

## PEDOPHILIA – DEFINITIONS OF THE DISORDER. SELECTED CLINICAL, LEGAL, AND SOCIAL ISSUES

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**Summary.** The concept of pedophilia is very broad and extremely complex. Thus, when examining this disorder, it is important to take into account a wide-ranging debate on the definition of pedophilia itself, the type of definition, and elements that constitute it. The fact that there are so many definitions of pedophilia, which at the same time determine the ways it is responded to, shows how important this issue is. The way the term ‘pedophilia’ is used causes many misunderstandings and controversies, primarily between clinicians and lawyers. Further confusion as to the meaning of the concept arises when representatives of other professions join in these discussions. The article attempts to define pedophilia in clinical, legal, and social terms.

**Key words:** paraphilia, pedophilia, disordered sexual preferences, contacts with children

When analysing the issue of pedophilia, it is important to take into account wide-ranging debates on the definition of the term itself, the scope of different definitions, their types and constituting elements. The multitude of ways in which pedophilia is defined points to the importance of this issue and also determines how it is reacted to (sanctions, treatment, prevention). The concept of pedophilia is very broad and extremely complex. The use of the term ‘pedophilia’ – despite its apparent obviousness – gives rise to many misunderstandings, mainly between clinicians (psychologists, doctors) and lawyers. Further confusion arises when representatives of other professions, e.g. journalists, educators, or sociologists, join in the discussion on how to understand pedophilia and what it includes, encouraging the public to take a position on this issue. Consequently, apart from scientific definitions of pedophilia, there are numerous social definitions, which cannot be ignored. In conclusion, it should be stated that “the main difference when defining pedophilia is that in clinical definitions, this concept refers to the internal disposition of a person, which is usually manifested in their actions, while in the legal sense, it refers to a specific act. In the third popular usage, pedophilia is understood as some

form (usually a drastic one) of sexual activity of an adult person” [Beisert 2017, 19–20].

## 1. CLINICAL DEFINITIONS OF PEDOPHILIA

The clinical understanding of the concept of pedophilia is closely related to the field of psychopathology, as pedophilia is considered to be a kind of paraphilia. The term ‘paraphilia,’ as well as that of pedophilia, comes from the Greek language and combines two words: *para* – beside and *philia* – affection, love. Thus, it can be literally translated as an abnormal form of love. The term was introduced to sexology by Friedrich Salomon Krauss, and having gained ground in America, it was popularised in European literature. It should be noted that the concept of paraphilia became important, as evidenced by a change in the diagnostic classification in the DSM-III (Diagnostic and Statistical Manual of Mental Disorders, third edition), which replaced the term ‘sexual deviation’ with that of paraphilia. It was also used in the DSM-IV, where it was defined as “persistent sexual behaviour patterns in which unusual objects, rituals, or situations are required for full sexual satisfaction” [Carson, Butcher, and Mineka 2003, 629–30]. A similar approach to all kinds of paraphilia, including pedophilia, is taken by Martin Seligman. He believes that paraphilias are “sexual interests [...] that are so much disordered that they impair the ability to maintain an affective-erotic relationship between people” [Seligman, Walker, and Rosenhan 2003, 585]. Consequently, it can be concluded that paraphilia is equated here with a disease that belongs to the category of sexual disorders. This is of considerable importance in view of the fact that attempts have been made to include pedophilia in the group of behaviours that are within the accepted norms. It is misleading to use the literal translation of the term ‘pedophilia’ as a love for children, without making any reference to paraphilias connected with pedophilia. Taking into account the origin of the term ‘paraphilia,’ it should be stated that pedophilia is a kind of paraphilia where a child becomes an object of abnormal/improper love.

