## CONTENTS

FOREWORD ................................................................................................................................................... 3

DEFINITIONS AND BACKGROUND ................................................................................................................. 4

  Case Terminology ...................................................................................................................................... 4
  Source Programs ....................................................................................................................................... 5
  Source Locations ....................................................................................................................................... 5

METHODOLOGY ............................................................................................................................................ 6

CIEE Approach to Health, Safety, and Security ............................................................................................. 7

  The Risk Management Model, Our System, & Tools ................................................................................ 7
    Risk Assessment .................................................................................................................................... 7
    Mitigation .............................................................................................................................................. 8
    Response ............................................................................................................................................... 9
    Analysis and Reporting ........................................................................................................................ 11

CIEE DATA ANALYSIS ................................................................................................................................... 12

  Summary of Findings ............................................................................................................................... 12
  Participant Numbers ............................................................................................................................... 13
  Overview of All Cases .............................................................................................................................. 14
  Crime ....................................................................................................................................................... 15
    Contributing and Temporal Factors for Crime .................................................................................... 22
  Health ...................................................................................................................................................... 26
  Safety/Security ........................................................................................................................................ 30
  Cases and Program Type .......................................................................................................................... 31
    Health by Program Type ...................................................................................................................... 31
    Crime by Program Type ....................................................................................................................... 34
  Lifecycle of a Student (Fall 2018) ............................................................................................................ 35
    Health ................................................................................................................................................... 35
    Crime ................................................................................................................................................... 36
    Behavioral Issues .................................................................................................................................. 37
FOREWORD

We’ve heard the polite cautions often. “Oh, you are going to study abroad? Well, be safe.” “If you’re going to [insert location] be careful. It’s dangerous out there.” These are the types of warnings that people give students as they are about to head off on their study abroad adventures. But at the end of the day, how much can that really help? “Be safe” from what? “Be careful” about what?

CIEE’s incident database currently houses data on all reported major and minor health and safety incidents that have occurred over the past three years. Knowing the details of incidents, including where, when, and how often they occur, along with any contributing factors, is extremely valuable in designing mitigations and improving student preparedness. This information has allowed us to direct student safety conversations beyond the generic “be safe” and into the specific, such as “Over the past three years, almost 40% of the over 800 crimes affecting CIEE students occurred after 10:00 at night.”

Contextualizing Actual Risk

Data allows CIEE to look at the actual risks to our students in context. As a result of our three-year data analysis we have seen that over 84 percent of students, on average, do not experience a health, safety, or security incident that warrants reporting during their entire time abroad and the vast majority of reported incidents are minor health-related events, such as a doctor’s appointment or getting a prescription refilled.

On average, only two percent of our students/participants per year experience any type of crime, with most of the crime related to petty theft or pickpocketing. Less than 1% of the incidents relate to violent crime.

Improving Student Preparedness

A challenge in student risk management is providing students with information that makes them aware of actual risks without overwhelming them with details that do little to enhance their actual safety. Detailed, site-specific incident information allows us to inform pre-departure and arrival orientations, advise of appropriate mitigation measures, advise on areas of a city or establishments to avoid, and most importantly, avoid a focus on risks that are perceived as common but are actually unlikely in a particular location.

Early Progress

We’re three years into sharing this information with students. We have seen a 70 percent increase in reporting overall since 2016, indicating that students are willing to report and perhaps that our staff are better prepared to receive reports. This is a good first step in collecting case data to build a base of information that helps us better understand the risk environment and refine our messaging to students.

