

PHENOMENOLOGICAL AND ETIOLOGICAL ATTRIBUTES OF PEDOPHILIA

Summary: Paraphilias include sexual arousal to uncommon objects, situations, and/or target groups (i.e. children, animals, corpses). Certain sexual activities that might look odd to another person or a health worker are not paraphiliac disorder just because they are odd. Individuals can have paraphiliac interests without meeting the criteria for paraphiliac disorder. Dozens of paraphilias have been described, and some of them are only marginally represented. There can be more than one paraphiliac disorder in unhealthy persons (antisocial, sadistic, narcissistic, etc) which increases the difficulty of treatment procedures. Certain paraphilias, such as pedophilia, are specific incriminating acts which most often result in jail sentences, stigmatization of perpetrators and their victims, as well as lifetime registration as a sexual offender. Pedophilia, alternatively marked as the pedophiliac disorder is a psychosexual defect most often seen in adults, who are obsessed with sexual fantasies or efforts to enter sexual relations with children of the same or of the opposite sex. It is a very complex disorder, which demands sociological, criminological, and particularly psychopathological approaches that would systematically research symptoms, nature, and factors (hereditary, organic, and social) of pathological states and processes in the mental life of these persons.

Key words: pedophilia, causes of pedophilia, prevalence, Internet pedophilia, traumas and needs, a perspective of treatment

Introduction

The term paraphilia refers to sexual pleasure and passion that occur due to fantasizing and unusual sexual behavior. Also, not all forms of attraction are paraphilias – they become it only when it is the only way of achieving sexual satisfaction. In persons who exhibit such behavior, obsessive sexual needs, and fantasies that cause significant hindrance or inadequacies in social, work, living

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surroundings are dominating. Epidemiology of paraphilias is such that regardless of the small prevalence of paraphilias in the general population, their frequent behavior (mobility and inventiveness) induces significant presence, which caused that a significant percentage of the population was traumatized by persons suffering from paraphilias.

There are dozens of expert terms for pathological sexual anomalies or paraphilia¹, and among them, dominant are exhibitionism (exposure of genitals); fetishism (use of inanimate objects), frotteurism (touching or rubbing persons without consent); pedophilia (attraction to prepubescent children); sexual masochism (humiliation or suffering); transvestite fetishism (cross-dressing), voyeurism (watching sexual activities of others); zoophilia (sexual attraction to animals)... Other paraphilias, which do not meet the criteria for the former groups in the opinion of some authors include following paraphilias as well: necrophilia (pleasure from watching the corpses or their parts, up to sexual relations with corpses), coprophilia (sexual fetish that causes those who suffer from it to experience pleasure when coming in contact with excrement), klismaphilia (sexual arousal achieved by enemas), urophilia (sexual arousal achieved by urine); nymphomania (disorder tied to women and hyperactive libido and obsessive desire for sex), emetophilia (sexual arousal related to vomiting – either watching someone who vomits, or achieving arousal when vomiting or vomiting over partner's body); telephone scatology (sexual pleasure achieved by indecent phone calls)...

Among paraphilias, pedophilia is the most prevalent phenomenon and as such, it is rooted in all classes of society. According to available epidemiological data, 10% to 20% of children in the general population were molested before their 18th birthday, and 20% of adult women were victims of persons who prefer exhibitionism and voyeurism. The term “pedophile” itself is used in everyday communication in a very wide array of meanings, and very often is used to qualify individuals as “sexual molesters of children”. Nonetheless, expert public stresses the fact that these are two separate categories that can overlap in a certain measure. In the given context, there are sexual molesters of children who meet the criteria to be clinically diagnosed as pedophiles, sexual molesters of children who are not pedophiles, and pedophiles who have affinities toward children but who do not sexually molest children.

If we put this complex phenomenon in historical context, then we can see that one of the main achievements in the last 25 years was increasing awareness of the prevalence and harmful psychophysical consequences of sexual molesta-

¹ Agoraphilia – pleasure from sex in public, algophilia – pleasure from pain, gerontophilia – affinity to old persons, lacryphilia – pleasure in partner's tears, misophilia – sexual impulse to unclean persons, nanophilia – attraction to short and small partners, altocalciphilia – attraction to high heels, amococlytica – attraction to shaved genitals, amaurophilia – blindfolded sex, acuculphilia – attraction to circumcised, alorgasmia – thinking of someone to achieve orgasm, amomaxia – sexual pleasure in a car, coprolalia – pleasure from coarse language, mixoscopia – pleasure from watching partner in sexual act with another person, vincilagnia – pleasure in bondage...

tion of children. This implies a permanent effort to subdue sexual impulses toward children and change the psychopathic personality structure² of pedophiles with a certainty of their medical and social treatment.

