

# Sexual Abuse of Minors by Catholic Clergy

**Richard Fitzgibbons, M.D.,  
and Dale O’Leary**

*Dr. Fitzgibbons has given conferences to spiritual formation teams at a number of seminaries and to seminarians on growth in affective maturity. He has authored chapters in two books on the origins and healing of same-sex attractions. He is consultant to the Congregation for the Clergy at the Vatican. His email address is r82488@aol.com.*

*Mrs. O’Leary is a freelance writer, author of numerous articles, and the books *The Gender Agenda: Redefining Equality* (Lafayette, LA: Vital Issues Press, 1997) and *One Man, One Woman: A Catholic’s Guide to Defending Marriage* (Manchester, NH: Sophia Institute Press, 2007).*

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## Abstract

*The reports *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950–2002* and the *Supplementary Data Analysis*, and *The Causes and Context study (2011)* by the *John Jay College of Criminal Justice*, commissioned by the *U.S. Conference of Catholic Bishops*, concluded that the childhood and adolescent sexual abuse committed by clergy was totally unrelated to homosexuality. The latest *John Jay* attempt to explain the deliberate homosexual predation and abuse of adolescent males, the primary victims in the crisis, as a crime of opportunity ignores the severe psychological conflicts and grooming behaviors in priests who offended against minors. This article discusses why the studies used to support the view of the abuse of minors as being not related to homosexuality are not applicable to the problem of clergy childhood sexual abuse. The data in the *John Jay* reports strongly suggests that homosexual abuse of adolescent males is at the heart*

*of the crisis. The psychological causes of homosexual attraction in men to adolescent males are presented. A number of well-designed studies have found that men with SSA are more likely to have psychiatric and substance abuse disorders and STDs than heterosexual males, and are more likely to have a positive attitude to sexual relations between adult and adolescent males. Competent mental-health professionals should offer a second opinion about the causes of the crisis in regard to the psychological conflicts in the priests. Also, priests and seminarians with deep-seated homosexual tendencies have a serious responsibility to pursue appropriate treatment and spiritual direction in order to protect adolescent males, in particular, and the Church from further damage.*

## Introduction

In response to the scandal over sexual misconduct with persons under age eighteen by members of the Catholic clergy, the U.S. Conference of Catholic Bishops commissioned the John Jay College of Criminal Justice to conduct a comprehensive study of the problem. The study *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950–2002*, was released in 2004.<sup>1</sup> This was followed by *Supplementary Data Analysis* released in 2006<sup>2</sup> and the *Report on the Causes and Context* study in May 2011.<sup>3</sup>

In discussing childhood sexual abuse, it is necessary to remember that while people feel reassured when they receive a statistic to two decimal points, statistics are like snapshots, taken at a particular time in a particular place, from a particular point of view. In order to know how reliable statistics taken from a published study are, it is necessary to know a number of important facts such as, how the group was studied, was the group studied compared to a control group, what questions were asked, and how were they asked. Other important questions are: Can the statistics presented in a particular study be generalized, or are they only relevant to that particular group at that particular place and moment time? Do the results agree with the results from a number of other well-designed studies?

The John Jay report provided a unique opportunity to look at the problem of childhood sexual abuse. The Church, as a hierarchical institution, was able to give the researchers access to extensive records. This is, therefore, probably one of the more comprehensive studies of childhood sexual abuse.

According to *The Nature and Scope of Sexual Abuse of Minors*, 4,392 clerics were accused of childhood sexual abuse. This represents about 4 percent of clerics in active ministry during that period. While the number of alleged victims of clergy abuse in the John Jay report is unacceptably high (10,667 total allegations), the publicity generated by the coverage of the scandal and the fact that the Church was offering

financial settlements may have encouraged those who had not previously revealed their abuse to come forward. Many reports made after 2000 were of abuse that occurred decades earlier.

When the John Jay report is compared to other studies of childhood sexual abuse, the differences are striking. Other studies report that female victims of childhood sexual abuse outnumber males. For example, in an often-referenced study by David Finkelhor and associates, 27 percent of women and 16 percent of men reported childhood sexual abuse.<sup>4</sup> In contrast, the John Jay report found that 81 percent of the alleged victims of clergy abuse were male.

Before the revelation of the extent of childhood sexual abuse among Catholic clergy, male victims were extremely unlikely to report abuse. It is possible that studies, which found that female victims of childhood sexual abuse outnumber male, may have missed a significant population of male victims, namely those who refused to admit abuse. There is a strong likelihood that a significant amount of childhood sexual abuse of males may never have been reported.

