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Children sexual abuse in Poland – study of 257 sexual offenders against minors

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Summary

Introduction. Obtaining objective data on sexual offenders against minors is difficult. In order to enhance the possibilities to prevent such crimes it is essential to determine factors that condition this kind of sexual behavior.

Aim. The aim of the study was to prepare a multidimensional analysis of a profile of sexual offenders against minors.

Material and Method. A detailed analysis of documentation from forensic sexological, psychiatric and psychological examinations and information from the records of the proceedings concerning 257 perpetrators was performed by the authors. Information analyzed included demographic data, psychosocial background, psychosexual development, recent sexual activity, physical and mental health issues and information concerning accused sexual crime.

Results. The majority of the offenders had undisturbed family relations. However, subjects with sexual preference disorders perceived their parents' relationship as worse, reported more difficulties in educational process and in relation to teachers and peers. 5.4% of subjects experienced sexual abuse and 23.3% physical violence in their childhood. The majority reported no sexual dysfunction and had regular but rare sexual activity. 20.6% were diagnosed as having mental disorder and 36.8% were alcohol abusers. Almost 30% were under influence of alcohol or another substance during the crime. The majority had no sexual preference disorder. Definite pedophilia was found in 27% and traits of psychosexual immaturity in 23.1% of cases. There was no relationship between sexual preference disorders and psychiatric comorbidity, alcohol or substance abuse. The acts of sexual abuse comprised genital touching, vaginal or oral intercourse as well as exposing offender's or victim's body. These acts were typically against one child, planned, being aware of victim's age and using physical violence.

Conclusions. The data from our research should be taken into account when planning therapeutic and preventive interventions.

Key words: child sexual abuse, offenders, sexual preference disorders, pedophilia

Introduction

The phenomenon of children sexual abuse is a vital worldwide social problem. New cases are being revealed on a daily basis. Contrary to a common myth, it is not just a problem of the so-called „social pathology” layer of the populace. The data on the profile of sex offenders against children remain scant but seem to contradict popular beliefs. Raymond et al. indicate in a research conducted on a group of sex offenders against children (average age 37 years) that 71% completed high school or a college and only 7% of responders were unemployed. [1] Fagan et al. (2002) remark that clinicians should not forget that the person who committed a sexual offense against a child, did not just commit a crime, but also suffers from a mental disorder. [2] According to Raymond et al., only 7% of the perpetrators did not display any co-morbid psychiatric disorders fulfilling SCID-P (Structured Clinical Interview for DSM-IV, Patient Edition) criteria. 56% met the criteria for five or more coexisting disorders beyond pedophilia. 67% of them were diagnosed with mood disorders in the past, most commonly depression. 64% had a history of anxiety disorders (mostly social phobia and post-traumatic stress disorder – PTSD) and 60% admitted to abuse of psychoactive substances, mostly alcohol (51%), cannabis (38%) and cocaine (18%). [1]

In characterizing a paraphilic sexual offender, one usually emphasizes the compulsive repetition and the oddity of sexual behavior that contributes to frequent recidivism of criminal behavior, regardless of the penalty incurred. The qualitative difference between the sexual motivation and the impairment of sexual socialization is a particularly distinguishing feature. Paraphilic sex offenders typically do not display personality disorders, are pretty adept socially, and often appear to operate correctly in partnership. Ryan et al. (2007) note that the common feature of pedophiles is their abnormal interest in children, which does not exclude sexual interest in adults; about half of pedophiles are married. [3] According to the U.S. Department of Justice *National Incident-Based Reporting System* Statistical Report covering the period from 1991 to 1996, 96% of reported juvenile sex offenders were male. Women committed this type of offenses most often against the youngest children (under the age of six). Twelve percent of the assailants of the youngest victims were women. The ratio of women amounted to 6% for victims aged 6 to 12 and 3% for victims aged 12 to 17. [4]

According to the literature, the most common theories explaining the origins of pedophilia are: the theory of sexual violence [5], biological determinism (endocrinological disorders [6], chromosomal disorders [7] or cerebral structure/function disorders [8-10]) and other psychological theories comprising personality traits, social competences or impulse control mechanisms. These psychological concepts are dominated by the analysis of psychosexual development disorders and the analysis of relations with the object. This research refers to psychodynamic theories [11], social learning theory [12], social functional theories, social chaos theories or feminist theories [13]. Since a long time, the works explaining theoretically the etiology of pedophilia are integrating particular approaches, as well as distinguishing single factors responsible for sexual activity towards a child. [14] Subsequent works try to create new integrated theories of sexual crimes' etiology. [15 ,16]

To counteract the phenomenon of child sexual abuse, it is necessary, next to the dissemination of sexual education, to develop an effective treatment program for sex offenders against minors. Until recently, the measures taken in the direction of preventing these acts were limited in Poland mainly to the detention in prison, without adequate therapeutic effects, to prevent these crimes from repeating. Moreover, the perpetrators themselves often declared their willingness to undergo such therapy, fearing that they will not be able to contain their sexual drive, but due to the fact that these persons are not entitled to treatment after they have left prison, they are left to their own devices and regrettably, relapse all too often. There are specific political and social expectations of the scientific community in that a more intense joint effort to solve these problems is undertaken.

