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MAY 11, 2011 HEARING ENTITLED:
“PEACE CORPS AT 50. PROBLEMS OF SAFETY AND SECURITY: VICTIMS SPEAK OUT.”

BEFORE THE HOUSE COMMITTEE ON FOREIGN AFFAIRS

Madam Chairperson, Ranking Member Berman, Committee Members, my name is Dr. Karestan Koenen. I am an Associate Professor at Columbia University and an Adjunct Professor at Harvard University. I teach about psychological trauma. My understanding of, and passion for, this topic are the result of both my education and, unfortunately, my own experience as a volunteer in the Peace Corps. Thank you for inviting me here to share my expertise and experiences with you, both of which compel me believe that substantial improvements are needed in the Peace Corps’ sexual assault policies.

POSSIBILITY: ASK NOT WHAT YOUR COUNTRY CAN DO FOR YOU

I was raised in Pompton Plains, New Jersey by parents who believed strongly that America was a land of opportunity. My father and mother both grew up in families that struggled with severe financial hardship and worked hard to achieve the American dream for themselves and their children. My mother and her six younger siblings were raised in rural Michigan, where my grandmother worked as a seamstress in a small factory and my grandfather worked as an electrician and deputy sheriff. My maternal grandparents also served as caretakers for a summer camp for young women who had been taken away from their parents because of neglect or abuse. My mother’s dream was to see the world outside Michigan, so she eventually left Michigan and took a nursing position at the University of Pennsylvania Hospital, in Philadelphia.

My father grew up in Pompton Plains on a small farm where his family made its living selling eggs. My father’s dream was to go to college, a dream he realized after being accepted to the Naval Academy. While still at the Academy, he met my mother, and they married shortly after he graduated. I was born while my father was doing his military service as an officer on nuclear submarines.

My parents believed they were lucky to live in a country that enabled them to overcome the impoverished circumstances of their childhoods and achieve their dreams, and they felt responsible for serving their country, accordingly. This was one reason my parents were so proud of our family’s strong history of military service. My grandfather served in combat in World War II, my father served in Vietnam, and three of my cousins have now served in the Middle East. One of my father’s favorite sayings was from Luke 12:48: “For everyone to whom much is given, of him much shall be required.” He practiced what he preached, not just through his military service, but

through consistent engagement in other public service. Despite a demanding profession and a busy family life, he made time to serve in local government with a particular focus on improving public education. My parents sense of obligation and gratitude toward this country led them to instill in me and my siblings a deep commitment to public service.

It was with this upbringing that I entered Wellesley College in 1986. I was determined to use my skills and intellect in a profession that would help others. This determination was reinforced at Wellesley, where the motto is “non ministrari sed ministrare”: not to be ministered unto but to minister. This emphasis on public service is reflected in the careers of many of Wellesley’s most famous graduates, including Hillary Rodham Clinton. And, the sentiment in John F. Kennedy’s inaugural address in 1961: “Ask not what your country can do for you – ask what you can do for your country,” was still alive and well at Wellesley when I was there.

Thus, I pursued a major in economics and a minor in African history, intending to pursue a career as a development economist focused on sub-Saharan Africa. I had always dreamed of becoming a Peace Corps Volunteer in Africa. I applied to the Peace Corps during my senior year at Wellesley and was waiting to be accepted when I graduated. So, after graduation, I took a job as a research assistant in the Developing Economies division of the Federal Reserve Bank in New York. My plan was to quit my job at the Federal Reserve Bank as soon as I was accepted to the Peace Corps—which I did, when I was 22 years old.

NIGER: THE WORLD’S POOREST COUNTRY

The Peace Corps assigned me to Niger, a country I had never heard of before I received my invitation letter. I soon learned that Niger had been ranked by the World Health Organization as the poorest country on earth. One out of every four children in Niger died before their first birthday of easily preventable disease, such as dysentery. One in every sixteen women died in childbirth. In fact, the average life expectancy was just 42 years. Moreover, Niger had almost no basic infrastructure and, except for uranium, no natural resources. I was one of several volunteers who were part of a new program aimed at working with women to improve their economic conditions and thereby improve the health and well-being of their children.

TRAINING: THE FAILURE TO PREPARE AND PROTECT

In June 1991, the Peace Corps sent me to Washington, D.C. for three days of pre-country training. I then went to Niger, where we received eleven weeks of additional training before being placed in our villages. The in-country training occurred in a compound on the outskirts of Niamey, the capital of Niger. One week, most of us left the training site to stay in villages with current volunteers, as preparation for our own village placements. During that time, several men broke into the training site, assaulting two male volunteers and raping a female volunteer who had remained behind. The victims were my bunkmates.

