his/her family during the FECA claims process. The case manager helps provide continuity of care and assists RPCVs with filing their FECA claims, including getting both in-service and post-service medical documentation that needs to be submitted to the Department of Labor.

The NCM can assist in identifying both First Health and FECA providers via the Seven Corners and Department of Labor websites. The NCM can assist by contacting any of the RPCVs current providers regarding the acceptance of FECA compensation. If the provider isn't currently registered with the Department of Labor, the NCM will offer services to assist the provider regarding FECA enrollment. The NCM also provides employment disability compensation information.

44. Notification Flowcharts – General and Third Party Allegations

The flowcharts are attached to the end of this document.

SEXUAL ASSAULT NOTIFICATION FLOW CHART



Third Party Allegations of Sexual Assault

A third party is someone other than the Volunteer victim or the perpetrator

