# Sexual Encounters Questionnaire (SEQ) v5

The following is a list of questions asking about experiences of specific sexual encounters you may have had in your life. Your answers to these questions will help us understand how often they happen. Some of the questions may be very explicit and confronting in their wording. If you find yourself getting upset at any point, please take a couple of minutes break from the questions before resuming. The information you provide today is anonymous.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 1 | 1A | How many times in your lifetime has someone, without your consent or permission: **spied on you, taken photos, or recorded a video of you** **for their own sexual gratification** | 0**[SKIP TO 2]** | 1 | 2-5 | 6-9 | 10+ |
| 1B | How old were you the **first time**? | Under 5 | 5-8 | 9-13 | 14-17 | 18+ |
| *The following questions relate to the* ***most recent time this occurred:*** | TICK BELOW |  |  |  |  |
| 1C | When did this happen? |  |  |  |  |  |
| Within the last 12 months |  |  |  |  |  |
|  More than 12 months ago |  |  |  |  |  |
| 1D | What was the gender of the person(s) who did this? |  |  |  |  |  |
|  Man |  |  |  |  |  |
|  Woman |  |  |  |  |  |
|  Multiple Men |  |  |  |  |  |
|  Multiple Women |  |  |  |  |  |
|  Men and Women |  |  |  |  |  |
|  Please State: |  |  |  |  |  |
|  Prefer not to State |  |  |  |  |  |
| 1E | What was your connection to this person(s)? |  |  |  |  |  |
|  I did not know this person |  |  |  |  |  |
|  Partner |  |  |  |  |  |
|  Family member |  |  |  |  |  |
|  Friend |  |  |  |  |  |
|  Work colleague |  |  |  |  |  |
|  Professional (e.g., pastor/priest, teacher, community leader) |  |  |  |  |  |
|  Other: (please enter here) |  |  |  |  |  |
| 1F | If you were recorded, was this used as a form of blackmail against you? |  |  |  |  |  |
|  Yes |  |  |  |  |  |
|  No |  |  |  |  |  |
|  |
| 2 | 2A | How many times in your lifetime has any person, without your consent or permission, ever:**Touched or kissed your** genitals, breasts/chest, or bottom, **kissed you on the lips,** or **removed any of your clothes,** or made **you do any of these to another person**(but did not attempt to have sex)? | 0**[SKIP TO 3]** | 1 | 2-5 | 6-9 | 10+ |
| 2B | How old were you the **first time**? | Under 5 | 5-8 | 9-13 | 14-17 | 18+ |
| *The following questions relate to the****most recent time this occurred:*** | TICK BELOW |  |  |  |  |
| 2C | When did this happen? |  |  |  |  |  |
| Within the last 12 months |  |  |  |  |  |
|  More than 12 months ago |  |  |  |  |  |
| 2D | What was the gender of the person(s) who did this? |  |  |  |  |  |
|  Man |  |  |  |  |  |
|  Woman |  |  |  |  |  |
|  Multiple Men |  |  |  |  |  |
|  Multiple Women |  |  |  |  |  |
|  Men and Women |  |  |  |  |  |
|  Please State: |  |  |  |  |  |
|  Prefer not to State |  |  |  |  |  |
| 2E | What was your connection to this person(s)? |  |  |  |  |  |
|  I did not know this person(s) |  |  |  |  |  |
|  Partner |  |  |  |  |  |
|  Family member |  |  |  |  |  |
|  Friend |  |  |  |  |  |
|  Work colleague |  |  |  |  |  |
|  Professional (e.g., pastor, teacher, community leader) |  |  |  |  |  |
|  Other: (please enter here) |  |  |  |  |  |
|  |
| 3 | 3A | How many times in your lifetime has anyone ever, without your consent or permission:Used **verbal pressure** **(e.g., lied, threatened, nagged) to make you have sex** (intercourse, anal, or oral) with them, or another person | 0**[SKIP TO 4]** | 1 | 2-5 | 6-9 | 10+ |
| 3B | How old were you the **first time**? | Under 5 | 5-8 | 9-13 | 14-17 | 18+ |
| *The following questions relate to the****most recent time this occurred:*** | TICK BELOW |  |  |  |  |
| 3C | When did this happen? |  |  |  |  |  |
| Within the last 12 months |  |  |  |  |  |
|  More than 12 months ago |  |  |  |  |  |
| 3D | What was the gender of the person(s) who did this? |  |  |  |  |  |
|  Man |  |  |  |  |  |
|  Woman |  |  |  |  |  |
|  Multiple Men |  |  |  |  |  |
|  Multiple Women |  |  |  |  |  |
|  Men and Women |  |  |  |  |  |
|  Please State: |  |  |  |  |  |
|  Prefer not to State |  |  |  |  |  |
| 3E | What was your connection to this person(s)? |  |  |  |  |  |
|  I did not know this person(s) |  |  |  |  |  |
|  Partner |  |  |  |  |  |
|  Family member |  |  |  |  |  |
|  Friend |  |  |  |  |  |
|  Work colleague |  |  |  |  |  |
|  Professional (e.g., pastor, teacher, community leader) |  |  |  |  |  |
|  Other: (please enter here) |  |  |  |  |  |
| 3F | What type of verbal pressure did they use? |  |  |  |  |  |
|  Threats |  |  |  |  |  |
