CHILD & FAMILY SOCIAL WORK

Engaging in cyberspace: seeking help for sexual assault

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ABSTRACT

Many young people who have been sexually assaulted are accessing the Internet through question and answer (Q&A) social networking sites in order to obtain information, advice and counselling on sexual assault. This paper reports on a study that was conducted on the Q&As on sexual assault that were posted on Yahoo! Answers. It focuses on comparing answers supplied by counsellors who work at a sexual assault centre with those posted by other Yahoo members. It reports on an analysis of content, tone and 'best' answer. Sixty-five questions and 392 answers were analysed using interpretive description which is an inductive analytic approach. The responses by counsellors were voted 'best' by posters of questions (Askers) in the majority of cases. Their responses were dispassionate, accurate and systematic and contained information about how and where Askers could access help. In contrast, the answers by general Yahoo members were inconsistent and lacked specificity. While most of their responses contained supportive comments, many contained condemnatory remarks about perpetrators and Askers, which were potentially damaging to both Askers and other Yahoo members who were accessing the site.

INTRODUCTION

A significant number of young people in Australia 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 (Lievore 2003). 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.

The negative and long-term effects of sexual assault are 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 2008) as well as produce feelings of degradation and abuse (Jackson *et al.* 2000). Sexual assault can also negatively impact on health and wellbeing (Wiklund *et al.* 2010) and result in long-term complex emotional reactions and interpersonal difficulties (Briere & Elliott 1994; Fortier *et al.* 2009).

Young people frequently find it difficult to seek help. Barriers to reporting sexual assault include feelings of shame, embarrassment, self-blame or fear of being blamed by others (Ungar *et al.* 2009). Patterns of service use show that young people do not seek counselling for reasons including negative attitudes towards professional help-seeking, concerns regarding confidentiality, fear of stigma as well as a lack of emotional competence and experience regarding health care systems (James 2007; Ungar *et al.* 2009).

In line with the burgeoning use of the Internet, young people are increasingly accessing communitydriven online question and answer (Q&A) sites, YouTube, Facebook and Twitter, email counselling, SMS and blogs for health-related information (Borzekowski & Rickert 2001). Kids Helpline in Australia reported that in 2009, their online counselling contacts were 'more than six times the rate it was during 2003' and 'the online medium attracts a far higher percentage of young people wanting counselling and support than telephone (93% compared with 47%)' (Kids Helpline 2009, p. 10). Other agencies based in Australia and in the USA are now providing online counselling-type services for sexual assault (see Note 1). Skinner et al. (2003) found the Internet was a preferred option for adolescents seeking help because of the perceived lack of opprobrium (from online service or information providers) and 24 hours a day accessibility. Visual anonymity and heightened private self-awareness also contributed to participants disclosing significantly more personal information (Joinson 2001). An online youth counsellor reported that counsellors 'deal with a disproportionate amount of sexual abuse and suicidal ideation, because it's a safe place for young people to talk. They say things to us because we're not in the room and they don't have to deal with our expressions' (Daniel 2010, p. 28).

Over the past decade, the media, governments, parents, academics and educators have raised concerns that young people can be violated, exploited, misrepresented and misunderstood in social networking sites, particularly because responses are unpredictable and may contain negative consequences for members (Kee 2006; Quadara 2008; Valkenburg & Peter 2009).

However, researchers have reported some positive outcomes for young people. A literature review on online communication technologies found that young people have few inhibitions online and the quality of relationships and social connectedness can be enhanced by online interactions (Valkenburg & Peter 2009). The simple act of writing was shown to have a cathartic effect and is associated with improved physical and mental health, enabling participants to better organize and integrate traumatic emotional experiences (Pennebaker 1997; Suler 2004, p. 321). Disclosing in online environments can result in decreased loneliness, isolation and depression and increased self-acceptance, acceptance of others and wider social networks (Derrig-Palumbo 2006; Shao 2008).

Online counselling focused on support for young people who have experienced sexual assault is a relatively new venture, with little research to guide the development of an effective online counselling environment (DuBois 2004; Williams *et al.* 2009). There is

also little known about how sexual assault counsellors and Internet users respond to sexual assault queries on Q&A sites (DuBois 2004; Williams *et al.* 2009). Our study aimed to examine Q&As relating to sexual assault on one community-driven Q&A site, in order to explore how relevant organizations can best support young people seeking help from online Q&A sites in relation to sexual assault issues.