All clinical definitions, including the definition of pedophilia, aim at describing a given phenomenon in the most accurate way, which is necessary for making a good diagnosis. Definitions are usually proposed by well-respected researchers in a given field and by organizations established in connection with a specific issue (e.g. the World Health Organization – WHO, or the American Psychiatric Association). When trying to explain a given phenomenon by coining its definition, researchers determine primarily the content and scope of a new concept. For example, Ron Langevin believes that the term ‘pedophilia’ applies to a collection of sexual anomalies which involve children as sexual partners of adults, usually males, who are more sexually attracted to a child than to an adult. Langevin’s definition is broad and includes sexual reactions

of an adult, irrespective of the child's sex and the type of activity undertaken towards a child [Langevin 1990, 103–13]. An equally broad definition of pedophilia has been put forward by D. Finkelhor and S. Araji, who accept that pedophilia is any sexual contact of an adult with a child, however transitory it is and whatever motivates it. We talk about pedophilia when an adult is aware of their sexual interest in prepubescent children. This interest is demonstrated by two types of behaviour: an adult has sexual contact with a child (touches the child or forces the child to touch him with the purpose of being sexually aroused), or an adult masturbates fantasising about the child. Consequently, pedophilia can take two forms: real or imaginary [Finkelhor and Araji 1986, 145–61]. Similarly, R. Carson claims that pedophilia is “a paraphilia, in which a prepubescent child is the preferred or the only sexual partner of an adult” [Carson, Butcher, and Mineka 2003, 653]. In Poland as well, attempts have been made to define the concept of ‘pedophilia,’ with well-known authors in the field of sexology putting forward their definitions. For example, Z. Lew-Starowicz claims that “pedophilia [...] is a common paraphilia that involves achieving sexual satisfaction through contact with children” [Lew-Starowicz 2000, 127]. On the other hand, K. Imieliński believes that “pedophilia [...] is a sexual deviation manifested in propensities for sexual practices with children” [Imieliński 1990, 193]. These definitions are quite similar in capturing the essence of the concept (sexual interest of an adult in a child), the level of generality (few specific defining features), or classification of pedophilia (as pathology).

Clinical definitions of pedophilia can be also found in classification systems such as the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition) and the ICD- 10 (International Statistical Classification of Diseases and Related Health Problems). First, it should be noted that in both classification systems, pedophilia is treated as a pathology: a paraphilia or disordered sexual preference. However, in classification systems, concepts are defined by providing diagnostic criteria. According to the DSM-IV, pedophilia (designated by code 302.2) is diagnosed when “adults engage prepubescent children in sexual acts.” The following criteria must be met to establish a diagnosis of pedophilia: A. over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children (generally aged 13 or younger). B. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. C. The person is at least aged 16 and at least 5 years older than the child or children in Criterion A. Note: this does not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old [Seligman, Walker, and Rosenhan 2003, 592].

On the other hand, the ICD-10 defines pedophilia as “a sexual preference for children, usually of pre-pubertal or early pubertal age” [Pużyński and Wciórka 2000, 183]. An individual is classified as a pedophile if the general criteria for sexual preference disorders (F65) and criteria specific for pedophilia are met.

General criteria for pedophilia have been defined as follows: G.1. The individual experiences recurrent intense sexual urges and fantasies involving unusual objects or activities. G.2. The individual either acts on the urges or is markedly distressed by them. G.3. The preference has been present for at least six months [ibidem, 124].

Specific criteria for pedophilia (F65.4) include: A. Persistent or a predominant preference for sexual activity with a prepubescent child or children. C. The person is at least 16 years old and at least five years older than the child or children in B [ibidem, 125].

It should be noted that the diagnostic criteria contained in the DSM-IV and ICD-10 are very much similar. The significant difference, however, concerns the need to act on the urge (G.2), which was included in the ICD-10 classification. Another difference that should be pointed out refers to suffering. According to the DSM-IV, a pedophile does not need to experience discomfort. This is connected with the fact that in many cases pedophilia is egosyntonic, and the element of suffering does not occur in the actions or fantasies of pedophiles. Moreover, when specifying some diagnostic criteria for pedophilia, these two definitions are based on different research methods [Beisert 2017, 23; Bocheński 2015, 102; Dworas–Kulik 2015, 27–28].

