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Understanding paraphilic self-identification: A case report and ethical considerations

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Abstract

Introduction and Purpose:

Sexuality in individuals with intellectual disability is often misunderstood, especially when behaviors resemble paraphilias such as pedophilia or zoophilia. Diagnostic difficulties arise from the need to distinguish true paraphilic disorders from behaviors resulting from cognitive limitations, poor judgment, and lack of sexual education. This article examines these challenges and outlines factors that may lead to pseudo-paraphilic behaviors.

Material and Method:

A qualitative analysis was conducted based on a case study of a 25-year-old man with moderate intellectual disability who committed sexual offenses. An interdisciplinary assessment—including psychiatric, psychological, sexological, and forensic perspectives—was used to evaluate his awareness, intent, and legal responsibility. Relevant literature was reviewed to contextualize diagnostic issues.

Results:

Findings show that behaviors mimicking paraphilias in this population often stem from developmental deficits, emotional tension, and limited understanding of sexuality rather than true paraphilic interest. The case illustrates the complexity of evaluating consent, motivation, and risk, as well as the difficulty in determining whether a paraphilic disorder is present.

Conclusions:

Assessing paraphilic behaviors in people with intellectual disability requires an individualized, holistic approach that considers cognitive, social, and educational factors. Improved sexual education and psychosocial support are essential to prevent socially inappropriate behaviors and to guide accurate clinical and legal evaluations.

Keywords: intellectual disability; paraphilic disorders; sexuality; forensic psychiatry

1. Introduction

1.1. Intellectual disabilities

What is intellectual disability? This term has supplanted the now historic term “mental retardation.” In the current American Psychiatric Association's DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) classification of mental disorders, in effect since 2013, intellectual disability is defined as the presence of deficits in intellectual functioning and adjustment, both in adulthood and in development (Franklin et al. 2020; Tural Hesapcioglu et al. 2019).

It is included in the group of neurodevelopmental disorders, rather than as a mental disorder, as in the previous DSM-4 classification. Intellectual disability has many definitions depending on the classification adopted: clinical-research, legal-administrative or socio-psychological, while the following criteria must be met for it to be diagnosed: the occurrence of difficulties in adaptation in society, an intellectual level index value of less than 70 IQ points, and the onset of symptoms in early childhood (Dj i Ma 2020; Piotrowicz i Rymarczyk 2015).

The classification of intellectual disability should be reliably carried out because of the consequences of categorizing a patient into a particular group, which unfortunately is still associated with the stigmatization of the individual. Intellectual disability is included in the following Classifications of Diseases and Mental Disorders: the ICD-10 used in Poland and its updated version ICD-11 (not published), DSM-IV and DSM-V, according to which it is distinguished as follows:

Breakdown:	Number of points on a standardized intelligence test:
Light intellectual disability	50-55 to 70
Moderate intellectual disability	35-40 to 50-55
Severe intellectual disability	20-25 to 35-40
Intellectual disability of profound degree:	less than 20
Holistic neurodevelopmental retardation	
Unspecified intellectual disability	

Table 1. Classifications of Diseases and Mental Disorders: the ICD-10 used in Poland and its updated version ICD-11 (not published), DSM-IV and DSM-V (Boat et al. 2015; Zeilinger et al. 2020)

Sexuality in people with intellectual disabilities.

Sexuality in people with intellectual disabilities is still a taboo subject. Despite the passage of years, specialists and relatives of these people avoid tying these two spheres of functioning together. Given that sexuality is an integral part of every human being, then every person should recognize sexual rights as fundamental and universal. Talking about the sexuality of people with mental disabilities is an important issue that requires sensitivity, respect and consideration of human rights principles (Brown i McCann 2018; Gil-Llario et al. 2018; Pérez-Curiel et al. 2023).

People with mental disabilities have the same rights to express their sexuality and participate in healthy, safe relationships as “able-bodied” people. The difficulty in establishing relationships is most often related to the lack of ability to discharge sexual tension in a socially approved manner. The most commonly practiced form of activity is masturbation and petting (Frawley i McCarthy 2022; Gallez et al. 2018; Kijak 2011).

