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Is it pedophilia or not? Observations on child sexual abuse in Poland from a criminological perspective

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Abstract
The terms "paedophilia" and "paedophile" appear regularly in any discourse on sexual offences against children. However, whether their use is justifiable is debatable, as is the question of whether framing this category of offence, and the defining characteristics of those who commit it (and in particular their state of mental health), in these terms justifies claiming that paedophilia is the underlying issue. This article examines the terminological differences between the definition of paedophilia used in medical diagnosis and the very specific definition enacted in the Polish Criminal Code (Art. 200, Para. 1). The results of empirical studies are presented below. Case files under this provision are examined, with special emphasis on the typology of offences and data on the mental health of offenders. This research was conducted as part of Research Project No. 2013/09/N/HS5/04247 and was financed by the National Science Centre. These studies show that a significant proportion of offences labelled "paedophilic" are nothing more than consensual sexual acts between adolescents and that the proportion of offenders afflicted with sexual preference disorders is negligible. The vast majority of cases do not involve paedophilia in the medical sense of the term, and using it this way gives a distorted picture of the topic and steers most of the discussion of it on a completely misguided path.

Keywords Paedophilia · Child sexual abuse/exploitation · Paraphilia · Sexual preference disorder

General observations

Nobody needs convincing that violence, especially sexual violence, against children is a serious social problem. The literature examines the issue at length and in-depth in terms of its causes (Seto 2004, 2008a; Hall and Hall 2007; Ward et al. 2006),

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its effects (Freund and Kuban 1994; Izdebska 2009), whether prevention is possible (Finkelhor 2009; Chołuj 2004; Hanson and Thornton 2000), and the appropriate responses, including criminal law responses (Morawska 2004; Lewandowska 2007; Robertiello and Kerry 2007; Rutkowski and Sroka 2009; Hanson et al. 2009). Moreover, attention has repeatedly been drawn to the complexity of the issue. This has resulted in no consistent aetiological conception (Ward et al. 2006; Finkelhor and Araji 1986; Finkelhor et al. 1986; Hall and Hirschman 1992; Knight and Prentky 1990; Marshall et al. 1991; Ward and Siegert 2002), and consequently, no standard criminal law response (Morawska 2004; Lewandowska 2007), being elaborated.

The "social climate" regarding sexual offences in Poland is not conducive to a substantive approach. Unfortunately, the media, which contribute to cultivating a pervasive fear of "paedophilia", and the policy positions of various political circles, which address the issue with strong overtones of penal populism, play a significant role in this context (Bocheński 2014a, b). These problems are discussed frequently and at length (not least when introducing new legal regulations in this area), but the discussions held and the views expressed are not always notable for their plausibility or substance (Bocheński 2014a, b). Relatively few academic studies have been conducted in Poland to empirically verify the hypotheses advanced (see Beisert 2012). The present article is an attempt to portray, albeit necessarily partially, child sexual abuse, as it has emerged from the empirical studies conducted by the author.

Paedophilia and child sexual exploitation: terminological remarks

It is necessary, to begin with questions of definition. The shorthand term "crime of paedophilia" has become widespread in both media and—unfortunately—academic discourse on child sexual offences (in particular those enumerated in the Criminal Code) (Mozgawa and Budyn-Kulik 2006; Beisert 2012). This provision states: Anyone who has sexual intercourse with a minor under the age of 15, or commits any other sexual act, or leads him or her to undergo such an act or to execute such an act, is liable to imprisonment from two to 12 years. As Beisert (2012) points out, the concept of "paedophilia" can be used in the context of the specific legal definition implied in the Criminal Code, but the type of deed proscribed would have to be supplemented with several assumptions, clarifications, qualifications and exceptions before it could be treated as the "legal definition of paedophilia". The term "paedophilia", as the name given to a specific disorder, originated in medical diagnostic classifications (having been abstracted from a variety of definitions formulated by medical and psychological authorities and researchers), of which two seem to have had a more extensive influence than any of the others. I refer here to DSM-5[1] (published by the American Psychiatric Association) and ICD-10 (published by the World Health Organization). It is worth mentioning that the DSM-4 TR edition of the former publication classified paedophilia as a paraphilia, which it defined as a consistent pattern of sexual behavior in which achieving complete

[1] Fifth edition of the Diagnostic and Statistical Manual of Mental Disorders.

sexual satisfaction is dependent on specific objects, rituals or situations (Carson et al. 2003). However, there have been differences of opinion as to the accuracy and applicability of this conceptualization within the American Psychiatric Association and its groups and working subgroups (Blanchard 2013; Berlin 2014; Moser 2011, 2016; Wakefield 2011). One objection is that a paraphilia, within the meaning of the term given above, might not be tantamount to a disorder if it does not cause suffering or does not impair the paraphiliac's social functioning (Moser 2011; Wakefield 2011; Wright 2010; Blanchard 2013; Berlin 2014). A paraphilia is therefore currently defined as a sexual variant that is abnormal, but which does not constitute a disorder (APA 2013). A paraphilic disorder is defined as a paraphilia that causes suffering or impairs the social functioning of the paraphiliac, or as one that depends on causing injury to oneself or which carries the risk of causing injury to others for its gratification (APA 2013). This approach sees paraphilia as a necessary, but not a sufficient, condition for a diagnosis of paraphilic disorder. It is worth mentioning that the debate on the accuracy of this amendment is ongoing, even though it has been four years since the new version of the abovementioned diagnostic classification was introduced (Blanchard 2013; Cieropialkowska 2007; Berlin 2014; Dora et al. 2018).

Moving on to the specifics, it should be mentioned that, according to the DSM, paedophilia, as a paraphilic disorder (the paedophilic disorder), continues to consist in adults engaging in sexual activity with children. The specific diagnostic criteria are:

A. Recurring bouts of intense sexual arousal, persisting for at least six months, relieved by sexual activity with one or more pre-pubescent children (up to 13 years of age) and manifested in fantasies, desires and behaviors;
B. The sexual needs described in Criterion A cause considerable clinical distress and hamper interpersonal relationships;
C. The affected person is at least sixteen years old and at least five years older than the child or children referred to in Criterion A.

NB: This does not include late-maturing people entering into sexual relations with people aged 12–13 (Gałecki and Święcicki 2015).

For its part, ICD-10 defines paedophilia as a sexual preference for children, generally under the age of puberty (Pużyński and Wciórka 2000), on the part of an adult. In addition to certain specific criteria, the general criteria to qualify as a sexual disorder have to be met to validate a diagnosis of paedophilia. These are:

G.1. Experiencing an intense and recurring sexual inclination and visualizing sexual images involving abnormal subjects, objects and/or activities;
G.2. Acting on these inclinations and suffering considerable distress as a result;
G.3. The preference(s) must present for at least 6 months (Pużyński and Wciórka 1998).

The specific criteria for paedophilia are:

- A persistent and/or dominant inclination towards sexual activity with one or more pre-pubescent children;
- Being at least 16 years of age and at least 5 years older than the child or children referred to in the previous criterion (Pużyński and Wciórka 1998).

There is obviously nothing to prevent specialist definitions being devised for a particular area of life or scholarship (Beisert 2012). However, legal concepts and definitions should not deviate from the meanings ascribed to them in "related" areas. This applies *a fortiori* to the criminal law. The problem with the Criminal Code is not so much that the wording of the provision deviates from the medical definition of paedophilia (a statutory provision can only describe behavior, i.e. a specific and verifiable deed, whereas the medical classification can include fantasies, which are clearly outside the sphere of criminalization), but that when the factual circumstances of actual contraventions of the provision (regarding acts, offenders and victims) are considered, the legal conception of paedophilia turns out to be remote from the medical one. This is discussed in more detail below.