|  Lies |  |  |  |  |  |
|  Insistence (kept nagging until I gave in) |  |  |  |  |  |
|  Other: |  |  |  |  |  |
| 3G | What kind of sexual act did this encounter involve? |  |  |  |  |  |
|  Intercourse (penetration of a vagina by a penis) |  |  |  |  |  |
|  A penis penetrated my vagina |  |  |  |  |  |
|  I penetrated a vagina with my penis |  |  |  |  |  |
|  Anal sex |  |  |  |  |  |
|  Oral sex |  |  |  |  |  |
|  Other: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 4 | 4A | How many times in your lifetime has anyone, without your consent or permission:**Performed a sexual act on you** (Where you did not actively participate) | 0**[SKIP TO 5]** | 1 | 2-5 | 6-9 | 10+ |
| 4B | How old were you the **first time**? | Under 5 | 5-8 | 9-13 | 14-17 | 18+ |
| *The following questions relate to the****most recent time this occurred:*** | TICK BELOW |  |  |  |  |
| 4C | When did this happen? |  |  |  |  |  |
|  Within the last 12 months |  |  |  |  |  |
|  More than 12 months ago |  |  |  |  |  |
| 4D | What was the gender of the person(s) who did this? |  |  |  |  |  |
|  Man |  |  |  |  |  |
|  Woman |  |  |  |  |  |
|  Multiple Men |  |  |  |  |  |
|  Multiple Women |  |  |  |  |  |
|  Men and Women |  |  |  |  |  |
|  Please State: |  |  |  |  |  |
|  Prefer not to State |  |  |  |  |  |
| 4E | What was your connection to this person(s)? |  |  |  |  |  |
|  I did not know this person(s) |  |  |  |  |  |
|  Partner |  |  |  |  |  |
|  Family member |  |  |  |  |  |
|  Friend |  |  |  |  |  |
|  Work colleague |  |  |  |  |  |
|  Professional (e.g., pastor, teacher, community leader) |  |  |  |  |  |
|  Other: (please enter here) |  |  |  |  |  |
| 4F | Were you fully conscious at the time? |  |  |  |  |  |
|  Yes |  |  |  |  |  |
|  No – I passed out from alcohol consumption  |  |  |  |  |  |
|  No – I passed out from a drug I took voluntarily |  |  |  |  |  |
|  No – I passed out from a drug that forced on me or I didn’t know about (e.g., spiked drink) |  |  |  |  |  |
|  No – I passed out for other reasons (e.g., exhaustion) |  |  |  |  |  |
| 4G | What kind of sexual act did this encounter involve? |  |  |  |  |  |
|  Intercourse (penetration of a vagina by a penis) |  |  |  |  |  |
|  A penis entered my vagina |  |  |  |  |  |
|  I entered a vagina with my penis |  |  |  |  |  |
|  Anal sex |  |  |  |  |  |
|  Oral sex |  |  |  |  |  |
|  The use of an object |  |  |  |  |  |
|  The use of a finger(s) |  |  |  |  |  |
|  Other: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 5 | 5A | How many times during your life has someone, without your consent or permission:Used **physical pressure (e.g., physically forcing you, or the use of a weapon) to make you have sex** (intercourse, anal, or oral)**with any person**? | 0**[SKIP TO 6]** | 1 | 2-5 | 6-9 | 10+ |
| 5B | How old were you the **first time**? | Under 5 | 5-8 | 9-13 | 14-17 | 18+ |
| *The following questions relate to the****most recent time this occurred:*** | TICK BELOW |  |  |  |  |
| 5C | When did this happen? |  |  |  |  |  |
|  Within the last 12 months |  |  |  |  |  |
|  More than 12 months ago |  |  |  |  |  |
| 5D | What was the gender of the person who did this? |  |  |  |  |  |
|  Man |  |  |  |  |  |
|  Woman |  |  |  |  |  |
|  Multiple Men |  |  |  |  |  |
|  Multiple Women |  |  |  |  |  |
|  Men and Women |  |  |  |  |  |
|  Please State: |  |  |  |  |  |
|  Prefer not to State |  |  |  |  |  |
| 5E | What was your connection to this person? |  |  |  |  |  |
|  I did not know this person |  |  |  |  |  |
|  Partner |  |  |  |  |  |
|  Family member |  |  |  |  |  |
|  Friend |  |  |  |  |  |
|  Work colleague |  |  |  |  |  |
|  Professional (e.g., pastor, teacher, community leader) |  |  |  |  |  |
|  Other: (please enter here) |  |  |  |  |  |
| 5F | What kind of sexual act did this encounter involve? |  |  |  |  |  |
|  Intercourse (penetration of a vagina by a penis) |  |  |  |  |  |
|  A penis entered my vagina |  |  |  |  |  |
|  I entered a vagina with my penis |  |  |  |  |  |
|  Anal sex |  |  |  |  |  |
|  Oral sex |  |  |  |  |  |
|  Other: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 6 |  | Have you ever been raped, sexually assaulted, or sexually abused at any point during your lifetime? |  |  |  |  |  |
|  Yes |  |  |  |  |  |
|  No |  |  |  |  |  |
|  I do not know |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Is there anything else you think we should know about any of the experiences you have indicated on this survey? |
|  |
|  |

*Thank you very much for your time and honesty.*

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