

Student Safety Assessment

I1: What language do you prefer?

- English
 Español

Introduction:

Job Corps randomly selected you to take its Student Safety Assessment. Your participation is voluntary. Each month a group of students is selected to complete this survey. Job Corps uses the survey to learn more about the environment and student safety at your Job Corps center. Your safety is important to Job Corps and we value your input on what is working, what is not working, and what can be done to continue to improve center safety and security.

The survey is private. This means your center will not know how you responded. The survey will take approximately 10 minutes to complete.

If you are willing to complete the survey, please select continue. If you are not willing to complete the survey, please select stop.

1. Continue
2. Stop (**SKIP TO STOP**)

Section A. Demographics

A1. Are you:

1. Male
2. Female
3. Non-binary
4. Prefer not to answer

A2. How old are you?

1. 16 years
2. 17 years
3. 18 years
4. 19 years
5. 20 years
6. 21 years
7. 22 years
8. 23 years
9. 24 years
10. 25 years or older

A3. Are you currently:

- Living on center (Residential)
- Living off center (Non-Residential)

Section B. Your Experiences Regarding the Center's Climate

Please read each statement and using the scale below, select how much you agree or disagree with each statement.

Check one response per row.

| <i>On this center...</i> | 1 Strongly Agree | 2 Agree | 3 Somewh at Agree | 4 Neither Agree or Disagree | 5 Somewhat Disagree | 6 Disagree | 7 Strongly Disagree |
|---|---------------------------------|--------------------|--------------------------------------|--|------------------------------------|-----------------------|------------------------------------|
| B1. Staff treat students with respect. | | | | | | | |
| B2. Staff treat students fairly (for example, students are not given special treatment because they are well-liked). | | | | | | | |
| B3. Students respect each other's differences (for example, gender, race, culture, religion, sexual orientation). | | | | | | | |
| B4. Students treat staff with respect. | | | | | | | |
| B5. Staff have taught us positive ways to resolve conflicts. | | | | | | | |
| B6. Staff have high expectations for students' success. | | | | | | | |
| B7. The Student Standards of Conduct (or the center rules and sanctions or the behavior management system) are strictly enforced. | | | | | | | |

Next, we would like to know about your experiences with how center staff show their concern for your safety. For each type of staff at your center, please check “Yes” if the staff **has** shown concern about your safety and check “No” if the staff **has not** shown concern about your safety. Select “Do Not Know or N/A” if you do not know the staff person, if the staff position does not exist at your center, or if you have no opinion.

| | 1 | 2 | 3 |
|---|------------|-----------|---------------------------|
| | Yes | No | Do Not Know or N/A |
| B8. Management staff (for example, the center’s director and deputy director) | | | |
| B9. Trade or CTT Instructors | | | |
| B10. Academic Instructors or Teachers | | | |
| B11. Residential Advisors (RA) or Dorm Staff | | | |
| B12. Counselors | | | |
| B13. Security Staff | | | |
| B14. Health and Wellness Staff | | | |
| B15. Recreation Staff | | | |

Section C. Your Experiences Regarding Your Personal Safety

The next set of questions ask you about personal safety. Select the single best answer that describes your views for each question.

C1. To what extent do you think sexual assault, defined as a sexual act that happens without a person's permission, is a problem at your center?

1. Not a problem at all
2. A small problem
3. A problem
4. A large problem

C2. To what extent do you think violence, other than sexual assault, is a problem at your center?

1. Not a problem at all (**SKIP TO C3**)
2. A small problem (**SKIP TO C2a**)
3. A problem (**SKIP TO C2a**)
4. A large problem (**SKIP TO C2a**)

C2a. You said that violence, other than sexual assault, is **<INSERT C2>** at your center. What types of violence occur at your center?

Please select all that apply.

- Insulting others to hurt their feelings
- Threatening other students or staff
- Physically pushing, shoving, grabbing, or slapping someone
- Kicking, biting, or hitting someone
- Threatening other students or staff with a weapon
- Using a weapon in a fight
- Gang fights or riots
- Other types of violence, *please specify* _____

C3. To what extent do you think that stealing or destroying another person's property is a problem at your center?