Because sharing detailed safety information between providers and universities is crucial to improving student safety, CIEE recently created began creating individualized safety reports for its partner institutions. These reports allow universities to provide more detailed information at their internal pre-departure orientations. Plus, the reports enable universities to identify study abroad locations that fit within their institution's risk-tolerance. These custom safety reports can be shared with our partner institutions upon their request.
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 are generally 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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Category</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime</td>
<td>1</td>
<td>Arson, Kidnapping, Forcible Sex Offense-Rape, Forcible Sex Offense-Other, Non-Forcible Sex Offense, Violent Crime-Robbery, Violent Crime-Assault, Home Invasion, Arrest/Detention/Deportation, Criminal Homicide, Motor Vehicle Theft, Hate Crime, Dating Violence, domestic Violence, Stalking</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Theft (non-violent), Burglary (non-violent), Vandalism</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Crime-Other</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td>Death/Dying, Vehicle Accident, Hospitalization, Serious Emotional Distress, Illicit/Dangerous Drug Use</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Physician Visit, Alcohol/Tobacco Issue, Injury (Minor), Illness (Minor), Emotional Distress, Accommodation Health &amp; Welfare Issue</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Epidemics, Health-Other</td>
</tr>
<tr>
<td>Safety/Security</td>
<td>1</td>
<td>Acts of Terrorism - Direct Impact, Missing, Fire</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Threat, Harassment, Behavioral, Safety Risk Issue, Security System Breach/Failure</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Acts of Terrorism-Indirect Impact, Natural Disaster, Strikes, Environmental/Technological Disaster, Political Events/Protests, Epidemics, Perceptual Emergencies, Safety/Security-Other</td>
</tr>
</tbody>
</table>
Source Programs
The program types included in the data are as follows:
2. CUSTOM: Faculty and Custom Programs (FAC)
3. GYA: Gap Year Abroad
4. HSA: High School Abroad semester programs
5. HSSA: High School Summer Abroad
6. STUDY: Study Abroad (university/college-level)
7. TEACH: Teach and TEFL Abroad

Source Locations
Our case data is gathered directly from CIEE Centers located throughout the world. Our Centers are organized into seven administrative regions as follows:

Africa, Middle East, and India (AMEI)
Gaborone, Botswana; Legon, Ghana; Hyderabad, India; Haifa Israel; Amman, Jordan; Rabat Morocco; Dakar, Senegal; Iringa, Tanzania; Sharjah, UAE

Global Institutes Europe and Africa (GIEA)
London, England; Paris, France; Berlin, Germany; Rome, Italy; Cape Town, South Africa; Madrid, Spain

Global Institutes Latin America (GILA)
Buenos Aires, Argentina; Rio de Janeiro, Brazil; Santiago, Chile; Valparaiso, Chile

Latin America (LATAM)
Monteverde, Costa Rica; Havana, Cuba; Santiago, Dominican Republic; Santo Domingo Dominican Republic; Guanajuato, Mexico; Lima Peru

Northern Europe
Brussels, Belgium; Prague, Czech Republic; Budapest, Hungary; Dublin, Ireland; Amsterdam, Netherlands; Warsaw, Poland; Moscow, Russia; St. Petersburg, Russia

Pacific Rim
Perth, Australia; Wollongong, Australia; Beijing, China; Nanjing, China; Shanghai, China; Taipei, Taiwan; Tokyo, Japan; Seoul, South Korea; Khon Kaen, Thailand

Southern Europe
Rennes, France; Toulouse, France; Ferrara, Italy; Lisbon, Portugal; Alicante, Barcelona, Palma de Majorca, and Seville, Spain
METHODOLOGY

In the Fall semester of 2015 the CIEE Health, Safety, & Security (HSS) Team introduced an online cloud-based incident management reporting system for our worldwide staff. This replaced the paper-based reporting system that was previously used to record health and safety incidents. Since the introduction of our online system, CIEE has seen HSS incident reporting increase by over 500%. This annually published health and safety report is based on cases input into the CIEE incident management data (IMD) system from 2016-2018, which now provides three full years of HSS participant data to compare and analyze.

Of note, the analysis presented here reflects only what has been reported and recorded by on-site CIEE staff, and should be viewed as merely a rough depiction of reality through the lens of case data from student reports of incidents made to CIEE on-site Staff. With that as a caveat, this analysis offers observations and snapshots of the incident data for what is most likely a good approximation of the health, safety, and security issues faced by CIEE students from 2016-2018.

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 and may not be counted in the analysis.

While we discovered and corrected some coding errors during the report creation, we likely did not find each-and-every case that may have been miscoded by on-site staff. 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-based 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

- **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.

- **Emergency Planning:** Within the risk assessment portion of each Center’s EAPR 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 review 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 properly and compassionately support sexual assault victims, 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 there is a necessity to contact participants quickly, our ENS system can simultaneously broadcasts 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 on site.

  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 will allow you 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 also 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

- Since 2016, the number of recorded HSS cases has increased by over 1,100 cases (nearly a 70% increase). This is linked to participant growth and changes in reporting practices rather than indicative of a change in the risk environment.

- On average, approximately 2% of students overall reported being victims of crime.

- Petty Theft/Pickpocketing makes up the vast majority of crime in 2018, with other crime reasons falling far behind. Non-Violent Burglary and Robbery were the second and third most reported case reasons respectively.