It also incites the society to demand and expect that factors crucial in the development of sexual crimes are determined. It is essential to distinguish pedophilic behavior as preferential from a broader perspective of children sexual abuse. In social and political debate these two terms are unfortunately often used interchangeably. This was also seen in Poland quite recently (2010), when Polish Penal Code was supplemented with regulations concerning detention and treatment of perpetrators of crimes directed against sexual liberty [17]. Although pedophilia is not a legal concept and such a concept does not exist in the Polish Penal Code, it is nonetheless worth emphasizing that the Code stigmatizes intercourse and any other sexual activity with minors under fifteen years old (this is the age limit below which sexual intercourse is prohibited in Poland) (Table 1).

Table 1. **Article 200 of the Polish Penal Code (2011)**

§ 1. Who engages in sexual intercourse with a minor under the age of 15, or who engages in any other sexual activity with such a person, or who drives this person to submit to such activities, or to execute them, is liable to imprisonment for 2 to 12 years;

§ 2. The same penalty shall apply to anyone who in order to satisfy their sexual desires presents to a minor under the age of 15 the performance of sexual activity.

Based on these legal criteria, it could be assumed that the violation of the law that is child sexual abuse refers to a specific event, and not to a state or disposition of the perpetrator. However, the new Article 95 of the Polish Penal Code in the form that was valid at the time of this writing (28th of July 2013) limits the application of detention or outpatient treatment as ordered by the court only to perpetrators who have committed a crime directed against sexual liberty related to their sexual preference disorder (e.g. pedophilia) – diagnosed according to ICD-10 criteria (Table 2) [18].

Table 2. **Pedophilia diagnostic criteria according to ICD-10 classification.**

1. General criteria for F65 sexual preference disorders must be met;
2. Persistent or predominant preference for sexual activity with a prepubescent child or children;
3. The perpetrator is at least 16 years old and at least five years older than the child or children in criterion 1.

In order to enable realization of the regulations mentioned, a therapy program designed for the preferential perpetrators of sexual crimes against sexual liberty was created and it is implemented in the appointed inpatient and outpatient units.

In order to create appropriate legal regulations for therapeutic and preventive interventions towards sexual offenders against children in Poland, it is necessary to perform and publicize research concerning the profile of people who commit such crimes. Recently, such a study by Beisert et al. (2011) was published [19]. It was based on a group of 389 subjects, condemned for sexual activity with a child, detained in 16 penitentiaries in Poland. The final analysis comprised 248 men, aged 42 and 11 months on average, 35.9% of whom were in stable relationships, 24.6% were divorcees, widowers or separated, while 38.7% have lived alone from the beginning. More than one third of the perpetrators did not have children of their own, 82.3% were poorly educated (primary or professional education). Almost half of the subjects have recidivated in their crime. By analyzing the modus operandi of the perpetrator, Beisert stated that the most frequent (65.3%) form of abuse was touching the victim's genitalia, then penetration (sexual act or its surrogates). The percentage of perpetrators behaving violently towards the victim (beating, scratching, detention, tying up) was relatively high (43.1%). The sexual abuse has led to the deaths of 2.8% of all victims. The frequency of committed acts most often had a multi-act character (63.4%) (meaning the same victim was abused repeatedly) and time intervals between the acts have been most often (40.7%) extended into years of abuse. Perpetrators planned their crime in 63.2% of cases. By examining the relations between the perpetrator and the victim, it seems that in over 50% of cases, the persons have been strangers, while close kinship occurred in about 28% of cases.

Our research, constituting the essence of this work, tried to fill in, on a similarly numerous group of subjects, the data on pedophile perpetrators, before they are condemned and detained in prison. We have put particular emphasis on the analysis of their mental health during the act and the situational psychological conditioning.

Material and Methods

A detailed analysis of documentation from forensic sexological, psychological and psychiatric examinations (conducted between 1980 and 2008 at the Institute of Sexology of the Polish Sexological Society and at the Forensic Psychiatry Clinic at the Institute of Psychiatry and Neurology in Warsaw) and of the information from records of the proceedings concerning individuals suspected and accused of acts of sexual abuse against minors (if available) has been conducted. We have processed only the cases in which the perpetrators admitted to sexual abuse or when it was warranted by the evidence. The analysis included demographic data, psychosocial background, psychosexual development traits, latest sexual activity, physical and mental health issues and information concerning the sexual crime that the respondents were accused of.