1. Not a problem at all
2. A small problem
3. A problem
4. A large problem

C4. How safe do you feel **DURING training hours** while you are at the center or participating in center activities?

1. Completely safe **(SKIP TO C5)**
2. Very safe **(SKIP TO C5)**
3. Generally safe **(SKIP TO C5)**
4. Somewhat unsafe **(SKIP TO C4a)**
5. Very unsafe **(SKIP TO C4a)**

C4a. **DURING training hours**, where do you feel unsafe at the center?

Please select all that apply.

- Academic classes (reading, math, or high school classes)
- Bathrooms
- Cafeteria
- Dorms
- Halls or stairways
- Outside areas
- Recreational areas (gym, weight room, game room)
- Trade (CTT) areas
- Center provided transportation (center bus or van)
- Other, *please specify* _____

C5. How safe do you feel **AFTER training hours** while you are on center or participating in center activities?

1. Completely safe **(SKIP TO C6)**
2. Very safe **(SKIP TO C6)**
3. Generally safe **(SKIP TO C6)**
4. Somewhat unsafe **(SKIP TO C5a)**
5. Very unsafe **(SKIP TO C5a)**
6. I am not on center after training hours **(SKIP TO C6)**

C5a. **AFTER training hours**, where do you feel unsafe at the center?

Please select all that apply.

- Academic classes (reading, math, or high school classes)
- Bathrooms
- Cafeteria
- Dorms
- Hall or stairway
- Outside areas

- o Recreational areas (gym, weight room, game room)
- o Trade (CTT) areas
- o Center provided transportation (center bus or van)
- o Other, *please specify* _____

C6. Over the last 30 days, have you considered leaving the Job Corps program or switching to a different center because you felt unsafe at this center?

1. Yes
2. No

C7. Does your center have security equipment (for example, security cameras, walk-through metal detectors, handheld metal detectors or wands, controlled access system (a card-key or badge access system for doors)?

1. Yes **(SKIP TO C7a)**
2. No **(SKIP TO C8)**

C7a. Does the center use the security equipment?

1. Yes, all or most of the time
2. Yes, some of the time
3. No, it is frequently broken or not used
4. Do not know

C7b. Does the security equipment used on center make you feel safer?

1. Yes
2. No

C8. Does your center conduct emergency drills (for example, fire drills, evacuation drills, shelter in place drills)?

1. Yes
2. No
3. Do not know

C9. Does your center have an emergency communications system?

1. Yes
2. No
3. Do not know

Section D. Your Experiences with Center Safety Issues

The next set of questions asks you about your experiences with alcohol, drugs, and safety.

Please select "Yes" or "No" for each item.

| <u>Thinking about your experiences over the last 30 days:</u> | Yes | No | |
|--|-----|--------------------------|--|
| D1. Do you know any student who used alcohol while at the center? | 1 | 2 | |
| D2. Do you know any student who returned to the center drunk? | 1 | 2 | |
| D3. Do you know if students use drugs for the purpose of getting high while at the center? | 1 | 2 (SKIP TO D4) | D3a. Which drugs are <i>used</i> on center? Please select all that apply. <ul style="list-style-type: none"> <input type="radio"/> Marijuana <input type="radio"/> Methamphetamine (Meth or Speed) <input type="radio"/> OxyContin <input type="radio"/> Vicodin <input type="radio"/> Xanax <input type="radio"/> Cocaine (Coke or Blow) <input type="radio"/> Heroin (Horse or Smack) <input type="radio"/> Bath Salts (Mephedrone, Methylone and MDVP) <input type="radio"/> Ecstasy (Molly) <input type="radio"/> Spice or K2 (Synthetic Marijuana) <input type="radio"/> Unsure/Don't know <input type="radio"/> Others, <i>please specify:</i> _____ |
| D4. Do you know if students <i>buy</i> drugs while at the center to get high? | 1 | 2 (SKIP TO D5) | D4a. Which drugs are <i>bought</i> on center? Please select all that apply. <ul style="list-style-type: none"> <input type="radio"/> Marijuana <input type="radio"/> Methamphetamine (Meth or Speed) <input type="radio"/> OxyContin <input type="radio"/> Vicodin <input type="radio"/> Xanax <input type="radio"/> Cocaine (Coke or Blow) <input type="radio"/> Heroin (Horse or Smack) <input type="radio"/> Bath Salts (Mephedrone, Methylone, or MDVP) |

