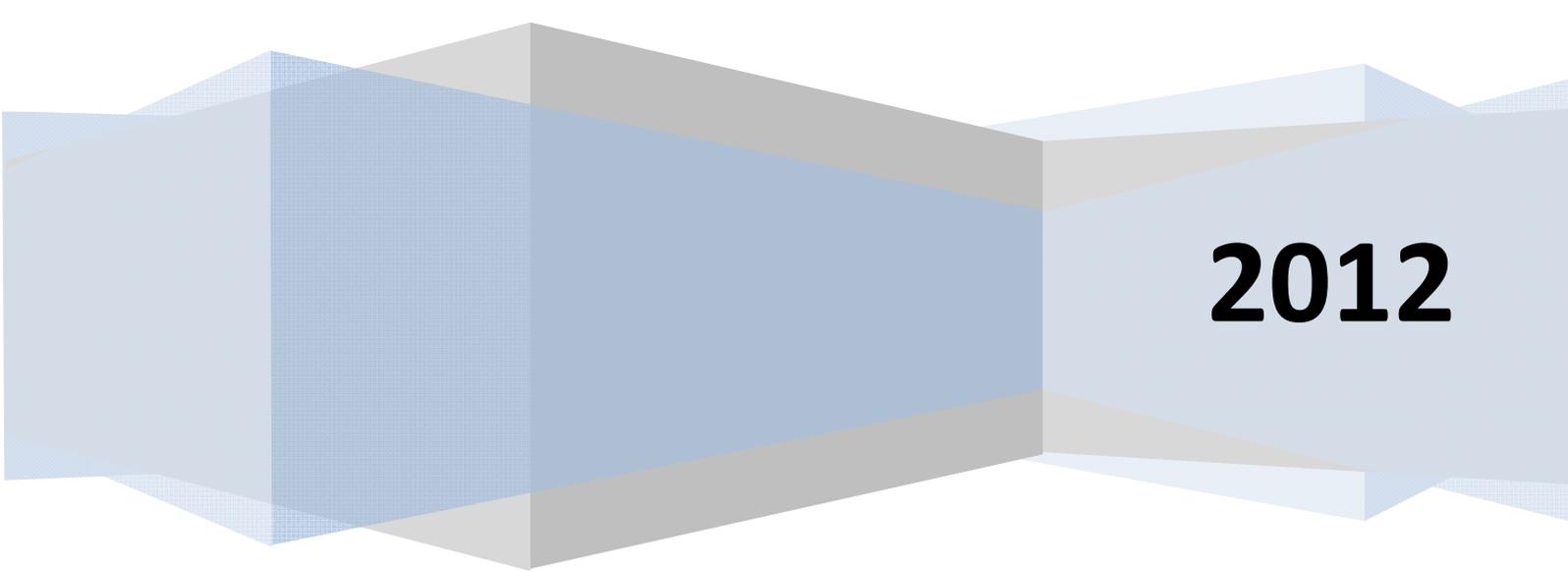


Australian Catholic University

**Social Media and Help Seeking by
Young People on Sexual Assault**

Somazone Report

Ruth Webber and Julie Wilmot



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Executive Summary

This report focuses on anonymous posts (questions and answers, stories and comments) on the Somazone website about sexual assault or sexual coercion. The volume of Users seeking guidance on sexual assault or sexual coercion from Somazone suggests that young people are using the site to address current concerns and seek advice about how to deal with sexual issues, particularly as they relate to relationships with people they are dating. Many of the young women posting stories about sexual assault had not reported the incident or sought assistance prior to going online through Somazone. This site provides an opportunity for young people to disclose in a relatively safe and anonymous environment. It can help to overcome geographic isolation, fear of face-to-face contact and privacy barriers.

Results indicate that young women are coerced into sexual activities and are confused about how to negotiate sexual relationships. Naming unwanted sexual activity as sexual assault is difficult for young women, particularly if it is perpetrated by a peer or someone with whom they are in a relationship. Somazone's counsellors can help victims of sexual assault who access the site to name the incident appropriately.

The responses by counsellors to the questions were consistent and tended to follow a formula, which included providing affirmation, interpretation, advice, and where to access assistance. The story and comment sections were well utilised by Users and contained many stories of sexual assault and sexual coercion that were perpetrated by a range of different types of people – friend/date, peer, relative and stranger. The comments on the stories were largely encouraging and supportive of the person posting the story but lacked the depth or objectivity of the counsellors.

More research is needed into how websites, such as Somazone, can best meet the needs of young people who have been sexually assaulted.

Glossary

Asker – person who submitted a question to Somazone

Commenter – person who posted a comment in response to a story.

Counsellor – answer posted by a health professional, such as a counsellor, in response to a question

Poster – person who submitted a story on Somazone

Question (Qn) – question posted on Somazone

Story (St) – story posted on Somazone

User– Anyone posting on the Somazone site (i.e. Asker, Commenter or Poster)

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Introduction

Somazone is a website¹ designed to assist young people 'to ask questions, share stories and get help for mental health issues, sexual health, relationships, abuse, body image, and drug use' (Somazone 2012). It provides topical fact sheets, a searchable directory of Australian youth services, an anonymous question and answer (Q & A) service, and publishes personal stories. Somazone has a statement on the website with suggestions about where people who need help can access help. The Somazone services directory lists services that provide help for sexual assault. These can be searched for by checking the boxes "Abuse / Harassment" and "Sexual health / pregnancy / sexuality

Once a young person submits a question it is answered by a health professional who has completed an 'assessment and quality assurance process monitored by the Australian Drug Foundation (ADF)' (Somazone, 2011). Young people can access over 1700 questions and answers posted on the website by category or key word search. The stories section allows young people to 'share their experiences with drugs, sex, mental health, harassment, relationships and body image' (Somazone, 2012). The 'Add a Comment' section allows other readers to respond to the story. The fact sheets address common questions on health and wellbeing issues. Somazone provides an online, free, anonymous and nonjudgmental information service.

Questions, stories and comments are screened for defamatory, obscene, discriminatory or other inappropriate content and posted if approved. Askers complete a form and selected questions are answered by content partners including South Eastern Centre Against Sexual Assault, Family Planning Victoria and Orygen Youth Health. The questions and answers are then posted on the site. The approval process of peer content and professional answers by Somazone is designed to provide a safe place for young people to share their experiences. This procedure protects against 'trolling' or facetious questions, stories and comments.