Margaret Koscieliska in her publication distinguishes many subtypes of masturbation, but among the group of intellectually disabled people, a few should be mentioned. Neurotic masturbation, characterized by the fact that a person, at the moment of feeling tension, severe stress, relieves emotional tension, through stimulation of his own sexual organs. Other types of masturbation, mentioned by the author, are: masturbation to so-called “kill boredom”, provocative masturbation, in order to attract the attention of others, and masturbation in the service of withdrawal in fear of the outside world and the possibility of being rejected (Niechciana seksualność. O ludzkich potrzebach osób niepełnosprawnych intelektualnie | Małgorzata Kościelska).

Developmental masturbation	A natural stage in the psychosexual development of children and adolescents, serves to learn about one's own body. Instrumental masturbation Used to achieve a specific goal, such as reducing stress, improving mood, facilitating sleep.
Experimental masturbation	Characteristics of adolescence, associated with testing different forms of stimulation and learning about one's own preferences.
Habitual masturbation	Performed automatically and regularly, resulting from habit, often without a strong sexual need.
Replacement masturbation	Occurs when sexual intercourse with a partner cannot be realized.
Compulsive (compulsive) masturbation	Associated with emotional tension, stress, sometimes a symptom of mental problems or addiction.
Excessive masturbation	Excessive, exceeding individual comfort, often leading to problems in daily functioning.

Tabel 2. Typology of masturbation according to Professor Maria Beise

But is this where the satisfaction of sexual desire ends? Can we recognize paraphilic disorders in intellectually disabled people, or is it just a type of sexual tension release at any cost?

1.2. The concept of paraphilia and its types.

Paraphilia is a term that refers to atypical sexual preferences that include an interest in objects, situations or behaviors that deviate from the social norm (Fisher

i Marwaha 2025). The term is broad and can include a variety of preferences that in some cases may be considered pathological. Sexual preference disorders (paraphilic disorders) are diagnosed in people who need special, atypical stimuli that are necessary for them to obtain sexual arousal and satisfaction (Dora, Mijas, i Dobroczyński 2019; Molen, Ronis, i Benoit 2023).

When paraphilia causes discomfort or problems in interpersonal relationships, it may be considered a mental disorder and require therapy (Beech, Miner, i Thornton 2016).

1.3. A historical account of pedophilia and zoophilia.

The inability to understand the consequences of one's actions, as well as inadequate sex education for people with intellectual disabilities, can result in paraphilias, defined as specific sexual behavior that deviates from social norms (D. M. Griffiths i Fedoroff 2014).

Religion has always played a huge role in controlling all sorts of areas of people's lives. Some churches have been anti-sexual, leading them to view any deviation from conventional sexual contact as abnormal which often resulted in the death penalty (Homosexuality Criminalized and Subject to Death Penalty | Research Starters | EBSCO).

One paraphilia that has been known since the Paleozoic era is zoophilia. Even then, sex was an important part of daily life, as evidenced by wall paintings in caves. In addition to male genitalia of impressive size, sexual intercourse with animals was depicted. Sexual acts were treated on par with other physiological needs such eating and sleeping. Despite the passage of years and changes in the perception of sexual behavior and the introduction of prohibitions on sexuality, little is known about sexual contact with animals. In Roman literature, the motif of a punishment involving the forced sexual exposure of a woman in the presence of a donkey appears in Apuleius' 2nd-century CE novel *Metamorphoses* (*The Golden Ass*). However, this episode does not constitute evidence of an actual legal practice in Republican Rome; rather, it is a fictional element within a literary narrative (Apuleius 2006).

In Greek culture, on the other hand, there was a form of homosexuality that was referred to as pederasty, as a kind of love between mature men and young boys (from

Gr. pais - 'boy' and erates - 'lover'). In ancient Greece, it was believed that ingesting secretions, human or animal body parts, resulted in obtaining new qualities: the strength of a slain warrior or the courage of animals, and by consuming them, a person gained special “powers” (Keuls 1995; Percy 2005).

Older men passed on male virtues through secretions during sexual contact with young boys. The master's personality, through anal contact and semen, provided a unique opportunity for young men to become more noble (Zbrodnia i seks - Dellfina Dellert, Andrzej Depko).

In the first two decades of the 20th century, Dr. Karl Abraham wrote an article titled: 'Experiencing of sexual traumas as a form of sexual activity,' where, according to the author, “in a large number of cases, the child desired unconsciously [to experience] trauma, and we must consider this a form of child sexual activity” (Selected Papers of Karl Abraham, M.D).

