Preventing and Reducing Child Sexual Abuse Material (CSAM) use through On-device Technology (PROTECH)

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON56554

Source
ToetsingOnline

Brief title
PROTECH project

Condition

- Other condition

Synonym
Online behavior, sexual abuse

Health condition

seksuele gedragsstoornis

Research involving
Human

Sponsors and support

Primary sponsor: Universiteit van Tilburg
Source(s) of monetary or material Support: Europese Unie;ISF-PJG ISF Project Grants;Workprogram part ISF-2021

Intervention

Keyword: - On-device technology, - Online child sexual abuse material

Outcome measures

Primary outcome

The primary study parameter is to test whether the tool is promising for individuals to help them manage their CSAM use. To do that, participants will 1) test the software, 2) complete a survey at four time points, and 3) share their experiences with the tool in an exit-interview. In addition, practitioners will participate in a focus group sharing their experiences and perceptions of the overall intervention program and the hindering and facilitating factors of the implementation of the intervention.

Secondary outcome

The secundary study parameter is to develop a blueprint to maximize the reach and impact of safety tech for offender prevention within the EU. This will be done based on 1) the knowledge generated from the scoping review (which was part of the first stage of the project regarding the design and development of Salus) and 2) a discussion with expert stakeholders, including service providers, online platform providers and device developers, to discuss how best to maximize the scope and reach of safety tech for perpetrator prevention.

Study description

Background summary

Online child sexual abuse is one of the most important issues of today. An example of online child sexual abuse is viewing and sharing child sexual abuse material (CSAM). When this material is distributed online, children are re-victimized each time the material is viewed and this has a great impact as the sharing never ends. The scale and demand of CSAM have reached unprecedented levels (Europol, 2020; IWF, 2020, 2021). The enormous scale and growing demand for CSAM, the increasing opportunities for individuals to hide their activities via end-to-end encryption, and the limited capacity of countries to pursue these offenses calls for an early evidence-based intervention tool for individuals interested in CSAM for long-term prevention.

Widespread preventative treatment for offenders of CSAM and individuals interested in CSAM is difficult to attain. While a lot of Member States have some form of intervention program for convicted offenders, their availability and effectiveness vary widely. These programs range from short-term therapy and long-term psychotherapy to medical interventions. For individuals who have not been convicted of an offense, the Offlimits helpline provides anonymous phone support and advice to individuals struggling with inappropriate thoughts and concerns about sexually abusing minors. Although this helpline is very helpful in providing support, individuals still report that they are unable to control their CSAM use, or if they can stop viewing CSAM, they are struggling to maintain it (Insoll et al., 2021). When asked what would help them to stop, many mention restricting or reducing CSAM access. When one considers that CSAM might be the precursor to contact offending, the value of providing individuals with a technological solution to voluntarily self-manage their access to CSAM to reduce contact offending becomes more compelling than ever. To date however, no such solution exists.

The aim of the current study is to implement and evaluate a user-centered prevention tool to increase effective self-management of CSAM across the EU. This is a two-year project in five countries: The Netherlands, Belgium, Germany, Ireland and United Kingdom. This ethical proposal will only be for the Netherlands and the study is structured in two phases:
(1) The first phase is the pilot phase implementing the tool in real-life settings.
(2) During the second phase a blueprint will be developed for maximizing the reach and impact of safety tech for offender prevention within the EU.

Study objective

The first objective is to test whether the tool is promising for individuals to support them in managing their problematic use of CSAM.

The second objective is to develop a blueprint to maximize the reach and impact of safety technology for preventing offenders within the EU.

Study design

The study design consists of two phases. The first phase is the pilot phase in which the tool will be implemented in real-life settings. In the second phase a blueprint will be developed to maximize the reach and impact of safety tech for offender prevention within the EU.

Intervention

The participants will be randomly allocated to either the intervention group (with Salus) or the control group (without Salus). Salus will be installed on the devices, such as phones and computers, of the intervention group participants over a period of six months. During this period, Salus will monitor the viewing of Internet based images and videos in real-time and will determine whether these images or videos contain CSAM related data. If this is the case, Salus will send a warning to the person who wants to search for this material and Salus can immediately block the content. With this app it will be tested whether it has the potential to help individuals self-manage their CSAM use and hopefully stop it.

Study burden and risks

Possible burden and risks of the study for the participants include the alerts they might receive when they want to view CSAM. When Salus is installed on the devices of participants and Salus detects images or videos that contain CSAM, these participants will receive an alert and this content might be blocked. This can be confrontational for the participants. To minimize this burden and risk as much as possible, the participants are informed about the alerts and the rationale of the study. In additional, we inform them that participation is on voluntary basis. They choose to voluntarily participate in this study and they know what to expect. They can withdraw from the study at any time without giving any reason. If the participants want to talk about the alerts or have any questions or doubts about the study, they can always contact the research team. We expect participants to benefit from the tool, as they will be able to self-manage their CSAM use, and this will hopefully decrease their CSAM use.

Contacts

Public
Universiteit van Tilburg

Warandelaan 2
Tilburg 5037AB
NL
Scientific
Universiteit van Tilburg

Warandelaan 2
Tilburg 5037AB
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

For the pilot participants (N = 30):
- Interested in viewing and/or sharing CSAM
- Over 18 years old
- Agree to participate on a voluntary basis

For the focus group service providers (N = 5-8) =
- They consist of practitioners, such as therapists, social workers, counselors, psychologists, sexologists, and psychiatrists involved in the delivery of the pilot

Exclusion criteria

-

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Prevention

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	15-11-2024
Enrollment:	38
Type:	Actual

Ethics review

Approved WMO Date:	13-02-2024
Application type:	First submission
Review commission:	METC Brabant (Tilburg)
Approved WMO Date:	05-03-2024
Application type:	Amendment
Review commission:	METC Brabant (Tilburg)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL84942.028.23