



Community Development Demonstration Initiative

-2-

Stonewall: IQ Health Project
Working with Gay Men in Rural Communities

The Sexual Assault Prevention Resource Center
The Washington Coalition of Sexual Assault Programs



**And you can't always get what you want, honey
You can't always get what you want
But if you try sometimes, yeah
You just might find, you get what you need!**

The Rolling Stones

Community development as a sexual violence prevention strategy is an interesting paradigm. Based on our own individual skill set and life experiences we usually enter into the process with an expectation of what the outcome might be. In partnership with others, we enter into a collaborative process to understand the dynamics of sexual violence in our communities and reduce the negative impact. Through dialogue and discourse we reach a shared understanding. The resulting strategies derived from the collective mind are generally not what any individual stakeholder envisioned but are quite often exactly what the community needs.

**Community Development Demonstrative Initiative 2
Stonewall: IQ Health Project**

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Overview of the Community Development Initiative

The work of the anti-rape movement during the 1970's can be viewed as community development. It was comprised of communities, primarily women, looking at the issue of sexual violence, defining it in terms consistent with their life experiences, determining the underlying societal causes and developing strategies. The strategies developed were both community specific and wide-ranging: from speak-outs to crisis lines. Over the last thirty years, certain services became defined as best practice; eventually these practices were standardized and thus the current sexual assault service delivery system was developed. Many of the initial leaders of the anti-rape women were young, formally educated, heterosexual, white women and as such many of the services which became standardized were most effective within these demographics. An unintentional outcome of the standardization was under-representation of many historically marginalized communities.

In Washington State there was an acknowledgment of the importance but also of community specificity and inclusion of community development even within the context of standardization. The Sexual Assault Prevention Plan for Washington State included the following goal. ***To impact the underlying causes of sexual violence through the shifting of ownership of solution from social services to the community using a community development approach.***¹ Based on this commitment to community ownership resources were allocated within the state to specifically focus on sexual violence prevention utilizing a community development approach. In 1997 a technical assistance resource center (the WCSAP Prevention Resource Center) whose focus is to increase the state's overall capacity in prevention was established. In 1999 sexual assault prevention was established as a core service for accredited community sexual assault programs (CSAPs).

Over the past seven years there has been a plethora of community development initiatives focused on a wide range of communities. Communities engaged in successful initiatives have included, but are not limited to ethnic communities, faith based communities, college campuses and schools. However there continue to be communities that have been difficult to access. As a technical assistance provider it is the goal of the Prevention Resource Center to promote strategies which focus on increasing the diversity of communities who have meaningful access to sexual assault prevention services.

WCSAP identified specific communities which appear to consistently underserved by mainstream providers throughout our state. We chose to focus our resources on three specific communities: homeless youth, rural gay men, and sex industry workers. We realized that in order to provide effective technical assistance we needed to have practical application of the community development model within these communities. As such, the Prevention Resource Center contracted with independent facilitators familiar with the community development model as well as their respective communities in three locations across the state to facilitate demonstration projects. Information compiled from the demonstration project whose participants consisted of gay men in a rural community in Eastern Washington is the basis of this publication.

The publication is organized into five sections in addition to the appendix:

- Stakeholder Recruitment
- Underlying Conditions
- Needs Assessment
- Development of the Community Plan
- Evaluation

Each section consists of a brief overview of the supporting community development concept and a first person narrative from the facilitator of the community development process. It is our hope that information in this publication will prove useful to those individuals and organizations interested in facilitating similar community development initiatives.



1 *Sexual Assault Prevention Plan for Washington State, Office of Crime victims Advocacy Department of Community, Trade and Economic Development and Washington Sate Department of Health by the Washington State Institute for Public Policy The Evergreen State College, August 1997.*

Step 1:

Stakeholders Recruitment

Never doubt that a small group of thoughtful, committed people can change the world.

Margaret Mead

Theoretical Basis

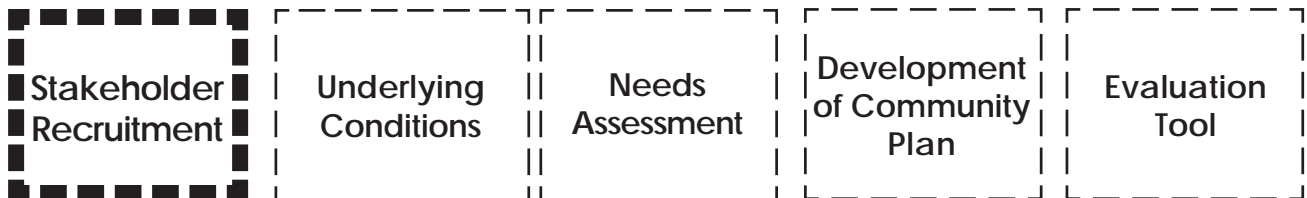
The inherent assumption in the community development process is that a community of committed people, familiar with their community and willing to enter into a process to seek a solution to a given social problem, will create the optimum intervention. Community development, although based on theoretical principles, prioritizes the expertise of the community over that of the academic. Professionals are encouraged to share their unique expertise as participants within the community process itself. Ultimately a group of committed stakeholders will have a vested interest in the success of the intervention, knowledge of societal dynamics as well as a long-term connection to the community.

Stakeholders are individuals within the community who have an interest, "a stake," in the outcome of your prevention process.

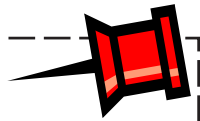
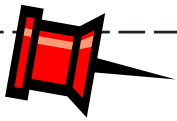
The stakeholder recruitment process is the first step in encouraging this process. As a community development facilitator your role is to identify individuals who are pivotal in the life of the community. Stakeholders may possess individual and/or institutional power, each is of equal importance. Their strength lies in their sense of community ownership and personal conviction. These individuals should not be chosen based on their ability to conform to a specific analysis of the issue, but rather their ability to enter into a thoughtful and respectful dialogue. It is important to include stakeholders who represent the true diversity (whatever that may be) of the community.

*The stakeholder recruitment process is often referred to as **Personal Emissary work**. The strength of your personal relationships within the community and communication skills will be integral to the success of your project.*

The recruitment process can be as formal as sending invitations to attend a community meetings or as informal as meeting for coffee. However, the ultimate success of the process will depend on your ability to personally engage potential stakeholders. During the recruitment process it is very common to receive recommendations of individuals for whom it will be crucial for you to connect; these individuals may have been previously unidentified. All communities will include individuals who can help or hinder any attempts to change the dynamics within that community. The stakeholder recruitment process is the mechanism in which these individuals are identified and encouraged to participate in the process. If they are unwilling or unable to participate in the process it will be of utmost importance to encourage them to be an ally or at the very least a benign presence.



The remainder of this section is a report compiled by the Community Development Facilitator of an underlying conditions exercise which took place in a community of gay men in rural eastern Washington and Idaho.



Stakeholder Recruitment Report

In developing procedures for stakeholder recruitment and meeting format, Sojourners' Alliance's Stonewall Health Project (SHP) consulted the Latah/Whitman County sexual assault program, Alternatives to Violence of the Palouse. In addition, procedures were discussed openly in Stonewall Health Project (our local, gay-targeted HIV prevention program) meetings on May 29th and July 12th, 2004. Effort was made to recruit stakeholders of varying ages, races, and socioeconomic strata, as well as both out/closeted and gay/bisexual men. The community development initiative was named the Stonewall IQ Project (SIQP). Stonewall¹ for the historical reference and to indicate its connection to SHP and "IQ" because it was felt the ultimate project focus would be determining the sexual assault intelligent quotient (IQ) both generally and in the specified target population.

Stonewall Health Project clients were asked whether they would be willing to participate in the Stonewall IQ Project. Responses were mixed, and initial recruitment was challenging, due to low perception of risk. During a regularly scheduled SHP meeting, when asked to participate, SHP client "DV" indicated to me that, "I guess it's hard to talk about it at all. There's no problem in the [Lewiston-Clarkston] Valley - everyone's willing." This sentiment was echoed by two other SHP clients, "WL" and "EI." This statement is both interesting and significant in pointing to an identified problem in dealing with this particular population - it was echoed by stakeholders throughout the duration of the Stonewall IQ Project. Though Sojourners' Alliance had, by mid-June, committed to offering a \$50 financial incentive as a fee for survey distribution, each of our five stakeholders agreed to participate *before* being offered the incentive - which indicates a personal involvement with the issue.

We did not consider that the stakeholders themselves might have experienced serious sexually traumatic incidents. In fact, *all* stakeholders reported experiencing some form of sexual trauma; one reported having experienced violent sexual coercion. For this reason, in future studies of this type, we have two recommendations: contacting potential participants in private (rather than through "open" recruitment at other meetings) and finding a "safe word" in discussion groups that immediately closes discussion on a potentially traumatic topic.