Term and characteristics of pedophilia

According to the international statistical classification of diseases and similar health problems (Chapter 5 – Mental and behavioral disorders - F00-F99; Personality and behavior disorders of adults - F60-F69), pedophilia (F65.4) is defined as “sexual affinity toward children (boys and/or girls), usually in prepubescent or early pubescent”.³ According to the Manual for diagnostics and statistics of mental disorders, fifth edition (DSM-5), to diagnose the pedophile disorder, the following criteria must be met:⁴

- Repeating, intensive sexual fantasies, impulses, and behavior that include sexual activity with a prepubescent child (13 years old or younger) during at least six months;
- These sexual impulses cause or have caused significant troubles and deterioration in social, professional or other important areas of functioning;
- A person is at least 16 years old and is at least five years older than the child in the first category. Still, this does not include individuals in late adolescence who are involved in regular sexual relations with 12 or 13 years of age.

In former experiences of classification of behavior and establishing of certain types of pedophiles, the presence of two basic types was noticed:

- Situational/accidental pedophile. These are persons whose sexual affinities are not limited exclusively to minors and who have no particular affinity to the age of the victim. They can often establish relatively normal relations with their partner/partners, and minors are their spontaneous victims whose vulnerability and exposure is used for molestation;
- Preferential pedophile. This kind of individual generally has a larger number of victims and show attributes of life habits that tie them with searching for objects of their desires and points them to places where they have access and where minors usually spend time.

² Sigmund Freud gave one of the first definitions of personality. According to psychoanalysis, personality is a complex structural and dynamic system which envelops many subsystems or instances. Therefore psychoanalysis is oriented to specific in-depth analysis of unconscious layers of personality, as well as studying of development dynamics, including in addition to normal, pathological consequences of disharmonic development. Jung added elements of the collective unconscious which enter a personality structure. See: Иван Видановић, *Речник социјалног рада*, Удружење стручних радника социјалне заштите Србије; Друштво социјалних радника Србије; Асоцијација центра за социјални рад Србије; Унија Студената социјалног рада, Београд, 2006.

³ *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version for 2016*, <https://icd.who.int/browse10/2016/en#/F65.4/13/02/2020>.

⁴ *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, DC: American Psychiatric Association, Washington, 2013.

Regarding activities that pedophiles point toward children, there is a wide array, from pedophiles who never commit a crime as a result of their pedophile activities, and everything remains at the level of perception or satisfaction with the Internet addresses and pedophile literature, to pedophiles who act on their pedophile tendencies. These acts essentially are:⁵

- Watching of nude children;
- Stripping in front of children;
- Stripping of children;
- Masturbation in front of children;
- Touching of child's genitals or asking a child to touch genitals of that person;
- Asking for oral sex to children or asking children to orally satisfy them;
- Some of them are satisfied only with touching or caressing children and their intimate parts, or with oral sex, while vaginal or anal penetration is a rarer form of realization of pedophile activities.

Depending on which developmental stage of children attracts them, there is a clear classification of pedophiles. Those attracted to prepubescent children are called hebephiles. Those who are attracted by pubescent children are called ephebophiles. It is implied that circumstances of every individual case are specific and not all attributes are applicable in all situations, and certain elements that might be considered as general for different kinds of pedophiles:

- They are usually males aged between 30 and 50;
- They mostly attack and/or show sexual arousal to victims aged between 8 and 13;
- In case of sexual molestation that is more rarely committed by women, the age of victims can vary, and victims can be younger than five or be adolescents;
- Pedophilia as affinity to male children is chronic, while affinities towards female children can be lost over time;
- A presence of very low self-esteem is noticeable, as well as lack of tolerance to stressful situations, withdrawal with difficulties in interpersonal relations and feeling insecure with adult women;
- Experiences tell that many of them did not have sexual relations with adult women at all;
- Some pedophiles are married and have children, and are esteemed members of the community;
- They permanently seek contact with minors and show persistence and readiness to patiently “build a relationship”;
- There were previous traumatic experiences in some individuals mostly tied to molestation when they were children;
- They very often abstain from violence although there were sexist and cruel elements recorded. Their way of action in principle is based on the approach and establishing of trusting relationship with a molestation victim who is a minor;
- They try to minimize the importance of their actions and mental and bodily harm caused to the victim;
- They generally have a significant lack of empathy.

⁵ Željko Bjelajac, “Cyber Crime and Internet Pedophilia”, *Western Balkans From Stabilization to Integration*, Institute of International Politics and Economics, Belgrade, 2011, pp. 437–456.

Pedophilia does not always appear isolated. Males with pedophilic disorder often have a significant history of psychiatric disorders, which in extreme cases can shadow the discovery of etiology. Whether it is a secondary appearance that relates to the emotional and social consequences of this affinity or they are true comorbidities, it is still difficult to prove.⁶ Therefore, from a clinical standpoint, there are persons with the pedophilic disorder who limit their obsession for sexual contact with children exclusively to fantasies, in contrast to the category of pedophiles whose behavior inexorably leads to committing a crime due to inability to abstain and the inability of self-control. The fantasy itself does not have the potential to satisfy their exaggerated sexual desire. In the given context, there is a third category of perpetrators of crimes against children, and which were not an initial product of pedophilia. These are surrogate types of sexual offenders and they can be diagnosed within the category of impulse control disorder, which represents the lack of sexual affinity towards children, but an act of Child Sexual Abuse was committed - CSA (DSM-5: 312.89; ICD-10: 63.8).

