

**RDChat**

ReDirection Self-Help Program

# ‘Chat to a specialist’

**Evaluation of the RDChat – an anonymous chat function of the ReDirection Self-Help Program to stop viewing child sexual abuse material**

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Protect Children



End Violence  
Against Children

# Summary

Many people who view child sexual abuse material (CSAM) indicate that they want to change their behaviour and stop offending. Despite a widespread demand for help resources, only a small fraction of users seek help. There is an urgent need to develop effective perpetration prevention resources, as they are essential to prevent criminal behaviour and victimisation of children.

In the ReDirection project, Protect Children developed a new, low threshold online help resource based on cognitive-behavioural theory, with the aim of helping CSAM users change their behaviour and stop offending. The ReDirection program was developed as an entirely self-help resource, with no interactive elements. Protect Children aimed to test whether adding an anonymous guided chat function with elements of Motivational Interviewing Technique to the ReDirection program could improve the effectiveness of the intervention.

The RDChat was added to the ReDirection program in November 2022 and has been running for 10 months.

The information we gained from piloting the RDChat is valuable and gives important insights relevant for the development of perpetration prevention resources. The pilot indicated that the RDChat had a positive effect on user motivation to continue working through the ReDirection Self-Help Program. However, due to low uptake, we did not gather enough data to thoroughly test the effectiveness of the chat service as an addition to the ReDirection Self-Help Program. Further research and efforts are needed to evaluate the effectiveness of different types of help resources for individuals to stop viewing child sexual abuse material.

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# Background

## Child sexual abuse material: a complex epidemic requiring an innovative response

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We are currently facing a global epidemic of the spread of child sexual abuse material (CSAM) online. With the advancement of technology, the amount of CSAM has grown exponentially and explosively worldwide. In 2022, there were 32 million global reports of suspected child sexual abuse material.<sup>1</sup>

Crimes of sexual violence against children of which there is recorded footage are particularly traumatic for the child. For victims of CSAM, the mere awareness that there is a video recording or photograph of their sexual abuse, coupled with the fear of its possible spread and circulation online, can have a life-long devastating impact. Each time the CSAM is viewed again, the child is re-victimised.<sup>2</sup>

CSAM is easily accessible online and can be found not only on the dark web or on end-to-end encrypted anonymous platforms, but also in the surface web. According to the UK National Crime Agency, CSAM can be found via regular browser through only three clicks.<sup>3</sup>

Offenders who search for and view child sexual abuse material are a distinct group of perpetrators. This creates new challenges in response and prevention strategies.

**Child sexual abuse material**, or CSAM, (often misleadingly referred to as ‘child pornography’) includes images, videos, live-streaming, and any other material that depicts sexual violence against a child. Behind every image, a real child is being sexual abused.

## What do we know about child sexual abuse material users?

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From our ReDirection research on individuals searching for child sexual abuse material on dark web search engines, we have found significant information about current, undetected CSAM users. We have gathered responses from over 24,000 individuals to our anonymous surveys, which ask about thoughts, feelings, behaviours, and help-seeking attitudes.

**Many CSAM users want to stop viewing CSAM, however very few have sought help:** There is a clear demand for effective help resources among CSAM users. The results from our

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<sup>1</sup> National Center for Missing & Exploited Children. (2022). CyberTipline 2022 Report.

<https://www.missingkids.org/gethelpnow/cybertipline/cybertiplinedata>.

<sup>2</sup> Protect Children. (2021). Behind CSAM, Real Children are Being Abused.

<https://www.suojellaanlapsia.fi/en/post/behind-csam-real-children-are-being-abused>.

<sup>3</sup> UK Government Web Archive. (2019). Statement Made on Behalf of the Director General of the National Crime Agency by Robert Jones Director Threat Leadership National Crime Agency, in the Matter of the Independent Inquiry into Child Sexual Abuse – Internet Investigation.

[https://webarchive.nationalarchives.gov.uk/ukgwa/20221215032051/https://www.iicsa.org.uk/key-documents/17249/view/NCA000376\\_003.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20221215032051/https://www.iicsa.org.uk/key-documents/17249/view/NCA000376_003.pdf).

ReDirection surveys indicate that around 50% of CSAM users would like to stop searching for, viewing, and sharing CSAM, and 62% have tried to stop.<sup>4</sup> However, only 28% have sought help or thought of getting help. And only 3% of respondents have received help.