| | | | | |
|--|---|--------------------------|--|---|
| | | | | <input type="radio"/> Ecstasy (Molly) <input type="radio"/> Spice or K2 (Synthetic Marijuana) <input type="radio"/> Unsure / Don't know <input type="radio"/> Others, <i>please specify:</i> _____ |
| D5. Do you know any student who has traded sex for drugs or alcohol? | 1 | 2 (SKIP TO D6) | | D5a. With whom did the student have sex? Please select all that apply. <ul style="list-style-type: none"> • Another student • Center staff • Not a person at the center |

| <i>Thinking about your experiences over the last 30 days:</i> | Yes | No | | If Yes... | If Yes... |
|---|-----|--------------------------|--|--|---|
| D6. Did any student call students you know hurtful names, insult other students, or make fun of other students to hurt or humiliate them? | 1 | 2 (SKIP TO D7) | | D6a. How often did this occur during the last 30 days? 1. 1-5 times 2. 6-10 times 3. 11-15 times 4. More than 15 times (GO TO D6B) | D6b. Where has this happened most often? Please select all that apply. <ul style="list-style-type: none"> <input type="radio"/> Academic classes (reading, math or high school classes) <input type="radio"/> Bathrooms <input type="radio"/> Cafeteria <input type="radio"/> Dorms <input type="radio"/> Halls or stairways <input type="radio"/> Internet or phone <input type="radio"/> Outside areas <input type="radio"/> Recreational areas (gym, weight room, game room) <input type="radio"/> Trade (CTT) areas <input type="radio"/> Center provided transportation (center bus or van) <input type="radio"/> Other, <i>please specify:</i> _____ |
| D7. Did any student spread hurtful | 1 | 2 (SKIP | | D7a. How often did this occur during the last 30 | D7b. Where has this happened most often? |

| Thinking about your experiences over the last 30 days: | Yes | No | | If Yes... | If Yes... |
|---|-----|--------------------------|--|--|---|
| information or hurtful rumors about someone you know? | | TO D8) | | days? 1. 1-5 times 2. 6-10 times 3. 11-15 times 4. More than 15 times (GO TO D7B) | Please select all that apply. <input type="checkbox"/> Academic classes (reading, math or high school classes) <input type="checkbox"/> Bathrooms <input type="checkbox"/> Cafeteria <input type="checkbox"/> Dorms <input type="checkbox"/> Halls or stairways <input type="checkbox"/> Internet or phone <input type="checkbox"/> Outside areas <input type="checkbox"/> Recreational areas (gym, weight room, game room) <input type="checkbox"/> Trade (CTT) areas <input type="checkbox"/> Center provided transportation (center bus or van) <input type="checkbox"/> Other, please specify: _____ |
| D8. Do you know any student who was threatened with physical harm by another student while at the center? | 1 | 2 (SKIP TO D9) | | D8a. How often did this occur during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. More than 10 times (GO TO D8B) | D8b. Where has this happened most often? Please select all that apply. <input type="checkbox"/> Academic classes (reading, math or high school classes) <input type="checkbox"/> Bathrooms <input type="checkbox"/> Cafeteria <input type="checkbox"/> Dorms <input type="checkbox"/> Halls or stairways <input type="checkbox"/> Internet or phone <input type="checkbox"/> Outside area <input type="checkbox"/> Recreational areas (gym, weight room, game room) <input type="checkbox"/> Trade (CTT) areas <input type="checkbox"/> Center provided |

