

# Sexual Experiences Survey

## Long Form Victimization (SES-LFV) 2007

Respondent's name (optional): Not willing to share

Please answer the following questions as honestly as possible. This first part will ask about your experiences in the past 12 months and since you turned 14 years old.

Statements		How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
1	Someone stared at me in a sexual way or looked at the sexual parts of my body after I had asked them to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Someone made teasing comments of a sexual nature about my body or appearance after I asked them to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Someone sent me sexual or obscene materials such as pictures, jokes, or stories in the mail or over the Internet after I had asked them to stop. <i>Do not include mass mailings or spam.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Someone showed me pornographic pictures when I had not agreed to look at them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Someone made sexual or obscene phone calls to me when I had not agreed to talk with them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Someone watched me while I was undressing, was nude, or was having sex, without my consent.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Someone took photos or videotapes of me when I was undressing, was nude, or was having sex, without my consent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Someone showed me the private areas of their body (ex. butt, penis, or breasts) without my consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Someone made sexual motions to me, such as grabbing their crotch, pretending to masturbate, or imitating oral sex without my consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Someone masturbated in front of me without my consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The next set of questions refers to different sexual experiences that you might have had. Each question appears in bold type. After each question, you will see statements labeled a through m. For each statement you are asked to indicate how many times that has occurred during the past 12 months. Then select a number to indicate how many times you have had that experience going back to your 14th birthday.

If several experiences occurred on the same occasion, you would check boxes for both. For example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and h.

11	Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent ( <i>but did not attempt sexual penetration</i> ) by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11	Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent ( <i>but did not attempt sexual penetration</i> ) by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Someone had oral sex with me or made me have oral sex with them without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12	Someone had oral sex with me or made me have oral sex with them without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are a male, check this box and skip to item 14									<input checked="" type="checkbox"/>
13	A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14	A man put his penis into my butt, or someone inserted fingers or objects without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15	Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are a male, check this box and skip to item 17									<input type="checkbox"/>
16	Someone TRIED to put fingers, objects (such as a bottle or a candle), or their penis into my vagina but stopped before genital contact after:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



17	Even though it didn't happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Using me when I was asleep or unconscious <b>from drugs</b> and when I came to ( <i>regained consciousness</i> ), I could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Using me sexually after I had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Using me sexually when I was asleep or unconscious <b>from alcohol</b> , and when I came to ( <i>regained consciousness</i> ) I could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring me to drink alcohol until I was too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm me or someone close to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding me down with their body weight, pinning my arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting together with <b>two or more people</b> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you reported one or more experiences described in 13 or 14 please answer the next set of questions.

Statements		How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
18	I woke up several hours later with a sore vagina or anus, and had little or no memory of what had happened.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I am a	<input checked="" type="checkbox"/>	Female			<input type="checkbox"/>	Male		
	and my age is:	Years:		19		Months:		2	
20	Did any of the experiences described in this survey happen to you 1 or more times?	<input checked="" type="checkbox"/>	Female			<input type="checkbox"/>	Male		
	What was the sex of the person or persons who did them to you?								
	<input type="checkbox"/>	Female only	<input checked="" type="checkbox"/>	Male only	<input type="checkbox"/>	Both female and male	<input type="checkbox"/>	I reported no experiences	
21	Have you ever been raped?	<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	No		

## Scoring

### Scoring based on individual items

To estimate the frequency of each type of unwanted sex act and/or the rate of each tactic to compel unwanted sex, calculate the percentage of respondents who respond yes to each choice a through e for each item 1 through 7.

### Ordinal scoring

#### Reporting prevalence by category

To score prevalence of each category, use the following instructions. Note that this set of scoring rules will result in percentages that exceed 100% because respondents could have had more than one type of incident. The procedures for mutually exclusive scoring when the goal is to count people only once according to the most severe act experienced follow this section.