The two clinical definitions share some similar elements, yet there are also differences between them. The similarities refer primarily to defining the nature of pedophilia; whereas particular criteria that classify a person as a pedophile can vary. This follows from divergences in the way pedophilia is defined in general.

When examining clinical definitions of pedophilia, and taking into account their scope and completeness, it should be clearly pointed out what elements must be included in the defined concept. These are: the essence of the disorder which distinguishes it from other disorders, description of the victim and the sexual offender, and additionally description of the manner in which the offender acts.

What appears to be the essence of pedophilia is a sexual relationship of an adult with a child. Most of the examined clinical definitions emphasise that pedophilia is connected with some characteristic of a human being. The very expression that a person is affected with paraphilia or has a sexual preference disorder indicates that it concerns their condition, which is expressed or may be expressed by some act. Sexual contact can be either real or imagined.

There is no doubt that a pedophile is an adult person. This condition can be inferred also from the definitions that do not state it directly [Imieliński 1990; Lew–Starowicz 2000]. Both classification systems indicate two criteria that are used to determine whether a sexual offender is an adult or not. These are: the sexual offender’s age (above 16) and/or the difference in age between an offender and a child (the offender must be at least five years older than the child). However, one should be aware of the risks associated with diagnosing pedophilia in late adolescents. Clinical descriptions and comments made on both classification systems, warn against these risks. Importantly, according to the ICD-10 system, diagnosis cannot be based on a one-off behaviour, especially when the individual is an adolescent, because this does not reflect a permanent or prevalent tendency. It is also worth noting that clinical definitions of pedophilia are not sex-related and they do not exclude women in this context. However, it is pointed out that rates of pedophilia among women are low [Puzyński and Wciórka 2000], which is also confirmed by prominent authors that examine this issue [Saradjian 1996; Ford 2006].

All definitions describe a child as the victim of pedophilia. Although they do not specify the age of a child, there is no doubt that the defining criterion here is the body maturity. A child is a person that does not show signs of puberty [Carson, Butcher, and Mineka 2003]. The term ‘child,’ which is used in most of the cited definitions, allows us to classify them as inclusive, but on the other hand, it gives rise to controversies that are related to different understandings of who can be considered a child. From a biological point of view, a child is an individual in the pre-pubertal stage, i.e. an individual who does not show signs of puberty. Consequently, no one that shows signs of puberty can be treated as a child, and so the basic criterion for defining pedophilia is not met. However, due to the reprehensible nature of sexual contacts with children, many of those who attempt to define pedophilia, do not base their definitions solely on this biological criterion and define a child in an arbitrary way. As a result, individuals that show the features of sexual maturity are often included in the category of children [Seto 2004, 328–29]. Such arbitrary attempts at determining the threshold of childhood, are often controversial and above all questionable – due to the ambiguity of criteria used.

Based on the analysis of all these different opinions and discussions, it can be stated that there are two contradictory ways in which pedophilia is viewed, each of them trying to exert some influence on both clinical and legal definitions. Using only the biological criterion when defining a child is advocated primarily by organizations such as “The North American Man/Boy Love Association” or “Paidika.” On the other hand, experts in the field of psychology and sexology opt for combining several criteria, which in turn leads to increasing the age of a person who is considered and protected as a child [Beisert 2017, 25].