- Overall, crime impacted males and females at extremely similar rates (around 2% for each).

- Alcohol and Walking Alone, or a combination of both, remain noteworthy contributing factors to crime.

- Unlike some findings for U.S. Campuses, Sexual Assault offenders were much more likely to have been a stranger than someone the victim knew.

- Crimes were most likely to occur late at night (after 10 p.m.), with a disproportionate number occurring very late (between 2 a.m. and 4 a.m.). However, the percentage of late and very late-night crimes has been decreasing over the past three years.

- Unlike most crimes, the prime time for Non-Violent Burglaries was in the late morning/afternoon.

- The number of Emotional Distress cases has nearly tripled over the past three years, while the percentage of students reporting incidents has doubled.

- Emotional Distress rates were highest among those programs serving High School and GAP year students, with GAP Year Abroad having the highest rate.

- Emotional Distress was one of the top 3 Health case reasons cited in every single CIEE Region.

- Programs serving GAP year and High School students stand out for the high percentage of Health cases.

- A health area of significant consequence related to the presence of mold or bedbugs in some housing. Mold made up the majority of “Accommodation Health & Welfare” cases that were recorded. While, these cases generally had relatively minor to no impacts on participants’ actual health and welfare, several cases were extremely disruptive to students and demanding for staff to resolve the situation swiftly.

- Yellow Vest demonstrations were the most notable Safety/Security Event during 2018. Despite the demonstrations’ high profile, the only impact on CIEE students was some temporary disruptions of classes and movement. No students were harmed.
Participant Numbers
In 2018, CIEE had roughly 16,850 participants across six programs. STUDY was by far the largest program, with over half of all participants. (Graph 1) In terms of gender, 68% of participants were female and 32% were male. (Graph 2)

Graph 1

2018 Participants by Program

Graph 2

2018 Participants by Gender
**Overview of All Cases**

Over the past three years (2016-2018), the number of HSS cases has increased dramatically. In 2018, we recorded over 2,800 crime, health, and safety security cases among our roughly 16,850 students, which is an increase of over 1,100 cases, or nearly 70%, since 2016. (Graph 3)

The increased HSS casework has corresponded with the implementation of a case management system coupled with an HSS team emphasis on a comprehensive capture of incidents. The number of reported incidents in 2018 was about 8% more than in 2016, but we had 3,800 more participants. The incident rate increased only about 4% since 2016. (Graph 4).

All this suggests the increase of cases is indicative of improved incident capture and more students rather than a change in the risk level. In response to the increased casework of HSS incidents over the past few years, the HSS Team added another team member in early 2018 in order to maintain adequate response/support levels.

In 2018, roughly one in six students (17%) had recorded cases. When accounting for students with multiple incidents, the overall case rate was about one for every 10 students. This is an increase compared to 2016 when the rate was about one for every 13 students. Again, this is likely indicative of improved incident capture rather than a change in the risk level.
Crime
The overall reporting rate for crime has fluctuated slightly over the past three years. In 2016 the rate was 2.1%. In 2017, it dropped to 1.8%. In 2018 the rate rose slightly to 2%. (Graph 5)

In 2018, 63% of crimes were minor crimes (Category 2), while 37% were more serious crimes (Category 1). We saw very similar distributions in the previous two years. (Graph 6)
The minor crimes included theft, burglary, and a case of vandalism. Theft is when something is taken with no use of force or intimidation. As is typical, theft was by far the most common crime, comprising almost half of all crime cases. Pickpocketing is a typical theft tactic and cell phones are a common target. The next most common crime was burglary. We apply the term burglary to cases involving theft from a residence by a trespasser. Burglaries were far less common than thefts with only about a fourth as many cases. It’s not uncommon to have multiple burglaries at the same time and location, such as a dorm. Often, burglaries occur when students leave their room or apartment unlocked, but they also can be linked to a break-in.

Our more common serious crimes were robbery, assault, and sex offenses. (Graph 7) Robberies and assaults involve any use of force or threat. More often than not, the offenders were unarmed. Of the 63 cases of robbery or assault, 10 involved the use of a knife, and one offender had a gun. In a few cases, while no weapon was used, students suffered minor injuries.

