Health, Safety, and Security Data Report 2016-2021

August 1, 2022

Created by the CIEE Health, Safety and Security Team

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EXECUTIVE SUMMARY

This report targets CIEE health, safety, and security case data for the years 2016-2021. The data is from our outbound participant programs, which included high school, gap year, college, and internship participants in over 40 countries. Participant age, program duration, and program size are three variables that likely influenced the program case numbers in the various programs.

After minor health cases and physician visits, the most common health issue was emotional distress. Emotional distress cases can be especially challenging as they can negatively affect other students and require substantial attention from staff.

In 2020-2021, COVID-19 overwhelmingly dominated all other aspects of health and safety attention due to the tracking, communications, mitigation, and case management demands it created.

Overall, less than 2% of students reported being victims of crime. Petty theft was by far the most common crime, with other crime reasons falling far behind. Robbery and forcible sex offense-other were the second and third most reported crimes, respectively. Potential contributing factors in crime included time of day, walking alone, and alcohol. The most recorded crime locations were bars and clubs.

Females were far more likely than males to report being victims of harassment and sexual offense. Compared to females, male participants were fare more likely than females to be named as crime perpetrators.

DEFINITIONS AND BACKGROUND

Case Terminology

The terminology for data discussed in this report is as follows:

Category: Categories 1, 2, 3 relate to the potential seriousness of the incident.

➢ Category 1: Severe incidents that could be a threat to life and need immediate response/reporting
➢ Category 2: Minor to Moderate incidents with property loss, potential harm, or damage to participant(s)
➢ Category 3: Other security events that may or may not have an immediate physical impact on participants or their belongings, or situations that may exist in communities that cause fear or threat to the participant and/or the continued operations of a CIEE program

Case Record Type: The case record Types reviewed in this report are Crime, Health, and Safety/Security. There are no Academic, Administrative, Participant Issue, Housing, or other non-Health/Safety-related cases analyzed in this report.

Reason: Reasons are a further classification of the Type and Category of Health, Safety, & Security (HSS) incidents.

The below table shows the relationship between Types, Categories, and Reasons.

Type	Category	Reason
Crime	1	Arrest/Detention/Deportation, Arson, Criminal Homicide, Dating Violence, Domestic Violence, Forcible Sex Offense- Other, Forcible Sex Offense-Rape, Hate Crime, Home Invasion, Kidnapping, Motor Vehicle Theft, Non-Forcible Sex Offense, Stalking, Violent Crime- Assault, Violent Crime-Robbery
	2	Burglary (non-violent), Theft (non-violent), Vandalism
	3	Crime-Other
Health	1	Death/Dying, Epidemic (Direct Impact), Hospitalization, Illicit/Dangerous Drug Use, Quarantine, Serious Emotional Distress, Vehicular Accident
	2	Accommodation Health & Welfare Issue, Alcohol/Tobacco Issue, Emotional Distress, Illness (Minor), Injury (Minor), Physician Visit-Illness/Ailment, Physician Visit-Injury
	3	Epidemics (No Direct Impact), Health-Other
Safety/Security	1	Acts of Terrorism - Direct Impact, Fire, Missing,
	2	Behavioral, Harassment, Safety Risk Issue, Security System Breach/Failure Threat,
	3	Acts of Terrorism (Indirect Impact), Environmental/Technological Disaster, Natural Disaster, Perceptual Emergencies, Political Events/Protests, Safety/Security-Other, Strikes

Source Programs

The program types included in the data are as follows:

Program	Average Participant Age (2016-2021)
AIC: Academic Internship Council. Includes some U.S.-based participants.	23
CUSTOM: Faculty and Custom Programs	23
eLab: Entrepreneurship certificate program for post-graduates	31
GYA: Gap Year Abroad	18
HSA: High School Abroad semester programs	16
HSSA: High School Summer Abroad	16
STUDY: Study Abroad (university/college-level)	20
TEACH: Teach and TEFL Abroad	24

Regional Data Source Locations

Case data was gathered directly from CIEE Centers located throughout the world. A breakdown of the regional input is as follows:

Region	Countries	Cases
Africa, Middle East India (AMEI)	Botswana, Ghana, India, Jordan, Morocco, Senegal, South Africa, United Arab Emirates	13%
Latin America (LATAM)	Argentina, Brazil, Chile, Costa Rica, Cuba, Dominican Republic, Mexico, Peru	13%
Northern Europe (NE)	Belgium, Czech Republic, Denmark, England, Germany Hungary, Ireland, Netherlands, Norway, Russia, Sweden	20%
Pacific Rim (PACRIM)	Australia, China, Japan, New Zealand, Singapore, South Korea, Taiwan, Thailand	10%
Southern Europe (SE)	France, Italy, Portugal, Spain	43%

METHODOLOGY

This health and safety report is based on cases input into the CIEE incident management data (IMD) system from 2016-2021. It should be noted that the analysis presented here reflects only *cases that have been reported by students and recorded by onsite staff.* Therefore, the data set is likely incomplete. However, this analysis still offers a good approximation of the health, safety, and security issues faced by CIEE students from 2016-2021.

Some programs (such as Gap Year and Teach Abroad) have start and end dates that fall outside the window used in this report due to how they are recorded in the system annually. Consequently, there may be incidents that occurred during the report period that are not counted as well as some that occurred outside the report period that are counted. Some of these programs may also not be directly linked to a Center location (but rather to a country) so may not be counted in the analysis.

While we continually discover and correct coding errors, we likely did not find each-and-every case that may have been miscoded. Also, the database is not static. Some data may have changed in the database due to source data corrections during the report creation, which means that there may be minor inconsistencies in case counts and results in the various graphs and charts shown. None of these minor issues are believed to significantly impact the general data trends.

CIEE Approach to Health, Safety, and Security

At CIEE, safety is a primary concern of every staff member involved in the operation of study abroad programs. While no program, in the United States or overseas, can guarantee the safety of participants, the risks can be significantly diminished if resident staff, Portland program staff, students, parents, and advisors at the host and home institutions all work together. Our approach to risk management is derived from the ISO 31000-Risk Management of the International Organization of Standards model. In this model:

- risk is assessed and mitigated
- incidents have a planned response
- incidents are reported
- risk is analyzed and reassessed

The Risk Management Model, Our System, & Tools

Broadly, we manage risk on two fronts through our headquarters' Health, Safety, and Security (HSS) team and our Center teams. The HSS team creates policies and tools, responds to emergency situations as needed, provides guidance and training for staff, and supports Centers' efforts to create a safe and rewarding experience for our students. Our Centers are managed by embedded academic professionals who have local HSS insight acquired firsthand in their Center locations. Center directors lead each Center's HSS management. Center team staffing numbers differ by location. Centers assess and monitor the risk environment, orient participants on local HSS issues and resources, directly manage incidents, and tend to participant needs. Below are how our systems and tools fit into managing risk for participants and staff.

Risk Assessment

➢ **Location Assessment:** Before a location can house a CIEE Center, it must be assessed by the HSS team. If a program cannot be run safely with successful academic outcomes, we will not run it.

➢ **Resources:** All decisions regarding the safety of program operations are made utilizing a variety of sources. These include open-source media; study abroad-focused academic institutions, forums, and discussion groups; reports from the U.S. Department of State and our contracted security intelligence provider; and input

from our Center and Regional Directors, who use information gathered locally and through conversations with other providers in the city or country. The HSS team also stays abreast of emerging trends in participant cases through periodic and ad hoc incident data analysis.

➢ **Annual Assessment Updates:** Each of our Centers revisits their location's risk assessment at least annually using incident data collected from participant reports and utilizing external reports and their own incident data. This annual update is reviewed by both the Regional Director and the HSS Team. This risk assessment informs an Emergency Action and Response Plan (EAPR) that is specific to each Center as it works to inform participants of risks associated with their new home.

Mitigation

o **Monitoring:** Centers and the HSS team subscribe to multiple emergency alerting systems (open-source and contracted) to receive notification of emerging threats throughout the world.

   ➢ *Incident Reporting and Tracking:*

- Centers instruct students to report all health, safety, and security incidents they experience to CIEE Staff, and all incidents are tracked in CIEE's central incident management database.

- The HSS team monitors cases with an eye toward any additional case management/response guidance needs.

o **Emergency Planning:** Within the risk assessment portion of each Center's emergency plan are mitigation measures specific to the risks identified at each location. These mitigation measures are integrated into Center operations, contingency plans, and participant orientations.

   ➢ *Participant Orientations:*

- Every Center program begins with a comprehensive arrival orientation of the country, city, university, and the program, which includes, among other information, an explanation of any local risks that the Center has identified and tips for enhancing personal safety as well as emergency contact information for Center staff and local services.

- Staff conduct scenario-based Bystander Intervention Training to provide participants with tools to safely interrupt behaviors and circumstances that might place others at risk of sexual or physical violence.

- All participants are encouraged to sign up for the State Department's SMART Traveler program, which links them to any notifications from the U.S. Consular Office.

➢ *Staff Training:*
- Center staff receive annual and ad-hoc health, safety, and security training. Each year staff complete a mandatory online training on HSS protocols.

- To aid staff when they have participants with mental health or emotional distress issues, they are required to complete an online interactive training (Kognito "At-Risk" Simulation) that helps them identify warning signs and guide the participant to professional counseling.

- The HSS team provides comprehensive training on HSS systems to all new Center and Regional directors as well as annual refresher training on a variety of topics.

Response

➢ *24/7 Support:*
- The HSS team is available 24/7 to assist Center staff in managing/responding to HSS incidents.

- In addition, CIEE has a Support Services team to assist the emergency contacts of currently enrolled students 24/7.

- Centers provide participants with emergency phone numbers for 24/7 emergency contact with their staff.

➢ **HSS Manual:** Our Centers' primary reference for the overall HSS system, our policies, and our protocols is the HSS Manual. All CIEE staff who work directly with participants are required to complete initial and annual online HSS training and the related test for certification of knowledge.

➢ **Emergency Action Plan and Response (EAPR):** The EAPR is the primary reference document for managing security-related events. Each Center has an EAPR specific to their location and reviews it at least annually. The EAPR is activated if there is a known local condition that requires extra caution, relocation of participants to a different site in the same city or country or a nearby country, or suspension of a program and evacuation of participants. It contains consolidation and evacuation points; recommended health and mental health providers; transportation services; and contact information for emergency services.

➢ **Evacuation Services:** CIEE includes a mandatory political/natural disaster/health insurance policy for every participant in the program fee. Our insurance, intelligence services, and evacuation services are all linked to ensure smooth planning, management, and execution of an evacuation, should one be necessary.

➢ **Sexual Assault Guidelines:** To facilitate our ability to support sexual assault victims properly and compassionately, each Center has a Sexual Assault Guide (SAG) based on a standard template that provides step-by-step protocols. Each Center adapts the SAG template to their location based on the local legal environment, health services, and support resources available.

➢ **Emergency Notification System (ENS):** When it is necessary to contact participants quickly, our ENS system can simultaneously broadcast alert messages via text, phone, and email from the Centers or from Portland. ENS provides us with the ability to request a status response from students and to track who has and has not responded. The response tracking helps inform us of what, if any, follow up is needed.

➢ **Mental Health Consultants:** For situations when staff need guidance in managing a case related to mental health, CIEE has professional psychologists who are readily available for consultation, in addition to our HSS Team.

➢ **External Mass Communications:** CIEE follows a communications protocol when a serious mass security incident is made known by the Center or alerted via any of the multiple emergency monitoring services. This protocol is designed to ensure that all stakeholders are informed as quickly as possible, once the primary work of ascertaining the safety and security of the participants onsite.

To better facilitate mass communication to stakeholders regarding any HSS updates on an ongoing mass security incident that may be impacting our current participants and programs, CIEE will post alerts at **ciee.org/alerts**.

CIEE's Health, Safety, and Security alerts are also available conveniently through our RSS feed. This web-based news feed allows stakeholders to automatically receive alerts from CIEE about significant emergency events via email, an alert notification on a web browser, and/or a push-notification on your cell phone or other mobile device. Stakeholders must "opt-in" to receive these alerts, much like receiving STEP alerts from the US Department of State. Instructions for configuring your device and/or email to receive the alerts, and how to deactivate these alerts, are also located at **ciee.org/alerts**.

Analysis and Reporting

➢ **Case Data:** To complete the risk management cycle and provide continuous feedback for improved risk mitigation, the HSS team augments broad external information with insight from our Center incident reporting data. Each Center diligently captures health, safety, and security incidents reported by or impacting participants. Trends and details from the case data are used to inform numerous risk mitigation tools to serve our Centers such as risk assessments, targeted safety messaging, safety protocols, and risk maps.

➢ **Partnerships and Best Practices:** The HSS team gains and utilizes additional guidance from the wider study abroad world. Entities such as the Forum on Education Abroad, NAFSA, and individual educational institutions are a wealth of best practice information for managing risk. CIEE is also a member of PULSE, an information-sharing group of international HSS specialists from academic institutions and program providers that perpetually monitors, discusses, and advises on events and topics pertinent to study abroad health, safety, and security.

CIEE DATA ANALYSIS

Summary of Findings

➢ Given the potential for pandemic related stress, surprisingly there was a sharp decline in the rate for emotional distress cases in 2020.

➢ In 2020-2021 epidemic cases comprised about one in six cases. COVID-19 overwhelmingly dominated all other aspects of health and safety management due to the tracking, communications, mitigation, and case management demands it created.

➢ Three variables that likely influenced the program case numbers are participant age, program duration, and program size.

➢ Programs serving gap year and high school students stand out for the high percentage of health cases.

➢ Emotional distress rates were highest in programs serving Gap Year Abroad (GYA) and high school students.

➢ Less than 2% of students reported being victims of crime.

➢ Petty theft was by far the most common crime, with other crime reasons falling far behind. Robbery and forcible sex offense-other were the second and third most reported crimes, respectively.

➢ Overall, the chance of experiencing a crime differed only slightly by gender. The crimes with the widest disparity between genders were sex offenses. The number of sex offense cases with female victims far outweighed those with male victims.

➢ GYA participants experienced the highest crime rate, followed by High School Abroad (HSA), then Study Abroad (STUDY).

➢ Alcohol was a notable factor in violent crimes and sex offenses, while walking alone was a notable factor in violent crimes. (Note that correlating factors are not causational factors.)

➢ A plurality of crimes occurred late at night (after 10pm), and a fifth of crimes occurred between 2am and 5am, suggesting time of day as another contributing factor for some crimes.

➢ Late night was an especially risky time for serious crimes: robberies, assaults, and forcible sex offenses.

➢ Burglaries skewed earlier in the day than other crimes, with most occurring between 10am and 10pm.

➢ Crimes were recorded most often at establishments, most commonly bars/clubs.