**Involuntary exposure to CSAM in childhood is prevalent:** 70% of respondents to the ReDirection surveys report that they first saw CSAM when they were under the age of 18. Of those who were first exposed in their childhood, more than half were under the age of 13. This exposure was involuntary in around half of the cases.

**CSAM users predominantly search for CSAM depicting girls aged 4-13:** Viewing CSAM depicting girls is more prevalent than viewing CSAM depicting boys. This finding is supported by the analysis of the sex of victims by the IWF. Over the last three years, reports of child sexual abuse material have consistently depicted more girls than boys.<sup>5</sup>

45% of CSAM users reported that they search for CSAM depicting girls aged 4-13, whilst 18% said they search for material depicting boys of the same age. The other respondents reported that they view images and videos depicting infants and toddlers, violent or sadistic and brutal material, or other violent material.

**Use of CSAM is strongly correlated with seeking contact with children:** Many CSAM users are a high risk of direct offending against children. 52% of respondents have felt afraid that their CSAM use would lead to an in-person offence and 37% have sought direct contact with children online. 44% have at least once thought of seeking direct contact with a child through online platforms. The risk factors of CSAM users seeking direct contact with children online include frequent use of CSAM, older age of first exposure to CSAM, viewing CSAM depicting toddlers and infants, having thoughts of self-expressing prior to viewing CSAM, and being in contact with other CSAM users.<sup>6</sup>

## Ending the use of child sexual abuse material: Is it possible?

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Whilst there is substantial research on treatment strategies for individuals with a sexual interest in children, treatment specifically for CSAM users is a relatively new study field, and treatment needs of CSAM users remain under-researched. Although there is an overlap between the two groups, CSAM users constitute a separate target group requiring a specific innovative approach.

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<sup>4</sup> Insoll, T., Ovaska, A., Vaaranen-Valkonen, N. (2020). CSAM users in the Dark Web: Protecting Children Through Prevention. Suojellaan Lapsia, Protect Children ry. <https://www.suojellaanlapsia.fi/en/post/csam-users-in-the-dark-web-protecting-children-through-prevention>.

<sup>5</sup> Internet Watch Foundation. (2023). The Annual Report 2022. #BehindTheScenes.

[https://annualreport2022.iwf.org.uk/wp-content/uploads/2023/04/IWF-Annual-Report-2022\\_FINAL.pdf](https://annualreport2022.iwf.org.uk/wp-content/uploads/2023/04/IWF-Annual-Report-2022_FINAL.pdf).

<sup>6</sup> Insoll, T., Ovaska, A. K., Nurmi, J., Aaltonen, M., & Vaaranen-Valkonen, N. (2022). Risk factors for child sexual abuse material users contacting children online: Results of an anonymous multilingual survey on the dark web. Journal of Online Trust and Safety, 1(2). <https://doi.org/10.54501/jots.v1i2.29>.

Evaluation of existing intervention programs has demonstrated that reducing or ending the use of child sexual abuse material is indeed possible:

- **Prevent It** – A randomised clinical trial of an internet-delivered, anonymous, cognitive behavioural therapy with support from a therapist revealed a significant decrease in weekly viewing time of CSAM. The therapy has also been found to decrease intensity of other behaviours related to sexual interest in children.<sup>7</sup>
- **Internet Sex Offender Treatment Programme (i-SOTP)** – An evaluation of the internet-delivered group-based intervention demonstrated a significant positive change in pro-offending attitudes, socio-affective functioning, and self-management skills among participants.<sup>8</sup>
- **Stop it Now!** – The pilot study of Stop it Now! helpline in the Netherlands and the UK analysing 3,555 call logs demonstrated that provided advice, guidance and information successfully enhanced protective factors and reduced risk factors to offend.<sup>9</sup>

## Effectiveness of online chat-based help resources

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Chat-based health services have a number of advantages over other methods, including anonymity, accessibility, immediacy, control of pace of communication, and the ability to write down sensitive thoughts and feelings instead of saying them out loud. Chat-based hotlines have been found to be preferred by patients over calls, emails, and even in-person sessions with a mental health specialist.<sup>10</sup> They have been found to lead to significant positive effects on various health issues, and user satisfaction seems to be predominantly high.<sup>11</sup>

As help-seeking behaviour of CSAM users is largely influenced by the need to maintain anonymity and confidentiality, an emphasis has been made on developing anonymous intervention resources that do not require CSAM users to disclose their identity. A number of interventions directed at CSAM users have recently started to adopt chat-based help resources, to gain the advantages of interacting with a specialist, whilst maintaining anonymity.