The Project

This report describes and analyses the content of questions and answers, stories and comments on sexual assault. Reported demographic information is outlined for young people that posted questions or stories on sexual assault in a two year period (01/07/2009 – 30/06/2011). This report seeks to

¹ <http://www.somazone.com.au/>

provide a picture of the type of questions that were asked by young people (Askers) and the type of answers provided by qualified people (Counsellors) engaged by the Australian Drug Foundation. The findings from previous studies on sexual assault and help seeking behaviour provided an important basis for this research project.

Background

A significant number of Australian young people are affected each year by sexual assault. In the 2009 Australian Recorded Crime Victims report, 77% (n=2033) of male sexual assault victims and 64% (n=9639) of female victims were 19 or under (Australian Bureau of Statistics, 2010). These estimates are believed to be considerably lower than actual sexual assault incidence, because reporting of assault has been consistently quite low. For example, the Australian Institute of Criminology (Lievore, 2003), drawing on the Australian results from the 2000 International Crime Victims Survey and Australian Women's Safety Survey, noted that less than a third of surveyed women report sexual assault to the police. In Chung's (2007) Australian study on dating and violence it was found that sexual coercion and aggression were common and affected a cross section of women from different socio-economic groups.

There has been a plethora of research on women's understanding and interpretation of dating violence, much of which is set in the context of gender inequality. The feminist literature on sexual coercion is often framed in the discourse of clear gender roles that position women in oppositional relations, with males being active, initiating and constant while female are passive and gate keepers (Hird & Jackson, 2001). Recent researchers have found that while young women did not see themselves as passive victims, they had difficulty coping with the double standards, resisting taking on a gatekeeper role and overcoming their ambivalence about relationships and sexuality (Jackson & Cram, 2003; Masters, Norris, Stoner & George 2006). As a consequence of the confusion about how to negotiate sexual relationships, young women are left in an ambivalent situation as they try to find a balance between maintaining their reputation, adhering to their principles or religious rules, and fulfilling their own emotions and desire (Suivuo, Tossavainen & Kontula, 2010). Consequently this confusion often results in them acquiescing to unwanted sexual activity (Morgan & Zuberiggen, 2007).

Young women can at one level want to engage in a sexual activity while at another level not want to do so. Muehlenhard and Peterson (2005) state that not wanting sex and consenting to sex are independent states; young people can both want sex (and engage in it) without consenting to it as well as consenting to sex that is unwanted, a situation that creates ambivalence. In Hird and Jackson's (2001) study on

English and New Zealand teenagers, the girls consistently reported feeling pressured, coerced or actually forced into sexual activity by young men known to the girls as acquaintances, friends, or boyfriends.

The negative and long term effects of sexual assault have been well documented. Exposure to sexual abuse or coercion in intimate partner relationships during adolescence can disrupt the normal developmental process and have severe consequences including poorer school attachment and negative educational outcomes (Ackard & Neumark-Sztainer, 2002; Banyard & Cross) as well as producing feelings of degradation and abuse (Jackson, Cram & Seymore, 2000). Sexual assault can also negatively impact on health and wellbeing (Wiklund, Malmgren-Olsson, Beng & Ohma, 2010) and result in complex emotional reactions and interpersonal difficulties (Briere & Elliott, 1994). The negative consequences can be long term (Fortier, et al., 2009).

It has been well documented that young people are reluctant to disclose sexual assault in a face-to-face counselling environment. Despite the importance of counselling, the number of young people who seek counselling is significantly lower than it is for other age groups. Ullman (2007) found that only a small number of victims of sexual assault seek counselling services soon after an assault has occurred, although she estimates that over 60% seek help at some point, often years later. The reasons why people fail to disclose or choose to disclose are complex. Disclosure is not necessarily a conscious decision or planned action but may be about a person seeking information to clarify his or her understanding about the nature of the assault (Lievore, 2003). Research on intimate partner violence, often involving sexual assault, provides insights into motivations behind non disclosure. Young people in particular have several barriers that prevent them disclosing. Negative feelings and an uncertainty about others' reactions leave young people particularly vulnerable to not disclosing sexual assault (Staller & Nelson-Gardell 2005). Young people sometimes fear others will not believe them thus contributing to a sense of helplessness and isolation (Staller & Nelson-Gardell, 2005). Young people who have consumed drugs or alcohol can feel they are to blame for the assault and are therefore less likely to disclose (Bondurant, 2001). In addition, if the perpetrator is a family member or trusted family friend it can be difficult for young people to travel to a sexual assault centre's office without the adults in their lives being aware of their movements (Feldhaus, Houry & Kaminsky, 2000). The majority of sexual assaults are not reported to police or other formal bodies (Australian Bureau of Statistics, 2010; Lievore, 2003).

The reluctance to disclose does not seem to transfer to online settings. Young people are increasingly turning to Question and Answer (Q&A) online environments to find information about sensitive health

topics and are seeking advice and support from online forums for many issues including sexual assault (Quadara, 2008). While it has been reported that online sites are more likely to be accessed by young, introverted, shy or embarrassed people in seeking help (Derrig-Palumbo, 2006; Wyn, Cuervo, Woodman & Stokes, 2005), they are becoming a popular medium for young people generally. Part of the reason for doing so may be because they are accessible, free, available 24 hours a day and anonymous. Somazone as a support service in an anonymous online environment is able to overcome distance and privacy barriers.

Disclosing in online environments can be beneficial. Studies have reported that the simple act of writing often has a cathartic effect and is associated with improved physical and mental health, enabling participants to better organize and integrate traumatic emotional experiences (Pennebaker and Segal 1999; Pennebaker 1999). The writing about one's negative experiences can be viewed as benign disinhibition or 'an attempt to better understand and develop oneself, to resolve interpersonal and intrapsychic problems or explore new emotional and experiential dimensions to one's identity' (Suler 2004, 321). However, disclosing online if the site is not monitored by health professionals may have undesirable consequences for the young person because the reaction of respondents is unpredictable, and may be negative or unsupportive.

