



“If you manage to reach out to individuals who have these thoughts and motivations and urges before they act out, you can prevent a lot of damage:” Christoffer Rahm from Karolinska Institutet on working with potential perpetrators to prevent abuse.

Ambika Samarthya-Howard
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Ambika Samarthya-Howard: Where are things now since our interview last fall?

Christoffer Rahm: We've concluded three big international projects, in which we evaluated four different interventions for at-risk individuals for offending [against children]. We've analyzed the statistical results of those trials, and also some related research projects, and we found that three of them were successful in doing what we were hoping for.

Ambika Samarthya-Howard: What were you testing them against, and how many people were included in the research trials?

Christoffer Rahm: All in all, there were 600 or 700 at-risk individuals for offending against children. We've tested interventions in seven languages, with participants from all regions of the world. We've found that the very low intensity self-help program without any therapist support, the therapy-supported online program, and also more time-consuming chat-based interventions were all effective in reducing offending against children, but a little bit differently for different subpopulations.

We're slowly building a guide for who needs what and when, to be able to avoid a criminal lifestyle. [The guide is] based on medical and psychotherapeutic methods. That has been a large

advance. The data is still not published because I need specific data to stay a bit under the radar.

We've also built an international network of clinics where we can refer clients who are not fully helped by our online interventions. We link professionals together across languages. We've had many ideas for new projects and interventions. One intervention called "Prevent It" is now ready for large-scale implementation. It has been through three randomized control trials, and we've compared it against waitlist and placebo control in different languages. We don't need to test it anymore in lab settings. It is ready for large-scale implementation. That's the next step for that specific program. The other ones we still need to tweak a bit and further refine.

Ambika Samarthya-Howard: Can you please say more about the drug you are working with and how that relates to this issue.

Christoffer Rahm: The mechanism is a very quick reduction of testosterone levels. You stop the signals from the brain to the body to produce testosterone. Within two days, you have actual medical castration. Then, with the same injection, that effect holds for three or four months, and you have behavioral effects within two weeks. They get stronger and stronger over the time the injection lasts. You don't need to repeat it every morning, with the motivation to not offend against children and take a pill. You only need to go to the doctor four times a year, which is very good. Of course, in addition, you need some therapeutic support, social intervention, and other things.

A problem in society today is that people with severe sexual disorders that pose high risk to others are not taken care of by healthcare. In the last few years of increased interest for this field, we have mostly focused on quite low-risk individuals, but on a large scale. We have forgotten a bit about the high-risk individuals.

With this medicine and the methods we've developed in our lab, we've found a way to collaborate with other stakeholders in society and develop methods that we now know works for this patient category. The good thing in all of this is that the patients themselves appreciate the medicine. Some are a bit hesitant at the start, but they find that the medicine solves central problems in their lives. They don't need to end up in prison, or get divorced from their partner, or lose work and friends. That's what is driving most of them.

Also, when they're on the medicine, they discover how it feels to not have this very pressing hypersexuality about sex and children as sexual objects, and not spend all their time on pornography and other sexual outlets. When they get rid of all that in their lives, they find a new kind of life that is more fulfilling and meaningful, and they can also have a better and close intimate life with their partners and so on. That has been a success story with the medicine.

Ambika Samarthya-Howard: Safe Online invested in an online survey to ask perpetrators about their thoughts and behavioral motivations. Nobody wanted to fund that, so they decided to fund it themselves. Is your work controversial, and do people wonder why you want to fund the perpetrator part of it?

Christoffer Rahm: One of our findings is that from the moment someone starts fantasizing about abusing a child to the time it actually happens is around 5 to 10 years. The primary motivators for such behaviors are often psychiatric conditions such as paraphilic interest,

hypersexuality, and a very high partner-seeking behavior. All of these things are potentially treatable, but you cannot send someone to court or to prison for such thoughts. If you manage to reach out to individuals who have these thoughts and motivations and urges before they act out, you can prevent a lot of damage.

For example, someone with pedophilia who has an interest in girls will offend against girls around 20 to 25 times during their lifetime. If you manage to take him off that mindset before it even starts happening, then you have gained a lot. Someone with an interest in boys will offend or act out around 200 times during a lifetime. Imagine if you manage to reach out to someone like that before he starts, not to mention all the CSAM [child sexual abuse materials] consumption.

Someone who comes to our program [spends] around five to seven hours a week on CSAM. This is, for many reasons, a very toxic behavior against children. It also prompts acting out live against real children. If you start to think about the potential gains of a preventative approach from society to those individuals, then you quickly see how much benefit it would also have for preventing children from being harmed in the first place. That is the primary motivation and theory around this. It is a theoretical concept, so it needs to be tested whether it actually holds for truth.