Case overview - Pedophilia⁷

A man in his seventies, retired, widower, who lives in a house with his daughter, her husband and his two granddaughters, aged 5 and 9, on several occasions came to kids' room when they played with a girl from the neighborhood, aged 9, when there were no other adults in the home. He tickled the bodies of the girls which amused the girls. On one occasion he went to the restroom and returned to the kids' room with his pants lowered and asked the girls to touch his genitals. The girls were surprised and refused to do that which angered him. The older girl reported the event to her mother, who asked for help from social services, and criminal proceedings were later started against him. During the interrogation it was learned that he touched his daughter's body when she bathed, asked her to look at him, and touch his body and often masturbated, all of which happened when she was aged between 10 and 12. He forbade her from telling her mother, which she never dared, so the mother never learned what was happening between them. He rarely had sexual relations with his wife, they often quarreled, and the wife was spending a lot of time outside of their home. She mostly worked and provided for the family while he was partial to alcohol, often verbally aggressive, and they were near divorce several times because of disagreements.

⁶ Gilian Tenbergen, Matthias Wittfoth, Helge Frieling, Jorge Ponseti, Martin Walter, Henrik Walter, Klaus M. Beier, Boris Schiffer, Tillmann H. C. Kruger, "The Neurobiology and Psychology of Pedophilia: Recent Advances and Challenges", *Front Hum Neurosci.* 2015; 9: 344. Published online 2015 Jun 24, <https://doi.org/10.3389/fnhum.2015.00344/15/02/2020>.

⁷ Lana Mužinić, „Parafilije“, <https://www.cybermed.hr/clanci/parafilije/24/02/2020>.

Due to the specificity of the phenomenon, it is impossible to get relevant statistical data on its distribution. In an important study from 1989, *John Briere and Marsha Runtz* sampled 193 college students and discovered that 9% reported that they had some sexual fantasies about prepubescent children, 5% admitted they at least once masturbated to such fantasies, and 7% stated at least some probability of seeking sexual contact with a child if they were certain they will avoid detection and punishment.⁸ *Kathy Smiljanich and John Briere* sampled 279 pupils and got a similar result. They also discovered that there is a significant difference in gender of pedophiles: approximately 7 out of 8 pedophiles are males.⁹ In very wide research, *Kathryn Becker-Blease, Daniel Friend, and Jennifer J. Freyd* sampled 531 male students and discovered that 7% admitted they have a sexual affinity toward children and 3% said they would think about sexual contact with a child if they were certain no one would learn about it.¹⁰ *Nathaniel McCognathy and Michael C. Seto*, in their analyses, estimate that around 5% of men are attracted by prepubescent children in a certain measure.¹¹ Because the majority of sexual assaults are happening in the “dark field” (approximately to every reported case of child sexual abuse another five is not reported),¹² it is difficult to statistically determine the real magnitude of this disorder, mostly because of general availability of virtual networks. Earlier, pedophiles had a “narrow” field of maneuver. They would go to kids’ playgrounds, schoolyards and had usual methods of operation that included watching, following, asking questions, giving candies and other sweets, etc. Such an approach implied exposure to certain risks.¹³ The Internet now provides pedophiles uninterrupted and carefree following of children, involvement in their activities, play, and fun. Simultaneously, the Internet provides an exit, meaning a possibility to escape to anonymity when they sense the danger of discovery.

Pedophilia is a serious disorder of sexual preference which is difficult to treat, as it requires the application of several types of psychiatric intervention

⁸ John Briere and Marsha Runtz, “University Males’ Sexual Interest in Children: Predicting Potential Indices of ‘Pedophilia’ in a Non-Forensic Sample”, *Child Abuse and Neglect*, 13 (1), 1989, pp. 65–75.

⁹ Kathy Smiljanich and John Briere, “Self-reported Sexual Interest in Children: Sex Differences and Psychosocial Correlates in a University Sample”, *Violence and Victims*, 11(1), 1996, pp. 39-50.

¹⁰ Kathryn Becker-Blease, Daniel Friend, and Jennifer J. Freyd, “Child Sex Abuse Perpetrators Among Male University Students”, *Presentation at 22nd Annual Meeting of the International Society for Traumatic Stress Studies*, Hollywood; CA. November 4-7, 2006.

¹¹ Nathaniel McCognathy, “Pedophilia: A Report of the Evidence”, *Australian and New Zealand Journal of Psychiatry*, 32, 1998, pp. 252-265. in: Michael C. Seto, “Pedophilia”, *Annual Review of Clinical Psychology*, 5, 2009, pp. 391-407.

¹² Ryan C. W. Hall, Richard. C. W. Hall, “A profile of pedophilia: definition, characteristics of offenders, recidivism, treatment outcomes, and forensic issues”, *Mayo Clin. Proc.* 82(4), April 2007, pp. 457–471. in: Michael C. Seto, “Pedophilia”, *Annual Review of Clinical Psychology*, 5, 2009, pp. 391-407.