Method

Data Collection

The Australian Drug Foundation (ADF) supplied Quality of Life and Social Justice Research Centre with data about sexual assault that had been posted on the Somazone website in a two year period (01/07/2009 – 30/06/2011). The material supplied by the ADF contained questions, answers, stories, and any comments/feedback that related to the topic of sexual assault. There were 40 questions posted by 'Askers' with an accompanying answer to each (posted by qualified counsellors). The questions and accompanying text ranged from a few sentences to several paragraphs. There was good congruency between the question which appears at the start of the dialogue and the content underneath it. There were 23 stories by 'Posters' accompanied by 155 comments. The wording, grammar and spelling of the text was retained as it appeared in Somazone. Some people 'troll' question and answer websites posting questions with salacious or extremely prejudiced content.² All questions were analysed including those that could be 'troll' questions.

² Refer to: <http://www.urbandictionary.com/define.php?term=troll> for definition.

Analysis

The Somazone questions, answers, stories and comments were imported into NVivo 9 program for coding. Prior to undertaking the coding the researchers immersed themselves in the data so that they were familiar with each of the questions, answers, stories and comments. Initially, the data were analysed using interpretive description, which is an inductive analytic approach designed to create ways of understanding phenomenon (Thorne, Kirkham, & McDonald-Emes, 1998). Interpretive description is a qualitative research methodology aligned with a constructivist and naturalistic orientation to inquiry and is often used to generate knowledge relevant for the clinical context of applied health disciplines. This method was used to interpret the meaning behind the questions and subsequent text, the stories and accompanying comments about the stories. This analytical approach has been used in nursing and counselling settings (Osborne, 1990; Thorne, 2008).

In order to capture the content, tone and assumptions contained in the dialogue the initial focus of the analysis was on broad issues. For example in respect to the questions, each was categorized according to the type of question, the type of abuse, the level of disclosure, and type of information or assistance required. This approach is in line with the assumptions behind interpretive description where line-by-line coding is eschewed in favour of initially asking broad questions (Hunt, 2009). Where an incident of sexual assault had been disclosed in a question, story or comment, specific details about the incident were recorded in a spread sheet and coded in Nvivo: the length of time since abuse had taken place, the relationship between the abuser and User, impact on the User and the type of support (if any) the User had previously sought.

Results

There was a degree of similarity between the language expressed in the questions, stories and comments. All three typically included emoticons, text language, self disclosure and 'loose' grammar. The language was more colloquial than that used by the counsellors in the answers to the questions. A further difference between the questions/stories/comments and the answers provided by counsellors was that the former included personal information and disclosures while the answers never included them.

Demographic details of Askers and Story Posters

In Somazone, Askers (of questions) and Posters (of stories) typically make reference to their 'online' age and gender in the question and the stories. However, online reporting of age and gender needs to be treated with caution because there is no way to verify the information (Green, 2007; Whitty & Gavin

2001). Age, sex and location of Askers and Posters are reported in Table 1 to 3. The highest Users of the site were aged 15 years with just over 5% being over 20 years of age (Table 1).

Table 1: The age of Askers (N=40) and Posters (N=23)

Age	Askers	Posters
12	2.7%	-
13	8.1%	-
14	8.1%	17.4%
15	24.3%	34.8%
16	8.1%	30.4%
17	16.2%	13.0%
18	13.5%	-
19	2.7%	-
20	10.8%	-
23	2.7%	4.3%
28	2.7%	-
Total	100%	100%

Askers and Posters were overwhelmingly female (Table 2). This was consistent with data from Australian Bureau of Statistics (2004) that 80% of victims of sexual offences are women, particularly under 20 years of age. Additionally, more females than males seek information and social support in online communities, and have a higher tendency to disclose emotions (Stefanone and Yang, 2008).

Table 2: Reported gender of Askers (N=40) and Posters (N=23)

	Asker	Poster
Male	8.1%	4.3%
Female	91.9%	95.7%
Total	100%	100%

It is of note that even though Somazone is a website hosted by the Australian Drug Foundation more than half of the Askers and Posters are reported to come from countries other than Australia (see Table 3). The accessing of services provided by Australian agencies by people located outside of Australia is an emerging issue for sexual assault centres and other community organizations that have limited funds which require them to make choices about the extent to which they are prepared to assist young people who are outside of Australia or the region to which they are funded.

Table 3: Reported location of Askers (N=40) and Posters (N=23)

Location	Asker	Story Poster
Australia	(50%)	(31.8%)
• Australian Capital Territory	2.9%	-
• New South Wales	14.7%	22.7%
• South Australia	5.9%	9.1%
• Victoria	23.5%	13.6%
• Queensland	-	9.1%
• Tasmania	-	9.1%
• Western Australia	2.9%	4.5%
Europe	5.9%	-
New Zealand	2.9%	-
United Kingdom	8.8%	13.6%
United States of America	32.4%	18.2%
Total	100%	100%

An analysis of the breakdown of Askers on regional data revealed that Askers came from various locations: metropolitan (n=17), regional/rural (n=16) and remote (n=4). There was missing data on region for four Askers. A greater proportion of Posters reported that they lived outside a metropolitan area than in it: metropolitan (n=9) and regional/rural (n=13) remote (n=1). That a greater proportion of young people from regional/rural/remote areas than from metropolitan areas access Somazone for assistance for sexual assault may reflect a lack of accessible face-to-face services in these areas. Alternatively it may be because through using an online service, young people from regional/rural/remote areas are less likely to be able to be identified by other people in the region, who may observe them entering a face-to-face counselling service.

Questions

In the questions, Askers typically sought information, advice, clarification and validation. In addition, they posted general societal queries, usual on behalf of themselves but on a few occasions Askers posted a question about the sexual assault of a friend.

Askers sought specific information around legal, medical and relationship issues. The legal and medical questions tended to involve the seeking of factual information. For example, Askers wanted to know whether and under what circumstances charges could be laid after sexual assault, as well as legal definitions of sexual assault. Medical questions tended to be concerned with gaining information on physiology or sexually transmitted infections, for example 'I was sexually abused before I reached puberty. Is my hymen still intact?' (Qn65). Societal questions were around Askers trying to make sense

of why sexual assault occurred, for example 'Why do young children or young teens get abused?' (Qn51). Askers typically wanted some validation or clarification about an incident or their role in it. They wanted to know if they had somehow contributed to a sexual incident, if the perpetrator had taken advantage of their youth or their inexperience or if they were misreading the situation.