While any amount of crime targeting students is worrying, the number of students who reported being crime victims was low. Only 2% of students reported being victims of any crime and less than 1% report being victims of a serious crime.
Overall, crime affected males and females at similar rates, around 2%. (Graph 8) Broken down by crime reason, the rates for males and female also trended similarly. The crime reason with the widest disparity between genders was sex offenses. (Graph 9) The percentage of forcible sex offense cases with female victims far outweighed those with male victims. In 2018, 97% of sex offense victims were female. There were similar splits in 2016 and 2017. (Graph 10)
We break down forcible sex offenses into 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.

In 2018, a sizable majority (78%) of forcible sex offense cases fell into the “other” category. This is the same as last year and a change from 2016 when 69% of sex offenses were “other.” (Graph 11)
In half of the 2018 cases, the offenders were strangers to the victims. In 20% of cases, the offender was someone they had met that day, and in about 30% of cases the offender was a previous acquaintance. (Graph 12)

Looking back, cumulatively over the past three years (2016-2018), the results were similar. The offender was much more likely to be a stranger than a previous acquaintance or even someone the victim just met. (Graph 13)
These numbers are somewhat surprising when compared to some findings for U.S. campuses. For example, United Educators, in a report examining 305 claims from 104 schools, noted that “90% of Victims Knew the Perpetrator.”¹ Our data indicates that unlike on a U.S. campus, 73% of the perpetrators were either strangers (59%) or someone they met that day (14%).

Another finding that differed from the United Educators report relates to the role of alcohol. In the United Educators findings, 78% of sexual assaults involved alcohol. In our data, alcohol was cited as a known contributing factor in only 17% of reports. (Graph 14) However, it’s worth noting that this is only those cases in which alcohol was cited in the report and noted as a contributing factor.

¹https://www.ue.org/sexual_assault_claims_study/
Graph 14

Sex Offenses w/ Alcohol as a Contributing Factor 2016-2018

- 17% Alcohol a Contributing Factor
- 83% Alcohol NOT a Contributing Factor
Contributing and Temporal Factors for Crime

Contributing Factors

Of crime cases citing a contributing factor in 2018, roughly 20% cited walking alone or alcohol. (Graph 15) Looking back three years, the results are similar. In cases with a recorded contributing factor from 2016-2018, walking alone was cited as a contributing factor in 18% of cases while alcohol was cited in 23%. (Graph 16) While these numbers don’t suggest prevalent problem area, they are areas where messaging that cautions participants against walking alone and overindulging may help and is used.
**Temporal Factors**

Crimes were most likely to occur late at night (after 10 p.m.), with a disproportionate number occurring very late (between 2 a.m. and 4 a.m.). However, the percentage of late and very late-night crimes has been decreasing over the past three years. In 2016, 48% of crimes occurred between 10 p.m. and 4 a.m. compared to 42% in 2017 and 32% in 2018. (Graph 17) The percentage of crimes occurring very late (2am-4am) has also trended downward, from 27% in 2016, to 18% in 2017, and 15% in 2018. (Graph 18)

*While 15% of all crimes occurred in the two hours between 2 a.m. and 4 a.m., the percentage of crimes occurring late night has trended downward since 2016.*
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. Just over 40% of sexual assaults and just over 50% of robberies and assaults occurred after 10 p.m. Thefts were also more likely late at night. While after 10 a.m., thefts were fairly distributed throughout the day, they were slightly more prevalent after 10 p.m. than at other times of the day. (Graph 19, Graph 20)

*Late at night was an especially risky time for serious crimes. Just over 40% of sexual assaults and just over 50% of robberies and assaults occurred after 10 p.m.*
Unlike most crimes, the prime time for burglaries was in the late morning/afternoon. (Graph 21) This timeframe makes sense, as that is when students would most likely be expected to be at class.

2018 Forcible Sex Offenses by Time of Day

Graph 20

2018 Burglary by Time of Day

Graph 21

Unlike most crimes, the prime time for burglaries was in the late morning/afternoon.
Health
There were roughly 2,000 health cases in 2018. Consistently over the past three years, only 6% of health cases were Category 1, which are the more serious health cases such as hospitalization, vehicle accidents, and serious emotional distress. (Graph 22)

The bulk of health cases were minor illness or physician visits, which comprised roughly 70% of all health cases. Following those two reasons, the next most common health case reason was emotional distress. (Graph 23)
The number of emotional distress cases has nearly tripled over the past three years (from 85 to 241). While some of this increase is likely linked to our participant enrollment growth, the issue is also becoming more common among participants. Since 2016, the percentage of participants with emotional distress cases has doubled (from .7% to 1.4% of participants). (Graph 24) Some of this can be attributed to an increased awareness of the issue and changes in coding practices, but even with that, emotional distress cases have become noticeably more prevalent.

