

# No filter: technology-facilitated sexual assault of children and adults

Shining a light on technology-facilitated sexual assault — the “why” behind the research

**A**s a forensic physician, you are exposed to some of the most terrible actions humans can inflict on one another. Driving across Melbourne at night, car boot loaded with DNA sampling kits and a camera, a standard shift might begin with a forensic medical examination of a sexual assault victim, a fitness-for-interview assessment of an alleged offender in police custody or coordinating photography of injuries in a case of intimate partner violence. On a “good” night, the phone won’t ring as much. On an ominously balmy long weekend, it might not stop.

People often ask why a health professional would choose to work in forensic medicine. My response is always the same. The humble privilege of being entrusted with documenting the stories of people on one of the darkest days of their life. The worst and the best of humanity — stories of physical and sexual violence, of psychological trauma, of transgenerational vulnerability, but also of resilience and hope. I can’t change what happened, but I can be there in the darkness during those initial hours. I can listen to their stories, often told through tears or disbelief, and document their words with forensic precision. I can collect DNA specimens from their bruised and blood-streaked skin, gather and package up their stained clothing which I neatly label and seal. They can shower and leave a small part of the assault behind when they exit the room. Some seem to stand a little taller. For others, the worst part of their journey has just begun. I am an expert witness — a conduit between medicine and the law, relaying the baton of medical evidence to the justice system.

If you listen deeply, you occasionally hear something unexpected — common features reminding you of a previous case, or new emerging ways of crimes being committed. And that’s exactly what happened one particularly busy week of night shifts about five years ago, when I encountered a series of dating app-facilitated sexual assault patients. It struck me that there were common features to their stories: there was a deep layer of shame, or guilt, that they had “swiped right” on their sexual offender and had travelled to that person’s house, as if they were complicit in their own assault. There was disbelief in reconciling the charming online persona, and the hopes they had for the meeting, with the violent offender they encountered offline behind closed doors. What struck me most was that each patient asked me “how come nobody is talking about this?”. When I looked further, I was surprised to see that despite an established body of literature on online sexual harms, there was indeed a paucity of literature on contact sexual offences occurring after people met online. Hence a small audit of my own cases commenced. I wasn’t imagining it — 14% of the 76 sexual assault cases I saw in that

year alone were facilitated by dating apps.<sup>1</sup> At the Victorian Institute of Forensic Medicine, we began to prospectively record technology-facilitated cases, to quantify this emerging phenomenon.

For someone to attend for forensic examination, the case must not only be reported to police but be reported within a forensically relevant timeframe. It was alarmingly clear to us that our data represented the tip of the iceberg. Compounding this is the well recognised underreporting of sexual assault, and the potentially greater barriers in reporting technology-facilitated cases, such that it is difficult to comprehend exactly how big the iceberg might be.

When I had the privilege of working at the paediatric forensic service for a year, it became apparent that children too were being sexually assaulted after meeting their offender online, and possibly represented a greater proportion of caseload than adults. The forensic paediatricians had been similarly concerned for some time. To quantify and characterise these cases, a larger retrospective clinical audit spanning seven years began. Many hours were spent reading the case details of hundreds of child sexual assaults, coding stories into a variable series, turning places, genders, ages and injuries into categories and numeric codes. A de-identified sea of data rows emerged, each one representing the violation of a child’s body.

Sometimes, when scrolling through the data, I paused to remember that each row of that spreadsheet represented somebody’s child, and it took my breath away. Hundreds of data cells collectively telling the story that there had indeed been an increase in the proportion of technology-facilitated sexual assaults in children — almost one-in-five sexual assaults of children in 2019–2020 were facilitated by technology. A story of sexual assaults that occurred on the first face-to-face meeting, usually at the offender’s home or a public place, predominantly in parks and public toilets, after a variable and often prolonged period of online communication. A story suggesting that the assaults could be medically high risk, with a large proportion involving penetration and a low proportion reporting condom use. A story demonstrating that the seemingly innocent Snapchat and adult dating apps — ≥ 18 years age-restricted — were associated with over three-quarters of child technology-facilitated sexual assaults.<sup>2</sup> Our findings are echoed globally — a recent United States-based study reported one-sixth of all-age dating app sexual assault patients in their cohort were 14–17-year-old children.<sup>3</sup>

Since commencing this research, I am relieved to see an increase in literature focusing on this evolving issue. Although previously assumed to be a relatively

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infrequent phenomenon in Australia,<sup>4</sup> a national survey identified over a quarter of adult respondents reported having experienced in-person sexual assault or coercion following meeting someone on a dating app.<sup>5</sup> What we have long suspected has been captured — the underside of the iceberg.

This story is not yet finished and is now the subject of my PhD thesis. We are currently exploring the effects of COVID-19 pandemic lockdowns and specific victim vulnerabilities, such as children living in out-of-home care, on technology-facilitated sexual assault.

The irony, as someone relatively new to research but adept in listening to human stories, is discovering that the way to shine the brightest light on this phenomenon is to anonymise and deconstruct, to transform stories into de-identified coded data. Analysing these variables tells an alarming story that warrants a multidisciplinary response.

So why am I doing it? When inundated by ethics applications and data entry, it can be all too easy to forget the “why” behind clinical research. I begin to wonder how number-crunching a pixelated spreadsheet could possibly result in a meaningful change. I’m a clinician — my strength lies in connecting with patients, not in research, having regrettably avoided most public health lectures during undergraduate studies due to a scheduling clash with Friday afternoon campus merriments.

