

## **Paraphilias among Roman Catholic priests: what we know, and do not know, about sexual clergy-abusers of minors**

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### **Summary**

The issue of sexual abuse of minors in the Catholic Church is widely discussed in the media. Nevertheless, the term 'priest-pedophile' has been used inaccurately to identify perpetrators. There is very little research directly dealing with this group of offenders among Catholic clergy, and we do not yet have any theory that would adequately explain this type of behavior. Attempts to psychologically characterize priests who sexually abuse minors have brought limited success so far. The purpose of this article is to present the most important issues and clinical dilemmas related to the diagnosis and treatment of paraphilias among Catholic clergy, signifying similarities and differences between clergy and other perpetrators of sexual offenses against minors, present typology of sexual offenders among priests, and discuss the relationship of victims' gender with sexual orientation and celibacy of perpetrators. The author demonstrates that using the term 'priest-pedophile' is not only misleading, but is sometimes used to deliberately mislead. On the one hand, to create a moral panic effect, suggesting that the Catholic clergy is at increased risk of this type of crime. On the other hand, indicating gender and age of the most of their victims, suggesting that people responsible for this kind of abuse among Catholic clergy are homosexual priests and thus select a scapegoat responsible for the problems of the Church institution.

**Key words:** paraphilias, Catholic priests, sexual abuse of minors

### **Introduction**

Public opinion polls reveal that child sexual abuse perpetrators are treated as a homogeneous group ('pedophiles') and experience particular hostility. People often wish death upon them, demand castration or lifetime imprisonment for the committed offence, or think that it would be better for them if they had not been born – even if they have not committed any crime [1]. Media have the greatest influence on the public discourse about sexual abuse of minors, but this issue is discussed in a chaotic

way, which even fuels on the fire [2]. As the notion of sexual abuse of minors in the Roman Catholic Church is discussed widely in the society, many people use inaccurate terms such as 'priest-pedophile' when indicating offenders. This mental shortcut is not only misleading but sometimes used also to feed false information on purpose. On the one hand, to make a false impression that clergy is a high risk group in terms of such offences and all religious professionals who abused minors or who will do it are pedophiles from a medical point of view, so the youngest children suffer the greatest threat by them. On the other hand, to deem all offenders to be homosexual in a clerical collar by indicating sex and age of the majority of their victims, and, in the end, to determine a scapegoat responsible for the problems of the church institution.

In the literature which examines sexual abuse of minors by priests, there is no agreement as to the reasons for this phenomenon. The research which addresses this issue directly is very scarce. The majority of available studies are descriptive, based on a small sample and focus on neurological and personality-related traits of an offender. There is also no theory which explains such behaviors appropriately [3, 4]. Attempts to psychologically characterize priests who sexually abuse minors have brought limited results so far [5].

The issue of sexual abuse of minors by Roman Catholic priests should be first analyzed by looking at the difference between child sexual offenders and those with paraphilic inclinations. First, not all child sexual assault offenders are pedophiles and not all pedophiles commit sexual offences against children [6]. Second, pedophilia fails to explain sufficiently the fact that adolescents make the majority of sexual abuse victims by Roman Catholic priests [7].

### **1. Various types of paraphilia**

Contemporary classifications of disorders use the terms 'paraphilia' and 'paraphilic disorder' (DSM-5) or 'disorders of sexual preference' (which includes paraphilia) (ICD – 10) [8]. Paraphilia means "abnormal or unnatural affection" with reference to sexual behaviors [9], but we need to remember that paraphilias and paraphilic disorders are not the same. In DSM-5, 'paraphilia' involves all instances of intense and persistent sexual interest other than genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partner. So this notion refers to sexual interest treated as an object of sexual fantasies, urges, desires, and behaviors of an individual [10]. The common criterion for the intensity of paraphilia, referred to by DSM, is the assessment of paraphilic fantasies and behaviors of an individual in relation to the intensity of their normative sexual interests and behaviors. In some circumstances, however, the criterion of intensity and persistence may be difficult to apply (e.g., in the assessment of very old or physiologically ill individuals who may show no 'intense' sexual interests). When this is true, paraphilia includes all interests that are more intense than or equal to normative sexual interests. DSM-5

also encompasses paraphilias described as “preferential sexual interests” and their description may be more detailed by adding the context of “controlled environment” or “full remission” [8].