Sexual Assault Incidents

Askers in dating relationships defined sexual assault as behaviour that was unwanted, got out of hand, made them uncomfortable, or as a result of different expectations and needs. When the sexual assault was perpetrated by a family member or by a stranger then terms like sexual abuse, sexual assault or rape were used to describe the incident. Previous research has found that young people rarely use the terms 'sexual assault', 'rape' or 'sexual abuse' to describe unwanted sexual experiences with known persons (Hird, 2002; Hird and Jackson, 2001; Quadara, 2008). They have difficulty naming an incident as sexual assault especially where the sexual incident was averted (Fisher, Cullen & Turner 2000; Masters, Norris, Stoner & George, 2006). Studies conducted in the USA have found that only approximately 25% of rape survivors actually called the incident 'rape' (Schwartz and Leggett 1999).

There were eight incidents where female Askers described a rape and an additional nine incidents where they described being sexual coerced by a boyfriend into acts that they would have preferred not to engage.

Family or sibling abuse

There were six incidents in which Askers reported they had been abused by a parent, sibling or relative. One young woman wrote 'I've been sexually raped by my father'. Another who was sexually abused by a cousin wrote 'I want to know if this is considered rape or sexual abuse. Did i consent?' (Qn50). Two people reported sexual assault by an older brother. There was an incident reported where the Asker had been sexually abused by her brother from the time she was seven until she turned twelve; she wanted to know whether it was too late to take legal action.

My brother told me about this new thing he wanted to show me, that he had a game to play. I was a kid, I was naturally like 'okay woohh000 game!!!' Turns out, it wasn't a game at all. It never went as far as full-blown rape, but it came close several times. I was 7 years old, and he said if I told mum we'd be grounded forever and she'd hate me and would kick me out. He denied it, and she (mother) didn't know who to believe. Can I still charge, if that's what I wanted? (Qn13)

Dating / relationship abuse.

Many young women who posted questions were unsure about how to interpret their experience of sexual coercion.

The thought of me having sex at my age is way beyond what i had planned. In fact i had never planned anything, i never wanted to do anything. Then i told him i didn't have my period yet then he got all excited and now he's not bringing a condom :(What if we have sex and i get HIV or something? I don't want to do it :(Why did i show myself on cam? Why? Why? Why? I've messed things up. Now what? (Qn6)

Askers who were in a relationship, reported that their partners pressured them to engage in unwanted sexual activity. These young women posted questions in which they sought clarification or support about how to set boundaries and still maintain the relationship:

I don't feel like i'm ready yet. Then we also agreed that we wouldn't have sex until we are married but i have a feeling that once IF i do give him a blow job, he'll start pressuring me to have sex and that is the last thing i want to do. (Qn68)

This Asker acquiesced to getting naked and although she said 'I don't regret it' she clearly felt pressure to participate in further sexual acts because this was expected of her and she did not want the threat of a breakup.

There were many relationship questions in which Askers were trying to work out when and under what circumstances it was reasonable to refuse a sexual activity with a date or intimate partner. Many felt coerced into agreeing to a sexual activity either before or after they had indicated that they did not want it to occur.

Then he (boyfriend) asked me to show him my bra and boxers. To be honest i wasn't comfortable at all with it ... I didn't want to do it because i felt really uncomfortable but i'm scared of him, not physically but mentally. If i don't do it he'll get angry and leave me and i'll end up crying my eyes out. (Qn45)

Askers overwhelmingly asked about the appropriateness of the sexual behaviour that had taken place. There was an element of desperation in some of the questions.

Recently, we started sexting, and now he wants to do the real thing. I'm a virgin, and this totally scares me. I have no idea what to do. (Qn29)

Peers

There were four reports of Askers being sexual assaulted by a peer. In each of these cases the Asker was in early her teens or in one case even younger.

This guy is just getting so intimate and touching me places he shouldn't. (Qn41)

The fall out from sexual activity at early ages was often that it was broadcast to other boys and girls in the network, with the results that the girl was labelled as a 'slut' and was teased.

I am now 13, but when i was 11 i had sex with my brother's mate who was 15. Is this classed as rape? Because i wanted to do it with him. I like to masturbate, it feels good, so this is why i wanted to have sex with him. Although i really regret it now. The things we did were just wrong. He licked my private area and he also put his fingers somewhere. None of my mates knew about it until last year when someone found out and told everyone. Everyone now calls me a slut or a slapper etc. and i don't like it!! The only attention I get is from boys, and the only thing they say to me is hey the bitch do u want some sex? I don't know what to do. (Qn62)

One Asker who had been raped by a boyfriend when she was aged 13 and who kept going out with the boy after the assault reframed the incident as unlawful 'rape' at age 20 when she posted the Somazone question. The delay in identifying and naming an incident like this illustrates the difficulty that adolescents have in interpreting and negotiating sexual relationships.

I was thirteen when my boyfriend raped me in the school bathroom during lunch time. I never told anyone what happened. I was ashamed of myself for not leaving him when he started treating me badly. I should've known that things would escalate. (Qn55)

Abuse by an unfamiliar person

While most abuse was perpetrated by someone that was relatively well known to the Asker there were instances of the use of date drugs. In one incident a man at a party was accused of 'spiking' a drink and subsequently abusing the young woman who was 13 at the time of the abuse.

I went on a holiday and made friends with this new girl. We hung out and really got close and on New Years we went to this party and she introduced me to her friends. This one guy took a particular interest into me and kept getting me drinks ... I

blacked out for about a minute and when I woke up he was having sex with me. He was using me like a doll and there was nothing I could do. I couldn't run or scream, I just had to wait till it was over then run back to where I was staying and bury the truth. (Qn69)

There was another incident in which an Asker thought she had been drugged by what she described as a 'roofie' and was subsequently raped.

How do you know if you have been raped? I went to a party and I'm sure I was given a roofie and what makes me think I was raped is because I was not in the same place I was, I was sore, and bleeding a bit. What are other ways I can tell if I was raped, like symptoms and signs? And what if I was? I can't tell anyone and I'm scared....(Qn71, aged 18)

There were incidents reported that involved stalking or harassment and included repeated actions that offended, intimidated, humiliated or threatened an Asker. In two cases the harassment involved repeated texting or phoning by someone that was relatively unknown to the person.