To conclude: "Describing someone as having dysfunctional preferences or being afflicted with paraphilia emphasizes a certain condition (inclination, property) that finds expression in action (which may or may not take place). In both types of clinical definition mentioned above, the contact may be exclusively real in nature (engaging in the specified conduct, e.g. sexual activity with children) or merely imaginary" (Beisert 2012). For obvious reasons, the criminal law cannot concern itself with purely internalized sexual preferences (e.g. by way of fantasies and imaginings). At this juncture, it is worth noting that there exists a logical relationship of hybridization between that conduct bearing the indicia of an offence in the Criminal Code and paedophilia in the medical sense of the term. That is because the proscribed conduct is sometimes engaged in by people not afflicted with sexual preference disorders in the form of paedophilia, and conversely because there are people afflicted with paedophilia who do not act on this proclivity by engaging in sexual activity with children, but merely imagine it and fantasize about it.

Designating the type of deed proscribed by the Criminal with the shorthand "offence of paedophilia" seems to have to do with a certain awkwardness in using "child sexual exploitation" and "sexual intercourse with a minor", which are alternative expressions for this offence in Poland (Golonka 2008; Kiembłowski 2002; Warylewski 2006; Filar 2006). And indeed, they can frequently cause problems in academic discourse, especially when it comes to designating the offender.

Furthermore, these definitional issues may additionally have arisen because, according to the definition adopted by the WTO, the term "child sexual exploitation" denotes engaging a child in sexual activity that he/she cannot fully comprehend and/or to which he/she cannot give informed consent and/or for which he/she is not developmentally mature and cannot give legally valid consent and/or which is incompatible with the legal, moral, social or customary norms of the particular society. Sexual exploitation involves situations where this kind of activity occurs between a child and an adult or between two children in a relationship of custody, dependence or power on account of their age or stage of development. The activity referred to may relate to encouraging a child to engage in legally proscribed sexual

activity; using a child for prostitution or other legally proscribed practices of a sexual nature; or using a child to produce materials or stage performances of a pornographic nature (Sajkowska 2004). At this point, it is worth citing the definition in the US Child Abuse Prevention and Treatment Act (U.S. Code Title 42 U.S.C. Ch. 67, pp. 5101-5116i). There, child sexual exploitation is considered to be inappropriate sexual conduct with a child, e.g. touching genitalia, having a sexual relationship, committing incest, rape or sodomy, exhibitionism and commercial exploitation. It additionally includes conduct that is only deemed to be child sexual exploitation when the offender is responsible for the care of the child or is a blood relative (Sajkowska 2004; Carson et al. 2003; Lew-Starowicz 2000; Beier et al. 2009).

The foregoing considerations can be summarised by stating that if the type of deed proscribed by the Criminal Code is to be treated as the legal definition of paedophilia, then it should be stipulated in the strongest possible terms that it is highly specific, having been devised to meet the requirements of the criminal law. The description of the constituent elements of the Criminal Code predetermines that the adopted definition in the provision diverges considerably from those elaborated in medical diagnostic classifications. This conclusion has incredibly grave consequences for how paedophilia is conceived under the law currently in force. First, it has to be said that, to a certain extent, the contents of the Criminal Code correspond more closely to the concept of "child sexual abuse". This is related to paedophilia, but is emphatically not the same thing. Obviously, a minor (a person under 15 years of age, according to the Criminal Code) is entitled to legal protection from sexual exploitation, as detailed in Art. 200, Para. 1. However, it has to be contended that the term "paedophilia", within the meaning implied by the provision, should not be used in academic discourse, and especially not in media coverage, least of all in situations where the proscribed deed, as described in the provision, has little, if anything, in common with the medical comprehension of the term—and not merely for the sake of linguistic correctness. To repeat, while protecting minors from sexual exploitation on the part of adults is commendable, distinguishing the two mindsets and behavioural patterns discussed above and maintaining certain terminological differences (justified elsewhere) when describing them is justified when maintaining (and oftentimes introducing) the tenor of the discussion of the legal response to the perpetrators of sexual offences against minors. In addition, it is worth noting that, while the distinction between paedophilia and child sexual exploitation is consistently observed in the English-language literature on the subject (Hall and Hall 2007; Seto 2004; Murray 2000), using the latter expression to designate sexual offences that involve engaging minors in sexual activity is increasingly becoming common practice in Poland (Filar 2002; Chaffin et al. 2002; Sajkowska 2004).

Sexual abuse of minors–determinations

The terminological considerations discussed above were necessary insofar as the studies conducted to date (both in Poland and elsewhere) conclude that only a small group of those who commit sexual offences against children are afflicted with sexual preference disorders that qualify as paedophilia (Hall and Hall 2007; Murray

2000; Fisher et al. 2006; Mozgawa and Budyn-Kulik 2006; Cohen and Galynker 2002; Abel and Harlow 2001; Stone et al. 2007). From a medical perspective, it is therefore in no way permissible to automatically label someone who has had sexual intercourse with a minor a paedophile. It is worth briefly indicating the socio-demographic and psychological traits that have come out of these studies before analysing the characteristics of offenders (along with the attempts of some researchers to create a profile of a "paedophilic offender") of child sexual offences.

The available data indicate that the perpetrators of child sexual exploitation offences are predominantly men (Fisher et al. 2006; Seto 2004, 2008a, 2008b; Mozgawa and Budyn-Kulik 2006; Chaffin et al. 2002; Murray 2000; Warylewski 2001) aged 20–40 (Mozgawa and Budyn-Kulik 2006; Beisert 2012; Warylewski 2007; Fisher et al. 2006). Most of the empirical studies conducted in Poland indicate that they are typically married and have children of their own (Malec 2006; Warylewski 2001; Mozgawa and Budyn-Kulik 2006; Beisert 2012). A significant majority only have basic education (Beisert 2012; Warylewski 2001; Mozgawa and Budyn-Kulik 2006; Fisher et al. 2006) but no prior convictions (Beisert 2012; Warylewski 2001; Mozgawa and Budyn-Kulik 2006). Although studies aimed at constructing a profile of this category of offender have been conducted for several years, there are still no unambiguous determinations (Murray 2000; Ward et al. 2006; Seto 2008a, 2008b). These studies show that this category of offender includes people who suffer from personality disorders (Abracen et al. 2006; Firestone et al. 2000; Bagley et al. 1994; Cohen et al. 2002); people afflicted with sexual preference disorders (Hall and Hall 2007; Seto 2004, 2009); and people who exhibit various cognitive distortions (Ward et al. 1997; Ward and Keenan 1999). Why offences are committed, what motivates offenders, and what could possibly rationalise or justify such conduct largely depends on the aetiological conceptualisation adopted, and the study sample (Seto 2008a, 2008b; Terry 2013; Murray 2000; Ward et al. 2006; Sajkowska 2002; Chaffin et al. 2002). On the other hand, typologies of offenders have been developed on the basis of the relationship between victims and offenders, and the circumstances of offences (use of coercion, physical contact, means of gaining access to victims etc.), over a period of many years (Groth et al. 1982; Howell, 1981; Knight and Prentky 1990; Finkelhor 1984; Abel and Rouleau 1990; Holmes and Holmes 2002; Terry 2013; Seto 2004, 2008a). Although a lot of these typologies examine the phenomenon on many levels, there is no consensus in the literature as to which, if any, of them should be considered universal and complete (Seto 2008a, 2008b; Terry 2013; Murray 2000; Ward et al. 2006; Sajkowska 2002; Chaffin et al. 2002).

Methodology

The results presented in the next section constitute part of a research project entitled "The legal responses to sexual offenders in Poland". This was financed by the National Science Centre (Grant No. 2013/09/N/HS5/04247). Case files on offences under Art. 200, Para. 1 was examined using a specially designed questionnaire. These empirical studies were conducted in the criminal divisions of the District and Regional Courts in Katowice and Kraków. The criteria on which a file was selected

for examination were that the case had been sent to court between 1 January 2006 and 31 December 2012, that there were no appeals pending, and that the accused had been convicted of an offence under the provision. The court registers listed 116 cases resulting in a final conviction of an offence under Art. 200, Para. 1. Ninety-two court files, covering 119 violations of Art. 200, Para. 1, committed by 93 perpetrators against 115 victims, were available for examination.