The perpetrators also robbed us. Those of us who had been visiting volunteer villages were informed of the break-in when we returned to Niamey. In my journal, I wrote about the volunteers' reactions to the assaults and robbery. We felt violated. Our sense of safety had been shattered. Several of us reported having nightmares and feeling constantly on guard. At the same time, many of us felt guilty about having any personal reactions, since we had not experienced the horrors of rape and assault that our friends had suffered.

Stepping back, as a mental health professional who specializes in psychological trauma, I can see that what the other volunteers and I experienced—while clearly not as horrifying as the rape and direct assaults—was a traumatic event that should have been addressed by the Peace Corps. Our 'home' was violated, our bunkmates assaulted, and our possessions stolen. The Peace Corps staff showed no recognition of our psychological needs whatsoever. In fact, any vulnerability we felt was dismissed. For example, I recall telling our site director that I didn't feel safe and being told that I was making too much of what happened and that crime was much rarer in Niger than the United States. I also recall the Peace Corps staff instructing us not to tell our families what had happened. This instruction was reflected in a letter I sent home to my family during this time, in which I mentioned being robbed of some valuables, but nothing else.

The staffs' instructions to calm down and keep quiet were the only training we received on how to respond to an assault. Despite the fact that serious crimes had occurred in the training compound, we did not receive any information or training on how to recognize or handle threats, increase our safety, prevent assaults, or report them, should they occur.

VILLAGE: FALSE SENSE OF SECURITY

Following the in-country training I was assigned to a large village on the southern tip of Niger, near the border of Benin. I was fortunate in my assignment for many reasons. My village was large and had resources—such as a health clinic and a market—and the southern tip of Niger receives more rainfall, so water was fairly plentiful. I settled into my mud house in the compound of a local family and adjusted to the absence of electricity and running water: living circumstances typical to volunteers in Niger. Due to the heat, which sometimes reached 120 degrees, many of the volunteers and villagers spent most of our time outside. We even slept outside.

Although I was often harassed by local men, I never questioned my safety in my village. This was, in part, due to the fact that my village chief made it clear to everyone that I was under his protection. For example, I had to pass a security check point to get into a larger town nearby. Every time I passed the check point, the security guard would ask me to get off my motorcycle and make lewd comments about my body. I mentioned this to my chief once, and it never happened again.

RAPE

In December 1991, my sister and mother came to visit me in Niger. After my mother left, my sister stayed with me through Christmas. She planned to leave after New Years Day. We decided to travel for the holidays and received permission to do so from the Peace Corps' head office. We went to Agadez, a city in the Sahara desert. We arrived in Agadez at 6am on December 24th. We stayed at the home of another volunteer (whom I will call A), who left that Thursday, December 26th, to go to Niamey for the New Year.

My attacker, whom I will call P, was an acquaintance of A. We had met him previously while in the market with A. We all had tea with P and his friends, and my sister and I spoke with them about buying jewelry. This was the extent of our acquaintance prior to the day I was raped.

***Friday December 27, 1991, I was sleeping when P (my attacker) knocked on A's concession door at approximately 9am. A had left the day before so my sister and I were staying at A's house alone. My sister was awake so she answered the door. I heard their voices and thought it might be P but I was too tired to get up and had no interest in seeing him. They were outside the door of the house talking for a few minutes but I couldn't hear what was said. My sister came in and told me P was waiting outside. She told me he wanted to see me. I told her to tell him I was sleeping and that we would come by the store later. She went outside and I assume she told him what I said. She came back and told me that he insisted on seeing me now.

I got up reluctantly and wrapped the large thick grey wool blanket I was sleeping with around me. I had been sleeping in long white shorts and a grey sleeveless tee shirt. The blanket was large and covered my legs and shoulders.

I went outside and sat in the chair next to P. He was wearing a long beige coat with a belt. His collar was up. He had his head wrapped in the typical Wodaabe desert headdress. After I sat down outside, my sister went inside the house. For the next few minutes we talked about the Wodaabe beauty pageant, his fiancé, his American friends, my "husband" (I had taken up the habit of telling Nigerian men I was married and wore a wedding band) and my village. He asked where my sister was and I told him she was inside. During our conversation, he grabbed my hand. I pulled it back – feeling uncomfortable and pulled my blanket tighter around me. He touched my shoulder with his right hand and told me how nice I was. He told me he and his friends had waited outside A's house until midnight the night before. My sister and I had gotten a ride back to A's from friends at about 12:30 am. I was feeling increasingly uncomfortable so I told him I had things to do but that I would come by his store later. He insisted that he wanted to stay and talk.