The presentation of paraphilia in DSM-5 is structured based on two disorder groups. The first group is distinguished on the basis of the presence of atypical preferences in terms of the manner of implementation. The second one is discriminated based on the criterion of preference in terms of the object [8]. Clinical assessment of paraphilia needs its intensity to be included (an A criterion in DSM-5), as well as severity of its consequences (a B criterion in DSM-5) – also because some paraphilic disorders are related to criminal behaviors. Therefore, paraphilia is recognized on the basis of libido and it is an extraordinary sexual interest which, however, is not harmful for the person who experiences it or for others. Whereas paraphilic disorder involves suffering or functional impairment caused by this urge and harms which are its result [9]. Therefore, presence of a clinically significant personal suffering beyond the one that is a result of social disapproval or suffering, harm or risk of harm in other non-consenting (or legally incapable of giving a consent from a legal perspective) individuals involved. Hence, if a person fulfills the A criterion but fails to fulfill the B criterion, they are not diagnosed with paraphilic disorder but with a mild paraphilia. In DSM, recognition of a paraphilic disorder is reserved exclusively for individuals who fulfill both criteria (A and B). According to this classification, there is also the “other specified paraphilic disorder” and “unspecified paraphilic disorder” [8].

Therefore, paraphilia alone is a necessary yet insufficient condition for the recognition of paraphilic disorders and as such does not require clinical intervention automatically. Individuals with paraphilic needs and fantasies who do not experience anxiety, shame and other negative emotions because of their interests and who did not experience negative consequences of their preferences and there is no evidence of their actions being harmful to others (e.g., in a criminal record), are recognized as having “paraphilic sexual interests”, not as those who suffer from paraphilic disorder. Whereas the criteria of paraphilic disorders refer both to individuals who admit non-normative preferences and those who do not [11].

This paper will not discuss charges filed against symptomatic classifications of disorders (which are alleged not to be rooted in theory and to overlook the complexity of pathomechanisms and diverse variants of a unique mental structure of a person which stands behind the classified clinical phenomena), which seem to be inadequate tools to capture the mental suffering evidenced and trialed by the observed symptoms [8]. We need to remember, however, that the relationship between paraphilic interest in minors and their sexual abuse is complex, and discussions about this critical issue are often full of flaws and mistaken ideas [6, 12]. According to the British National Crime Agency (NCA), two-thirds of men with pedohebephilic urges, i.e., those who experience sexual interest in children in and before early pubescence, will probably

never put these urges into action [21]. These people are sometimes described as ‘non-offending pedophiles’ [13] or treated as “a unique population of individuals who experience sexual interest in children, but despite common misperceptions, have neither had sexual contact with a child nor have accessed illegal child sexual exploitation material” [13, p. 121].

Paraphilias are often marked by compulsivity – some people who experience paraphilia feel compelled to release sexual tension 4 to 10 times a day [14]. Although sexual attraction to children is a risk factor for sexual offences against minors, so-called cognitive distortions are even a greater risk factor. They are utilized to justify these offences and may be followed by both preferential offenders for whom children are most often attractive sexually and so-called opportunistic offenders for whom peer adults are attractive sexually but who exploited the children’s availability and vulnerability to make an offence [6].

## **2. Pedophilia, hebephilia, ephebophilia**

The diagnosis of pedophilia is made when one feels sexual attraction to children, but we need to discriminate between important categories based on the age of minor victims, both from sociological and psychological point of view. We need to take into account the fact that paraphilias may be consistent with sexual desires of non-paraphilic nature [6].

Among those who have fantasies, photos/videos and/or sexual contacts with people under the age of 16 or 18, the following groups are distinguished: pedophiles, hebephiles and ephebophiles [6]. By definition, pedophilia refers to a primary or exclusive sexual interest in children before pubescence. Hebephilia refers to a primary or exclusive sexual interest in children who have reached pubescence (usually between the ages of 11 and 14). Hebephilia was not included in DSM-5. From a clinical point of view, which also includes risk factors, there are clear differences between those who commit pedohebephilic and ephebophilic offences [15]. Ephebophilia refers to a primary or exclusive interest in late adolescents (usually between the ages of 15 and 19). Some authors discriminate these groups a bit differently with reference to hebephilia and ephebophilia: pedophilia has the same definition, i.e., sexually immature children are preferred; hebephilia is narrowed down to a sexual preference of sexually maturing girls, and ephebophilia – to sexually maturing boys [16].

The research has shown that a hebephile is not more similar to a pedophile or a teleophile (i.e., an individual interested in fully mature adults) [17]. According to the researchers, hebephile is a mix of both. Other authors stress that “pedophilia and hebephilia seem to be closely interrelated because pedophiles often have inclination toward sexually maturing children and hebephiles – towards children before pubescence” [15, p. 526]. Ephebophiles, however, are different from the two groups. One of the studies [18] confirmed that the majority of men who felt sexual interest in female

adolescents, had a similar inclination towards adult women but were not interested in children before pubescence.