Results

Most acts constituting an offence under the provision can be described as "partnership sexual acts", i.e. acts committed against a partner in a sexual relationship (25 cases, or 21.1%). These involved sexual activity between people who were "going steady", frequently over an extended period. They were deemed offences as the offender was over 17 and the victim under 15. At this point, a digression is in order to clarify that, as a rule, 17 is the age of criminal responsibility in Poland; the provisions of the Act on Juvenile Delinquency Proceedings generally apply to underage offenders. For this reason, cases of sexual intercourse between a 16-year-old and a 14-year-old can be heard in the Family Court and not the Criminal Court. In 20 cases (16.8%), the offender was also convicted of "rape of a minor under the age of 15" in view of the specifics of the deed, combined with the use of coercion, deception or threats to overcome the resistance of the victim. Sixteen offenders (13.4%) were also convicted of a "sexual act committed by a parent or guardian" and 8 (6.7%) were also convicted of a "sexual act committed by a family member not being a parent or guardian. Fourteen cases (11.8%) involved "sociable sexual acts". These are consensual sexual acts between friends and acquaintances at parties, discos etc. Twenty-one cases (17.6%) involved a "sexual act committed by a stranger". The defining features are sexual activity between a minor and a person unknown to him/her, which may take the form of touching or kissing as well as sexual intercourse, but which does not qualify as rape on account of the victim not being coerced, threatened or deceived. Eight cases (6.7%) were classified as "presenting sexual activity" on the criterion that the minor was not physically involved in the offender's actions. Three (2.5%) came under the rubric of "seduction by a teacher". Despite being few in number, these were distinguished by the fiduciary relationship between the offender and the victim, and a failure to rebut the presumption of undue influence on the part of the offender in the commission of the offence. Finally, four (3.4%) were categorised as "other". The data are presented in Table 1.

While providing more detailed data on the circumstances of the offences is beyond the scope of this paper, it is worth briefly discussing the attributes of the offenders that emerged from the case files. First, it should be pointed out that the sexual offences described appear to be almost exclusively the preserve of men. Ninety-two of the 93 offenders (98.9%) in the cases examined were men (cf. Beisert 2012; Leszczyński 1973; Filar 1974; Warylewski 2001, 2007; Mozgawa and Budyn-Kulik 2006). These figures conclusively confirm that on the basis of (at least some) Polish aetiological theories of sexual offences (e.g. biological, evolutionary, and to some extent, socio-cognitive), men are more predisposed to commit sexual offences

Table 1 The typology of the sexual exploitation of minors on the basis of case file studies. *Source*: original research

Type of sexual exploitation	No.	%
Partnership sexual act	25	21.1
Sexual act committed by a stranger	21	17.6
Rape of a minor under the age of 15	20	16.8
Sexual act committed by a parent or guardian	16	13.4
Sociable sexual act	14	11.8
Sexual act committed by a family member not being a parent or guardian	8	6.7
Presenting sexual activity	8	6.7
Seduction by a teacher	3	2.5
Total	4	3.4
Other	119	100,0

Quinsey and Lalumiere 1995; Thornhill and Thornhill 1992; Ward and Keenan 1999).

The largest group of offenders were aged under 25 (38 offenders or 40.9%). The other age groups were all appreciably smaller. These comprised offenders aged 26–35 (17 offenders or 18.3%), 36–45 (18 offenders or 19.3%), over 45 (20 offenders or 21.5%), and over 56 (9 offenders or 9.7%; cf. Beisert 2012; Ahlmeyer et al. 2003; Aromäki et al. 2002; Dickey et al. 2002; Hanson 2002; Tingle et al. 1986).

Young people engaging in sexual activity with someone about to turn 15 make up a significant proportion of people convicted under Art. 200 (partnership and social-sexual activity comprise almost 40% of offences under the provision). Offenders aged under 25 account for over 60% of convictions for social sexual activity and over 8% for partnership sexual activity. All sexual activity in these situations is mutually consensual (often between people "going steady"). They would more legitimately be designated as initial sexual experiences (or "experiments") than as disorders or deviations. Most offenders aged over 26 are parents, guardians, family members or teachers convicted of engaging in sexual activity with a minor, most likely as a substitute "sex toy", but sometimes on account of having warped sexual preferences (this occurs in a small minority of cases; see below). Offenders aged over 56 commit acts against unknown minors (over 40% of offenders in this category) and present sexual activity to minors (30% of offenders in this category). The most probable explanation for this is that offenders in this age group have specific sexual needs and attempt to satisfy them with unknown minors who pose little threat of reporting them to the authorities.

Offenders mostly have only basic education (39 offenders, 41.9%). The next largest groups had trade (29 offenders, 31.2%) and secondary (15 offenders, 16.1%) education. Those with higher education made up the smallest group (10 offenders, 10.8%).

It is worth supplementing these data on offenders with their professional and material statuses, as it can be helpful in verifying that the police are focused on certain social statuses. Three categories can be distinguished on the basis of the available data on income, workplace and material assets: (i) Low socioeconomic status

(unemployed, casual work, unskilled manual labour, monthly income not exceeding 250 EUR, no assets); (ii) Medium socioeconomic status (skilled manual labour, services sector work, retirees/pensioners, students, monthly income of 250–750 EUR, modest assets, e.g. apartment, car); and (iii) High socioeconomic status (monthly income in excess of 750 EURO, business owners or managers, assets include real estate, vehicles, savings and securities). Most offenders who engage in sexual intercourse with a minor are of low socioeconomic status (59 offenders, 63.4%). The next largest group has medium socioeconomic status (21 offenders, 22.6%), and only 13 (14%) have high socioeconomic status. It can be interesting hypothesis of zealous focus by the police on certain social statuses, but more detailed analysis are beyond the scope of this article.

It should be noted that a plurality of Art. 200 offences were committed against complete strangers (31 cases, 26.7%). A slightly smaller number were committed against a partner (26 cases, 22.4%, cf. Beisert 2012; Mozgawa and Budyn-Kulik 2006; Murray 2000; Fuller 1989; Cohen and Galynker 2002; Vandiver and Kercher 2004; Elliot et al. 1995; Bagley et al. 1994; Hall and Hall 2007). The offender was a parent or guardian in 21 cases (18.1%), another family member in 10 (8.6%), a teacher in 6 (5.2%), and an acquaintance in the remaining 22 (19%). The proportions were somewhat different in the case of raping minors under the age of 15. Only 1 offender (4.8%) was a partner of the victim, while 7 (33.3%) were acquaintances or complete strangers.

The criminal records of the offenders are an important topic worth analysing using the data collected in the course of the study. The offences in the case files were mostly committed by persons with no prior convictions for sexual offences (62 offenders, 66.7%; cf. Warylewski 2007; Beisert 2012; Smallbone et al. 2003; Abracen et al. 2006; Simon 2000). Offenders with one prior conviction made up the next largest group (15 offenders, 16.1%). Next came offenders with three prior convictions (6 offenders, 6.4%). The next two groups comprised offenders with two and five or more prior convictions (5 offenders, 5.4% in both groups). Only 8 offenders (8.6%) had prior convictions for crimes against sexual freedom and morality. Of these, 6 had been convicted once and 2 twice. The crime in all cases was rape.

Before presenting the results on the psychological health of offenders, it should be noted that expert opinions were not compiled for every accused person. Any consideration of the fines, custodial sentences and other measures imposed is hampered by the fact that only 69 offenders (74.2%) were examined by a specialist. Psychiatric opinions were most commonly compiled (67 offenders, 72% of cases). Next, 35 offenders (54.8%) underwent a psychological examination. Only 42 (45.2%) had a consultation with a professional sexologist.