METHOD

The content of Q&As about sexual assault downloaded from Yahoo! Answers and posted under the location 'Australia' was analysed. This paper primarily reports on the answers to the questions posted on Yahoo! Answers, which is a Q&A Internet site. The answers posted by a cyber team (CT) of counsellors from a sexual assault centre are compared with those posted by other Yahoo community members (general Yahoo community [GYC]).

Yahoo! Answers

Yahoo! Answers (see Note 2) was launched in late 2005 and is currently available in 12 languages with 26 countries identified. Google Trends reports that approximately four million unique visitors log onto Yahoo! Answers each day. Australia is ranked the 10th highest national user (see Note 3). Yahoo! Answers is an online community where members can ask and answer questions on any topic. Questions are contained within a header with sub-questions in accompanying text. Members identify themselves through nominating a 'username' and can upload an 'avatar' (an identifier). Some Askers choose to record their 'online' age and gender; however, online reporting of age and gender needs to be treated with caution (Green 2007). Whitty & Gavin (2001) found that in order to achieve anonymity and to feel safe, people often changed facts about such things as age and location.

Yahoo members can access the web site and answer a question during a 4-day period. Both Askers and responders can vote on which answer they considered 'best'. Askers have up to 4 days (or longer if they wish) to choose the 'best' answer and add a comment. If Askers do not choose the 'best' answer, the Yahoo community can vote. Best answers are given a rating of up to five stars. Q&As are not deleted from the web site.

South Eastern Centre Against Sexual Assault

In 2007, South Eastern Centre Against Sexual Assault (SECASA), based in Victoria, Australia, established a

cyber outreach team (CT) made up of counsellors with social work training. It expanded its online presence to include active participation in a number of online communities. The counsellors became individual members of Yahoo! Answers in 2008 and answered questions posted within Australia and from other countries. The CT responds to online questions and delivers services relating to sexual assault via web communities including: Facebook, Myspace, YouTube, Twitter and Q&A sites (see Note 4). In a 12-month period (2009/2010), they answered a total of 538 questions from young people and had 244 886 unique visitors to their web site (South Eastern Centre Against Sexual Assault 2010).

Management of SECASA encouraged CT members to use their professional judgement in answering questions, but to follow SECASA's draft protocols, i.e.

[answers] should include the three R's, Reassure the Asker to deflate feelings of panic or isolation, Rephrase the question into a therapeutic format to allow the Asker to gain some therapeutic insight into their circumstances, Refer to a service or online resource. Try to include phone numbers (Australia wide are best unless the Asker is specific about their location) and URLs (see Note 5).

Data collection

Searches on Yahoo! Answers for the research were limited to questions in English, posted under the location 'Australia' and containing the keywords: sexual assault, rape and/or incest. We analysed 65 questions posted in Australia between 2005 and 2011; 33 of them were posted after the CT registered on the site (2008). Other members of the GYC answered 58 of the 65 questions on sexual assault. There were 392 answers to questions posted since 2005. The average replies per question was six, with one question receiving 51 answers.

It is suspected that some people 'troll' Yahoo! Answers, posting questions with salacious or extremely prejudiced content with the hope of generating online disputes (see Note 6). The policy of the CT is to respond to all online queries in a serious manner, even when the counsellors think that a query is not genuine (see Note 7).

Analysis

Q&As were analysed using interpretive description (ID), an inductive analytic approach designed to create ways of understanding clinical phenomenon

that can have a practical application (Thorne *et al.* 1998). It 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 approach has been used in sensitive settings such as counselling and nursing (Osborne 1990; Thorne 2008) but has not been used to analyse Q&A Internet sites. Researchers using ID are encouraged to first code broadly, in order to group data that have similar characteristics and to count responses to guide further analysis. Thorne *et al.* (2004) argue that frequencies can be an invaluable analytical resource and can assist in the quest for coherent rich interpretation.