Another indispensable element in all definitions of pedophilia is the concept of pedophilic behaviour. Attempts at systematizing this concept raise many problems related, for example, to its scope or the criteria for classifying behaviour as pedophilic or not. One solution in this respect is to use functional definitions, which generally state that pedophilic behaviour refers to sexual activity of an adult involving a child that aims at satisfying the adult person's sexual needs. In this way, we have a very wide set of pedophilic behaviours, and there is no risk that untypical or unpredicted behaviours will be ignored, which is definitely an advantage of this approach. On the other hand, its drawback is the need to specify the intention of a sexual offender and that of an individual affected by this intention. It seems that Finkelhor and Araji present the most general way of describing sexual activity and determining the intention of an offender [Finkelhor and Araji 1986, 153]. Focusing on the essence of pedophilia, they draw a line between sexual act and sexual motive. They claim that sexual behaviour (e.g. touching of the child's genitals) may also have non-sexual motive (e.g. emotional), but this does not make it non-sexual behaviour. Similarly, sexual activity of the pedophile may satisfy the needs of some other adult person (e.g. the one that views child pornography), and not necessarily their own.

Clinical definitions tend to describe sexual activity of an offender in general terms, and do not delineate specific behaviours. However, due to the fact that the diagnostic criteria make it possible to diagnose pedophilia also when the offender's behaviour is limited to using the child's image, a broad interpretation is justified. In this broad interpretation, all forms of the offender's behaviour can be considered as sexual activity, regardless of whether physical contact has taken place or not. Enumerating all pedophilic behaviours goes beyond the definitional framework, and well-developed classifications of specific forms of pedophile activities can be found both in international and in Polish literature [Faller 1990; Lew-Starowicz 1992].

Another important issue when defining the concept of an adult's sexual activity with a child is the need to determine how this activity occurs, and therefore, whether it also includes behaviours that do not involve touching. The textbooks dealing with this issue examine it at the theoretical level. Since behaviour is not necessary to diagnose pedophilia, then a specific way of exhibiting this behaviour (by means of touching) is also not required. In this way, the issue is viewed very broadly. Older definitions were more narrow and only those behaviours that involved direct touch of the victim's body were regarded as sexual activity. Such narrow approach was justified by the fact that sexual behaviour involving touch was more intrusive while non-contact behaviours did not physically violate body boundaries and did not cause physical damage, and as such they did not pose the risk of developmental disorders. In more up-to-date definitions, pedophilia involves also those behaviours in

which adults satisfy their sexual needs primarily in a visual and auditory manner, even if there is no physical contact with a child. Such approach has been adopted following the conclusion that all senses are involved in any sexual activity. The sense of touch, sight, sound, taste and smell are all present in the cycle of sexual reactions, though the extent to which they are engaged depends on the phase of this cycle and individual traits. Thus, there is no justification for excluding certain behaviours simply because they have visual or auditory stimulus. Undoubtedly, physical intimacy is more disturbing and physical harm is done by touching. Yet, it cannot be assumed that since visual stimulation does not cause physical harm, it does not cause any harm at all, especially psychological one. What is more, some contacts involving touching may not necessarily cause physical harm, but still they are not devoid of pathological features [Beisert 2017, 28].

In summary, the analysis of several clinical definitions has shown that the term ‘pedophilia’ is used either inclusively or exclusively. Inclusive features are primarily attributed to definitions suggested by recognized researchers and theoreticians, while the exclusive features appear in definitions formulated in diagnostic classifications.

## 2. LEGAL DEFINITIONS OF PEDOPHILIA

Child sexual abuse is an important issue in today’s criminal law and constitutes most serious attack on the broadly understood welfare of children. Many scientific publications point out that the effects of sexual abuse, especially in the childhood, are long-lasting. These are mainly psychological disorders, behaviour disorders, psychosexual disorders, and post- traumatic psychiatric symptoms. Child sexual abuse is referred to in Art. 200 of the Polish Penal Code,<sup>1</sup> which defines the crime of pedophilia – indecent assault. Protection provided for in Art. 200 includes the norms protecting children against harmful acts or against acts in which they are treated as objects of sexual desires and involved in an intimate intercourse or in other sexual activities [Hypó 2015, 1000].