Experts were appointed considerably less often for those accused of sexually exploiting minors pursuant to Art. 200 through partnership sexual acts (i.e. an offender over the age of 17 who is “going steady” with a victim under the age of 15) and sociable sexual acts (more than 50% of offenders were not examined by a specialist), then for those who were completely unknown to the victim. Every accused was examined by a specialist if he/she was a parent or other family member or charged with raping a minor under the age of 15. The procedural authorities deemed there to be no indications of “pathological” or “degenerative” disorders in those

Table 2 The mental health of offenders who sexually exploit minors. *Source*: original research

	Examined by specialists				Not examined by specialists	
	Diagnosed		Not diagnosed			
	No.	%	No.	%	No.	%
Personality disorders	31	33.3	36	38.7	26	28.0
Addiction(s)	16	17.2	32	34.4	45	48.4
Central nervous system damage	20	21.5	35	37.6	38	40.9
Mental retardation	10	10.8	57	61.3	26	27.9
Sexual preference disorders	5	5.4	36	38.7	52	55.9

charged with partnership and sociable sexual acts and consequently saw no need for expert opinions on their mental health. By contrast, at least two-thirds of parents and guardians charged with committing sexual acts against minors, and those charged with presenting sexual activity to minors, were examined by psychiatrists, psychologists and/or sexologists. Similarly, practitioners specialising in these fields were appointed to compile expert opinions on nearly two-thirds of those charged with raping a minor under the age of 15.

The data on the mental health of offenders are presented in Table 2. First, it should be noted that offenders afflicted with sexual preference disorders are overrepresented in political discourse and media coverage (Ducat et al. 2009; Mancini and Mears 2010; Salter 2005; Schultz 2011). The results of the study warrant the assumption that sex offenders so afflicted, far from being the predominant group of sex offenders, are in fact a small minority.

Finally, it is also worth mentioning the source that reported the crime. It has to be kept in mind that most of the offences in the cases examined were consensual sexual acts involving a minor under the age of 15. Disclosure was therefore not in the interest of either party in most cases (especially those concerning partnership and social sexual acts). The offence was reported by the victim's parents in 60 cases (65.2%). Another 13 cases (14.1%) were reported by a school (or centre) teacher, tutor or principal, and 4 (4.3%) were reported by a doctor or nurse. The victim only came forward in 3 cases (3.2%). The offence came to light in the course of police work in 5 cases (5.5%). Law enforcement authorities learned about the offence from various sources (including anonymous tip-offs, acquaintances of the victim) in 7 cases (7.7%).

Discussion

It would be impossible not to notice that almost a quarter of the offences examined concerned sexual activity between young sex partners (where the offender was 17 or a little older and the victim was almost 15). These people had agreed to sex, i.e. the decision to have sexual intercourse was a joint one. This situation calls for

another analysis; one that gives due consideration to medical, sociological and sexological knowledge and argumentation on whether the borderline age of 15 (the age of consent in Poland) has any justifiable basis (Bocheński 2019; cf. Faller 1993, 2003; Pudo 2007; Finkelhor 1984, 1997; see also Pużyński and Wciórka 2000; Wciorka 2008; Fundacja Dzieci Niczyje 2009, 2013; Beisert 2012). This would seem to be a highly pertinent question in the case of sexual activity between people of the same age (or almost the same age). The changing age at which Poles are initiated to sex, and the increasingly lower age at which they are consenting to sexual intercourse with partners their own age (Izdebski 2002, 2006; Woynarowska and Mazur 1999; Gulczyńska 2009; Waszyńska 2010) may be a sign of social change for which the criminal law is apparently not the most appropriate response (Giddens 2006; Izdebski 2012; Fundacja Dzieci Niczyje 2009, 2013; Kaczorek and Stachura 2009; Pacewicz-Biegańska 2013). Nor could anyone fail to notice that a comparable number of offences were committed by a parent or guardian or another family member. In these cases, by contrast, there is a justifiable expectation that minors will be protected as far as possible from being abused, especially sexually, by adult family members. After all, they are under guardianship until they reach their majority. This raises the question, similarly with intrafamilial rape, of what would direct a person's sex drive towards minors. In view of the negligible number of offenders afflicted with sexual preference disorders, those adults who engaged in sexual activity with minors apparently had other reasons for doing so. However, the paucity of research on compiling expert opinions precludes a satisfactory answer. In most cases, the underage victim did not resist when the offender engaged in sexual activity with him/her. This indicates that the offender took advantage of the victim's age and complete inability to comprehend what the offender was doing (this was obviously the case with victims aged 3–4) and/or convinced the victim that his/her actions were completely harmless. The picture that emerges from the testimony of victims (especially the victims of repeat offences) of repeated instances of sexual abuse is one in which offenders intimidate their victims into acquiescence by threatening to expose their mutual sexual activities. This sort of behaviour appears to be especially painful for the victim and can leave lifelong mental scars and cast a shadow over his/her subsequent development. In this respect, as stated above, minors should be protected from intrafamilial sexual exploitation by whatever means necessary. Similarly, in view of the results of the study, it is most disturbing that rape constitutes one in six instances of sexually exploiting a minor. If a nationwide sample were to reveal a comparable figure, and if this accurately reflects the scale of the problem, then protecting minors from this exceedingly pernicious form of pressing minors into sexual activity should be a priority in criminal justice policy in this area (Schild and Dalenberg 2015; Sigurdardottir et al. 2012; Sigurdardottir et al. 2014; Rosner et al. 2014; Polusny and Follette 1995; Bartoi et al. 2000).

Six cases stand out (on account of their specifics) by virtue of there being a teacher–pupil relationship between offender and victim. The offender obtained access to minors by exploiting the opportunities that his/her profession made available. The fact that the offender and the victim mutually consented to engage in sexual activity implies that a certain "romantic liaison" had developed between them. The reasons that such situations come about can certainly include feelings of isolation

on the part of both a genuinely lonely offender and a victim lacking family and peer support, together with various complexes etc. The testimony of victims reveals that having a relationship with an older, respectable person of high social standing (in their minds) made them feel special and that this did not concern their families. Although the explanations given by offenders were not overly comprehensive, the impression that they had entered into a relationship (which also had an emotional dimension) with a pupil to satisfy a need to have their attractiveness and worth vindicated is inescapable.

It is worth emphasising that the offender was known to the victim in 41.4% of the cases studied (most commonly as a friend, acquaintance, or boyfriend/girlfriend). An analysis of the circumstances in which the offences were committed compels the conclusion that most involved casual sexual activity between people of a similar age, where the victim happened to be under 15 and the offender over 17. Sexual intercourse or other acts of a sexual nature often occurred during parties, functions, discos and other social gatherings (often in tandem with the consumption of alcohol). It cannot be excluded that the explanations later given by the accused merely stated a legally valid defence. Nevertheless, it should be mentioned that offenders most often pleaded ignorance of the age of the accused, claiming "She looked older" or "She said she was 18". In view of the fact that people aged 14–15 frequently exhibit signs of sexual maturity, given the right makeup and attire, and a suitably provocative comportment and demeanour, the veracity of such claims cannot be ruled out. As only those cases that resulted in a conviction were considered in the study, how often the courts gave credence to this sort of explanation and acquitted the accused is a research factor worthy of attention.