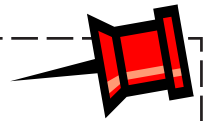
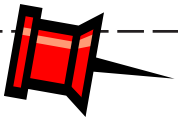
Of thirteen recruitment emails and three recruitments conducted at Project meetings, five stakeholders agreed to participate in Stonewall IQ

These stakeholders are:

"KN", a college-educated employee of Washington State University in his mid- thirties. He has been in a committed relationship for eight years, and has been completely out of the closet since his early twenties He describes himself as "no longer active in the gay community."

"WO", a lifetime resident of Clarkston in his mid-thirties, who has a disability and low- income, volunteers for the Stonewall Health Project and is a gay-issues activist. "WO" was recently the victim of a gay-bashing.

1. The Stonewall riots were a series of violent conflicts between homosexuals and police officers in New York City. The first night of rioting began on Friday, June 27, 1969 not long after 1:20 a.m., when police raided the Stonewall Inn, a gay bar in Greenwich Village. "Stonewall," as the raids are often referred to, is considered a turning point for the modern gay rights movement worldwide. It was the first time any significant body of gays resisted arrest. "*Stonewall Riots.*" *Wikipedia: The Free Encyclopedia.* 08 Apr 2004, 17:39 UTC. 06 Apr 2005 http://en.wikipedia.org/wiki/Stonewall_riots.



“JM”, who has lived in various rural communities throughout the Northwest, including Pullman, currently lives in Moscow, Idaho. He is low-income, in his mid-twenties, and comes from a Mormon family in southeast Idaho.

“ON”, a lifelong resident of Lewiston in his late forties. Until last year, “ON” had been married to a woman, and only recently came out of the closet. He is active in the Episcopal Church. “RB” is his partner. “ON” is not a regular attending member of the Stonewall Health Project.

“RB”, a college-educated resident of Lewiston in his late thirties, has been out of the closet since his early twenties “DN” is his partner. “RB” is not a regular attending member of the Stonewall Health Project.

Stakeholders agreed to a three-meeting commitment, to distribute a needs assessment survey prepared by the Services Delivery Director, and to remain in contact with the meeting facilitator in the interim. The first Stonewall IQ meeting took place on July 20th, 2004.

Step 2:

Identify Underlying Conditions

That is what learning is. You suddenly understand something you've understood all your life, but in a new way.

Doris Lessing

Theoretical Basis

Interventions are often focused on fixing the “problem.” As social service providers, clinicians and rape crisis advocates we have developed an impressive array of problem solving techniques. Our interventions are often focused on solving problems on a micro (individual), meso (community) and macro (societal) levels. The focus of a community development process is to emphasize the underlying conditions, as determined by the community stakeholders, contributing to the problem as opposed to the problem itself (observable symptom). Directing the intervention toward the underlying conditions will create greater change than addressing the reoccurring symptoms. Much like the old adage: Give a man a fish and he will eat for a day... Teach a man to fish he will eat for a lifetime.

The first step in determining the underlying conditions is to facilitate a process which creates a list of the observable symptoms. A group brainstorm is often the most effective tool. The theme of the **question most often used to generate the brainstorm** in relation to sexual violence is, **“How is sexual violence currently manifested in our community?”** The answers are the symptoms or the current community (sometimes referred to as condition “A”). **The theme of the follow up question** used to generate the underlying conditions is: **“What causes each of these symptoms?”** The resulting conversation should generate a complex analysis of the underlying conditions contributing to sexual violence.

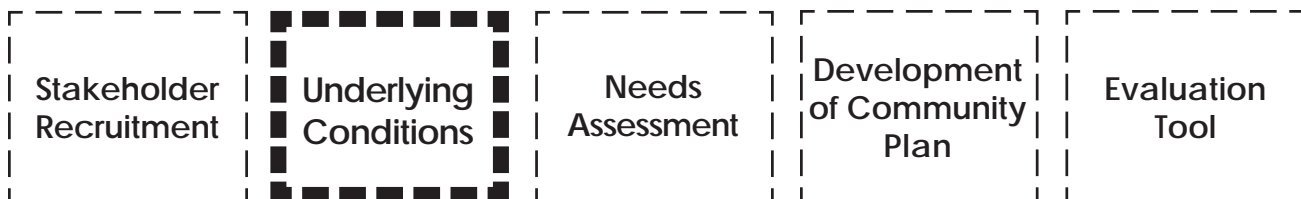
As a community development facilitator it is extremely important to encourage an open and honest discourse. If individuals are unable to share their perceptions of the causal conditions of sexual violence, by definition the interventions created will be flawed. The final step is for the group to prioritize the conditions based upon their perceptions of importance and the opportunity to influence change.

Good facilitation skills, conflict resolutions and the ability to keep the group focused will be extremely beneficial to the facilitator during this process. It is common for several symptoms to be linked to the same underlying condition. Although any individual present may have been able to generate the list of underlying conditions in isolation, the group dynamic is integral to the community development process. This step creates an opportunity for stakeholders to develop a shared understanding of the root causes of sexual violence.

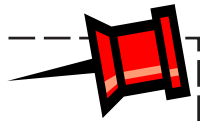
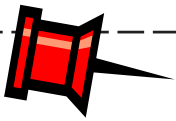
“How is sexual violence currently manifested in our community?”



“What causes each of these symptoms?”



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Underlying Conditions Report

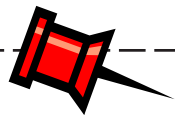
August 2004, the stakeholders of Stonewall IQ reconvened in Clarkston to discuss survey instruments, personal experiences, and the underlying conditions surrounding sexual assault in rural communities. The discussion began with Project members' bedrock assumptions about sexual assault. Stakeholders were unclear as to what, exactly, constituted sexual assault. "WD" and "JM" both reported that they would have to conduct research about sexual assault in order to determine whether they had been. "DN" concurred, reporting that, "Most [gay] people don't know what a sexual assault is [as applied to themselves] - or where that line is crossed."

At the end of this segment, stakeholders discussed personal responsibility in sexual assaults, as well as issues of consent. "WD" reported that, "People should be responsible for their body at all times - meaning that if someone said 'no' earlier, and after a few more drinks said 'yes', then as far as he was concerned, that person gave consent." Several stakeholders were troubled by this presumption. Stakeholders reported not thinking specifically about issues of consent when dealing with sex. One stakeholder explained that even gay men generally have straight parents - and that your straight parents can't teach you to navigate the gay world. Straight women learn valuable lessons about avoiding sexual pressure from their mothers, straight men learn lessons about how to avoid exerting undue sexual pressure from their fathers. But gay men and women, especially in communities without a strong gay presence, have to figure out how to navigate the dating scene, and its attendant issues of consent and sexual politics, alone.

In fact, during this meeting, stakeholders were unanimous in agreeing that rape is seen as something that only happens to women; because gay men are not seen by society as being victims of sex crimes, victimized men blame themselves rather than their victimizer. Due to the sexualized way gay men are portrayed (and portray themselves), participants believed that few gay men (other than themselves) would deny consent for sex. None had thought particularly hard about issues of sexual power and consent before agreeing to become Stonewall IQ stakeholders: these issues of consent were, in their minds, issues that didn't relate to gay men. Most had complaints about sexually aggressive gay men.

Because of the lack of a large enough community to support a local gay-specific space or business, and institutional barriers to "coming out", men coming out of the closet in the area often begin establishing their sexual identities during anonymous sex, either in public places or through the Internet. Two parks in Lewiston and the Moscow/Pullman chat room on gay.com are both sources for "hookups" -and, even when they're used for social contact, have a tendency to develop unwanted sexual overtones. On this issue, "JM" related a story about an individual he "met" in the Moscow-Pullman gay.com chat room who immediately came over to his apartment and began making unwanted sexual overtures; "RB" related a similar story.

Discussion moved to the rules of consent -whether the boundaries of consent were different for male/male sexual relationships than for male/female sexual relationships. Four out of the five stakeholders reported that the boundaries *should* be the same. The lone dissenter, "JM" had a lot to say on this issue: "Gay morality is hard to establish because gay men are already breaking the 'norms' of morality. A certain way of acting in the gay community is acceptable *within* the gay community; there are different rules than society at large. And it's the gay community at large which determines them."



Underlying Conditions Report

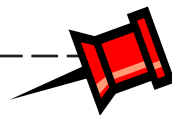
The second meeting revisited this issue, though the discussion quickly moved away from the questionnaire and the stakeholders discussed their sexual histories. Many of the men expressed that the realization that so many of their past sexual partners had wanted just sex was a violation, which led to the discussion of the closet (and its associated anonymous, “consequence-free,” and/or public sex) being a place which breeds both victims and victimizers. They felt that they were seeking love and acceptance, and were used sexually by men who had no other use for them and had no intention of acknowledging their own sexuality. This is, they hypothesized, the reason that gay men have a different sense of sexual boundaries than straight people. “There seems to be very little understanding of boundaries,” as one member put it, which may lead to a sexual-emotional disconnect.