*** The following account is taken verbatim from the official statement I wrote for the Peace Corps when I returned to Washington, D.C., following the rape.

At some point during our conversation, P's friend knocked on the concession door. I answered the door. He came inside and said he wanted to see my sister. I called her and she came out to speak to him. P's friend had given her 2 necklaces the day before which she was considering purchasing. She had decided to buy them for 3500 CFA. We didn't have any change in the house so he suggested that my sister go back to the store with him to get change. As they were leaving, I said to my sister "Come back soon, I don't want to be alone with P for long."

P and I talked about exchanging addresses. I went inside to get a paper and pen and he came in after me. I went to the table to get paper (the table is immediately on your left hand side as you walk in the house). He grabbed my left hand and said in French "Come let's go inside" and began pulling me toward the bedroom. I said no and shook my head pulling away. He grabbed me and kissed me. I pushed him away and started toward the door. He grabbed my arm and dragged me over to the bench in the living room. I struggled, said no and was trying to think of what to do to get rid of him. He pushed me down onto the bench. I was struggling to get him off me by pushing against his chest but he was very forceful and much stronger than me. I tried harder and harder to push him off and started kicking. But he used his knees and right hand to hold me down. I remember thinking, "Oh my God he is going to rape me." I kept saying no and kept trying to push him off. He told me to take off my shorts. I kept struggling and screamed no, but he ripped my shorts and underwear and raped me. The pain was searing. I had been a virgin.

He got up immediately then and went to the bathroom. I sat up and sat there on the bench stunned. He came back. I stood up. He said "I will be back later with my friends." He left. I immediately started packing. I was scared he would come back so I wanted to leave as soon as my sister came back. I didn't have a watch so I didn't know how long she had been gone. We had told our friends to pick us up for lunch at 1pm so I wanted to be ready by then.

When my sister came back, I told her I had been raped. She agreed that we should leave that afternoon on the bus and get to the Peace Corps office as soon as possible. Around 12:45, P and his friends knocked on the concession door. I was shaking and terrified, frozen. My sister was yelling at them to leave when our friend showed up – P and his friends immediately left. We did not tell our friend what had happened, but he knew something was wrong– he took us to his house. I called Dr. P (American in country doctor) and told him what happened. He was very supportive and said he would meet us at the PC clinic the next morning. We stayed at our friend's house until he brought us to the bus at 7pm that evening.

Dr. P sent the following cable, verbatim, to the Peace Corps in Washington, DC:

S: YESTERDAY MORNING, WHILE STAYING AT THE HOME OF ANOTHER PCV, [NAME], WHO WAS HIMSELF IN NIAMEY AT AN IST MEETING, TWO LOCAL WADAABE MEN CAME INTO THE HOUSE OSTENSIBLY SELLING JEWELRY. THEY WERE KNOWN TO THE PCV

WHO LIVED THERE. ONE OF THE TWO MEN TOOK THE VISITING PCV'S SISTER BACK TO A JEWELRY SHOP WHERE HE SHOWED HER SOME JEWELRY AND SOLD IT TO HER. WHILE HE DID THAT, THE OTHER ONE RAPED THE VISITING PCV. THIS WAS DONE IN THE MORNING. THE PCV WAS PROPERLY DRESSED IN THE HOUSE. THERE WAS NO "REQUEST" ON HER PART. (SHE WAS A VIRGIN AS WELL). . . .

HE THEN LEFT. THE PCV AND HER SISTER ARRANGED TO COME TO NIAMEY AS SOON AS POSSIBLE AND CALLED ME AT HOME THIS MORNING, SATURDAY 12/28/91 AS SOON AS THEY GOT TO TOWN ON THE BUS. I MET THEM AT THE PEACE CORPS OFFICE WITHIN A FEW MINUTES. [MEDICAL NOTES FOLLOW]

IN COUNTRY RESPONSE: INADEQUATE

I was fortunate in that I knew my in-country doctor would be supportive because I had seen his response to the rape of a fellow PCV. When I arrived at Dr. P's office, he and Nurse E performed a pelvic exam and, with my permission, treated me prophylactically for sexually-transmitted diseases. He also made me feel safer, by inviting my sister and me to stay with him and his wife. I was not, however, given the option of a forensic rape exam, as neither Dr. P nor Nurse E were trained or equipped to perform one.

