



Courage & EnCourage
228 North Walnut Street
Lansing, Michigan 48933-1122
517-351-3315
Facsimile: 517.342.2468
caverart@comcast.net

ENCOURAGE SUPPORT GROUP MEETING
Roman Catholic Diocese of Lansing Chapter

When: Sunday November 21, 2010 from 2:30 to 4:00pm

**Where: Holy Spirit Catholic Church
9565 Musch Rd.
Brighton, Michigan 48116**

Directions: US-23 to Silver Lake Rd. Exit (exit #55) West on Silver Lake Rd. to Whitmore Lake Rd. (a short distance). South on Whitmore Lake Rd. to Winans Lake Rd.(a three way stop). West on Winans Lake Rd. approximately one mile to entrance marked with a sign for Holy Spirit Cemetery and Holy Spirit Rectory and School. Turn left. We meet in portable classroom number four. Look for Encourage Meeting signs.

We have enclosed with this month's letter, a handout article that we have included before, entitled "*Coming Out*" *Puts Adolescents at Risk* by Dale O'Leary. We did this because the handout addresses an issue that is becoming more prevalent. We are receiving more and more inquiries from parents of early adolescent children who have come home from school to announce that they believe themselves to be homosexual ("gay"). As a former public school teacher, I can testify that, indeed, there are significant efforts to normalize same-sex attraction and behavior. Richard Cohen, in his most recent newsletter *Change Is Possible* (www.ChangeIsPossible.com) writes "The acceptance of homosexual behavior is skyrocketing! From television to the big screen, from classrooms to local, state, and federal legislation, the normalization of homosexuality is front and center in our culture today. Any child who struggles with his or her sexual identity will be enrolled into believing the homosexual myth."

You might ask, what is the myth? The myth is that one is born homosexual or lesbian, and that if one has these feelings then this is who he/she is. Any effort to change will be mentally and emotionally damaging and any effort to persuade one otherwise is bullying and abusive. Many of the efforts to address bullying in schools are aimed at those who oppose homosexual behavior.

We also want to recommend two new books that relate to this specific issue and broader issues of same-sex attraction. One is *Straight Talk About Homosexuality* by Richard Cohen and can be ordered from Richard's the web site given earlier, and the other is *The Compassionate Christian Guide to Understanding Homosexuality: A Biblical and Compassionate Response to Same-sex Attraction* by Joe Dallas. I know the book is available through the Amazon web site.

It should be noted that we are also sending our letter and enclosures via email, and if you would prefer to receive it electronically, please let us know. The Diocese of Lansing has blessed us with a small budget, but every savings is helpful. Perhaps you might even consider a small or large donation to help defray the cost of mailing and materials.

Remember please that we unite to pray each Thursday to the Sacred Heart of Jesus in reparation for our sins and the sins against human sexuality such as same-sex behavior and abortion. Reparation is making amends for the wrongs committed through our sinful condition. Additionally, we pray as intercessors for all our loved ones who will, like the prodigal, someday return home. We generally follow the model given to us by St. Margaret Mary Alacoque in the booklet *Holy Hour of Reparation* published by CMJ Marian Publishers. If you would like a copy of the booklet, we have a small supply in our office or you can order one by calling the publisher at 1-888-636-6799. "That the necessity of reparation is especially urgent today must be evident to everyone who considers the present plight of the world, 'seated in wickedness'. The Sacred Heart of Jesus promised to St. Margaret Mary that He would reward abundantly with His graces all those who should render this honor to His Heart." (Pope Pius XI Encyclical *Miserentissimus*)

Please note if you cannot attend the November 21st meeting, **our next regular meeting is December 19th.**

For more information regarding our meetings, or to talk about the issue of same-sex attraction in your lives, call our Diocesan office at 517-351-3315 or email us at caverart@comcast.net

We look forward to meeting with you. Let us remember, however, to always respect the right of each to complete confidentiality.

Trusting in Jesus,



Bob and Susan Cavera

"God is our refuge and our strength, an ever-present help in distress."

Psalm 46:2



Dale O'Leary | Monday, 10 November 2008

"Coming out" puts adolescents at risk

Encouraging adolescents with same-sex attractions to identify as gay has no scientific or ethical justification.



How should schools treat students who self-identify as homosexual? Today entire school systems in a number of states and counties promote "acceptance". The demand for acceptance is based on the premise that patterns of sexual attraction – to the other sex or to same sex are determined at birth and unchangeable; therefore, everyone – the affected students themselves, their parents, teachers, and classmates – should be educated and when necessary pressured into accepting same-sex attraction (SSA) as normal and as

healthy as the love between a man and a woman in marriage.

There is, however, no evidence to support the claim that SSA is genetically determined and unchangeable. If it were, one would expect that identical twins would always have the same pattern of sexual attraction. A study led by J. Michael Bailey based on the twins registry in Australia found that among male identical twins, when one twin had SSA, in only 11 per cent of the cases so did the other. This research virtually precludes genetic determination.