While there have been a large number of allegations of clergy childhood sexual abuse since the scandal broke, many of the incidents reported took place years earlier. The John Jay report noted a dramatic decline in reports of recent clergy childhood sexual abuse. It found that incidents of clergy childhood sexual abuse increased in the 1960s, peaked around 1980, and have been declining since then.<sup>5</sup> This is consistent with a 40 percent decline in childhood sexual abuse in general from 1992 to 2000.<sup>6</sup> This decline could be due to a number of factors including the institution of guidelines to eliminate opportunities for potential offenders to be alone with children, and vigilance by parents. Also, aggressive activity by the criminal justice system has led to increased incarceration of offenders. In 1986, 19,900 childhood sexual abuse offenders were in prison; by 1997 the number had increased to 60,700.<sup>7</sup>

It should be noted that while childhood sexual abuse by Catholic clergy has received extensive media coverage, childhood sexual abuse by teachers and others is also a serious problem. Charol Shakeshaft, who has done extensive research on the problem of sexual abuse of students by teachers, recognizes the difficulty of collecting solid data on sexual abuse; but using available studies, she estimates that “the physical sexual abuse of students in schools is likely more than one hundred times the abuse by priests.”<sup>8</sup> According to Shakeshaft’s research, even when abuse was reported to school officials the offenders were not reported to the police. In her study of 225 cases in New York, “none of the abusers were reported to authorities and only 1 percent lost their license to teach.”<sup>9</sup> A recent article in *The New York Times* documented abuse—including sexual abuse—of the developmentally disabled in group homes. Even when abuse was uncovered, perpetrators were allowed to continue working at other facilities.<sup>10</sup>

## **Pedophilia**

Pedophilia is defined as an exclusive sexual attraction to pre-pubescent children, however, 77.4 percent of victims of clergy abuse were eleven years of age or older. The John Jay report findings led some to conclude that the problem was not classic pedophilia, but homosexual acts by priests with adolescent boys. However, when Vatican Secretary of State Cardinal Tarcisio Bertone mentioned a relationship between homosexuality and the sexual abuse of minors, he was strongly criticized. Fr. Federico Lombardi, director of the Vatican Press office, clarified the statement by saying that “it obviously refers to the problem of abuse by priests and not in the population in general.”<sup>11</sup>

Fr. Marcus Stock, the general secretary of the Catholic Bishops' Conference of England and Wales, insisted that:

To the best of my knowledge, there is no empirical data which concludes that sexual orientation is connected to child sexual abuse. . . . The consensus among researchers is that the sexual abuse of children is not a question of sexual “orientation,” whether heterosexual or homosexual, but of a disordered attraction or “fixation.”<sup>12</sup>

When William Donohue of the Catholic League described the sex abuse scandal as a “homosexual crisis,” Margaret Smith, a John Jay College criminologist who worked on the John Jay report, said that Donohue had drawn an unwarranted conclusion. She insisted that: “The majority of abusive acts were homosexual in nature. The participation in homosexual acts is not the same as sexual identity as a gay man.”

This professional opinion of a criminologist would differ from that of mental health professionals who would view the homosexual predation of adolescent males as indicating a conflict with homosexuality in adult males.

It should be noted that men with SSA are more likely to have been victims of childhood sexual abuse than other men. One study found a significantly higher prevalence of homosexuality (48% vs. 8%) among young adult males who had a history of childhood sexual abuse compared to nonabused controls.<sup>13</sup> Men with a history of childhood sexual abuse are more likely as adults to abuse children.<sup>14</sup> The John Jay report confirmed this: “One factor that was linked to the sexual abuse of minors was a history of sexual victimization. . . . Data showed that men who were sexually abused themselves when they were minors were significantly more likely to commit acts of abuse than those who were not abused.”<sup>15</sup>

However, the problem is also partially one of definitions. The word “homosexual” is used to refer to any person who is sexually interested in persons of the same sex. It is an imprecise term, which combines overlapping categories:

- Men with same-sex attraction—whether or not they act on it.
- Men who have sex with men—whether or not they also have sex with women or are also attracted to women.

- Gay men—men with deep-seated homosexuality, who have sex with men and self-identify with the homosexual community values.

Those who insist that pedophilia cannot be associated with “gay” men defined pedophile as a primary and exclusive sexual attraction to pre-pubescent children. Although the majority of pedophiles prefer one sex or the other, those, who define pedophilia in this way, view the sex of the child as irrelevant. They insist that what matters to a true pedophile is the age of the child not the sex. Only 96 of the 4,329 priest offenders were classified by John Jay report as true pedophiles.

However, because so many of the victims of clergy abuse were post-pubescent boys, another category has been used to describe these offenders: ephebophiles—men whose primary or exclusive sexual attraction is to post-pubescent boys. While 474 of the priest offenders were placed by John Jay report into this category, these two categories combined do not account for all the offenders against adolescent boys. Many gay men who have sex with other adult men are also attracted to adolescent boys, just as there are many adult men who have sexual relations with adult women and are also attracted to post-pubescent girls. There are sections of major cities where adolescent boy prostitutes are available to male clients who want this service. Also, the homosexually oriented pornography industry feeds and responds to this attraction.

Those who study childhood sexual abuse have further divided the offenders against children into two categories, which were assumed to be mutually exclusive: regressed and fixated. According to this theory, regressed offenders were in relationships with adult women and under stress retreated to relationships with children, most often daughters or step-daughters. Fixated offenders rarely have relations with adults, but are attracted exclusively to children, often of a particular age. The claim is made that while heterosexual men under stress regress from relations with adult women to minors, “gay” men never regress and homosexual acts with minors are committed by fixated pedophiles or ephebophiles. Fixated offenders with multiple victims posed the greatest threat to children. The John Jay report found that 3.5 percent of the clergy offenders were responsible for approximately 26 percent of all allegations.<sup>16</sup>

On the other hand, 55 percent of the clergy offenders had only one formal allegation of abuse. The victims of this group were 66.7 percent male and 45 percent were between the ages of 15 and 17. How can one assume that none of these clergy offenders are men who regressed from same-sex relationships or fantasy to adolescent boys? Did those clergy with one accusation repent and live chaste celibacy or, recognizing the risk of sexual relations with an adolescent, choose adult male partners?