Statistical analysis was performed using Microsoft Office Excel 2007 for Windows and Graph Pad In Stat 3.06 for Windows. Frequencies were calculated for each variable and their distribution was compared using Pearson's chi-squared test. Only measures with $p < 0.05$ were considered as statistically significant.

Results

Table 3 presents the basic demographic data of the study sample.

Table 3. **Demographic data of sexual offenders against children**

Sex	male	256	99,60%	Economic status	Good	17	26,60%
	female	1	0,40%		Average	28	43,70%
	N/A	0			Poor	19	29,70%
Age (at the onset of crime)	< 17	6	2,30%	Marital status	N/A	193	
	17 – 21	17	6,60%		Single	93	36,20%
	> 21	234	91,10%		Married	101	39,80%
Education	Primary	86	38,20%	Marital status	Informal relationship	23	9,10%
	High school	29	12,90%		Divorced	34	13,40%
	Vocational	85	37,80%		Widowhood	2	0,80%
	University	22	9,80%		Separation	1	0,4%
	Student	3	1,30%		N/A	3	
	N/A	32			Having own children	Yes	141
Occupation	Employed	101	62,70%	No		110	43,80%
	Unemployed	38	23,60%	N/A		6	
	Dependent on parents	11	6,80%	Access to children at work	Yes	18	8,80%
	Retired/ Pensioner	11	6,80%		No	187	91,20%
	N/A	96			N/A	52	

N/A – information not available

Psychosocial background

In the majority of cases, the perpetrators came from families representing working (61.5%) or rural (21.2%) classes, 15.4% had parents with university degree education. 83.7% were brought up by both parents, 11.5% by the mother, 2.4% by the father and 2.8% by someone else. 88.4% of perpetrators had siblings. 65.5% assessed their parents' relationship positively, 30.6% negatively and 3.9% neutrally. Subjects with sexual preference disorders regarded their parents' relationships as worse than average ($p=0.012$). Parents divorced in 16.5% of cases. 74.4% of respondents declared good relations with their parents. More than a half (51.3%) of the subjects experienced significant difficulties in their education and 13.2% had troubles in relations with teachers. Both were more frequent in subjects with sexual preference disorders ($p=0.049$ and $p=0.017$, respectively). 73% had good relations with peers, 18.6% were likely to isolate themselves and 8.4% assessed their early social contacts negatively. Patients with sexual preference disorders assessed their relations with peers negatively more frequently ($p=0.014$).

Psychosexual development

For the vast majority of cases (97.4%), their parents were showing acceptance of their biological gender. Only a minority of the perpetrators have been sexually abused by a family member (1.7%) or a non-related person (3.7%). There has been no significant difference in sexual preference disorders between the abused and the non-abused subjects ($p > 0.05$), however the first group was relatively small ($n=13$) and this could have influenced the outcome of the research.

The onset of sexual activity: 7.3% of respondents started masturbating before the age of 12, 20.9% between 12 and 14 years old, 49.5% between 15 and 18 years old and 9.4% at an older age. 13.1% of respondents claimed they have never masturbated. Subjects with diagnosed sexual preference disorders were masturbating more frequently than others ($p = 0.00035$).

10.4% of respondents had their first intercourse at an age of 12 years old or less, 12.6% at the age between 13 and 15 years old, 44.2% between 16 and 18, and 32% after 18 years old. For one person, the criminal act was the first sexual experience, and two persons (0.9%) have never had a full intercourse. 71.4% perceived their first intercourse as successful, and 16.3% had unpleasant memories. 33.5% of respondents had their first romantic relationship at an age between 15 and 17 years old, 31.7% between 18 and 20, 26.4% between 21 and 30, and 1.2% between 31 and 40. 7.2% claimed they have never been involved.

As much as 23.3% of offenders have experienced physical violence in childhood.

Latest sexual activity

The study sample comprised 91% of heterosexuals, 2.4% of homosexuals and 6.7% of bisexuals. At the time of the sexual crime, 74.3% were sexually active with intercourse frequency declared as weekly in 44.8% of cases, and several times a week for 29.5% of respondents. Data collected from 138 subjects reveals the use of pornography in 41.3% of cases. Relatively few respondents revealed sexual dysfunctions: 12.6% of subjects complained about erectile dysfunctions, 10.4% about hypoactive desire deficiencies, 7.1% of ejaculatory dysfunctions (5% premature ejaculation, 2.1% delayed ejaculation). 1.3% could not reach orgasm. The great majority of subjects, being 75.5%, assessed themselves as sexually healthy.

Evaluation of physical and mental health of the perpetrators.