The answers were coded in the software program Nvivo9. Broad issues arising in both Q&As were identified and categorized according to content detail; they were then broken down further into sub-categories. For answers, once main themes and sub-themes were identified, they were re-examined and coded according to tone, language, use of humour and emotional support. In the next coding round, answers were checked for any self-disclosures. The accuracy of information supplied was assessed, particularly when legal or medical advice was provided. Finally, a comparison was made between the answers posted by CT and GYC members. This approach aligns with the assumptions behind ID where line-by-line coding is eschewed in favour of initially asking broad questions (Hunt 2009) such as 'What issues are raised in the questions and who is asking them?' Later, detailed information was collected for each Q&A. In respect to Askers, the following details were collated: age, gender, help sought (legal, medical, resources, sexuality, relationship advice) and self-disclosure (type of abuse, length of time since abuse, relationship with perpetrator, difference in age between Asker and perpetrator). The text including language, emoticons, grammar and spelling was retained as it appeared in Yahoo! Answers. All quotes have a question number identifier. Where two or more answers by different Yahoo members are supplied, they are identified with roman numerals (see Note 8).

Ethical issues

There was no direct contact between the online users and the researchers. To further reduce any potential harm, names and identifying features have been removed. The more salacious comments have been omitted from this paper. This research was approved by the Human Research Ethics Committee at the University where the authors are employed.

RESULTS

There was no clue provided as to the gender of seven Askers. Although Askers could have misrepresented their age or gender, based on information supplied or in the text, we presumed that there were 48 female and 10 male Askers. Seventeen Askers provided their age; the average age was 16. The oldest person who self-reported age was 28; the rest were younger than 22. Based on information in the text, it can be inferred that most Askers were either at school or young adults, although this information may have been fabricated. It was not possible to deduce the age or gender of most GYC members because no identifying material was supplied. Noting that a Yahoo member may have misrepresented his/her gender, we have inserted details of gender where available.

Answers ranged in length from a short sentence to several paragraphs. CT answers were usually longer than those from the GYC with the typical response containing between 80 and 480 words. There were 32 self-disclosures of sexual assault in 31 questions, with one Asker disclosing two separate incidents. Thirteen incidents occurred more than a year prior to the posting, four were ongoing or current, 10 were recent and five had no time specified. Seventeen incidents of sexual assault were perpetrated by a partner, relative or friend, eight by an associate (peer, colleague and acquaintance), two by a stranger, one by a neighbour and no details were supplied for the rest. Selfdisclosures included incidents of ongoing sexual abuse of a child by an adult. Fifteen occurrences of sexual or other assaults were disclosed in answer by GYC members, with 10 of them in response to selfdisclosing questions. Both Askers and GYC members showed few inhibitions in their disclosures.

Content of answers

There were some similarities between the responses provided by CT and GYC members but also some major differences in substance, style, accuracy and comprehensiveness. The responses by GYC members included humour, colloquial language, text talk and emoticons in their responses. They tended to be 'chatty' and colloquial: 'Yes, yes you can:) go for it:) sue his ass' (Q18, GYCi). A major difference between the groups was that the CT provided systematic replies which included: advice (legal/medical/ personal), reflection, interpretation and specific details about resources and assistance. In contrast, answers by GYC members generally did not provide comprehensive or detailed responses but were often simplistic and lacked depth.

Advice

When Askers disclosed a sexual assault incident, both CT and GYC members gave advice in respect to legal, medical and personal issues. Irrespective of the Asker's background, advice given by the CT was consistent with the directive contained in the SECASA draft protocols, whereas there was considerable variation of content, style and approach across GYC members. Both groups recommended that Askers who had been sexually abused take some action including: reporting the incident, seeking counselling and obtaining legal advice. The CT explained the process that would take place if they reported the incident, received counselling or obtained legal assistance; GYC responses rarely did this.

Legal advice. Many Askers sought legal advice including legal definitions of sexual assault, state laws, mandatory reporting, statute of limitation and age of consent. GYC responses were vague and often incorrect, whereas those posted by the CT were detailed and precise, as this CT response illustrates:

If you are under 16, no-one is allowed to have sex with you. It is a criminal offence. Sexual assault does not only mean penetration. Having a crotch shoved in your face without your consent would fall within the scope of an assault of a sexual nature' (Q43).