When asked for specific examples of the difference between gay and straight relationships with regard to boundaries, stakeholders provided the example of gay male “youth obsession.” Stakeholders agreed that such a youth obsession existed, and posited a number of theories as to why it does. Several stakeholders put forward the theory that this “immaturity” may be caused by the offset between sexual maturity and its cultural affirmations -cultural affirmations of sexual maturity like school dances, first dates, marriage, and the birth of children are either delayed until after the sex act itself or, in the case of marriage, completely unavailable. Since no culturally assigned status separates an older and a younger gay man, they theorize, a relationship between them is more likely. In rural areas, this problem is exacerbated -a young gay man may not be able to *find* the gay community while in his teens, and only encounter a real “community” in his twenties or thirties, delaying any reinforcement (or development) of norms until after that connection is made.

Clients disagreed, however, on who the sexual victimizer is in a relationship between an underaged man and an older man. Two viewpoints were presented on the issue: that a teenager often exerts undue pressure for sex from older men because they can’t have sexual relationships with their peers versus a sixteen year old who has no sexual maturity of any kind is victimized by older men whether they pursue the relationship or not. The former viewpoint was articulated most clearly by “KN”, who said that: “A sixteen year old girl can seek to have sex with a sixteen year old guy and find someone very willing. A sixteen year old boy may not have the same opportunity to pursue a sexual relationship with another sixteen year old. I don’t necessarily see it as being victimization.” “JM”, the stakeholder from a strong Mormon background, strongly disagreed with this assessment, stating that, “Sex between men and boys is just wrong.”

Considering the controversy on this issue, it is interesting to note that out of the five stakeholders, three had been the victim of unwanted sexual advances from much older men, either in their teens or early twenties. “DN” in particular was sexually assaulted while in a public sex environment in Lewiston by a man he described as “in his early sixties.” “JM” was in a coercive, abusive relationship with an older man while coming out of the closet in his late teens. All other clients, including “WD”, who was otherwise close-mouthed about personal experiences, confirmed that they themselves had experienced everything from unwanted sexual advances from older men to sexual coercion.

Stakeholders then discussed overall sexual maturity in the gay community. Stakeholders -especially “RB”- were uncomfortable about this discussion due to stereotypes in the broader community about the sexual “immaturity” of gay men. “JM” reported that, “Most gay men don’t start dating until they’re in their mid-twenties -they don’t have the same sort of experience that straight people do. They’re ten years behind, and the closet must have had some effect.” “KN” reports that, “The commitment issue



Underlying Conditions Report

in gay men might be because things start so much later -maybe the clock starts ticking toward commitment with your first real relationship, rather than at birth.”

A large amount of the conversation focused on unwanted sexual advances from women. Several stakeholders advanced the theory that strong advances from women are disconcerting to gay men because it fails to affirm their sexuality -coming out of the closet is a final acceptance of their sexual identity. Unwelcome advances from women bring up the issue -put them in a position where they feel as though they’re back in the closet again, or having to experience the uncomfortable feelings of coming out all over again.

Our stakeholders were unanimous in their unwillingness to report an assault. The majority of our stakeholders reported concerns about anti-gay bias and repeat victimization by the police. “JM” (who was apparently unaware of Lawrence v. Kansas, the Supreme Court decision that invalidated sodomy laws across the United States) expressed his belief that sodomy was still illegal, and that he might be arrested as a party to the crime if he reported it. “WD” reported that he did not want the police involved; he felt that he might be blamed for it. “DN”, who had recently come out of the closet, continued on to argue that -in the case of acquaintance rape -reporting the crime would force him to either (a) come out of the closet or (b) lie when reporting the crime to conceal the circumstances. All expressed a desire to report either anonymously - which, stakeholders agreed, would be difficult, given the legal system - or to a gay-focused organization.

Stakeholders agreed that institutional barriers to coming out to strangers -even *if* the individual is generally out -is a strong deterrent to reporting a sexual assault. Gay men in rural areas feel isolated: to be a gay man in a small group in a small town and a victim of sexual abuse is to isolate yourself even within your own community -a community which your victimizer may or may not. In addition, because of the gay community’s lack of experience with the issue of sexual assault, discussion of the issue is minimal. So minimal, in fact, that after the first meeting, “JM” confided that, “I think the gay community is too concerned about its image in the straight world to admit that it has the same sort of problems that happen elsewhere.”

Underlying Conditions Summary

- Societal Homophobia
- Internalized Homophobia
- “Closeting” Issues
- Isolation of gay men in rural areas
- Institutional Barriers
- Anti gay bias
- Repeat victimization from law enforcement
- Lack of gay specific resources
- Lack of information/education regarding what constitutes sexual violence
- Lack of role models and/or socialization for gay men regarding issues of sexuality, including consent, dating, boundary setting and sexual aggression

Step 3

Needs Assessment

Do you want to go on together? Or go ahead? Or go it alone? ... You have to know what you want and that you want.

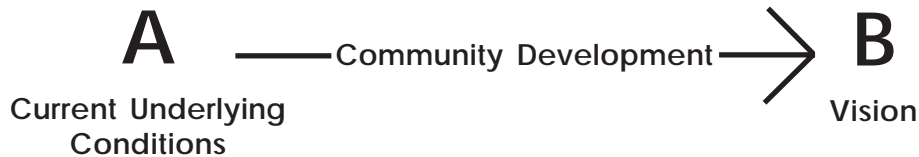
Friedrich Nietzsche

Theoretical Basis

Community development is not fundamentally about what went wrong but rather what can we make right. The first two steps in the process as outlined in this publication were about reaching consensus regarding the scope, prevalence and nature of the current situation. The needs assessment step compels us toward a paradigm shift. How would we like our community look, feel and behave if the given societal problem did not exist? This requires a leap of faith and a fundamental belief in that all communities possess strengths and protective factors which will enable them to enact societal controls which transform our communities into happy, healthful nurturing entities.

The needs assessment step compels us toward a paradigm shift. How would we like our community to look, feel and behave if the given societal problem did not exist?

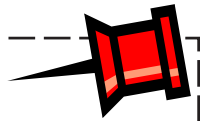
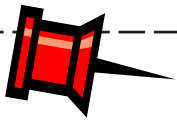
This first step to determining need is to facilitate a process to determine what types of things we would observe in our utopian environment and create a list and/or description of these things. This list should be as specific and concrete as possible; it should be framed as a positive not as the lack of a negative. For instance we would want describe brightness as having the presence of light not the absence of darkness. From a facilitation process this can be extremely difficult. We are encouraging the stakeholders to engage in a visioning process, which can oftentimes be overwhelming. It is important to provide structure and clarity throughout the facilitation of this exercise. This state is sometimes referred to as condition "B" or more simply the vision of the community development initiative.



The next step is then to place condition "A" our current underlying conditions on one end of a continuum and then place our condition "B" our vision on the opposite end of the same continuum. By juxtaposing conditions A & B we ask ourselves the question, "What is it we need to accomplish to get from A to B?" This portion of the process is less about visioning and more about evaluating the underlying conditions in comparison to our stated vision to accurately assess the community's needs. There is also a tendency to view this step as a traditional needs assessment and focus on gathering information which supports the previously determined underlying conditions as opposed to visioning. The following narrative from Stonewall IQ project needs assessment is a good example of this common pitfall. It is frequently difficult for groups to vision "perfection" (condition "B") when confronted with the pervasiveness of the "imperfection" inherent in condition "A". Ideally, in following the Loftquist model, this step would mark the transition from conceptualization to actualization. As a community development facilitator, you must assess where you are at the completion of each step so that mid-course corrections can be made as necessary. For this initiative, the transition to visioning occurs in Step 4: Development of the Community Plan.