The Polish Criminal Code does not include the term pedophilia, which is medical terminology. However, because of the legal implications, it is necessary to distinguish between the meaning of pedophilic disorder and pedophilic act, especially in judicial opinion

- Penal Code Art. 200b. [Promotion of pedophilia] Whoever publicly promotes or praises pedophilic behavior shall be punished with imprisonment of up to 3 years.

Pedophilia is a medical and psychological term referring to an adult's sexual preference for children who have not yet reached the age of sexual maturity. In Polish legislation, the term is not directly defined in the Criminal Code, but is used in the context of discussing acts related to the sexual abuse of children (Lucka i Dziemian b.d.; Pedophilic Disorder - Psychiatric Disorders).

A pedophilic act, according to the Polish Criminal Code, refers to a specific action that is a crime. In particular, it refers to Articles 200-202 of the Penal Code, which criminalize:

Article 200 - refers to sexual abuse of minors (persons under 15 years of age).

Article 201 - relates to preparatory acts, such as child pornography.

Article 202 - refers to, among other things, sexual intercourse with a minor (Internetowa baza tekstów prawnych OpenLEX.)

Pedophilia refers to sexual preference, while a pedophilic act refers to specific prohibited acts with respect to minors. In the legal context, pedophilia is not a crime in itself, but pedophilic acts, are criminalized. People who commit pedophilic acts are prosecuted under the Criminal Code, which carries serious sanctions. In short, pedophilia as a sexual preference is not criminalized, but any acts related to its implementation that violate the law are. Not every perpetrator of a pedophilic act meets the diagnostic criteria for pedophilia, and his behavior may be surrogate in nature. A surrogate act in the sexual context refers to a situation in which a person engages in certain sexual behavior not because of a preference, but because of a lack of access to the preferred object of desire or other circumstances that compel such action. In the case of sexual offenses, including pedophilic acts, this may mean that the perpetrator does not have an actual, persistent pedophilic preference (i.e., does not meet the criteria for pedophilia as a paraphilic disorder), but engages in such behavior due to, for example, a lack of opportunity for sexual contact with adult partners, psychosexual immaturity, frustration, isolation or other situational factors (Psychiatria po Dyplomie - Pedofilia a czyn pedofilny – wątpliwości w opiniowaniu są...).

1.4. Crimes committed by people with intellectual disabilities.

With an abundance of caution, one should speak of a causal sequence where intellectual disability would be the cause and sexual offense would be the effect. Hanna Edberg's 2022 study indicates a lower risk of reoffending among men with intellectual disability (NI), compared to men without diagnosed NI. It should be noted, however, that this study was conducted among people with mental disorders who had been in a psychiatric facility because of crimes they had committed. In the group of female respondents, on the other hand, no statistical significance was found. However, it was shown that there was a correlation between previous offenses and the risk of reoffending (Edberg et al. 2022).

A review of the literature indicates the diversity of the results obtained, underlying which, probably lies in the different selection strategies of the subjects.

1.5. Awareness of committing paraphilic acts by people with intellectual disabilities.

In discussions among specialists, there are extreme views on whether people with intellectual disabilities can be diagnosed as having paraphilic disorders (Seksuologia sądowa Tom 3.).

Lack of ability to understand the concept of “sexual desire” or “sexual orientation,” leads one to think that people with low intellectual potential, have limited ability to correctly apprehend their sexuality and socially approved satisfaction of their desire.

In sexology, there is the concept of “false paraphilia” (counterfield deviance). It takes into account factors, such as social and intellectual immaturity, difficulties in establishing contacts, deficits in sex education, which, in people with intellectual disabilities, result in “quasi-paraphilic” sexual behavior, as will be shown below in the characterization of the patient, functioning at the level of moderate mental retardation (D. Griffiths et al. 2013).

Of course, paraphilic disorders can be diagnosed in these patients, but it should be taken into account that behaviors outside the social norms, often have a completely different basis.

Specialists in the field of sexology and psychiatry should avoid stereotypical and, on more than one occasion, false beliefs, and present a holistic approach in dealing with people. Considering the issue of NI, all available data should be analyzed, i.e. accessibility to education, systemic factors, behavioral factors and persistent sexual arousal (Baselice i West 2022; Parchomiuk 2022).