It also has to be said that most sexual activity between acquaintances (broadly defined) was preceded by interaction between offender and victim. Moreover, this interaction was not a single encounter, but an acquaintanceship over an extended period during which affection and trust had been built. These encounters frequently led to the offender and the victim consuming alcohol together, and they had often had (casual) previous sexual contact. In such situations, the victim's behaviour can be misconstrued as an invitation to engage in sexual activity. The possibility that at least some offences were "experiments" conducted within peer groups cannot be discounted. The offenders (invariably young men) may have been seeking an outlet for their burgeoning sexual arousal without (for various reasons) heeding the norms that govern the admissible ways of engaging in sexual activity and the acceptable forms such activity can take. It seems highly likely that peer groups not subject to strong social control provide greater opportunity to engage in unlawful sexual activity, especially when scant attention is paid to observing social and legal norms. Other relationships included in this category (family friends, neighbours etc.) most often lead to the offender becoming increasingly sexually attracted to the victim (frequently met by the offender in many cases). At a certain moment, this reaches a pitch that is beyond the offender's powers of self-control, and he/she is spurred on by his/her sexual impulses to commit a crime.

At this point, it is necessary to explain that there are indications that there have been some important social changes, which make the current scope of article 200 § 1 of the Criminal Code inadequate to the social reality. It is impossible to discuss the

relation to the provision of article 200 of the Criminal Code to sociological realities, without paying attention to the decreasing age of sexual initiation in Poland and engaging in sexual activity by adolescents (Giddens 2006; Izdebski 2012; Kaczorek and Stachura 2009; Pacewicz-Biegańska 2013). According to the TNS OBOP (one of the public opinion research centers in Poland) study by Zbigniew Izdebski, commissioned by the National AIDS Center (Izdebski 2002), 19% of fifteen- and sixteen-year-olds had already had sexual initiation. On the other hand, in the group of 17–19-year-olds, 51% experienced sexual initiation. Overall, the average age at which boys begin sexual life is 15.1 years, and girls are 16.4 years old. According to the report by Barbara Woynarowska and Joanna Mazur (1999) on the health behavior of school children in Poland, in 1998, among fifteen-year-olds, 30% of boys and 13% of girls had already had sexual intercourse. Data from later studies obtained by Zbigniew Izdebski (2006) show that the average age of initiation in Poland in 2005 was 18.08 years for men and 18.82 for women.

As the typology of sexual exploitation in Table 1 shows, one in five offences were committed by a complete stranger, i.e. the offender and the victim had never met or had any other form of contact prior to the date of the offence. The offender committed the crime in propitious circumstances. These included a lack of parental supervision, finding the victim alone in a secluded place and often under the influence of alcohol, and dark surroundings. The offender established a crude interaction with the victim, usually with a view to getting him/her to go somewhere together or inducing him/her to engage in sexual activity by some other means.

Raping minors under the age of 15 most commonly involved the stranger first attempting to get close to the minor with his/her acquiescence and win his/her trust, so as to later overcome his/her resistance by whatever means necessary and even over his/her strenuous objections.

Informants in the case of partnership ("going steady") and sociable sexual acts, as in all other cases, were most often the victim's parents or teachers (principals and educators as generally understood), although it was obvious that a crime had been committed in cases where the victim became pregnant. The results of the studies justify the (somewhat predicable) claim that the home and school environments play a major role in protecting minors. In this respect, if the data in the studies are any guide, then it cannot be stated too strongly that due attention must be paid to seeing that the family properly performs its social role and that teachers diligently discharge their educational responsibilities so that the former can respond to situations where objectionable activities are occurring at school and the latter when the minor is being molested at home. Formulating conclusions on teenagers who acquire their first sexual experiences at a relatively young age through consensual sexual intercourse seems to be far more challenging. Without going into a multifaceted discourse on lowering the age of consent and what that would entail for *lex ferenda* calls to have the age limit stipulated in Art. 200 lowered, the importance of adequate sex education from both a psychological and a strictly medical perspective without ignoring the legal aspects has to be stressed. These last include the criminalisation of engaging in sexual activity with anyone under the age of 15 and the need for young people to familiarise themselves with this prohibition and the

consequences of non-compliance – independently of any discussion of the age of consent in Poland (Bocheński, 2019).

Several fundamental issues regarding the mental health determinations made at the end of the cases examined are worthy of attention. First, it is difficult to discern any regularity in the manner in which the procedural authorities appointed experts from the studies (cf. Habzda-Siwek 2002). Expert examinations were obviously prescribed less frequently in the case of partnership and sociable sexual activity. However, the impression that specialist assistance (and knowledge and expertise) was arbitrarily employed is inescapable. Equally conspicuous is the absence of generally accepted criteria for having those who commit criminal offences (in addition to everything else to which the Polish justice system is supposed to respond in an appropriate manner—this is evident from the legislative amendments of the past few years and the rationale for introducing them) thoroughly examined by a specialist with a view to obtaining a holistic appraisal of their mental health. Unfortunately, it is likewise impossible to avoid the impression that, in the cases examined, specialists were appointed without deliberation and more for the purpose of satisfying certain procedural requirements than obtaining comprehensive cognitive data on the accused in order to construct a complete picture of his/her psychological makeup and gauge the likelihood of his/her committing further sexual offences (cf. Habzda-Siwek 2002).

The available data make it unambiguously clear that offenders are afflicted with sexual preference disorders (including paedophilia) only in marginal cases. This undermines the rationality in framing a criminal justice system response to sexual offenders around that group so afflicted (and this is the procedure we have been dealing with in Polish criminal policy over recent years). Obviously, offenders who meet the diagnostic criteria of sexual preference disorders have to be managed using special procedures, methodologies and techniques. However, there does not appear to be any justification for using such disorders as a qualifying criterion to apply all (or even most) of the legal institutions devised to address sexual offences against minors, as they are incurable. All that can be done is to influence the behaviour of such the offender so that he/she will avoid situations where he/she risks reoffending (Paprzycki 2012; Pithers et al. 2012; Pithers 1983, 1988, 1998, Ward 2000a, 2000b).

People afflicted with personality disorders comprise a considerable number of offenders who sexually exploit minors. It, therefore, seems reasonable to conclude that any specialist treatment ordered in sentencing should focus on the offender's personality. Similarly, if any of these disorders are meant to constitute a prerequisite for specific forms of criminal law response, there would be a stronger justification for doing so in the case of a personality disorder than a sexual preference disorder.

Conclusions

Before summarising the considerations presented in this article, it is necessary to emphasise once more that, based on the underage sexual exploitation cases examined in the study, a relatively small proportion of such offences are committed by paedophiles, i.e. people afflicted with specific sexual preference disorders. Similarly, the circumstances in which they are committed, especially the considerable

proportion of cases involving consensual sexual intercourse between young people who are acquainted or "going steady", constitute a strong argument against categorising sexual offences committed against minors as "paedophilia" or "paedophilic acts"—even as a thought abbreviation or a conventional simplification. This phenomenological picture also demands that the current age of consent be thoroughly reconsidered in light of the law on consenting to engage in sexual activity. The picture that emerges from the studies additionally indicates the role and importance of the family and the school in exercising responsibility for protecting minors. As minors do not report harm done to them on their own initiative, it is up to those responsible for supervising and caring for the child to respond appropriately as soon as they discern any signs of a problem.

A coherent and comprehensive system of protecting children from sexual exploitation also seems to demand that appropriate educational measures be taken, especially to apprise minors of their rights, including the right not to have their sexual freedom violated during adolescence, and to provide them with information on where they can seek help. As the Polish legislature has introduced strict protection of minors under the age of 15 from sexual activity (and criminalized it), sex education should also cover this aspect independently of the relevant psychological and sexological issues concerning early sexual initiation.

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References

Abel, G. G. and Harlow, N. 2001. *The Abel and Harlow child molestation prevention study*. Downloaded from: http://www.childmolestationprevention.org/pdfs/study.pdf.

AbelGG, Rouleau JL. 1990. The nature and extent of sexual assault. In *Handbook of sexual assault: issues, theories, and treatment of the offender*, ed. W.L. Marshall, D.R. Laws, and H.E. Barbaree, 9–21. New York: Plenum.