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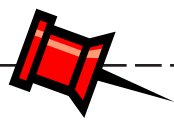


Needs Assessment

In developing procedures for stakeholder recruitment and meeting format, Sojourners' Alliance's Stonewall Health Project consulted the Latah/Whitman County sexual assault program, Alternatives to Violence of the Palouse. In addition, procedures were discussed openly in Stonewall Health Project (our local, gay-targeted HIV prevention program) meetings on May 29th and July 12th, 2004. Both recommended that the needs assessment be accomplished with a snowball-sample survey. Project participants recommended that there be a financial incentive for survey distribution and stakeholder participation. In June 2004 the first meeting of Stonewall II convened -a meeting that centered on the distribution of surveys, confidentiality process, and questions about the survey itself. What came out almost immediately is that the needs assessment survey *itself* - just seeing it - raised awareness in the stakeholders about their own vulnerability to sexual assault. Explicitly being told that men (and not just boys) can be victims of sexual trauma reinforced to them that this *was* an issue affecting them, not just a survey that was being distributed. Nearly every man who filled out the survey reported having deep-seated feelings surface in reaction to it. To assess preexisting conditions in the gay community, we relied upon the National Crime Victimization Survey 2003, which tracks male rape statistics. However, it does not track the sexual orientation of its respondents. We also used John M. Preble and Nicholas Groth's Male Victims of Same-Sex Abuse: Addressing Their Sexual Response; a source of information on male/male sexual victimization, in particular, clinical case studies and sensitivity advice for victims. Marion Schultz, Study Director of the Washington State University Social and Economic Survey Research Center, adapted the survey. The entire process associated with this study has been a positive one for the staff members (and Board member) involved at Sojourners' Alliance. We have learned a great deal about a little known problem that faces a community of people that we provide services to. One of those problems, that might be the greatest obstacle to providing pre-sexual assault intervention and post-sexual assault services, is the lack of actual regional gay "community" structure in rural eastern Washington and north-central Idaho.

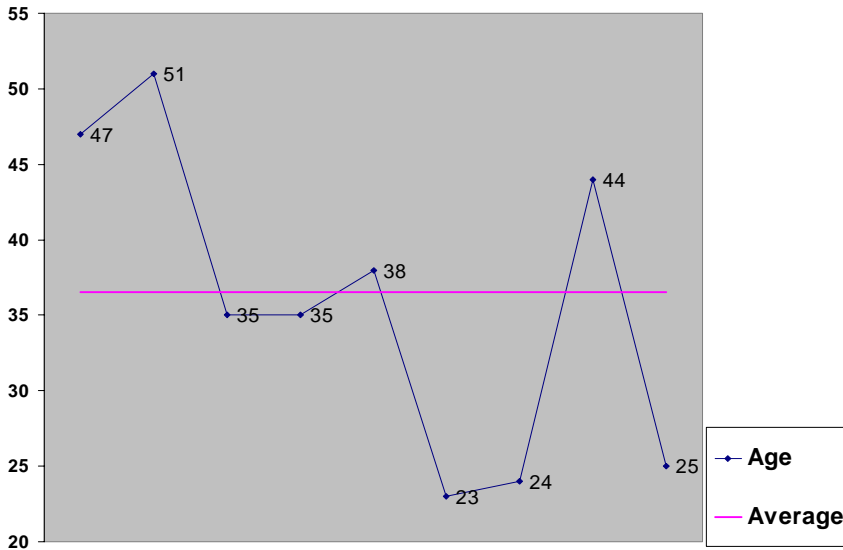
When we started the Stonewall IQ Project we named it "IQ" because, inasmuch as we felt we would be testing the actual knowledge of our targeted population, we would also be testing our own knowledge about sexual assault, both generally and in the specified target population. We found that our perceived ignorance of the target population concerning the issues of gay sexual assault did not surpass our own. The outcomes we have achieved thus far have been astonishing (that so many men reported some sort of sexual assault after having filled out a survey), and confusing (why, if so many report sexual assault in their past, is this issue not more readily addressed?). In fact, it was hard to get enough people to take us seriously in addressing this particular problem and perhaps, that in and of itself says something about the local problem. One reoccurring theme throughout this process was the degree to which everyone involved was ignorant of what constituted a *bona fide* sexual assault, or what might be even a borderline event. For a group of individuals that are hypersexualized in the media, and sometimes by each other, this was an eye opening experience.

The group of individuals that we surveyed and later brought together in discussion groups had lots of ideas about how to address the issue of sexual assault in the rural gay population, once they realized that there might be a problem to address. The following is a synopsis of their ideas and opinions, concerning each category we felt should be addressed. In so doing, we have listed both an "ideal" and an "alternate." Oftentimes both the "ideal" and the "alternate" were directly presented by IQ participants, and in some cases we gleaned this information from indirect comments and discussions. Clearly, the prevailing problem is a lack of awareness and knowledge about the issues of sexual assault, further complicated by a lack of community structure (or the perception of such) that would support what most participants felt they would need in order to report such an event.



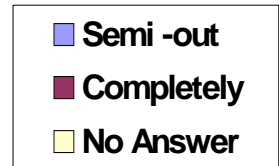
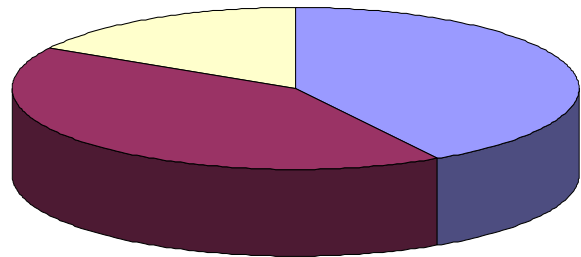
Needs Assessment (Sexual Victimization Questionnaires - Highlights)

Participants' Age

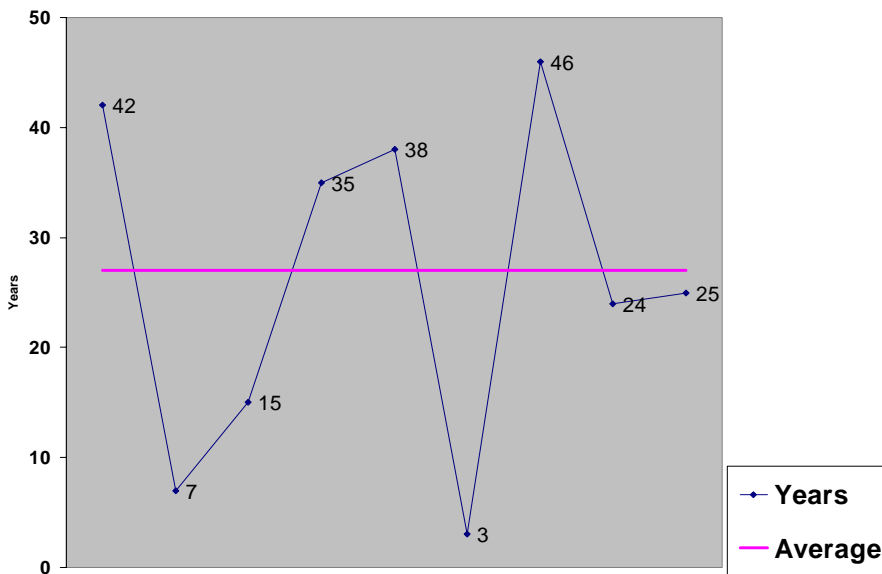


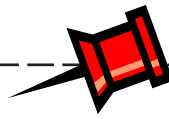
Sample Total: 12

How "out" are you?