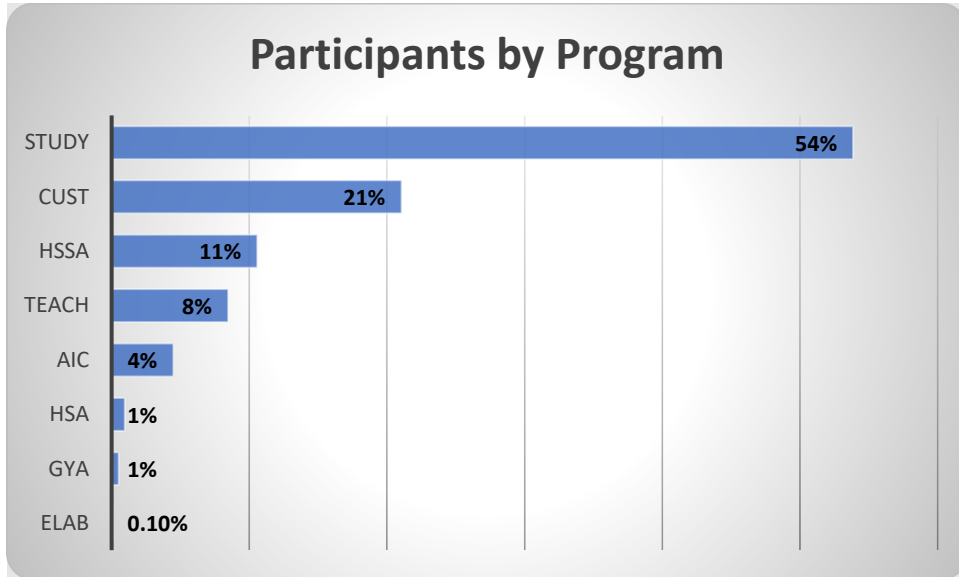➢ Among crime locations with housing details recorded, the most common

locations were the host family residence or CIEE housing.

➢ Among travel-associated crimes specifying locations, most occurred on the street.

➢ The most common participant-perpetrated cases were incidents in which participants were arrested or detained.

➢ Male participants were more than twice as likely as females to be named as crime perpetrators.

➢ After minor health cases and physician visits, the most common health case reason was emotional distress.

➢ By far, the most common Safety & Security cases were behavioral issues.

➢ Females were more than twice as likely as males to have reported harassment.
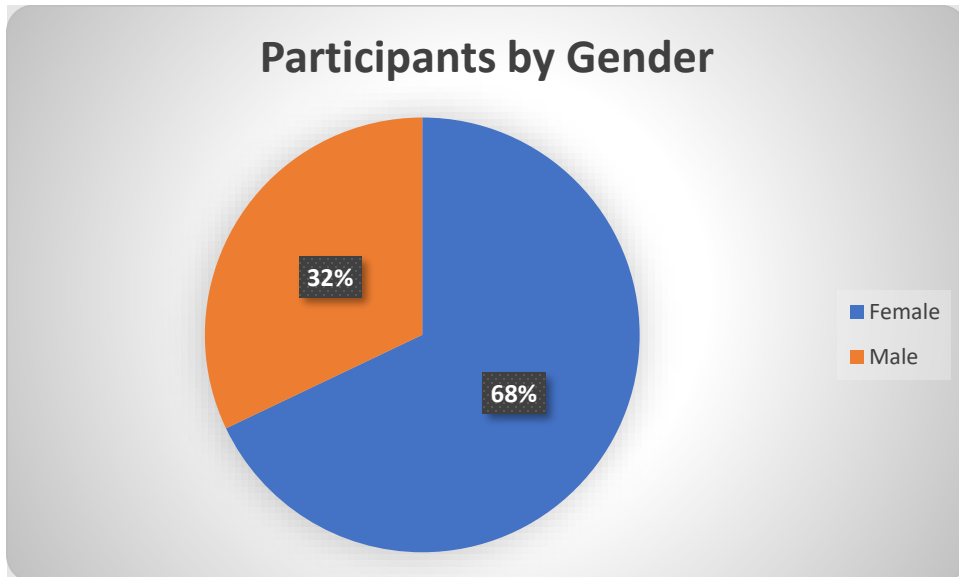
Participant Numbers

From 2016 through 2021 CIEE served roughly 76,000 participants across eight programs. STUDY was by far the largest program, with over half of all participants. (Graph 1) By gender, 68% of participants were female and 32% were male. (Graph 2)
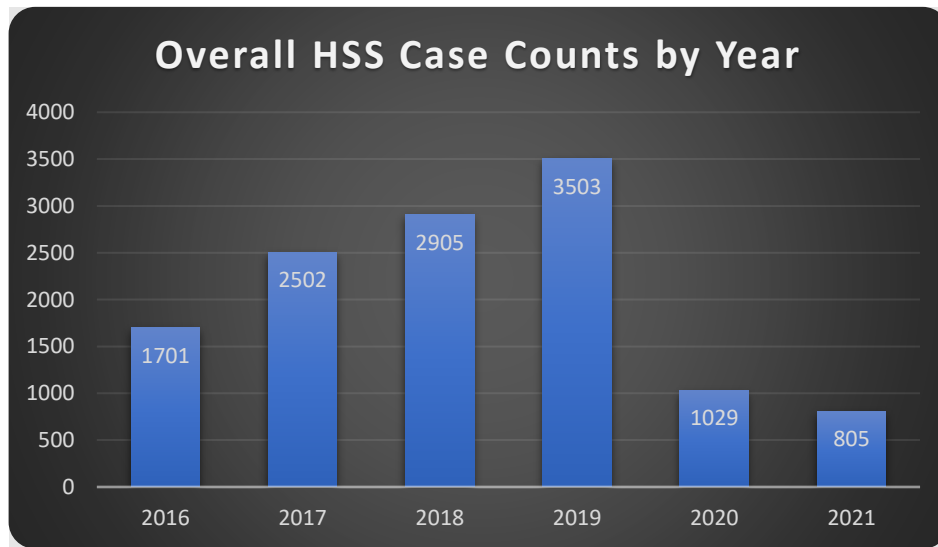
Graph 1

Participants by Program

Program	Percentage
STUDY	54%
CUST	21%
HSSA	11%
TEACH	8%
AIC	4%
HSA	1%
GYA	1%
ELAB	0.10%

Graph 2

Participants by Gender

- Female: 68%
- Male: 32%

Overview of All Cases

HSS tracks only cases coded as Crime, Health, or Safety & Security case types. From 2016-2021, more than 12,000 cases were recorded for those types of cases. From 2016 to 2019 the number of HSS cases more than doubled from 1,701 in 2016 to 3,503 in 2019. The pandemic radically curtailed participant enrollment and related case numbers dropped drastically in 2020 and 2021. (Graph 3)

Graph 3

From 2016-2021, the overall case rate was 16%, or around one case for every six students. (Graph 4) Between 2016 and 2019 the number of cases as a percentage of students rose from 13% to 18%. This considerable increase in the case rate was almost certainly driven by program additions and more rigorous reporting practices, rather than any notable changes in actual risk level.

In addition to impacting enrollment numbers, COVID-19 restricted participant activities, and in 2020 the case rate dropped back to 13%. In 2021, as participant enrollment increased and pandemic restrictions eased, the case rate rose to 16%.

Graph 4

Annual Overall HSS Case Rates

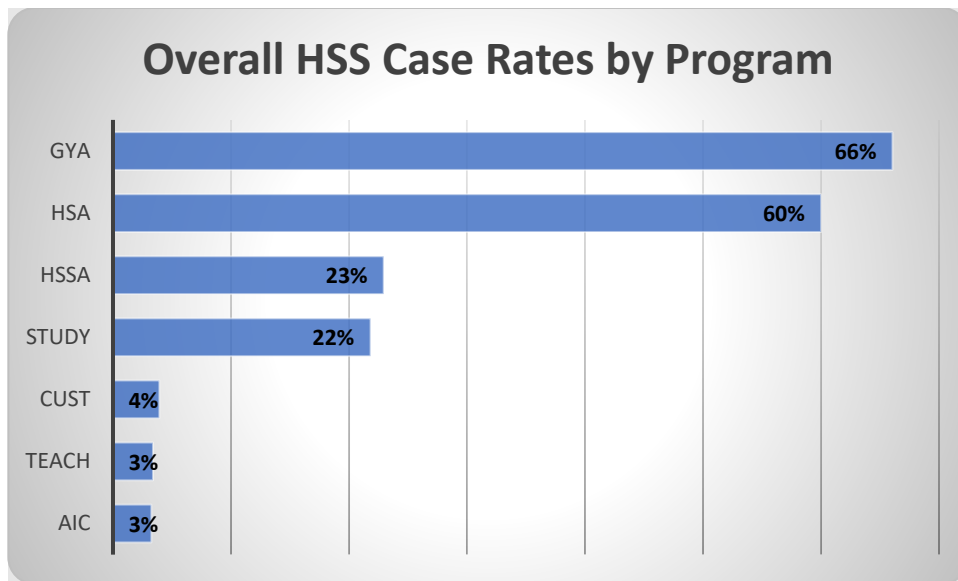|	2016	2017	2018	2019	2020	2021
	13%	17%	17%	18%	13%	16%
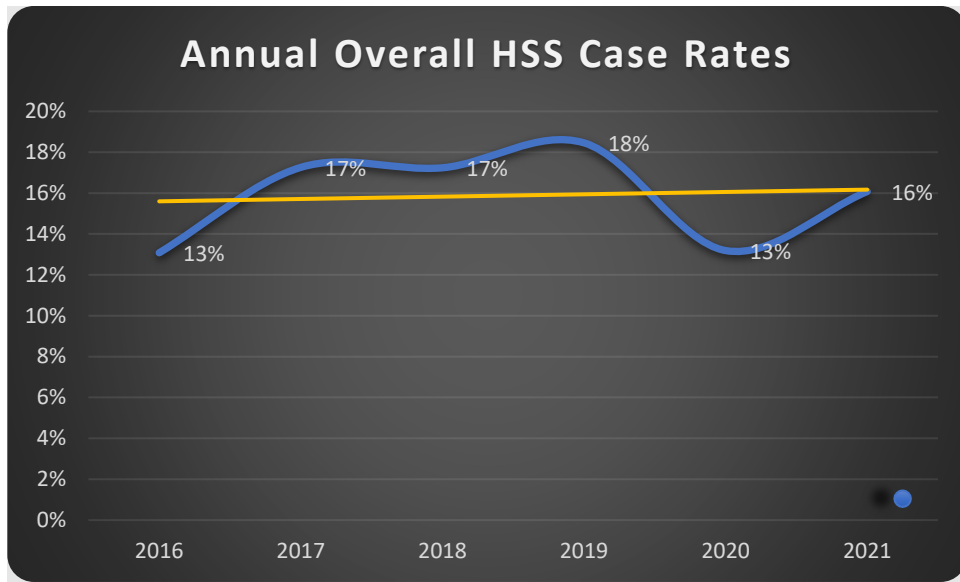
When separated by program, Gap Year Abroad (GYA) and High School Abroad (HSA) stand out with especially high case rates. High School Summer Abroad (HSSA) had a case rate roughly on par with Study Abroad (STUDY). Academic Internship Council (AIC), Custom Programs (CUSTOM), and Teach Abroad (TEACH) all had far lower rates. (Graph 5)

Three variables that likely influenced the program case numbers are participant age, program duration, and program size. The programs with the lowest rates (AIC, CUSTOM, and TEACH) serve older students, while GYA, HSA and HSSA all serve the youngest students. While HSSA's age cohort mirrors that of HSA, its relatively short duration reduces the window for cases. Finally, HSA and GAP each account for only about 1% of CIEE participants and a small number of cases can easily drive up the case rate.

Three variables that likely influenced the program case numbers are participant age, program duration, and program size.

Graph 5

Overall HSS Case Rates by Program

GYA — 66%
HSA — 60%
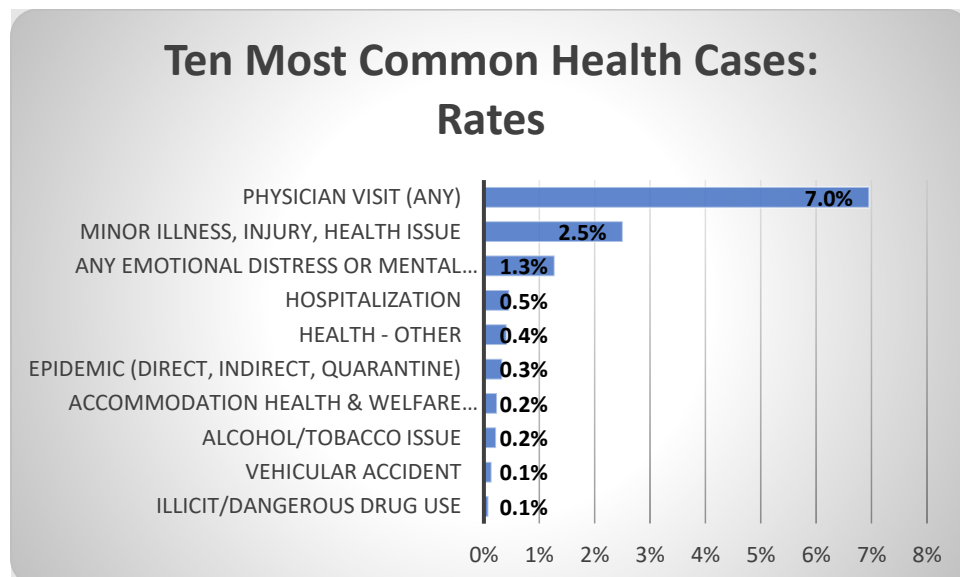HSSA — 23%
STUDY — 22%
CUST — 4%
TEACH — 3%
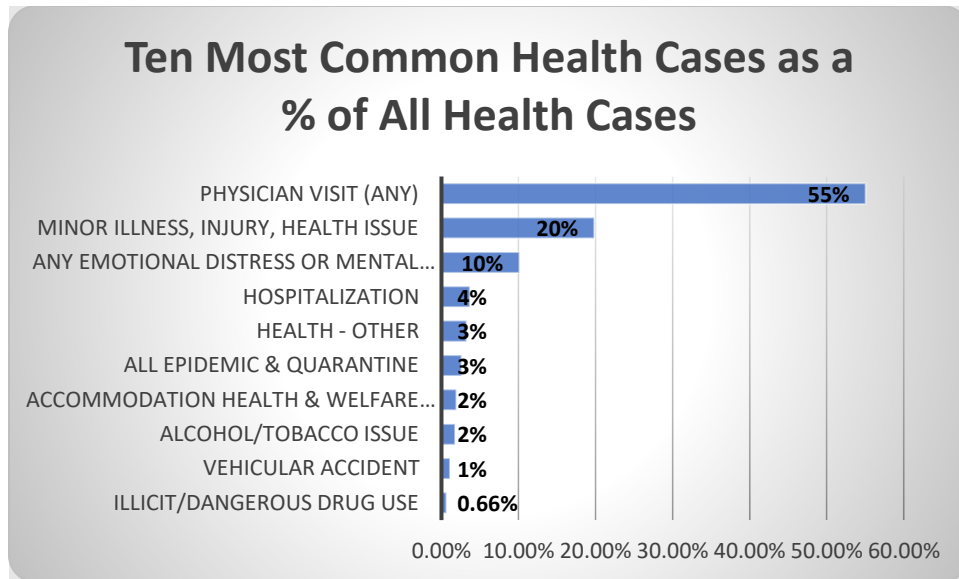AIC — 3%