In an attempt to provide responses to legal queries, the CT researched relevant legislation to ensure accuracy. In an interview with the staff, it was revealed that sometimes a search for relevant legislation in different jurisdictions was undertaken:

Q1. In Australia, what is the legal age for girls to have sexual intercourse with a guy?

Answer (CT). The age of consent to sexual activity is usually 16 years throughout Australia, In Victoria if you are under 16 years a partner must be within 2 years of your age and in that situation the Police are very unlikely to press charges, provided both people are giving their consent to the sexual activities. So as you say he was 17 years old and you were 12 years old, it is Sexual Assault i.e. Rape.

In contrast, GYC responses generally failed to provide accurate legal definitions or make reference to relevant legislation. Typically, they generalized and gave personal interpretations as illustrated by the following response to the question 'Is this child abuse or am I just overreacting?'

Q21 (GYCi, Female). its hard to say. in a way yes in a way no. this happens so much, that i would legally say no. u said no but then u froze u didnt fight and u stayed with him so technically he didnt do anything 'wrong'. TECHNICALLY.

Members from both groups recommended that Askers report assault incidents to relevant authorities such as: police, lawyer, Legal Aid, Department of Human Services, Equal Opportunity and Human Rights Commissions. Only GYC members outlined the perceived benefits that Askers might get if they reported a sexual assault to the police, noting protection, prevention and retribution:

Q9 (GYC, Female). ... did u report this? Don't let the bastard go freewheeling about after this heinous crime. He must be punished and punished severely. REPORT.i would say, for the sake of every women who has ever suffered this brutality.

Medical advice. There were questions about unwanted pregnancies, AIDS and trauma resulting from sexual abuse. Both CT and GYC members provided medical advice and clarification about processes; however, GYC answers often contained inaccurate or vague information, while the CT consistently provided accurate and precise responses.

Q5 (GYC). Firstly, go and see your Doctor as soon as possible. Despite any legal wrangling, they have a duty of care that means they have to do what is best for your health, but still maintain patient confidentiality. In other words, regardless of your age and what happened to you, they will refer you to a clinic to be checked, as your long term health is their primary concern. As with any medical check regarding STD's etc, the results are confidential, and only you and your doctor will know. For peace of mind you need to do this as soon as possible. Don't panic or stress, just speak to your doctor and they will do the best for you.

CT members, but not GYC members, provided contact information and URLs of sexual health centres and other services.

Personal advice. A range of personal advice was given in responses. Typically, both CT and GYC members emphasized the importance of Askers telling someone about the sexual abuse incident.

Q42 (CT). tell a trusted adult and keep telling till someone helps you to make it stop. People you could tell: your parents, another relative like an aunt, uncle or grandparent, your teacher, school counsellor or nurse, your doctor, the parents of your best friend. If all of these are too hard, then tell a friend. You can talk to a confidential counsellor at . . .

Some GYC members made suggestion about how Askers could prevent a re-occurrence of similar sexual assault incidents. They stated that females could do more to avoid sexual abuse. Advice included encouraging women to: resist sexual coercion more strongly, avoid excessive alcohol, desist from going to men's apartments and refrain from 'leading men on'. CT members did not comment on how men or women could avoid getting sexually assaulted.

Q40 (GYCi, Male). Women really need to learn to get PISSED OFF and yell in anger. We men think you girls are just toying with us if you don't. And that turns us on.

Several perpetrators or friends/relatives of perpetrators sought advice; two mothers sought help for their abusive sons. CT members provided advice to both relatives and perpetrators indicating that behaviour can be modified with help:

Q11 (CT). If he suggests he wants to change his ways he could call Men's Referral Service, MRS where he can talk to another male about attending a Behaviour Change Group where men can learn about respectful relationships.

Q46 (CT). Your son needs to know that this behaviour is not o.k. He also needs to be supported in developing an understanding of why he acted out in this way, as well as learning how to prevent acting out in this way again. Below I will provide links where you and your family can access such help and support.

GYC members were consistently condemnatory of perpetrators whatever their medical or psychological condition, frequently using language and emoticons to show their hostility.

Q11 (GYC). he needs 2 be shot with his own gun. he is a piece of ****.U can do much better 4 you'r self and 4 you'r kids! he is a joke.