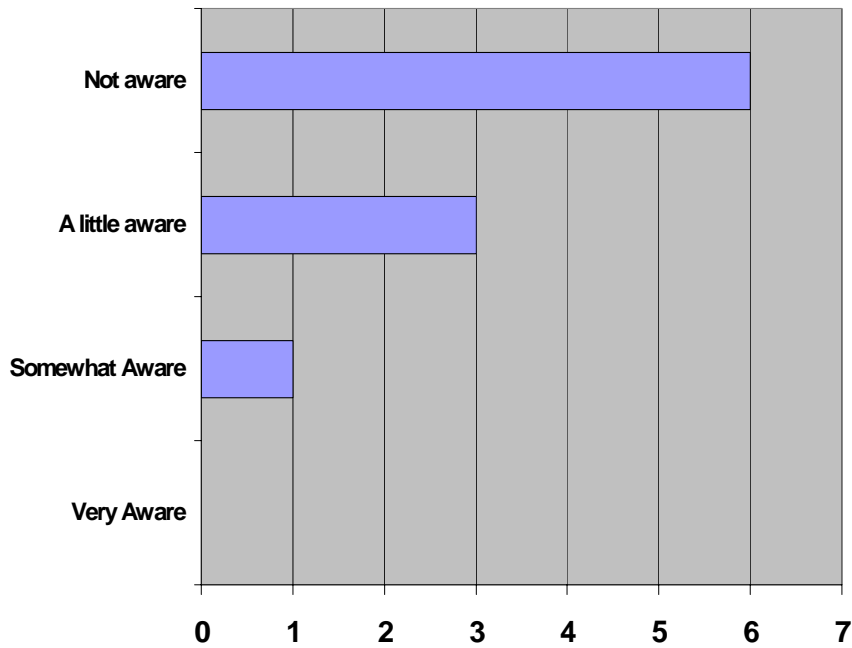
Years in community



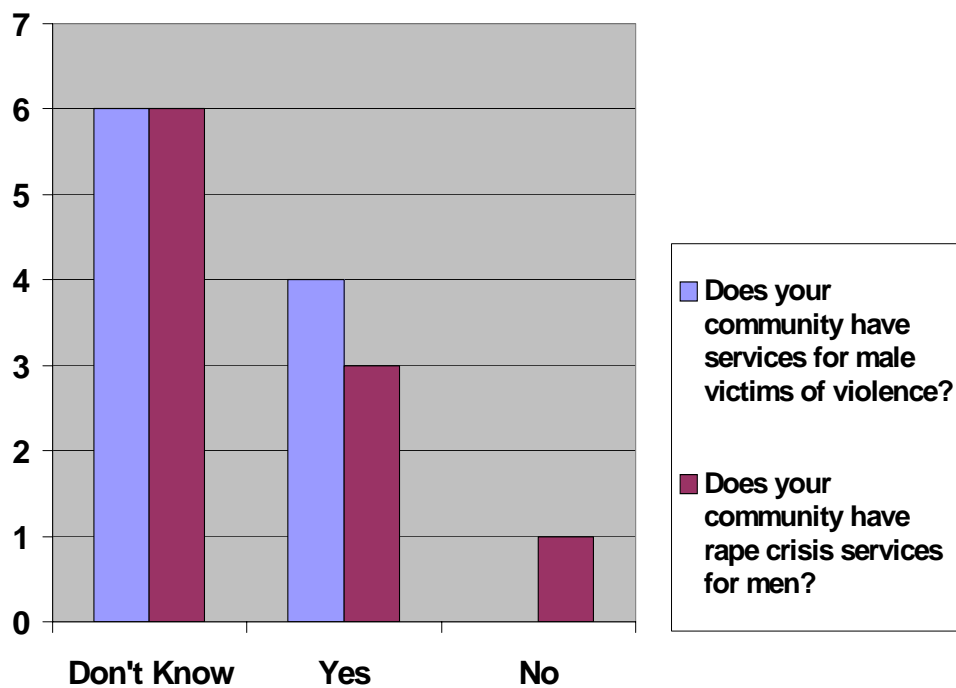


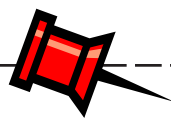
Needs Assessment (Sexual Victimization Questionnaires - Highlights)

How would you describe the level of community awareness of violence against men?



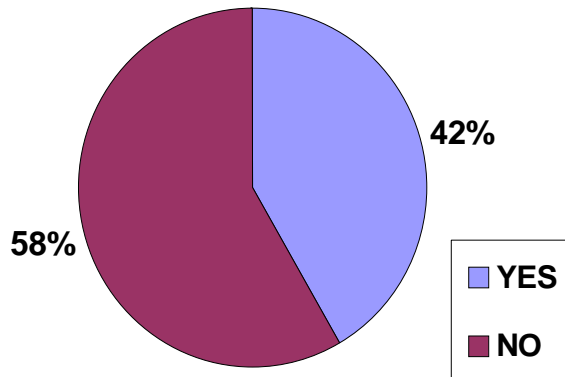
Awareness of community services for men.





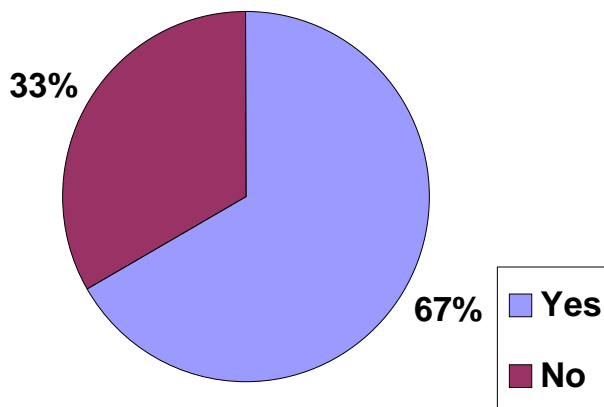
Needs Assessment (Sexual Victimization Questionnaires - Highlights)

Have you ever witnessed any sexual activity on the part of another person which troubled, upset, distressed or disturbed you?

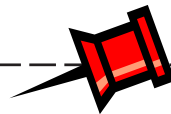


Average age of witnessing behavior:	20
Average age of person involved:	23
How serious or significant was this event in its effect on your life (1-10 scale):	6
Types of sexual activity witnessed	
Indecent Exposure:	2
Heterosexual Relations:	4
Sexual Assault:	5
Rough Sex:	1
Other :	1

Did anyone ever make unwanted sexual advances (verbal and/or physical) to which *you* were able to decline or resist but you found disturbing or troublesome?



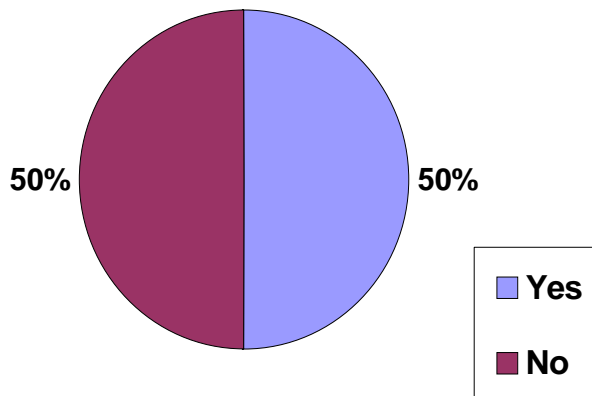
Verbal & Physical	5
Verbal only	3
Physical only	0
Age when event occurred	24
Age of other person	36
Gender of other person	
male	5
female	1
both	2
Relationship to person	
stranger	3
acquaintance	4
girlfriend	1
friend	1
Lifetime occurrences	2.4
How serious or significant was this event in its effect on your life (1-10 scale)	4.5



Needs Assessment (Sexual Victimization Questionnaires - Highlights)

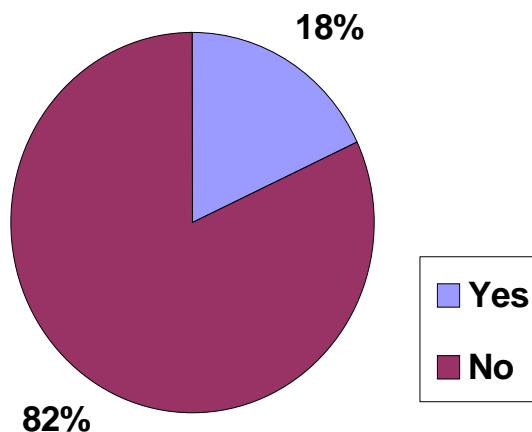
Were you ever pressured or manipulated into unwanted sexual activity in some fashion?

Average age of occurrence	27
Average age of other person	32
Gender of other person	
male	5
female	0
both	1
Relationship of other person to you	
stranger	1
relative	1
friend	1
acquaintance	1
ex-boyfriend	1
How serious or significant was this event in its effect on your life (1-10 scale)	6.7



Were you ever physically forced or intimidated into some type of unwanted sexual activity?

Average age of occurrence	Adult & 11
Average age of other person	Adult & 50
Gender of other person	
male	2
female	0
both	0
Relationship of other person to you	
stranger	1
neighbor	1
How serious or significant was this event in its effect on your life (1-10 scale)	9



Step 4

Development of Community Plan

It is more important to know where you are going than how to get there quickly. Do not mistake activity for achievement.

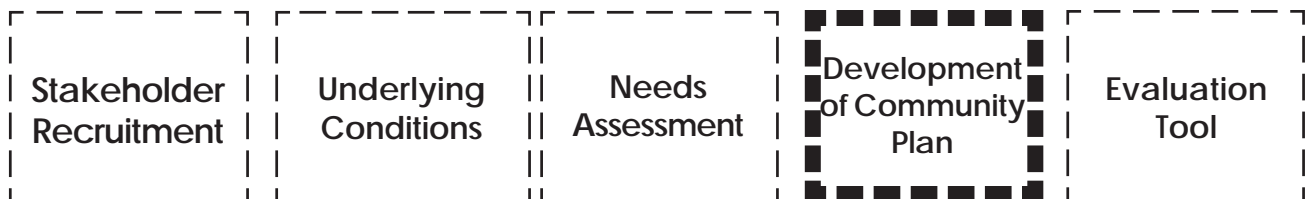
Mabel Newcomer

Theoretical Basis

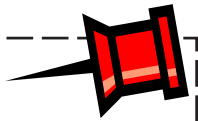
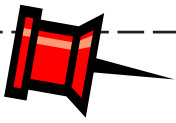
Oftentimes we are rewarded for our ability to react quickly and decisively in situation. For those who have worked in fields directly related to crisis intervention it has been our ability to improvise, and our capacity for action, activity and movement that has allowed us to flourish. It is not uncommon to view planning time as a luxury. In a well balanced community development initiative the development of the plan is not a luxury but an absolute necessity and builds on our prior work. Typically when we make a plan we ask ourselves the five W's: who, what, when, why and where. Many of these components have already been addressed

- Who: The stakeholder recruitment process has helped us identify the active participants, as well as necessary allies. Due to the fluid nature of community process we have also most likely determined additional individuals and roles that will be necessary to enact our plan effectively
- What: The needs assessment and underlying conditions exercises has define what we need to accomplish in a broad strokes. We won't have the specifics but we do have a starting point, an ending point and specific items we need to address to reach our vision.
- Why: The underlying condition and needs assessment exercises have helped us create a common understanding of the scope, prevalence and underlying conditions contributing to sexual violence as well as a common vision to work toward ending it.