The spread of pedohebephilia is unknown. Based on the available evidence, it involves 3 to 5% of men, with this figure even lower for women. Some authors assume that, among those with paraphilia, pedophiles *per se* are the least abundant group (less than 1%) [19]. Whereas there are many more female sexual offenders against children than one might think, and their victims are often younger than those of their male counterparts [20]. In the confidential study among Germans who sought medical help because of pedophilic inclinations, 30% claimed they had never had sexual contact with a child; however, the majority used child pornography [22]. As a meta-analysis published in 2015 [23] has shown in its comparison among sexual offenders against minors, using child pornography is a strong predictor that an individual has pedohebephilic inclinations, and it is even a stronger predictor of a paraphilic disorder than the actual sexual abuse of a minor. Nonetheless, this study revealed that there is a difference between offenders who restrict themselves to consume child pornography and those who both use it and have sexual contacts with children, and offline sexual offenders. The first group showed greater empathy for victims (understanding that they would hurt the child if they tried to come into contact with them). This empathy type (victim empathy) is the strongest barrier against offending a child.

Studies which analyze sexual abuse of minors by Catholic clergy exclusively focus primarily on ephebophilia [7], but this criterion is not free of ambiguity. Studies conducted in Germany [24] on the sample of 78 convicted clergy individuals have shown that 12% fulfilled the diagnostic criteria of pedophilia and 5% – of ephebophilia. Approximately a quarter of them offended children only, another quarter – adolescents only, yet another quarter – both children and adolescents. 54% of them declared heterosexuality, 37% – homosexuality, 9% – bisexuality. Based on these results, pedophilia and ephebophilia were present in the minority of the sample and they do not explain actions (etiology) of the majority of offenders who did not ‘specialize’ in the selection of only one age group and declared that they are also attracted by adults. Other authors have obtained similar results on a sample of 1,189 men recruited from portals addressed at adults attracted to children. They discovered that many men mostly attracted to children feel inclination also towards individuals from other age groups, but the weaker the more distant from the preferred age [18].

### 2.1. General characteristics of pedohebephiles

Based on the research [15, 25] we know that, among those who sexually abuse minors, there are individuals with various personality types, different action levels and different abilities to control their own sexuality. They come from all strata of society and their education differs. Almost all pedohebephiles are men. 75% of offenders prefer girls – two-thirds of girls are aged 8–11. 25% of offenders prefer boys. Sexual

contacts with children often consist in manual or oral manipulation within child's genital body parts. Anal or vaginal penetration is much rarer, and physical violence related to it often leads to injuries which, most often, are a side effect, not the target of their actions (as it is the case in individuals with inclination towards sexual sadism). In pedohebephiles, more often than in non-molesting men, cognitive distortions aimed at self-justification appear. Although they seem shy and introvert to a great extent, they wish to control and dominate others. Some also idealize childhood aspects, such as innocence, unconditional love and simplicity. They usually experience greater sexual arousal (than men from the control group) when exposed to a stimulus, such as photos of naked or half-naked girls. Such photos cause greater arousal than those of adult women, although some of them react equally to children and adolescents or adults [15].

Research shows that committing child sexual abuse offences by pedohebephiles is correlated with multiple social factors, including weak interpersonal relationships, isolation, low self-assessment, fear of rejection, lack of assertiveness, feeling of not being in the right place, or lack of sexual knowledge [6]. Pedohebephilia was not included in DSM-5 because it is deemed as not fulfilling the diagnostic criteria of mental disorder [2, 26, 27], lacking construct validity [28] and empirical evidence [29]. The studies to date have not confirmed that pedophilia is the primary reason for minor-sexual-abuse offences by Catholic priests. In the case of ephebophilia, a clear differentiation between offending ephebophiles and non-offending ephebophiles is missing, i.e., men who abused children sexually but display no paraphilic preference for adolescents [7]. Therefore, in the literature of the subject various typologies are applied for the explanation of the patterns of behaviors, motivations and characteristic traits of various offender types.

### 3. Sexual offenders among Catholic clergy

The research focused on the analysis of personality traits of religious professionals who abused minors ( $n = 97$ ) has confirmed four personality types: sexually and emotionally underdeveloped (42.3%), undefended characterological (35.1%), defended characterological (17.4%), and significantly psychiatrically disturbed (5.2%) [30]. It turned out that, apart from the last group, the majority of research participants did not reveal clinical elevation on the MMPI-2 scales. Similarly, in studies by Leygraf et al. [24] only 5% of clerical offenders fulfilled the criteria of personality disorder, whereas 18% – the criteria of “other psychological disorder”. Religious professionals who fulfilled the ephebophilia criteria – in comparison to people with other clinical diagnoses and the control group – were marked by unintegrated sexuality and lack of awareness/acceptance of emotional, cognitive and behavioral aspects of sexuality [31]. The researchers compared hospitalized clerical perpetrators with a control group (hospitalized non-offenders) and noted that these clerics obtained significantly higher results on the overcontrolled hostility scale, i.e., they were characterized by passivity,

avoidance of conflicts and submission – in particular towards authorities – and rejection of unpleasant affect [32].