Reflection and interpretation

CT members consistently stated that sexual coercion was wrong, illegal and not the fault of the victim. In response to queries about ongoing trauma, they provided simple psychological explanations.

Q5 (CT) Having nightmares and flashbacks are ways that the body manages after trauma. The body thinks about what happened and processes that information. Flashbacks are the body and brain remembering very vividly what has happened to it . . . and is very normal.

Complying with SECASA's protocol, on five occasions, the CT provided low-level counselling and 'psycho-education', explaining complex issues in simple language. Q38. [Sexual assault] I think I am loosing my mind, is this normal? I was drugged and rapped by a so called friend about 10 years back (I was only about 15 when it happened he was an adulT). and I am only getting over the violation and assault. But lately I have been getting feelings for men (same sex)....Will this pass, or am I gay and it is just making itself known to me now because of the traumatic event in my past it was some how camouflaged?

Q38 (CT) Answer. For heterosexual men, sexual assault almost always causes some confusion or questioning about their sexuality. Since many people believe that only gay men are sexually assaulted, a heterosexual survivor may begin to believe that he must be gay or that he will become gay. People do not 'become gay' as a result of being sexually assaulted. Whether you're a man or a woman, sexual assault is a trauma. The trauma of sexual assault involves losing control of your own body and possibly fearing death or injury. 'Rape trauma syndrome' is a term used to describe the common reactions that occur for both men and women after sexual assault. It is a normal reaction to an abnormal, traumatic event.

In contrast, GYC members tended to relate ongoing trauma to their own experiences, with 15 GYC members self-disclosing sexual assaults.

Q21 (GYCii, Female). A lot of youngins lose their virginity young, very young like 12, 13. I lost mine at 13 slept with so many guys I felt GROSS seriously, but yyou were young and you didnt know better and u have to believe that. I havent had sex in 6 months and before that felt really nasty.the fact that I haven't had sex in 6 months (just kissing), makes me feel really strong and worthy. u should try it. I'm almost 20 now so yeah that's just an example of how you can feel better about your past.

While many GYC members affirmed that sexual assault was both wrong and illegal and validated the Asker's interpretation of the incident, others accused women of inciting the incident and stated that laws favoured women.

Accessing help and resources

At the end of each posting, members can enter additional information in a 'Sources' section. The most significant difference between CT and GYC members related to accessing help and resources. The CT had developed an extensive list of resources and contact details of organizations, web sites and government departments in each region of Australia. This section was largely ignored or misunderstood by GYC members with many providing details about their own information sources, e.g.: 'common sense and married for 17 years' (Q1).

Tone of answers

The CT's responses were framed in a nonjudgemental and empathetic manner. 'Please remember that you are a great mother, and trying to make your daughter safe . . . You know you are in the right' (Q13, CT). Irrespective of the question, the CT provided responses that were dispassionate, even if the question was facetious or designed to create debate. In response to a provocative question about women's role in date rape, a CT member stated: 'Date rape happens because there is an assumption by one party that by saying yes to a date means saying yes to sex. . . .' (Q58).

The tone of GYC members was varied, with some comments similar in tone to CT members, while others were sarcastic and critical particularly if they believed that Askers had put themselves 'at risk'. There were 50 responses to Question 52 'Is this a kind of rape or sexual harassment?' In this question, a young woman said she was sexually abused when she went to the house of a man she met on the Internet. Several answers were offensive.

Q52 (GYCi). Are you reading what you wrote! you wanted that to happen come on he knew he was getting some that night that's what all man that you meet in the internet want and if you would of gotten up and left than that would of been a no! \ldots

Q52 (GYCii, Female). Hum either you are a nympho or you are plain dumb yes it is rape you said know and he still did it but since you liked it i guess you like rough sex.

There were many examples where GYC members provided negative and condemnatory statements about Askers and/or blamed the 'victim' claiming that women cried 'rape' to harm men.

Q40 (GYC ii). it's sexual harassment but you kissed him which is were you messed up, you gave him the wrong impression so he was probably acting out a submissive fetish thing. Q65 (GYC, Female). Drunken consent is still consent! If you're too drunk to remember if you said yes or no, then how is that the guy's fault? How do you know if anything even happened? These women need to take responsibility for their own safety and stop drinking so much!