This guy won't stop texting me and keeps calling then hanging up. I really don't know what to do anymore! I've told him to leave me alone, i've tried ignoring him but he just calls more often and my phone's always ringing. I can't figure out how to block a number either. I really don't know what to do anymore! I find it odd that there are no harassment questions on here directly relating to texting or the internet, and i would really appreciate any advice! (Qn12)

Sexting

Young people also reported sexting or being asked to reveal themselves on webcams. In the last 12 months 3% of Australian 11-16 year olds have and 2% of European youth have 'been asked on the internet for a photo or video showing my private parts' (Green et al 2011; Livingstone 2011). Of 1,500 American youth internet users interviewed 4% had been asked for a sexually photograph of themselves and 14% of unwanted solicitations were from offline friends and acquaintances (Wolak, Mitchell & Finkelhor 2006, 23-4). Young people's use of the internet can expose them to unwanted sexual activity as well as provide access to information and support as indicated by the incident reported in the following question:

*Ok. I'm 18 and i met this guy online who is 27. (We've been talking for 3 months.)
We swapped pictures, and he seems nice; he doesn't seem like he is up no good.
Recently, we started sexting, and now he wants to do the real thing. I'm a virgin,
and this totally scares me. I have no idea what to do. I told him I'm a virgin, and he
said that it's okay, and that he'll help me when we do IT. I'm really horrified at the
thought of someone seeing me naked too. What am I gonna do? (Qn29)*

Disclosure

In less than half of the cases Askers indicated that they had disclosed the incident prior to the posting on Somazone. There were a few incidences where Askers had previously sought help from counsellors (Qn10). However, Askers were reluctant to disclose in a face-to-face setting (Qn49, Qn59). Most of those who indicated they had disclosures previously had done so to a peer or parent. Askers were dissatisfied with the response by peers to their disclosure because they were angry and unsupportive. Parents were also not perceived to be helpful, either because they did not believe the Asker (Qn56) or because they did not want to follow it up or discuss it further. There was also reluctance by Askers to tell parents about the sexual abuse because they knew it would cause them distress, particularly if the assault was perpetrated by a family member. One Asker stated 'I know I could NEVER tell my parents because it would break their hearts' (Qn58). Jackson, Cram and Seymore (2000) found that a substantial proportion of New Zealand students did not report dating violence to anyone although females were more likely to disclose than males and they were more disposed to disclose to friends rather than family members. The reaction of people is important to how victims come to understand the experience of sexual assault or coercion (Lievore, 2003; Staller & Nelson 2005). Somazone by screening questions, stories and comments and providing professional non judgemental answers provides a safe place for young people to disclose.

Answers

All questions posted on Somazone are answered by health professionals, with those about sexual assault often answered by people who work at sexual assault centres. Each answer typically includes at least a brief supportive and affirming comment, a reflection or interpretation of the incident, advice (personal, legal and medical) and providing information about resources. Table 4 provides examples of each type of answer.

Table 4: Typical answer types according to the answer classification

Answer category	Example of answer according to category
Affirmation	<p>Thanks for your question. I can imagine you would be feeling distressed and confused at the moment. (Qn18)</p> <p>It sounds as though what happened made you feel uncomfortable and that you did not want this touching to happen. This means that it was at the least an indecent assault. (Qn50)</p> <p>Hi there. This must be a difficult situation for you. No one likes to be called names or abused. We all prefer to be treated with respect. (Qn62)</p>
Interpretation	<p>Being raped as a child can make it very difficult for you to have sexual relations. Childhood sexual assault can profoundly affect what we learn about sex and what we believe is expected sex role behaviour. (Qn10)</p>
Personal advice	<p>It is really important for you to only do things you want to do. If you want to say 'no' you do not want to do anything with this guy, then say that. If he does not accept this and tries to force you or bully you into doing something sexual you do not want to do, he is not treating you properly. (Qn6)</p>
Medical advice	<p>It is recommended that women have a pap smear every two years after age 18. This is because pap smears detect early cell changes in the cervix which may indicate cancer. If these cell changes are found early, treatment can be given which prevents serious and possibly fatal illness. (Qn64)</p> <p>Use a condom every time to protect you and your partner from STIs and unplanned pregnancy. (Qn70).</p>
Legal advice	<p>It is illegal for a parent, step-parent or grandparent to have sex with their daughter, step-daughter or grand-daughter. There are no exceptions. You can't consent (agree) to this, even if you are 16 or older. There is a piece of legislation that describes this and has other categories of people who are 'in a position of trust or authority' who cannot legally have sex with you either. (Qn63)</p>
Resources	<p>There are a number of books you could read together that might help you both. An old standard The Joy of Sex by Alex Comfort has been revised and reissued this year. (Qn22)</p> <p>If you have a trusted adult or school counsellor it might be helpful for you to talk to them about your feelings about being insulted and harassed in this way. There is also helpful information on the SECASA website about feelings and ways to handle difficult situations. There is also a US organisation called RAINN (Rape, Abuse and Incest National Network) who will be useful if you want to talk about your situation. They will also be able to answer any questions about ages of consent for sex because these vary from State to State in the US. All the best. (Qn62)</p>

Affirmation

Ullman (2011) states that disclosure of sexual assault trauma may be helpful or hurtful depending on whether the feedback is negative or positive, the closeness to the person with whom they are disclosing and the nature of the trauma. Sudderth (1998, p. 577) found that the reaction of the first people that survivors told heavily influenced their willingness to discuss the incident with others. The Counsellors who responded on behalf of Somazone consistently started their answers with a statement of support. They then went on to provide advice to the Askers and in some cases they re-interpreted the incident. The Counsellors did not blame the Askers or condone inappropriate behaviour in the answers. The affirmation statements validated the Askers' reactions to the sexual experience and were sympathetic

to their continued distress and trauma. This is important because victims of sexual assault are sensitive to the reactions of others to the disclosure.

Advice and Interpretation

In response to direct queries on personal, medical and legal issues, the Counsellors provided feedback and advice on specific items. Personal advice was most common and was often given to questions in which Askers indicated that they were thinking about having sex (Qn28) or trying to understand when a situation could be considered sexual coercion (Qn6). There were three broad types or elements of personal advice. The first element advised Askers to assess their comfort level around sexual activity and if they were not comfortable then they should not proceed. The second element advised Askers to say 'no' clearly if they did not want the sexual activity to continue. The Counsellors indicated that to say 'no' was an appropriate response. The third element suggested that if the partner continued to coerce an Asker into a sexual activity against the wishes of the Asker, then it should be acknowledged that this behaviour was disrespectful, inappropriate and coercive.