¹³ Željko Bjelajac, *Bezbednosna kultura -Umeće življenja*, Pravni fakultet za privredu i pravosuđe u Novom Sadu, Novi Sad, 2017, pp. 343-344.

and a combination of several therapeutic techniques. Psychologists and psychiatrists still try to find a working cure for pedophilia to divert sexual attraction pedophiles feel towards children to adults. On the other side, the experts came closer to the position that pedophilia is a kind of sexual orientation – innate characteristic very resistant to changes. The problem is obviously made more complex by causes of the disorder itself because, despite the existence of evidence that pedophilia is generated in destructive families, it remains unclear whether these are innate mental anomalies or forms of learned behavior.

Causes of pedophilia

When we talk about the etiological aspect of pedophilia, it would be extremely unprofessional not to put it in a historical context. By putting sexual molestation in childhood from a historical perspective, we can learn interesting facts about pedophilia in Ancient Greek and Roman culture. Naturally, in Ancient Athens and Rome the modern concept of pedophilia could not exist as such, nor would the modern psychiatric definition be applicable. Girls, naturally, married older men, which is a regular practice in many parts of the world even today. By following the historical thread, up until 1800 the minimum age for marriage for girls in Europe was 12 years. After that period the border was slowly moving to 16-18 years of age while reflecting social attitudes, and it became universal in the Western culture during the 20th century. In Ancient Greece and Rome flirting and sexual relations between a bearded man and an immature boy were not unusual, but only in certain circumstances, in certain circles, in certain cities and in a certain time. These questions are also differently treated particularly in Islamic culture, with elements of taboo. According to the then-value system of Islam, a child is a person who has not yet reached puberty. So if a girl is nine years old, she is not considered a child if she reached puberty, according to Islam. Therefore, if a man enters sexual relations with her, it is not considered as pedophilia, as the girl is not a child, for start. It does not fit the definition of pedophilia. So, the key term, “age of consent” obviously fitted the customary law.

Sexual molestation of children is far from new. Family historians discovered that the adults in elite households of Europe in the 15th and 16th centuries sometimes treated young children as sex toys. A strong example is related to the king of France, Louis XIII. According to the diary written by the royal physician, members of the French royal court adored “sexual games with tiny hands”.¹⁴ It was also well-known to the Americans in the mid-19th century that the young people were sexually molested. In New York, between 1790 and

¹⁴ Steven Mintz, “Placing childhood sexual abuse in historical perspective”, <https://tif.ssrc.org/2012/07/13/placing-childhood-sexual-abuse-in-historical-perspective/> 01/03/2020.

1876, between a third and a half of all rape victims were younger than 19, during the 1820s, that number was 76%. A historian Linn Sacco discovered more than 500 published newspaper reports about incest between fathers and daughters between 1817 and 1899. In a textbook from 1894, “A System of Legal Medicine”, it was reported that “rape of children is a most frequent form of sexual crimes”.¹⁵ In his significant study of female sexual behavior, published in 1953, Alfred Kinsey reported that nearly a quarter of all the girls younger than 14 reported they were victims of some form of sexual molestation, including exhibitionism, caressing or incest (numbers similar to those reported in our time).¹⁶ Despite this data, a justified public interest was not shown, nor the empathy was developed, an ability to understand the world from another’s perspective, meaning the ability to understand and feel the feelings of others.

Causes of pedophilia (and other paraphilias) are not known. There is evidence that pedophilia can be started in families, although it is not clear if it results from genetics or learned behavior. The history of sexual molestation in childhood is another potential factor in the development of pedophilia, although it is not proven. Behavior learning models suggest that a child who is the victim or observer of inappropriate sexual behavior can be caused to imitate these same behaviors. These persons, devoid of normal social and sexual contacts, can seek pleasures by means that are less socially acceptable. Physiological models research potential relation between hormones and behavior, and particularly the role of aggression and male sex hormones. The individuals may become aware of their sexual interest in children during puberty. Pedophilia can be a lifelong state, but the pedophilic disorder includes elements that can be changed in time.¹⁷ Basic causes of pedophilia are still disputable among the expert public and pretty much intangible. Still, several different factors as potential causes or indicators of pedophile tendencies in individuals. Biological, psychological, and social factors point out that pedophilia can have multiple causes.

Researches that relate to the etiology of pedophilia suggest a complex and multi-factor phenomenon influenced by genetic influences,¹⁸ stressful life events, specific learning processes,¹⁹ as well as disorders in the structural integrity in “pedophilic” brains might generate this specific phenotype of sexual affinity.²⁰

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ <https://www.psychologytoday.com/intl/conditions/pedophilia/01/03/2020>.

¹⁸ Ray Blanchard, Nathan J. Kolla, James M. Cantor, Philip E. Klassen, Robert Dickey, Michael E. Kuban and Thomas Blak, “IQ, handedness, and pedophilia in adult male patients stratified by referral source”, *Sex. Abuse* 19, September 1, 2007, pp. 285–309. Research Article Find in PubMed, <https://doi.org/10.1177/107906320701900307/07/03/2020>.

¹⁹ Ashley F. Jespersena, Martin L. Lalumièrea and Michael C. Seto, “Sexual abuse history among adult sex offenders and non-sex offenders: a meta-analysis”, *Child Abuse Negl. Volume 33, Issue 3*, March 2009, pp. 179–192.