The responses posted by some GYC members were based on the Asker's perceived worthiness. They were consistently affirming and supportive when there was a sexual assault incident which involved bullying, child abuse or spousal abuse and/or if the young person admitted that they were in part responsible for the incident by putting herself at risk: Q18 (GYCii, Female). and your right it wasn't right. im sorry for what happened to you and i hope you can grow to get past it! good luck and take care of yourself.

The use of colloquial language and hyperbole in the responses by some GYC members gave their answers a feeling of authenticity. 'Im sorry this had to happen, but move on with your life because life is beautiful!!! hope i helped, but be strong!!!' (Q30, GYC, Female). By being objective and professional, CT answers lacked this type of support and the warmth associated with it.

Only GYC members used humour or satire in their replies to both Askers and perpetrators of sexual assault. The response to a query from a male who claimed that a woman slapped his 'butt' was: 'Do the same thing back to her, or even better, attack her with a dildo. Oh wait, she may actually enjoy that' (Q37). In another instance, a satirical answer was posted by a female GYC member in response to a question by a man who claimed he was being falsely accused of rape by his same sex partner. 'it seems like he is raping your image, and you should rape him with a restraining order, and if that doesnt count, rape him in court' (Q18, GYCiii).

Asker feedback

Askers are able to leave brief feedback about answers. The CT received only positive feedback with comments indicating that the responses were helpful.

Q22. This answer fully answers the question I asked. Not only that, it shows that not all guys are like my boyfriend and don't believe that his opinions regarding his behaviour are at all good nor are they correct.

Answers posted by GYC members also received positive comments particularly to responses that contained emotional support, factual information and suggestions about appropriate strategies.

Q51. Thank you! I hope this will help others out there as well Q62. thnx to all the people who have helped me i have the evidence and hes going down

In five questions, Askers wrote comments indicating distain for members for posting rude and offensive answers with some indicating that the response had distressed them. 'You are so rude. I was RAPED and you show no compassion' (Q31).

Best answer

A comparison between votes for best answer awarded to CT and GYC members was based on the 33 questions posted since August 2008 when SECASA joined Yahoo! Answers. Of 14 votes posted by Askers, 11 CT answers compared with three GYC answers were considered the 'best'. Yahoo members can vote for 'best answer' if the Asker does not vote. Analysis revealed that members voted the CT's answers 'best' 15 times out of a possible 17. One question (Q61) had a tied vote for 'best' answer. In four instances, the CT posted the only response.

A detailed examination of 'best' answers shows that condemnatory, rude or antipathetic answers received no votes from Askers and few from other Yahoo members, while affirming responses demonstrating empathy were voted 'best' by Askers. Both answers below received a five-star rating from the Asker.

Q53 (GYC). Everyone copes with it differently. Talk to someone about it, tell them how you feel, and vent to them whenever you need to. The way you cope must be normal, if it helps you feel better. Thats what I did . . .

Q15 (CT). This sounds like a terrible situation to be in, so what about you call one of the Sexual Assault Crisis lines, Australia wide it is 1800 200 526 or in Victoria 1800 806 292, they can advise you about what to do next. You may want to have a medical, you may need the morning after pill, and eventually to tell the Police what has happened. The Police will investigate and Mr Jones may find he is living with only a lot of other men in a place called a Prison for quite a long time.

There were some differences between the type of answer voted 'best' by Askers and those voted 'best' by the Yahoo community. Only answers that contained empathy, advice, validation and interpretation were voted 'best' by Askers. In contrast, a few responses voted 'best' by the Yahoo community were accusatory and blaming. 'kiss is not just a kiss that is were it all starts . . . you should know better than go to some STRAGERs house' (Q52iii). One response voted 'best' answer by the Yahoo community contained humour.

DISCUSSION

The results show that Yahoo! Answers is being used by young people to seek information, advice and support in relation to sexual assault issues. They also indicate that responses received from the GYC are quite varied and have the potential to be both helpful and harmful. Some are empathetic and supportive; others are harsh and judgemental. The positive reactions of most Askers to answers provided by members of the SECASA CT support the conclusion that there is a role for professional advice to be offered around sexual assault issues on community-driven social network sites and for relevant agencies to set up specific sites with trained counselling staff to answer queries.

