
From: Timothy N. Fury

Sent: 04 December 2019 22:55

To: Scotland [Stop It Now](#)

Subject: Your fear-based and sex-negative approach

Hi,

I am Timothy N. Fury, now administrator of MAP Support Club. Last year when I was a guide on staff at MSC, your organization had a therapist run group sessions in our support chat. I am not sure what all was shared from that therapist to your organization, but we had significant concerns around your [treatment of fantasy](#) at the time. I continue to have concerns, and I have aired these concerns publicly over the last several months because you have done nothing to change your approach. I know Ender reached out to you to try to address these concerns, and I know I also did.

I will be brief and blunt. The majority of people who you are helping have an attraction to minors. This attraction does not have any scientifically proven way of changing, and your approach essentially constitutes conversion therapy. That did not work for gay people, and it does not work for us. There is no shortage of scientific literature supporting this, and I will not bore you with it. I will ask you this: How would you feel if your organization found out that someone who used and internalized your self-help materials and counseling was not meeting their sexual needs, and this manifested by children being sexually abused? This is not an unrealistic scenario.

A public health approach to preventing sexual abuse means helping people meet their individual needs and manage their mental health in a way that works for them. To pull several other analogies, your approach would be like a drug "treatment" program telling someone struggling with addiction that medicinal approaches to addiction are just replacing one drug with another and that their program knows best, and the addict should shame themselves whenever they use. Your method would be like shaming a smoker instead of offering individualized support to quit. Your method would be like caging and parading a drunk driver on the news rather than helping them get sober. I hope my examples have been vivid enough to illustrate my point.

Further, your fear-based approach, not to mention your so-called "anonymous" helpline is also cause for concern. If people call you, their number is not automatically guarded, same with email, and someone's ISP can easily see when someone has connected to your website, even if it is HTTPS encrypted. To anyone serious about privacy and anonymity your claims of being anonymous help are a joke, and potentially dangerous to the people you are helping.

Despite the concerns being raised at MSC, despite my asking you about your approach publicly many times, your organization has done absolutely nothing to change and shown no indication that you are listening. If you were a charity serving black youth, you would rightfully be labeled a racist organization for not listening to the people you claim to serve.

Ender Wiggin may have been more diplomatic about his objections, but I will not be. Several other organizations have chosen to utilize approaches that seek the input from minor attracted people. Not only did you not utilize our input, to the best of my knowledge you have never specifically reached out to people who have struggled with images to get their input on what helped them stop. That reflects poorly on your organization.

This harm has also reflected on other organizations, to the point that every time your organization or a similar one comes up in MSC, the reaction is, "Oh, that's that organization that promotes conversion therapy, right?" or, "That's the guys that hate fantasies, they suck." That has happened with Stop It Now US and Stop SO UK, and I don't think it's fair to their fantastic programs to get lumped in with you. I've had to correct people several times.

I am tired of pretending that your organization does good work despite these concerns. What you are doing is causing harm to minor attracted people, and indeed anyone who has what you call a deviant or "harmful" fantasy. You can expect a blog post detailing these concerns and why they are significant and harmful later this week, because you are clearly not listening and do not care.

If you are not willing to listen or care, then I must take action to warn the minor attracted community against your program and recommend others instead. To date, I have only pulled your organization from my help resources for minor attracted people. I have a responsibility to them, and I have a responsibility to support methods that are based in science and work well for the populations served. Most of all, I have a responsibility to ensure that people who come forward for help get support that is actually helpful so that children remain safe, and yours is certainly not.

Sincerely,

Timothy N. Fury

Advocate for the Primary Prevention of Child Sexual Abuse

[Follow me on Twitter](#), [visit my website](#), or [read my stories](#).

On 12/9/2019 03:19 AM, Scotland wrote:

Hi Timothy

Thanks for your email. I'm out of the office this week, but will respond to your email when I'm back after the 18th December. We take complaints very seriously at the Lucy Faithfull foundation and I will respond fully when I have an opportunity.

Kind regards.

[redacted]

Find out more about our work to protect children at www.lucyfaithfull.org.uk | Visit our Stop It Now! campaign and helpline at www.stopitnow.org.uk
For prevention information: www.parentsprotect.co.uk

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From: Timothy N. Fury

Sent: 04 January 2020 13:56

To: Scotland

Subject: Re: Your fear-based and sex-negative approach

[redacted],

Are you still working on that reply?

Timothy

Dear Timothy

Many thanks for your thoughtful email dated 4th December. Apologies for taking so long to get back to you, but there are a lot of operational demands on our services at the moment and we are a relatively small organisation. Thanks for your forbearance on this matter.

I am writing in my role as Director of Stop It Now! Scotland as well as lead for research across the Lucy Faithfull Foundation. I appreciate that your email was prompted by the launch of our Upstream website, but that your comments are in relation to the wider approach of the Lucy Faithfull Foundation. I have tried to respond to your concerns in some detail below. Apologies in advance for the length of this email but I wanted to outline our position clearly.