²⁰ Boris Schiffer, Thomas Peschel, Thomas Paul, Elk Gizewski, Michael Forsting, Norbert Leygraf, Manfred Schedlowski and Tillmann H.C. Krueger, „Structural brain abnormalities in the

Initial theories were mostly focused on psychological mechanisms to explain pedophilic tendencies, including classical and operational conditioning, as a behavior mechanism through which the theory of molestation-molester,²¹ tries to explain the style of childhood attachments as a marker of dysfunctional cognitive sexual schemes in adulthood.²² Social factors, such as molestation in childhood, as well as easy access to social platforms, including pornography disseminated through the Internet, also were identified as potential contributors and/or identifying factors for pedophilia and sexual molestation.²³ Researches have shown the connection between watching child pornography and committing child sexual abuse, although it is important to stress that not all the individuals who watch child pornography are involved in child sexual abuse. The Internet helped in spreading of child pornography by making it easily accessible while giving the consumers a certain level of anonymity. The Internet also allows the adults to be involved in activities that are legal, but inappropriate and can help the etiology and progress of pedophilia.²⁴ Nonetheless, researches point out that there are significant differences between pedophiles who only watch child pornography and individuals who sexually molest children.²⁵ Despite all, the Internet as a global communication network that grows exponentially has large potential to make pedophile activities easier, as children are particularly vulnerable to sexual predators like perfidious pedophiles on the Internet.

The Internet gave unlimited possibilities to pedophiles to apply different models of exploitation child victims, among which these are particularly distinguished: seductive model, a model based on trust and a direct sexual model, while on the other hand, the Internet allowed experts the mechanisms of detection and estimation of perpetrators of this online crime in the clinical or forensic surrounding. This is particularly important from the aspect of the multidisciplinary approach to prevention, detection, and adequate treatment of pedophilia.

frontostriatal system and cerebellum in pedophilia”, *Journal of Psychiatric Research, Volume 41, Issue 9*, November 2007, pp. 753–762.,

<https://doi.org/10.1016/j.jpsychires.2006.06.003/03/03/2020>.

²¹ Kurt Freund, Robin Watson and Robert Dickey, “Does sexual abuse in childhood cause pedophilia: an exploratory study”, *Archives of Sexual Behavior, volume 19*, 1990, pp. 557–568., <https://doi.org/10.1007/BF01542465/05/03/2020>.

²² Anthony R. Beech, Ian J. Mitchell, “A neurobiological perspective on attachment problems in sexual offenders and the role of selective serotonin re-uptake inhibitors in the treatment of such problems”, *Clin. Psychol. Rev. 25*, 2005, pp. 153–182., <https://doi.org/10.1016/j.cpr.2004.10.002/05/03/2020>.

²³ Anthony R. Beech et al., *The Internet and child sexual offending: A criminological review, Aggression and Violent Behavior, Volume 13, Issue 3*, June–July 2008, pp. 216–228., <https://doi.org/10.1016/j.avb.2008.03.007/07/03/2020>.

²⁴ Ethel Quayle and Max Taylor, “Model of Problematic Internet Use in People with a Sexual Interest in Children”, *Cyberpsychol Behav. 6(1)*, 2003 Feb, pp. 93–106.

²⁵ Janina Neutze et al., “Predictors of Child Pornography Offenses and Child Sexual Abuse in a Community Sample of Pedophiles and Hebephiles”, *Annals of Sex Research 23(2)*, October 2010, pp. 212–242.

Perspectives of detection and treatment of pedophiles

With any countermeasures, it is very important to work on the regime of discovery, and then on the treatment of pedophiles. Additionally, it is necessary to relieve these people of the fear of judgment and labeling when they come for help to a psychologist, a psychiatrist, or some other qualified expert before they become deeply involved in the problem, and sometimes even then. In that way, numerous incidents, problems, and most grave crimes would probably be avoided. Therefore, in the given context, support to the principle of “volunteerism” of persons who have awoken awareness they have sexual disorder should be encouraged. For the other category of pedophiles, who are in addition to the burden of their problems, burdened by the factor of “stigmatization”, it is necessary to apply other mechanisms to detect them.

The reasons why we love the Internet are obvious and known to everyone, but as they say “with every blessing comes a curse”, the Internet brought many problems, and online pedophiles are one of them. The number of pedophiles who lurk on the Internet and try to exploit the vulnerability of children increases daily. The parents are more concerned, and even in a panic because of the growing number of cases of sexual molesting of children on the Internet. You probably already know that websites and forums of the so-called “dark Web” are havens for pedophiles. The largest and the most profitable website with child pornography, “*Welcome to Video*”, was closed in 2019 and 338 persons suspected of pedophilia were arrested. Still, there are many other existing platforms, including *Discord*, *TikTok*, *Kik*, *Omegle*, *Chatroulette*, and *Snapchat*, to name a few, that are used by pedophiles and sexual predators. To tackle this problem, *Microsoft* published a new tool for the detection of pedophiles on the Internet. While remaining true to its dedication to make the Internet a safer place for children, *Microsoft* created an efficient solution in “Project Artemis”. It is an automatized system designed to track pedophiles through analyzing their talks with children so it would be able to register similar speech patterns and wording. “Project Artemis” has a rating system where after the analysis of the talk determines the possibility of involvement of pedophiles in communication and gives a rating to the person.²⁶ Although it is difficult to recognize these persons, some general characteristics can be seen:²⁷

- They are usually persons with good social standing;
- They are mostly higher-educated persons;
- A large percent of them have a job that allows them to be near the children;
- They prefer the company of children rather than of the adults;

²⁶<https://www.informacija.rs/Vesti/Microsoft-ima-novi-alat-za-otkrivanje-i-prijavljivanje-pedofila-na-internetu.html/12/03/2020>.

