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Yes, my past shows this to be the case. It is my story, and I do believe there are other men who have had some kind of sexual trauma early in their development stage to where they developed a pattern of sexual activity with children.

But, once they were able to gain an understanding and develop controls of their behavior, they have lived successful lives. This is just a fact of life.

Its about human frailty and human dynamics, whether gay or straight. And it's a shame we can't openly discuss our weaknesses and attractions and desires and ways to confront them, so we could do a better job of protecting those who are vulnerable — rather than always taking a reactive position.

*EB: Have you met or do you know of other gay sexual abusers? How many?*

In my work with the Sex Abuse Treatment Alliance [a national organization promoting treatment for sex offenders], and on the board of Stop It Now! [a national child abuse prevention program with a pilot project in Vermont], I've interacted with quite a few men who have similar stories to mine. I feel it is an issue that

we need to address. It may not be politically correct to consider that we have had a very distorted and wrong and inappropriate relationship issue that needs correcting. Yes, there can be power and control within its makeup, but again I point out — since being comfortable with my sexuality, I have not offended in over 18 years!

*EB: Are you in a relationship now with an adult? If so, how old is he? How old are you?*

I just turned 56. I am not in a relationship with anyone. After gaining an insight of how my sexual maturity had frozen at an adolescent stage, I have constantly worked on expanding that maturity. That means taking the baby steps that all of us do in getting comfortable in dating, in being turned down and feeling lonely and unacceptable. Then having a date and feeling on top of the world only to find the person doesn't want to date any more. Or to have that one special person and feel something is really developing, and then be heart-broken over it coming to an end. And dealing with the sadness and frustration that all that entails. I hadn't been through those steps. And so I continue to work on that. Will

my attraction ever reach my own age range? Hard to say. But I do know that I am in a comfortable zone of age-appropriate social life.

Not having that one special person is one regret I have in life and I do hope someone does enter my life. I feel much of my 12 years of freedom have been more devoted to employment and the serious work of telling this story, and not enough devotion to my own social needs. It has not been a cause of alarm for me — in regards to a possible backslide. I am very socially active in my community, participating in glbt programs at Michigan State University and the city of Lansing. I am on a speaker's bureau of glbt persons to talk about gay issues. I am on a committee developing gay/straight alliances in all the metropolitan Lansing school systems.

I see how much the lack of this support was a detriment for me. I want to reach out to help young people every way I can. I feel this is pro-active. I almost feel better about this effort than dwelling on the huge and overwhelming public policy issues of sex abuse legislation and prison issues.

*EB: What do you tell your*

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## Sex Offender Treatment in Vermont

Georgia Cumming is Program Director for the Vermont Center for the Prevention and Treatment of Sexual Abuse, the person who oversees the sex offender treatment programs in prison and in the community for the department of corrections. She suggests that usually only a small percentage of the men in the treatment programs identifies as gay — less than the 10 percent accepted percentage among general population. Currently there are 64 men in the state's two prison-based sex offender treatment programs; one identifies as gay.

Both Cumming and Clinical Director Robert McGrath are careful to separate sex offenders with same-gender victims from gay sex offenders. "The public thinks that any man who offends against boys is gay, but in my experience that's not true," says Cumming. "In reality they're only interested in kids sexually, not adults of either gender."

"I don't think the proportion of gay sex offenders in all outpatient treatment programs is the same as in the general population — it's

much smaller. One of the toughest issues is that there's as much — or more — homophobia among sex offenders as in the rest of society," says McGrath. "It's hard for gay sex offenders to talk about their sexual issues in a group of predominantly heterosexual males because of homophobia and ingrained prejudices among men who are having worries about their own sexual feelings and identity."

"In terms of our staff," adds Cumming, "we do a good job being open and affirming to someone who presents with a gay identity. In terms of being a gay man in the prison system, it's not the easiest thing. We do group treatment and all of the men have to deal with their sexuality together, and some of them have pretty rigid ideas about sexuality. But in terms of treatment, if an offender has an orientation toward adult males, that needs to be affirmed and encouraged."

Asked to comment on the stereotypic image of an older gay man seducing a boy into the gay life and how

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## Laughing and Loving Life Cancer Survivor Pat Fontaine

WILLISTON, VT — Pat Fontaine knows how to have fun. Serious fun. In her free time she consults for a cartoonist. That's when she's not canoeing, doing yoga, visiting with friends, or growing mounds of flowers and vegetables in her backyard garden.

"It's important to laugh as much as possible," says Pat. "There's so much pleasure and enjoyment to be had at any moment."

Laughter is just one of the tools Pat uses to get her over life's lumps and bumps. As a breast cancer survivor, Pat reached deep within herself, and out to family and friends, to summon the strength she needed to make it through two rounds of surgery, chemotherapy and radiation. As a lesbian, she has endured her share of misunderstanding. But for all the hard times, the good has always prevailed. For Pat, the source of her positive outlook can be summed up in a single word: community.

"I think if I was going to pass anything to anyone" says Pat, "that's the key to survival — finding and celebrating and nurturing a community."

Pat's healing community includes immediate family — two sisters came from Boston and Seattle to accompany her for every chemotherapy visit — as well as the lesbian community in Vermont. "It was one of the things that absolutely helped me get through breast cancer."

As a woman who sought and received care in the early stages of cancer, Pat is one of a growing number of Vermonters who are taking charge of their health. Many more must do so in order to catch cancer in its early, treatable stages. But 45 percent of lesbians do not have regular OB/GYN care, according to Dr. Suzanne Haynes of the National Cancer Institute. Lack of sensitivity to lesbian issues is the main reason most delay or avoid life-saving medical checks.

In an effort to help all women get the regular health screenings and care they need, Ladies First is working to raise awareness. Together with Planned Parenthood of Northern New England, Ladies First offers training to help medical professionals understand — and remove — those barriers to health care that exist for lesbians. To date, over 100 health care



LOREL LANDAU PHOTOGRAPHY

professionals have participated. Ladies First also maintains a list of doctors and nurses who have identified themselves as welcoming to lesbians.

For more information and to see if you qualify for free women's health screening, call Ladies First at 1-800-508-2222 or at TDD 1-800-319-3141 and ask for Kate.

Vermont Department of Health  
**Ladies first**  
 Every Woman Matters