During the few days I stayed with Dr. P, I saw a few of my PCV friends. But I do not recall a visit, or even a telephone discussion, with another other Peace Corps staff member, even the Country Director. I do not recall anyone speaking to me about whether or not I wanted to prosecute the perpetrator or what I might need to do to preserve that option. I do not recall making a formal statement to anyone, or being given the option of doing so. Dr. P arranged for my medical evacuation to Washington, D.C. within a few days. I was put on an international flight to D.C., via Paris, alone.

Despite the absence of any support from the remainder of the Peace Corps' staff, I know I was lucky that my experience with the in-country doctor was positive. Many volunteers have not had the same experience. As a mental health professional, I can now see that, immediately following the rape, I was in the acute phase of my response to the trauma. From the outside, I appeared as if I were functioning. But inside, I was numb; I felt nothing. At some level, I did not believe what had happened to me. I kept playing it over and over again in my mind, blaming myself and trying to understand how I could have been so stupid. This is a very typical response for a victim of rape, or of any severe physical assault. At first, survivors are almost in denial about what occurred. Then, they try to make sense of what happened and, in doing so, obsessively examine how their own actions might have contributed to the assault. This is why survivors are so vulnerable to others' reactions in the acute aftermath of an assault.

Over a decade of research has demonstrated that social support, which empowers survivors in the immediate aftermath of an assault, is key to promoting long-term recovery. In fact, a meta-analysis of risk factors for posttraumatic stress disorder (PTSD) identified social support in the aftermath of a trauma as one of the primary determinants of whether a survivor develops PTSD.^{1, 2} PTSD is a mental disorder that develops in response to a traumatic event, such as sexual assault. PTSD is characterized by three clusters of symptoms: (1) re-experiencing symptoms, in which the survivor relives the trauma in her thoughts and dreams, unable to get it out of her mind; (2) avoidance and numbing symptoms, in which the survivor avoids people, places, and anything that reminds her of the trauma, and shuts off her emotional responses; and (3) hyper-arousal symptoms, in which the survivor experiences difficulty concentrating, constant feelings of being on-guard and in danger, difficulty sleeping and irritability. In order to be officially considered PTSD, these symptoms must occur for at least a month and interfere with the individual's ability to function in daily life.³ An important point to note about PTSD is that, although almost all women who are raped show PTSD-like symptoms in the first days and weeks after an assault,⁴ only about half go on to develop the actual disorder.⁵ Much research has focused on which factors influence the risk of developing PTSD following an assault and, as mentioned above, social support in the aftermath of trauma is key.

Because of these survivor realities, the Peace Corps staff's in-country response to rape survivors is vital to guiding both the physical and psychological recovery of survivors. Peace Corps' in-country personnel need training on how to best respond to sexual assault survivors. Of course, a survivor's safety must be the Peace Corps' first priority. Once survivors are safe, the Peace Corps should inform them about and provide access to prophylactic treatment for sexually transmitted diseases and pregnancy. They should also provide survivors with access to a post-rape exam to preserve evidence that can be used in court. In-country doctors must be provided with the training and resources they need to do this. Research has shown that—done in a way that fully informs the survivors of the process—forensic rape exams can improve a survivor's recovery.⁶ But, in addition to their duty to take the necessary physical precautions, Peace Corps' in-country staff also have the opportunity to jump-start the recovery process by giving survivors the proper emotional and social support. They must treat the survivor with concern and respect. They should alleviate, rather than compound, the self-blaming survivors are prone to experience. They should provide the survivor with immediate access to an advocate, so the survivor doesn't feel like she is navigating her recovery alone. The staff should also give the survivor information on the procedures for prosecuting her perpetrator in her country of service. Finally, survivors should be given the option of being accompanied back to the United States by a support person—whether another volunteer or Peace Corps staff member, rather than having to travel alone.

PEACE CORPS HEADQUARTERS: INSENSITIVE AND INAPPROPRIATE

When I arrived in Washington, D.C., I went immediately to the Peace Corps office. There, I was seen by M, a Peace Corps nurse who managed my "case,"

providing medical and counseling referrals. I don't recall her ever asking me what happened, but she was aware I had been sent to D.C. because I was raped. I assume this information came via the cable sent by Dr. P to D.C. At the time, I was experiencing proto-typical posttraumatic stress symptoms. According to my Peace Corps medical records, I reported "difficulty sleeping, nightmares, reduced appetite, lethargy, sadness, fearfulness, self blame, and hyper-vigilance." I was diagnosed with posttraumatic stress disorder. According to my journal, I was also experiencing flashbacks of the assault. Moreover, I was very worried about the possibility of having contracted HIV, because A had told me he knew P had been treated repeatedly for STDs and A was very concerned P was HIV positive.

