

**SECTION 1 – INDIVIDUAL ATTITUDES & SOCIAL NORMS**

*You were previously asked about your gender and sexual identity in this survey, and we would like to ask you more specifically about this.*

<p>1. What is your gender identity? (It's okay if this is different than your sex or gender when you were born.) (Check all that apply)</p>	<p><input type="checkbox"/> Man/Boy - cisgender (you identify as a man/boy and your sex/gender assigned at birth was the same)</p> <p><input type="checkbox"/> Woman/Girl - cisgender (you identify as a woman/girl and your sex/gender assigned at birth was the same)</p> <p><input type="checkbox"/> Man/Boy - transgender (you identify as a man/boy and your sex/gender assigned at birth was different)</p> <p><input type="checkbox"/> Woman/Girl - transgender (you identify as a woman/girl and your sex/gender assigned at birth was different)</p> <p><input type="checkbox"/> Non-binary (you do not identify as a man or a woman)</p> <p><input type="checkbox"/> Gender fluid (your gender identity changes and fluctuates over time)</p> <p><input type="checkbox"/> Gender non-conforming/genderqueer (you do not conform to gender norms/your gender exists outside of cisgender frameworks of gender)</p> <p><input type="checkbox"/> Agender (you do not identify with the experience or idea of gender)</p> <p><input type="checkbox"/> Exploring/questioning (you haven't labeled your gender identity)</p> <p><input type="checkbox"/> Prefer to self-describe:</p> <p><input type="checkbox"/> Prefer not to answer</p>	
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<p>2. What is your sexual orientation? (Check all that apply)</p> <p><i>By “sexual orientation” we mean your sexual and emotional attraction to another person.</i></p>	<p><input type="checkbox"/> Straight (you are a man attracted to women, or a woman attracted to men)</p> <p><input type="checkbox"/> Lesbian or Gay (you are attracted to people of the same gender or sex)</p> <p><input type="checkbox"/> Bisexual (you are attracted to people of the same gender or sex and other genders or sexes)</p> <p><input type="checkbox"/> Pansexual (you are attracted to people of all genders and sexes)</p> <p><input type="checkbox"/> Asexual (you experience no or limited sexual attraction)</p> <p><input type="checkbox"/> Demisexual (you are attracted to people who you have a strong emotional connection to)</p> <p><input type="checkbox"/> Queer/LGBQ+ (umbrella term meaning not straight/ LGBQ means lesbian, gay, bisexual, queer +)</p> <p><input type="checkbox"/> Exploring/Questioning (you haven't labeled your sexual orientation)</p> <p><input type="checkbox"/> Prefer to self-describe</p> <p><input type="checkbox"/> Prefer not to answer</p>	
<p><i>The next section and several later sections contain statements about sexual and/or dating violence. We recognize that these questions can be upsetting. Please take your time and step away if you need to. You can choose to skip any question by selecting the response “prefer not to answer”.</i></p> <p><i>The following statements discuss cisgender boys or men and girls or women. We acknowledge that these statements are relevant to other genders as well.</i></p>		
<p>3. Please tell us the extent to which you agree or disagree with this statement: <b>Rape accusations are often used by girls as a way of getting back at guys.</b></p>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Somewhat disagree</p> <p><input type="checkbox"/> Somewhat agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Prefer not to answer</p>	
<p>4. Please tell us the extent to which you agree or disagree with this statement: <b>It is usually</b></p>	<p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Somewhat disagree</p>	

<p><b>only girls who dress suggestively that are raped.</b></p>	<input type="checkbox"/> Somewhat agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Prefer not to answer	
<p>5. Please tell us the extent to which you agree or disagree with this statement: <b>Girls tend to exaggerate how much rape affects them.</b></p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Prefer not to answer	
<p>6. Please tell us the extent to which you agree or disagree with this statement: <b>A lot of girls lead a guy on and then they claim rape.</b></p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Prefer not to answer	
<p>7. Please tell us the extent to which you agree or disagree with this statement: <b>Girls that 'tease' guys deserve anything that might happen to them.</b></p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Prefer not to answer	
<p>8. Please tell us the extent to which you agree or disagree with this statement: <b>When girls are raped, it is often because the way they said 'no' was unclear.</b></p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Prefer not to answer	
<p>9. Please tell us the extent to which you agree or disagree with this statement: <b>A girl who dresses in skimpy clothes is asking for a guy to force her to have sex.</b></p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Prefer not to answer	

*Thank you for answering those questions about sexual violence. We understand that thinking about and answering questions like that can be difficult or upsetting. Ways for you to get support are listed at the end of this survey.*