Taking into account proportions of accused clerics to clerics who have never committed any sexual abuse against minors, Catholic clergy cannot be treated as a high risk social group. Recent data from the USA [33] support this view: 22 accusations of abuse of children in the 3-year period (2015–2017), i.e., 7 cases a year (accusations, not convictions), on average. With no aim at justifying these cases, we need to know that there were 42 teachers convicted (not just accused) for sexual offences in 2017 and in Pennsylvania alone. In the department of Los Angeles, 65 teachers were accused of sexual molesting or harassment in 2015 alone [33, p. 209].

### 3.1. Clerical vs. common perpetrators who committed sexual misconduct with minors

Compared to other sexual offenders against minors, perpetrators in a clerical collar are often older, have better education, higher IQ, less antisocial character traits, committed other criminal offences less often in the past, have lower libido, and their victims are less abundant and older than in case of other pedohebephiles, and majority of them were male. In general, they disclosed less psychopathology indicators but a higher endocrinological disorder indicator than other perpetrators within the same age group. Moreover, they have poorer sexual knowledge, are less sexually mature and do not have as much sexual experience as other perpetrators of similar offences. The most common denominator with other sexual offenders is ‘seducing’ victims. The most conspicuous difference, on the other hand, is a high rate of suicides among perpetrators and their victims [3].

The literature review shows that religious professionals who sexually abuse minors are treated most often as the ones who belong to a general and heterogeneous group of sexual offenders. Nevertheless, researchers who analyze recidivism and its risk factors claim that, compared to all perpetrators, clerical offenders make a separate subgroup [34]. As mentioned above, sexual interest in children is not the exclusive or strongest risk factor for the sexual misconduct. Cognitive distortions are the key. The first of them is that “sex with children is painless”, the second – that “children actively provoke adults to have sexual contact with them”. These beliefs justify child sexual abuse and are held by both preferential and occasional (opportunistic) perpetrators. Certain cognitive distortions, however, are specific for clerical sexual perpetrators and include: “I know in my heart that God called me to this vocation. And God knew me and my heart. If I was so bad or this was so wrong, he would not have called me, knowing how I am”; “I do so much good for so many people, this is something that God has given me, just for me”; “It’s okay for a priest to teach children about sexuality – including physical teaching”; “I will never be suspected because I am a good, hardworking brother”, “I have a right to love and affection because I spend my life

helping others”; “I believe God forgives me of my sins”; God knew what I was like when He called me, therefore He accepts this part of me”; “If this behavior is so bad, then why does God allow it to happen? Why don’t I get caught?” [16, p. 95].

### 3.2. Priest-abusers vs. common priests

In comparison to ‘common’ priests, religious professionals who abuse minors obtained higher results in the scales of loneliness, expression of emotion, depression, identification difficulty and disclosing difficult emotions to others; they also sought psychological help less often (only 1.8–2.5%) before the therapy ordered for sexual abuse offenders than ‘common’ priests (59%) with emotional issues (primarily with depression, alcoholism, issues with psychosexual orientation and identity). They also scored higher in hostility control scales and were characterized by more passive and conformist relational patterns (styles). Contrary to common beliefs, these clergy professionals were more often lonely, shy and passive in relationships with adults but not more than other priests exposed to personality or mood disorders. Although they did not obtain lower results in intelligence or personality tests than ‘common’ priests, they disclosed certain vulnerability in terms of relational deficiencies: lack of intimate ties and close relationships before or during formation in the seminary.

It seems that the most distinct trait which distinguishes offenders from ‘common’ priests and other sexual perpetrators against minors was a high rate of being abused in childhood – sometimes by another religious professional (priest or religious brother). Various numbers are cited in the literature on the subject: 66%, 30–35%, 70–80%, 33–50% [33]. The majority of victims of sexual abuse in childhood do not become sexual perpetrators themselves (which is particularly noticeable in women) and the majority of sexual offenders against minors were not sexually abused in childhood [35]. However, we need to acknowledge that sexual or physical abuse or negligence in childhood is the risk factor for offending and deviational behaviors (including sexual abuse) in adulthood [36, 37]. It was reported that the experience of being sexually abused in childhood increases the risk of misconduct with minors by clergy. Moreover, many priests who experienced great trauma in their childhood have never told anybody about it – they first revealed it during the therapy for sexual offenders [33].

## 4. Typology of sexual offenders among priests

An important criterion that discriminates among priests guilty of sexual abuse of minors is the division between two offender categories: (1) one-time or ‘short-term’ offenders who first committed sexual abuse approximately 10 years after ordination; and (2) notorious or repeated offenders who committed sexual abuse shortly after ordination, and, in many cases, even before it. American studies [38] have revealed that in a 52-year period 4,392 priests committed sexual abuse against minors or

were alleged to have done so. This makes approximately 4% of all clergy admitted to the service in that period. Out of that 4%, more than a half (56%) were accused of one-time sexual abuse and it remained at the same level during the analyzed period. In the analyzed period of 50 years, the number of these priests (i.e., those who were charged with one-time offence and those who abused their victims for less than a year) was relatively stable [16]. However, approximately 2% of the perpetrators were responsible for sexual misconduct with 25% of all victims reported during these 52 years. This means that 137 offenders sexually abused approximately 2,600 victims. These 'recidivists' were different from the majority of other clerical sexual abuse offenders.