²⁷https://www.b92.net/zdravlje/mentalno_zdravlje.php?yyyy=2010&mm=06&dd=01&nav_id=435488/13/03/2020.

- They try to gain trust and friendship with children. They rarely force physical contact, but the physical contact comes gradually from touching, raising, holding in lap, hugging, kissing;
- They try to please children with sweets, toys, video games, money...;
- Their target group are troubled children, with hard life stories or emotionally neglected;
- They are mostly family persons, who have no other crimes;
- Many of them were victims of sexual violence in their childhood;
- Some of them marry women who have children of their own, who are their target group;
- They receive pleasure from children in many different ways. Some of them only watch children, live on photographs, others take pictures of children, some other need physical contact...;
- Although without children, they often have objects that might interest children in their homes.

It is important to stress that these general characteristics are not exclusive indicators that point to pedophilic disorder, but we use them to pay attention to certain behavior lines in adults who are in surroundings with children.

In psychiatry, even though the point that pedophilia is considered an incurable disorder, some techniques are used to suppress pedophilic activities. They are created so they do not have an important influence on thought processes or feelings of patients concerning daily life, but they help them to abstain from illegal acts conditioned by uncontrolled sexual urges towards children. Several types of psychiatric interventions are used, usually combinations of several therapeutic techniques: behavioral-cognitive, psychodynamic individual and group therapies, and psychoeducational and pharmaceutical treatments that are custom for every individual patient. Cognitive-behavioral therapy is used to break the learned chain of behaviors and events that precede unwanted sexual activity, or on modification of socially acceptable sexual behavior. Training of social skills, sexual education, development of empathy for victims, are all applied. The impulse triggers are identified, which lead to behavior that includes paraphilia, so they can be avoided. Psychotherapy is long-term therapy, to awaken the patient about the events that were important for the development of paraphilia, as well as what daily events influence their behavior. Therapy with antipsychotics, antidepressives, or anxiolytics is given in case of associated psychotic, depressive, or anxiety disorders. Also, anti-androgynous medications can be used, but under strict control, as they decrease the level of testosterone and consequently on the diminishment of sexual desire. A big problem in treatment is that it is hard to motivate persons with paraphilias to be treated, particularly those who do not perceive their behavior as strange and abnormal. For perpetrators of sexual crimes diagnosed with paraphilia an outside control system is established if they were sentenced to a prison term.²⁸ In some countries, a practice resulting from laws was introduced, that persons who were found guilty of sex-

²⁸ Lana Mužinić, „Parafilije“, <https://www.cybermed.hr/clanci/parafilije/20/03/2020>.

ual molestation of children must be treated with drugs that decrease sexual impulse a month before they are released on parole. These are experiments, related to chemical castration with products that decrease testosterone level and libido.

Traumas and needs of children – victims of sexual molestation

The word “trauma” comes from the Greek language and means injury. With the expression “traumatic experience” some difficult events are marked, such as war experiences, persecution, rape, torture, traffic accidents, etc. Psychotrauma means psychic injury or wound. After surviving traumatic experiences the majority of people feel bodily or mentally hurt. Everyone reacts differently to traumatic events, but some reactions are similar in most of the people who endured some trauma. Memories of traumatic events often come uncontrolled in form of various pictures or films before the eyes (so-called flashbacks), sounds (voices, cry, sounds of shooting or shelling, sirens), bad dreams, and nightmares. These recollections of trauma cause the same or similar reactions to ones felt at the moment of trauma: most often an intensive fear, helplessness, and panic. Many see themselves or their surroundings not as reality but as if they see everything “through a mist”. Some often “lose themselves” so they suddenly do not know where they are and what are they doing.²⁹ Every form of psychological and physical forcing represents a traumatic event that causes chronic health problems over a long period.

Shock trauma is usually isolated, individual, and rare very intensive negative events. These are events where a person due to the negative nature of the event becomes unexpectedly inundated with an intensely unpleasant experience that cannot be actively processed. Therefore in these situations, basic defense mechanisms are activated. Examples of shock traumas are rape, exposure to brutal violence in war, sudden loss of family or property, life-endangering situations, etc. Basic attributes of shock traumas are their suddenness (which causes shock), an intensive experience that surpasses current capacities for overcoming, and activation of basic defense mechanisms. Shock, as well as developmental traumas, leave lasting consequences and cannot be erased from the experience but can be overcome and integrated with the remainder of personal experience and the remainder of personality.³⁰ The effects of sexual molestation can vary with the age of the child, form of assault, relationship with the violator, therapeutical and other support after the assault. What remains stamped in the psyche of a child is the inability to repress the memory of what happened and avoiding talking about it. The constant state of excitement and tension often follows the victims of these crimes for a lifetime in different ways.