I've now conducted seven clinical trials, if you also include those that are still ongoing, and we see this repeatedly. We've managed to reach out to clients at a very early age. They are now in their 20s, and the vast majority have not yet started to offend. They number in the hundreds. We know from scientific evaluations with very robust methods that we prevent a lot of harm against children, not only during the study but also with the long-term behavior that follows after they leave the study.

In our group, we've also now received funding for developing support programs for survivors of abuse. They also need the same methods that the potential perpetrators need, like anonymous online solutions, because they face the same barriers. They don't want to identify, and they don't want to give names. We think we can support many survivors with these methods.

Ambika Samarthya-Howard: One of the things we've heard a lot about is the idea of funding trust, sharing lessons, and creating a research community. What other disciplines do you work with, and how?

Christoffer Rahm: I've always been interested in understanding what drives success in our field, and I've identified a few key factors. One of the keys to creating, launching, and implementing our programs successfully has been working across sectors. I was one of the first to incorporate PPI, the 'patient and public involvement' method, in research and CSA [child sexual abuse] prevention back in 2019. I created a group with representatives from law enforcement, corrections, child rights, and patients.

Since then, they've been part of our research environment, and we involve them in all critical discussions, ranging from choice of methods, terminology, ethics, and all of that. I strongly believe that, for example, it's more beneficial for a group like us to invite a philosopher or an investigative journalist to our research seminars to stimulate creativity, instead of just another psychology researcher in the field.

Ambika Samarthya-Howard: In what way? Can you expand on that?

Christoffer Rahm: It helps us to be constantly challenged in our work from external perspectives. Instead of just repeating new versions of what has already been done, we get pressed to ask the new important questions and find the best methods to answer them. That's also how we found that sometimes our own field has held convictions that have turned out to be badly supported by evidence or even erroneous. We need to have the mindset that we need to kill our darlings to move on and to solve problems we didn't solve with the previous methods.

Ambika Samarthya-Howard: Can you give a specific example?

Christoffer Rahm: We invited a Norwegian philosopher who is super critical against randomized control trials from a phenomenological perspective, because she believes that quantitative research cannot answer qualitative research questions. That was an eye-opener for us. We are the ones who launched the whole idea of randomized control trials in our field, and our ideas are now spread across the world. She really challenged us.

We invited [an investigative journalist] and asked her about the weak points in our reasoning. In retrospect, it's so obvious, but she made us aware of the fact that under a very superficial layer in our field, there are heavy ideological and political dimensions. Most of the people who engage in our field come from a very well-educated, liberal, academic background. We tend to have certain values and ideas, and solve problems with these ideas. We have a group think about all of this. When you look in society, you see many coming from other backgrounds, maybe from grassroot perspective, from more conservative ideologies, and for example, vigilante groups. If we don't manage to understand what we're actually saying, and also in ideological terms with our interventions, we will not be able to capture big parts of society. We will not have attention from certain politicians, and we will not understand why our research is understood as controversial.

That was very interesting. I like it when we need to change our view on things. That's how I divorced from some darlings in our field and moved on to understand very well how the whole prevention narrative that's been dominant for many years is so limited. It focuses on a certain theory of change, but it forgets other very important dimensions of the whole societal debate.

We need to use the best ideas from the prevention paradigm, but also understand that for the most dangerous people, to put it in plain language, that doesn't work. We need to develop in collaboration with law enforcement, prisoner probation services, social services, [and other stakeholders]. Together with them, we need to develop methods for following people over the course of a lifetime. It's naive to think that a two-month-long program can change every potential or actual offender's thoughts and behaviours in the long run. We must also understand survivors' feelings and the width of their experience so we don't get lost in the discussion, morally or medically or ideologically. That's been helpful to open our eyes to new dimensions.

Ambika Samarthya-Howard: How does your work go beyond child sexual violence?

Christoffer Rahm: What can be generalized from our field is that as a society, we need to recognize that our efforts have synergistic effects. What we're doing in healthcare networks, mostly in prevention, needs to connect with what's happening in law enforcement and

technology, which focus on detection, and with child organizations and social services, which work on protection. These are all different parts of a larger ecosystem.

If we engage in meaningful dialogue, ideally in a public health setting, with lawmakers and politicians ready to act on expert recommendations, that would create some important synergy. For example, just look at what happened during the COVID pandemic. It demonstrated how a strong public health approach can effectively tackle even the toughest challenge. The same can be done also for the more silent pandemic that we're facing now with child sexual abuse.

Ambika Samarthya-Howard: Could the synergy also be with mental health?