20.6% of perpetrators had an axis I mental disorder diagnosed according to ICD-9 or ICD-10 criteria (Figure 1 – *next page*). Personality disorders were the most common (16.3%). Despite the diagnosis of these disorders, only 4.5% were treated by a psychiatrist. Alcohol or psychotropic substance (THC, stimulants, opioids or analgesics) abuse was identified in 36.8% and 5% of the study sample respectively. 8.5% were assessed as having some other kind of physical disability. In IQ tests, 42.1% of subjects scored average, 12.3% scored higher than average, 36.8% below average, and 8.8% had mild mental retardation.

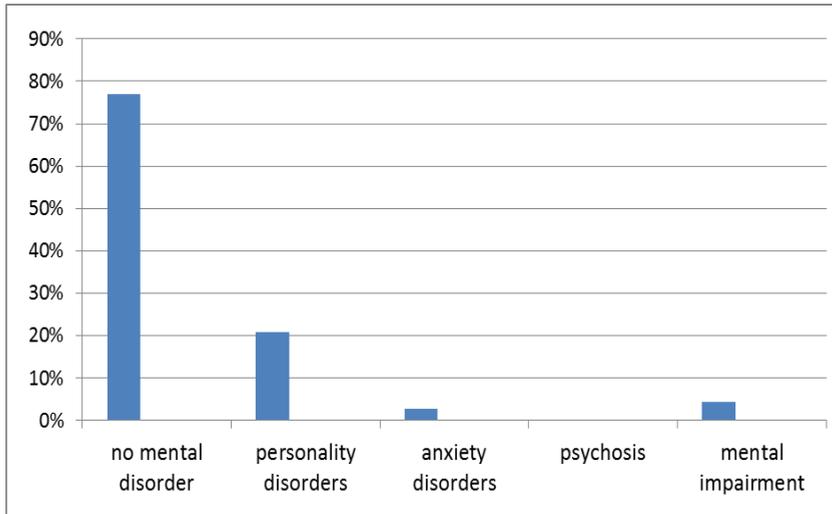


Figure 1. **Mental disorders in the study sample**

The occurrence of sexual identity or preference disorders in the study group is presented in Figure 2.

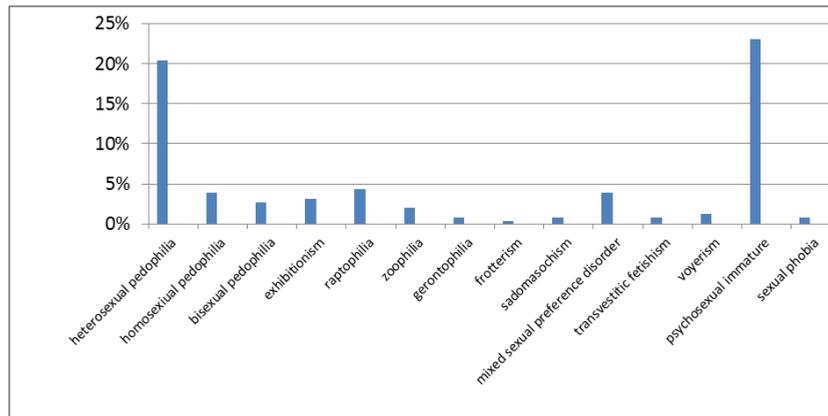


Figure 2. **Sexual identity/preference disorders in the study group**

The most common findings were traits of psychosexual immaturity (23.1%) defined as dominating sexual behavior typical for earlier developmental stages (including dominance of autoeroticism), accidental sexual behavior, lack of definite criteria for choosing sexual objects (like age, gender), deficient ability of controlling desire-related sexual behavior and focus on hiding destructive, immature or abnormal behavior, rather than eliminating it. Heterosexual pedophilia was found in 20.4% of the study group, homosexual pedophilia in 3.9% and bisexual pedophilia in 2.7% of the perpetrators. Sexual activity with a child was of substitute nature in 73% of cases! There was no

relationship between sexual preference disorders and psychiatric comorbidity, and alcohol or substance abuse ($p > 0.05$). Only subjects with mental disabilities were more likely to have any kind of sexual preference disorders (71.4%, $p = 0.024$), but not pedophilia ($p > 0.05$).

Presently persecuted sexual crime

The data on presently persecuted sexual crime (crimes) is presented in Table 4. Frequencies of different types of sexual abuse are presented in Figure 3.