Abracen, J., J. Looman, R. Di Fazio, T. Kelly, and T. Stirpe. 2006. Patterns of attachment and alcohol abuse in sexual and violent nonsexual offenders. *Journal of Sexual Aggression* 12: 19–30.

Ahlmeyer, S.A., D. Kleinsasser, J. Stoner, and P. Retzlaff. 2003. Psychopathology of incarcerated sex offenders. *Journal of Personality Disorders* 17: 306–318.

American Psychiatric Association. 2013. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5. Waszyngton, Londyn: American Psychiatric Publishing.

Aromäki, A.S., R.E. Lindman, and C.J.P. Eriksson. 2002. Testosterone, sexuality and antisocial personality in rapists and child molesters: A pilot study. *Psychiatry Research* 110: 239–247.

Bagley, C., M. Wood, and L. Young. 1994. Victim to abuser: Mental health and behavioral sequels of child sexual abuse in a community survey of young adult males. *Child Abuse and Neglect* 18: 683–697.

Bartoi, M.G., B.N. Kinder, and D. Tomianovic. 2000. Interaction effects of emotional status and sexual abuse on adult sexuality. *Journal of Sex & Marital Therapy* 26: 1–23.

Beier, K.M., C.J. Ahlers, D. Goecker, J. Neutze, I.A. Mundt, E. Hucp, and G.A. Schaefer. 2009. Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin prevention project Dunkelfeld (PPD). *The Journal of Forensic Psychiatry & Psychology* 20 (6): 851–867.

Beisert, M. 2012. *Pedofilia. Geneza i mechanizm zaburzenia*. Sopot: GWP.

Berlin, F.S. 2014. Pedophilia and DSM-5: The importance of clearly defining the nature of a pedophilic disorder. *Journal of the American Academy of Psychiatry and the Law* 42: 404-407.

Blanchard, R. 2013. A dissenting opinion on DSM-5 pedophilic disorder. *Archives of Sexual Behavior* 42: 675–678.

Bocheński, M. 2014b. Kogo „uleczy" krajowy ośrodek zapobiegania zachowaniom dyssocjalnym? *Ruch Prawniczy, Ekonomiczny i Socjologiczny* 76 (3): 149–160.

Bocheński, M. 2014a. *Populizm penalny w polskim wydaniu – rzecz o kryminologicznej problematyce ustawy o postępowaniu wobec osób stwarzających zagrożenie*. e-Czasopismo Prawa Karnego i Nauk Penalnych, 2/2014a, downloaded from http://www.czpk.pl/index.php/publikacje/autor-mikolaj-malecki-data-publikacji-25-lutego-2014a-pozycja-w-wydaniu-internetowym-1-2014a-siedmiu-sedziow-sadu-najwyzszego-uznalo-ze-typ-czynu-zabronionego-okreslony-w-art-231-1-k-k-ma-charakter-materialny-z-konkretnego-narazenia-dobra-prawnego-na-niebez.

Carson, R.C., J.N. Butcher, and S. Mineka. 2003. *Psychologia zaburzeń*, vol. 2. Gdansk: GWP.

Chaffin, M., Letourneau, E. and Silovsky, J.F. 2002. Dorośli sprawcy wykorzystywania seksualnego dzieci – przegląd zagadnień, *Dziecko Krzywdzone* 1(1): 53–68 downloaded from http://dzieckokrzywdzone.fdn.pl/vol-1-nr-1-wykorzystywanie-seksualne-dzieci-1#node-4476.

Chołuj, K. 2004. Profilaktyka wykorzystywania seksualnego dzieci program *STOP IT NOW!* Dziecko Krzywdzone 3(2): 140–145, Downloaded from http://dzieckokrzywdzone.fdn.pl/vol-3-nr-2-wykorzystywanie-seksualne-dzieci-2-sprawcy-7.

Cierpiałkowska, L. 2007. *Psychopatologia*. Warszawa: Scholar.

Cohen, L.J., and I.I. Galynker. 2002. Clinical features of pedophilia and implications for treatment. *Journal of Psychiatric Practice* 8: 276–289.

Cohen, L.J., P.G. McGeoch, S.W. Gans, K. Nikiforov, K. Cullen, and I.I. Galynker. 2002. Childhood sexual history of 20 male pedophiles vs. 24 male healthy control subjects. *The Journal of Nervous and Mental Disease* 190: 757–766.

Dickey, R., D. Nussbaum, K. Chevolleau, and H. Davidson. 2002. Age as a differential characteristic of rapists, pedophiles, and sexual sadists. *Journal of Sex and Marital Therapy* 28: 211–218.

Dora, M., Mijas, M. and Dobroczyński, B. 2018. Kryteria zaburzeń parafilnych w DSM-5 wobec asfiksji autoerotycznej i pozaseksualnej formy ograniczania dopływu tlenu. *Psychiatria Polska* 106: 1-10.

Ducat, L., S. Thomas, and W. Blood. 2009. Sensationalising sex offenders and sexual recidivism: Impact of the serious sex offender monitoring act 2005 on media reportage. *Australian Psychologist* 44 (3): 156–165.

Elliott, M., K. Browne, and J. Kilcoyne. 1995. Child sexual abuse prevention: What offenders tell us. *Child Abuse and Neglect* 19: 579–594.

Faller, K.C. 1993. *Child sexual abuse: Intervention and treatment issues*. Darby: Diane Publishing.

Faller, K.C. 2003. *Understanding and Assessing Child Sexual Maltreatment*. Nowy Jork: Sage.

Filar, M. 1974. *Przestępstwo zgwałcenia w polskim prawie karnym*. Warszawa: Poznań.

Filar, M. 2006. *Druga nowelizacja Kodeksu karnego w zakresie tzw. przestępstw seksualnych*. *Państwo i Prawo* 3: 39–55.

Filar, M. 2002. Seksualne wykorzystywanie dzieci w świetle polskiego kodeksu karnego (na tle prawnoporównawczym). *Dziecko Krzywdzone* 1(1): 39–52., downloaded from http://dzieckokrzywdzone.fdn.pl/vol-1-nr-1-wykorzystywanie-seksualne-dzieci-1#node-4476.

Finkelhor, D. 1984. *Child Sexual Abuse: New theory and research.* Newyork.

Finkelhor, D. 1997. Child Sexual Abuse. Challenges Facing Child Protection and Mental Helath Professionals. [W:] Childhood and Trauma. Separation, Abuse, War. Red. Ullmann, E., Hilweg, W., Aldershot, Brookfield: Ashgate.

Finkelhor, D. 2009. Przeciwdziałanie wykorzystywaniu seksualnemu dzieci. *Dziecko Krzywdzone* 8(4): 7–36, Downloaded from http://dzieckokrzywdzone.fdn.pl/vol-8-nr-4-wykorzystywanie-seksualne-dzieci-29.

Finkelhor, D., and S.K. Araji. 1986. Explanation of pedophilia: A four factor model. *The Journal of Sex Research* 22: 145–161.

Finkelhor, D., S.K. Araji, L. Baron, A. Browne, S.D. Peters, and G.E. Wyatt. 1986. *A sourcebook on child sexual abuse*. Beverly Hills: Sage.

Firestone, P., J.M. Bradford, D.M. Greenberg, and G.A. Serran. 2000. The relationship of deviant sexual arousal and psychopathy in incest offenders, extrafamilial child molesters, and rapists. *Journal of the American Academy of Psychiatry and Law* 28: 303–308.

Fisher, D., T. Ward, and A. Beech. 2006. Pedophilia. In *Practicioner's guide to: Evidence-based psychotherapy*, ed. J.E. Fisher and V.T. O'Donohue. Berlin: Springer.

Freund, K., and M. Kuban. 1994. The basis of the abused abuser theory of pedophilia: A further elaboration on an earlier study. *Archives of Sexual Behavior* 23 (5): 553–563.