Emotional distress cases have an outsized impact on Centers managing the cases. Though emotional distress was recorded for less than 2% of participants, the cases often required substantial attention from staff. This is especially true for serious emotional distress cases, which typically include the risk of self-harm. In 2018 there were 13 cases, up from just one in 2016. (Graph 25)

These cases can have a ripple effect for the larger body of participants. Distressed students may lash out against others in their program, either directly or through social media. Additionally, tending to the needs of a distressed participant limits staff’s ability to assist other participants and 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 and at-risk risk behaviors among participants and guide them toward counseling.
Graph 24

All Emotional Distress Rates 2016-2018

- 2016: 0.7%
- 2017: 0.9%
- 2018: 1.4%

Graph 25

Emotional Distress vs. Serious Emotional Distress Counts 2016-2018

- 2016: Emotional Distress = 84, Serious Emotional Distress = 1
- 2017: Emotional Distress = 123, Serious Emotional Distress = 12
- 2018: Emotional Distress = 228, Serious Emotional Distress = 13
Another health area of significant consequence was *Accommodation Health & Welfare* cases. These are housing issues that were potentially deleterious to participants’ health and wellbeing. The bulk of the cases related either to the presence of mold or bedbugs. Of 102 *Accommodation Health & Welfare* cases, 57 (56%) were mold cases, and 36 (35%) were bedbug cases. (Graph 26)

While many of these cases had relatively minor to no impacts on participants’ actual physical health and welfare, several cases were extremely disruptive to students and staff to resolve swiftly. Students were inconvenienced and stressed by housing maintenance or changes, while staff addressed concerns, managed corrective actions, and arranged for new housing.
Safety/Security

The dominant safety/security issue in 2018 was Europe’s “Yellow Vest” movement and its numerous associated demonstrations. Since the unrest was prevalent in the news, it generated substantial interest and concern among sending schools and parents. While the demonstrations were large, unruly, and sometimes violent, for CIEE students the risk was more perceptual than actual. This is common with such civil unrest. Generally, protests only pose a physical risk to those participating in the event who become involved in clashes. CIEE Centers helped assure that participants steered clear by monitoring demonstration news, warning students of planned protests, and cautioning them to avoid protest locations. Also, since the CIEE contract specifically prohibits students participating in demonstrations, students generally knew to avoid such events. So, despite the abundance of media attention and the scale of the protests, for CIEE students, the only impact of the Yellow Vest protests was some temporary disruptions of classes and movement. No students were harmed. To ease the concerns of schools and loved ones, CIEE Portland regularly posted alerts and updates on the CIEE webpage.

Yellow Vest Protests

Yellow Vest demonstrations began in France in November 2018, initially targeting specific government proposals—most prominently a gasoline tax increase. They soon became a more general protest movement related to range of issues. The movement also spawned protests in other countries such as Belgium and the Netherlands, though these were more limited in scope than those in France.

In December, the protests turned violent, most notably in Paris where large numbers of protesters clashed with riot police. In various locations the unrest included skirmishes with police, vandalism, the use of projectiles, the setting of small fires, and roads blockages. Several people were killed.

In response, French police introduced various methods designed to protect the public, including a substantial increase in security personnel and resources dedicated to managing demonstrations. Demonstrations were still occurring regularly as of year's end. The potential for collateral damage remained, but it and the scope of the demonstrations were diminished from the peaks in December.
Cases and Program Type

Health by Program Type

Programs serving gap year and high school students stand out for the high percentage of health cases. High School Abroad (HSA) students had the highest rate of health cases followed by Gap Year Abroad (≅ 42%-43%), then High School Summer Abroad (≅ 20%). (Graph 27) Age could be a factor here. Younger students may be more inclined to seek medical attention than older students. The roughly 25% difference in rates between Gap Year Abroad (GYA) and High School Abroad and that of High School Summer Abroad (HSSA) could be because the summer programs are much shorter duration than gap year abroad or high school abroad.