Christoffer Rahm: Yes, it could be applied, for example, to suicide prevention or addiction, or perhaps for the problem with children and modern technology.

Ambika Samarthya-Howard: The only reason you're able to do research at this scale is because innovation has accelerated.

Christoffer Rahm: Yes, you're right. It's obvious to almost everyone in the field that modern technology has completely changed the landscape, not just how offenders operate with encryption and AI and all that, but also in sheer scale. The number of offenders might not have increased so much, but technology allows them to connect, organize, and cause far more harm than before. The volume of abuse material, for example, is overwhelming, and offenders can reach beyond geographical borders instantly. It's a global challenge.

There's another side to this with our kinds of intervention. The same technologies that are used for exploitation are also driving prevention. For example, anonymity, online solutions, and AI have made it possible to scale our preventative interventions, making them more cost-effective to reach people worldwide. We can make the fact that high-risk individuals concentrate in specific forums online into an advantage for us when we use those very forums to improve our outreach. In the past, reaching 10 to 20 individuals in this 'before-acting' state would be considered a success. Now with the methods we've developed at Karolinska, we're seeing hundreds and hundreds voluntarily seeking our programs from all over the world, including regions where there are no treatments available. That is a real success, in parallel to toxic developments.

With this new technique, we're also reaching them earlier. The average person we help today is in their early 20s. That is half the age it used to be when they sought support previously with telephone helplines. That is real prevention. The best part is that with modern technology, we can measure the impact of our interventions with much better precision. With the scientific methods we use now, we can clearly see that they work.

Ambika Samarthya-Howard: Is there anything else you want to address?

Christoffer Rahm: There is definitely a risk of oversimplifying messages and jumping on trends using buzzwords to get attention and ultimately funding. To some extent, I understand it. It is a competitive space, even with CSA prevention, and you need to be heard. Sometimes, without naming names or organizations, I see people opting for quick solutions driven by emotions to generate clicks rather than take the time to analyze the bigger picture and do the hard work to tackle the root causes, even though ironically, the latter is often most cost-effective in the long

run. One of the positive shifts in recent years is that CSA prevention has started focusing more on online CSA exploitation, how it harms children, and how we can fight it. That is an effect of this new discussion. It's a huge step forward.

We also need to be honest that other areas in this field haven't gotten the attention they deserve. For example, we're still lacking serious investment in understanding the root causes, preventing hands-on abuse within families and circles of trust, as well as scaling and not least, implementing what works to really make a change. While these non-traditional approaches have helped push the conversation forward, we need to make sure that we're not just going for what sounds dramatic. We need to focus and take further [things that] actually work.

Ambika Samarthya-Howard: Some say when you fund prevention approaches, you end up getting so much more knowledge than anybody has before.

Christoffer Rahm: They share that experience with the World Childhood Foundation, the Oak Foundation, the European Commission and many others. Another important factor behind all this is that we now have the methods to actually do this in a responsible, ethical manner. It was much harder just 10 or 15 years ago.

Thanks to the research at Karolinska, what we now have are interventions that changed the whole concept, both on how to design the programs and also how to evaluate them. Now we have programs with the primary outcome on how much it protects children, and the whole focus is on that. With that new framing and conceptualization of interventions, it's much safer, also for investors.

For example, the World Childhood Foundation was very courageous in supporting these very early new initiatives in the second wave of interventions in this field. Happily enough, we found that we rethought the whole model, we found ways to prevent children [from being abused], and that was most important. If you dare to have that as your primary outcome and focus on that even in the face of the person who seeks your help, that is the way forward. Nowadays, I wouldn't consider it a risky investment at all, it's a safe investment.

Where we are now is that we have developed several programs that we know will work. We know they can protect children. We have done that in an academic setting with many new ideas, and we see them spreading around the world. What we need now is funding to take some of the well-functioning programs out of an academic setting, and implement them on a large scale. They can be scaled to 100 times 600 [people] with only a very small sum to create this new infrastructure for launching the programs on a large scale. When I go to the Skoll World Forum, that's what I hope to find support for. I want resources to get this out and meet people in the real world.

The platform we use is only for academic purposes because of all the agreements between university and the platform. We need to construct a platform outside of academia. It's a copy-paste of the platform we already have, but with a few tweaks to make it work on the dark web and all that. That would make a big change.

The key takeaway is simple: investing in these programs isn't a gamble—it's a safe, evidence-based investment in protection of children against abuse and exploitation. We now

have programs that work, and the next step is clear—scaling them up to create real, measurable change. The science is there—the impact is waiting.

Ambika Samarthya-Howard: Thank you.

Christoffer Rahm: Thank you so much.

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*