Table 4. Data on the crime persecuted

Age of the victim	< 10 years old – 67.7% 10–12 years old – 35.5% 13–15 years old – 22.0%
Voluntariness of a sexual contact	Yes – 30.8%, No – 69.2% In cases of lack of voluntariness: 43.4% of victims were manipulated, 19.3% were rewarded, 8.4% participated in sexual activity under threat and 39.8% under physical violence
Alcohol or substance intake by the victim during the act of sexual abuse	13% of victims were under the influence of alcohol or other psychotropic substances (21.6% encouraged or pressed by the perpetrator, 78.4% took it voluntarily)
Physical injury of a victim	29.5% of victims sustained injuries during the act of sexual violence, 7.3% died from their injuries

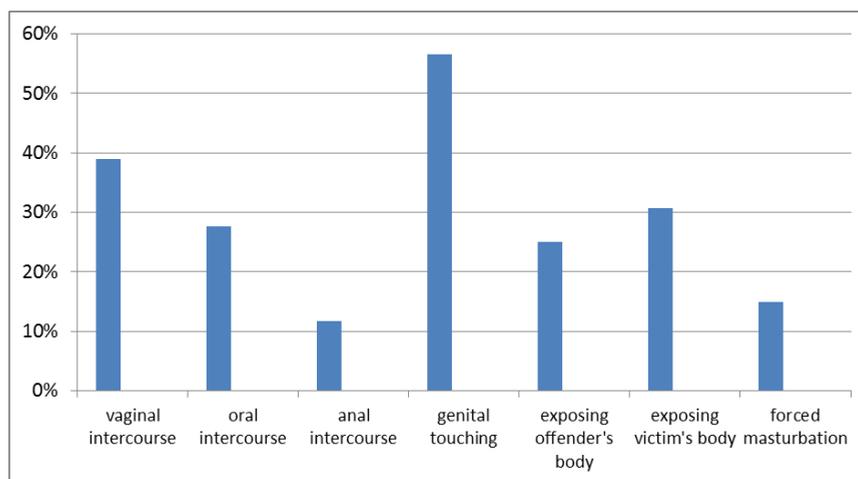


Figure 3. Types of sexual abuse.

Discussion

As emphasized earlier, the findings of another research based on the examinations of 248 males convicted for sexual abuse against minors, performed in 16 penitentiaries

across Poland, has recently been analyzed and published by Beisert. [19] The group was similar in terms of age, education and parenthood to our group, although the proportion of married individuals was lower (22.8% in Beisert's group vs. 39.8% in our group), and the ratio of multiple offenders was much higher (70.4% vs. 29.5%, respectively). This difference can be explained by Beisert's study being conducted in prisons, where the probability of finding a person with a longer sentence is relatively higher. Similarly to our sample, most perpetrators (59.8%) abused one child, 77.7% were planning their action beforehand and 31.9% used physical violence. The most frequent types of acts of sexual abuse were also similar in both groups: touching the victim's genitals (65.3% in Beisert's study vs. 56.6% in our study), vaginal intercourse (39.5% vs. 39.0% respectively), oral intercourse (26.6% vs. 27.6% respectively), anal intercourse (18.1% vs. 11.8% respectively), exposing the offender's genitals (12.9% vs. 25.0% respectively), and masturbation of the offender by the victim (15.7% vs. 14.9% respectively). One significant difference was found in the psychosexual development history of the perpetrators – in Beisert's group, 48% of subjects declared some experience of sexual abuse in their childhood. This is almost 9-fold the value observed in our group. It is well established from different perspectives (biological, psychodynamic, cognitive-behavioral), that being a victim of childhood sexual abuse may be relevant in committing sexual offences in the future. We suppose that such a significant difference in the ratio of "abused abusers" between these two studies may be caused by methodological reasons. The data on sexual abuse history in our retrospective sample was based on a simple question whether the subject was sexually abused and, if yes, what kind of sexual abuse it was. Responders declared mild to moderate stress in reference with sexual abuse in 66.9% of cases. It is legitimate to assume that when asked whether they were "abused", respondents might have given negative answers, still treating the experience as considerable trauma. Beisert's interview determined the nature of the committed crime more precisely than ours did.

To conclude, the basic characteristics of both analyzed groups are similar, which further confirms their representativeness for the Polish population of sexual offenders against minors. The little dissimilarity found may result from different study designs and data collection method. It should be mentioned that both groups were represented by sexual abusers that were arrested. Therefore, these groups may not reflect the characteristics of all perpetrators of acts of sexual abuse against minors as many of them may remain undiscovered. Obtaining a fully representative group of all sexual offenders including undisclosed cases would be obviously impossible.

Compared with Raymond's report [1], it is evident that the average age or the level of education of men (this data does not include women) were similar. The differences lie however in the co-occurring disorders. According to our research, 20.6% of subjects had diagnosed mental disorders, while in Raymond's work, this figure amounts to 56%. Our research stated that the most frequent mental disorder (apart from pedophilia) have been personality disorders (16.3%), while in Raymond's it was depression (over 50% of the group). It is possible that the time and place of the interview (after the trial and in prison) influenced the amount of depression diagnoses in the study by Raymond et al. Alcohol abuse has been identified in 36.8% and 51% of cases, respectively in

our and Raymond's works, while other than alcohol psychoactive substances abuse constituted 5% of the total substance abuse in our research, while Raymond stated marijuana and cocaine use in 38% and 18% of cases respectively. Differences in the identification of other disorders may probably be explained by some discrepancies in diagnosing in various parts of the world. However, it is important to note that they are only minor differences.