The John Jay report found that cases of clergy, who preyed on pre-pubescent children, increased somewhat through the 1960s and 1970s. However, during the same period, there was a dramatic increase in the number of male victims over age eleven.

The older the victims were, the more likely the minor was male. The following chart is taken from the John Jay report:

**Table 1** Alleged victims of sexual abuse incidents, grouped by gender and age.<sup>1</sup>

Age in years	1-7	8-10	11-14	15-17
Male				
Number	203	992	4,282	2,892
Percent	41.7%	71.4%	85.4%	85.2%
Female				
Number	284	398	734	502
Percent	58.3%	28.6%	14.6%	14.8%

<sup>1</sup> John Jay College, *The Nature and Scope of Sexual Abuse of Minors*, 53, table 3-54.

These statistics show that the scandal involved homosexual acts. The question is: Were the offenders against males over age eleven fixated ephebophiles or men with SSA involved with adolescent boys?

Those who insist that homosexuality and the abuse of minors (pedophilia or ephebophilia) are mutually exclusive categories frequently cite two studies to support their claim. In a 1978 study, Nicholas Groth and Jean Birnbaum, surveyed a sample of 175 males convicted of sexual assault against children and concluded that "homosexuality and homosexual pedophilia may be mutually exclusive."<sup>17</sup> Groth divided his subjects between those "fixated exclusively on children" and those who had regressed from peer relationships. They noted that while the regressed offenders showed a preference for girls, the fixated offenders show slight preference for boys and most were "either complete strangers or only casually acquainted" with their victims. None of the convicted offenders against children self-identified to the researchers as homosexual.

A 1988 study of child molesters by W.D. Erickson and associates produced strikingly different results. In this study, "86 percent of the offenders against males described themselves as homosexual or bisexual."<sup>18</sup> In addition, a study by Lenore Simon and associates challenged the "fixated-regressed dichotomy." They found that the fixated/regressed dichotomy did not fit all offenders.<sup>19</sup>

A 1994 study by Carole Jenny and associates is also frequently cited. These researchers reviewed the medical records of children evaluated for childhood sexual abuse at a child abuse clinic and the emergency room of a children's hospital. The mean age of the victims was 6.1 years; 206 were female, 42 male. Only one of the abusers was identified as a minister and his victim was female. Although none of the offenders were asked about sexual orientation, two were assumed to be homosexual.<sup>20</sup> This sample reflects what could be anticipated from a sample of children

whose abuse was discovered relatively soon after the event and who were taken for evaluation: the victims would be predominantly young girls abused by someone they knew. It is not relevant to the problem of clergy abuse, since few of the victims of clergy abuse told anyone what happened until years later. Of reports in the John Jay report made in 2002 after the scandal broke, the average delay in reporting was thirty years.<sup>21</sup>

Boy victims are less likely to report abuse immediately and therefore are not taken to emergency rooms and would never end up in the Jenny study. If they never tell anyone about the abuse, the offenders would not be convicted and jailed, and therefore would not end up in the Groth study. In addition, in the past, when offenses against children were committed by those in authority—clergy, teachers, etc.—and were reported to adults, the crimes were often covered up. The excuse was given that a trial would be traumatic for the victim, but often the real reason was to protect the institution. The difference between the Groth study and the Erickson study may be that a change in public attitudes between 1978 and 1988 made it easier for offenders to admit their same-sex preferences.

In a 1985 study by Robert Johnson and Diane Shrier, adolescent males attending a health clinic were asked during the intake interview about childhood sexual abuse. Of the total clientele, forty adolescents reported experiencing childhood sexual abuse. Only six of the forty had ever told anyone about the abuse before being asked by the clinic personnel. Johnson and Shrier speculate that many of the victims may have been unwilling to admit being molested.

Even though nearly half of our adolescent male clinic population is under fifteen years of age, all the adolescents who admitted to sexual molestation were over fifteen years of age. Since all the reported molestations occurred during the preadolescent years, we can only speculate that our young adolescent males did not report earlier sexual victimization.<sup>22</sup>

It is also interesting to note that of the forty reporting sexual abuse, 57.5 percent said they were currently either homosexual or bisexual. Did the abuse cause confusion about sexual identity? Were boys who already had gender-identity problems more likely to be targeted by molesters? Were heterosexual boys even less likely to admit abuse?

Not admitting abuse may be the norm for boys. Michael Reagan in his book *Twice Adopted* tells how after being molested and photographed nude at age seven, he experienced so much shame and guilt that for thirty-five years he never revealed his secret to anyone and lived in fear that the pictures would be made public. He believed that if his family found out they would instantly disown him and that God would never forgive him.<sup>23</sup> How many men abused as children feel so ashamed that they never tell anyone, let alone report the abuse?