Although the nurse who handled my case was very compassionate, my overall experience with the Peace Corps in DC was negative. In fact, I would say dealing with the Peace Corps in DC was almost worse than the rape itself. No one I dealt with had any experience in working with recently assaulted women. My impression was that the staff members I saw were more concerned about keeping my experience quiet than figuring out the best way to help me. For example:

For medical care, I was sent to a male gynecologist. I was not asked if I was comfortable seeing a man (I would have said no; I had never before seen a male gynecologist, nor have I since.). The gynecologist was completely insensitive to my experience. Specifically, I recall him repeatedly asking detailed questions about my (at that time non-existent) sexual history. I recall finding the pelvic exam incredibly painful (probably because I was anxious) and him telling me to *stop being hysterical and just calm down*. I do not recall being given any information about sexually-transmitted diseases, potential disease symptoms, or HIV testing. In fact, no one at the Peace Corps ever mentioned HIV testing at all as far as I can recall—I ended up obtaining an HIV test on my own after I returned home to New Jersey. Overall, I remember my visit to the gynecologist as a horrible and re-traumatizing experience.

For psychological treatment, I was referred to a counselor who I was told I had to see if I wanted to return to Niger (which, at the time, I thought I did). I didn't like or trust her, but I was not given the opportunity to see anyone else. She did numerous things that made me uncomfortable. Without ever asking if it was alright, she hugged me at the beginning and end of each session. She repeatedly told me I was not disclosing enough information. She told me that if I didn't participate in therapy (i.e., if I didn't tell her in greater detail about what had happened), she would not permit me to reinstate. Now, as a licensed clinical psychologist who specializes in trauma treatment, it's clear to me that she violated the basic principles of trauma treatment, from inappropriate physical affection to bullying the client into telling her story before she is ready.

Purportedly in furtherance of making the Peace Corps safer for other volunteers, I was also sent to speak with a staff member of the Inspector General's Office. This experience was a particular low in my mind. I went to her having been told that she was trying to learn more about the negative in-country experiences of female Peace Corps Volunteers, in order to improve our situation. It was clear from the beginning of the

meeting, however, that her interest was in discrediting my story. When she asked why I was there, I told her I had been raped in Niger and had been sent to talk to her. I can still clearly remember how she responded. She said: “I am so sick of you girls going over there, drinking, dancing and flirting, and then, if a guy comes on to you, you say you have been raped when you have lead them on.” I was stunned—both that she would say this and that she clearly knew nothing and wanted to know nothing about my particular experience. She then told me she wanted me to write a “confidential” report for internal purposes. By this time, I was together enough to know that her behavior and this request were completely wrong and ill-motivated. My father helped me find an attorney, and all subsequent dealings with the IG went through her.

In addition to the failure of its formal procedures to contribute to my recovery, the Peace Corps rejected requests for less formal assistance. While in D.C., I met several other women who had been medically evacuated for sexual assault. Since there were a number of us, we requested that the Peace Corps form a support group. The Peace Corps refused. We then decided to form our own group and requested that the Peace Corps provide us with a room in which to meet. Again, the Peace Corps refused. The Peace Corps’ lack of support notwithstanding, some of us started meeting informally outside of the Peace Corps office.

The Peace Corps’ legal “assistance” was equally disappointing. When I decided I wanted to prosecute my perpetrator—encouraged by two other female PCV’s who had been raped and had prosecuted—my statement was given to the police in Niger who apprehended and questioned P. He was released after questioning. After this, I spoke with the American in-country Peace Corps director about my case. I said I wanted to prosecute, and he responded: “It’s your word against his. He said you wanted to have sex and we believe him.” It was at that point that I decided I needed to give up on the Peace Corps and return home to New Jersey.

When, as a mental health professional, I look back at the treatment I received from the Peace Corps in D.C., I am horrified. The Peace Corps’ response was not only cavalier but damaging.