There is also no evidence to support the claim that SSA is unchangeable. There are numerous reports of people understanding the emotional conflicts that led them to SSA, successfully addressing these weaknesses and then experiencing a new pattern of sexual attraction. A large study of sexuality led by Edward Lauman found the percentage of people self-identifying as homosexual declining over time. Lisa Diamond found that patterns of sexual attraction are particularly unstable among women.

Those who support acceptance might argue that even if SSA is not genetically determined and changeable it would still be better for those experiencing these feelings to "come out" and be accepted as homosexual by the school community. This view ignores the very real risks that accompany coming out, particularly for males.

Vulnerable boys

Over 40 per cent of males who self-identify as homosexual ("gay") before age 18

have been victims of sexual abuse or sexual assault. (Doll et al, 1992) An even higher percentage has suffered from untreated Gender Identity Disorder. (Zucker, Bradley, 1995) A study of the sexual behavior of 239 homosexually active males, 13 to 21, found that 42 per cent had a history of sexual abuse/assault. (Remafedi, 1994; Osmond, 1994) A study of 425 homosexual males, ages 17 to 22, found that 41.4 per cent reported an occasion of forced sex. (Halkitis, Wilton, Drescher, eds. 2005; Wainberg 2006) Forced sex rarely involves "safe" sex practices. (Kalichman, Rompa 1995)

Sexual child abuse and sexual assault have been linked to long-term psychological problems, including depression, sexual addiction, drug addiction, involvement in prostitution, and suicidal feelings. Some of these young men see their victimization as proof that they were "born" homosexual. Programs directed to acceptance rarely acknowledge or address these problems. When these serious emotional conflicts are not uncovered and treated, these males often act out in ways that are dangerous to themselves and to others. It is important to address this highly prevalent problem in young males with SSA.

At high risk of infection

Even if an adolescent male with SSA was not the victim of sexual abuse and did not experience untreated gender identity disorder GID, engaging in homosexual activity as an adolescent carries a high and truly unacceptable risk.

New statistics from the Centers for Disease Control reveal that the epidemic among young men who have sex with men (MSM) is raging unabated. In August 2008, it was revealed that the CDC had underestimated the number of new cases of HIV by 40 per cent. The report found that while new infections among heterosexuals and injection drug users are falling, new infections continue to increase in younger MSM. In 2006, the number of MSM aged 13-24 diagnosed with HIV/AIDS increased by 18 per cent over the previous year.

A study of sexual risk behaviors of young MSM aged 17-22 found that 22 per cent reported beginning anal sex with men when they were ages 3 to 14; of these 15.2 per cent were already HIV positive. Of those who began sex when they were 15-19, 11.6 per cent were HIV positive, while of those who began sex with men when they were 20-22, only 3.8 per cent were HIV positive. (Lemp, 1994) It is clear that every year a male with SSA delays sexual involvement reduces his risk of HIV.

Vulnerable young men may use the internet to seek out sexual partners. *Out* magazine, a publication targeted to MSM, ran an article by Michael Gross (2008) on how MSM are using the internet, posting pornographic pictures of themselves, and becoming addicted to the process of cruising on the web. Gross worries about the "health risks" and "psychological dissociation that's characteristic of online social life." Men may be looking for love but, Gross suggests, "You might as well train for a marathon by doing sprints in a minefield."

Once a young man has exposed himself on the internet, whatever he has put up becomes part of the public record forever. The 15-year-old boy who realizes at 20 that his SSA was just a phase of his life related to weaknesses in male confidence will have those pictures follow him for the rest of his life.

HIV/AIDS is not the only disease affecting MSM. The number of sexually transmitted infections (STI) transmitted by homosexual activity is staggering. They include syphilis, gonorrhea, herpes, hepatitis B and C, lymphogranuloma venereum and human papillomavirus (HPV), which has been linked to genital warts and a number of cancers. (Carter, 2007) HPV is transmitted by skin contact and therefore condoms

provide only minimal protection. The much-touted new HPV vaccine protects against only four of the 100 varieties of this disease.

In some areas the increase in syphilis infections has been traced to an increased use of crystal meth and "high risk sexual behavior at resorts or bath houses, or through meetings initiated over the Internet." (Brian, 2004; Klausner, 2000)

Not only are MSM at high risk for infection with HIV and many other STIs, the problem compounds itself in that infection with another STI makes a man more vulnerable to HIV and an HIV-positive man is more likely to contract another STI. According to a recent study, "HIV positive men who have sex with men are up to 90 times more likely than the general population to develop anal cancer." (Cranston, Ross, 2007)

Recently, doctors in San Francisco traced outbreaks in San Francisco and Boston of multidrug-resistant staphylococcus aureus (MSRA), the flesh-eating bacteria, to homosexual activity. It is also possible that a new, yet unidentified disease will find its way into this community. In 1980 before the first case of AIDS was identified, Dr. Selma Dritz, an expert on STI's, looked at the behaviors of MSM and warned, "There are so many opportunities for transmission that, if something new gets loose here, we're going to have hell to pay." (Shilts, Randy, *And the Band Played On*). Her warning came too late; by 1980 the HIV virus was already spreading among MSM. Tragically, in spite of massive education the high-risk behaviors continue.

