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APPENDIX A: SEXUAL EXPERIENCES SURVEY SHORT FORM VICTIMIZATION (SES-SFV)

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box (☐) showing the number of times each experience has happened to you. If several experiences occurred on the same occasion—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 c. "The past 12 months" refers to the past year going back from today. "Since age 14" refers to your life starting on your 14th birthday and stopping one year ago from today.

This introduction would be fine for a survey section, but not for the introduction to the entire survey.

In MIT discussions, concerns were raised on asking before age 14: why would the Institute need to know that? Is knowing that any unwanted contact happened before MIT enough to help design education for the campus?

Sexual Experiences	How many times in the past 12 months?				How many times since age 14?			
	0	1	2	3+	0	1	2	3+
1. 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 (but did not attempt sexual penetration) by:								
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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Someone had oral sex with me or made me have oral sex with them without my consent by:								
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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you are a male, check box and skip to item 4 <input type="checkbox"/>								
A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:								
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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A man put his penis into my butt, or someone inserted fingers or objects without my consent by:								
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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MIT collapsed the questions to:

Did you experience any of the following while at MIT? (Yes, once; Yes, more than once; No; Unsure)

- Someone fondled, kissed, or rubbed up against the private areas of my body or removed some of my clothes even though I didn't want to

- Someone TRIED to sexually penetrate me (hover text: someone tried to put a penis or insert fingers or objects into my vagina or anus) even though I didn't want to

- Someone sexually penetrated me (hover text: someone put a penis or inserted fingers or objects into my vagina or anus) even though I didn't want to

- Someone TRIED to perform oral sex on me or make me give them oral sex even though I didn't want to

- Someone performed oral sex on me or made me give them oral sex even though I didn't want to

SHOW IF YES OR UNSURE TO ANY OF THE ABOVE:

Did the person or persons who did one or more of the behaviors listed above do them by... (Yes No Unsure)

Catching you off guard, or ignoring non-verbal cues or looks?

Telling lies, threatening to end the relationship or to spread rumors about you, or verbally pressuring you?

Showing displeasure, criticizing your sexuality or attractiveness, or getting angry?

Taking advantage of you when you were too drunk, high, asleep or out of it?

Threatening to physically harm you or someone close to you?

Using force, or having a weapon?

Other method not described above, please specify:

On another page, asked as checkboxes:

Did you experience any of the following BEFORE you came to MIT? Please check all that apply.

_ Someone fondled, kissed, or rubbed up against the private areas of my body or removed some of my clothes even though I didn't want to

_ Someone TRIED to sexually penetrate me (hover text: someone tried to put a penis or insert fingers or objects into my vagina or anus) even though I didn't want to

_ Someone sexually penetrated me (hover text: someone put a penis or insert fingers or objects into my vagina or anus) even though I didn't want to

_ Someone TRIED to perform oral sex on me or make me give them oral sex even though I didn't want to

_ Someone performed oral sex on me or made me give them oral sex even though I didn't want to

_ Unsure

_ None of the above

with the follow up question on tactics used.

8. I am: Female Male My age is _____ years and _____ months.

9. Did any of the experiences described in this survey happen to you one or more times? Yes
No

What was the sex of the person or persons who did them to you?

- I reported no experiences
 Female only **Sex or gender?**
 Male only **missing**
 Both females and males **transgendered**

10. Have you ever been raped? Yes
No

APPENDIX B: SCORING RULES FOR THE SES-SFV

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

To estimate the frequencies of different types of victimization or perpetration by grouping the items according to levels of severity, use the following rules. This goal can be accomplished two ways. The first results in non-mutually exclusive groups; individual respondents may be represented in multiple categories because a single unwanted act could have involved multiple tactics or different forms of unwanted sex may have occurred as part of one

victimization incident. As a result, the results will exceed 100%.

1. Non-victim: all items checked 0
2. Sexual contact: item 1 checked any number of times on c, d, and e
3. Sexual coercion: any item 2 through 7 checked any number of times > 0 on a or b
4. Attempted rape: items 5, 6, or 7 checked any number of times > 0 to c, d, or e
5. Rape: items 3, 4, and 5 checked any number of times > 0 to c, d, or e

Use the following instructions to create non-redundant scores that place each respondent into a mutually exclusive category based on their most severe experience. This approach will result in percentages that total 100%. If both “since age 14” and “previous year” were measured, the scoring rules must be applied to both sets of responses and summed to create the lifetime prevalence estimate.

1. Nonvictim: all 7 items checked 0 times on a, b, c, d, and e
2. Sexual contact: item 1 checked any number of times > 0 on c, d, and e and no other responses > 0 to any other item 2 through 7
3. Sexual coercion: Any item 2 through 7 checked > 0 times to a or b and all options c through e on items 1 through 7 checked 0 times
4. Attempted rape: items 5, 6, or 7 checked any number of times > 0 to c, d, or e AND items 3, 4, and 5 checked 0 times to c, d, and e regardless of responses to any other items
5. Rape: items 3, 4, and 5 checked any number of times > 0 to c, d, or e regardless of responses to any other items

MIT asked labelled items before the unwanted behavior questions:

Including yourself, do you know anyone who has:

- Been stalked, followed, or received repeated unwanted messages, texts, emails, etc. from someone that made him or her uncomfortable
- Been in a relationship that was controlling or abusive (physically, sexually, psychologically, emotionally, or financially)
- Been sexually harassed (Hover text: Unwelcome sexual advances, requests for sexual favors, and other verbal conduct of a sexual nature when this conduct is made a condition of employment, or resistance to behavior affects employment/ academic decisions, or if conduct creates a hostile environment)
- Been sexually assaulted
- Been raped

Options:

This happened to me AT MIT

This happened to me BEFORE I came to MIT

This happened to someone I know at MIT

This happened to someone I know OUTSIDE of MIT

No

Unsure

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