1. Non-victim: reports 0 experiences to all strategies on all items
2. Coercion: any number of times >0 to strategies a or b to any item from 12 through 17
3. Non-contact: any number of times >0 reported for any of the first 10 items
4. Contact: any number of times >0 on strategies c through m for item 11
5. Attempted rape: any number of times >0 to any strategy from c to m on items 15, 16 and 17
6. Rape: any number of times >0 to any strategy from c to m on items 12, 13, and 14

#### Scoring mutually exclusive categories

To create non-redundant scores, use the following instructions to place each person into the category of their most severe experience. These scoring rules result in category percentages that add to 100%.

1. Non-victim: reports 0 experiences to all strategies on all items
2. Coercion: any number of times >0 for strategy a or strategy b for any item from 12 through 17, and reported 0 times to items 1 through 10 and 0 times to strategies c-m on all items from 11 through 17
3. Non-contact: any number of times >0 reported for any of the first 10 items and reports 0 times to all strategies
4. Contact: any number of times >0 reported for strategies c through m on item 11 and 0 times reported for strategies c through m on items 12 through 17, regardless of responses to strategies a and b, and responses to items 1 through 10
5. Attempted rape: any number of times >0 for any strategy from c to m on items 15, 16 and/or 17 and reported 0 times to any strategy c - m on items 11 through 14, regardless of responses to the first 10 items and responses to strategies a and b for on items 12 through 17
6. Rape: any number of times >0 to any strategy from c to m on items 12, 13, and 14, regardless of whatever numbers are reported on the first 10 items and the numbers reported for strategies a and b on items 11 through 17

## References

Koss, M.P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, C., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31, 357-370. <https://doi.org/10.1111/j.1471-6402.2007.00385.x>

Koss, M.P. Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). *The Sexual Experiences Long Form Victimization (SES-LFV)*. [Instrument]. Tucson, AZ: University of Arizona. <https://justiceresearch.dspace.direct.org/items/08c38d3b-3ec6-409b-aa58-71e8d7398986>

## Long Form Perpetration (SES-LFP) 2007

**Respondent's name (optional):** Mark Johnson

Please answer the following questions as honestly as possible. This first part will ask about your experiences in the past 12 months and since you turned 14 years old.

Statements		How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
1	Someone stared at me in a sexual way or looked at the sexual parts of my body after I had asked them to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	I made teasing comments of a sexual nature about someone's body or appearance after they had asked me to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	I sent someone sexual or obscene materials such as pictures, jokes, or stories in the mail or over the Internet, after they had asked me to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	I showed someone pornographic pictures when they had not agreed to look at them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I made sexual or obscene phone calls to someone when they had not agreed to talk with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	I watched someone while they were undressing, were nude, or were having sex, without their consent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I took photos or videotapes of someone while they were undressing, were nude, or were having sex, without their consent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I showed someone the private areas of my body (ex. butt, penis, or breasts) without their consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	I made sexual motions to someone, such as grabbing my crotch, pretending to masturbate, or imitating oral sex without their consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	I masturbated in front of someone without their consent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions refers to different sexual experiences that you might have had. Each question appears in bold type. After each question, you will see statements labeled a through m. For each statement you are asked to indicate how many times that has occurred during the past 12 months. Then select a number to indicate how many times you have had that experience going back to your 14th birthday.

11	<b>I fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast/ chest, crotch or butt) or removed some of their clothes without their consent (<i>but did not attempt sexual penetration</i>) by:</b>	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Giving them a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made them too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11	I fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast/ chest, crotch or butt) or removed some of their clothes without their consent ( <i>but did not attempt sexual penetration</i> ) by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I had oral sex with someone or had someone perform oral sex on me without their consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12	I had oral sex with someone or had someone perform oral sex on me without their consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I put my penis ( <i>men only</i> ) or I put my fingers or objects ( <i>all respondents</i> ) into a woman's vagina without her consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	I put my penis ( <i>men only</i> ) or I put my fingers or objects ( <i>all respondents</i> ) into a woman's vagina without her consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
d	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