2. Case report

A 25-year-old man is in the Department of Forensic Psychiatry with Enhanced Security for repeatedly leading a minor into peno-vaginal, anal, as well as oral sexual intercourse, and for abusing a dog by having sexual intercourse with it. The man was diagnosed with moderate intellectual disability and personality disorder. According to expert psychiatrists, he had a severely impaired ability to understand the meaning of his actions and a severely impaired ability to direct his actions - Article 31§KKK.

The patient is a childless bachelor with an elementary education. He failed to complete successive stages of education due to learning problems, as evidenced by

repeating a class twice. After completing his education, he never took up any gainful employment.

He comes from a large family with a conservative approach to traditions, he was raised by both parents, his father was addicted to alcohol, his mother took care of the house. He had a history of self-harm.

His first contact with sexuality was in elementary school, where he received information about sexuality, sexuality and contraception. Strict communication, especially about sexuality, prevailed at home. The man does not understand basic concepts such as “sex drive” or “sexual orientation.” When asked about his sexual preference, he answered only that he would like there to be a rapprochement between him and a woman. The patient reported that around the age of 19, sexual contact occurred between him and a woman. In terms of understanding concepts, the patient needs clarification of basic terminology after being asked questions about his sexuality. After clarifying the concept of masturbation, he claimed that he only performed it on his days off to meet with friends. He reported that he also had regular vaginal intercourse with a partner five years older than himself. The information about his sex life is impossible to evaluate objectively because of his repeated alternating confirmations and denials of the situations in question, most likely due to his lack of understanding of them. The respondent did not admit to the charges brought against him by the Court. He claimed that there had been intercourse between him and the minor only once. His statements indicated that the victim was the initiator, and that he, despite initial resistance, agreed to have intercourse with her. However, court records show that sexual intercourse with the minor occurred repeatedly over a period of many months.

The man was sentenced to 10 years' imprisonment for repeatedly causing the minor to have sexual intercourse with unlawful threats, spreading a derogatory message and violence. After serving his sentence, on the basis of the opinions of expert psychiatrists, a psychologist and a sexologist, the court ordered the defendant to take a protective measure in the form of a stay in an enhanced psychiatric facility, where he currently resides.

3. Summary

The article “I am a zoophile and a pedophile, but do I know what that means?” analyzes the sexuality of people with intellectual disabilities (NI), focusing on the diagnosis of paraphilic disorders such as pedophilia and zoophilia. The goal of the study is to determine whether people with reduced intellectual functioning are capable of consciously shaping their sexuality, understanding its consequences and distinguishing between socially acceptable and criminalized behavior. It should be noted that the sexuality of people with NI is a marginalized topic, and their needs in this area are often downplayed by both society and professionals. For this reason, it is important to approach people with NI in an individual and interdisciplinary manner.

People with intellectual disabilities may have a limited ability to control their sexual urges and understand social norms, which leads to situations in which their behavior is sometimes mistakenly classified as a paraphilic disorder. There are divergent positions in the literature regarding the classification of such behaviors - some researchers consider them to be real paraphilias, while others point to so-called “false paraphilias”, resulting from educational and social deficits, as well as difficulties in adapting to social norms.

The article cites the typology of masturbation and different approaches to sexuality of people with NI, pointing out that many behaviors that could be interpreted as pathological may result from a lack of social skills and an inability to discharge sexual tension in a socially acceptable way.

Another important issue addressed in the paper is the question of legal liability of people with intellectual disabilities for sexual offenses. The authors cite research by Hanna Edberg (2022), which suggests that people with NI have a lower risk of recidivism compared to those without such deficits, although these results may depend on the research methodology. They emphasize that an individualized approach, taking into account a person's ability to understand the consequences of his or her own actions, is crucial in assessing legal responsibility.

The article also includes a case study of a 25-year-old man with moderate intellectual disabilities who was convicted of repeatedly leading a minor into sexual intercourse and for zoophilic acts. This description illustrates the difficulty of

assessing whether the behaviors of a person with NI are the result of actual paraphilia or a lack of awareness of the consequences of his actions and cognitive deficits.

In conclusion, it is important to extend care to these patients through interdisciplinary psychiatric, sexological, psychological and legal cooperation in the process of diagnosing and reviewing cases of people with NI who are suspected of having paraphilic disorders. There is also an urgent need to implement systemic solutions for sexual education and social and emotional support, which could prevent unwanted sexual behavior in this group.

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