COMING HOME

I returned to my parents’ home in New Jersey with the booklet the Peace Corps provides to returned volunteers, and nothing else. No efforts were made to refer me to a qualified therapist or medical professional in New Jersey. I recall feeling completely hopeless about myself and my future. My professional dreams of doing development work in Africa were shattered. For the first time in my life, I was neither working nor in school. I was someone who had always had clear goals and plans for the future and now had no idea what I was going to do next. My journal entries from this time are filled with references to suicide. I clearly needed help but had never been in any kind of therapy and did not know even how to go about finding a therapist.

Not long after my return home, a close family friend, whom I had known since childhood, asked me to visit her. She asked me to come alone, because she wanted to speak with me privately. She told me she had been raped by her boyfriend when she was a teenager. She cried while she told me and said I was only the third person she had told. She said she didn't want me to end up like her and begged me to get help. She then got me the name of a psychologist, Dr. L, and made me promise I would go see her. I called Dr. L the next day.

After my experience with the Peace Corps' counselor in D.C., I was dreading going to Dr. L. I can still recall the feeling of relief I had when I entered her office. Her demeanor was quiet but warm. She let me talk about my experiences—the rape, the Peace Corps, being home—at my own pace. I started seeing her twice a week. The Peace Corps had made no effort to educate me in the process of obtaining workers compensation to cover my therapy. However, Dr. L patiently went through all the materials with me and helped me fill out the forms.

Dr. L's letter to the PC dated April 4, 1992 reads:

Ms. Karestan Koenen is in individual psychotherapy with me. She comes to sessions twice per week and I have seen her six times. She is clearly suffering from the traumatic consequences of her rape. Focus of the sessions has been on exploring ways of helping her deal with her depression, her feelings of worthlessness, her continuous thinking about her rape, her social withdrawal, her guilt, her lack of trust in her herself and in those around her, and her helplessness to go on with her life.

Karestan's work related paralysis is evident as she can not muster her internal, not her external resources to explore work opportunities. This aspect of her life will be addressed through specific career counseling techniques and by the use of vocational tests. . . .

Over the next months, my therapy with Dr. L focused on helping me come to terms with my rape, alleviating my symptoms, and figuring out what I was going to do professionally. She also encouraged me to participate in a counseling group for rape survivors. Through talking with women who had similar experiences, participating in this group helped reduce my shame and self-blame.

As a mental health professional, I am now shocked that I was sent home without a referral for follow-up mental health care. In D.C., and after release from service, a Peace Corps Volunteer who reports an assault should be offered adequate counseling with a therapist who is trained and experienced in treating trauma survivors (<http://www.istss.org/Content/NavigationMenu/ISTSSTreatmentGuidelines/PTSDTreatmentGuidelines/default.htm>).

I am also disappointed that I was not informed of the Workers Compensation deadlines for submitting claims for the payment of care. It is my belief as a mental

health professional that the Workers Compensation deadlines for obtaining treatment for sexual trauma should be eliminated, as we know from empirical data that many rape survivors do not seek treatment for months or years after the rape. This does not mean they do not need treatment.

RECOMMENDATIONS FOR CHANGE

I have been asked what I wish the Peace Corps had done differently in my case. Most fundamentally, I wish the Peace Corps had been on my side. The compassion of Dr. P and Nurse E in country aside, I found dealing with the Peace Corps a constant battle in which I was persecuted as if I were the criminal, rather than supported as the survivor.

At the most fundamental level, I was disempowered by not being given basic choices about my medical and psychological care. I was discouraged from prosecuting. I was accused by an individual in the IG's office—the very office charged with investigating Peace Corps misconduct and protecting volunteers—of causing the rape. I was told by my Country Director that the Peace Corps was siding with my attacker. Any efforts I made, along with other volunteers, to obtain support, were thwarted at every level. I wish this had all been different.

My experience with the Peace Corps was a second assault, almost eclipsing the first, because it was perpetrated by an institution I thought I knew and trusted. The Peace Corps' behavior towards me and other volunteer survivors was nothing short of shameful.

Fear of being disbelieved or blamed, as I was by the Peace Corps, is exactly why so many survivors do not report their rapes. The Department of Justice estimates that 60% of all rapes are not reported to either police or medical personnel.^{7, 8} The Pentagon estimates that 80% of rapes in the military go unreported.⁹ And when rapes are reported, only a small minority (5-8%) of rapists ever spend a day in prison. This data from the Department of Justice and the Pentagon suggests that the number of rapes of Peace Corps Volunteers are grossly underestimated; the real number is likely to be 2 to 5 times that reported. This is a travesty, and one that cannot be amended while people and institutions whom survivors trust and turn to offer disbelief or indifference, rather than support and protection. The Peace Corps, an organization known for its compassion and humanity, should be a leader in demonstrating how institutions should respond to harms inflicted on their members. Instead, for me and others, the Peace Corps demonstrated cold indifference.