Health

Health: Common Cases

From 2016 through 2021, we recorded nearly 10,000 health cases. In terms of case rate, physician visit or minor health cases were recorded for roughly one in ten participants, with physician visit being the most common reason: 7% of participants visited doctors and 2-3% experienced a health issue that didn't involve a visit to the doctor. (Graph 6)

Graph 6

Ten Most Common Health Cases: Rates

PHYSICIAN VISIT (ANY) — 7.0%
MINOR ILLNESS, INJURY, HEALTH ISSUE — 2.5%
ANY EMOTIONAL DISTRESS OR MENTAL… — 1.3%
HOSPITALIZATION — 0.5%
HEALTH - OTHER — 0.4%
EPIDEMIC (DIRECT, INDIRECT, QUARANTINE) — 0.3%
ACCOMMODATION HEALTH & WELFARE… — 0.2%
ALCOHOL/TOBACCO ISSUE — 0.2%
VEHICULAR ACCIDENT — 0.1%
ILLICIT/DANGEROUS DRUG USE — 0.1%

0% 1% 2% 3% 4% 5% 6% 7% 8%

As a percentage of total health cases, physician visits comprised 55% of cases and minor health cases comprised 20%. Those were followed by emotional distress cases (10%) and hospitalizations (4%). (Graph 7)

Graph 7

Ten Most Common Health Cases as a % of All Health Cases

PHYSICIAN VISIT (ANY)	55%
MINOR ILLNESS, INJURY, HEALTH ISSUE	20%
ANY EMOTIONAL DISTRESS OR MENTAL...	10%
HOSPITALIZATION	4%
HEALTH - OTHER	3%
ALL EPIDEMIC & QUARANTINE	3%
ACCOMMODATION HEALTH & WELFARE...	2%
ALCOHOL/TOBACCO ISSUE	2%
VEHICULAR ACCIDENT	1%
ILLICIT/DANGEROUS DRUG USE	0.66%

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00%

Gender lightly influenced health case numbers. The rate of female health cases (14%) was 25% higher than male health cases (11%). (Graph 8)

Graph 8

Health Case Rates by Gender

|	
MALE	11%
FEMALE	14%

0%   2%   4%   6%   8%   10%   12%   14%   16%
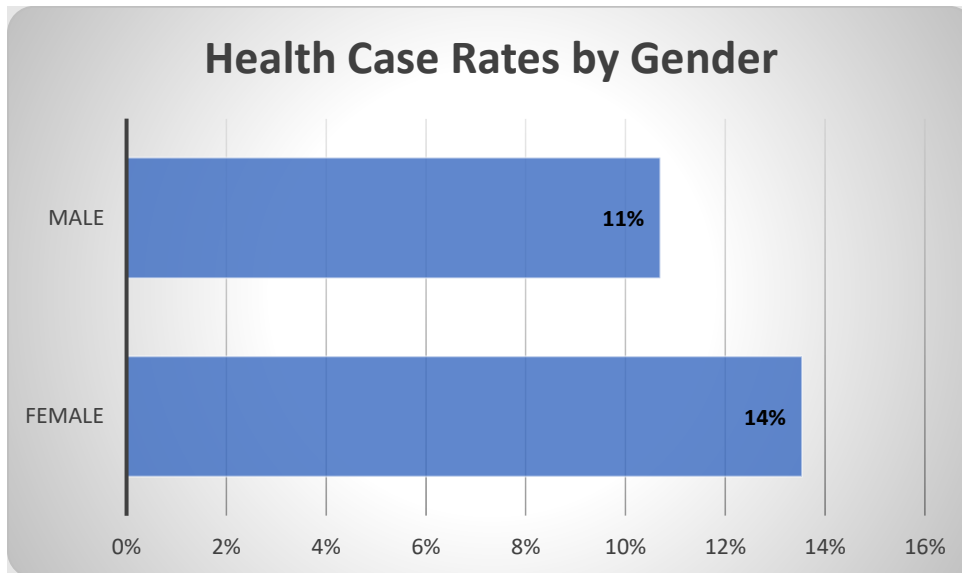
Health: Case Categories

Category 1 health cases are the most serious health cases and include events such as hospitalizations, vehicle accidents, and suicide risks. Category 2 cases consist of minor accidents and injuries as well as general physician visits. Category 3 cases are those that don't fit the above or didn't directly impact a participant, such as an epidemic in the proximity of students. By far, most cases were Category 2 cases, with 88% of cases coded Category 2, only 9% Category 1, and 4% Category 3. (Graph 9)
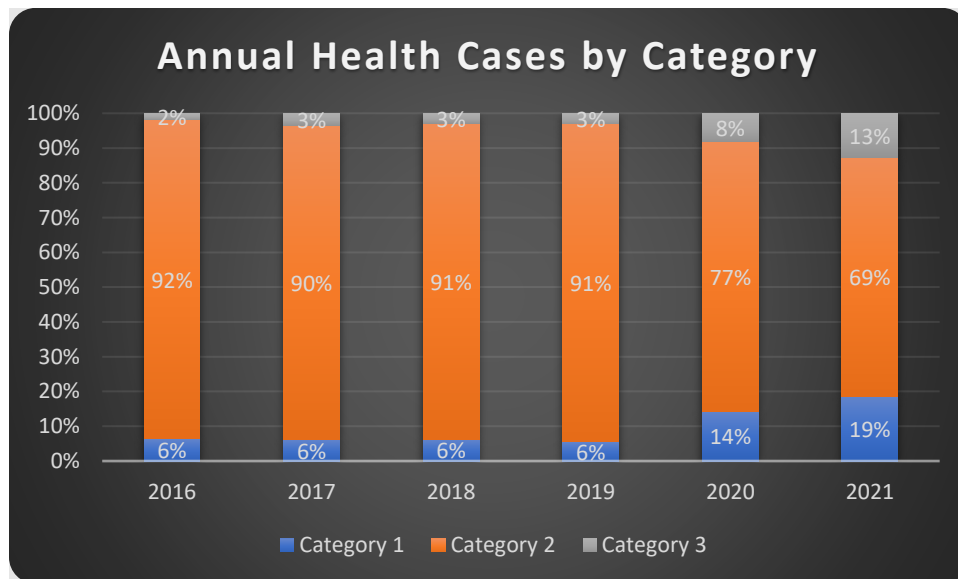
Graph 9
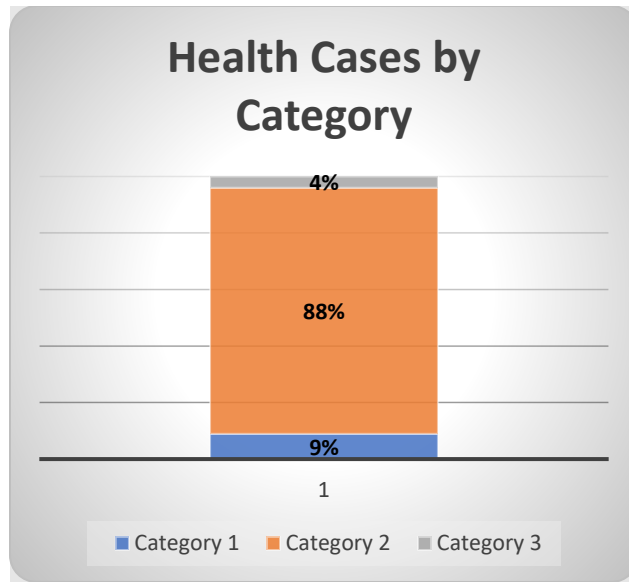
From 2016 through 2019 the proportional shares of case categories were quite consistent. Category 2 comprised 90-92% of cases, Category 1 comprised 6%, and 2-3% of cases were Category 3. (Graph 10) COVID-19 considerably disrupted the "norm" by introducing epidemic cases, altering typical health-related practices, and changing the usual balance of student and program numbers.

In 2020 the share of Category 2 cases dropped to 77% then to 69% in 2021, while the share of Category 1 and 3 cases more than tripled by 2021. These proportional changes can be attributed both an increase in epidemic-related cases, as well as a decline in dominant Category 2 cases such as minor health and physician visits. (Graph 11)

Graph 10

Graph 11

Annual Minor Health and Epidemic-Related Case Rates
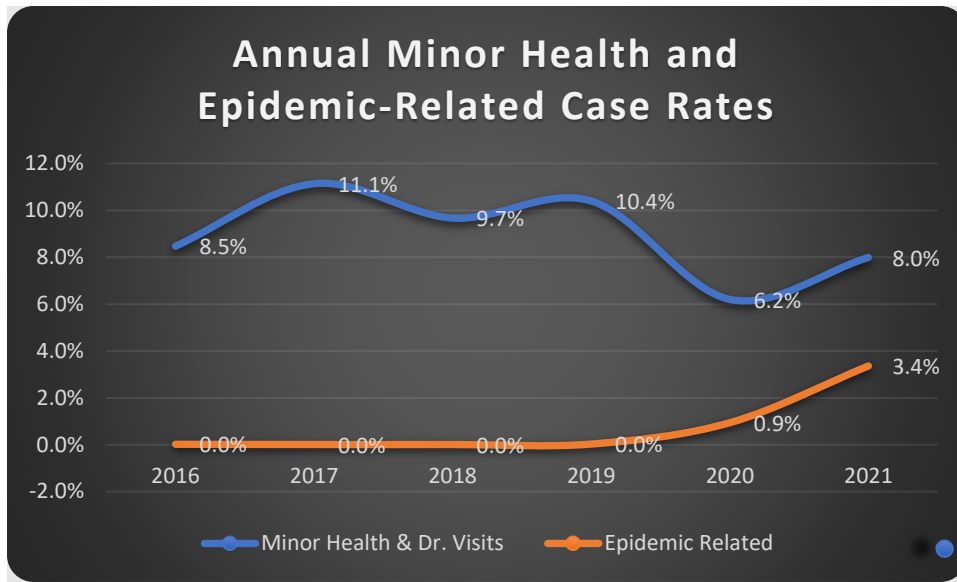
Health: Emotional Distress, a Deeper Look

After minor health cases and physician visits, the most common health case reason was emotional distress.

Up until the COVID-19 pandemic in 2020, emotional distress cases were steadily and markedly climbing. From 2016 to 2019 emotional distress cases increased four-fold, from less than 100 cases in 2016 to well over 300 in 2019. (Graph 12) At the same time, the share of students reporting emotional distress more than doubled, from 0.7% in 2016 to 1.8% in 2019. Some of the increase can be attributed to an increased awareness of the issue and changes in coding practices, but even with those factors, emotional distress cases became noticeably more prevalent.

After minor health cases and physician visits, the most common health case reason was emotional distress.

Though emotional distress was recorded for fewer than 2% of participants, the cases have an outsized impact on Centers managing the cases. Such cases, especially those involving serious emotional distress (Graph 12), can negatively affect other students and require substantial attention from staff, straining their capacity perform other program duties.

Center staff have three primary resources specific to dealing with emotional distress. One is the services of a professional psychiatrist who is available to counsel staff on difficult cases. A second is that the Centers have identified external emotional support people who can be called to tend to participants who are actively at risk of self-harm and can oversee the participant while treatment or medical evacuation is arranged. A third resource is mental health trainings. These include interactive videos that lead staff through steps to identify at-risk behaviors among participants and guide them toward counseling.

Graph 12
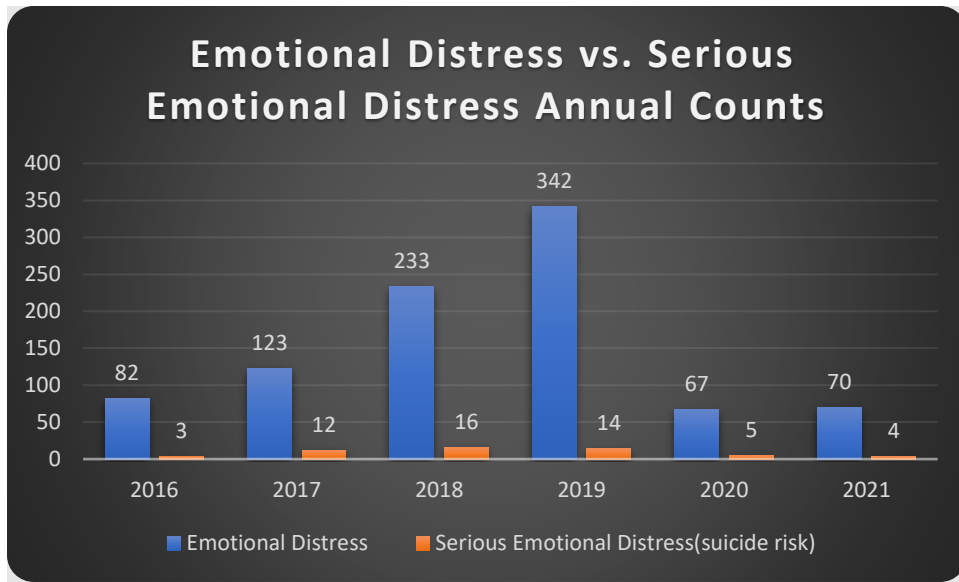
Emotional Distress vs. Serious Emotional Distress Annual Counts

Given the potential for added stress imposed by the pandemic, we assumed we would see an increase in the emotional distress rate. However, somewhat surprisingly, the emotional distress case rate halved in 2020, to 0.9% from 1.8% in 2019. Due to COVID-19's extensive disruption of the norm, any number of factors could have played a role in this drop. In 2021, the case rate increased to 1.4%, approaching a peak in 2019. (Graph 13)

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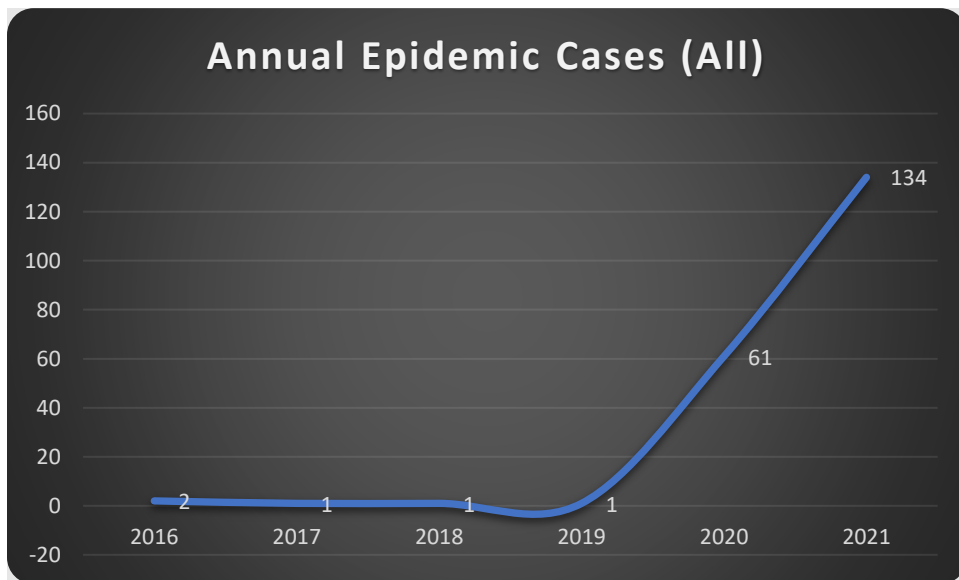
Graph 13

