



Childhood Sexual Abuse and Its Effects in Adult Life

EXECUTIVE SUMMARY



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Prevention of Child Sexual Abuse and Child Sexual Exploitation
in Central and Eastern Europe- a comprehensive approach

A child's sexual contact with a grown-up is an experience which has a negative impact on the child's development and their physical, emotional, and social functioning. The range of immediate and long-term effects of child sexual abuse is wide, and their occurrence depends on multiple factors.

Prevalence of Child Sexual Abuse in Poland

Child sexual abuse (CSA) can be defined in different ways, depending on who is using the term and for what purpose. Its definitions may be divided into: (1) clinical – the broadest one, aimed at making an accurate diagnosis; (2) legal – limited to behaviours that are illegal in a given country, and (3) social – the most narrow one, expressing the public awareness about the problem (Beisert and Izdebska, 2012).

This study uses the clinical definition adopted by the World Health Organization: "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person" (cited in: Sajkowska, 2002, p. 7).

The prevalence of CSA in Poland is difficult to estimate. Every year, the police instigates proceedings in a few thousand cases of suspected crimes against sexual freedom of minors – till 15 years old (The Police, 2016). Studies suggest a much larger scale. According to retrospective studies conducted on samples of grown-up Poles, more than 10% of subjects experienced sexual abuse in their childhood (the exact numbers vary depending on the definition and method used in each study; Sajkowska, 2011). Results from a study conducted on a sample of children and young people (11–17 years old, N=1005) show that 12.4% of teenagers have experienced some form of CSA in their lives; sexual abuse involving physical contact was experienced by 6.4% of young people, while noncontact abuse – by 8.9% (Włodarczyk and Sajkowska, 2013). Studies also show, that for almost all forms of sexual victimization there are more girls than boys among the victims, and that the perpetrators are usually men and people familiar to the child (Sajkowska, 2011; Beisert and Izdebska, 2012).

Effects of Child Sexual Abuse

Victims of childhood sexual abuse may experience a range of effects – both immediate (i.e. occurring within two years from the incident) and long-term (Beisert and Izdebska, 2012).

The immediate effects, referred to as symptoms, may occur in all areas of development: sexual, emotional, social, cognitive, and physical (somatic), and they depend largely on the child's age. For example, a school-age child may demonstrate symptoms making up the “ideal child syndrome”, while symptoms shown by an adolescent may include self-injuries and suicide attempts (Czub, 2015).

Long-term effects of CSA may also affect many areas of life. They often occur in adulthood, under the form of (Finkelhor, 1986, in: Beisert and Izdebska, 2012):

- Emotional problems and distorted self-image (depression, self-destructive behaviour)
- Somatic and dissociative disorders (anxiety and tension, nightmares, sleeping and eating disorders, various forms of dissociation)
- Problems with self-esteem (feelings of alienation and isolation, extremely low self-esteem)
- Interpersonal problems (difficulties in relations with others, loss of trust, feeling betrayed, fear of sexual partners, susceptibility to re-victimization)
- Social functioning problems (substance abuse, prostitution)
- Sexual problems (fear of sexuality, guilt, lack of satisfaction, low sexual desire, low self-esteem as a sexual partner, orgasm problems, compulsive avoidance or compulsive seeking of sexual activity).

The present study analysed the long-term effects of CSA, experienced in adulthood, especially those related to risky sexual behaviours (multiple partners, promiscuous behaviour), susceptibility to re-victimization, and prostitution.

Effects Occurrence: Factors

Not all children, who were sexually abused, demonstrate effects of abuse; according to various studies, between 30% and 50% of victims do not show any psychopathological symptoms after the abuse experience (Kendall-Tackett, Williams, and Finkelhor, 1993; Williams and Nelson-Gardell, 2012). Since the 1970s, researchers have explored factors that may influence resilience. One of the most frequently used approaches is the ecological model, in which the most significant influence on the individual's (in this case, the child's) development is exerted by external or environmental factors (Czub, 2015).

The present study analysed both the factors proposed by Grauerholz (2000), related to the original abuse experience, and those being possible effects of the event – additional factors that increase the risk of re-victimization or the occurrence of some other long-term effects. For the study, the Grauerholz model was adapted and analysed the following factors at three levels of analysis:

1. *microsystem* – early family experiences (family breakdown, disorganization and dysfunction, marital dysfunctions, non-supportive parents, and a patriarchal family structure), risk of exposure to violence / contact with the perpetrator (traumatic sexualization, dissociative

disorders, alcohol abuse, involvement in deviant behaviours, stigmatization, and low self-esteem), higher risk that the abuser will choose violent action (perceiving the victim as an easy target, seeing violence as justified, the victim's reduced ability to respond in an assertive and effective way to unwanted sexual proposals)

2. *exosystem* – lack of resources (low socioeconomic status, risky living conditions, early or single parenting, divorce), lack of alternatives (due to weak family bonds, lack of support, and social isolation)
3. *macrosystem* – cultural tendency to blame the victim, the concept of femininity based on the good girl / bad girl differentiation

Factors reducing vulnerability, are described as non-occurrence of the factors or as characteristics presented above, e.g. within the family. The present study explored such factors reducing the probability of consequences as secure attachment, good family relationships and strong parenting skills (*the microsystem*), support in the local community and well-functioning social services (*the exosystem*), sexual education, child abuse prevention, and recognition of children's rights (*the macrosystem*).