By blaming survivors, discrediting our experiences, and failing to provide adequate recovery services, the Peace Corps exacerbated our suffering. What shocked me most when hearing the stories of the other survivors here today, and those told in the affidavits sent here from women all across this country, were the similarities in our experiences. For almost 20 years, I thought my experience with the Peace Corps was

uniquely horrible and invalidating. But its clear that, 20 years later, the Peace Corps still lacks understanding about how to protect and help assault survivors. Carol experienced the same denial and blame in the decade before me, as did Jess in the decade after.

Practically speaking, there are so many tangible improvements the Peace Corps should make to improve its policies. The culture of the Peace Corps needs to be transformed from one that blames survivors to one that supports them. In order to accomplish this, the Peace Corps should take the recommendations of Jess and of First Response Action.

http://firstresponseaction.org/index.php?option=com_content&view=article&id=63&Itemid=67

Peace Corps' in-country personnel need training on how to best respond to sexual assault survivors. I have recently reviewed the Peace Corps' current sexual assault response policies, as well as the video shown to current volunteers during their training. Both are woefully inadequate and, in some parts, actively harmful. I have attached to my testimony letters from other experts expounding on the shortcomings of these training materials. I hope you and Director Williams will read each of them, as their critiques are thoughtful and compelling.

In-country doctors need to be trained in performing post-rape exams so that evidence can be collected for use in court. Recently assaulted volunteers need to be given clear information and access to prophylactic treatment for sexually transmitted diseases and pregnancy. They should also be given information on the procedures for prosecuting their rapists in their countries of service.

In D.C. and in regions throughout the world, the Peace Corps should hire advocates for assault survivors who can support and inform them. Advocates should also protect the survivors' ability to make choices about their in-country post-reporting procedures, their domestic appointments upon return, and even their post-service care.

In D.C. and after release from service, any Peace Corps volunteer who reports an assault should be offered adequate counseling with a therapist who is trained and experienced in treating trauma survivors.

<http://www.istss.org/Content/NavigationMenu/ISTSSTreatmentGuidelines/PTSDTreatmentGuidelines/default.htm>

Further, the workers compensation deadlines for obtaining treatment should be eliminated, as we know from empirical data that many rape survivors who genuinely need treatment do not seek it for months or years after the rape.

Finally, the Peace Corps should facilitate, rather than discourage, interaction among volunteers who have experienced assault.

All of these improvements are both necessary and realistic.

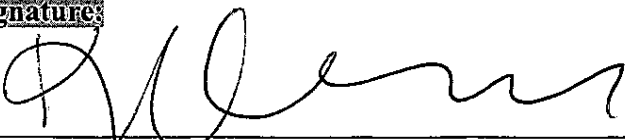
I am proud to be a Returned Peace Corps Volunteer. I still believe that the Peace Corps embodies America's best ideals: dignity, humanity, and compassion. But I don't believe the Peace Corps can effectively promote those ideals without practicing them first. I thank you for the opportunity to speak to you about my experience. I hope it will help illustrate the gravity of the problem, the need for change, and the path to a better, stronger, safer Peace Corps.

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2. Brewin CR, Andrews B, Valentine JD. Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *J Consult Clin Psychol* 2000; **68**: 317-336.
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition*. Author: Washington, D.C., 1994.
4. Rothbaum BO, Foa EB, Riggs DS, Murdock T, Walsh W. A prospective examination of post-traumatic stress disorder in rape victims. *Journa of Traumatic Stress* 1992; **5**: 455-475.
5. Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic stress disorder in the National Comorbidity Survey. *Arch Gen Psychiatry* 1995; **52**: 1048-1060.
6. Resnick H, Acierno R, Waldrop AE, King L, King D, Danielson C *et al*. Randomized controlled evaluation of an early intervention to prevent post-rape psychopathology. *Behav Res Ther* 2007; **45**(10): 2432-2447.
7. Kilpatrick DG, Saunders BE, Veronen LJ, Best CL, Von JM. Criminal victimization: lifetime prevalence, reporting to police, and psychological impact. *Crime and Delinquency* 1987; **33**(4): 479-489.
8. Rennison CM. Rape and sexual assault: Reporting to police and medical attention, 1992-2000. 2002.
9. Gibbs N. Sexual Assaults on Female Soldiers: Don't Ask, Don't Tell. *Time Magazine*. Time: New York, 2010.