As treatment for AIDS has improved and life expectancy has increased, young MSM no longer fear HIV as they should. Many of those who start out planning to use condoms, fail to do so because they are drunk or are high on drugs or don't want to send a message that they don't trust their partner. If this is a pattern among adult MSM, it is not surprising that adolescent males who have sex with males ignore warnings.

Does education prevent infection?

A large study on the association of health risk behaviors and sexual orientation among adolescents concluded: "GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance abuse use. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than their peers." (Garofalo, 1998)

Homosexual activists forced to explain why persons with SSA are at "elevated" risk for addictions, partner abuse, rampant promiscuity, anxiety, depression and suicidality usually blame the increased problems on the stress of living in a rejecting, "hateful and heterosexist" culture. (Cochran, Mays 2007) They then use these problems to justify pro-homosexual education in schools. However, if this view were true then one would expect to see lower levels of severe psychiatric illnesses in more accepting cultures such as the Netherlands, but this is not the case. (Sandfort, 2006)

The hope that identifying boys with SSA and providing them with HIV prevention education will reduce the risk of STI infections is not supported by the research. According to a review of studies of HIV prevention programs, "the efficacy of health education interventions in reducing sexual risk for HIV infection has not been consistently demonstrated...More education, over long periods of time, cannot be assumed to be effective in inducing behavior changes among chronically high risk males." (Stall, Coates, Hoff, 1988)

Dr. Philip Alcabes, an epidemiologist, commenting on the latest CDC data to the New York Times said, "[I]t looks like prevention campaigns make even less difference than anyone thought... HIV incidence did not decline as much from the 1980s to the 1990s as we believed despite the dramatic increase in condom promotion and so-called prevention education."

He quoted an editorial in *Lancet*, a leading medical journal, that was even blunter: "U.S. efforts to prevent HIV have failed dismally."

AIDS education, which provides children and adolescents with explicit information about the various forms of sexual behavior that spread the disease, may create curiosity and encourage experimentation among young men. Because AIDS education has also been used as a vehicle for promoting positive attitudes toward homosexuality, while at the same time ignoring the serious health risks associated with SSA, it is possible that the number of young men experimenting with homosexuality will increase.

As support groups in schools for males who think that they might be homosexual are being established, younger boys will be encouraged to "come out." This "coming out" will probably include engaging in sexual activity at an earlier age and more often. These young men may be attracted to the urban homosexual community, traveling to centers of homosexual activity where they are likely to encounter HIV-positive adults interested in engaging in sexual activity with attractive teenagers. This can lead to hustling (receiving money or compensation for sex) which is a high-risk activity.

A brochure, entitled *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel*, was sent to school officials by a coalition of groups including the National Education Association. It claimed: "If school environments become more positive for lesbian, gay, and bisexual students, it is likely that their differences in health, mental health, and substance abuse will decrease." This has not been born out by experience. Nothing could be more positive than the Harvey Milk school in Manhattan, which was set up to provide a safe environment for students with atypical sexual orientations and gender identities, yet in November of 2003, five male students were arrested. They had for some time been intimidating other students, working as prostitutes, blackmailing Johns, stealing from trendy stores, and involved with ecstasy and cocaine. (Cross, 2003)

Given the substantial, well-documented risks involved in engaging in homosexual activity as an adolescent and since a certain percentage of males who experience SSA in adolescence find that these feelings disappear in time, schools should not encourage adolescent males to "come out", but, instead, offer positive support for addressing the serious emotional problems in these teenagers.

Girls

While adolescent females with SSA do not face the same risk for STIs as males, a significant number of these young women with SSA have been victims of sexual abuse or rape. (Bradford, 1994) SSA is even less stable among young women than among young men with some females finding themselves attracted to men and to women at different times in their lives. Many adolescent girls have crushes on female teachers or coaches. With time and growth in maturity these feelings resolve. Rather than assuming that every young female who ever experiences any SSA is permanently homosexual, schools should encourage young women to try to understand themselves and wait before identifying themselves as homosexual.

Finally, educators, like physicians and mental health professionals, have a serious responsibility to provide informed consent to their students and not advocate a lifestyle which has serious medical and psychiatric illnesses associated with it without warning students about such risks.

Dale O'Leary is a US writer with a special interest in psycho-sexual issues and is the author of two books: "One Man, One Woman" and "The Gender Agenda". She collaborated on this article with Richard P. Fitzgibbons, M.D., a psychiatrist and Director of Comprehensive Counselling Services in W. Conshohocken, Pennsylvania, and Peter Kleponis, M.S., a psychotherapist also based in Philadelphia.

* A complete version of this paper with footnotes can be found in the Backgrounders section of this website: Same-sex attraction in adolescents