14	I put in my penis (men only) or I put my fingers or objects (all respondents) into someone's butt without their consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15	Even though it did not happen, I TRIED to have oral sex with someone or make them have oral sex with me without their consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16	Even though it did not happen, I TRIED put in my penis (men only) or I tried to put my fingers or objects (all respondents) into a woman's vagina without their consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17	Even though it did not happen, I TRIED to put in my penis (men only) or I tried to put my fingers or objects (all respondents) into someone's butt without their consent by:	How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
a	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Finding someone who was asleep or unconscious <b>from drugs</b> , and when they came to ( <i>regained consciousness</i> ), they could not stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Encouraging and pressuring someone to use drugs such as pot, or Valium until they became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated ( <i>out of it</i> ) to consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Finding someone who had taken drugs and was conscious but too incapacitated ( <i>out of it</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Serving someone high alcohol content drinks when they appeared to be regular strength drinks until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Finding someone who was asleep or unconscious <b>from alcohol</b> , and when they came to ( <i>regained consciousness</i> ), they could not give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Encouraging or pressuring someone to drink alcohol until they were too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Finding someone who had been drinking alcohol and was conscious but too intoxicated ( <i>drunk</i> ) to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Threatening to physically harm them or someone close to them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Using force—for example, holding them down with my body weight, pinning their arms, or having a weapon.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Acting as part of a group with <b>two or more people</b> who did these things to them even though they objected or were unable to give consent or stop what was happening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you reported one or more experiences described in 13 or 14 please answer the next set of questions.

Statements		How many times in the past 12 months?				How many times since age 14?			
		0	1	2	3+	0	1	2	3+
18	I am a	<input type="checkbox"/>	Female			<input checked="" type="checkbox"/>	Male		
	and my age is:	Years:		19	Months:		5		
19	Did you do any of the acts described in this survey 1 or more times?	<input type="checkbox"/>	Female			<input checked="" type="checkbox"/>	Male		
	If yes, what was the sex of the person or persons to whom you did them?								
	<input checked="" type="checkbox"/>	Female only	<input type="checkbox"/>	Male only	<input type="checkbox"/>	Both female and male	<input type="checkbox"/>	I reported no experiences	
20	Do you think you may have ever raped someone?	<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	No		

## Scoring

### Scoring based on individual items

To estimate the frequency of each type of unwanted sex act and/or the rate of each tactic to compel unwanted sex, calculate the percentage of respondents who respond yes to each choice a through e for each item 1 through 7.

### Ordinal scoring

#### Reporting prevalence by category

To score the prevalence of each category, use the following instructions. Note that this set of scoring rules will result in percentages that exceed 100% because respondents could have perpetrated more than one type of incident. The procedures for mutually exclusive scoring when the goal is to count people only once according to the most severe act perpetrated follow this section.

1. Non-perpetrator: reports 0 experiences to all strategies on all items
2. Coercion: any number of times >0 to strategies a or b to any item from 12 through 17
3. Non-contact: any number of times >0 reported for any of the first 10 items
4. Contact: any number of times >0 on strategies c through m for item 11
5. Attempted rape: any number of times >0 to any strategy from c to m on items 15, 16 and 17
6. Rape: any number of times >0 to any strategy from c to m on items 12, 13, and 14

#### Scoring mutually exclusive categories

To create non-redundant scores, use the following instructions to place each person into the category of their most severe perpetration. These scoring rules result in category percentages that add to 100%.

1. Non-perpetrator: reports 0 experiences to all strategies on all items
2. Coercion: any number of times >0 for strategy a or strategy b for any item from 12 through 17 and reported 0 times to items 1 through 10 and 0 times to strategies c-m on all items from 11 through 17
3. Non-contact: any number of times >0 reported for any of the first 10 items and reports 0 times to all strategies
4. Contact: any number of times >0 reported for strategies c through m on item 11 and 0 times
5. reported for strategies c through m on items 12 through 17, regardless of responses to strategies a and b, and responses to items 1 through 10
6. Attempted rape: any number of times >0 for any strategy from c to m on items 15, 16 and/or 17 and reported 0 times to any strategy c - m on items 11 through 14, regardless of responses to the first 10 items and responses to strategies a and b for on items 12 through 17
7. Rape: any number of times >0 to any strategy from c to m on items 12, 13, and 14, regardless of whatever numbers are reported on the first 10 items and the numbers reported for strategies a and b on items 11 through 17

## References

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