First, the mean age of 1,915 priests with one known victim was 41 years (approximately 11 years after ordination). Next, out of 540 clergy professionals who abused 4 to 9 different people, the mean age was 35 (approximately 4 years after ordination). Finally, out of 137 priests who abused more than 10 people, the mean age when they committed their first misconduct was 30 years, and the first instances of this abuse took place during the first year after the ordination. It is believed that clergy who committed repeated or long-time sexual abuse, map well into the general pattern of the increase of pedophile offences in 1960s and 1970s, with the peak in 1970s and fall down after 1985. The study results [16] show that factors which may be associated with the increase of sexual abuse in 1970s may have not influenced in the same way priests who committed sexual abuse for approximately up to one year. According to the researcher of this issue, Monica Applewhite [16], these two patterns work for a statistically significant number of sexual abuse cases by priests all over the world. Taking into account these criteria, it seems that the most promising typology of priests who were sexual offenders was proposed by Park Dietz and Kenneth Lanning [39]. It describes three types of perpetrators: (1) preferential; (2) situational and (3) indiscriminant one.

#### 4.1. Preferential sex offenders

Preferential sex offenders among clergy often use their service to access minors they find attractive. It was reported that those who had inclination towards younger children created personal relationships with families who had small children, whereas those who were attracted by adolescents got involved in initiatives addressed at youth directly. The victim group at a particularly high risk is so-called troubled youth because they are often distanced from other adults, have problems with overuse of psychoactive substances or are addicted to them, and often involve themselves in crime. As a result, when somebody from this environment reports a sexual abuse, they are not believed as readily as their relatively more stable and reliable counterparts. In the 20<sup>th</sup> century, certain number of preferential offenders among priests who had inclinations towards adolescent boys, exploited the perspective of the vocation development in potential priesthood candidates as an occasion to spend a lot of time alone with them. These

strategies were supposed to make it possible for the offenders to have a natural contact with victims, and then develop a close relationship with the aim to abuse them [16].

Such perpetrator may signal the following behaviors:

- has a secret with minors;
- ignores recommendations for relationships with minors;
- breaks the rules;
- finds reasons to spend time alone with minors;
- prefers to spend time with minors than people at the same age;
- offers gifts to minors, in particular if it is not allowed by caretakers;
- goes beyond the limits in terms of a physical contact with minors;
- tries to wrestle or tickle with minors all the time;
- favors certain minors;
- treats minors as equal to him or as adults;
- uses improper language in the presence of minors;
- tells tasteless jokes to minors [16, p. 99–100].

#### 4.2. Situational sex offenders

Situational sex offenders make the most abundant group among religious professionals who sexually abuse minors and is a significant subtype of ‘acquaintance abuser’ among priests. Patterns for their behavior are slightly different from secular perpetrators but also similarities persist. Research results show that such a priest can sexually abuse in the beginning, middle or later years of ordination, but most often in his early 40s. Moreover, he usually experiences stress, is overworked, professionally isolated, feels the loss of purpose and loneliness. He often overuses alcohol and medication [16].

Such perpetrator may signal the following behaviors:

- overuses alcohol;
- uses drugs;
- feels anxiety or depression;
- is isolated from his peers;
- does not cope well with loneliness;
- experiences rejection or disappointment;
- experiences personal loss;
- feels underestimated and not rewarded for his hard work;
- has been recently transferred to a new location and receives no social support;
- becomes increasingly dependent on the ‘comfortable’ relationship with a minor (e.g., working for him) or is already involved in the relationship with a minor [16, p. 100].

### 4.3. Indiscriminant sex offenders

Indiscriminant perpetrators may abuse children, youth or vulnerable adults. They may also come into sexual contact with a consenting adult. They may also be 'sadistic', i.e., feel arousal at the pain or suffering of a victim, or may feel the need to cause physical or psychological pain to the victim. A sadistic perpetrator is most often less interested in the victim because the main arousal factor is pain, not a person. In the light of the American results, this perpetrator type is rare among clergy but relatively frequent in industrial schools and orphanages in Ireland and Australia. Whereas in the USA, a significant portion of clergy of this type 'experimented' with victims – children of various ages, gender and vulnerable adults. In this offender group, clerics with personality disorders were more frequent (in particular psychopaths). Applewhite [16] described manipulation techniques applied by the 3 perpetrator types.