| | | | | | |
|--|-----|----|--|-----------|--|
| Thinking about your experiences over the last 30 days: | Yes | No | | If Yes... | If Yes... |
| | | | | | transportation (center bus or van) <input type="checkbox"/> Other, please specify: _____ |

| | | | | |
|---|---|---------------------------|--|---|
| D9. Do you know any student who was in a physical fight with another student? | 1 | 2 (SKIP TO D10) | D9a. How often did this occur during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. More than 10 times (GO TO D9B) | D9b. Where has this happened most often? Please select all that apply. <input type="checkbox"/> Academic classes (reading, math or high school classes) <input type="checkbox"/> Bathrooms <input type="checkbox"/> Cafeteria <input type="checkbox"/> Dorms <input type="checkbox"/> Halls or stairways <input type="checkbox"/> Outside areas <input type="checkbox"/> Recreational areas (gym, weight room, game room) <input type="checkbox"/> Trade (CTT) areas <input type="checkbox"/> Center provided transportation (center bus or van) <input type="checkbox"/> Other, please specify: _____ |
|---|---|---------------------------|--|---|

| | | | | |
|---|---|---------------------------|---|--|
| D10. Do you know any student who had his or her property destroyed on purpose or stolen | 1 | 2 (SKIP TO D10) | D10a. How often did this occur during the last 30 days? | D10b. Where has this happened most often? Please select all that |
|---|---|---------------------------|---|--|

| | | | | |
|---|----------|-----------------------------------|--|--|
| <p>while at the center or during a Job Corps activity?</p> | | <p>D11)</p> | <ol style="list-style-type: none"> 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. More than 10 times <p>(GO TO D10B)</p> | <p>apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Academic classes (reading, math or high school classes) <input type="radio"/> Bathrooms <input type="radio"/> Cafeteria <input type="radio"/> Dorms <input type="radio"/> Halls or stairways <input type="radio"/> Outside areas <input type="radio"/> Recreational areas (gym, weight room, game room) <input type="radio"/> Trade (CTT) areas <input type="radio"/> Center provided transportation (center bus or van) <input type="radio"/> Other, <i>please specify:</i> _____ |
| <p>D11. Do you know of any student who was threatened with a weapon by another student (for example, a gun, knife, or tools) while at the center?</p> | <p>1</p> | <p>2 (SKIP TO D12)</p> | <p>D11a. How often did this occur during the last 30 days?</p> <ol style="list-style-type: none"> 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. More than 10 times <p>(GO TO D11B)</p> | <p>D11b. Where has this happened most often? Please select all that apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Academic classes (reading, math or high school classes) <input type="radio"/> Bathrooms <input type="radio"/> Cafeteria <input type="radio"/> Dorms <input type="radio"/> Halls or stairways <input type="radio"/> Internet or phone <input type="radio"/> Outside areas <input type="radio"/> Recreational areas (gym, |

| | | | | |
|---|---|---------------------------|--|---|
| | | | | <p>weight room, game room)</p> <ul style="list-style-type: none"> <input type="radio"/> Trade (CTT) areas <input type="radio"/> Center provided transportation (center bus or van) <input type="radio"/> Other, <i>please specify:</i> _____ |
| D12. Did another student attack (punch, hit, or kick) someone you know? | 1 | 2 (SKIP TO D13) | <p>D12a. How often did this occur during the last 30 days?</p> <ol style="list-style-type: none"> 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. More than 10 times <p>(GO TO D12B)</p> | <p>D12b. Where has this happened most often? Please select all that apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Academic classes (reading, math or high school classes) <input type="radio"/> Bathrooms <input type="radio"/> Cafeteria <input type="radio"/> Dorms <input type="radio"/> Halls or stairways <input type="radio"/> Outside areas <input type="radio"/> Recreational areas (gym, weight room, game room) <input type="radio"/> Trade (CTT) areas <input type="radio"/> Center provided transportation (center bus or van) <input type="radio"/> Other, <i>please specify:</i> _____ |

Sexual Assault

The next questions ask about sexual assault, which is a sexual act that occurs without the person's consent or permission. Sexual assault includes rape, attempted rape, fondling, or molestation.