The John Jay report considers only victims eighteen years of age and younger, in spite of the fact that sexual relations between a priest

and any person of either sex or any age is an abuse of a relationship of trust. The researchers examined the files of accused clergy and found that the records of fourteen hundred of the clergy offenders contain reports of other problems. For example, 5.8 percent of the files contained a report of a problem of "sex with adult women" and 7.3 percent (164 offenders) "sex with adult men." That means that of the sexual offenses that came to the attention of superiors 40 percent were with females and 60 percent with males. There is no way to know if these proportions are representative of the activities of offending clergy. However, since the proportion of men with other-sex attraction to men with SSA in the general public is 97 percent to 3 percent, this would suggest that clergy offenders are disproportionately same-sex attracted and that at least 164 of the offenders had been involved sexually with adult men. This suspicion is confirmed by Dr. Richard Fitzgibbons, who has experience in the psychiatric treatment of large numbers of priests over thirty-four years: "every priest whom I treated who was involved with children sexually had previously been involved in adult homosexual relationships."<sup>24</sup>

It is reasonable to assume that the majority of Catholic clergy who self-identified as "gay" would not openly advertise their SSA, although there are some exceptions. The notorious Paul Shanley, a defrocked priest convicted of abusing children, openly identified with the gay community, while publicly rejecting Church teaching on homosexuality.<sup>25</sup> He and another priest opened a bed-and-breakfast in Palm Springs that catered to "gay" men.

It is also true that the members of the gay community are more likely to have a positive view of sexual relations between adult and adolescent males. The following quote from Larry Kramer, gay author and activist, reveals an attitude common in the gay community:

In those instances where children do have sex with their homosexual elders, be they teachers or anyone else, I submit that often, very often, the child desires the activity, and perhaps even solicits it, either because of a natural curiosity that will or will not develop along these lines, or because he or she is homosexual and innately knows it. This is far from "recruitment." Obviously, there are instances in which the child is unwilling, and is a victim of sexual abuse, homo- or heterosexual. But, as with straight children anxious for the experience with someone of the opposite sex, these are kids who seek, solicit, and consent willingly to sex with someone of the same sex. And unlike girls or women forced into rape and traumatized, most gay men have warm memories of their earliest and early sexual encounters; when we share these stories with each other, they are invariably positive ones.<sup>26</sup>

Given this attitude among gay men, while a priest, with deep-seated homosexual tendencies who self-identifies as "gay," might not abuse adolescents himself, he might be more tolerant of this behavior in others. It



seems, therefore disingenuous to argue that the clergy with SSA were not a significant part of the problem, yet the researchers from John Jay College would have us believe that sexual orientation is irrelevant.

Karen Terry, a researcher who worked on the John Jay report, suggested that factors such as greater access to boys could explain the skewed ratio.<sup>27</sup> Priests do not persevere in their commitment to vows of chastity, because they lack opportunity. If these offending clergy had been sexually attracted to women, it is a tragic reality that they would have no difficulty finding women willing to engage in sexual relations with them.

Fitzgibbons found that the offending clergy and seminarians he counseled suffered psychological and spiritual problems:

In treating priests who have engaged in pedophilia and ephebophilia, we have observed that these men almost without exception suffered from a denial of sin in their lives. They were also unwilling to admit and address the profound emotional pain they experienced in childhood of loneliness, often in the father relationship, peer rejection, lack of male confidence, poor body image, sadness, and anger. This anger, which originated most often from disappointments and hurts with their peers and/or fathers, was often directed toward the Church, the Holy Father, and the religious authorities. Rejecting the Church's teachings on sexual morality, these men for the most part adopted the utilitarian sexual ethic which the Holy Father (John Paul II) so brilliantly critiqued in his book *Love and Responsibility*. They came to see their own pleasure as the highest end and used others—including adolescents and children—as sexual objects. They consistently refused to examine their consciences, to accept the Church's teachings on moral issues as a guide for their personal actions, or regularly avail themselves of the sacrament of penance. These priests either refused to seek spiritual direction or choose a spiritual director or confessor who openly rebelled against Church teachings on sexuality. Tragically, these mistakes allowed these men to justify their behaviors.<sup>28</sup>

According to the John Jay report, many of the records of clergy accused of sexual abuse of a youth under age eighteen contained evidence of a history of substance abuse, questions about fitness for ministry, or behavioral problems.<sup>29</sup> It has been argued that the offenders were not "gay" priests but troubled men and that healthy, mature "gay" men do not molest children. The argument proceeds along the following lines:

- 1) Healthy, mature "gay" priests do not molest teenage boys.
- 2) Those priests who seduce teenage boys are immature and have other problems.
- 3) They are tempted by the availability of teenage boys.
- 4) Therefore, the crisis is no reason to exclude men with deep-seated homosexual tendencies from the priesthood.<sup>30</sup>

The question is not: Are immature and troubled men more likely to take advantage of adolescent boys? They are. But: Are men with deep-seated homosexual tendencies more likely to be immature and troubled and take advantage of available adolescent boys?

While some priests with SSA are committed to a chaste celibacy and use all the spiritual psychological tools available to overcome temptations in thought and deed, others think it is sufficient to restrict their sexual activity to masturbation and relations with males over age eighteen. These priests do not regard their same-sex attraction as intrinsically disordered, nor do they support the church teachings on sexuality. Some view gay identity is a “gift” from God and believe that the Church’s teachings should and will change.