The goal of our research was also discussing the efficiency of the standing regulations for preventing children's sexual abuse according to data we have obtained about the target population (sexual offenders against minors). A vast (over 250 subjects) study sample is sufficient to determine whether the changing legal solutions against pedophiles, which until now relied mostly on isolation, and only recently took on a more therapeutic aspect, fructify with preventive results.

It has been stated on numerous occasions that the return to the crime within the group of pedophiles is high and that a prison sentence has few preventive benefits. The necessity of developing efficient methods of preventing children's sexual abuse has directed the scientific effort (the present research program included) towards a better understanding of the factors influencing the development of the crime.

All of the examined offenders have perpetrated their crimes before the presently binding Polish Penal Code regulations have been introduced (June 2010) [17]. It can be assumed that only a part of them, once their sentence has been served, will be susceptible to the present regulations. According to Article 95a of the Polish Penal Code (Table 5),

Table 5. **The Article 95a of the Polish Penal Code**

§ 1. By condemning the perpetrator to the penalty of detention without conditional suspension thereof for a crime directed against sexual liberty, committed with relation to sexual preference disorders, the court may decide that the perpetrator, having served the designated penalty, be detained in a secure institution or be sent for outpatient treatment, in order to perform a pharmacological therapy or psychotherapy, aiming to prevent recidivism, especially by lowering the distorted sexual drive of the perpetrator. Pharmacological therapy should not be conducted if it could jeopardize the health or the life of the perpetrator.

§ 1a. The court shall decide about detaining the perpetrator in § 1, convicted for the crime in Art. 197 § 3 pt 2 or 3, in a secure institution or about sending him or her for outpatient treatment.

§ 2. Within 6 months from the expected, conditional release or before the penalty has been executed, the Court decides:

- 1) about the need and manner of executing the measure pronounced, mentioned in §1,
- 2) about the manner of executing the measure pronounced, mentioned in §1a.

§ 2a. The court may decide to change the manner of executing the security measure determined in § 1 or 1a.

§ 2b. The court shall decide about the detention of the perpetrator in a secure institution when the perpetrator evades the outpatient treatment determined in §1 or 1a.

§ 3. The provisions of art. 94 § 2 & 3 are applied conveniently.

it is clear that it is addressed to the perpetrators with sexual preference disorders, i.e. conforming with the paraphilia diagnosis, although such categorization is inadequate. Over 70% of perpetrators in the examined group did not display any pedophilic sexual preference disorders! Moreover, both subjects with sexual preference disorders and

without sexual preference disorders did not differ significantly in the majority of areas that were analyzed. The first subgroup revealed only some more psychosocial deficits (e.g. education, relations with peers) and more frequent masturbation (that might be caused by generally higher sexual drive in paraphilic individuals).

The regulation mentioned clearly states that a sexual offender against child may be put in a secure institution or may be subject to outpatient treatment after serving the time. The legislator also prescribes the type of therapy (pharmacotherapy and psychotherapy) as well as its goal (lowering the subject's distorted sexual drive) [17]. Such a legal solution may arouse doubts, because it is impossible to lower the distorted sexual drive with psychotherapy. Moreover, according to current medical knowledge, efficient treatment aiming to change one's sexual preference is very unlikely. Limiting therapeutic activities to the population with sexual preference disorders and lowering the distorted sexual drive only, confronted with the results of the research proves to be inadequate. It ignores a complex, multi-aspect range of efficient psychiatric, psychological and sexological interventions. It is worth emphasizing that most of our subjects were sexually functional (reported no sexual dysfunctions) but many of them were diagnosed as psychosexually immature. Another important factor was substance abuse. The treatment of sexual offenders against minors should therefore aim to develop the ability to control one's sexual behavior better and to eliminate the factors that trigger the loss of such control (e.g. psychoactive substance abuse), as well as increase empathy, improve social functioning and develop the ability to form emotional and sexual relationships with adults. The treatment program should be adjusted to patients' intellectual capabilities as almost one half of subjects from our group scored below average in IQ tests or were diagnosed as having mild mental retardation. Medication used to decrease the impulsivity and sexual drive fulfill an auxiliary role in the comprehensive sexual offenders treatment program. However, in order for the treatment to be effective, the perpetrator must accept it – which is usually very difficult to achieve.