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<sup>7</sup> Lätth, J., Landgren, V., McMahan, A., Sparre, C., Eriksson, J., Malki, K., ... & Rahm, C. (2022). Effects of internet-delivered cognitive behavioral therapy on use of child sexual abuse material: A randomized placebo-controlled trial on the Darknet. *Internet Interventions*, 30, 100590. <https://doi.org/10.1016/j.invent.2022.100590>.

<sup>8</sup> Middleton, D., Mandeville-Norden, R., & Hayes, E. (2009). Does treatment work with internet sex offenders? Emerging findings from the Internet Sex Offender Treatment Programme (i-SOTP). *Journal of Sexual Aggression*, 15(1), 5-19. <https://doi.org/10.1080/13552600802673444>.

<sup>9</sup> Horn, J. V., Eisenberg, M., Nicholls, C. M., Mulder, J., Webster, S., Paskell, C., ... & Jago, N. (2015). Stop it now! A pilot study into the limits and benefits of a free helpline preventing child sexual abuse. *Journal of child sexual abuse*, 24(8), 853-872.

<sup>10</sup> Brody, C., Star, A., & Tran, J. (2020). Chat-based hotlines for health promotion: a systematic review. *Mhealth*, 6. <https://doi.org/10.21037/2Fmhealth-2019-di-13>.

<sup>11</sup> Ibid.

# ReDirection Self-Help Program to stop using child sexual abuse material

## Development of a low threshold online help resource

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After identifying a need for a lower threshold online help resource for CSAM users, Protect Children developed the ReDirection Self-Help Program, an anonymous, online, self-help resource with the primary aim of helping individuals who use child sexual abuse material to change their harmful behaviour and stop using CSAM.<sup>12</sup> The ReDirection program utilises cognitive behavioural theory and is based on the manualised 'Uusi Suunta – New Direction' Individual Program for Sex Offenders, which is currently in use in Finland and Estonia.

In the program, users learn about the underlying factors and motivations that lead to use of CSAM, and reflect on their own concerns about their behaviour, and how their behaviour aligns with their values. The users are asked to reflect on their motivations and justifications of their behaviour. The program challenges misconceptions and teaches methods to stop viewing CSAM. It also covers relapse and supports users to maintain their behavioural change. At the end of the program, users are provided with further resources and are encouraged to return to the program if needed.

The ReDirection program is currently available in English, Spanish, and Finnish, via MentalHub.fi, an online mental health resource run by the Helsinki University Hospital. The program can be accessed on the surface web and on the dark web. Find the ReDirection program here: [www.mielenterveystalo.fi/en/redirection](http://www.mielenterveystalo.fi/en/redirection). The ReDirection program is also in use within the Project Bridge clinical trial, in English, Spanish, German, Swedish, Finnish, Czech, and Slovak. More about Project Bridge: [www.iterapi.se/sites/bridge/](http://www.iterapi.se/sites/bridge/)

## Uptake and user feedback

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The ReDirection program website has been visited over 80,000 times via the surface web and the dark web since its launch in September 2021. Whilst many visitors do not necessarily actively participate in the program, those who do open the first section tend to continue the program to the end. In a 10-month period from September 2021 to June 2022, 1,422 visitors opened the first section of the program. 97% of them continued to the second section, and 73% continued to the third section.

Most users find the program on dark web search engines, where they encounter intervention messages directing individuals towards help resources. Others find the program via search

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<sup>12</sup> The ReDirection Self-Help Program was developed by Protect Children in collaboration with psychologist, Nina Nurminen, and psychologist, psychotherapist, Mikko Ylipekka from the Finnish Criminal Sanctions Agency.

ads on Google, on social media platforms, or are referred to the program by a therapist or clinician.

Feedback from users of the ReDirection program indicates that the program has a positive effect on reducing the use of child sexual abuse material. 77% of respondents to the feedback survey reported that their use of CSAM had reduced or completely stopped since starting the program. 49% reported having completely stopped viewing CSAM.<sup>13</sup> The program also appears to have a positive effect on confidence to maintain behavioural change, as 67% of users reported feeling very confident about their ability to maintain their behavioural change to stop searching for and viewing CSAM in the long term.