When and Where generate all the specifics associated with creating a cohesive plan. From a facilitation stand point this activity is by far the most difficult. Up until this point many of the discussion will have been theoretical. The development of the plan requires solidification. It will be necessary for the facilitator to encourage the stakeholders to include concepts such as practicality, resource allocation and expediency in their conversations. As a facilitator it is a difficult balancing act to maintain the enthusiasm of the group while moving them toward a plan which is clear, concise and easy to follow. It is however essential. The effective implementation of the plan is dependent on the ability of every stakeholder to understand and communicate the plan in its entirety and to act upon the components for which they are directly responsible. Due to open ended nature of community process, the exuberance of the participants and the scope, nature and prevalence of sexual violence there is a tendency to create plans which are unwieldy or over intricate. In this case it will be necessary for stakeholders to embark upon an additional step of separating the plan into short medium and long term goals.



The remainder of this section is a report compiled by the Community Development Facilitator of an underlying conditions exercise which took place in a community of gay men in rural eastern Washington and Idaho.



Development of Community Plan

The group of individuals that we surveyed and later brought together in discussion groups had lots of ideas about how to address the issue of sexual assault in the rural gay population, once they realized that there might be a problem to address. The following is a synopsis of their ideas and opinions, concerning each category we felt should be addressed. In so doing, we have listed both an “ideal” and an “alternate.” Oftentimes both the “ideal” and the “alternate” were directly presented by IQ participants, and in some cases we gleaned this information from indirect comments and discussions. Clearly, the prevailing problem is a lack of awareness and knowledge about the issues of sexual assault, further complicated by a lack of community structure (or the perception of such) that would support what most participants felt they would need in order to report such an event.

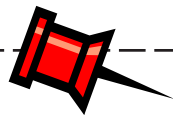
Advocacy

This segment of the plan has three steps, and the first phase listed herein is an ideal that does not currently exist. In order to appropriately distribute resources, a well-known, gay-specific resource or business accessed throughout the region could serve as a reporting hub. In the quad-cities area (Moscow-Pullman-Lewiston-Clarkston), some of these resources might be: the proposed gay community center now being incorporated as a 501(c)(3) in Idaho, the Stonewall Health Project operated by Sojourners’ Alliance, the Washington State University GLBT Center, or a locally identified gay-friendly business such as some area bookstores that sponsors several major community events. Stakeholders expressed a preference that this “reporting hub” for rural gay men be in a rural, rather than a metropolitan, setting. A community center in a metropolitan area may not think to conduct outreach to outlying rural communities. However, in an area where outlying gay communities involve themselves in community events in a central metropolitan area, this type of outreach could also be an option.

After the identification of a “reporting hub”, staff or volunteers at the “hub” would be trained in the local CSAP sexual assault advocate program methodologies, including gay-specific and male-specific sensitivity training. Stakeholders do not believe that there needs to be a dedicated sexual assault advocate on-staff at every reporting hub, but rather that at least one member of the full-time staff needs to be trained to respond to the potential report of a gay sexual assault. Stakeholders repeatedly stressed the importance of having a *gay* -and not simply just a presumably gay-friendly - sexual assault advocate available.

Third, the reporting hub should conduct outreach to make their role better-known. A sticker program, like the campus Safe Zone program, that would make participants aware that the reporting hub was available for victims wanting to report sexual violence (or even simply discuss it anonymously) would be an excellent example of how such outreach might be conducted. The reporting hub should coordinate with their CSAP on outreach -having themselves listed as a reporting hub in CSAP pamphlets, posting CSAP informational posters, et cetera. One of the interesting points about conducting “outreach” for this specific population is that it should be done with consideration that many of the people being targeted are “closeted” and therefore, an overly “out-loud” outreach program might promote a direct counter-effect to its intended goals.

The advocacy plank of the community plan relies on there being a formalized, cohesive gay community spread over a large area. This is a condition that does not exist in the rural area studied herein, and, stakeholders feel, seldom exists elsewhere in a rural setting.



Alternatives

In very rural areas, like north-central Washington, the first option listed herein may not always be realistic - there may not be a central gay “community” or a specific hub, visited by rural gay men, other than the local public sex environments. Many coupled gay men tend to know a specified group of gay friends (oftentimes coupled also) with which they socialize: stakeholders “KN”, “RB”, and “DN” fall into this category. Additionally, underfunded CSAPs in rural counties may not have the resources necessary to train all of their advocates in addressing a potentially small community.

Stakeholders suggested that, while not the optimal solution, a statewide sexual assault support hotline that could be contacted anonymously might help. Again, stakeholders stressed that this hotline *must* be gay-specific, and that preferably the person on the other end of the hotline must at least be trained to deal with the issues faced by gay sexual assault survivors, a gay person answering would be preferred. Even the same number as a general-purpose sexual assault hotline “re-labeled” as a gay-specific resource would attract more gay men in need of help than a general-purpose hotline.

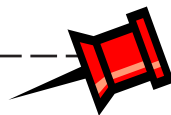
This segment of the plan is also contingent on a high degree of community organization. Advocacy structured around a resource that only accesses *part* of the community may produce mixed results. For this reason, when a strong, easy-to-access community resource cannot be identified, it may be a better expenditure of state resources to focus on statewide reporting outlets.

Outreach

Gay-specificity, male-specificity, and rural-specificity were criteria stakeholders identified as important in outreach campaigns targeted to gay men. As in other categories, stakeholders agreed that they dismissed non-gay-specific campaigns as irrelevant to their situation: the radio ads by Idaho Health and Welfare targeted toward straight men were singled out by “KN” as particularly ineffective at targeting gay men. “RB” in particular argued that rural gay men don’t necessarily see themselves as “New York gay.” Many of them (as most people in the Lewiston-Clarkston area) are blue-collar, working-class, and identify strongly with the region - which is why they choose to remain in the region rather than move to a more gay-positive climate in another state. Most stakeholders do not identify with gay male stereotypes that “RB” argued are “more accurate in the city.”

Outreach efforts should target gay men in the areas where stakeholders claimed their knowledge was limited: how to deny consent, defining sexual assault as it applies to gay men, fostering community attitudes that stigmatize sexual predators, and identifying reporting outlets. Efforts similar to radio commercials targeted at straight men (designed to stigmatize sexual predators) in the state of Idaho, stakeholders report, might be useful if retargeted to gay men.

Media outreach efforts should target several areas. As Internet access has penetrated even the most remote areas of the country, Internet sites and chat rooms have become an easily available and



anonymous meeting-place for gay men. Banner ads can be easily targeted to rural men in rural chat rooms; these banner ads can refer individuals to services for survivors of sexual violence, the closest reporting hub or the state hotline, and resources explaining how to avoid, prevent yourself from engaging in, and report sexual violence.

One specific area that should be addressed through outreach is the unconstitutionality of state sodomy laws. One stakeholder, “JM”, who had previously been a Washington resident, believed that sodomy was in fact a federal crime, and that he could be arrested for reporting a male-male sex crime. Victims need to understand that they will not be arrested for reporting their victimization.

Alternatives

Where local gay resources are not available, stakeholders believe that targeting nearby resources may be a viable alternative. For instance: on most nights, the gay.com Lewiston/Clarkston chat room is virtually empty, and 20-30% of the people in the gay.com Moscow/Pullman chat room are from Lewiston/Clarkston area. Reaching a local gay community hub *also* reaches the members of peripheral communities. The same principle applies to brick-and-mortar resources; where gay resources are not available, making them available in nearby areas is often effective. CSAPs should be cautious in identifying regional, rather than local, resources: failing to identify gay resources where they *are* available may make rural gay men feel more isolated.

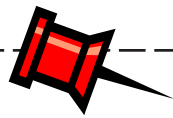
Even though a few gay-specific resources are available in the quad city area, generalizing their accessibility to blue-collar and low-income gay men may not be wise. Despite being in a majority blue-collar region of the country, the majority of our Stonewall Health clients are white-collar or college students. Assuming a biological cause for homosexuality that does not correlate with economic conditions, our Stonewall Health clients are the “tip of the iceberg”: there may well be many more rural gay men, both self-identified and closeted, than agencies like Sojourners’ can easily access. It may in fact be more accurate to identify public sex environments such as Pioneer Park, Confluence Park, and the Internet as the “center” of the gay male community - especially as the center for *rural-identified* gay men.