Often the advice posted in answers also included an interpretation of the issues stated in the question. This became particularly apparent in discussions about intimate relationships. As indicated earlier, young people had difficulty naming the sexual activity as abuse particularly when it occurred with someone with whom they were in a relationship. Counsellors reiterated that it was inappropriate under any circumstances for a partner or date to coerce a person into engaging into a sexual activity. A young woman who was abused by her boyfriend and was pregnant asked 'Should i stay with a guy who rapes his girlfriend or should i move on?' (Qn21). The answer to her question was quite detailed and included validation, advice, interpretation and resources.

Hi there, thanks for getting in contact with us. How do you feel about being pregnant, have you thought about what you are going to do about the pregnancy? I have given you details of an organization called Family Planning Queensland, and I strongly recommend that you contact them as soon as possible because you need some advice and support not only about the pregnancy, but also about this relationship too and what is happening in it. What this guy is doing to you is wrong and is a crime. It is not your fault and you need to tell someone that this is happening, because I am very concerned that his sexual violence towards you could get worse. I know this all sounds scary, but my main concern is your safety, and from what you are telling me you are not safe right now.... (Qn21)

Personal advice also included advice on using technology. Where Askers reported using webcams or sexting the responding Counsellor focussed on different aspects of the danger of using sexting and webcams. Some Counsellors pointed out that posting photographs or other images through new technologies was not a safe option. 'You don't know who could be watching at the other end, even in the guy says he is alone' (Qn6). Others drew the Asker's attention to the legal ramification of using this technology in this way. 'It is also a crime in many places to create sexual images of a young person because this is seen as child pornography' (Qn45). The range and type of questions on this topic indicates that there is a need for education around cyber safety.

Non-specific legal advice was given in many instances but specific detail about various jurisdictions was largely absent. It is acknowledged that it is difficult to provide accurate and relevant information about legislation and potential penalties on a Question and Answer website because of geographical variation and because of insufficient detail. However, a few Counsellors did attempt to provide information from different jurisdictions or to make statements about behaviour that is unlawful in Australia.

The law in the USA is different, as you probably know, in each State, which can make it complicated to work out what is and is not lawful. (Qn50)

The law in relation to harassment, stalking and multiple telephone calls varies from place to place. I'm not sure which country you live in so I don't know exactly what your options are. (Qn12)

Whether your brother can be charged depends on his age when the assaults happened. (Qn56)

Depending on the extent of touching, it might be considered sexual assault. (Qn73)

It's illegal to give alcohol or other drugs to people for the purpose of being able to rape them. So whatever happened to you was not your fault at all. (Qn71)

Counsellors often indicated that possible criminal offenses should be named as such and used terms like sexual assault, rape and child abuse. However, Counsellors sometimes missed an opportunity to inform Askers about semi-legal matters particularly in respect to naming and defining sexual assault. In instances where Askers reported that they were coerced into sexual activity, Somazone Counsellors could, as a matter of course, add a comment along the lines of: 'Behaviour of a sexual nature which is unwanted, makes you feel uncomfortable or afraid, or you did not consent to is called sexual assault and is a criminal offence'.

Resources

Answers always provided a generic list of resources which included phone numbers for Kids Helpline and Lifeline, tips for helping yourself or a peer through a difficult time, and links to a services directory, external sites and services for international Users. In response to Askers questions specific resources were recommended including: ConnectSafely - Tips to prevent sexting; Australian Mobile Telecommunications Association - Mobile phones and bullying; Family Planning Queensland – Brisbane; AVERT - Worldwide ages of consent; Seattle Institute for Sex Therapy, Education, and Research - Recovering from Rape: healing your sexuality; Gay and Lesbian Switchboard Victoria Inc – metro; Wikipedia - Stockholm syndrome; Centre for Young Women's Health - Types of hymens. One internet site that could be included in a resource list is the Australian Federal Police and Microsoft internet safety education site: thinkuknow.org.au which includes information on cyber safety and Australia legislation on child pornography. Some Counsellors suggested that Askers speak with parents, friends, trusted adults, or professionals (doctor, teacher, priest, and police) about the sexual incident. Clearly providing details about how and where the person could access further information or help is important for User empowerment.

Stories

Each story described a sexual assault incident with almost half of the Posters describing a rape (9), a quarter describing a sexual harassment (6) and a third describing other types of sexual assault or coercion (8). Although there were many similarities between the questions and stories there were also some significant differences between them, particularly in respect to the focus. For example, the focus of questions tended to be on seeking help/advice and validation, with the description of an incident providing background information to the question, whereas the focus of stories tended to be the sexual assault incident or sequence of incidents. There also was more detail provided about the impact of the assault in the stories than in the questions. 'I try not to think about it. It's confusing now when i go to sleep. I can only feel that sickening touch that i felt. I don't like it so sometimes i won't sleep, I'll just cry' (St1). There were also graphic descriptions in the stories of self harm that resulted from continued and consistent abuse and bullying.

He made me sit next to him in class and make me touch him and he would touch me. If i didn't do this he would bite me and hit me. He made me meet him one day and raped me. He told me i couldn't tell anyone about the things he did to me cause if he did, he would break my dog's legs and put my house on fire. I had to

listen to him. I got bullied every day by him and his friends. All the horrible things you can think of he would have done to me. It changed me. I got low self-esteem by the things he said to me. He said i was ugly and fat and no one would love me. I carved love in my hand because he told me i could never have a future or love. I came to cut myself a lot on my arms and body, i didn't no what i was doing, i thought i was going insane. I was so scared but it felt so good doing it. Every time i felt pain and hurt i would self-harm. (St3)

There were reports in the stories of the long term effects of a rape by a relative, particularly in respect to self harm and the fear of intimacy.

The worst part is i don't trust old men anymore and the two men i love the most who haven't harmed me (daddy and grandad) i can't even hug or be in a room alone with them because i don't trust them! I will never be able to have a normal relationship because of what he did! (St7)

Some Posters described sexual encounters that had occurred when they were much younger and which, although they consented at the time, they later regretted.