Legal definitions of pedophilia constitute a separate category of definitions. In legal sciences, the term ‘pedophilia’ refers to an offence against the sexual freedom of a minor: “Art. 200 § 1. 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 2 to 12 years. § 2. (Repealed). § 3. Anyone who presents pornographic material to a minor under the age of 15, or makes available items of this nature

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<sup>1</sup> Act of 6 June 1997, the Penal Code, Journal of Laws of 2019, item 1950 as amended [henceforth cited as: PC].

to him or her, or distributes pornographic material in the way allowing him or her to become familiar with such material is liable to imprisonment of up to two years. § 4. The penalty specified in § 3 applies to anyone who, for the purposes of their sexual satisfaction or sexual satisfaction of some other person, shows the performance of a sexual act to a minor under the age of 15. § 5. The penalty specified in § 3 applies to anyone who advertises or promotes activity consisting in the dissemination of pornographic material in a way that makes it possible for a minor under the age of 15 to have access to it.”

The provisions of Art. 200 have recently been significantly amended, giving children under the age of 15 full protection against sexual demoralization, caused by having them participate or have contact with sexual abuse.

It should be noted that ‘the crime of pedophilia’ refers to a specific event, and not to the disposition itself or the condition of a person who commits this act. Following the Act of 5 November 2009, new crimes related to pedophilia were introduced to the Polish Penal Code. In the legalese, they are referred to as ‘contact with a minor’ or ‘grooming’ (Art. 200a), and ‘promoting pedophilia’ (Art. 200b) [Sobczak 2016, 14–15].

The legal definition of pedophilia in the Penal Code and in the commentaries and glosses, should first of all describe the essence of pedophilia, and additionally indicate the victim’s characteristics, identify who the offender is, and specify the type of sexual activity between an adult and a child.

Legally speaking, pedophilia is a prohibited act consisting in sexual intercourse or other sexual act of an adult with a minor under the age of 15. Pursuant to Art. 200 PC, a victim is a minor under the age of 15. It does not matter whether he/she knows the offender, is related to the offender by blood, or is under their custody. Such description of a victim shows that the Polish legislator did not rely on the biological definition of a child, but opted for a broader concept. Minors under the age of 15 are not mature cognitively, emotionally and physically. Consequently, it is necessary that they be granted special protection. Such assumptions, which are widely accepted by various authors, served as the basis for the legal definition.

The child’s maturity is not determined on the basis of biological characteristics, since they are neither the only nor the most important. Moreover, according to J. Warylewski, the use of the Polish word ‘*matoletni*’ (minor) instead of the word ‘*nioletni*’ (not of the legal age) reflects the attitude of the legislator and the changes introduced in this respect by the Penal Code. This is justified by the wording of Art. 200 § 1 PC, where the term ‘minor under the age of 15’ is used [Warylewski 2000, 110].

The definition of the victim of a pedophile has been determined also by interests that, according to the legislator, should be protected. These are, first of all, the child’s right to undisturbed development (physical and mental) and to the development free from depravity and demoralization. In addition,

other interests that are pointed out, include sexual morality, social decency, the child's moral good, the child's freedom, as well as sexual freedom and decency [Hypś 2015, 1000].

It should be emphasised that the fact that the victim is described as a child, a person who has not grown up yet, has very serious consequences which concern three areas: the victim does not have to meet any additional conditions, the victim has no influence on their situation, and the victim bears no liability. First of all, apart from reaching a certain age, a minor does not have to meet any additional criteria to be considered the victim of a pedophile. The minor's capacity to understand their position or decide about themselves, as well as their appearance or information given to an offender, are not subject to assessment.

Furthermore, because the victim is not mature enough to make judgement of a situation, their actions do not influence the way the offender's actions are viewed. That is why, provocation, consent or lack of it, encouragement, lack of defence, or even misleading the offender does not change the qualification of an act from sexual abuse to voluntary sexual contact. What is more, to be considered a victim of abuse, a minor does not need to be aware of being a victim [ibidem, 1001; Filar 2008, 830].