## 5. Vulnerability model

An American psychiatrist, with abundant professional experience with clergy, Len Sperry [4], suggested a clinically useful typology of priests who sexually abused minors, based on the vulnerability model. This model takes account of four factors: priest's personality, his religious organization or community, type of work, and nature of his interpersonal relationship. He stresses, however, that the most important risk factor is vulnerability as a resultant of inclinations towards abusiveness of power, control, anger and hostility, and compulsivity. Therefore, it is about exploiting domination over the other person in combination with the lack of ability to control one's impulses. In this respect, there are various possible combinations of abusiveness and compulsivity which will influence victims in different ways (e.g., a priest with a high abusiveness and compulsivity factor will engage more often in more drastic ways of abusing children than the typical 'seduction'). Taking into account different intensity (low, medium, high) of abusiveness and compulsivity, Sperry [4, p. 110, Table 1] discriminated 6 types of clergy perpetrators.

Table 1. Six types of clergy sex offenders

		Abusiveness		
		Low	Medium	High
Compulsivity	Low	Type I	Type III	Type V
	High	Type II	Type IV	Type VI

Each of the 6 types is labeled with at least 5 factors: (1) personality and level of psychosexual development; (2) number of victims; (3) the extent of planning, intimidation and cunning; (4) the scope of care for victims and regret; and (5) prognosis for change or rehabilitation.

**Type I** has two subtypes [4]. In the first one, the clergy perpetrator seems to be naive but relatively healthy in psychological terms. Despite the above, he has little pastoral experience or a limited knowledge and interpersonal skills. This, in turn, influences his difficulty recognizing and maintaining proper boundaries in pastoral relationships – in particular in ambiguous situation of sexual involvement (e.g., when a female adolescent starts addressing him like an adult addresses an adult; or an adult woman supported by him pastorally tells him that she dreams or has fantasies about him). Subject to a strong stress, such priest may get engaged sexually or romantically – even if he is aware of its inappropriateness. In this subtype, we usually have to do with one victim and a good prognosis for a priest – unless he is characterologically naive, which makes it impossible for him to cope with the complexity of boundaries in interpersonal and professional relationships. Such perpetrator usually does not intimidate his victim or plan the offence, and, having crossed these boundaries, he feels significant guilt and regret.

The second subtype refers to priests with greater pastoral experience but with more neuroticism. Such a priest involves in a romantic or sexual relationship with a person vulnerable to his courtship or issues when he feels overwhelmed with stress, e.g., after a death of a close relative. Usually, it starts with improper self-reveal of loss and sense of loneliness which leads to social interactions, and then to a sexual relationship. Prognosis for this subtype is moderate and depends on the neuroticism severity.

**Type II** encompasses priests known for their extensive pastoral engagement. At the time of committing the offence, they are most often in the middle or late period of their professional career, but as the years pass by, they feel increasingly more anger and resentment towards parishioners and/or the church authorities for the underestimation of their work. They feel underestimated, abandoned or isolated. As a consequence, they rationalize this sense of loss with something that could make up for their efforts and they ‘justify’ sexual involvement this way. Having crossed the boundaries, they are most often accompanied by guilt and shame, they promise themselves they would put a stop to this relationship and get involved in pastoral work to a greater extent. This is, however, a short-term strategy because their sense of loneliness and underestimation gets even stronger, and their professional situation remains the same. As a consequence, their entanglement and rationalizations lead to a repeated infringement of boundaries, and as this behavior pattern appears repeatedly, it includes an increasing number of victims. In such perpetrators, various addictions are also present, most frequently related to psychoactive substances, hazard and workaholism. A certain planning and intimidation scheme is also perceptible, accompanied by very little or lack of regret and sense of guilt with reference to the infringements (victims). Prognoses related to treatment are rather pessimistic because they would involve a major change of their narcissistic or obsessive-compulsive personality traits as well as their functioning in the role of a priest.

**Type III** displays many similarities with Type I because these clerical offenders are both narcissistic and deeply involved in their work, but, differently from Type II, they believe that self-sacrifice is the measure of their value. They cannot live without work and their self-assessment is dependent on external recognition. Therefore, there is usually no work-life balance, they do not develop their personal interests or make close relationships. Lack of recognition makes them feel deeply frustrated, leads to loneliness and acting out their sense of inferiority by looking for 'comfort' in accidental relationships which they rationalize as permissible because as long as they do not get involved in the relationship with the other person, they do not break celibacy vows. They also often use stimulants. Similar to Type II clerical offenders, planning and cunning is present in their behavior, but they do not intimidate their victims so much. Having crossed the boundaries, they feel guilty, but this is accompanied by rationalization of their actions. However, in contrast to Type II, these clerics usually admit their offences when their actions are disclosed. Treatment prognosis is moderate and dependent on the readiness to change the compulsive need for achievement, making others happy and looking for appreciation.