## Annual Emotional Distress Rates
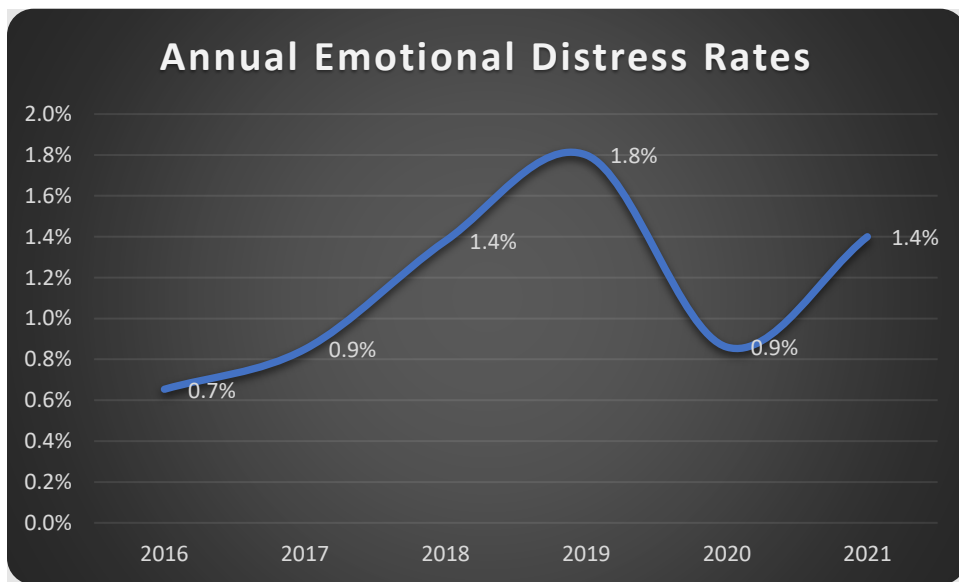
Health: Epidemic, COVID-19's Impact

We categorize epidemic cases as having a direct or indirect impact. Examples of indirect impact cases are those in which a participant may have been exposed to but not infected by an epidemic or may have otherwise been affected, such as having classes canceled due to a virus outbreak. Direct cases are those in which a participant has been infected or tested positive. From 2016-2019 we recorded only five epidemic cases, all indirect impacts. (Graphs 14, 15). In 2020 COVID-19 emerged, and we recorded 61 total cases: 37 direct impact cases and 24 indirect impact cases. In 2021, epidemic cases more than doubled to 134 cases: 65 direct impact cases and 69 indirect impact cases.
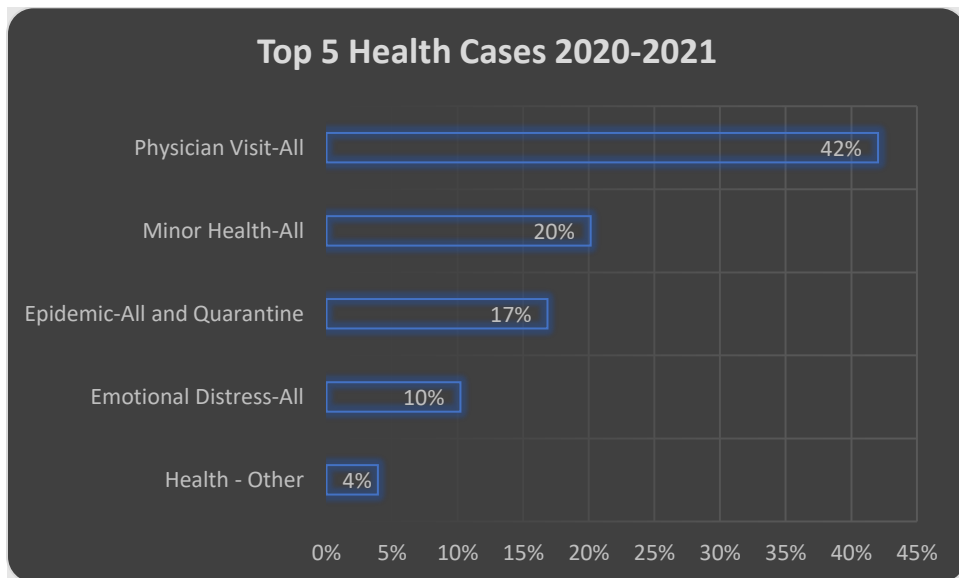
Graph 14

Graph 15
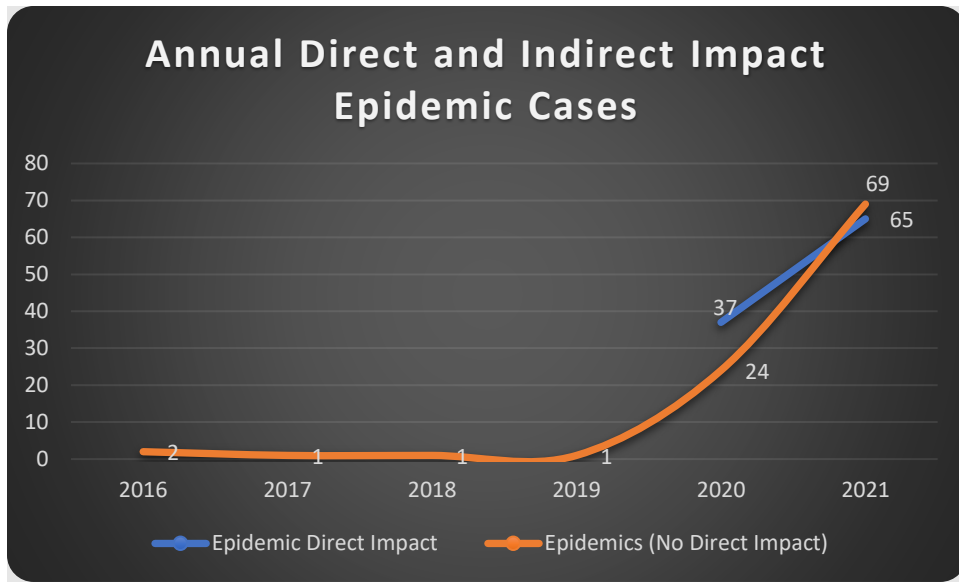
In 2020-2021 epidemic cases comprised about one in six cases. (Graph 16) Starting in February 2020, COVID-19 overwhelmingly dominated all other aspects of health and safety management due to the tracking, communications, mitigation, and case management demands it generated.

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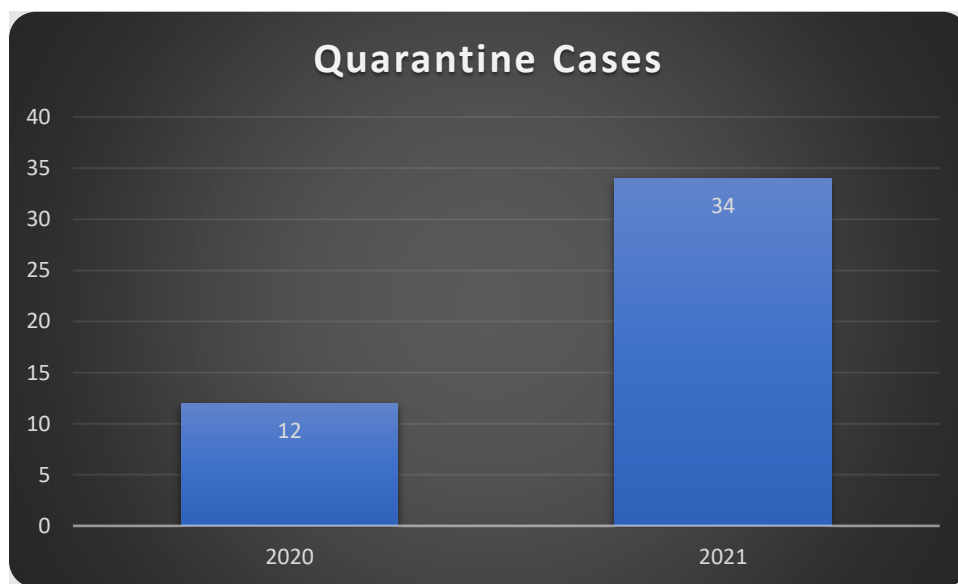
Graph 16

One component of case management was the quarantining of students. We added quarantine[1] as a new case reason in 2020. There were 12 quarantine cases in 2020 and 34 in 2021. (Graph 17)

Quarantine cases entailed isolating participants either in group or single accommodations, depending on case circumstances. Those participants who had tested positive along with their roommates would typically isolate with their roommates. Those who tested positive individually isolated in single accommodations. Isolation periods were governed by local regulations, but typically lasted 10 days. Participants were monitored and supported throughout their isolation period and had necessities such as meals and groceries delivered.
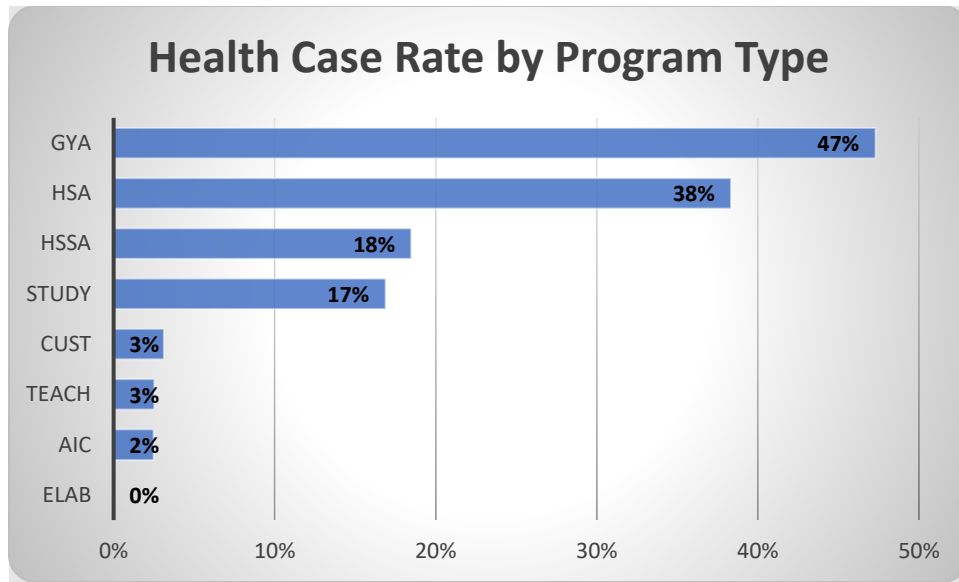
Graph 17

Quarantine Cases

Health: Health Cases by Program

GYA's health case rate of 47% and HSA's rate of 38% were notably higher than the next highest rate (18% for HSSA). (Graph 18) The younger age of GYA and HSA participants is a likely factor in the number of health cases. HSSA's rate was on par with STUDY's 17%.

HSSA's shorter program length likely limited its case numbers compared to GYA and HSA. CUSTOM, TEACH, and AIC had far lower rates of 2-3%. Typically, CUSTOM programs are relatively short, while TEACH and AIC participants tend to be older and more independent than participants in other programs.
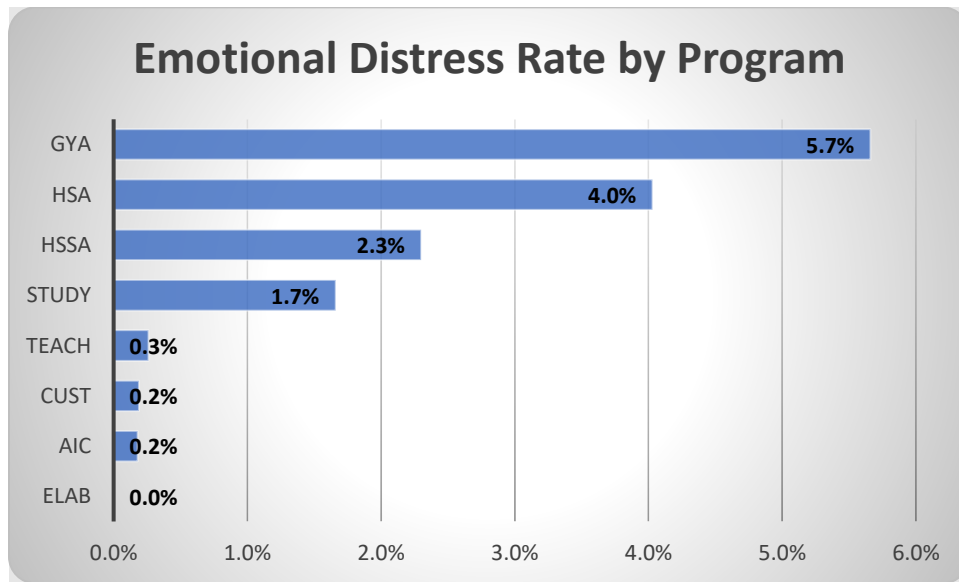
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[1] On a technical level, *quarantine* refers to restricting movement of and contact with healthy people who may have been exposed to the virus and *isolation* refers to keeping those who are sick/test positive away from others. On a practical level for the purpose of this report, the terms are interchangeable.

Graph 18

Health Case Rate by Program Type

Program	Rate
GYA	47%
HSA	38%
HSSA	18%
STUDY	17%
CUST	3%
TEACH	3%
AIC	2%
ELAB	0%

Age also seemed to play a role in mental health reporting. Emotional distress rates were highest in GYA (5.7%), HSA (4%) and HSSA (2.3%). The emotional distress case rate for STUDY was 1.7% and far lower than that for CUSTOM, TEACH, AND AIC (.2-.3%). (Graph 19)

Graph 19

Emotional Distress Rate by Program

| Program	Rate
GYA	5.7%
HSA	4.0%
HSSA	2.3%
STUDY	1.7%
TEACH	0.3%
CUST	0.2%
AIC	0.2%
ELAB	0.0%

Viewed annually, the case rates varied considerably. From 2017 through 2021 GAP and HSA consistently has the highest rates of emotional distress, with GAP having the highest rate and peaking in 2018.

Crime

Crimes are organized under three broad categories: Category 1 crimes are the most serious, such as violent or sexual crimes. Category 2 are non-violent and petty crimes, such as theft or pickpocketing. Category 3 crime are those that have not directly affected a participant; an example might be a participant witnessing a robbery on their street or being present when another participant is assaulted.