*The following questions focus on cisgender boys or men doing a behavior. We acknowledge that other genders also do these behaviors and that cisgender boys and men can also be the target of these behaviors.*

*When we use the term "your local community" we mean the people you see and interact with in-person on a regular basis (for example, people from your neighborhood, your family, your friends, your church, or other groups of people you spend time with in-person).*

**If peers (meaning people around your age) in your local community saw or heard of a boy or man they know doing the following behaviors, how likely would they be to say or do something to try to stop it?**

10. If peers in your local community saw or heard a boy or man they know... <b>Telling sexual jokes that disrespect women and girls</b>	They would be...  <input type="checkbox"/> Very unlikely to do or say something <input type="checkbox"/> Unlikely to do or say something <input type="checkbox"/> Likely to do or say something <input type="checkbox"/> Very likely to do or say something <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer	
11. If peers in your local community saw or heard a boy or man they know... <b>Telling sexual jokes that disrespect LGBTQ+ people</b>	They would be...  <input type="checkbox"/> Very unlikely to do or say something <input type="checkbox"/> Unlikely to do or say something <input type="checkbox"/> Likely to do or say something <input type="checkbox"/> Very likely to do or say something <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer	
12. If peers in your local community saw or heard a boy or man they know... <b>Doing unwelcome or uninvited sexual things toward a person (or group of people), such as "cat-calling", whistling, making sexual gestures, or touching</b>	They would be...  <input type="checkbox"/> Very unlikely to do or say something <input type="checkbox"/> Unlikely to do or say something <input type="checkbox"/> Likely to do or say something	

	<input type="checkbox"/> Very likely to do or say something <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer	
13. If peers in your local community saw or heard a boy or man they know... <b>Showing other people either sexual messages from a romantic partner or showing them naked/sexual pictures of a romantic partner</b>  <i>When we use the term “romantic partner” in this survey we mean a boyfriend, girlfriend, or someone you consider to be “more than just a friend” (i.e., someone you’ve gone out with or had a sexual relationship with, or a “friend with benefits”).</i>	They would be...  <input type="checkbox"/> Very unlikely to do or say something <input type="checkbox"/> Unlikely to do or say something <input type="checkbox"/> Likely to do or say something <input type="checkbox"/> Very likely to do or say something <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer	
<b>Please tell us the extent to which you agree or disagree with the following statements about people in your local community.</b>		
14. People in my local community work together to reduce sexual and/or dating violence.	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
15. People in my local community talk to each other about how to reduce sexual and/or dating violence.	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
16. People in my local community volunteer to help reduce sexual and/or dating violence.	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
<b>SECTION 2 - VIOLENCE PREVENTION</b>		

*Thank you for answering those questions about your local community. The next section contains specific questions regarding your own experiences with sexual violence and dating violence. As a reminder, the information you share with us is anonymous and confidential; it cannot be traced back to you.*

*We recognize that these questions are personal and can be upsetting. If at any point you do not feel comfortable continuing, that is okay. Please take your time and step away if you need to. You can choose to skip any question by selecting the response “prefer not to answer”.*

*When we use the term “dating/romantic partner” in this survey we mean a boyfriend, girlfriend, or someone you consider to be “more than just a friend” (i.e., someone you’ve gone out with or had a sexual relationship with, or a “friend with benefits”).*

**In the past 12 months, did the following ever happen to you online, over text, or through social media?**

1. Someone pressured you to send a sexual or naked photo of yourself to them.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
2. Someone pressured you to have sex or do something sexual when you didn’t want to.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
<b>In the past 12 months, did the following ever happen to you?</b>		
3. Someone touched, grabbed, or pinched you or grabbed your clothing in a sexual way when you didn’t want them to.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
4. Someone pressured you or made you have sex or do something sexual when you didn’t want to.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer

<b>SKIP PATTERN:</b> Receive this module if the participant selected any gender other than “male cisgender” or “female cisgender” options OR selected any sexual identity other than “straight”.		
5. Someone threatened to tell people at school, your family, or others about your sexual orientation or gender identity.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
6. Someone forced you to participate in particular sexual behaviors to prove your gender or sexual identity was ‘real’.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
7. Someone called you disrespectful or offensive names that have to do with your LGBTQ+ identity.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
<b>SKIP PATTERN:</b> Receive this module if the participant selected any other gender other than “male cisgender” or “female cisgender” options.		
8. Someone forced or pressured you into doing something that did not agree with your gender identity, such as pressuring you to use a bathroom that did not align with your gender identity, or pressuring you to change your gender presentation.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
9. Someone hid or destroyed your hormones, prosthetics, chest binders, clothing, etc., or other item related to your gender transition or presentation	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered ‘yes’) The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer

10. Someone tried to touch you, or did touch you, to try to 'figure out' your gender	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	(IF answered 'yes') The person who did this was/is (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
<b>In the past 12 months, did a dating/romantic partner do any of the following to you?</b>		
11. Physically hurt you (like shoving, grabbing, slapping, punching, choking) or threatened to hurt you.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	
12. Told you not to talk to certain people, or told you who you could and couldn't hang out with.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	
<b>SKIP PATTERN:</b> Receive this module if the participant selected any gender other than "male cisgender" or "female cisgender" options OR selected any sexual identity other than "straight".		
13. Prevented you from seeking support from other people within the LGBTQ+ community.	<input type="checkbox"/> Yes, this happened in the past 12 months <input type="checkbox"/> Yes, this happened but not in the past 12 months <input type="checkbox"/> No, this has never happened <input type="checkbox"/> Prefer not to answer	
<i>The next set of questions are about behaviors you may have done. As a reminder, the information you share with us is anonymous and confidential; it cannot be traced back to you.</i>		
<b>In the past 12 months did YOU:</b>		
14. Ask someone online, through a text, or through social media to send a sexual or naked photo of themselves after they said they didn't want to do that?	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months <input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	(IF answered 'yes') I did this to (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
15. Touch, grab, or pinch someone or grab their clothing in a sexual way after they said they didn't want you to do that?	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months	(IF answered 'yes') I did this to (Check all that apply): <input type="checkbox"/> A dating/romantic partner



	<input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer
<b>In the past 12 months, did YOU do any of the following in-person or online:</b>		
16. Show friends pictures of someone you know naked or doing something sexual?	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months <input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	(IF answered 'yes') The picture I showed was of (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else that I know <input type="checkbox"/> Prefer not to answer  I did this (Check all that apply): <input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Prefer not to answer
17. Convince someone to have sex or do something sexual, after they said they didn't want to do that?	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months <input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	(IF answered 'yes') I did this to (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer  I did this (Check all that apply): <input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Prefer not to answer
18. Make someone have sex or do something sexual when they didn't want to?	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months <input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	(IF answered 'yes') I did this to (Check all that apply): <input type="checkbox"/> A dating/romantic partner <input type="checkbox"/> Someone else <input type="checkbox"/> Prefer not to answer  I did this (Check all that apply): <input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Prefer not to answer
<b>In the past 12 months, did YOU do any of the following to a dating/romantic partner?</b>		

19. Physically hurt them (like shoving, grabbing, slapping, punching, choking), or threatened to hurt them.	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months <input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	
20. Told them not to talk to certain people or told them who they could and couldn't hang out with.	<input type="checkbox"/> Yes, I did this in the past 12 months <input type="checkbox"/> Yes, I have done this but not in the past 12 months <input type="checkbox"/> No, I have never done this <input type="checkbox"/> Prefer not to answer	
<p><i>Thank you for answering those questions about sexual violence. We understand that thinking about and answering questions like that can be difficult or upsetting. Resources that are available to support you are listed at the end of this survey.</i></p>		

**Thank you for your responses to this section of the survey.**

**This survey included questions on experiences of sexual violence and dating violence which may have caused you to feel discomfort. If you feel like you need help or someone to talk to after taking this survey, please use the following resources:**

1. **National Sexual Assault Hotline with confidential 24/7 support via online chat** at <https://hotline.rainn.org/online> or via phone at 1-800-656-4673
2. **Additional resources are available at** <https://www.rainn.org/resources>
3. **Information on LGBTQ+ Survivors of Sexual Violence:**  
<https://rainn.org/articles/lgbtq-survivors-sexual-violence>

**These resources are offered by RAINN (Rape, Abuse, & Incest National Network. RAINN is the nation's largest anti-sexual violence organization. Services are provided in partnership with local sexual assault service providers. RAINN can connect you to a provider near you.**

**Sexual assault service providers have highly trained staff that can offer assistance in moments of crisis as well as resources for ongoing support related to sexual violence. Their services are usually free or low cost. They can offer information and resources, including:**

- Individual counseling
- Group counseling/support groups
- Medical attention and hospital accompaniment
- Legal/criminal justice system advocacy
- Crime victim assistance advocacy
- Community education
- Professional education
- Casework/practical assistance
- Emergency shelter

**Additional support resources for LGBTQ+ young people are also available:**

- **The Trevor Project – Call 24/7/365 to the TrevorLifeline (1-866-488-7386) or text START to 678-678**

- **Guide for Trans Survivors of Violence:**  
<https://forge-forward.org/resource/self-help-guide-for-trans-survivors/>