When i was about 13, i started having sex with much older boys. I looked a lot older than what i was so i lied about my age. I wanted power and 'love' that i never got from anyone else. (St21,)

In the stories in which a rape was reported, the perpetrators of the rape tended to be known to the victim, with a family members being the perpetrator in five of the nine cases cited. Each incident had all occurred at least two years previously and mostly while the Poster was pre-pubescent. Rape by peers, partners and strangers was also reported. Sexual assault by a peer or a partner often involved either coercion or force.

He made me do things to him. Things i didn't want to happen. (St20)

I said no but he just hit me. It was the most i have experienced, white hot pain. He carried on, got up, pulled his jeans up and left. (St18)

It is disturbing that some young people wrote about unwanted sexual encounters with different people in a relatively short time frame.

My boyfriend and i have been dating for about 3 months now. We are so close, we are best friends and we share everything to each other. One night at a party we got really drunk, and decided to take that next step and have sex (was both our first times). We went into a free bedroom and we started off slow then got faster and faster. Even though we were drunk it was still good and felt really nice. Although i always wanted my first time to be special and not drunk but that's the way it goes...It got really late that night and i was just exhausted and so drunk so i decided to walk home by myself ... I was just around the corner from my place when some guys came up and approached me. I started to run but i was drunk so i stopped and just vomited my lungs out. Those two guys started taking advantage of me. They pulled me down, ripped my pants off and i think you can guess the rest! Finally when they finished i was left there crying and crying coz i didn't know what to do, i was still stunned. I stayed there lying on the grass that whole night. (St19)

The references to intoxication in the extract above were common to other stories. Alcohol and/or drug use preceded both consensual and non-consensual encounters. Young women using these substances may be seen by some males as being more available for sex and/or less able to resist it. There is debate in the literature, and variation in the law, as to whether the victim or offender assumes a legal risk when engaging in sex while intoxicated (Ryan, 2004). After sex some people found their reputation damaged and were called names like 'slut' (St8, St15, St21). These young people appeared ill equipped to manage the expectations of sex and accompanying bullying, which often resulted in regret that they had complied against their will. After consensual sex and non-consensual sex there were some stories that contained descriptions of sexual harassment included descriptions of belittling or humiliating the person and passing on nasty comments to others in their network.

Now all these nasty things get said about me at school. He told EVERYONE. People he didn't even talk to usually, he told. I'm known as the school slut and i still cry myself to sleep at least 3 times a week. I would do anything to take it back because he has pretty much ruined my life. (St15)

Some stories concluded with cautionary advice to readers such as 'realli wish i'd onlii had sex with the guy i was in love with' (St2). While there were fewer requests for help than there were in the questions, some poster did directly plead for advice or help, for example 'Am i meant to just sit and watch?' (St16)

Comments (about stories)

There 155 comments by Commenters in response to the 23 stories. It was not possible to determine the age, region or gender of Commenters. Comments ranged from zero to 22 per story with most stories having between four and seven comments. Comments were often a single sentence but some were longer (Table 5). The content of comments had similar themes to the answers, however unlike the answers Commenters often self disclosed. Somazone screened comments before they appeared on the site and this meant the comments were largely positive.

Table 5: Typical comment types according to the comment classification

Comment type	Example of comment according to category
Validation	wow thats intense. im sorry to hear all of that. its so amazing and inspiring that u are positive after all that has happened. (St3)
Interpretation	Don't feel sorry for this person who touched you! And you defended yourself, it's fine. (St17)
Condemnation of Poster	why did you forgive him?? he is a horrible desperate freak! it sounds terrible but forgiving him loses a lot of my respect. letting someone hurt you that way and just forgiving him makes me feel as if you dont care or have any respect for yourself and that if someone else did it you would forgive them as well... (St13)
Self disclosure	I've been raped for 3 years straight by the same guy. I got the courage to tell the police and it was the best thing I ever did. He is now in jail for the next 5 years of his life. He deserved it. Go to the police and you'll feel a lot better. St18
Personal advice	for now; surround yourself with your 'real friends', and don't worry yourself on this. Your life is not ruined, and things will be normal again; okay? (: (St15)
Medical advice	They need to know that he has STDs. He could give that to a different girl and so on and so on (St5)
Legal advice	if you withdrew consent then that is rape. i'm so sorry honey (St5)
Resources	u need to talk to sum1 and get help (St13)
Humour	Should have kneed him in his man sausage!!! (St17)

Validation

The tone of the comments differed significantly from the answers posted by counsellors in response to the questions. Unlike the Counsellors, the Commenters used emotionally charged language including the use of humour. Most Commenters were empathetic towards the Poster and many appeared to be

distraught by the reported incidents of abuse. Others paid tribute to of the courage shown by the Poster of the story who had been sexually abused.

OMG what is with everyone talking about it so casually IT SOOOO IS A BIG DEAL! HONEY YOU WERE RAPED! by someone you don't know and you don't even know! do you even know if he was supposed to be in your house? omg your story scares me and it makes me want to cry for you. it scares me that you don't think it was a big deal! you are not a slut! and those people who treat you like that in school are not your friends. you should tell someone you can trust. i'm sorry that you had to go through that wow! (St1, Commenter 3)

Interpretation

There were 29 instances where Commenters interpreted the events and reframed the way in which the sexual incident could be viewed. While comments were largely positive and constructive there were instances where this was not the case and were judgemental. In response to the story cited earlier about bullying and self harm (St3), the Commenter was critical of the passivity of the Poster: 'I feel very sympathetic for you. But there were many solutions to this at the very beginning. You should've told someone that he was bullying you eg. notify the police or tell your parents' (St3, Commenter 6).

Some Commenters were condemnatory towards the abuser or the poster of the story. In some instances the use of humour was used to provide a Poster with emotional support by 'sending up' the perpetrator, such as 'Should have kneed him in his man sausage!!! ('.

Many Commenters were highly critical of the motives of men in respect to sexual encounters and advised Posters to be sceptical of men's motives in respect to sexual relationships and to resist unwanted sexual attention.