Legal constructs determining the corrective action (therapeutic and rehabilitation) towards the perpetrators of pedophilia are right to assume that they do not belong to a psychiatric ward in a hospital, but in a separate, specialized ward dedicated for such people. The developing network of such wards and the central authority issuing opinions and individual therapy programs for the perpetrators finishing their time is the right solution. At the same time, the continuing possibility to treat and rehabilitate the perpetrators in prison does not leave them hanging without any therapy for years. The Article 117 of the Polish Penal Executory Code stipulates that a person convicted for the crimes stipulated in the Articles 197-203 of the Penal Code committed due to sexual preference disorders, agrees to the necessary treatment and rehabilitation, and should this person not agree, the Penitentiary court may pronounce the decision to conduct treatment and/or rehabilitation [17]. This regulation not only provides for therapy in prison, but also allows the obligation of treatment. It is a unique situation in which the obligation of treatment initially introduced in the mental health protection law, and so far reserved for mentally ill persons, is expanded to include sexual offenders against minors (regarded herein as persons with sexual preference disorders).

Conclusions

Common knowledge on sexual offenders against minors is driven mostly by myths and stereotypes, rather than facts, which deforms the image of a statistical children's sexual offender and restricts the possibilities of planning an effective treatment. Data obtained in our research extend the understanding of this issue.

The conducted analyses of 257 cases of sexual offenders against children do not indicate any common psychopathologic conditioning of the perpetrators. They are more about sexual abuse of the child as a means of satisfying substitute sexual activities, with the added influence of alcohol intoxication. Less than 30% fulfilled the criteria for the diagnose of pedophilia. This important observation should be taken into account when planning therapeutic and preventive actions.

The novelization of the Polish Penal Code introducing the third security measure consisting in sending the perpetrator on a controlled outpatient treatment is a vital and desirable modification. However, the means of therapeutic and rehabilitating interventions should not be regulated in legislation and their selection should be left to specialists: psychologists, psychiatrists, sexologists, sexual re-educators, dependency treatment specialists etc. Treatment as ordered by the court should not be limited only to perpetrators with the diagnosis of sexual preference disorders. Apart from lowering the patient's distorted sexual drive, it should also aim to develop a better control of one's sexual behavior, increase empathy, improve social functioning and the ability to form emotional and sexual relationship with adults.

Сексуальное использование детей в Польше – анализ исследований 257 преступников, которые совершили преступные действия по отношению к несовершеннолетним

Содержание

Вступление. Получение объективных данных на тему сексуальных преступников по отношению к детям является трудным заданием. Для увеличения возможности профилактики таких преступлений необходимым становится определение факторов обуславливающих этого типа сексуального поведения.

Задания. Подготовка многостороннего анализа профиля сексуальных преступников по отношению к несовершеннолетним.

Материал и метод. Проведен анализ документации сексуологических, психиатрических и психологических исследований судебных процессов, а также записей разбирательств 257 преступников. Полученные информации охватывали демографические данные, психообщественный фон, психосексуальное развитие, недавняя сексуальная активность, проблемы физического и психического здоровья, а также данные, относящиеся представленного сексуального преступления.

Результаты. Большинство нарушителей находилось в нормальных семейных отношениях. Исследованные с нарушениями сексуальной преференции оценивали связи своих родителей как плохие, чаще трудно преодолевали школьные задания и отношения учителями и ровесниками. Среди исследованных 5,4% было сексуально использовано в детстве а 23,3% подверглись физическому насилию. Большинство правонарушителей отрицало сексуальные дисфункции и проводило редкую и нерегулярную сексуальную активность. У 20,6% диагностированы психические нарушения, а у 36,8% злоупотребляло алкоголем. Почти 30% исследованных совершало преступное действие под влиянием алкоголя, или иных психоактивных субстанций. Большинство правонарушителей не указывало на преференции сексуального порядка. Педофилию диагностировано в 21% случаев, а сексуальную незрелость в 23,1% случаев. Не

отмечено никакой связи между нарушениями сексуальных преимуществ и психическими расстройствами, злоупотреблением алкоголя или же иных психоактивных субстанций. Сексуальные злоупотребления охватывали прикасания к половым органам, влагалищное отношение или ротовое и обнажение тела своего или же ребенка. Чаще всего эти действия как правило совершались по отношению к одному ребенку, запланированные с применением насилия с полным сознанием возраста жертвы.

Выводы. Полученные данные расширяют современное знание предмета на тему правонарушителей сексуальных действий по отношению к несовершеннолетним и должны приниматься во внимание при планировке терапевтических воздействий и профилактики.

Ключевые слова: педофилия, сексуальное использование детей, правонарушители, нарушения сексуальных предпочтений

Sexueller Missbrauch von Kindern in Polen – Analyse der Untersuchung von 257 Tätern, die Minderjährige sexuell missbraucht haben

Zusammenfassung

Einleitung. Es ist sehr schwer, objektive Angaben zu den Tätern der sexuellen Gewalt gegen Kinder zu gewinnen. Zur Steigerung der Möglichkeiten, diesen Straftaten vorzubeugen, ist es notwendig, die Faktoren zu bestimmen, die ein solches sexuelles Verhalten bedingen.

Ziele. Vorbereitung einer mehrseitigen Analyse des Profils von Tätern der sexuellen Gewalt gegen Minderjährige.