Emotional distress rates were highest among those programs serving high school and gap year students, with GYA having the highest rate. (Graph 28) In 2018, GYA’s rate for all emotional distress cases was around 10%, which was over twice the rate for HSA (≅ 5%) and more than three times the rate for HSSA (≅ 3%). Serious emotional distress cases were also highest among the high school and gap students with GYA again having the highest rate (2.6%) followed by HSA (.7%) then HSSA (.3%). (Graph 29)
When viewing total emotional distress cases from 2016 to 2018, the patterns for gap year and high school are similar to 2018. For emotional distress cases in general, and for serious emotional distress cases specifically, GYA had the highest rate followed by HSA, then HSSA. (Graph 30, Graph 31)
Graph 30

All Emotional Distress by Program Type 2016-2018

- GYA: 5.4%
- HSA: 3.9%
- HSSA: 1.7%
- STUDY: 1.3%
- TEACH: 0.2%
- CUST: 0.2%
- AIC: 0.1%

Graph 31

Serious Emotional Distress by Program Type 2016-2018

- GYA: 1.1%
- HSA: 0.8%
- HSSA: 0.2%
- TEACH: 0.1%
- STUDY: 0.1%
- CUST: 0.0%
- AIC: 0.0%
Crime by Program Type
In 2018, across each program except GYA, the percentage of participants affected by crime was $\approx 3\%$ or less. (Graph 32) The rate for GYA was much higher at $\approx 10\%$. GYA also has the highest crime rate when looking across 2016-2018. (Graph 33) This high rate for GYA is possibly because of the distortion caused by the low number of students in the program. In 2018, for example, there were eight cases among only 78 participants.
Lifecyle of a Student (Fall 2018)
For insight into the lifecycle of a student, we chose a cohort with programs beginning during the first 10 start dates of September 2018 that had end dates from December 15-24. The group contained 850 students from Amman, Barcelona, Beijing, Boston, Budapest, Dublin, Ferrara, Lisbon, Moscow, Mumbai, New York, Palma de Mallorca, Paris, Prague, Rabat, Seville, Shanghai, and Warsaw. About 60% of the cohort were either in Barcelona or Prague, so the results are biased toward Europe students in general and those locations particularly. Still, the group may be a good proxy for the larger student body.

The data results here are not intended to be a predictor of future trends, as a look at a similar cohort in 2017 revealed different patterns. Rather, this “lifecycle” is merely a glimpse at how the Fall 2018 semester unfolded for students from a health, safety, and security perspective.

Health
The Fall 2018 cohort experienced health issues early in the program with a peak in a their third to fourth week. Cases dropped after that, drifting downward from week 5 onward. As would be expected, the dominant cases (physician visits and minor illness), largely shaped the curve for all health cases. (Graph 34)

Students reported emotional distress early in the first and second halves of the semester. The cases started high and peaked early, in weeks three and four. There was a steady drop for a month, then a spike in weeks nine and ten before dropping steadily again for the remained of the semester. (Graph 35)
Crime
Crime cases in the cohort spiked after the second week of the semester. They decreased slightly through the next six weeks of the semester before another spike then a steep drop in the final month. (Graph 36)

*In the above, ten of the crimes in week 7-8 were reduced to two cases, as two incidents affecting multiple students accounted for 10 cases of burglary.
Petty theft was the most common crime participants experienced. Indeed, in three of the two-week periods, it was the only recorded crime. (Graph 37) Not surprisingly, participants were most likely to be crime victims going into the weekend, with 44% of crimes occurring on a Friday. (Graph 38)

**Graph 37**

**Fall 2018 Cohort**

**Theft as a % of all Crimes**

**Graph 38**

**Fall 2018 Cohort**

% of Crime by Day of Week

<table>
<thead>
<tr>
<th>Day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>13%</td>
</tr>
<tr>
<td>Monday</td>
<td>3%</td>
</tr>
<tr>
<td>Tuesday</td>
<td>16%</td>
</tr>
<tr>
<td>Wednesday</td>
<td>6%</td>
</tr>
<tr>
<td>Thursday</td>
<td>3%</td>
</tr>
<tr>
<td>Friday</td>
<td>44%</td>
</tr>
<tr>
<td>Saturday</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Behavioral Issues**

Participant behavior issues varied but were most commonly associated with partying, with a third of cases directly citing noise complaints in student housing. Behavioral issues skewed later in the semester. They climbed after the first month and became most common during month three before dropping off again in the final weeks of the semester. (Graph 39)
Fall 2018 Cohort Behavioral Issues by Week in Program