The program is well received by those who provide feedback – 78% say they wouldn't change anything about the program.

#### User of the ReDirection program:

"I understood for a long time that this was wrong, I thought and tried to find a clue to stop once and for all. And your program gave a huge boost and confidence, especially when I read that there is a real live person behind every video or photo, it caused me a lot of feelings and emotions, a sense of shame for myself and a great desire to change."

## 'Chat to a specialist': Piloting the RDChat anonymous chat service

With a view to constantly develop the ReDirection program to strengthen its impact, we piloted an anonymous guided chat function to test whether this could improve the effectiveness of the ReDirection program, by increasing users' motivation.

We developed the RDChat as an anonymous chat service aimed at supporting the ReDirection Self-Help Program by guiding and motivating users as they work through the program. Users are encouraged to chat with a specialist if they have questions about the contents of the program or if they are struggling with motivation.

### Increasing motivation to maintain positive behavioural change

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RDChat specialists utilised the Motivational Interviewing Technique to increase motivation to continue the ReDirection program and maintain positive behavioural change. All specialists responding to the chat messages were trained in Motivational Interviewing Technique.

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<sup>13</sup> Protect Children. Feedback from users suggests that ReDirection Self-Help Program successfully decreases CSAM use. (2023). <https://www.suojellaanlapsia.fi/en/post/feedback-from-users-suggests-that-redirection-self-help-program-successfully-decreases-csam-use>.



Motivational interviewing is a collaborative, goal-oriented communication approach designed to address ambivalence in behavioural change and empower the individual to take responsibility for their own behaviour.<sup>14</sup> The aim of motivational interviewing is to increase motivation to maintain positive behavioural change with an emphasis on the individual's personal reasons to pursue the goal.<sup>15</sup> Motivational interviewing stems from treatment of substance dependency.<sup>16</sup> As such, this method may be suitable to address the self-reported CSAM addiction that a number of respondents to the ReDirection surveys allude to.

Motivational interviewing has been found to have positive effects on supporting behavioural change. The effectiveness partially comes from diminishing power relations between the professional and the patient, turning a session into an almost regular conversation.<sup>17</sup> This might be an additional advantage in guiding CSAM users to behavioural change as this population often fears being subject to stigma and shame.<sup>18</sup> An 'equal' one-to-one conversation can mitigate the risk of CSAM users feeling judged in the course of treatment or communication with the specialist.

The primary task of the specialists responding to chat messages was to motivate users to complete the ReDirection program and maintain long term behavioural change. The users were asked about their levels of motivation and confidence to complete the ReDirection program at the start of the chat session. Specialists would answer any questions related to the program and assist by suggesting tasks. The specialists assisted users in overcoming barriers preventing them from completing the program such as lack of time, length of the program, or low motivation.

## Running the chat service

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To run the RDChat, we prioritised anonymity and privacy of the users and the chat specialists. As such, when searching for a suitable platform, our main focus fell on anonymous, secure, and encrypted messaging applications.

The RDChat was originally set up on Wickr Me, an anonymous 256-bit end-to-end encrypted messenger, however, Wickr soon announced its decision to discontinue the app, following reports that the company's free messaging app had allowed the exchange of child sexual

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<sup>14</sup> Norris, M., Eva, G., Fortune, J., Frater, T., & Breckon, J. (2019). Educating undergraduate occupational therapy and physiotherapy students in motivational interviewing: the student perspective. *BMC medical education*, 19(1), 1-7. <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-019-1560-8>.

<sup>15</sup> McBee, K. (2020). Motivate to Rehabilitate: The Use of Motivational Interviewing in Physical Therapy Practice. [https://www.orthopt.org/uploads/content\\_files/files/PSIG%20pg52.pdf](https://www.orthopt.org/uploads/content_files/files/PSIG%20pg52.pdf).

<sup>16</sup> Norris, M., Eva, G., Fortune, J., Frater, T., & Breckon, J. (2019). Educating undergraduate occupational therapy and physiotherapy students in motivational interviewing: the student perspective. *BMC medical education*, 19(1), 1-7. <https://doi.org/10.1186/s12909-019-1560-8>.

