

Student Safety Assessment

I1: What language do you prefer?

- English
 Español

Introduction:

You have been randomly selected by Job Corps to take the Student Safety Assessment (SSA). Each month a group of students are randomly selected to complete this survey. The purpose of the SSA survey is 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 feedback. Your participation is voluntary, you can stop answering questions at any time. 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. Gender Identity. Do you identify as:

1. Male
2. Female
3. Transgender
4. Genderqueer or gender nonconforming
5. Something else (please specify: _____)
6. Do not know
7. Decline 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 all 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.							
B8. The Student							

Standards of Conduct (or the center rules and sanctions or the behavior management system) are equally enforced.							
--	--	--	--	--	--	--	--

Next, we would like to understand 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 for your safety and check "No" if the staff **has not** shown concern for 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
B9. Management staff (for example, the center's director and deputy director)			
B10. Trade or CTT Instructors			
B11. Academic Instructors or Teachers			
B12. Residential Advisors (RA) or Dorm Staff			
B13. Counselors			
B14. Security Staff			
B15. Health and Wellness Staff			
B16. Recreation Staff			
B17. Cafeteria Staff			

Section C. Your Experiences Regarding Your Personal Safety

The purpose of this section is to understand your experiences and knowledge around personal safety on center. Some of the questions in this section will address topics that are sensitive and may be triggering. If you need to take a break or stop, please do so. If you need to talk to someone about your experiences please call Job Corps Hotline at 1-844-JC1-SAFE (1-844-521-7233).

C1. 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

C2. How safe do you feel **DURING training hours** while you are at the center or participating in center activities?

1. Completely safe **(SKIP TO C3)**
2. Very safe **(SKIP TO C3)**
3. Generally safe **(SKIP TO C3)**
4. Somewhat unsafe **(SKIP TO C2a)**
5. Very unsafe **(SKIP TO C2a)**

C2a. **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 transportation (center's car, bus, or van)
- Other, *please specify* _____

C3. How safe do you feel **AFTER training hours** while you are at the center or participating in center activities?

1. Completely safe **(SKIP TO C4)**
2. Very safe **(SKIP TO C4)**
3. Generally safe **(SKIP TO C4)**
4. Somewhat unsafe **(SKIP TO C3a)**
5. Very unsafe **(SKIP TO C3a)**
6. I am not on center after training hours **(SKIP TO C4)**

C3a. **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
- Recreational areas (gym, weight room, game room)
- Trade (CTT) areas
- Center transportation (center's car, bus, or van)
- Other, *please specify* _____

C4. Over the last 30 days, have you considered leaving the Job Corps program or switching to another center because you felt unsafe at this center?

1. Yes
2. No

C5. Does your center have security equipment (for example, security cameras, metal detectors, or card-key or badge access system for doors)?

1. Yes **(SKIP TO C5a)**
2. No **(SKIP TO C6)**

C5a. 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

C5b. Does the security equipment used on center make you feel safe?

1. Yes

2. No

C6. Does your center conduct emergency drills (for example, fire, evacuation, or shelter in place drills)?

1. Yes
2. No
3. Do not know

C7. Does your center have a way of alerting students in the case of an emergency on center (for example, mass text system, intercom)?

1. Yes
2. No
3. Do not know

C8. Has the center taught you what to do if there is an emergency at the center?

1. Yes
2. No
3. Do not know

C9. 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

C10. 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 Section D**)
2. A small problem (**SKIP TO C10a**)
3. A problem (**SKIP TO C10a**)
4. A large problem (**SKIP TO C10a**)

C10a. You said that violence, other than sexual assault, is <**INSERT C10**> at your center. What types of violence occur at your center?

Please select all that apply.

- Insulting others

- Threats made to students or staff
- Unwanted physical contact (shoving, grabbing, slapping, kicking, or hitting)
- Threats with a weapon
- Fighting
- Using a weapon in a fight
- Group fights with three or more people or riots
- Other types of violence, *please specify* _____

Section D. Your Experiences with Center Safety Issues

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

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

<i>Thinking about your experiences over the last 30 days:</i>	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 under the influence (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)	<p>D3a. Which drugs are <i>used</i> on center?</p> <p>Please select all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alprazolam (Benzos or Xanax) <input type="checkbox"/> Cocaine (Coke or Blow) <input type="checkbox"/> Ecstasy (MDMA or Molly) <input type="checkbox"/> Fentanyl (Crazy One or Dance Fever) <input type="checkbox"/> Heroin (Horse or Smack) <input type="checkbox"/> Hydrocodone (Vicodin, Hydros, or Vics) <input type="checkbox"/> Marijuana (Chronic, Dope, or Pot) <input type="checkbox"/> Methamphetamine (Meth or Speed) <input type="checkbox"/> Methylphenidate (Ritalin or Smarties) <input type="checkbox"/> OxyContin (Oxy, Roxy) <input type="checkbox"/> Synthetic Cannabinoids (Spice, K2, or Synthetic Marijuana) <input type="checkbox"/> Synthetic Cathinones (Bath Salts, Methylone, or MDVP) <input type="checkbox"/> Unsure/Do not know