Fuller, A.K. 1989. Child molestation and pedophilia: An overview for the physician. *The Journal of the American Medical Association* 261: 602–606.

Fundacja Dzieci Niczyje. 2009. *Wiktymizacja dzieci i młodzieży. Doświadczenia młodych Polaków.* Downloaded from http://fdn.pl/badania-2?cat1=446&cat2=1280&cat3=.

Fundacja Dzieci Niczyje. 2013. *Ogólnopolska diagnoza problemu przemocy wobec dzieci.* Downloaded from http://fdn.pl/vol-12-nr-3-ogolnopolska-diagnoza-problemu-przemocy-wobec-dzieci#node-4669.

Gałecki, P., Święcicki Ł. 2015. Kryteria diagnostyczne z DSM-5. Desk reference. Wrocław

Giddens, A. 2006. Przemiany intymności. Seksualność, miłość i erotyzm we współczesnych społeczeństwach. Warszawa: Wydawnictwo Naukowe PWN.

Golonka, A. 2008. Nowe oblicze walki z pedofilią w świetle nowelizacji kodeksu karnego. *Palestra* 3–4: 28–43.

Groth, A.N., Hobson, W.F. and Gary, T.S. 1982. The child molester. In *Social Work and Child Sexual Abuse,* Conte, J., Shore, D., Newyork, Warszawa. Cited in K. Pospiszyl, *Przestępstwa seksualne. Geneza, postacie, resocjalizacja oraz zabezpieczenia przed powrotnością (73)*, Warszawa.

Gulczyńska, A. 2009. *Rodzinne uwarunkowania aktywności seksualnej młodych dorosłych*. Poznań.

Habzda-Siwek, E. 2002. *Diagnoza stanu psychicznego sprawcy a rozstrzygnięcia w procesie karnym*. Kraków: Zakamycze.

Hall, R.C.W., and R.C.W. Hall. 2007. A Profile of pedophilia: definition, characteristics of offenders, recidivism, treatment outcomes, and forensic issues. *Mayo Clinic Proceedings* 82 (4): 457–471.

Hall, G.C.N., and R. Hirschman. 1992. Sexual aggression against children: A conceptual perspective of etiology. *Criminal Justice and Behavior* 19: 8–23.

Hanson, R.K. 2002. Recidivism and age: Follow up data from 4673 sexual offenders. *Journal of Interpersonal Violence* 17: 1046–1062.

Hanson, R.K., and D. Thornton. 2000. Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behaviour* 24: 119–136.

Hanson, R.K., Bourgon, G., Helmus, L. and Hodgson, S. 2009. *A meta-analysis of the effectiveness of treatment for sexual offenders: Risk, need, and responsivity.* Downloaded from http://ocipep-bpiepc.gc.ca/res/cor/rep/_fl/2009-01-trt-so-eng.pdf.

Holmes, S.T., and R.M. Holmes. 2002. *Sex crimes: Patterns and behavior*. Thousand Oaks, CA: Sage.

Howells, K. 1981. Adult sexual interest in children: Considerations relevant to theories of etiology. In *Adult sexual interest in children*, ed. M. Cook and K. Howells, 55–94. London: Academic Press.

Izdebska, A. 2009. Konsekwencje przemocy seksualnej wobec dzieci. *Dziecko Krzywdzone* 8(4): 37–55, downloaded from http://dzieckokrzywdzone.fdn.pl/vol-8-nr-4-wykorzystywanie-seksualne-dzieci-29.

Izdebski, Z. 2012. *Seksualność Polaków na początku XXI wieku. Studium badawcze*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Izdebski, Z. 2002. Inicjacja seksualna po polsku. Available at: tnsglobal.pl/archiv_files/IP37–02.doc.

Izdebski, Z. 2006. Ryzykowana dekada. Seksualność Polaków w dobie HIV/AIDS. Studium porównawcze 1997–2001–2005. Zielona Góra.

Kaczorek, M., and K. Stachura. 2009. *Przemiany seksualności*. Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego.

Kiembłowski, P. 2002. Przemoc seksualna doznawana w okresie dzieciństwa i adolescencji – wyniki badania ankietowego młodzieży. *Dziecko Krzywdzone* 1(1): 85–112, downloaded from http://dzieckokrzywdzone.fdn.pl/vol-1-nr-1-wykorzystywanie-seksualne-dzieci-1#node-4476.

Knight, R.A., and R.A. Prentky. 1990. Classifying sexual offenders: The development and corroboration of taxonomic models. In *The handbook of sexual assault*, ed. W.L. Marshall, D.R. Laws, and H.E. Barbaree, 23–52. Newyork: Springer.

Leszczyński, J. 1973. *Przestępstwo zgwałcenia w Polsce.* Warszawa.

Lewandowska, K. 2007. Karać czy leczyć?–strategie postępowania ze sprawcami przestępstw seksualnych wobec dzieci na przykładzie wybranych krajów, *Dziecko krzywdzone* 6(1): 6–19, Downloaded from http://dzieckokrzywdzone.fdn.pl/vol-6-nr-1-profilaktyka-wykorzystywania-seksualnego-dzieci-%E2%80%93-dzialania-wobec-sprawcow-18.

Lew-Starowicz, Z. 2000. *Seksuologia sądowa*. Warszawa: PZWL.

Malec, J. 2006. Problemy związane ze środkiem zabezpieczającym wobec sprawców przestępstw przeciwko wolności seksualnej. *Przegląd Więziennictwa Polskiego* 50: 43–48.