²⁹ <http://peregrina.at/bhs/service/therapy/information/traume/26/03/2020>.

³⁰ Vladimir Mišić, „Dva tipa trauma“, <http://www.vaspsiholog.com/2011/02/dvatipa-trauma/27/03/2020>.

Humiliation and pain caused by another human being create an intensive feeling of fear and distrust in others. That helps the process of alienation, frailty and isolation, and withdrawal from social relationships. Violent crimes injure the victim both physically and mentally so intense that he or she becomes alienated from their own emotions and thoughts. That numbing reinforces confusion and leads to the disorientation of the victim. The victim surrenders more and more and loses himself or herself,³¹ as after physical damage and bodily injuries from rape a child can suffer from multiple psychological consequences, such as:

- PTSD;
- Feeling of guilt and shame;
- Phobic neurosis;
- Anxiety;
- Anger;
- Fear;
- Loss of self-respect;
- Depression;
- Obsessive-compulsive neurosis;
- Social isolation;
- Chronic pain;
- Distrust in all adolescents and/or adults;
- Difficulties in maintaining healthy sexual relations;
- Memory, concentration, sleep and eating disorders...;

The mentioned psychotic disorders can retrieve certain destructive actions, such as suicide (active or passive autodestructive act where a person consciously and intentionally takes their own life), self-humiliation and self-punishing, anorexia/bulimia, dependence on alcohol, narcotics, gambling, pornography, prostitution and other forms of delinquent behavior. Persons who survived sexual violence as children can react in unexpected ways. The specter of their reactions can be very wide, as years after the survived violence, their emotions can go from one extreme to another. Sexual molestation can also lead the victim to become a perpetrator.

Because of all we said, the needs of child victims have to be within the domain of social interest, meaning primary and urgent intervention. It is useful to state several stages that can be helpful to the victims to overcome or at least diminish the trauma: primary estimation of needs, psychological help, therapeutic work, legal help, family counseling, help to family members with a goal of sustainable social inclusion of the victim: kindergarten, job search, school admission, and all other necessary activities, support in process of compensation for damages, help in learning, support during the education, help with finding a job, etc.

³¹ Željko Bjelajac, *Trgovina ljudima-Zločin protiv čovečnosti*, Pravni fakultet za privredu i pravosuđe, Novi Sad, 2014, p. 295.

Discussion

There are numerous difficulties in the detection of this disorder, mostly because of inventiveness and mobility of persons with an anomaly of sexual affinities, and invisibility of this problem due to unlimited possibilities of the Internet and inertia of the society. Although it can be concluded that the majority of molesters are never brought to justice and sentenced based on the prevalence of this phenomenon among the general population, and they continue to live in the community under a mask of model citizens, significant improvements in detection and registration of pedophiles are possible, as stated.

Social reaction to this asocial and antisocial behavior, in addition to the focus on repression, chiefly has to involve prevention, which can be translated in a narrow sense as forestalling, suppression, or in wider meaning as inhibition of a disease of behavior disorder, or phenomenon that causes consequences in some persons, groups or society. The primary prevention includes activities in reaching out to a wide circle of risk groups that can be potential perpetrators of crimes but potential victims as well. Secondary prevention in a wider context implies a situation of imminent danger but before the crime is committed. If the primary prevention relates to raising the awareness level of the widest public, then the secondary prevention would be in function of raising of the awareness in risk groups and raising the awareness level in potential perpetrators of crimes and victims of crime (in given context pedophiles and child victims of sexual molestation).

In the last area of preventative criminal policy, tertiary prevention relates to perpetrators of the crimes and applies treatment measures so they would not commit crimes in the future.³² The tertiary programs of prevention are the most concrete and most specific part of crime prevention. These programs are focused on individuals who are sentenced after they committed a crime and who still have the status of a significant threat to society (criminal potential), despite warning measures issued by relevant institutions as well as the involvement of citizens in local communities. The basic goal of the tertiary prevention is the decrease of recidivism in the community, through the application of various police measures of increased surveillance and control of recidivists (obligation to report to the police station, information on their movements, specific measures in the police sector, the involvement of citizens in surveillance of certain recidivists). In the recent time in the world measures that include the application of surveillance technology to monitor the recidivists and their movements. These are modern electronic systems with radio transmitters and computer surveil-

³² Donovan Hiss, Beth Horner, Ruth Pressler and Gerhard Swanepoel, *FCS Principles of Criminal Justice L2*, Pearson Education, Cape Town, 2009, p. 59.

lance.³³ In addition to these measures, other interesting measures are those which use social-psychological and psycho-socio-therapeutical treatment of certain categories of recidivists, such as perpetrators of rape and other sexual crimes where psychological treatment is applied together with medication therapy.³⁴ From all of this, it can be seen that these are very complex and demanding treatments.