But a lesson you can learn here is that guys (not all guys) but the majority only want one thing and that is sex. So next time perhaps save yourself until you either really know the guy or until your really ready to give yourself to a guy worth it. (St2, Commenter 3)

babe you should never ever trust guys, especially the ones that treat u like shit. from my past experiences u shouldnt be even having sex coz ur too young and even tho u think u might love them its still not the same. (St2, Commenter 4)

well I've come to learn the hard way that guys suck. (St15, Commenter 3)

The criticism and disparaging of Posters by Commenters mostly occurred in situations where a female Poster was perceived to be promiscuous and failed to acknowledge the inappropriateness of casual sex. However, when a Poster referred to herself as 'a slut' and indicated she regretted her former sexual behaviour, the comments tended to be more supportive. Overall the data indicates a degree of conservatism about sex expressed by those posting comments.

girls should always be safe about virginity (St2, Commenter2)

i have been in ur situation b4. u will soon learn that ur pussy should be untouched!! learn to trust yourself. (St9, Commenter3)

babe you should never ever trust guys, especially the ones that treat u like shit. from my past experiences u shouldnt be even having sex coz ur too young and even tho u think u might love them its still not the same. (St2, Commenter 4)

Disclosure

There were 21 instances where Commenters disclosed their own stories of sexual abuse. Their motivation for disclosing was unclear. It may have been because they were endeavouring to normalize the Poster's experience or maybe it was for their own catharsis:

my 1st time having sex was nice, but i had a baby at the age 14 and a half. that was my biggest regret like u, and ive gone through this. i was called slut 2.(St15, Commenter 7)

My uncle has raped me nearly every night since i was four and i was raped by 7 other people. :| I know how hard it is. My dads an alcoholic and bashes me and i get bullied at school. i have a boyfriend and no friends. It hurts but you've gotta be strong because those people are waiting to see you fall. xx much love. (St12, Commenter 7)

Some Commenters who disclosed their own sexual assault incidents indicated that telling the police could result in a conviction and which in their case was a positive outcome::

Trust me go to the police. I've been raped for 3 years straight by the same guy. I got the courage to tell the police and it was the best thing I ever did. He is now in jail for the next 5 years of his life. He deserved it. Go to the police and you'll feel a lot better. (St18, Commenter 3)

While most disclosures were about the sexual assault of a woman, there were a number of disclosures from a male perspective in which a Commenter claimed he or a friend was falsely accused of sexual assault: 'That happend to my friend...some fucking bullshit...he had to go to court... fucking bitches

man' (St6, Commenter 1). The following disclosure reflects the Commenter's anguish over being duped by his girlfriend.

heres another lesson that you should learn - why would you sleep with him if you knew he had a GIRLFRIEND? I had a girlfriend once. she was my whole life, I did everything for her and when I was gone on training she cheated on me. I basically died. I'm asking you.. did you even care about the guys girlfriend? you KNEW they were together.. its just that why? even though you were in love you must have had second thoughts? (St4, Commenter 3)

Advice and Resources

While those posting comments offered advice on personal, legal and medical issues, the focus tended to be on encouraging the Poster to report the offence, tell someone about it and seek professional help, with counsellors, teachers, family and police being mentioned most often as the appropriate people from whom to seek help.

Have you told anyone about you being raped? if not you should get on it right away. tell your family. they have a right to know. (St23, Commenter2)

Commenters were much more likely than Counsellors to recommend going to the police to press charges.

oh dear, im sorry you had to go through that. have you told the police? and 'Elise', you both should go to the police. i know it will be a hard thing to do but try. even ask for a female officer - they help a lot when it comes to young girls. and this boy. make sure you remember him for the rest of your life. not every day, but make sure you dont forget what happened and remember the signs of what is going on for the future. once again i am so sorry that you had to go through that. i hope you feel safe again. (St18, Commenter 2)

Most Commenters did not provide the specific names and details of places that Posters could go to for help or advice.

Conclusion

The services provided by Somazone are accessed widely by young people in Australia and overseas who have been sexual abused. Somazone provides a forum for young people to ask questions about sexual assault and to disclose incidents of sexual assault or sexual coercion. Young women in particular have

difficulty negotiating sexual relationships and drawing boundaries. This was evidenced by the questions, stories and comments that were posted.

For the most part the comments made in response to the stories were positive and affirming. The study could not assess the extent to which young people found the comments helpful. However, it can be assumed that the continual use of the site by young people indicates that the users do find them helpful.

The answers by Counsellors to questions posted on Somazone were of a consistently high quality that validated Posters' feelings, interpreted the issues, provided advice (personal, medical, legal) and provided details about some resources. The consistency of replies and the inclusion of various types of responses by counsellors meant that Askers were gaining access to professional advice and support.

Overall, the study concludes that Somazone provides an opportunity for young people to raise concerns and ask questions that they may not ask in a face-to-face counselling session because of embarrassment (Qn49; Qn64), fear (Qn71), guilt (Qn61) or not knowing who to ask (Qn59). The answers provided nonjudgmental information.

Somazone provides a forum for young people to describe un/wanted sexual activity and to seek advice and support. In a situation where young people are reluctant to access face-to-face counselling or support, this forum fills a significant gap.

Suggestions

Somazone might consider adopting the following suggestions:

1. Develop guidelines for Counsellors to use on the type and content of answer to questions including a range of organisations and resources that specifically focus on providing help for sexual assault.
2. Provide an opportunity for Askers to respond to a query from a Counsellor and have a short online dialogue. The study found that often a Counsellor was unable to provide effective advice because he/she was lacking certain information. The following comment by a Counsellor demonstrates the difficulty of responding when only part of the story is told: 'Thank for your question. Without having any more information, it is difficult to know why you may be having this experience' (Qn57).
3. Produce information sheets for the website in such topics as:
 - a. Cyber safety including self generated sexual images and the law
 - b. Defining sexual coercion
 - c. Talking with partners about sexual activities
 - d. Intoxication and sexual activities
 - e. Tip of the week
4. Provide specific information for high risk groups such as gay, lesbian, transgender and Indigenous people. The rate of sexual assault per 100,000 persons is significantly higher for Indigenous persons (ABS, 2010). Indigenous women (and men) may encounter additional barriers in accessing culturally appropriate support (Thomas, 1992). Other high risk groups such as those with intellectual disability or mental health issues may also appreciate having counsellors with specific training and resources to respond to their online questions.

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