**Type IV** refers to clerics who have constant issues with controlling impulses and initiating risk behaviors. Despite problems in interpersonal relationships (boundary problems), these priests may engage in other offending behaviors (e.g., drug distribution). In the eyes of others, they seem to be energetic and even 'charismatic' individuals. Their sexual offences take place both within and outside of the church institutions. Their impulsiveness makes them engage in various projects they never complete or engage in several sexual relationships at a time. Different from other clerical offender types, they do not plan their actions aimed at exploiting others. They are narcissistic and immature to a great extent, and the treatment prognosis is rather poor – in particular if they do not overcome impulsivity and inclination to risky behaviors.

**Type V** encompasses clerical perpetrators with a charismatic profile and grandiose tendencies. They often think they are better than their colleagues, are characterized by a high need of control and dominance, and ability to draw 'supporters' who, in the face of charges brought against them, become their fervent advocates. They are marked by deliberate strategy of selection of victims with dependency traits, with whom they engage in long-term relationships aimed at gratifying their sexual needs. They have high ability to manipulate people but intimidate them only when the victims try to disclose their relationship. There is virtually no regret with respect to victims. Their prognosis is pessimistic, but, fortunately, they do not claim many victims.

**Type VI** has two subtypes: classic sexual recidivist with paraphilic disorder and a perpetrator with mental disorders. Although the number of clerics who fall in this category is the smallest, they are given the greatest media coverage because of the number of victims or sophistication of their actions. The first subtype most often encompasses pedohebephiles and ephebophiles. In contact with their victims, they

usually utilize manipulation, cunning and intimidation, and sometimes also physical violence. Out of the 6 offender types, they are the most determined and cunning in their search for victims and their abuse. They do not feel guilt and regret because of what they do, most often they blame victims for provoking sexual contact. They are deemed incurable. Clerics with mental disorder (with psychosis, BD) try to 'cope with' illness through sexual activity. In this case, treatment of improper sexual behaviors depends on the response to the treatment of the causes of their mental disorders [4, p. 110–115].

Sperry [4] stresses that each of these types may be related to the victims of various age and gender, and the discrimination of types and subtypes is supposed to show that there is no single pattern for sexual behaviors or one profile of clerics who sexually abuse minors or adults. In other words, clerics who engage in pedohebephilic or ehebephilic offences or have sexual interactions with adults may be mapped into each of these 6 types.

### **6. Victims' gender vs. offenders' orientation**

The research which includes data from various parts of the world shows that the great majority of priests' victims (over 80%) are boys, with the majority during pubescence, i.e., older ones [33]. The first American report by the John Jay Institute [38] which included the statistical figures for the gender of priests' minor victims (81% boys) led to a false interpretation of the data with the suggestion of a strong relationship between the gender of victims and sexual orientation of offenders [38, 41]. The third report of this prestigious research institute, published in 2011 [42], came back to this issue and, in the light of new data, corrected statements included in the two previous reports from 2004 and 2006. It reads as follows: "What is not well understood is that it is possible for a person to participate in a same-sex act without assuming or recognizing an identity as a homosexual. More than three-quarters of the acts of sexual abuse of youths by Catholic priests, as shown in the [2004] (...) study, were same-sex acts (priests abusing male victims). It is therefore possible that, although the victims of priests were most often male, thus defining the acts as homosexual, the priest did not at any time recognize his identity as homosexual" [42, p. 36]. As for the priests, both those who entered the seminaries as homosexuals and those who left them with awareness of this orientation (these two categories are not the same) – according to the report findings, they are statistically "more likely [than heterosexual ones] to participate in post-ordination sexual behavior" [42, p. 62], but the majority of them will have relationships with adults, not with minors. "There has been widespread speculation that homosexual identity is linked to the sexual abuse of minors by priests [...]. However, the clinical data do not support this finding" [42, p. 74]. Therefore the authors came to a conclusion that homosexual identity is not a risk factor in reference to sexual abuse of minors, however, 'confused' sexual orientation is such a factor [42, p.64].

Authors of the German report from 2018 [as cited in: 33] came to a similar conclusion, based on 38,156 personal files from the years 1946–2014 and confirmed that “167 accused clerics can be linked with the total of 3,677 sexual abuse victims, both children and adolescents”. In 14% of cases, the priests with charges brought against them showed “documented manifestations of homosexual orientation. Compared to the comparison group in other institutional contexts, e.g., schools (6.4%), the number was considerably higher”. However, the authors of the report stressed that “a complex interaction of sexual immaturity, possible hidden, denied and rejected homosexual inclinations may be yet another explanation of why the majority of abuses committed by catholic priests refer to male victims. But it is neither homosexuality nor celibacy that are the reasons for sexual abuse of minors” [33, p. 204–205].