Slightly over a third (36%) fell into most serious category (Category 1). The majority (60%) were minor crimes (Category 2). Category 3 crimes constituted only 4% of reported crimes. (Graph 20)

Graph 20
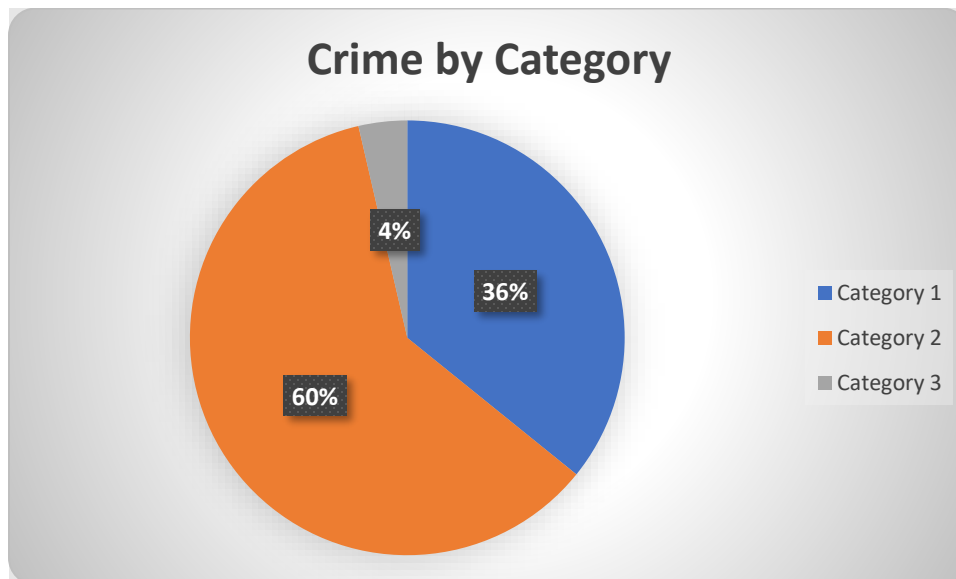
While any amount of crime targeting students is troubling, the number of students who reported being crime victims was quite low. Well less than 2% of students reported being victims of any crime and less than 1% reported being victims of a serious crime. (Graph 21)
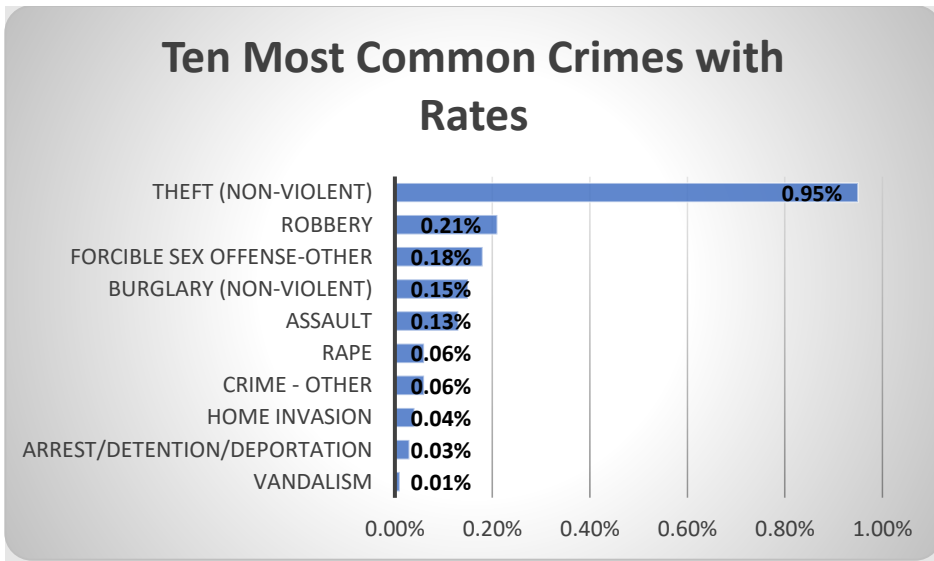
We record cases as theft when something is taken without the use of force or intimidation. Theft was by far the most common crime recorded, comprising over half (52%) of all crime cases. (Graph 22)

Less than 2% of students reported being victims of any crime and less than 1% reported being victims of a serious crime.

Next to theft, the most common crime was robbery. Robbery, which involves theft as well as the use of force or threat, was only about one fifth as common as theft. Robbery constituted 11% of the recorded crimes.

Nearly as common as robbery was another serious crime, forcible sex offense-other. Crimes categorized as "forcible sex offense-other" are any forced sexual interactions that are not rape. These were 10% of recorded crimes.

27

Graph 21

Ten Most Common Crimes with Rates

Crime	Rate
THEFT (NON-VIOLENT)	0.95%
ROBBERY	0.21%
FORCIBLE SEX OFFENSE-OTHER	0.18%
BURGLARY (NON-VIOLENT)	0.15%
ASSAULT	0.13%
RAPE	0.06%
CRIME - OTHER	0.06%
HOME INVASION	0.04%
ARREST/DETENTION/DEPORTATION	0.03%
VANDALISM	0.01%

0.00%   0.20%   0.40%   0.60%   0.80%   1.00%

Graph 22

Ten Most Common Crimes as a Percentage of All Crimes

Crime	Percentage
THEFT (NON-VIOLENT)	52%
ROBBERY	11%
FORCIBLE SEX OFFENSE-OTHER	10%
BURGLARY (NON-VIOLENT)	8%
ASSAULT	7%
CRIME - OTHER	4%
RAPE	3%
HOME INVASION	2%
ARREST/DETENTION/DEPORTATION	2%
VANDALISM	0%

0%   10%   20%   30%   40%   50%   60%

Overall, the crime rate differed only slightly by gender, with the rate below 2% for males and females. At 1.91%, the crime rate experienced by males was slightly higher than the rate for females (1.64%). (Graph 23)

Graph 23

Crime Case Rates by Gender

MALE	1.64%
FEMALE	1.91%

0.00%   0.50%   1.00%   1.50%   2.00%   2.50%
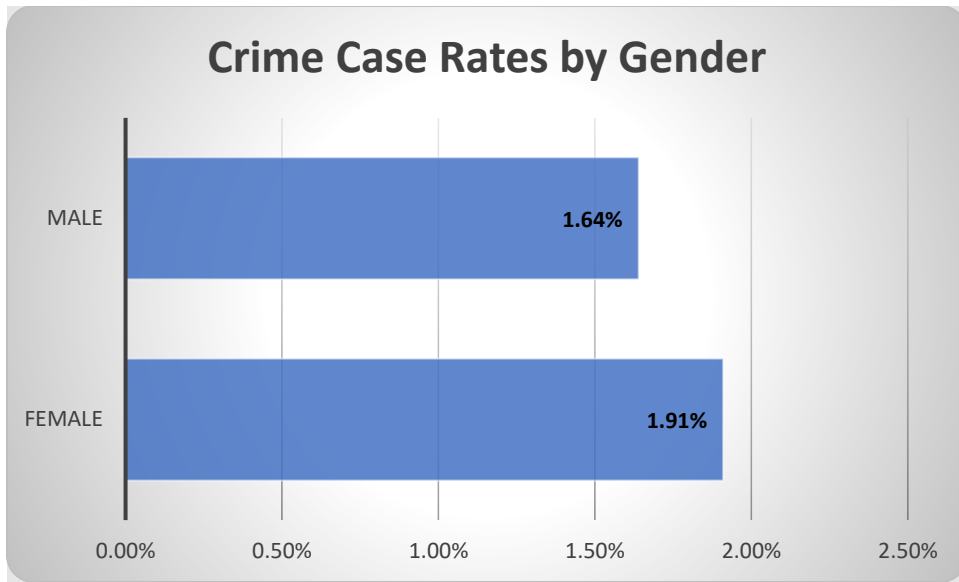
Crime: Sex Offenses, a Deeper Look

The crime reason with the widest disparity between genders was sex offenses. The percentage of sex offense cases with female victims far outweighed those with male victims. Overall, 95% of sex offense victims were female. (Graph 24) The case rate for female victims of sex offenses (.31%) was nearly eight times that of males (.04%). (Graph 25)

*The case rate for female victims of sex offenses was nearly eight times that of males.*

Graph 24

Forcible Sex Offense Victims by Gender

5%

95%

Female
Male

29

Graph 25

Forcible Sex Offense Rate by Gender
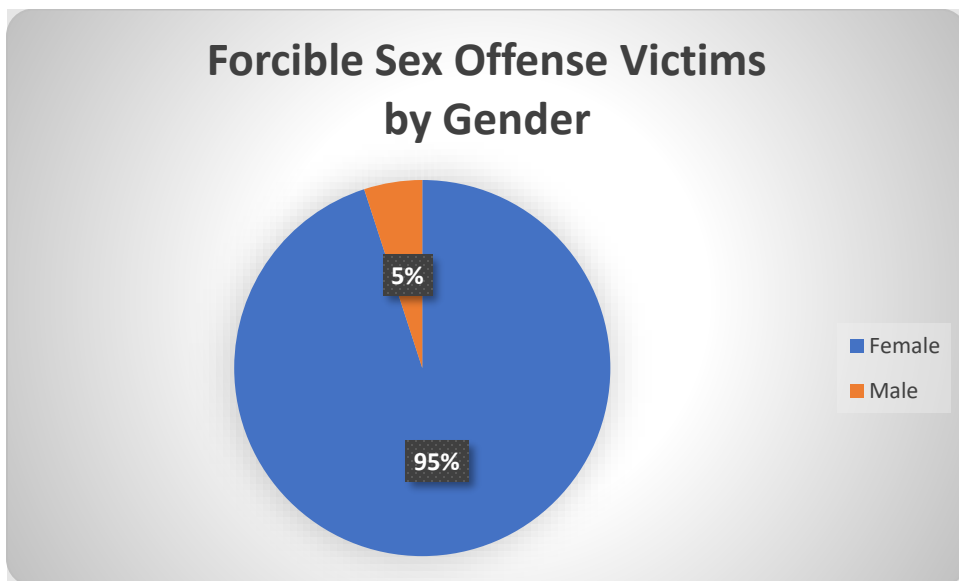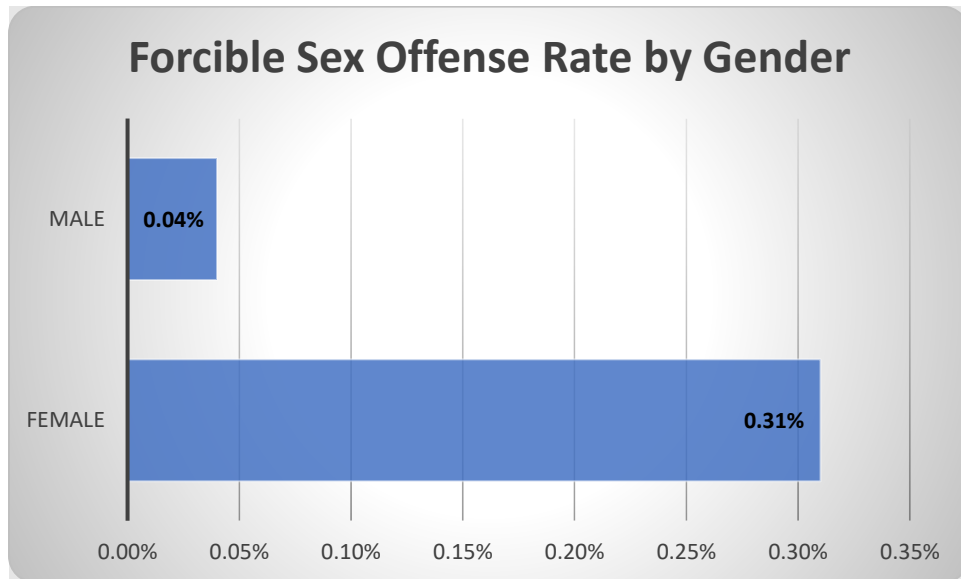
We categorize forcible sex offenses under two broad case reasons: rape and other. Rape is any sex offense that involves any penetration of the vagina, anus, or mouth with any body part or object. "Other" sex offenses involve any forced sexual interaction that is not rape. Some examples of these cases are indecent exposure or unwanted touching. A sizable majority (77%) of forcible sex offense cases fell into the "other" category, while 23% were categorized as rape. (Graph 26)
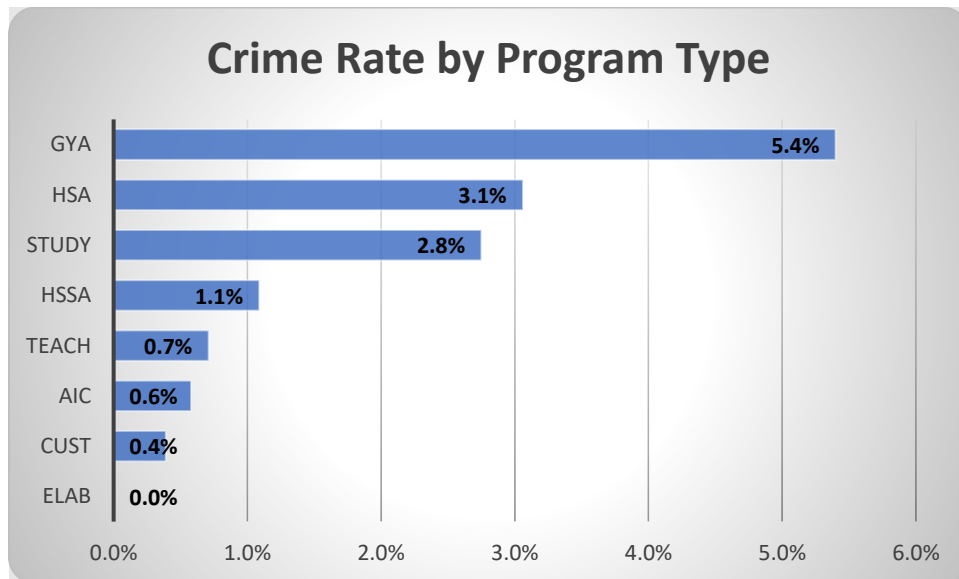
Graph 26

Forcible Sex Offenses Percentages by Reason
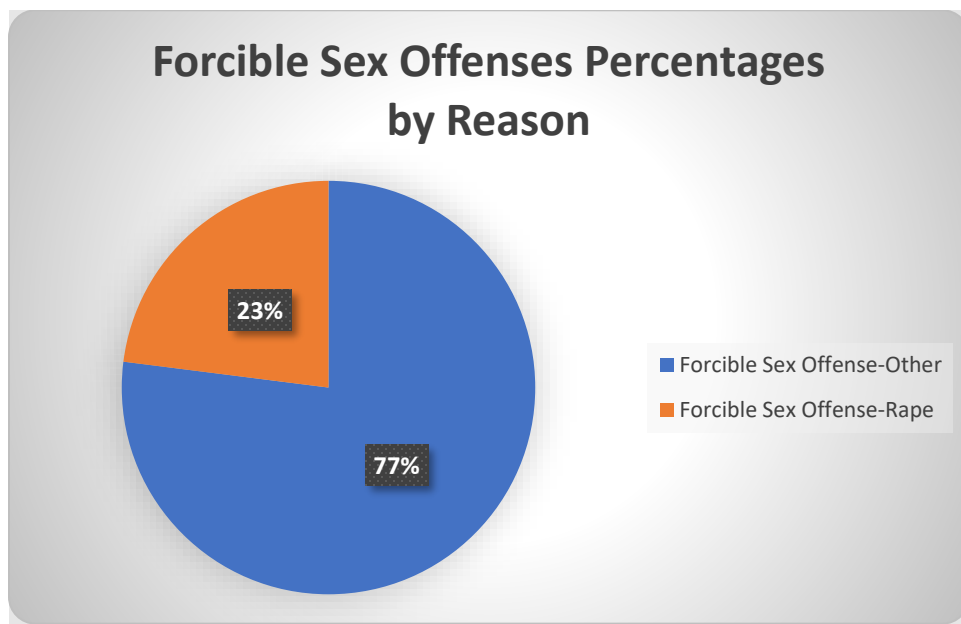
Crime: Crime Cases by Program

GYA had the highest crime case rate at ~5%, compared to just over 3% for HSA and just under 3% for STUDY. (Graph 27) One possible factor in the high rates for GYA and HSA is the distorting effect of the low program numbers, where a small number of cases can significantly impact case rate. Participant age and program length could also be factors. Younger students may be more inclined to report incidents than older participants. Also, GYA and HSA programs are longer than HSSA, which has a similarly aged cohort, but much lower crime rate.