For this reason, targeting outreach to public sex environments may produce positive results.

Discussion Groups

A discussion group on sexual assault does not need to be a regularly organized survivors’ group to be effective: in rural areas, it might be difficult to find enough gay male survivors of sexual violence to constitute a group. Nor does a discussion group need to be a regular, weekly discussion group on sexual violence; raising the topic at a regular gay-specific meeting, like the Stonewall Health Project, seems sufficient.

The local CSAP can provide discussion notes and gay-specific sensitivity training to discussion participants.



Alternatives

“DN”, the stakeholder that had been closeted for the longest, was deeply pessimistic about being able to reach closeted men for discussion groups at all. He argued that for a closeted man to report a male-male sexual assault would require him to come out of two closets at once: first, as a gay man, and second as a survivor of sexual violence. For that reason, he suggested that there may be a state interest, both for public health and crime prevention reasons, in sponsoring programs that foster a supportive environment for men coming out of the closet. Other stakeholders - who had participated in the Stonewall Health Project and presumably self-selected for belief in its mission - agreed.

Research

As both stakeholders and survey respondents pointed out, research *on* sexual victimization in gay men in particular is uncommon and inconsistent; research on sexual victimization in rural gay men is almost nonexistent. Stakeholders recommended further research on the subject - not just in eastern Washington and the Idaho panhandle, but in other regions that may have differing conditions.

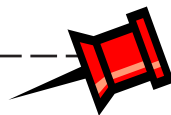
Stonewall: IQ is very much preliminary work - though it does tell us something about the answers to the questions, it largely provides the questions that we want to ask. Distributing the Needs Assessment survey in other areas might provide a broader-spectrum assessment of needs across the state of Washington, rather than a narrow sample in one corner of the state. It is not at all a given that underlying conditions and appropriate plans are the same in each region of the state.

Alternatives

Finding rural gay-focused programs, like the Sojourners' Alliance Stonewall Health Project, to conduct further research rural areas may be difficult; the Stonewall Health Project is an anomaly. PFLAG groups, which are ubiquitous even in very rural areas, may serve to distribute surveys on behalf of a larger research project - though even they cannot often reach closeted gay men.

Changes in Existing Programs

One stakeholder, “WD”, reported having made a report of a sexual assault - a report that he says was “laughed off” by the advocate on the other end of the hotline. A gay man reporting a sexual assault may exhibit different behaviors than a woman reporting an assault. Though sensitivity training is already common (one local sexual assault program offers gay-specific sensitivity training), another local sexual assault program is not seen to be a gay-friendly outlet for reporting.



Stakeholders feel that many police officers feel that sodomy itself, whether or not it is consensual, is a crime. “JM”, one of our stakeholders, was in fact unaware that sodomy laws themselves are unconstitutional - and cited fears of being arrested as a reason not to report a sexual assault. This issue becomes even more clear when one considers public sex environments - areas devoted to the commission of the crime of public indecency. Both police officers and potential victims should understand that victims *should not* have their victimization criminalized, even if their victimization was publicly indecent.

Alternatives

If increasing the reporting rate or reducing the number of sexual assaults is the goal, the only alternative to changing existing programs is instituting programs like those suggested above.

Climate Change

The climate of fear - fear of discovery, fear of disclosure, fear of social rejection and even fear of violence - that predominates in rural communities is a barrier to open reporting, and even open research. The importance of feeling that official outlets are willing to validate and work within the bounds of your sexuality cannot be overstated. This is the theme that predominates throughout each plank of the plan: open official outlets to participation and reporting by rural gay men, and, by and large, rural gay men will participate and report. *Any* effort made to address the issue, or even to acknowledge the existence of rural gay men, will be an enormous step over what is currently being done.

Of course, it is not simply the rural or government climate that needs to change. Building the community of gay men, reinforcing positive cultural norms, and fostering open, honest discussion about sex were cornerstones of community response to the HIV/AIDS crisis. Though these community responses have by no means eradicated HIV - or even stopped its spread - they serve as one of the fundamental building blocks of a full spectrum response to a community crisis. The HIV/AIDS crisis has proven that, when provided with correct information and institutional support, gay men are capable of being guardians and full participants in the maintenance of their own health and safety. CSAPs have a wealth of HIV/AIDS methodologies - and community activists - that they may draw upon to treat this issue.

Step 5

Evaluation Tool

What has changed in the lives of individuals, families, organizations, or the community as a result of this program or initiative?

In other words... "So what?"

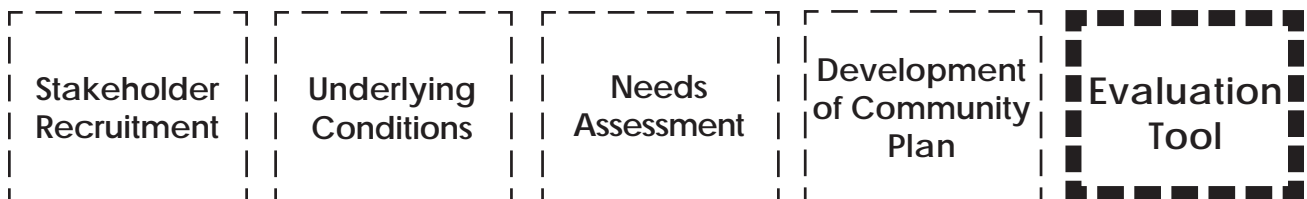
Kimberly Francis, Organization Research Services

Theoretical Basis

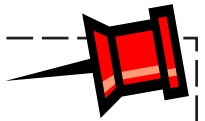
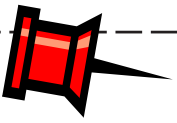
For many of us evaluation and evaluation tools seem punitive and a misallocation of limited resources. Evaluation in and of itself is benign. Through our avoidance of evaluation we allow others to define the parameters and type of evaluation that will take place. This disconnect has resulted in the negative experiences and feelings many of us have regarding evaluation. Evaluation done correctly can be a positive experience. Evaluation and self-reflection are integral to the community development process. It allows us to determine if we identified the correct underlying conditions, set reasonable goals and developed effective plans. When we evaluate we are able to see our progress from the existing condition “A” to our desired condition “B”. We can celebrate our successes as well as implement mid-course corrections if it appears we are moving in the wrong direction. As community development facilitators it is necessary for us to begin to embrace evaluation. Maya Angelou stated, “When you don’t like a thing change it. If you can’t change it change the way you think about it.” In the sphere of public health, social services and human services evaluation is a given...so the only opportunity for change is to change our perception of evaluation.

There are many assessment tools. It is not important which method you choose but that the method is integrated into your initiative. Before stakeholders begin the process of implementing the plan they should develop strategies and tools to evaluate the effectiveness of their plan. There are many resources focused on evaluation and more specifically outcome evaluation but one notable resource that links community development and outcome evaluation is the book *Gauging Progress: A Guidebook for Community Sexual Assault Programs and Community Development Initiatives* written by Kimberly Francis of the Organizational Research Services Inc.

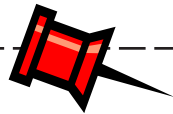
The Stonewall IQ Project began as an initiative housed at a non-profit; later the facilitation of the project shifted to an individual. The stakeholders and the community development facilitator have chosen to evaluate the initial success of the initiative based on a single criteria: the ability to establish a community group with a continued focus of addressing the issues of sexual violence within their community. Currently they are working on their long term goal of creating a non-profit agency focused on all the issues affecting gay men living in rural Washington/Idaho, without the assistance of a supporting 501C3 agency.



The remainder of this section is a report compiled by the Community Development Facilitator of an underlying conditions exercise which took place in a community of gay men in rural eastern Washington and Idaho.



Appendix



Sexual Victimization Questionnaire

We are interested in learning more about the kinds of sexual abuse, trauma, or victimization that males experience in their lives. This is a very sensitive issue; therefore, not a great deal is known about it. We would like to ask you to help by filling out this questionnaire. Many of the questions are very personal, but it is important to be as truthful as you can. If you feel compelled to answer a question untruthfully due to personal discomfort, instead, do not answer at all.

The results of this study will be used to educate Washington law enforcement and the Office of Crime Victims' Advocacy on sexual assault issues facing men who have sex with men in rural Washington. Individual results will be returned in unmarked envelopes to the Services Delivery Director at Sojourners' Alliance: only composite results will be presented. We welcome any comments or concerns about the survey, and may be contacted at (phone #), or at (email address).

Thank you for your help.

Instructions:

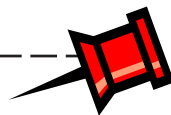
There are a number of ways in which a male can be sexually victimized.