Those who view SSA as intrinsically disordered believe that while not all priests with SSA offend against minors, a significant percentage have problems which could make them less able to resist the temptation to take advantage of the availability of teenage boys. Furthermore, clergy with deep-seated homosexual tendencies who self-identify as “gay” are more likely to reject church teachings on sexuality and this can lead to a permissive attitude toward sexual offenses by fellow clergy.

### **Objective Disorder**

In order to be a truly healthy and mature priest—a man is ontologically changed and configured to Christ by the sacrament of Holy Orders and is also spouse to the Church and a spiritual father to everyone—it is necessary to achieve a strong interior life and affective maturity, that is, a healthy personality. Numerous well-designed studies published in peer-reviewed journals have found that men with SSA are more likely to suffer from numerous psychiatric disorders and STDs.

To understand the reasons for the higher prevalence of psychiatric disorders in those with same sex attractions, it is necessary to understand the process of healthy psychological development in men, as well as problems inherent in the homosexual lifestyle. At birth a baby needs to attach securely to his mother. In the first months of his life, she must be available to appropriately meet his needs, to show physical affection, to smile on him, and to delight in his smiles. He learns to trust mother-love. Then as her son matures, she must allow separation. She encourages his growing competence. The baby crawls away from the mother and then looks back, checking for her presence, her approval. At some point in the first two years of life, the baby realizes that there are two sexes and one to which he naturally belongs. He then identifies more with his father. The mother must not stand in the way of the child’s developing in a secure relationship with his father. The father should be emotionally giving, affirming, and fully open for identification. In this process he helps his son appreciate the goodness of his masculinity that is essential to the development of male confidence and happiness.

Joseph Nicolosi speaks of the importance of shared delight, moments when father and son engage in an activity that is mutually pleasurable.<sup>31</sup> For example, the father tosses his son up in the air. At first the boy is a little frightened, but then realizes that he is safe and this is fun and wants the activity repeated again and again. The mother may object “Be careful.” But the father ignores her. It is in moments like this that the boy takes the first steps on his journey to manhood. His relationship with his father becomes the foundation on which he builds his masculine confidence.

The next stage in male development involves interaction with and the development of secure relationships with brothers and male, age peers. The development of a healthy masculine identity is also dependent on the experience of being accepted and affirmed by males of one’s own age. A major way for bonding with a brother or male peers is through engaging in games, in rough-and-tumble play and in sports.

The lack of secure attachments to a father, brother, or same-sex peers results in varying degrees of sadness, loneliness, male insecurity, and anger. By successfully experiencing secure attachment relationships as a son, brother, and good male friend, a boy’s emotional needs for male acceptance and love are met, and he incorporates a positive view of himself. Then, as he matures, he will naturally develop romantic and sexual attractions toward women. Psychological healthy experiences with a father, a brother, and same-sex peers facilitates the ability of priests to receive and be comforted by the love of God as his father, Mary as his mother, Jesus as his brother and friend, and the Church as his spouse.

While each man with same-sex attraction has his own unique personal history, in general he experiences significant conflicts in his emotional development. Often there are difficulties in the attachment period. Mothers of men with SSA are more likely to be troubled. Some mothers are narcissistic and not able to respond appropriately to their babies’ needs; instead they expect their baby to meet their needs. Some are fearful of masculinity. Boys, who are particularly sensitive to maternal affect, can become anxious and fearful. Kenneth Zucker and Susan Bradley, experts in gender identity disorder, which is often a precursor of SSA, noted that of ten consecutive boys brought to their GID clinic for evaluation in every case the mother was suffering from some problem which made attachment to her son problematic.<sup>32</sup>

According to Susan Bradley:

boys with GID appear to believe that they will be more valued by their families or that they will get in less trouble as girls than as boys. These beliefs are related to parents’ experiences within their families of origin especially tendencies on the part of mothers to be frightened by male aggression or to be in need of nurturing, which they perceive as a female characteristic.<sup>33</sup>

Mothers may block separation, frowning when their sons display typically masculine behaviors, not smiling at their sons’ growing independence,

and interfering with the father/son relationship. If the father tries to toss the son up in the air or engage in other rough-and-tumble play, the mother may grab the boy out of his father's hands. The boy receives the message that his father is not trustworthy. In other cases, the father is cold or unavailable to the son. In their book, *Gender Identity and Psychosexual Problems in Children and Adolescents*, Zucker and Bradley posit that:

The boy, who is highly sensitive to maternal signals, perceives the mother's feelings of depression and anger. Because of his own insecurity, he is all the more threatened by his mother's anger or hostility, which he perceives as directed at him. His worry about the loss of his mother intensifies his conflict over his own anger, resulting in high levels of arousal or anxiety. The father's own difficulty with affect regulation and inner sense of inadequacy usually produces withdrawal rather than approach.

The parents have difficulty resolving the conflicts they experience in their own marital relations, and fail to provide support to each other. This produces an intensified sense of conflict and hostility.