<sup>17</sup> Motivating patients: From little seeds. (2017, July 5). The Chartered Society of Physiotherapy. <https://www.csp.org.uk/frontline/article/motivating-patients-little-seeds>.

<sup>18</sup> Thorn. (2021). Deterrence prevents child abuse Imagery. <https://www.thorn.org/deterrence-prevent-child-sexual-abuse-imagery/>.

abuse material.<sup>19</sup> The RDChat continued on Session, an anonymous chat application where all chats are end-to-end encrypted. Session does not collect any geolocation data, metadata, or any other data about user device or network.<sup>20</sup>

Users of the ReDirection program were provided with clear information and rules for use when recruited to the RDChat. For more information, see [RDChat User Information](#).

## Legal and ethical considerations

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### Supporting platforms that do not sufficiently protect children?

The RDChat was implemented on encrypted platforms, Wickr and Session, to ensure that users could reach out to specialists without disclosing their identity. Encrypted messaging platforms are notorious for being used to distribute CSAM.<sup>21</sup> Due to their privacy settings, these messengers do not detect, remove, or resist the distribution of CSAM. This led to a major ethical concern, as we were using, and hence supporting, platforms that do not exert sufficient effort to protect children. By encouraging ReDirection program users to contact specialists via these platforms, we may cause the unintended effect of increasing traffic to these platforms.

However, as CSAM is widely available and accessed not only on encrypted applications or in the dark web, but even on the surface web, the benefit of providing effective help to this population outweighed the potential negative effect of encouraging use of such platforms. Using encrypted platforms seems to be an effective way to engage CSAM users into treatment and guide them to completing it.

### Supporting child sexual abuse material offenders?

Providing assistance to CSAM users is often subject to criticism. The goal of the RDChat was to support behavioural change to prevent further offending and thus to protect children. The specialists motivated individuals to continue working on the ReDirection program.

Specialists adhered to Finnish legislation and thus reported users of the chat to law enforcement where obliged, including in cases where there was reason to suspect that a child was in immediate danger.

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<sup>19</sup> <https://www.nbcnews.com/tech/tech-news/wickr-amazon-aws-child-messaging-app-sex-abuse-problem-rcna20674>

<sup>20</sup> Jefferys, K., Shishmarev, M., & Harman, S. (2020). Session: A model for end-to-end encrypted conversations with minimal metadata leakage. <https://arxiv.org/pdf/2002.04609.pdf>.

<sup>21</sup> <https://www.nbcnews.com/tech/tech-news/wickr-amazon-aws-child-messaging-app-sex-abuse-problem-rcna20674>