Graph 27

Crime Rate by Program Type

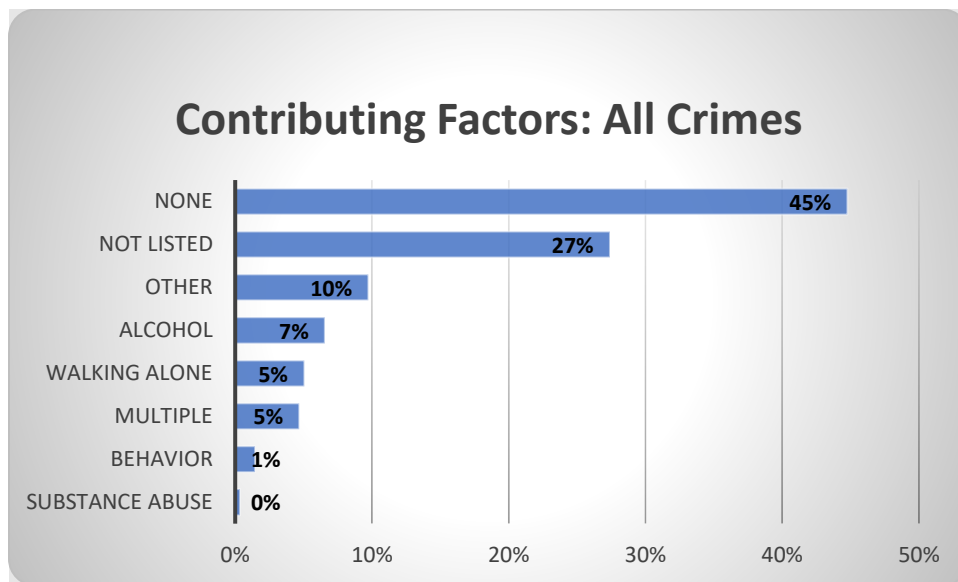| Program	Rate
GYA	5.4%
HSA	3.1%
STUDY	2.8%
HSSA	1.1%
TEACH	0.7%
AIC	0.6%
CUST	0.4%
ELAB	0.0%

Crime: Contributing Factors

Data on contributing factors to crime is somewhat limited. Across total crimes, it was most often directly indicated that there was no contributing factor (45%), or no factor was listed (27%), or the choice of contributing factor was "other" (10%). (Graph 28). Across total crimes, the fourth most common factor recorded was alcohol, which was listed as a contributing factor in 7% of cases.
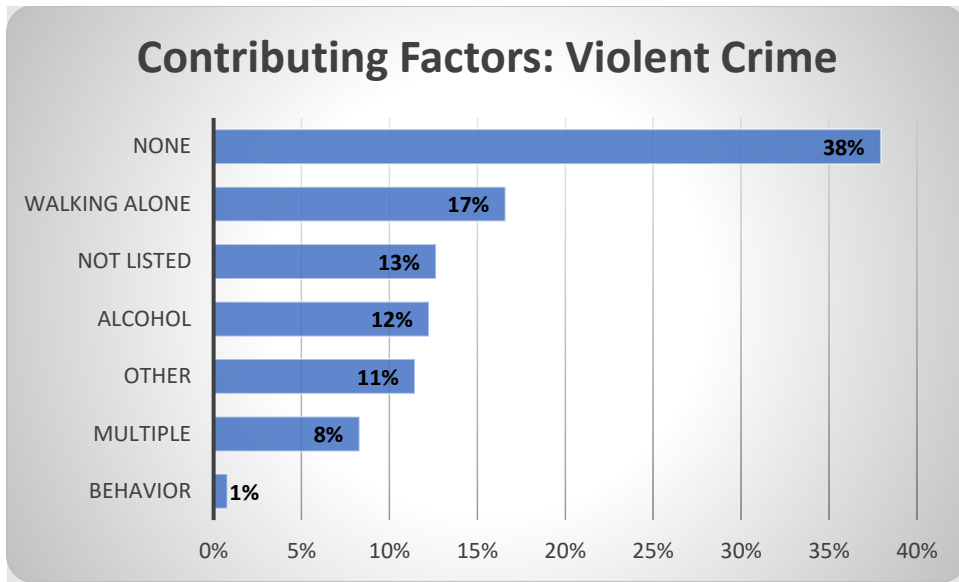
Alcohol was a notable factor in violent crimes and sex offenses, while walking alone was a notable factor in violent crimes.

Graph 28

Contributing Factors: All Crimes

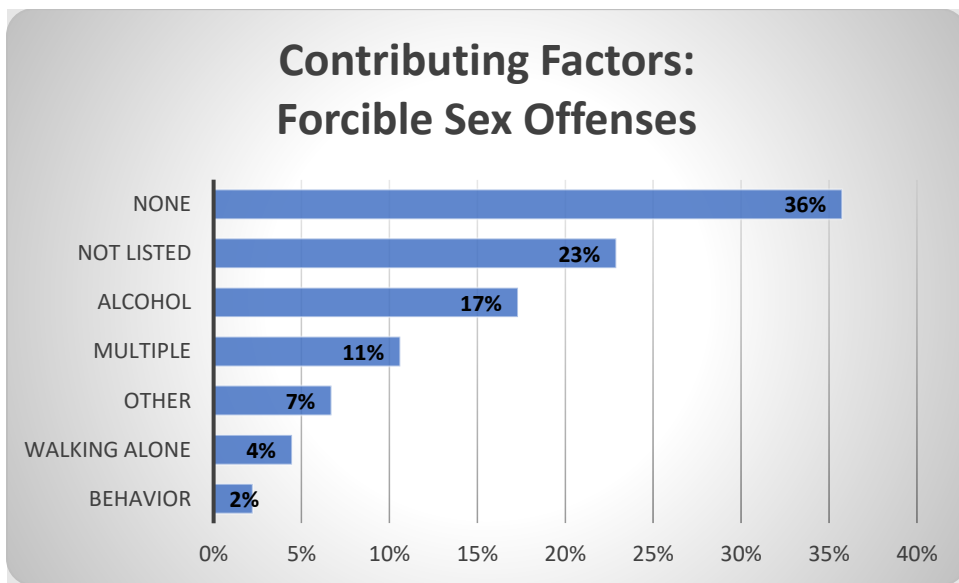| Factor	Percent
NONE	45%
NOT LISTED	27%
OTHER	10%
ALCOHOL	7%
WALKING ALONE	5%
MULTIPLE	5%
BEHAVIOR	1%
SUBSTANCE ABUSE	0%

Alcohol was a notable factor in violent crimes and sex offenses, while walking alone was a notable factor in violent crimes. For violent crimes (robbery, assault), walking alone was indicted as a contributor in 17% of cases, and alcohol in 12%. (Graph 29). For sex offenses, alcohol was a contributing factor in 17% of cases; 11% of sex offenses had multiple factors. (Graph 30).
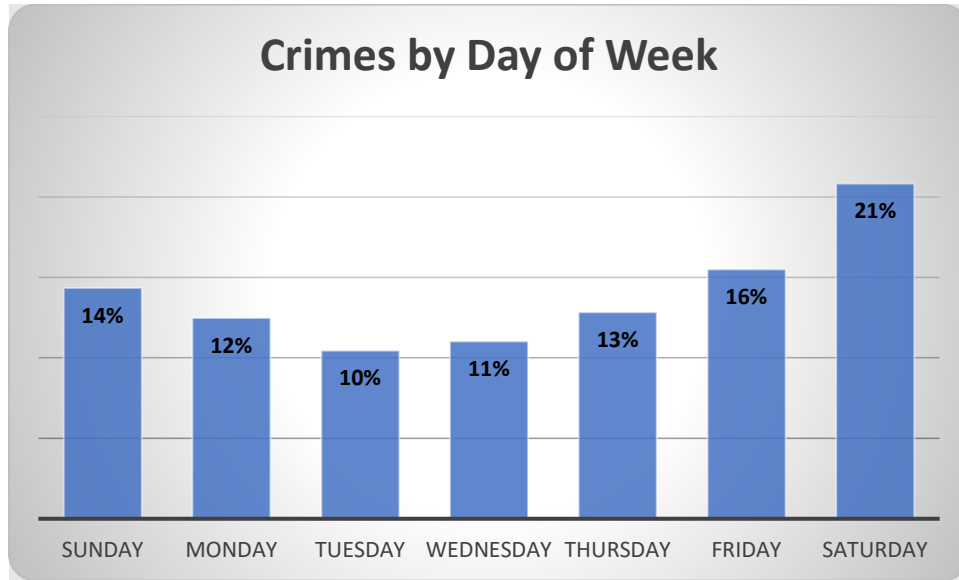
Graph 29

Contributing Factors: Violent Crime

Factor	Percentage
NONE	38%
WALKING ALONE	17%
NOT LISTED	13%
ALCOHOL	12%
OTHER	11%
MULTIPLE	8%
BEHAVIOR	1%

Graph 30

Contributing Factors: Forcible Sex Offenses

Factor	Percentage
NONE	36%
NOT LISTED	23%
ALCOHOL	17%
MULTIPLE	11%
OTHER	7%
WALKING ALONE	4%
BEHAVIOR	2%

Crime: Temporal Factors

Crimes happened throughout the week but most often on the weekends. The largest percentage of crimes took place on Saturday (21%), followed by Friday (16%), and Sunday (14%). The lowest daily share of crimes (10%) was on Tuesdays. (Graph 31)
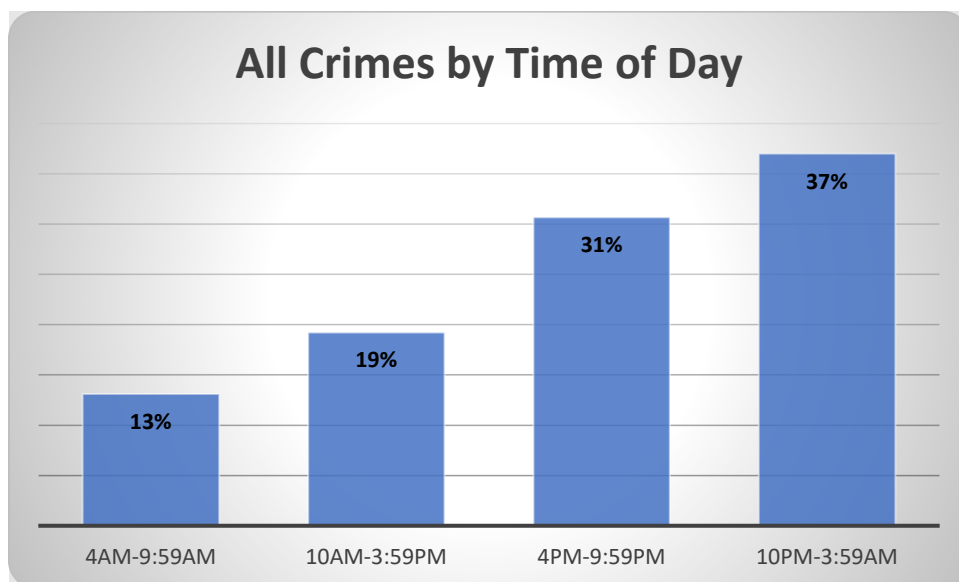
Graph 31

Crimes by Day of Week

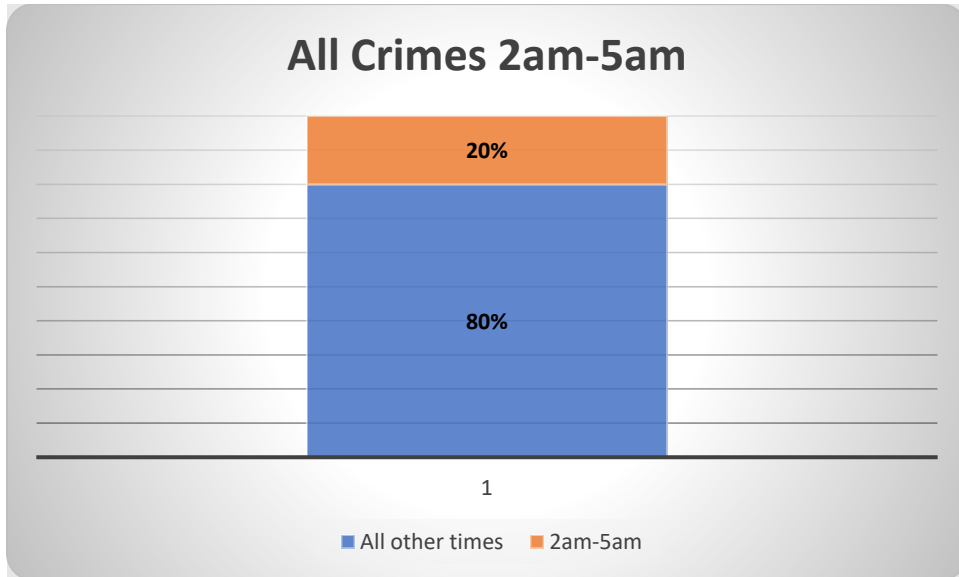| SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
14%	12%	10%	11%	13%	16%	21%

A plurality of crimes (37%) occurred between 10 p.m. and 4 a.m. (Graph 32) In addition, one fifth of total crimes occurred very late at night/early in the morning between 2am and 5am, (Graph 33) suggesting time of day as another contributing factor for some crimes.