Consequently, in order to protect the interests mentioned above, the Penal Code currently in use, as well as the 1932 codification, assume that a minor under the age of 15, just as a mentally ill person, is incapable of expressing consent to sexual intercourse and other forms of sexual activity, in a way that would be legally effective. That means that even if a minor consents to a sexual act, the act will still be deemed as done against their will. This is of particular importance when a minor encourages others to engage in sexual activity with them or treats this activity as a source of income. The consequence of adopting this concept is that a victim is not liable for participating in sexual activity with an adult. So regardless of the victim's behaviour, an adult offender bears all liability [Hypś 2015, 1001; Grześkowiak, Wiak, Gałązka, Hałas, Hypś, and Szeleszczuk 2015].

Such distribution of liability follows from the necessity to protect children, on the one hand, and on the other hand, to hold liable only this person who has the capacity to and is obliged to bear liability. It should be noted that these principles clearly show a disproportion in the victim's and offender's positions. The differences are also visible in the degree of protection granted to those involved in sexual activity. Any person, regardless of sex and age can be an offender. However, the liability of a person who is under the age of 17 (and thus, is excluded from criminal liability) for committing a pedophile offence, is a matter of some controversy. Warylewski believes that a person under 17 can be an offender, since in such cases, the Act on Juvenile Delinquency

Proceedings<sup>2</sup> can be applied. However, if we accept Warylewski's approach, the definition of a sexual offender in Art. 200 PC, and the clinical definition of pedophilia will not be compatible. From a clinical point of view, it would not make sense to say that a person committed pedophilia by engaging in sexual activity with a child under 15 years of age, when this person themselves has not reached that age. Thus, only an adult may be diagnosed with pedophilia, although following recommendations in the ICD-10 and DSM-IV classification systems, pedophilia may be diagnosed also in late adolescents, but this must be done very carefully.

Therefore, defining sexual contacts based on mutual consent between a person under 15 and a person who is not that much older, is a matter of controversy. Following the literal interpretation of Art. 200 § 1 PC, in such a situation a person who is older has committed a crime, regardless of their sex. There is no doubt that a prohibited act has been committed, but there still remains the question of its social harm.

The definition of an offender, apart from determining who the offender is, describes also how a sexual offence can be committed. The amendment to the Penal Code made by the Act of 18 March 2004, fundamentally changed the wording of Art. 200 by introducing two different terms: 'leads to' (*doprowadza*) and 'commits' (*dopuszcza*), instead of the term 'leads to.' This change gives wider possibilities for interpretation, increasing the scope of the crime of pedophilia. The term 'leads to' refers to two things: the way an offender acts and their involvement in engaging a child in sexual activity. To 'lead to' does not mean that an offender has to commit an act themselves and does not describe different ways a victim may act. If an offender induces someone to engage in a sexual act, this act does not have to aim at satisfying the offender themselves. The term in question makes it possible to separate the role of two persons: the one who leads to an act but does not commit it, and the one who commits it, but does not necessarily lead a victim to this act. In practice, however, it is usually one person who leads to and commits an act. Moreover, the term 'lead to' assumes that the offender is an active party in sexual interaction, while the victim remains passive and does not initiate any actions. However, it should be pointed out that some pedophilic acts involve an interaction in which a victim provokes or encourages an adult offender to engage in sexual activity. In this case, the concept of leading would not meet the condition of the victim's passivity. The term 'commits' used in the legal definition of pedophilia changes the scope of this definition, indicating that a pedophilic act is a crime committed by offenders themselves, even if the victim's behaviour is not necessarily passive. If the victim actively encourages sexual activity, it will be still considered a pedophilic act. By including both these terms in Art.

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<sup>2</sup> The Act of 26 October 1982 on Juvenile Delinquency Proceedings, Journal of Laws of 2018, item 969 as amended.

200 PC, the definition of pedophilia has been significantly expanded. First of all, the circle of those who may be deemed offenders has been extended. In addition, the behaviour of a minor victim does not determine whether a pedophilic act is considered a crime or not.