Stop It Now UK and Ireland is part of the Lucy Faithfull Foundation, a child protection charity with a 27-year track history of working to prevent and respond to child sexual abuse. We deliver independent assessments and interventions of adults and adolescents who have committed sexual offences and run the Stop it Now! helpline, among other activities. In 2019 our helpline took 9628 calls from 5007 callers, half of whom were individuals worried about their sexual thoughts and feelings towards children. Every aspect of our work focuses on the prevention of child sexual abuse.

Confidentiality

Our helpline is completely anonymous – we do not require callers to give us any identifying details - and we do not access call data (such as telephone numbers) of anyone who calls our 0808 number. Similarly, we do not have access to the email address of anyone who contacts us via our secure messaging service. We do not gather any information that would identify anyone who uses our online resources, including our Get Help and Get Support websites. Providing a safe space for those who are looking for support from our services is vital.

With regard to confidentiality, our position is clear – it is available on our website and all callers to our helpline are given this statement when they call.

The helpline is confidential and you don't have to give us your full name or any other details that will identify you. But if you do, and then give us information that identifies a child who has been - or is at risk of being -

abused, or any information which may suggest that any other person is at risk of harm, then we will pass that information on to the appropriate agencies. We will also pass on details of any criminal offence committed.

We regularly review arrangements around security and will look at whether there is room for further improvements in light of your comments.

Scientific Basis for Our Approach

Ensuring that our work is in line with current scientific evidence is absolutely key to our practice and we work closely with leading academics in the field of prevention of child sexual abuse and sex offender treatment as well as contributing to relevant literatures as practitioner researchers.

As you state in your email, for many individuals who have a sexual interest in children, such feelings will be life course persistent and exclusive in nature. We work with such individuals every day and agree that recent studies into minor physical anomalies and other indicators of perinatal causes provide some evidence that paedophilia can be neuro-biologically determined (Cantor, Klassen, Dickey, Christensen, Kuban, Blak, Williams, and Blanchard, 2005). However, there are complexities here. This is captured in a quote from a recent publication reviewing the relevant literature which concluded that ‘The prototype of a man with an exclusive and persistent sexual interest in children, which occurs at a very early stage of life, tends to represent a subgroup rather than the majority of men with sexual interest in children (Tozden and Briken, 2018).’ Similarly, Michael Seto in his recently updated book on paedophilia concludes that ‘there are major gaps in our understanding of paedophilia and hebephilia... (and) different causal pathways may lead to paedophilia creating multiple forms of paedophilia rather than a single phenotype.’ (Seto, 2018). Our scientific knowledge is still at an early stage and there are contradictory findings in studies to date about the fluidity and exclusive nature of sexual thoughts and feelings towards children and how this relates to age of onset. This is significantly borne out in the literature of sexual offending against children.

Our focus is on the prevention of child sexual abuse – either before it has happened or ensuring that those who have offended do not offend again. The consensus of the literature at the moment is that the majority of contact sexual offences against children are caused by adults who *do not* have an early onset, stable and exclusive sexual interest in children. Seto and Lalumiere (2001) for instance found that ‘40% of a sample of 1113 sex offenders showed equal or greater sexual arousal to stimuli depicting children compared with stimuli depicting adults.’ That means that the majority of those who have sexually abused children in this particular study did not show equal or greater arousal towards children. Additionally, of those who have sexually offended against children and who have a sexual attraction to them, many will *not* have an exclusive sexual interest in children: Hall and Hall (2007) in a study of 2429 adult male sex offenders who were categorized as paedophilic found only 7% identified themselves as exclusive in terms of sexual interests.

This means the majority of sexual offences against children are caused by those who have a capacity to be sexually aroused by children in particular contexts or who have offended for non-sexual reasons. This is corroborated by other data: of those who seek help from prevention services, the Dunkelfeld project in Germany found that further to reaching out via a national media campaign to individuals who would identify as paedophilic, around 60% had an exclusive interest in children and 40% had non-exclusive interests (Beier, Neutze, Konrad, Ahlers, Goecker and Schaefer, 2009).

Our resources therefore need to be able to respond to a range of different groups and individuals, the majority of whom will *not* have an exclusive sexual interest in children, but an interest that may be fluid and quite contextual or developmentally specific (for instance those who talk about being drawn to child sexual exploitation material online because they are excited by the transgressive nature of the material rather than a sexual interest in children per se). Some may argue that the situation is binary: people are exclusively paedophilic or they are not paedophilic at all; anyone who is more fluid in their interests has not accepted their true sexual nature yet. This argument is not backed by the scientific literature and is akin to arguing that people who are bisexual are exclusively gay but haven't yet found their true identity. Sexuality, in short, is highly complex and varied.