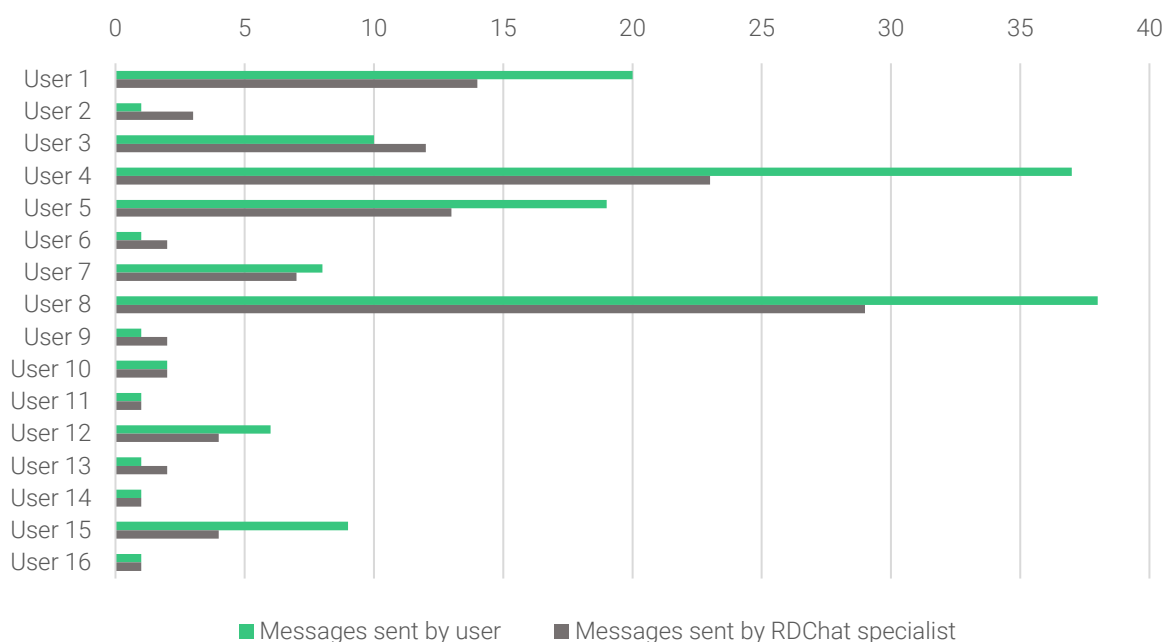
# Evaluation

## Results

During the 10-month pilot period, from November 2022 to August 2023, 16 individuals reached out to the RDChat. A total of 276 messages were exchanged. 156 messages were sent by users, and 120 were sent by the RDChat specialists. On average, 17 messages were exchanged between the user and the specialist.

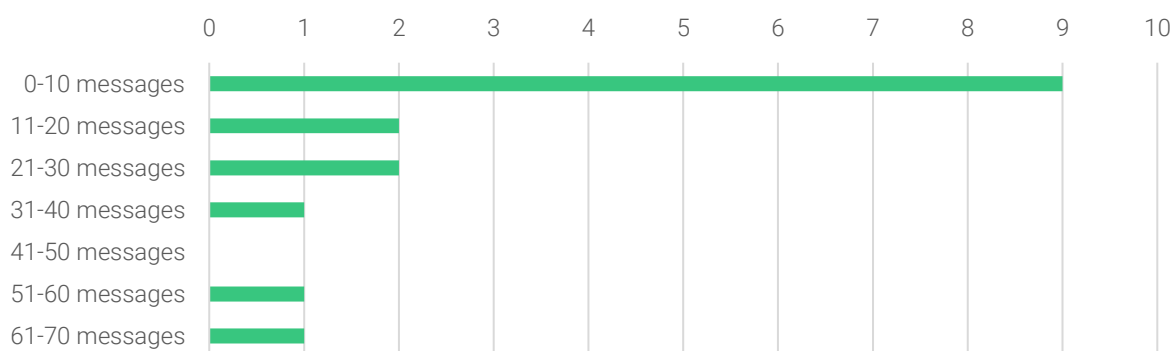
The users of the RDChat represent a group of individuals who are actively seeking help to stop viewing child sexual abuse material. We did not ask participants to disclose any identifiable information and therefore, our knowledge about the target group is limited.

**Figure 1: Messages exchanged between RDChat users and specialists, by user**



Two users exchanged over 50 messages in their communication with the RDChat specialists. However, most of the users exchanged fewer than 30 messages in total.

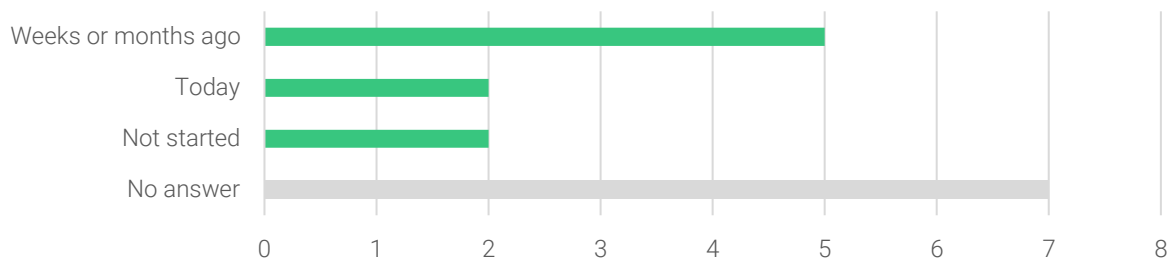
**Figure 2: Messages exchanged, by number of messages**



## Motivation to seek help and confidence to complete the ReDirection program

Most users had started the ReDirection program a few weeks or months before contacting the chat. Two users had started the program on the same day, and two users only started using the program after chatting with the RDChat specialist.