Homosexual pedophilia is a completely different sexual preference than male homosexuality [43, 44]. Homosexual men do not pose a greater risk for sexual abuse of minors than heterosexual ones [45–47]. In other words, the majority of sexual offenders against minors are not homosexual, and the majority of homosexuals do not molest children. Therefore, suggesting that heterosexual men abuse girls because they are heterosexual is an equally weak argument for combining these victims with their orientation as suggesting that those who abuse minor boys do so because of their homosexual orientation [3].

In the literature on the subject, there is no uniform theory which explains this tendency for male victims among priests, but it may be assumed that particular statements belong either to the domain of focusing on psychological factors or to the domain of contextual factors related to the access to victims. In the first case, the selection of victims is explained by the psychosexual immaturity of clerics who feel more sexually and emotionally comfortable with adolescents and do not recognize sexual nature of the relationship with them. Others point to clerical offenders’ developmental inhibitions related to celibacy and remaining ‘eternal boys’ as well as their search for a ‘soul mate’ in adolescents. Some authors treat biogenetic factors as decisive and suggest that the selection of victims is determined genetically. Next, there are also researchers who stress that among clergy – similarly to the whole population of sexual offenders – there are different patterns of sexual abuse of minors, so their selection is related to various personality styles of perpetrators. There are also advocates of the contextual factor theory who claim that the key factor which determines the profile of victims is ‘opportunity and situation’, i.e., a considerably greater presence of boys around priests, which results from the asymmetry of roles played by girls and boys in the church institutions and allowing priests to have contact with children without the control of other adults [43].

In the light of the available data, it seems to be unjustified to accept any of two extremes on this continuum. The first one is represented by the supporters of the opinion that the reason for these offences is homosexuality of priests accused of sexual abuse

of minors [48]. The other one is that the two phenomena are not at all interrelated [49]. Based on the study results and clinical tests, it seems that there is a double overrepresentation in the Catholic clerical population: (1) people with homosexual orientation and (2) people with homosexual orientation that is not integrated with their sexual identity, i.e., it becomes a risk factor in the face of access to adolescents or lack of ability to cope with stress and developmental challenges.

So far, the studies have not confirmed the causal link between the priests' celibacy and abuse of minors or that celibacy itself is an indicator of sexual repression or emotional immaturity. Certain authors [50] point out that psychological problems of clerics accused of sexual abuse of minors have started prior to ordination. Others [51] stress that celibacy is a place of unconscious escape from them. Yet others [38] indicate a gradual, barely noticeable decline of sexual offences against minors by priests, not accompanied by departure from the practice of mandatory celibacy among clergy. There are also authors who express a greater skepticism with reference to the lack of strong links between mandatory celibacy and incidents of sexual abuse of minors by clergy [52]. Therefore, it seems that celibacy is ambiguously related with instances of sexual abuse of minors by priests [53]. The research has confirmed that the lack of certain formation for celibacy increases a risk of offences against minors among priests, and that homosexual priests are a population at greater risk caused by the lack of appropriate human formation [3].

## 7. Recapitulation

Analyzing the psychological conditions of sexual offenders among Roman Catholic priests, we need to remember that their causes do not solely result from the perpetrators' personal immaturity or psychopathology. Sexual abuse always begins with abuse of power or trust [54]. In the assessment of mechanisms and scale of sexual abuse by clergy, we need to take into account organizational and cultural boundaries of the Church: psychosocial, socio-cultural and moral-religious factors [53] because this phenomenon has two interrelated aspects: sexual assault (perpetrator-victim) and response (reaction) of the hierarchy (pope, bishops, religious superiors) to the victim's complaint. In this context, we must consider two types of criminals among offending priests: those, who recognize the facts of which they were accused, regret what they did, accept criminal penalties and agree to treatment; and those who deny their actions, reverse the role, making a victim of themselves. This second type of offender is not only immoral but also demoralized because he despises the law, and only his perverse desires matter. Some authors [54] believe that this criterion is based on two very different personality types. This distinction should be kept in mind because stigmatization of perpetrators, which often reflects moral panic, not only exposes them to cruel discrimination but, as a consequence, also indirectly impairs counteracting sexual violence against minors [6]. When dehumanization of perpetrators replaces

understanding of the reasons for their actions and them alone, minors are exposed to even greater risk because potential perpetrators resign from seeking help. Therefore, not only treatment of clerical perpetrators of sexual abuse is a separate and essential issue, but so is social situation of priests who were deprived of clerical state because of sexual abuse against minors, and are currently without safeguards to monitor their social functioning.

Since issues of celibacy and sexual orientation of the priests, and therefore their psychosexual maturity, are often indicated as the main sources of sexual offenses against minors, it should be remembered that there is no one-factor theory (celibacy or homosexuality) that would prove this. At the individual level research indicate different trajectories that may lead to abusive behavior, and there is not just one psychological profile of the perpetrator behind them.

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