Fantasy and Sexual Offending

You refer to the section on fantasy on our Get Support website. This is one section of many on this resource, which has been written for a wide range of individuals. This is one of the reasons we talk about the option of guided fantasy if the individual is worried that their fantasies orientate them towards offending. This will be of less utility for MAPs with an exclusive sexual interest in children, but has been useful for many clients we work with. We would strongly resist the term 'conversion therapy' to describe this. We have no interest in changing people's sexual orientation – we are drawing on what we know empirically about what is likely to prevent child sexual abuse happening.

You refer to 'arousal conditioning' and you are right to note that this therapy has been used in the past in relation to conversion therapy. This in itself does not discredit the modality – Cognitive Behavioural Therapies (CBT) has also been used in conversion therapy (which is useless from a scientific and ethical point of view) but CBT is a credible and evidence based therapy used in relation to many mental health and behavioural problems. The link you provide to arousal conditioning is in relation to its discredited status in working with adolescents. As a practitioner who has worked with teenagers who have sexually abused pre-adolescent children for almost 20 years I would agree that it is potentially very damaging for young people. It has however not been discredited in work with adult sex offenders who are troubled by their own thoughts; indeed the most up to date meta-analysis of treatment effectiveness with those who have committed sex offences found that interventions that offered modules in this method (for those that needed it) had better outcomes in relation to sexual recidivism (Gannon, Olver, Masillion, Hames, 2019). There is a need for further research here (and we are currently in discussions with some researchers in relation to this), but far from being unsupported, arousal conditioning is empirically supported for those who *have* offended who are worried that their thoughts and

feelings will lead them to offend *again*. This is key – some who use our online resources have not abused children but are worried they might, while some have already abused and are struggling to do what they can to desist from this behaviour.

If I understand it, your argument is that fantasies are not illegal (which is true) and that our materials may shame individuals and close off valid sexual avenues that may contribute to prevention and therefore inadvertently increase risk for some. This is an area where further research is urgently needed. We know empirically from our clinical and forensic work as well as relevant research that a many individuals who commit sexual offences against children *have* fantasised about their offence before committing a crime. For many – particularly those who we want to reach from a prevention point of view – fantasy is a precursor to offending. We also accept that for some, fantasy may have a preventative function. But we also work with individuals who have used fantasies about children for years before shifting from fantasy to offending. This is typically because of contextual factors that may have be within or outwith the individual's control (access to children; deterioration in mental health; age and change in lifestyle; changes in technology; alcohol or substance misuse); that is to say, what may be an effective coping mechanism at one stage of life may be less effective at another.

We are open to the idea that fantasy may be related to prevention for some individuals in some contexts. We are keen to work with researchers in the near future to begin to understand the individual and contextual factors that underpin increases and decreases of risk in relation to onset of offending, as well as the issue of prevention messaging increasing shame and what impact that shame has on offending or re-offending. The issue about shame caused by our resources has not been highlighted in independent evaluations of our work with pre-arrest online offenders and the materials. Indeed (and contrary to the statement in your email) all of our deterrence campaigns and materials have been developed in collaboration with service users both at design stage and beyond to ensure maximum impact. Our campaign materials have not been developed with the needs of those who present no risk to children in mind, and there may be scope for further research on unintended consequences of campaign materials. We will explore whether this can be undertaken in future evaluation work we commission.

Conclusion

In short, we refute the view that our work is not empirically supported. Indeed, if new evidence appears around effectiveness in treatment or prevention, we will pursue this: our approach is strictly evidence based, and evidence informed. We also disagree that our approach has not developed collaboratively with those we provide services to, as this is key to our deterrence work.

However we are also keen to respect and learn from the lived experiences of non-offending MAP individuals and communities. We regularly review our online resources and guidance to helpline staff, and will ensure that your views inform those reviews in the future, including how our materials are presented. The emergence of

MAP communities online affords great opportunities for us to develop, refine or amend our messaging to ensure its effectiveness.

The challenge we face in the UK is enormous. Anywhere between 1 in 6 and 1 in 20 children will experience contact sexual abuse by the age of 16. This is a catastrophic public health issue. Our goal is ultimately to prevent child sexual abuse before it happens, and our overarching goal is to reach out to the very wide range of individuals who present a risk of contact abuse or who are at risk of viewing child sexual exploitation material, to prevent offending in the first place. Many, probably most, will not identify as non-contact MAPs. We need to ensure that everyone in our target groups (those who present a risk of contact abuse or who are at risk of viewing child sexual exploitation material) have access to effective, evidence based information, advice and support at the right time to deter them from offending. If we disagree on how this is best done, I'm sure we can agree on one thing: it is the responsibility of all of us to protect the next child from abuse.

Best wishes

Find out more about our work to protect children at www.lucyfaithfull.org.uk | Visit our Stop It Now! campaign and helpline at www.stopitnow.org.uk
For prevention information: www.parentsprotect.co.uk
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