The Polish Penal Code treats those who commit pedophilia and incest offenders differently. The legislator in Art. 200 PC concerns an offender who leads a victim to certain sexual acts or commits sexual acts with the victim. As already mentioned, it does not require that an act be committed by the offender themselves. In Art. 201 PC concerning incest, the legislator specifies that an incest is committed by the offender themselves. It should be noted that under this provision, the situation of a child who is sexually abused by a relative does not get worse, yet the offender's situation is different [Hypś 2015, 1009–1014].

To summarise, it should be emphasised that legal definitions describe a specific act or acts that are referred to as pedophilia. The legal regulations discussed above give more protection to the victim, extend the definition of pedophilia to include acts that do not involve physical contact, and increase sanctions for pedophilia. Moreover, new offences related to pedophilia have been added to the Penal Code, which clearly shows that there is a tendency to broaden the definition of this crime [Bocheński 2015, 104; Góralski 2011, 37–77].

### 3. SOCIAL DEFINITIONS OF PEDOPHILIA

Social definitions of pedophilia demonstrate how pedophilia is perceived by “ordinary citizens” living in a specific territory. Social definitions are developed in a completely different way than clinical or legal ones and as a result, differ significantly from them – both in their scope and content [Beisert 2017, 37].

Little research has been conducted on this issue in Poland. For example, the studies by E. Zawadzka and T. Karoń show that respondents used very general and imprecise terms when they were asked to define various components of the term ‘pedophilia.’ They pointed to a child or a teenager as the victim, but failed to indicate age limits or biological features. Respondents, however, mentioned some characteristics of victims, such as loneliness, the feeling of being abandoned and neglected. On the other hand, when describing the offender, respondents used terms related to deviation, pathology, mental illness and attributed pedophilia to strangers from outside the family. When evaluating the intention of an offender, respondents linked it with the evaluation of a sexual act itself. As the offender's behaviours depend on the internal process that is difficult to diagnose, they were not defined [ibidem].

The results described above have been developed, to some extent, in the research carried out by M. Sajkowska [Sajkowska 2004, 5–34]. In her work,

she points to the role of the media in spreading knowledge about child sexual abuse. As a result, in the last decade, two clear trends can be observed: increasing number of press releases on pedophilia and the exposure of the most severe forms of child abuse. It is worth emphasising that the way pedophilia is presented in the media contributes to developing narrow definitions of this concept. The public who mostly read or hear about recurrent sexual intercourses of an adult with a child or coercing a child to a sexual intercourse, assume that such behaviours exhaust the scope of the concept of pedophilia, which is equivalent to a prohibited act, especially as in most cases the media coverage is accompanied by information about arresting the offender. This narrow view of pedophilia is also dictated by the defence mechanisms activated in respondents. As many authors point out [Seto 2004; Salter 2005], pedophilia is commonly perceived as something negative, which is why people are not willing to admit that it may take place in all environments. Similarly, respondents narrow down the concept of an offender and believe that it cannot be a person from the closest family. The fear of admitting that every family member could be potentially affected by this pathology, contributes to expressing opinions that clearly contradict many results of empirical research.

When assessing the role of the press in shaping the public view of pedophilia, and analysing the press coverage of this phenomenon, Sajkowska concludes that the stories described concerned mainly pedophilia among priests, sexual exploitation of children for commercial purposes, and the use of the Internet by pedophiles. She also points to the descriptions of accusations brought against some “respectable people” (e.g. a choir conductor, a priest, or a psychotherapist) [Beisert 2017, 39; Żak 2019].