Mancini, C., and D.P. Mears. 2010. To execute or not to execute? Examining public support for capital punishment of sex offenders. *Journal of Criminal Justice* 38: 959–968.
Marshall, W.L., H.E. Barbaree, and A. Eccles. 1991. Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence* 6: 323–336.
Morawska, A. 2004. Strategie postępowania ze sprawcami przestępstw seksualnych wobec dzieci na przykładzie wybranych krajów., *Dziecko Krzywdzone* 3(2): 7–20, Downloaded from http://dziec kokrzywdzone.fdn.pl/vol-3-nr-2-wykorzystywanie-seksualne-dzieci-2-sprawcy-7.
Moser, C. 2011. Yet another paraphilia definition fails. *Archives of Sexual Behavior* 40(3): 483–485.
Moser, C. 2016. DSM-5 and the paraphilic disorders: Conceptual issues. *Archives of Sexual Behavior* 45(8): 2181–2186.
Mozgawa, M., and M. Budyn-Kulik. 2006. Prawnokarne aspekty pedofilii. Analiza dogmatyczna i wyniki badań empirycznych. *Czasopismo Prawa Karnego i Nauk Penalnych* 2: 43–78.
Murray, J.B. 2000. Psychological profile of pedophiles and child molesters. *The Journal of Psychology* 134: 211–224.
Pacewicz-Biegańska, J. 2013. Przemiany seksualności nastolatków. *Przegląd Pedagogiczny, Numer* 2: 108–118.
Paprzycki, L. 2012. *System prawa karnego. Środki zabezpieczające*. Warszawa: CH Beck.
Pithers, W.D., J.K. Marques, C.C. Gibat, and G.A. Marlatt. 1983. Relapse prevention with sexual aggressives: A self-control model of treatment and maintenance of change. In *The Sexual aggressor: Current perspectives on treatment*, ed. J.G. Greer and I.R. Stuart, 214–239. Newyork.
Pithers, W.D., K.M. Kashima, G.F. Cumming, L.S. Beal, and M.M. Buell. 1988. Relapse prevention of sexual aggression. *Annals of the Newyork Academy of Sciences* 528: 244–260.
Polusny, M.A., and V.M. Follette. 1995. Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied & Preventive Psychology* 4: 143–166.
Pospiszyl, K. 2008. *Przestępstwa seksualne Geneza, postacie, resocjalizacja oraz zabezpieczenia przed powrotnością*. Warszawa: PWN.
Pudo, T. 2007. Nowe regulacje karne dotyczące przestępstw związanych z pedofilią. *Państwo i Prawo* 4: 57–68.
Pużyński, S., and J. Wciórka. 1998. *Międzynarodowa Statystyczna Klasyfikacja Chorób i Problemów Zdrowotnych Rewizja dziesiąta Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10 Badawcze kryteria diagnostyczne*. Kraków-Warszawa: Vesalius.
Pużyński, S., and J. Wciórka. 2000. *Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Opisy kliniczne i wskazówki diagnostyczne*. Kraków-Warszawa: Vesalius.
Quinsey, V.L., and M.L. Lalumiere. 1995. Evolutionary perspectives on sexual offending. *Sexual Abuse: A Journal of Research and Treatment* 7: 301–315.
Robertiello, G., and T. Kerry. 2007. Can we profile sex offenders? A review of sex offenders typologies. *Aggression and Violent Behavior* 12 (5): 508–518.
Rosner, R., H.H. König, F. Neuner, U. Schmidt, and R. Steil. 2014. Developmentally adapted cognitive processing therapy for adolescents and young adults with PTSD symptoms after physical and sexual abuse: Study protocol for a randomized controlled trial. *Trials* 15 (1): 1–18.
Rutkowski, R., and W. Sroka. 2009. Program terapii sprawców przestępstw seksualnych. In *Resocjalizacyjne programy penitencjarne realizowane przez Służbę Więzienną w Polsce*, ed. M. Marczak, 234–241. Kraków: Impuls.
Sajkowska, M. 2002. Wykorzystywanie seksualne dzieci. Ustalenia terminologiczne, skala zjawiska, oblicza problemu społecznego. *Dziecko Krzywdzone* 1(1): 5–28, downloaded from http://dziec kokrzywdzone.fdn.pl/kwartalnik-dziecko-krzywdzone-teoria-badania-praktyka-nr-12002-wykor zystywanie-seksualne-dzieci-1.
Sajkowska, M. 2004. *Wykorzystywanie seksualne dzieci. Ustalenia terminologiczne, skala zjawiska, oblicza problemu społecznego.* In *Wykorzystywanie seksualne dzieci. Teoria – badania – praktyka* Sajkowska, M.,1st ed., *5–34*. Warszawa.
Salter, A.C. 2005. *Drapieżcy Pedofile, gwałciciele i inni przestępcy seksualni Kim są, jak działają i jak możemy chronić siebie i nasze dzieci*. Poznań: Media Rodzina.
Schild, S., and C.J. Dalenberg. 2015. Consequences of child and adult sexual and physical trauma among deaf adults. *Journal of Aggression, Maltreatment & Trauma* 24 (3): 237–256.
Schultz, P.D. 2011. A rhetoric of retribution and redemption: Burke's terms for order in the drama of child sexual abuse. *International Journal of Law and Psychiatry* 34: 168–176.
Seto, M.C. 2004. Pedophilia and sexual offenses against children. *Annual Review of Sex Research* 15: 321–361.

Seto, M.C. 2009. Pedophilia. *Annual Review of Clinical Psychology* 5: 391–407.
Seto, M.C. 2008a. *Pedophilia and sexual offending against children theory, assessment and intervention*. Washington DC: American Psychological Association.
Seto, M.C. 2008b. Pedophilia: Psychopathology and theory. In *Sexual deviance: Theory assessment and treatment*, ed. D.R. Laws and W.T. O'Donohue, 164–182. New York: Guilford Press.
Sigurdardottir, S., S. Halldorsdottir, and S.S. Bender. 2012. Deep and almost unbearable suffering: Consequences of childhood sexual abuse for men's health and well-being. *Scandinavian Journal of Caring Sciences* 26 (4): 688–697.
Sigurdardottir, S., S. Halldorsdottir, and S.S. Bender. 2014. Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scandinavian Journal of Public Health* 42 (3): 278–286.
Simon, L.M.J. 2000. An examination of the assumptions of specialization, mental disorder, and dangerousness in sex offenders. *Behavioral Sciences and the Law* 18: 275–308.
Smallbone, S.W., J. Wheaton, and D. Hourigan. 2003. Trait empathy and criminal versatility in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment* 15: 49–60.
Stone, T.H., W.J. Winslade, and C.M. Klugman. 2000. Sex offenders, sentencing laws and pharmaceutical treatment: A prescription for failure. *Behavioral Sciences and the Law* 18: 83–110.
Terry, K.J. 2013. *Sexual offenses and offenders: theory, practice and policy*. Wadsworth: Cengage Learning.
Thornhill, R., and N.W. Thornhill. 1992. The evolutionary psychology of men's coercive sexuality. *Behavioral and Brain Sciences* 15: 363–421.
Tingle, D., G.W. Barnard, L. Robbin, G. Newman, and D. Hutchinson. 1986. Childhood and adolescent characteristics of pedophiles and rapists. *International Journal of Law and Psychiatry* 9: 103–116.
Vandiver, D.M., and G. Kercher. 2004. Offender and victim characteristics of registered female sexual offenders in Texas: A proposed typology of female sexual offenders. *Sex Abuse* 16: 121–137.
Wakefield, J.C. 2011. DSM-5 proposed diagnostic criteria for sexual paraphilias: Tensions between diagnostic validity and forensic utility. *International Journal of Law and Psychiatry*, 34(3): 195–209.
Ward, T., and S.M. Hudson. 1998. A model of the relapse process in sexual offenders. *Journal of Interpersonal Violence* 13: 700–725.
Ward, T., and S.M. Hudson. 2000b. Sexual offenders' implicit planning: A conceptual model. *Sexual Abuse: A Journal of Research and Treatment* 12: 189–202.
Ward, T., and T. Keenan. 1999. Child molesters' implicit theories. *Journal of Interpersonal Violence* 14: 821–838.
Ward, T., and R.J. Siegert. 2002. Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law* 9: 319–351.
Ward, T., S.M. Hudson, L. Johnston, and W.L. Marshall. 1997. Cognitive distortions in sex offenders: An integrative review. *Clinical Psychology Review* 17: 479–507.
Ward, T., D.L.L. Polaschek, and A.R. Beech. 2006. *Theories of Sexual Offending*. Londyn: Wiley & Sons.
Ward, T., and S.M. Hudson. 2000a. A self-regulation model of relapse prevention. In *Remaking relapse prevention with sex offenders: A sourcebook*, ed. D.R. Laws, S.M. Hudson, and T. Ward, 79–101. Newbury Park.
Warylewski, J. 2001. *Przestępstwa seksualne*. Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego.
Warylewski, J. 2007. Reakcja karna na przestępstwa seksualne. *Przegląd Więziennictwa Polskiego* 54: 34–44.
Warylewski, J. 2006. Problematyka właściwej reakcji karnej na zachowania związane z godzeniem w wolność seksualną lub obyczajność. *Referat wygłoszony na IV Polskim Kongresie Penitencjarnym*, Kalisz 22–24 November 2006, downloaded from http://www.prawo.univ.gda.pl/karne/karne/problem.pdf.
Waszyńska, K. 2010. *Biograficzne uwarunkowania życia seksualnego*. Poznań.
Wciórka, J. 2008. *Kryteria diagnostyczne według DSM-IV-TR*. Wrocław: Elsevier Urban & Partners.
Woynarowska, B. and Mazur, J. 1999. Zdrowie młodzieży szkolnej w Polsce. Zachowania zdrowotne i samoocena zdrowia: Raport z serii badań wykonanych w 1998 roku, Warszawa.
Wright, S. (2010). Depathologizing consensual sexual sadism, sexual masochism, transvestic fetishism and fetishism. *Archives of Sexual Behavior* 39(6): 1229–1230.