I pause to reflect on the “why” behind this work — the hundreds of patients we have met, many of whom didn’t know about the existence of a clinical forensic service at the beginning of a day that didn’t go as planned, and for those we are yet to meet.

My “why” is John Doe, a 15-year-old boy, curious about his sexuality, who was experimentally communicating with males on the dating app Grindr, three years before he was eligible to sign up for an account. He thought he was meeting a male to watch a movie.

My “why” is Jane Doe, who said to me tearfully one morning while I was swabbing DNA from her vagina, after her night with a Tinder date ended in sexual assault and attempted strangulation, “I feel like it’s my fault. I went to his house”. I told her it wasn’t her fault; she had a right to safely date. “Has this happened to anyone else?”, she asked me through tears. I told her that in that week alone, she was my fourth technology-facilitated sexual assault patient. “You have to do something about this,” she said. “I had no idea this could happen.” I told her I would not forget her story.

My “why” is Mary Doe, a mother, who asked through tears, while her 13-year-old daughter was having forensic specimens collected after being anally and vaginally assaulted by a male she met on Snapchat, “why isn’t anybody talking about this?”. We will talk about this, I reassured her. We will shine a light on this, to make meaning of this awful day.

Sadly, these illustrative vignettes — each a composite representing an amalgamation of details of many Johns, Janes and Marys — are neither unique nor rare in our line of work.

So, what is the key message? Technology-facilitated sexual assault is happening, and likely increasing. It is happening to adults and children in Australia. Given the significant downstream physical and mental health effects of online and offline sexual violence, I believe this is a health issue that we are increasingly likely to encounter in various areas of patient-facing clinical practice. Normalising asking about any experiences of online sexual harm and high risk behaviours by including online safety in the safety “S” of your next HEEADSSS interview with your adolescent patient in the consultation room is a useful way to start the conversation.<sup>6</sup> Similarly, considering technology-facilitated sexual harms in your differential list in a young patient presenting with somatic and psychological symptoms might just create the space for a fruitful conversation.

With unprecedented access to technology platforms, we are navigating a new world in which we must run to keep up, where children who shouldn’t be are active on age-restricted dating apps, where in addition to all the positive benefits of global information sharing and human connection through technology, comes the flipside of vulnerable children accessible to sexual predators. We must continue to shine a light on what hides in the shadows, until much like developing seatbelts and airbags for cars, we have defined the tangible safety modifications for this evolving issue — including robust age verification mechanisms for accessing age-restricted online platforms, greater accountability by technology companies, criminal justice reform, and widespread user awareness. And most importantly, for those to whom this may have personally happened, the message is that you are not alone, and you will be heard.

*If you or anyone you know is experiencing distress, please call Lifeline on 1311 14 ([www.lifeline.org.au](http://www.lifeline.org.au)), beyondblue ([www.beyondblue.org.au](http://www.beyondblue.org.au)) on 1300 22 4636, or headspace ([www.headspace.org.au](http://www.headspace.org.au)) on 1800 650 890.*

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- 1 Rowse J, Bolt C, Gaya S. Swipe right: the emergence of dating-app facilitated sexual assault. A descriptive retrospective audit of forensic examination caseload in an Australian metropolitan service. *Forensic Sci Med Pathol* 2020; 16: 71-77.
- 2 Rowse J, Mullane S, Bassed R, Tully J. Technology-facilitated sexual assault in children and adolescents; is there a cause for concern? Fourteen years of experience at a metropolitan forensic paediatric medical service. *J Paediatr Child Health* 2022; 58: 409-414.

- 3 Valentine JL, Miles LW, Mella Hamblin K, Worthen Gibbons A. Dating app facilitated sexual assault: a retrospective review of sexual assault medical forensic examination charts. *J Interpers Violence* 2022; 38: 6298-6322.
- 4 Pooley K, Boxall H. Mobile dating applications and sexual and violent offending. Trends and issues in crime and criminal justice, No. 612, Nov 2020. Canberra: Australian Institute of Criminology, 2020. [https://www.aic.gov.au/sites/default/files/2020-11/ti612\\_mobile\\_dating\\_applications\\_and\\_sexual\\_and\\_violent\\_offending.pdf](https://www.aic.gov.au/sites/default/files/2020-11/ti612_mobile_dating_applications_and_sexual_and_violent_offending.pdf) (viewed Nov 2022).
- 5 Wolbers H, Boxall H, Long C, Gunnoo A. Sexual harassment, aggression and violence victimization among mobile dating app and website users in Australia (AIC Research Report 25). Canberra: Australian Institute of Criminology, 2022. [https://www.aic.gov.au/sites/default/files/2022-10/rr25\\_sexual\\_harassment\\_aggression\\_and\\_violence\\_victimisation.pdf](https://www.aic.gov.au/sites/default/files/2022-10/rr25_sexual_harassment_aggression_and_violence_victimisation.pdf) (viewed Nov 2022).
- 6 The Royal Children's Hospital Melbourne. Clinical practice guidelines. Engaging with and assessing the adolescent patient. [https://www.rch.org.au/clinicalguide/guideline\\_index/Engaging\\_with\\_and\\_assessing\\_the\\_adolescent\\_patient/](https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/) (viewed Apr 2023). ■