**United States House of Representatives
Committee on Foreign Affairs**

“TRUTH IN TESTIMONY” DISCLOSURE FORM

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee require the disclosure of the following information. A copy of this form should be attached to your written testimony and will be made publicly available in electronic format, per House Rules.

1. Name:	2. Organization or organizations you are representing:
Karestan C. Koenen	
3. Date of Committee hearing:	
May 11 2011	
4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify?	5. Have any of the <u>organizations you are representing</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If you answered yes to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.	
<p>*Note: I am the Principal Investigator on several federal grants listed separately.</p>	
7. Signature:	
	

Please attach a copy of this form to your written testimony.

Karestan C. Koenen
Hearing Date: May 11 2011

Federal Grants (completed, current, pending):

Completed:

- 2002 – 2003 CDC, Columbia Center for Youth Violence Prevention, Principal Investigator: Exposure to Trauma and Disruptive Behavior: Cognitive and Genetic pathways, pilot grant, \$14,000 Total Costs
- 1998 – 1999 NIMH, Pre-doctoral Fellow: The Comorbidity of PTSD and Antisocial Personality Disorder: An Epidemiological and Genetic Study, (Sponsor – Michael Lyons, Ph.D.), Pre-doctoral National Research Service Award, \$13,727 Total Costs
- 1997 – 1999 Department of Veteran’s Affairs, Co-Principal Investigator: The Comorbidity of PTSD and Antisocial Personality Disorder, (Principal Investigator – Jessica Wolfe, Ph.D.), \$90,625 Total Costs
- 2000 – 2005 NIMH, Co-Investigator: Measurement of Major Stressful Events Over Life Courses, (Principal Investigator – Bruce P. Dohrenwend, Ph.D.), \$2,145,632 Total Costs
- 2004 – 2010 NIMH, Principal Investigator: Developmental Epidemiology of PTSD, Clinical Research Scientist Career Development Award (K08), \$737,899 Total Costs
- 2007 – 2009 NIMH, Principal Investigator, Research Education in Disaster Mental Health Program, Training Fellowship, \$9,030 Total Costs

Current Funding:

- 2007 – 2012 NIMH, Principal Investigator: Genetic Determinants of PTSD in Women, R01, \$3,264,539 Total Costs.
- 2009 – 2012 NIDA, Principal Investigator (subcontract): Ecologic Stressors, PTSD, and Drug Use in Detroit, R01 (PI: Allison Aiello), \$134,678 Total Subcontract Costs
- 2009 – 2011 NIMH, Principal Investigator (subcontract): Network Science Methodology for Assessing PTSD Risk, R21 (PI: Glenn Saxe), \$48,857 Total Subcontract Costs

- 2010 – 2013 NIMH, Co-Investigator: Using GWAS DATA for Enhancing Mendelian Randomization Studies, R01 (PI: Laura Kubzansky), \$14,571 Total Subcontract Costs
- 2010 – 2015 NIMH, Principal Investigator (subcontract): Genetic and Trauma-Related Risk Factors for PTSD, R01 (PI: Kerry Ressler), \$113,573 Total Subcontract Costs
- 2011 – 2015 NIMH, Principal Investigator: The Cross-National Epidemiology of Trauma Exposure and PTSD, R01, \$2,803,488 Total Costs
- 2011 – 2016 NIMH, Principal Investigator: Socio-economic Disparities in the Biologic Embedding of Traumatic Stress, R01, \$3,860,489 Total Costs
- Pending:
- 2011 – 2016 NIDA, Principal Investigator: Urban Environment and Substance Use: Epigenetic Links, R01, \$3,925,762 Total Costs
- 2011 – 2016 NIDDK, Co-Investigator: Violent social environment, eating dysregulation, and obesity in women, R01, \$190,513 Total Subcontract Costs
- 2011 – 2016 NIMH, Co-Investigator: Neighborhood influences on familial and genetic vulnerability to psychopathology, R01, \$3,207,405 Total Costs
- 2012 – 2017 NIMH, Principal Investigator: Urban Environment and Depression: Epigenetic Mechanisms, R01, \$3,972,601 Total Costs
- 2012 – 2017 NIDA, Principal Investigator: Black-White Disparities in Substance Dependence: Epigenetic Mechanisms, R01, \$3,760,692 Total Costs