D13. Over the last 30 days, do you know anyone who was sexually assaulted on center or during an off-center Job Corps activity?

1. Yes **(GO TO D13A)**
2. No **(GO TO D14)**

D13a. Was the assault committed by:

1. A fellow Job Corps student
2. A Job Corps staff person
3. A person not a part of Job Corps
4. Do not know

Sexual Harassment

This last set of questions asks about situations in which a student at your center or a center staff person sexually harassed a student by saying or doing something of a sexual nature that:

- kept the student from doing their work;
- limited the student's ability to participate in the Job Corps program; or,
- created a scary, unfriendly, or unpleasant social, academic, or work environment.

| <i>Thinking about your experiences over the last 30 days:</i> | Yes | No | If yes... | If "Student(s)" | If "Staff" |
|--|-----|---------------------------|---|---|--|
| D14. Have you heard another student or staff member make offensive or insulting sexual remarks or jokes? | 1 | 2 (SKIP TO D15) | D14a. Was it student(s) or staff member(s), or both? 1. Student(s) (GO TO D14B) 2. Staff member(s) (GO TO D14C) 3. Both (NOTE: if both are check GO TO D14B and D14C) | D14b. How many times did this occur with students during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times | D14c. How many times did this occur with staff during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times |
| D15. Have you heard another | 1 | 2 (SKIP | D15a. Was it student(s) or staff | D15b. How many times did this occur | D15c. How many times did this occur |

| Thinking about your experiences over the last 30 days: | Yes | No | If yes... | If "Student(s)" | If "Staff" |
|--|-----|-------------------------|--|---|--|
| student or staff member make rude or upsetting comments about other peoples' bodies, how they look, their sexual activity, or their sexual orientation? | | TO D16) | member(s), or both? 1. Student(s) (GO TO D15B) 2. Staff member(s) (GO TO D15C) 3. Both (NOTE: if both are check GO TO D15B and D15C) | with students during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times | with staff during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times |
| D16. Has another student or staff member sent an unwanted email, text, joke, story, picture, or video of a sexual nature? | 1 | 2 (SKIP TO D17) | D16a. Was it student(s) or staff member(s), or both? 1. Student(s) (GO TO D16B) 2. Staff member(s) (GO TO D16C) 3. Both (NOTE: if both are check GO TO D16B and D16C) | D16b. How many times did this occur with students during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times | D16c. How many times did this occur with staff during the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times |
| D17. Has a student made someone feel uneasy or harassed by asking them to go out, hug or kiss them, or to have sex with them, even though the person said "no?" | 1 | 2 (SKIP TO D18) | | D17a. How many times did this occur in the last 30 days? 1. 1-2 times 2. 3-5 times 3. 6-10 times 4. 11 or more times | |

D18. Has a **staff member** asked a student(s) to go out, to hug or kiss them, or to have sex?

1. Yes (**GO TO D18A)**
2. No (**GO TO D19)**

D18a. Did the **staff member** ask the student(s) to go out, to hug or kiss them, or to have sex even though the student(s) said "no?"

1. Yes
2. No

D19. What, if anything, would make you feel safer while participating in Job Corps?

THANK YOU

Thank you for your time. The National Office of Job Corps appreciates your answers. The results will be analyzed by the National Office of Job Corps and used to make safety-related decisions. However, if you have immediate concerns or issues regarding your safety or the safety of others, please report these to the Job Corps Hotline at 1-844-JC1-SAFE (1-844-521-7233).

STOP

We are sorry that you have chosen not to complete the survey at this time. Please contact XXX if you change your mind. The results will be analyzed by the National Office of Job Corps and used to make safety-related decisions. However, if you have immediate concerns or issues regarding your safety or the safety of others, please report these to the Job Corps Hotline at 1-844-JC1-SAFE (1-844-521-7233).

Public Burden Statement - Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-ONEW).