			<p><input type="radio"/> Others, please specify: _____</p> <p><input type="radio"/></p>
D4. Do you know if students buy drugs on center to get high?	1	2 (SKIP TO D5)	<p>D4a. Which drugs are <i>bought</i> on center?</p> <p>Please select all that apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Alprazolam (Benzos or Xanax) <input type="radio"/> Cocaine (Coke or Blow) <input type="radio"/> Ecstasy (MDMA or Molly) <input type="radio"/> Fentanyl (Crazy One or Dance Fever) <input type="radio"/> Heroin (Horse or Smack) <input type="radio"/> Hydrocodone (Vicodin, Hydros, or Vics) <input type="radio"/> Marijuana (Chronic, Dope, or Pot) <input type="radio"/> Methamphetamine (Meth or Speed) <input type="radio"/> Methylphenidate (Ritalin or Smarties) <input type="radio"/> OxyContin (Oxy, Roxy) <input type="radio"/> Synthetic Cannabinoids (Spice, K2, or Synthetic Marijuana) <input type="radio"/> Synthetic Cathinones (Bath Salts, Methylone, or MDVP) <input type="radio"/> Unsure/Do not know <input type="radio"/> Others, please specify: _____
D5. Do you know any student who has exchanged sex for drugs or alcohol?	1	2 (SKIP TO D6)	<p>D5a. With whom did the student have sex?</p> <p>Please select all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Another student <input type="checkbox"/> Center staff <input type="checkbox"/> 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	1	2 (SKIP TO D7)		<p>D6a. How often did this occur during the last 30 days?</p> <ol style="list-style-type: none"> 1. 1-5 times 2. 6-10 times 3. 11-15 times 	<p>D6b. Where has this happened most often?</p> <p>Please select all that apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Academic classes (reading, math or high

Thinking about your experiences over the last 30 days:	Yes	No		If Yes...	If Yes...
students to hurt or humiliate them?				4. More than 15 times (GO TO D6B)	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 transportation (center's car, bus, or van) <input type="checkbox"/> Other, please specify: _____
D7. Did any student spread hurtful information or hurtful rumors about someone you know?	1	2 (SKIP TO D8)		D7a. 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 D7B)	D7b. 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 areas <input type="checkbox"/> Recreational areas (gym, weight room, game room) <input type="checkbox"/> Trade (CTT) areas <input type="checkbox"/> Center transportation (center's car, bus, or van) <input type="checkbox"/> Other, please specify: _____

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

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. 11 or more 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
---	---	---------------------------	--	---

				<ul style="list-style-type: none"> <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 transportation (center's car, bus, or van) <input type="radio"/> Other, <i>please specify:</i> _____
--	--	--	--	--

<p>D10. Do you know any student who had their property destroyed on purpose or stolen on center or during a Job Corps activity?</p>	<p>1</p>	<p>2 (SKIP TO D11)</p>	<p>D10a. 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. 11 or more times <p>(GO TO D10B)</p>	<p>D10b. 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 transportation (center's car, bus, or van) <input type="radio"/> Other, <i>please specify:</i> _____
---	----------	-----------------------------------	--	--

<p>D11. Do you know of any student who was threatened by another student with a weapon (for example, a gun, knife, or tools) on center?</p>	1	2 (SKIP TO D12)	<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. 11 or more 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, weight room, game room) <input type="radio"/> Trade (CTT) areas <input type="radio"/> Center transportation (center's car, bus, or van) <input type="radio"/> Other, <i>please specify:</i> _____
<p>D12. Did another student physically attack someone you know?</p>	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. 11 or more 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

				<p>stairways</p> <ul style="list-style-type: none">o Outside areaso Recreational areas (gym, weight room, game room)o Trade (CTT) areaso Center transportation (center's car, bus, or van)o Other, <i>please specify:</i> _____
--	--	--	--	---

Sexual Assault

The next set of 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, unwanted touching, 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

<i>Thinking about your experiences over the last 30 days:</i>	Yes	No	If yes...	If "Student(s)"	If "Staff"
student or staff member make rude or upsetting comments about other peoples' bodies, about other people's bodies, sexual activity, or 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 on a date or hangout, hug or kiss, or to have sex, 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 on a date or hangout, to hug or kiss, or to have sex?

1. Yes
2. No

D19. What 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. If you need to talk to someone about your experiences, please call 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 ssasupport@jcstudentsurveys.com if you change your mind. The results will be analyzed by the National Office of Job Corps and used to make safety-related decisions. If you need to talk to someone about your experiences please call Job Corps Hotline at 1-844-JC1-SAFE (1-844-521-7233).