It is of crucial importance to understand that pedophilia is a disorder/disease that calls for public care. The founding of centers for the prevention of pedophilia where support models, encouragement, and treatment of diseased persons within and outside of penitentiaries would be the focus, could give results in long term and show certain progress. Also, the general availability of register of pedophiles, and restriction of movement and stay in zones where children stay, can be one of the mechanisms of suppression of pedophilia. With this measure, a tendency of latent support of the development of a feeling of shame, judgment of their surrounding that can be a trigger for controlling aggressive sexual impulses towards children naturally follow.

Naturally, traumas of the children who are victims of crimes such as sexual molestation are expressed so much that they demand a comprehensive and timely reaction of society. Social work centers, prosecutors, police, physicians, and others, as the instruments of the system, have to work on their needs, rehabilitation, and full reintegration in the society in coordination.

Conclusion

It is very difficult and demanding to work on detection, diagnostics, and treatment of pedophilia as a conceptualized mental disorder characterized by sexual deviation, profiled through sexual interest/impulse towards children. Patients with the pedophilic disorder are generally stigmatized in the society, and particularly in penitentiary conditions, as they are not recognized as affected persons who need medical help, but as sexual molesters of children. These are people who are ill and who need help to overcome their twisted fantasies, or to live with them without molesting or assaulting children.

There are many theories on the causes of pedophilia. Some researchers look for causes in biological factors, similar to the process with other paraphilias. The majority of them gravitate to the position that pedophilia is a result of psychosocial factors and not biological attributes. Some positions emphasize the “theory of learned behavior”, where the personality of a pedophile is

³³ Elmedin Muratbegović, „Politika suzbijanja kriminaliteta- dio I“, u: Mirsad Abazović, i dr., *Politika suzbijanja kriminaliteta*, Univerzitet AAB, Priština, Univerzitet u Sarajevu – Fakultet kriminalističkih nauka, Sarajevo/Priština, 2006, p. 48.

³⁴ Hans - Jorg Albrecht, „Die Determinanten der Sexual strafrechtsreform“, *Zeitschrift fur die gesamte Strafrechtswissenschaft*, 111, De Gruyter, Berlin, 1999, pp. 863–888.

formed as a result of his/her sexual molestation in childhood, meaning it originates from interactions of a person with parents/surroundings during the first years of life. This generally relates to growing up in families/environment where boundaries of intimacy and sex are not clearly defined (incestuous environment or family). There are also opinions of some authors that pedophilia is a result of a warped desire for dominance over the sexual partner. The reasons are numerous and they generally depend on the personal history of each individual, in the context of disorder of emotional, cognitive, sexual development, and influence of certain social factors.

In modern times there are different thinking in the expert public about whether pedophilia can be treated. The starting point is that “feelings of pedophiles” are not curable so that the therapy can only be their support in managing these feelings. A possibility of resetting their mental composition is excluded since they have an innate high risk of committing a sexual offense. Therefore combined therapies that include medication for decreasing of the sexual impulse is used. The complexity of the topic can be reflected through the fact that the majority of sexual molesters of children were never encouraged to speak about their pressing sexual fantasies with children before they committed the crime.

In the end, the intention of this paper is not sole, to affirm efforts so the attention to “suffering of pedophiles” against the suffering of their victims would be paid. On the contrary, here a clear “signal” is set, which points persons who let themselves into pedophile fantasies to qualified therapists (psychoanalysts, psychiatrists, psychologists...) so they can save the lives of others by working on their strengthening.

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ФЕНОМЕНОЛОШКА И ЕТИОЛОШКА ОБЕЛЕЖЈА ПЕДОФИЛИЈЕ

Сажетак: Парафилије укључују сексуално узбуђење према нетипичним предметима, ситуацијама и/или циљним групама (нпр. деци, животињама, лешевима...). Поједине сексуалне активности које изгледају необично другој особи или здравственом раднику не представљају парафилни поремећај само зато што су необичне. Појединци могу имати парафилне интересе, а да не испуњавају критеријуме за парафилни поремећај. Описане су на десетине парафилија, при том, неке од њих су незнатно заступљене. Код оболелих лица може бити присутно више од једног парафилног поремећаја, а иста такође, могу имати значајне поремећаје личности (антисоцијалне, садистичке, нарцистичке...), што надаље отежава поступке третмана. Одређене парафилије, попут педофилије, представљају специфичне инкриминисане радње, које најчешће резултирају затворским казнама, стигматизацијом починилаца и жртава, те доживотном регистрацијом сексуалних преступника. Педофилија, која се алтернативно означава и као педофилни поремећај, је психосексуални дефект који углавном погађа одрасле особе, на начин што исте бивају опседнуте сексуалним маштаријама или покушајима да ступе у сексуалне односе са децом истог или супротног пола. У питању је веома комплексан поремећај, који захтева социолошки, криминолошки, а нарочито психопатолошки приступ који би систематски истражио симптоме, природу и чиниоце (наследне, органске и социјалне) патолошких стања и процеса у менталном животу ових личности.

Кључне речи: педофилија, узроци педофилије, преваленција, интернет педофилија, трауме и потребе, перспектива третмана