Answering questions on a Q&A site clearly requires different approaches to those used in face-to-face counselling because there is minimal interaction with the Asker and little possibility of follow-up. Nevertheless, results suggest that some protocols developed for face-to-face counselling can provide a basis for helpful online responses.

Organizations considering entering this arena need to decide on target audience, specialization, type of service and service resources. To maximize the possibility of Askers receiving ongoing support, agencies need to develop a database of online resources and a referral network. Regionally based organizations would ideally be looking to share costs and staffing with appropriate partners. Protocols for answering questions need to be developed, and strategies are needed to ensure that legal and medical information is accurate and copyright or other legislation is not infringed. Ethical issues such as (i) protecting users from abuse and harassment; (ii) managing and monitoring facetious comments and questions by 'trolls'; (iii) responding to questions where it appears an Asker is 'at risk'; and (iv) deciding under what circumstances URLs would be reported to police or child protection agencies; all need to be considered.

CONCLUSION

The victims and perpetrators of sexual incidents increasingly are accessing Q&A sites; some of which may contain potentially damaging comments, particularly for those who are marginalized or vulnerable. Commercial sites like Yahoo! Answers do have a social responsibility to ensure the emotional safety of their users and some make an effort to do so. Yahoo! Answers does have 'report abuse' buttons for people to report questions that are offensive. The questions may then be removed by the administrators. Each answer has 'thumbs up' and 'thumbs down' buttons on it. If an answer gets too 'many thumbs' down, it is removed. User accounts can also be suspended. Despite these safeguards, many offensive and condemnatory comments slip through the net. If community organizations or 'trusted sources' were invited by the organizers to answer questions under the organizations name, this might provide a more balanced view. However, there may be unforeseen consequences from having a 'badged' presence on commercial sites like Yahoo! Answers. Another way that Q&A sites might exercise their social responsibility is for them to provide links to

reputable sites on specific topics. However, there would be issues around how such sites are selected that would need to be addressed.

There is a role for social workers, violence against women advocates and other professionals to assist search engine companies to develop guidelines around their social responsibility, particularly about how they can put in safeguards to protect members from potential harm. There is also a role for welfare agencies to join together to provide opportunities for young people to post Q&As on dedicated Internet sites. This is an expensive venture because access to the sites cannot be easily restricted to a geographical area or even a specific country and numbers accessing the service could be large. Another way to get qualified and experienced counsellors involved in this arena is for a government to create Q&A sites where people could ask questions and get answers from a known source such as a government department or a specialist agency (see Note 9). In this way, if people want to know the answer to a question, they can go to this trusted site and ask an expert.

Overall, the results support Borzekowski's (2006, p. 214) findings that the efficacy of delivering Internetbased counselling should be the focus of future studies. It would be useful to online counsellors if research projects addressed such questions as: Was the process of asking a question beneficial to the Asker? What impact did the answers have on Askers? How do questions and answers impact on other users? How do questions asked in these private and anonymous Internet spaces differ from those asked in face-to-face counselling settings? How does the counsellor keep a conversation with the Asker going in an online environment? If Askers are referred to a service by an online counsellor, did they access it?

Q&A Internet sites offer an opportunity for counsellors to provide support and information to young people seeking help. It also can be an entry point for them into receiving additional assistance in face-toface or telephone settings. However, further research is required to ascertain how online services can be provided in an efficient and effective manner.

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NOTES

1 For example, the New South Wales Rape Crisis Centre in Australia (http://www.nswrapecrisis.com.au) and RAINN in the USA (http://www.rainn.org).

2 For more information on Yahoo! Answers, refer to http://en.wikipedia.org/wiki/Yahoo!_Answers

3 Refer to http://trends.google.com/websites?q=answers. yahoo.com (accessed 17 August 2011).

4 The opinions and views expressed in the commentaries of Yahoo answers belong solely to the authors while supporting the mission and aims of SECASA.

5 This came from a draft document supplied to the research team by SECASA.

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

7 Refer to http://www.casa.org.au/index.php?page_id=131.

8 For example, if three Answers are included to Question 1 (Q1), they would be cited as: GYCi, GYCii, GYCiii.

9 Somazone is an Australian web site monitored by the Australian Drug Foundation and 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'.

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