The later in the day (especially night from 10pm onward) showed an increase in serious crimes.
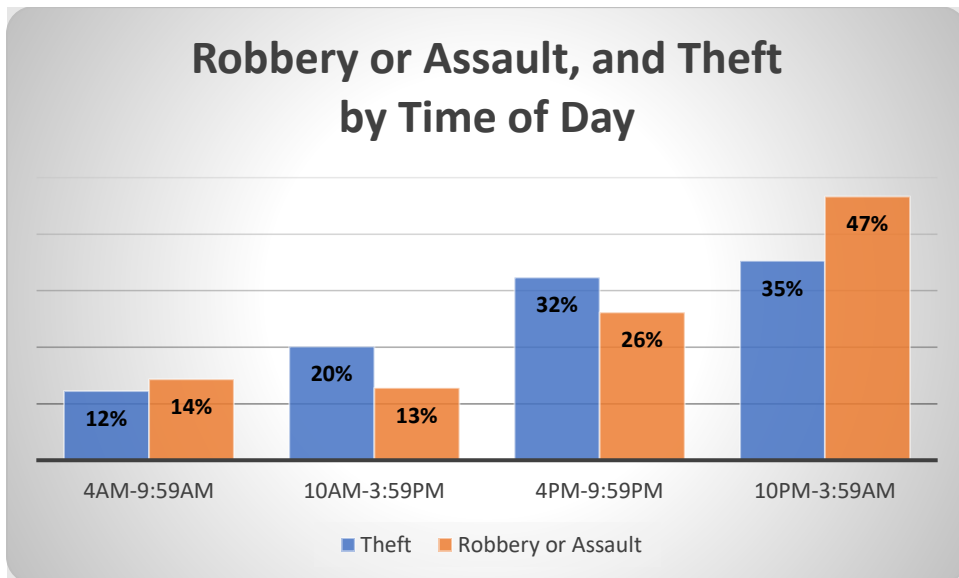
Graph 32

All Crimes by Time of Day

4AM-9:59AM	10AM-3:59PM	4PM-9:59PM	10PM-3:59AM
13%	19%	31%	37%

34

Graph 33

All Crimes 2am-5am

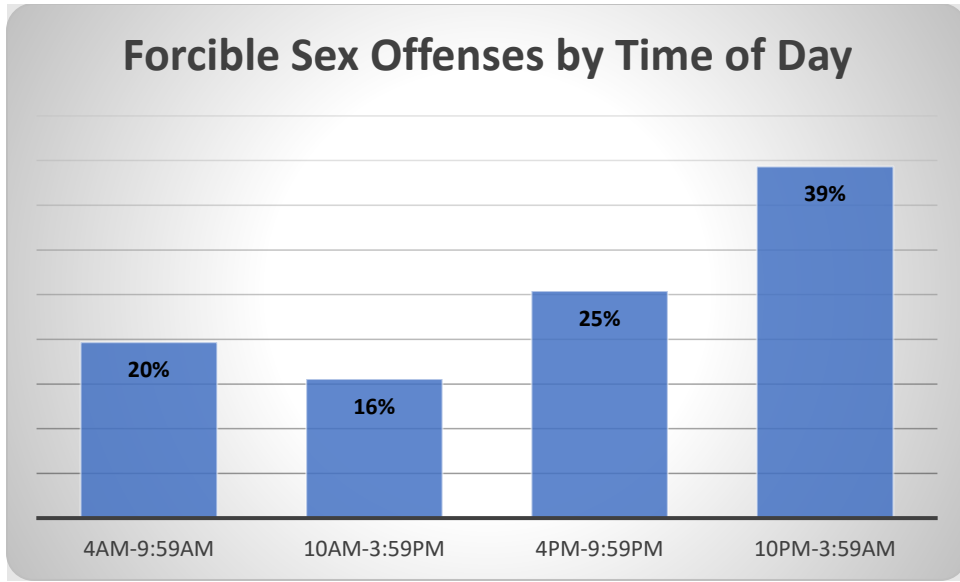|	
20%	
80%	

1

■ All other times ■ 2am-5am

Crimes occurred throughout the day, but some crimes were more likely at certain times. Late at night was an especially risky time for serious crimes. Nearly 50% of robberies and assaults, and just under 40% of forcible sex offenses occurred after 10 p.m. Thefts were only slightly more prevalent after 10 p.m. (35%) than they were from 4-9 p.m. (32%). (Graphs 34,35)

Graph 34

**Robbery or Assault, and Theft
by Time of Day**

4AM-9:59AM	10AM-3:59PM	4PM-9:59PM	10PM-3:59AM
12% 14%	20% 13%	32% 26%	35% 47%

■ Theft ■ Robbery or Assault

Graph 35

Forcible Sex Offenses by Time of Day

4AM-9:59AM	10AM-3:59PM	4PM-9:59PM	10PM-3:59AM
20%	16%	25%	39%

Burglaries skewed earlier in the day than other crimes. About 40% of burglaries occurred between 4 p.m. and 10 p.m. and 30% occurred 10 a.m.- 4 p.m. (Graph 36) The earlier time for burglaries likely stems from the expectation that participants will be away from their residences during those hours.

Graph 36

Burglaries by Time of Day

| 4AM-9:59AM	10AM-3:59PM	4PM-9:59PM	10PM-3:59AM
15%	30%	41%	14%
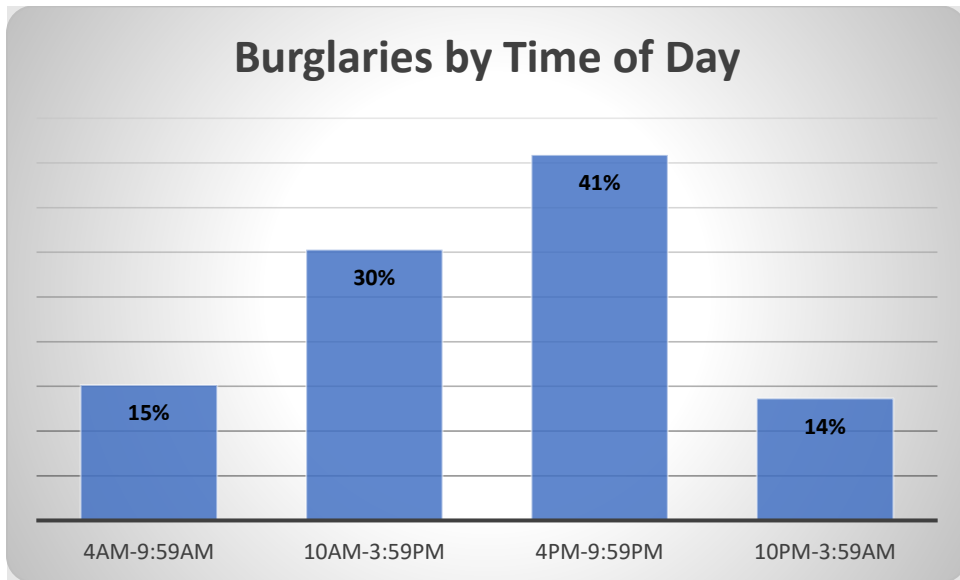
Crime: Location

Location types are broadly organized under establishments, travel, and accommodations. These three categories are further sorted by location detail. Establishments are locations such as bars, restaurants, and stores. Travel is largely associated with locations related to the mode of travel such as on the street (walking), taxis, trains, airports, and bus stations. Examples of accommodations are host family residence, dorms, student housing, and hotels.

In cases where a location type was recorded,[2] crimes happened most often at establishments; 40% of the cases with a location type were establishments. The remaining 60% was split evenly between travel and accommodation-related locations. (Graph 37)

Where specifics were provided for crimes occurring at establishments, most occurred at bars/clubs.
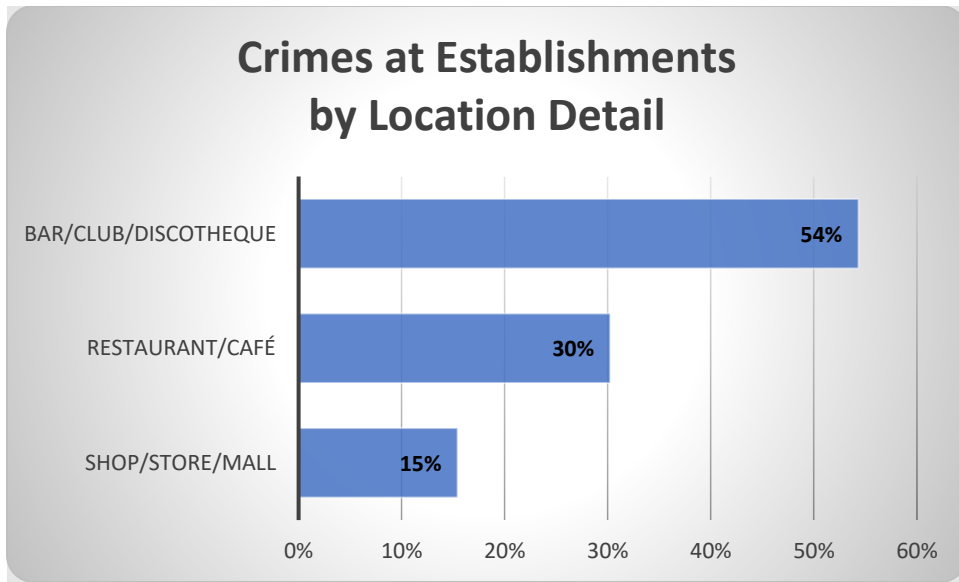
Graph 37
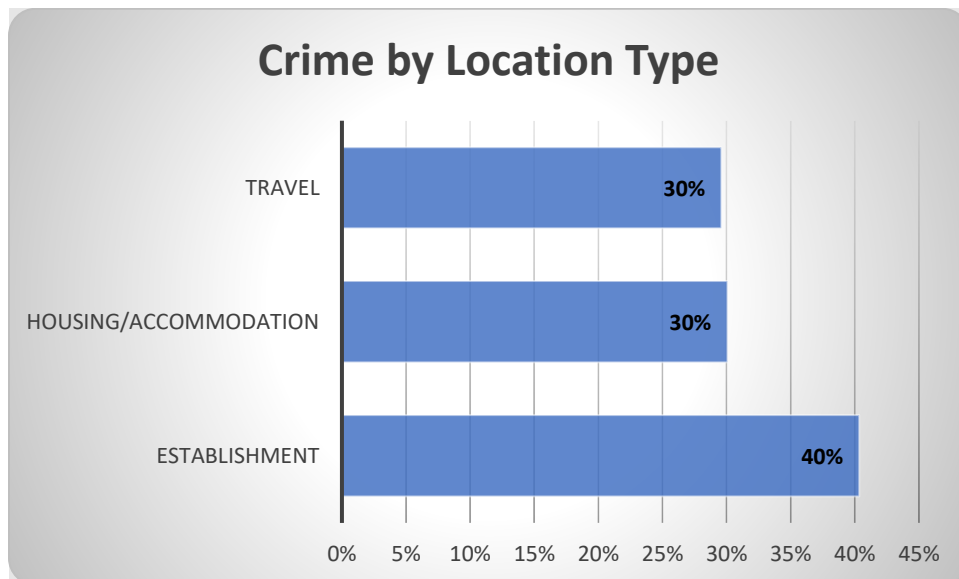
Where specifics were provided for crimes occurring at establishments, most occurred at bars/clubs (54%). The remaining occurred either at restaurants/cafes (30%) or shopping venues (15%). (Graph 38)
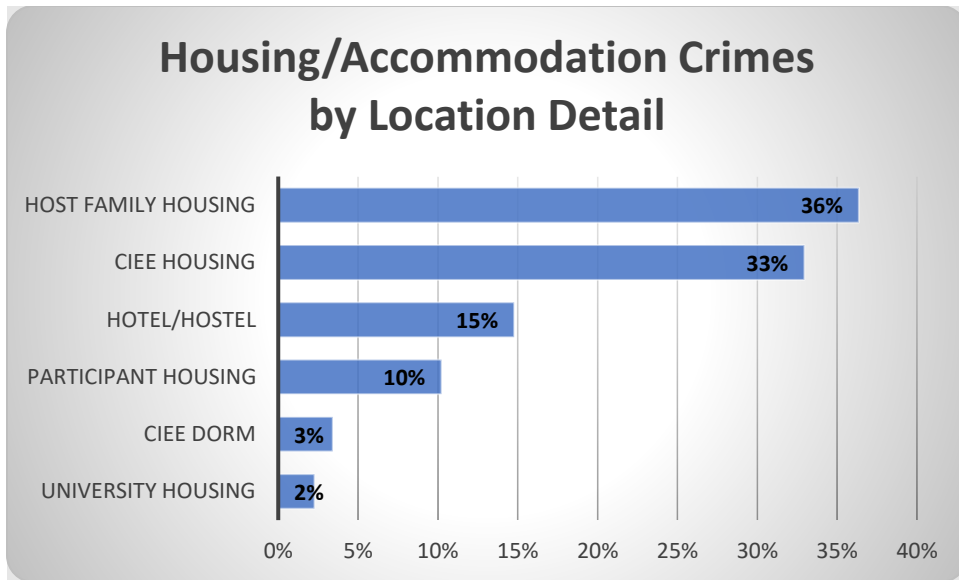
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[2] In 54% of cases, no location type was recorded. In cases with a location detail, 23% were recorded as other/unknown.

Graph 38

Crimes at Establishments
by Location Detail

Location	Percentage
BAR/CLUB/DISCOTHEQUE	54%
RESTAURANT/CAFÉ	30%
SHOP/STORE/MALL	15%

(Bar chart with x-axis from 0% to 60% in 10% increments)

Among crime locations with housing details recorded, the most common location was the host family residence, followed closely by CIEE housing, each with about a third of cases.[3] Less common locations were hotels/hostels (15%) and participant housing (10%). Combined, CIEE dorms and university housing accounted for only 5%. (Graph 39)
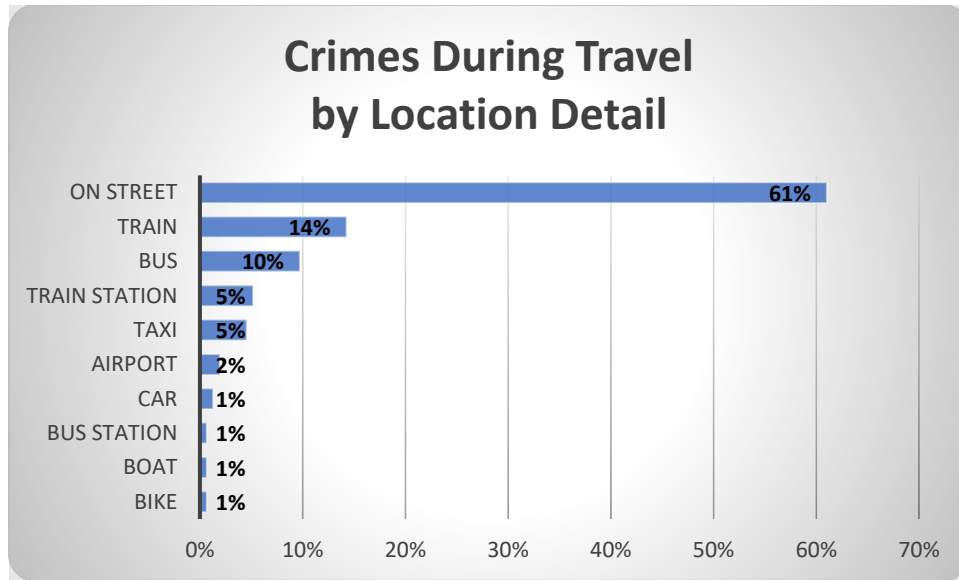
Graph 39

Housing/Accommodation Crimes
by Location Detail

Location	Percentage
HOST FAMILY HOUSING	36%
CIEE HOUSING	33%
HOTEL/HOSTEL	15%
PARTICIPANT HOUSING	10%
CIEE DORM	3%
UNIVERSITY HOUSING	2%

(Bar chart with x-axis from 0% to 40% in 5% increments)

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[3] The predominant form of accommodation is homestays, which likely skews its standing in the rate of crimes occurring there. According to our Salesforce report *Housing with Rooms and* Bookings, the breakdown of housing percentages 2016-2021 was: Homestays 42%, Residence Halls 28%, Apartments 24%, Residence Hotels 5%, Independent Housing 1%.