In this situation, the boy becomes increasingly unsure about his own self-value because of the mother's withdrawal or anger and the father's failure to intercede. This anxiety and insecurity intensify, as does his anger.<sup>34</sup>

Irving Bieber and collaborators conducted a comprehensive study of homosexual men in therapy. They concluded "that a constructive, supportive, warmly related father *precludes* the possibility of a homosexual son; he acts as a neutralizing protective agent should the mother make seductive or close-binding attempts."<sup>35</sup> When the boy is old enough to engage in play with other boys, such mothers may restrict his access, nag him about getting dirty, or implant fears that he will be hurt. A boy's fear of rough-and-tumble play cuts him off from his peers. Such a boy grows up feeling different from other males. He may or may not identify with females, but he longs for male attention and affection; and in adolescence this need becomes sexualized and he begins to fantasize about relationships with males. Eventually, he may engage in sexual activity with other males. Fighting the inner sense that he is not sufficiently masculine—not a real man—he is attracted to their masculinity, and sexual activity is a means to incorporate some of that masculinity into himself.

He may also harbor significant anger toward his father, whom he sees as failing him, and his male peers, who rejected him. This can lead to ambivalent feelings to men, to authority in general and male authority in particular.

A priest is father to everyone, all are his children. A father is a man who protects and provides. A father's love is constant, but he is also a just disciplinarian and judge. His duty is to serve. He should never use his children as objects for his own pleasure. Any sexualization of the father/

child relationship is a form of incest. This may be one of the reasons why the sexual acts of priests are universally viewed as scandals, whereas similar acts by school teachers and ministers of other denominations, while perhaps just as common, do not result in the same level of public outrage.<sup>36</sup>

In taking the title “Father,” the Catholic priest stands as an image of natural fathers and of God, the Father; and therefore sexual improprieties of any kind are rightly viewed as incestuous and blasphemous. In order to be healthy and mature, a priest must understand fully what it means to be a son, a brother, a friend, a man, and a father. He must have successfully navigated the stages of emotional, personality, and psychosexual development, and where deficits occurred experienced healing and growth.

Contrary to public opinion and a campaign of misinformation, SSA is not genetically predetermined. There is no evidence of a “gay” gene. If SSA were genetic, identical twins would virtually always have the same sexual orientation, but a study of Australian twins, found that in only 11 percent of the twin pairs, where one twin had SSA so did the other.<sup>37</sup> This is not to say that inherited characteristics, such as temperament, play no part in the development of SSA. Men with SSA usually have suffered a combination of negative events, which synergistically block healthy emotional and psychosexual development.

If same-sex attraction arises from unmet needs, it is disordered in its origin. Lacking a strong psychological foundation, men with SSA are more likely than the general public to have psychiatric disorders, substance abuse problems, suicidal ideation, STDs, and a lack of fidelity and permanency in loving relationships. Those who continue to claim that men with SSA are no more likely than other men to have psychiatric disorders frequently quote a 1957 study by Evelyn Hooker of thirty carefully selected gay men, which even when it was published was recognized as not being scientifically valid.<sup>38</sup> Since then a number of large, well-designed studies published in peer-reviewed journals have found the opposite.

David Fergusson and associates looked at data from the birth cohort study done in Christchurch, New Zealand, and concluded: “Findings support recent evidence suggesting that gay, lesbian, and bisexual young people are at increased risk of mental health problems, with these associations being particularly evident for measures of suicidal behavior and multiple disorders.”<sup>39</sup>

Another study using the same birth cohort found higher rates of self-harm.<sup>40</sup> A study done in the Netherlands found that “people with same-sex sexual behavior are at greater risk for psychiatric disorders.<sup>41</sup> A follow up study conducted concluded that: “Gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health was poorer.”<sup>42</sup> A study done in the U.S

by Susan Cochran, Vickie Mays and Greer Sullivan found that: “gay-bisexual men evidenced higher prevalence of depression, panic attacks, and psychological distress than heterosexual men.”<sup>43</sup> In this study 39.8 percent of the gay/bisexual men were positive for at least one disorder. Still another study found that “homosexual orientation, defined as having same-sex sexual partners, is associated with a general elevation of risk for anxiety, mood, and substance use disorders, and for suicidal thoughts and plans.”<sup>44</sup>

A 2004 study from England found that “of the 1,285 gay, lesbian, and bisexual respondents who took part, 556 (43 percent) had mental disorder as defined by the revised Clinical Interview Schedule (CIS-R). . . . Out of the whole sample, 361 (31 percent) had attempted suicide.”<sup>45</sup> A meta-analysis of articles on the mental health of lesbian, gay, and bisexual people found that “LGB people are at higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people.”<sup>46</sup>

Given the multitude of studies, gay advocates have been forced to admit: “that LGBT people suffer higher rates of anxiety, depression, and depression-related illnesses and behaviors like alcohol and drug abuse than the general population.”<sup>47</sup> They insist that it is the “stress of being a member of a minority group in an often-hostile society—and not LGBT identity itself—that accounts for the higher levels of mental illness and drug use.”<sup>48</sup> However in a study from the Netherlands, the authors concluded: “This study suggests that even in a country with a comparatively tolerant climate regarding homosexuality, homosexual men were at much higher risk for suicidality than heterosexual men.”<sup>49</sup>

In addition gay men are far more likely to engage in behavior which puts them at risk for infection with STDs including HIV. They are forty-four times more likely to become HIV positive and forty-six times more likely to contract syphilis.<sup>50</sup> This suggests that gay men are more likely to engage in high-risk sexual behavior without duly considering the consequences.