(1) Witness: *He may witness disturbing sexual activity on the part of another person.* For example, seeing an older person expose himself/herself and masturbate in front of him; witnessing his father engage in incest with his sister; watching his mother engage in sexual activity with a number of men; or seeing someone get raped.

(2) Advances: *He may have someone make unwanted sexual advances toward him which - although he is able to resist or escape - he finds frightening, disturbing, or upsetting.* For example, someone offers him a ride when he is hitchhiking and puts his hand on his leg or touches his genitals; an older person sexually propositions him; or in jail someone offers him protection in exchange for sex. Whatever the situation, it was one in which the victim was able to get away or the offender finally took "no" for an answer.

(3) Pressure: *He may be pressured or manipulated into engaging in unwanted sexual activity.* For example, through tricks, bribes, or blackmail, or by making him feel obligated the offender takes sexual advantage of him; or he may be pressured into sexual activity as part of an initiation to join a club or gang or become member of a group.

(4) Coercion and Force: *He may be coerced or forced to submit to unwanted sexual activity.* For example, the offender gets sexual access to him by drugging him or getting him drunk, threatening him with injury, intimidating him with a weapon, or physically overpowering and attacking him.



Part A: Witness

Q1. Have you ever witnessed any sexual activity on the part of another person which troubled, upset, distressed, or disturbed you?

- Yes
- No - *Go To Q20*
- Don't Know - *Go To Q20*

Q1a. What type of sexual activity did you witness? (Check all that apply.)

- Indecent Exposure: someone sexually exposed himself/herself to you.
- Masturbation: someone masturbated himself/herself in your presence.
- Heterosexual relations: you witnessed male and female persons engaged in sexual activity together.
- Homosexual relations: you witnessed persons of the same sex engaged in sexual activity together.
- Incest: you witnessed family members (brother-sister, father-daughter, etc.) engaged in sexual relations with each other.
- Sexual assault: you heard or saw someone being raped or otherwise sexually assaulted.
- Other (Please Specify):

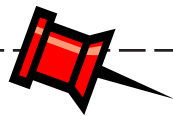
Q1b. Describe the events you witnessed. Whom did it involve and what did you observe?

Q2. How old were you when this occurred? (If you don't know for sure, what would you guess your age to have been?)

Q3. How old was the other person? (If you don't know for sure, what would you guess their age to have been?)

Q4. What was the sex of the other person(s)?

- Male
- Female
- Both



Q5. What was the relationship of that person to you? (For example: parent, relative, friend, neighbor, acquaintance, babysitter, teacher, neighbor, stranger)?

Q6. How many different times has something like this happened to you in your life?

Please describe how you felt at the time with regard to the following:

Q7. Did you find this experience in any way *interesting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q8. Did you find this experience in any way *exciting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q9. Did you find this experience in any way *frightening*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q10. Did you feel *upset* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q11. Did you feel *guilty* about this happening?

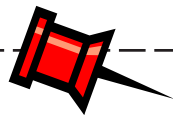
- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q12. Do you feel *angry* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q13. Did you feel *helpless*?

- No, not at all
- Yes, somewhat



Q26. How many different times has something like this happened to you in your life?

Please describe how you felt at the time with regard to the following:

Q27. Did you find this experience in any way *interesting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q28. Did you find this experience in any way *exciting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q29. Did you find this experience in any way *frightening*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q30. Did you feel *upset* about this happening?

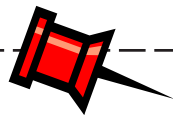
- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q31. Did you feel *guilty* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q32. Do you feel *angry* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know



- Male
- Female
- Both

Q45. What was the relationship of that person to you? (For example: parent, relative, friend, neighbor, acquaintance, babysitter, teacher, neighbor, stranger)?

Q46. How long did this person's sexual involvement with you last? Specifically, over what period of time (days, weeks, months, years) did this sexual activity continue with him/her?

Q47. How many times would you guess this person had sex with you in all?

Q48. Was this experience in any way disturbing or troublesome to you?

- Yes
- No - Go to Q50

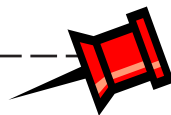
Q49. If yes, explain:

Q50. What type of sexual acts did the other person do to you? (Check all that apply)

- None
- Hug and/or kiss you
- Fondle and/or massage your body
- Rub his/her body against yours ("dry hump" or "dry fuck" you)
- Masturbate you (give you a "hand job")
- Put his finger in your ass ("finger fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Suck his/her ass ("rim" him/her)
- Other sexual acts. Please describe:

Q51. What type of sexual acts did the offender make you do? (Check all that apply)

- None
- Hug and/or kiss him
- Fondle and/or massage your body
- Rub his/her body against yours ("dry hump" or "dry fuck" you)
- Masturbate you (give you a "hand job")
- Put his finger in your ass ("finger fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Suck his/her ass ("rim" him/her)
- Other sexual acts. Please describe:



Please describe how you felt at the time with regard to the following:

Q52. Did you find this experience in any way *interesting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q53. Did you find this experience in any way *exciting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q54. Did you find this experience in any way *frightening*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q55. Did you feel *upset* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q56. Did you feel *guilty* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q57. Do you feel *angry* about this happening?

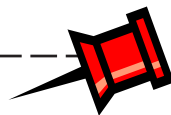
- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q58. Did you feel *helpless*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q59. What was the *most* troubling part of this experience for you?

Q60. Did you tell anyone about this at the time?



Q71. How long did this person's sexual involvement with you last? Specifically, over what period of time (days, weeks, months, years) did this sexual activity continue with him/her?

Q72. How many times would you guess this person had sex with you in all?

Q73. Was this experience in any way disturbing or troublesome to you?

- Yes
- No - Go to Q75

Q74. If yes, explain:

Q75. What type of sexual acts did the other person do to *you*? (Check all that apply)

- None
- Hug and/or kiss you
- Fondle and/or massage your body
- Rub his/her body against yours ("dry hump" or "dry fuck" you)
- Masturbate you (give you a "hand job")
- Put his finger in your ass ("finger fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Suck his/her ass ("rim" him/her)
- Other sexual acts. Please describe:

Q76. What type of sexual acts did the offender make *you* do? (Check all that apply)

- None
- Hug and/or kiss him
- Fondle and/or massage your body
- Rub his/her body against yours ("dry hump" or "dry fuck" you)
- Masturbate you (give you a "hand job")
- Put his finger in your ass ("finger fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Perform oral sex on you (give you a "blow job")
- Perform anal sex on you ("butt fuck" you)
- Suck his/her ass ("rim" him/her)
- Other sexual acts. Please describe:

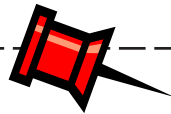
Please describe how you felt at the time with regard to the following:

Q77. Did you find this experience in any way *interesting*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q78. Did you find this experience in any way *exciting*?

- No, not at all
- Yes, somewhat



- Yes, very much
- Don't know

Q79. Did you find this experience in any way *frightening*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q80. Did you feel *upset* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q81. Did you feel *guilty* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q82. Do you feel *angry* about this happening?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q83. Did you feel *helpless*?

- No, not at all
- Yes, somewhat
- Yes, very much
- Don't know

Q84. What was the *most* troubling part of this experience for you?

Q85. Did you tell anyone about this at the time?

- Yes
- No - Go Q89

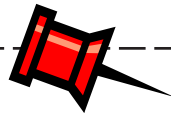
Q86. Whom did you tell?

Q87. What were your reasons for telling? What did you expect that they do?

Q88. How did this person you told react? What did they do?

Q89. Was this person's response mostly:

- HELPFUL** That is it made things better for the most part.



- Move
- Take legal action
- Other, please describe:

Q97. What is your current age?

Q98. What is your current employment status? (Please check all that apply)

- Employed full-time
- Employed part-time
- In the military
- Unemployed and looking for work
- Retired and not working
- A student
- Or, something else. Please describe:

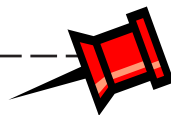
Q99. What is the highest level of education you have completed?

- Less than high school diploma
- High school graduate
- Trade/Vocational school
- Some college (No degree or associate's degree)
- Bachelor degree (BA or BS)
- Some graduate school (No degree)
- Postgraduate degree (MA, MS, PH.D)

Q100. How "out" are you?

- Completely
- Semi-out ("Out to friends.")
- Not at all

Q101. Do you have any other comments or concerns about the survey, or about sexual assault in your community?



Acknowledgements

The Washington Coalition of Sexual Assault Programs would like to recognize those involved in this Community Development Initiative, specifically Rob Painter-Johnson and the stakeholders, for all of their time and work on this project.



Washington Coalition of Sexual Assault Programs