Among travel-associated crimes specifying locations, 60% occurred on the street. Given how common walking is for participants, it is not surprising that the street constituted such a large share of the location associated with travel crimes. In a distant second were incidents on a train (14%) followed by those on a bus (10%). Train stations and taxis were each indicated in 5% of cases. (Graph 40)

Graph 40

Crimes During Travel by Location Detail

| Location	Percentage
ON STREET	61%
TRAIN	14%
BUS	10%
TRAIN STATION	5%
TAXI	5%
AIRPORT	2%
CAR	1%
BUS STATION	1%
BOAT	1%
BIKE	1%

Crime: Participant Perpetrated Crimes

In about 4% of crime cases, participants were not the victims but the offenders. Males were more than twice as likely as females to appear in cases in which our participants were recorded as the perpetrator. In 70% of student-perpetrated crimes the offender was male vs. 30% for females. (Graph 41)
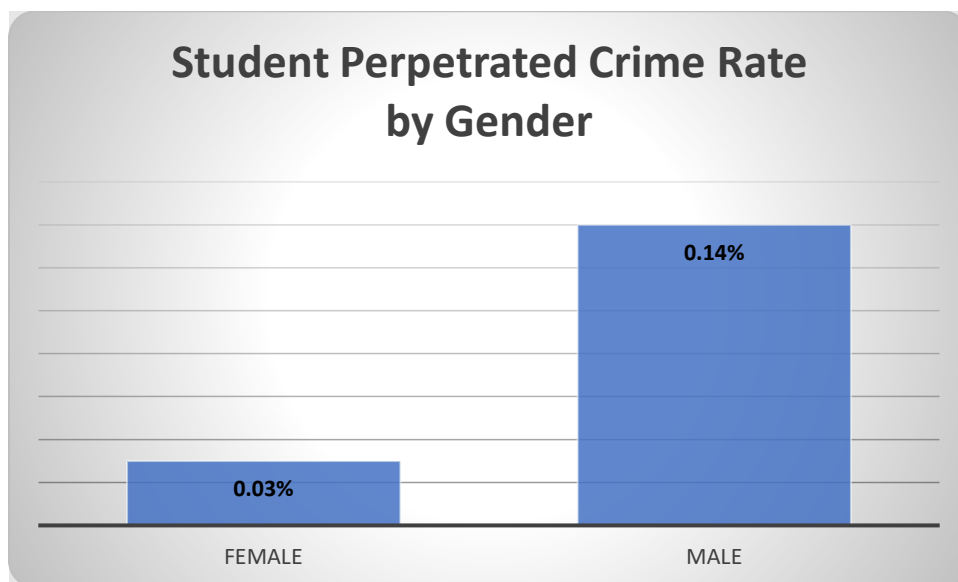
Graph 41

Share of Student Perpetrated Crime by Gender
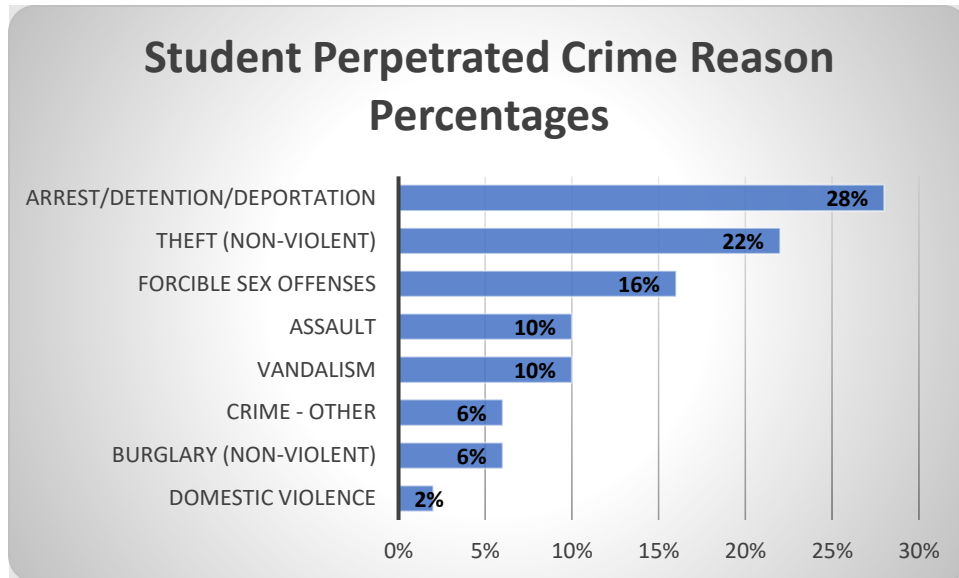
- 30%
- 70%
- Female
- Male
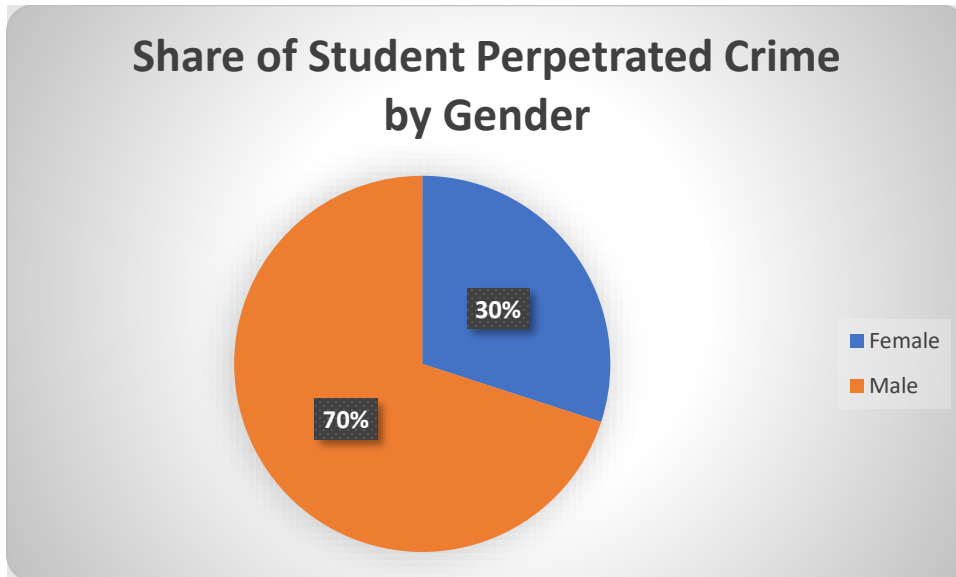
Given the ratio of female to male participants is more than two to one, gender differences are even more pronounced when looking at share of student-perpetrated crime. When gender proportions are factored in, males were four times more likely than females to be the offender in a participant-perpetrated crime. (Graph 42)

Graph 42

Student Perpetrated Crime Rate by Gender

- FEMALE: 0.03%
- MALE: 0.14%

The most common of these cases (28%) were incidents in which participants were either arrested or detained. (Graph 43) Example of related offenses include shoplifting, intoxication, assault, and pot-possession. The second most common student perpetrated case reason was theft (22% of cases) followed by sex offenses (16%).

Graph 43

Student Perpetrated Crime Reason Percentages

| Category	Percentage
ARREST/DETENTION/DEPORTATION	28%
THEFT (NON-VIOLENT)	22%
FORCIBLE SEX OFFENSES	16%
ASSAULT	10%
VANDALISM	10%
CRIME - OTHER	6%
BURGLARY (NON-VIOLENT)	6%
DOMESTIC VIOLENCE	2%

Safety & Security

By far, the most common Safety & Security cases were behavioral issues, which accounted for 57% of all Safety & Security cases. (Graph 44) Behavioral issues vary widely but commonly were associated with partying and related disruptive behavior. Still, alcohol was listed as a contributing factor in only 16% of behavioral cases. (Graph 45)

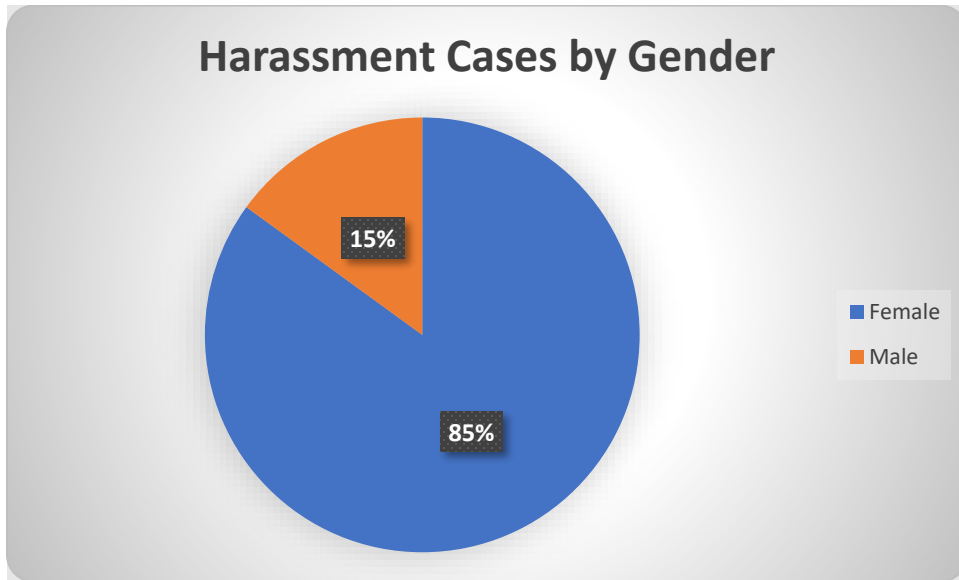*By far, the most common Safety & Security cases were behavioral issues.*

Graph 44

Ten Most Common S&S Cases as a Percentage of All S&S Cases

Graph 45

Behavioral Cases and Alcohol
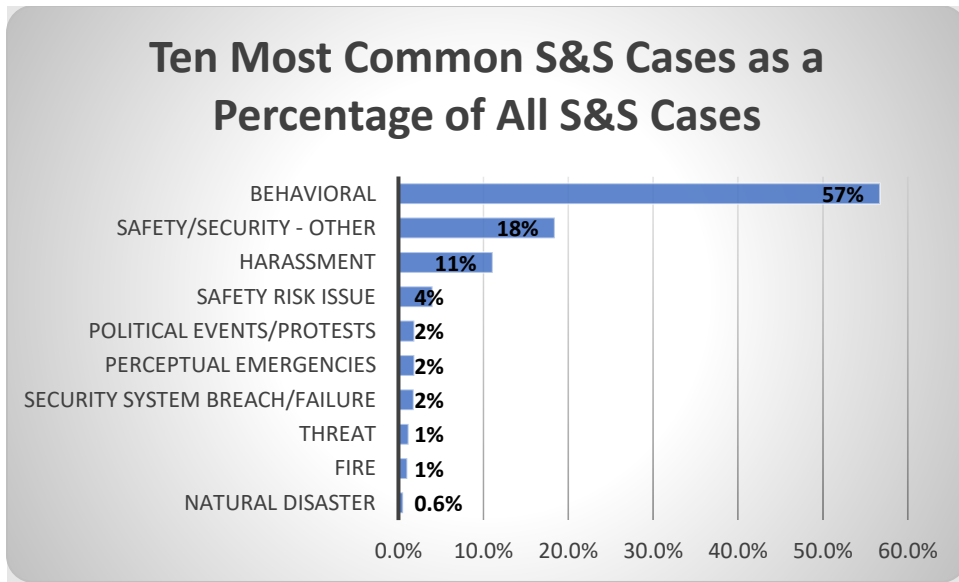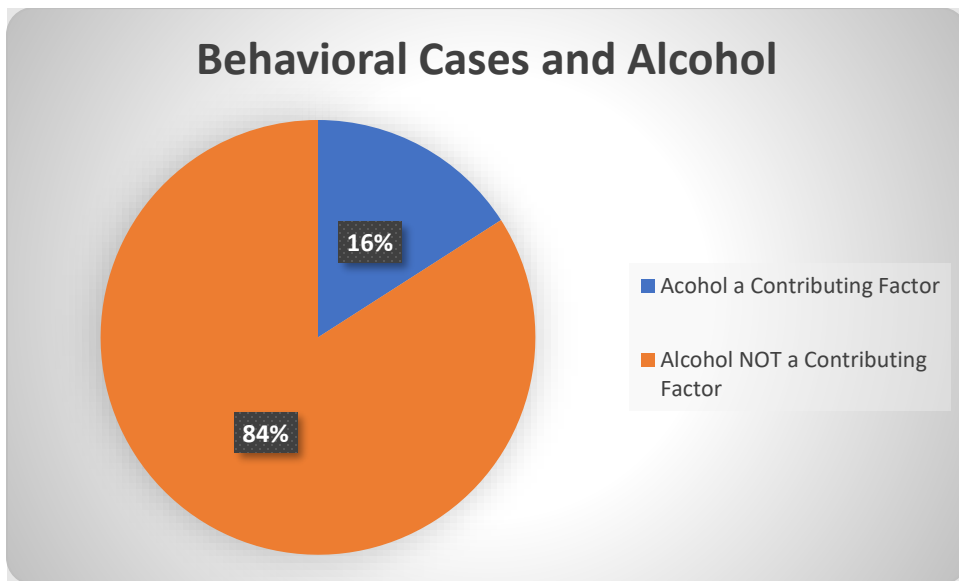
11% of Safety & Security cases involved harassment. (Graph 44) These cases captured incidents deemed to include harassment of any kind. Gender, race, religion, or sexual orientation are some of the factors that may have come into play. Events included participants being followed by strangers; inappropriate comments; cat calls; and unwelcome text messages, emails, and phone calls. By way of example, one case involved an immigration officer texting a student to pursue a date after he had obtained the student's contact information during an airport immigration interview.

In 85% of harassment cases, the harassment targeted females. (Graph 46) Females were more than twice as likely as males to have reported harassment: 0.26% for females vs. 0.10% for males. (Graph 47)

Graph 46

Harassment Cases by Gender

15%

85%

■ Female
■ Male

Graph 47

Rates of Harassment by Gender

0.30%
0.25%
0.20%
0.15%
0.10%
0.05%
0.00%

0.26%

0.10%

Female   Male