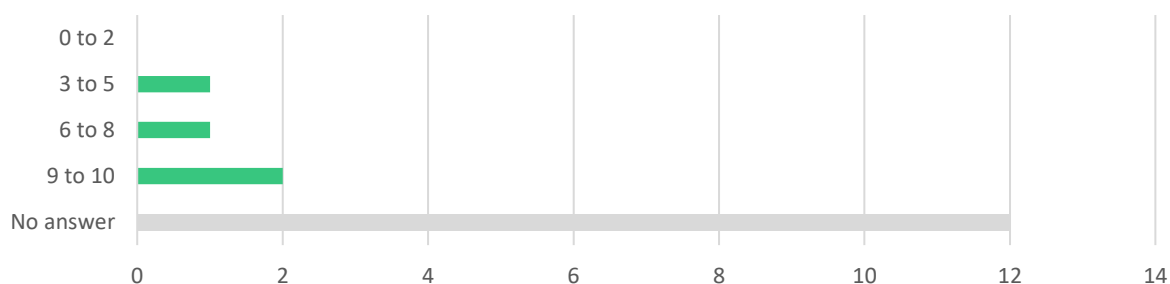
**Figure 3: When did the users start the ReDirection program?**



A number of the users explained the reasons behind their motivation to change their behaviour. These reasons included: feelings of shame and guilt, fear of family or friends discovering their use of CSAM, fear of ruining relationships, fear of legal consequences, feeling addicted to CSAM, negative effects of viewing CSAM on their life, and fear of committing an in-person offence.

Overall, the RDChat users reported high motivation to complete the program with the lowest reported motivation being 4 out of 10. Despite strong motivation, the users shared low levels of confidence that they would be able to finish the program. This was mainly due to conflicting thoughts, cognitive distortions, and previous attempts to end CSAM use that failed. Some users shared that they had mental health conditions that hindered their efforts to stop using CSAM, such as ADHD, depression, anger issues, substance abuse, traumatic childhood events, and compulsive behaviours, such as arranging and classifying CSAM.

**Figure 4: Motivation to complete the ReDirection program**



Users who actively engaged in the RDChat showed positive signs of increased motivation to continue working on the ReDirection program after chatting with a specialist. A number of users completed tasks suggested by the specialists, including working on the program for a short time every day.

## Prevalence of cognitive distortions

Communication with the users demonstrated a high prevalence of cognitive distortions that justify and normalise their use of CSAM.<sup>22</sup> It was apparent that these cognitive distortions significantly hindered help-seeking behaviour.

Some users at first denied experiencing difficulties caused by CSAM use, however, later during the chat, shared negative feelings, emotions, or experiences, without acknowledging the possible link with CSAM use.

Another cognitive distortion manifested through beliefs that the individual's use of CSAM is not problematic as it derives from curiosity or research interests.

One of the ways the users justified their use of CSAM was by maintaining a false image of the child's feelings and emotions in the moment of sexual abuse. A few of the users shared a belief that already recorded abuse cannot bring harm to the child. In addition, they often justified CSAM use by classifying the material into violent and non-violent, "regular" imagery.

## Self-reported addiction to CSAM

The RDChat users often described their use of CSAM as an addiction. The users shared that they felt frustrated when refraining from viewing the material and had difficulties controlling their behaviour. In addition, some users said that they were first exposed to CSAM under the age of 18 and have been searching for it ever since. Some users mentioned that they viewed legal pornography before they started viewing CSAM.

Many of the users said that the ease of access CSAM has hindered their attempts to stop viewing. Some users reported that simply deleting the Tor browser was not enough, as it was still easy for them to find CSAM on regular browser search, social media platforms, or messaging apps.

## Treatment needs

Many users shared that they had previously tried to stop using CSAM and had even sought help. Other individuals who visited the chat said that it was their first time disclosing their use of CSAM or sexual interest in children. When chatting with specialists, the users often asked whether there was a way to have a confidential live chat with a professional to receive support or guidance. They appeared interested in getting immediate assistance and were likely to drop out of the chat if they did not receive a response within a couple of hours. The users were interested in therapy; however, many had not attended it due to concerns about anonymity. A number of the users were recommended to join the Project Bridge clinical trial and receive further support.<sup>23</sup>

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<sup>22</sup> Cognitive distortions: thinking patterns that do not correspond to or adequately reflect reality.

<sup>23</sup> More about Project Bridge: [www.iterapi.se/sites/bridge/](http://www.iterapi.se/sites/bridge/).