Material und Methode. Es wurde die Analyse der Dokumentation aus der sexuologischen, psychiatrischen und psychologischen forensischen Untersuchungen durchgeführt. Dabei wurden auch die Protokolle aus den 257 Verhandlungen analysiert. Die gewonnenen Informationen umfassten die demographischen Angaben, psychosoziale Grundlage, psychosexuelle Entwicklung, sexuelle Aktivität, Probleme der körperlichen und seelischen Gesundheit und Angaben zu der sexuellen Straftat.

Ergebnisse. Die meisten Straftäter hatten ungestörte Familienbeziehungen. Die Untersuchten mit der Störung der sexuellen Präferenzen betrachteten die Beziehungen ihrer Eltern als schlechter, sie meldeten häufiger Probleme in der Schule und in den Beziehungen zu den Lehrern und Gleichaltrigen. 5,4% der Befragten wurden in der Kindheit sexuell missbraucht, und 23,3% erlebten körperliche Gewalt. Die meisten Täter verneinten sexuelle Dysfunktionen und waren regulär, aber selten sexuell aktiv. Bei 20,6% wurden psychische Störungen diagnostiziert, und 36,8% missbrauchten Alkohol. Fast 30% der Befragten beging eine Straftat unter dem Einfluss von Alkohol oder von anderen psychoaktiven Substanzen. Die meisten Täter teilten keine Störungen der sexuellen Präferenzen mit. Die Pädophilie wurde bei 27% der Fälle diagnostiziert, und die psychosexuelle Unreife bei 23,1%.

Es wurde kein Zusammenhang zwischen den Störungen der sexuellen Präferenz und psychiatrischer Komorbidität, Alkoholkonsum oder Missbrauch der anderen psychoaktiven Substanzen nachgewiesen. Sexueller Missbrauch umfasste Berühren von Genitalien, vaginalen oder oralen Geschlechtsverkehr, sich entkleiden. Es wurde meistens an einem Kind begangen, geplant, mit Gewalt, mit voller Bewusstheit des Alters von Opfer.

Schlussfolgerungen. Die gewonnenen Angaben bereichern die bisherigen Kenntnisse zu den Tätern von sexuellen Straftaten gegen Minderjährige und sollen beim Planen von Therapie und Vorbeugungsmaßnahmen in Betracht gezogen werden.

Schlüsselwörter: sexueller Missbrauch von Kindern, Täter, Störungen der sexuellen Präferenz, Pädophilie

L'abus sexuel sur mineur en Pologne – analyse des examens de 257 délinquants sexuels

Résumé

Introduction. Il est difficile d'obtenir les données objectives concernant les délinquants sexuels sur mineur. Pour augmenter les possibilités de prévention de ce délit il faut mieux définir les facteurs le conditionnant.

Objectifs. Préparer l'analyse multidimensionnelle du profil du délinquant sexuel sur mineur.

Matériel et Méthode. On analyse la documentation médico-légale : sexologique, psychiatrique, psychologique de 257 délinquants sexuels sur mineur. On analyse les données démographiques, psychosociales, concernant le développement psychosexuel, activité sexuelle récente, problèmes de la santé physique et mentale et informations du délit sexuel commis.

Résultats. La majorité de délinquants sexuels ont les relations familiales non troublées. Les personnes avec les préférences sexuelles troublées perçoivent les relations familiales de leurs parents comme pires, elles ont les difficultés dans l'éducation, dans leurs relations avec les instituteurs et avec leurs copains du même âge. 5,4% de personnes examinées subissent l'abus sexuel durant leur enfance, 23,3% - de la violence physique. La majorité déclare l'absence des dysfonctions sexuelles et aussi l'activité sexuelle régulière pourtant rare. On diagnostique les troubles mentaux chez 20,6% d'eux, 36,8% de délinquants examinés abusent de l'alcool, presque 30% de personnes examinées font leur délit sous l'influence de l'alcool ou d'autres substances psychoactives. La majorité ne manifeste pas des troubles de l'orientation sexuelle. La pédophilie est diagnostiquée chez 27% de ces, les traits de l'immatrité sexuelle – chez 23,1%. On ne trouve aucune relation des troubles de l'orientation sexuelle et de la comorbidité psychiatrique, de l'abus de l'alcool ou d'autres substances psychoactives. Les actes de l'abus sexuel contiennent : attouchement génital, rapport vaginal ou oral, mise à nu de son corps ou du corps de la victime. Ces actes concernent le plus souvent un enfant, ils sont planifiés et commis avec la violence physique.

Conclusions. Ces recherches augmentent le savoir concernant les délinquants sexuels sur mineur et il faut les prendre en considération dans la préparation des interventions préventives et des thérapies.

Mots clés : abus sexuel sur mineur, délinquants, troubles de l'orientation sexuelle, pédophilie

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