Clinical experience and the literature indicate that the reasons for the much greater prevalence of psychiatric disorders are unresolved sadness, weaknesses in confidence, anger, anxiety, and a homosexual lifestyle in which exclusivity and permanency are not present or desired in the vast majority of relationships as a result of the sexual utilitarian philosophy and narcissism. Finally, the conflicts from childhood and from the lifestyle contribute to the significantly higher prevalence of domestic abuse.

The authors of the John Jay report seem to suggest that clergy abusers are not gay men, but maladjusted men with other problems. Given the high rate of psychiatric disorders, substance abuse problems, suicidal ideation, and sexual risk taking among men with SSA, it is more likely that the two categories are not mutually exclusive.

## **Causes of the Crisis: Availability or Severe Psychological Spiritual Conflicts**

In its third report the John Jay College responded to the request of the USCCB to address causes and context for the crisis. Why did some priests give in to the temptation to abuse adolescent teenage boys? The authors claim that although they found that 81 percent of the victims were adolescent males and the acts were therefore homosexual, this does not mean that the priests committing these acts had a homosexual identity. According to Karen Terry, the primary author of the study, "Someone can commit sexual acts that might be of a homosexual nature but not have a homosexual identity," She blames the skewed male/female ratio of victims on greater access to adolescent boys.

Opportunity and availability only affect behavior if the temptation is already felt. If the thing or person that is available does not tempt a person, its availability is irrelevant. A man who finds homosexual acts repulsive will not be tempted by the availability of vulnerable adolescent males. Priest offenders with adolescent boys were obviously experiencing homosexual temptations.

Some men are more susceptible to sexual temptations because they suffer from psychological conflicts of loneliness and sadness, weaknesses in male confidence, excessive anger, anxiety, selfishness, and/or have a history of childhood sexual abuse, all of which make it harder to resist temptations to self-pity, narcissism, envy, rebellion against authority, substance abuse, sexual fantasy, masturbation, and sexual acting out. Each small surrender weakens the will and makes it easier to give in to the next, more serious temptation. Men with SSA are more likely to suffer from the above listed problems and therefore are more susceptible to the temptation to act out homosexually with adults or minors.

### **Psychological Conflicts in Priests Who Abused Adolescent Males**

Dr. Paul McHugh, a member of the first USCCB National Review Board and former psychiatrist-in-chief at Johns Hopkins Hospital, stated in an interview about the crisis:

I'm amazed that this fundamental bombshell [of the homosexual predation of American adolescent males] has not been the subject of greater interest and discussion. . . . I'm astonished that people throughout America are not . . . wondering about what the mechanisms were that set this alight.<sup>51</sup>

Severe narcissism is a major reason why a priest or other man chooses to sexually abuse a minor. Priests involved in the crisis were highly narcissistic in their deliberate grooming of adolescent males and predatory

acts. Most of these priests had profound weaknesses in their male confidence and were very lonely during their own adolescence when they had few friends, a poor body image, and often an emotionally distant father. A study done in the Netherlands found that in men with SSA lesser quality of life was predominantly explained by low self-esteem.<sup>52</sup> A 2011 U.K. study found that adolescent boys with some same-sex experience, reported less self-esteem and more experiences of forced sex.<sup>53</sup> Unconsciously, they were emotionally attempting to escape from their deep sadness, loneliness, and the male insecurity they had experienced as adolescents through sexual encounters with teenagers. These psychological dynamics and their resolution have not been addressed in post-crisis programs; however, they should be included in new safe-environment programs. Programs to deal with pornography addiction which have been initiated in a number of dioceses do address these issues. Also, in our clinical experience many of the priests involved in the crisis failed to teach the fullness of the Church's truth on sexual morality and therefore had great difficulty in living it.

### **The Victim's Perspective**

Childhood sexual abuse presents an entirely different challenge for a boy with a confident masculine identity, than it does for one on the path toward identifying as "gay." The boy who was progressing toward a healthy masculine identity is more likely to feel ashamed, to question his identity, and to be angry, while a boy already feeling some same-sex attraction may view the abuse quite differently.

An anthology of autobiographical accounts of the religious struggles of gay men titled *Wrestling with the Angel* contains a chapter by Kevin Killian, in which he tells the story of his sexual relations with a number of friars and priests. Kevin had recognized his SSA and engaged in sexual activity with peers before being sent to a Catholic school where he became the willing partner of one of the friars. He was flattered. He was assured that he was special, but when the friar was transferred, he was "traded" to another friar and then another, and then to a priest. Finally, he began to realize that he was not so special after all. "Disillusioned, dejected, I began to read the whims of these men not as isolated quirks, but as signs of a larger system, one in which pleasure, desire endlessly fulfilled is given more value."<sup>54</sup> When the abuse scandal broke, he did not pursue his case, but thinking about his experience he recognized that although he had been a willing participant at the time, he had been taken advantage of:

Oh, how I envied them their privilege, their unflappable ease, the queers of the Church. If they were as lonely as they claimed, weren't there enough of them. If their love lives were dangerous, surely they would always be protected by the hierarchy that enfolded them. I remember one monk who had been sent away years before to a special retreat in Taos, and he said, *I didn't want to have to come back*



*and see any boys. But then I wanted to come back, it must have been to meet you, Kevin.*<sup>55</sup>

While homosexual men are more likely to view childhood sexual abuse as a positive experience,<sup>56</sup> childhood sexual abuse has been linked to high risk of a number of negative outcomes, including HIV infection among men who have sex with men.<sup>57</sup>

## **Narcissism**

The “gay” community is founded on an ethic of absolute sexual liberation which is antithetical to Christian morality. While Christianity teaches abstinence from all sexual activity outside a faithful, permanent, exclusive marriage between a man and a woman, the “gay” male community promotes the freedom to engage in sexual relations with multiple partners and with strangers, even if one is in committed relationship.<sup>58</sup> The “gay” community defends the sexual excesses at circuit parties and bathhouses, use of “party drugs,”<sup>59</sup> pornography, and prostitution. They support lowering the age of consent.

Homosexual men are more likely to be self-indulgent, both sexually and in other ways. For example, the frequency of masturbation clearly differentiates men with SSA from other men. A study by Marcel Saghir and Eli Robbins which compared homosexual to heterosexual men found that while 100 percent of homosexual men aged 15–19 masturbated, only 90 percent of heterosexual men in the same age group did; and 46 percent of the homosexual men did so more than four times a week, while only 5 percent of the heterosexual men had the same frequency. In the older age groups, the differences were even more striking. At ages 20–29, 97 percent of homosexual men were masturbating, 31 percent of these more than four times a week; while 31 percent of heterosexual men had stopped the practice, and none of those who continued to do so did so more than four times a week.<sup>60</sup> An older priest who had taught in a seminary pointed out that in the past the spiritual directors were required to make sure that each candidate had overcome the temptation to masturbate. If they were not able to do this within the first year, they were not allowed to continue.

The psychological disorders associated with SSA are not restricted to sexual activity. Men with SSA often have many talents and competences, but the developmental deficits which produce SSA can also produce narcissism, self-indulgence, and self-pity. Not having one’s needs properly met during childhood can create a situation in which a person believes they must meet their own needs. Such persons may see themselves as abused or neglected. A priest shared a personal experience that he thought was instructive. He was asked to supervise a priests’ residence. Before he embarked on this assignment, he was warned that a number of the resident priests were “gay.” Before he could address this problem, he was forced to confront the budgetary crisis. Although the

year was not half over, the residents had spent the entire food budget on Perrier water and take-out food. The priest immediately initiated an austerity program, sharply restricting the menu. The priests who were "gay" could not accept this and left the priesthood.

The evidence is overwhelming that self-identified "gay" men are more likely to have psychological issues, substance abuse problems, and problems with authority figures. Are priests with SSA any different? Are they working to resolve childhood issues? Have they sought healing for childhood wounds? Can they make the sacrifices necessary of a man called Father? Can they resist the temptation posed by the availability of adolescent boys?

There are, however, members of the clergy who, while having experienced SSA, have resisted temptations, sought healing through counseling and spiritual direction, and chosen to live as chaste priests, but such men would no longer identify themselves as "gay."

While church leaders have probably overreacted to the scandal, demanding, for example, that a mother who wants to accompany adolescents on a field trip must attend a childhood sexual abuse awareness program and submit to fingerprinting and a background check, increased awareness of the need to protect children will reduce abuse. In addition to recognizing that "deep-seated homosexual tendencies" are "objectively disordered," the Church has made it clear that she "cannot admit to the seminary or to holy orders those who practice homosexuality, present deep-seated homosexual tendencies or support the so-called 'gay culture.'"<sup>61</sup> Implementing this policy should prevent future homosexual abuse of adolescents and children.

## **Conclusion**

The John Jay report does not identify the psychological conflicts in priests that led them to sexually abuse adolescent males, the primary victims in the crisis. The availability theory in the John Jay report does not explain the priests' behavior and is not consistent with psychological science. The training and clinical work of psychologists and psychiatrists prepare them more adequately to address causes of highly psychologically abnormal behaviors of adult males who sexually abuse adolescent males than that of criminologists. Competent mental health-professionals should offer a second opinion about the causes of the crisis in regard to the severe psychological conflicts in the priests that appear to be the most likely cause of the abuse.

Priests and seminarians with deep-seated homosexual tendencies have a serious responsibility to protect the Church from further shame and sorrow by pursuing more self-knowledge, appropriate treatment, and spiritual direction for their significant emotional and personality conflicts. New safe-environment programs that address these issues are needed.

## Notes

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<sup>13</sup> R.L. Johnson and D.K. Shrier, “Sexual Victimization of Boys,” *Journal of Adolescent Health Care* 6 (1985): 372–376; Lynda Doll et al., “Self-Reported Childhood and Adolescent Sexual Abuse Among Adult Homosexual and Bisexual Men,” *Child Abuse & Neglect* 16 (1992): 855–864.

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