## Limitations

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### Low uptake

Despite strong efforts to advertise the service to the target population, the RDChat was only used by 16 individuals. We identified the following reasons as potentially contributing to the low uptake:

- **ReDirection program is sufficient in itself:** Users may find the ReDirection program to be effective enough as a purely self-help resource, and do not see any added benefit of chatting with a specialist.
- **Lack of trust and fear of exposure:** The target population is notoriously difficult to reach, as they often experience shame and fear being exposed. Thus, individuals who struggle with their use of CSAM or their sexual interest in children may be unlikely to engage with any chat service, especially one they are unfamiliar with or do not trust to be entirely confidential and secure.
- **Unwillingness to leave the perceived anonymity of the dark web:** It may have been unclear whether the RDChat provided a level of security similar to the dark web. As such, potential users may have been deterred from using the service.
- **Language:** The RDChat was operated only in English and Finnish, which limited access to the service to only English and Finnish speakers.

### High drop-out rate

A number of users did not continue to engage with the RDChat specialists after their initial message. We identified the following reasons as potentially contributing to the high drop-out rate:

- **Ease of withdrawal:** The impersonal nature of online, anonymous communication may make it easier for users to leave the chat. Users of online chat services may feel less accountability and responsibility to continue the intervention than users of in-person treatments.
- **Waiting time:** Messages received outside of the specialists working hours were answered as soon as possible. This meant that, in some cases, users had to wait hours or days before receiving a response. The lack of immediacy may have impacted the effectiveness of the service.
- **RDChat did not meet user expectations:** Users may have had expectations for the chat that were not met. For example, users may have expected the chat to be a live messaging service or hotline, and discontinued use when they found that this was not the case.

# Conclusion

The information we gained from piloting the RDChat is valuable and gives important insights into the user population. The pilot indicated that the RDChat had a positive effect on user motivation to continue working through the ReDirection Self-Help Program. However, due to low uptake, we did not gather enough data to thoroughly test the effectiveness of the chat service as an addition to the ReDirection Self-Help Program. Further research and efforts are needed to evaluate the effectiveness of different types of help resources for individuals to stop viewing child sexual abuse material.

**The development of effective perpetration prevention is imperative to prevent all crimes of sexual violence against children.**

# About Protect Children

Protect Children is a non-profit, non-governmental organisation dedicated to preventing sexual violence against children. We are a globally recognised specialist team of experts, dedicated to turning research into practice. We adopt a research-based holistic method, working to ensure that no child is subject to sexual harassment, grooming, or any other form of sexual violence.

## ReDirection project

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The [ReDirection project](#) is a project led by Protect Children with the aim to protect children from online sexual abuse and exploitation by researching and rehabilitating child sexual abuse material offenders. In the project, Protect Children developed an innovative research method to collect data directly from a typically hard-to-reach population – anonymous online CSAM (potential) offenders. We have produced a new body of innovative research reports and articles, contributing to global research on prevention of online child sexual abuse and exploitation. The ReDirection project also produced the ReDirection Self-Help Program to stop using child sexual abuse material.

Read more about the ReDirection project here: [www.suojellaanlapsia.fi/en/redirection](http://www.suojellaanlapsia.fi/en/redirection)

The ReDirection Project is funded by the [Safe Online](#) initiative at [End Violence](#). [Safe Online](#) has invested over \$77m in +100 projects around the world to create a safer internet for children. End Violence's Safe Online Initiative, in close partnership with grantees and partners, is leading on global efforts to make the internet safe for children by investing in programmes that work and generating evidence to inform advocacy and collective action.



## Next steps

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Whilst the ReDirection project comes to an end in September 2023, the work continues to serve as a foundation for Protect Children's prevention work going forward. Research on child sexual abuse offenders will continue as part of Protect Children's core work, including in the [Prevention to Protect Research Project](#), funded by the Tech Coalition Safe Online Research Fund, and by [Project 2KNOW](#), funded by the European Commission's Citizens, Equality, Rights and Values Programme (CERV). The development and implementation of prevention strategies also continues within [Project Bridge](#), funded by the European Commission Internal Security Fund.

Read more about Protect Children's projects here: [www.suojellaanlapsia.fi/en/mita-teemme](http://www.suojellaanlapsia.fi/en/mita-teemme)



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'Chat to a specialist': Evaluation of the RDChat – an anonymous chat function of the ReDirection Self-Help Program to stop viewing child sexual abuse material.

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