In other studies published later, K. Lewandowska tried to recreate how the public viewed sexual offenders. Her research provides much information about specific elements that are important when defining pedophilia. First of all, the offender is described as a relatively wealthy, older man, who works in places and in professions that give him easy access to children. Additionally, his educational background can vary and most frequently, it is a person that a child knows (a relative, or a neighbour). The offender’s actions are mainly perceived as deliberate harm done to children to satisfy sex urges, during which a man employs a wide range of strategies to coerce children into sexual activity. When asked to specify types of pedophilic behaviour (in the legalese: criteria of a crime, and in clinical definitions: the type of sexual activity with a child), respondents mentioned a wide variety of behaviours and practices which they considered to be pedophilia, both involving and not involving touching [Lewandowska 2007, 105–12].

These studies, however, can be treated only as a signal of certain trends, as they lack relevant information about the methodology used. As such, they cannot provide sufficient basis for drawing conclusions about the phenomenon

of pedophilia. We can only expect that the media coverage affects the way pedophilia is viewed and that there is a tendency to broaden the definition of pedophilia. This statement is based on the fact that in Lewandowska's studies, the offender's activity is quite extensively described, which was not the case in the former research. Also, relatives and friends of the victim are now included in the list of potential offenders. Differentiating offenders within the group also shows a change in the way the public perceive them.

The studies mentioned above also contain information on what factors may influence the respondents' definitions of pedophilia. The data collected by both Sajkowska and Lewandowska suggest that these factors invariably include defence mechanisms. Respondents are convinced that pedophilia does not concern them and does not take place in their own environment. To reassure themselves that this is the case, they claim, for example, that pedophiles are important and respected persons with educational background different from their own [Beisert 2017, 39; Brosch 2014, 23–35; Schinia 2016].

Finally, it is worth emphasising that the tendency to broaden social definitions of pedophilia demonstrated by the research results, clearly depends on educational policy. However, the respondents' fear of pathology and their desire to exclude pedophilia from their own lives is still an important argument for narrowing the definition of pedophilia. Thus, social definitions of pedophilia, as compared with clinical or legal definitions, are the most narrow in their scope [Beisert 2017, 39].

#### 4. FINAL REMARKS

No one needs to be convinced that violence against children and in particular sexual abuse, constitute a social problem and are a sign of pathology – also in modern times. This problem has received much attention in the literature, with many authors examining its range, causes and effects, as well as ways to prevent and respond to it – also by legal means. Many have pointed out the complexity of the problem. This complexity results in lack of the uniform aetiological concept and the model of criminal law response. Substantive considerations on this issue are not facilitated by the social climate around the problem of sexual crime, influenced in particular by the media and different political environments. The problem is often discussed (also when new legal regulations in this matter are being introduced), however the ongoing discussions and views expressed in them are sometimes not credible and substantive. Moreover, there are relatively few empirical studies that would aim at verifying hypotheses that are put forward. This article is an attempt to define pedophilia in clinical, legal, and social terms.

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#### PEDOFILIA – DEFINICJE ZABURZENIA.

#### WYBRANE ZAGADNIENIA KLINICZNO–PRAWNO–SPOŁECZNE

**Streszczenie:** Pedofilia jest pojęciem bardzo szerokim i niezwykle złożonym. Tak więc, analizując zjawisko tego zaburzenia, należy zwrócić uwagę na szeroką dyskusję odnoszącą się do samego zakresu definicji pedofilii, jej typu oraz elementów składowych pojęcia. Na rangę zagadnienia wskazuje wielość definicji wyznaczających jednocześnie sposób reagowania na omawiane zjawisko. Posługiwanie się zaś terminem „pedofilia” jest powodem licznych nieporozumień i sporów prowadzonych przede wszystkim między klinicystami a prawnikami. Dodatkowy zamęt w ustaleniach definicyjnych wprowadzany jest także, kiedy w dyskusję nad zawartością i zakresem pojęcia włączają się przedstawiciele innych zawodów. Niniejszy artykuł stanowi próbę zdefiniowania zjawiska pedofilii w ujęciu klinicznym, prawniczym i społecznym.

**Słowa kluczowe:** parafilia, pedofilia, zaburzona preferencja seksualna, kontakty z dziećmi

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