Because the basis for analysis were memories of the victims from the early childhood reported indirectly (by therapists), it was decided to abandon the analysis of the factors from ontogenetic level.

Methods

The goal of the study was to examine long-term effects of CSA, especially those related to risky sexual behaviours (multiple partners, promiscuous behaviours), susceptibility to re-victimization, and prostitution.

Research questions:

1. What are the long-term effects of childhood sexual abuse and can they include risky sexual behaviours, prostitution, and susceptibility to re-victimization?
2. What factors have an impact on the occurrence or non-occurrence of long-term effects, especially the ones related to re-victimization, risky behaviours, and prostitution?
3. What mechanisms and processes in the biographies of CSA survivors may relate to risky sexual behaviours, prostitution, and/or re-victimization in adulthood?

The study was conducted in 2015, using the method of unstructured interviews with therapists and other professionals working with grown-up survivors of child sexual abuse. The respondents described cases of persons they had worked with. Snowball sampling was used and the subjects had between 3 and 40 years of professional experience.

Seventeen interviews were conducted, describing 38 cases of grown-up survivors of childhood sexual abuse. After a preliminary examination, 2 interviews were excluded from the sample due to their suspected unreliability. Ultimately, 15 interviews were analysed, describing the overall number of 33 cases.

It was initially assumed that about half of the cases would involve CSA survivors who, as adults, provided sexual services (the respondents were selected to match this assumption).

However, due to a small number of professionals working with persons having the experience of prostitution, finally only 11 such cases were included in the sample, i.e. 1/3 of all cases.

Characteristics of Childhood Sexual Abuse Experiences

The selection criterion, for the cases we talked about with the respondents, was the experience of sexual abuse in childhood (before the age of 18). In all cases, it was sexual abuse, that involved physical contact. Importantly, few survivors experienced abuse only once (3 cases) or few times (3 cases). Most cases (27) involved multiple experiences of sexual abuse initiated by the same or various perpetrator. Almost in all the cases, the victims of abuse were women (32), only one was a man. The characteristics of the first incident of abuse were analysed.

In the majority of cases (14) the first incident of abuse occurred between the ages of 7 and 11, in 10 cases – between 3 and 6; in 8 cases – between 12 and 15; and in one case – at the age of 17. Except for the last case, all these incidents took place before the legal age of consent, which is 15 in Poland, so regardless of the form, they were all criminal offences. Also, the last case, due to its form, was unquestionably a crime. In other words, all the cases analysed in the study fall under the Polish definition of crimes against sexual freedom.

The majority of the victims experienced repeated abuse, and the longest period of regular abuse was 8 years. All those persons experienced childhood sexual abuse involving physical contact.

In all cases, the abusers were males, with the vast majority was from the child's close environment. In 18 cases the perpetrator was the child's relative. In 15 cases it was the father, and in 6 cases – the mother's partner or friend. Sometimes there were multiple (at least a few) abusers – they were friends or acquaintances of the victim or the parents' family.

The circumstances of disclosure varied and in some cases could not be identified. In 18 cases (out of 24 in which the circumstances of disclosure could be established), the victim did not receive appropriate support after the initial disclosure. Instead, there was no response at all, or the child was either not believed or blamed for the abuse. After such responses, the victims had two strategies: they either did not tell anyone else (also about any repeated experiences of abuse), or after some time they told someone else and received support from that person. Only in 6 cases, the first person, to whom the victim disclosed the abuse experience, responded by providing support, which most often involved seeking therapeutic or legal help.

The survivors sought therapy at various stages of their lives – sometimes directly because of sexual abuse, but more frequently for other reasons, such as depression after losing their job or difficulty maintaining a relationship. In such cases, it was only during the therapeutic process that the abuse experience came up. One of the abuse survivors went to therapy at the age of 54, and only then started processing her childhood experiences.

The reason why it was difficult to establish the initial age of starting therapy was the fact, that half of the abuse survivors had started and quit therapy numerous times, (with the same or different therapist). When we tried to establish the age of their first contact with a therapist, during which there was at least an attempt to work on the childhood experience

of sexual abuse, we found that about half of the survivors (16 persons) had had such contact between the age of 30 and 49, 12 people – between the age of 18 and 29, 3 people – when they were over 50, and 2 persons had the first contact with a therapist before coming of age.

Effects of Sexual Abuse

The present study analysed long-term effects of CSA, persisting into adulthood. In 32 cases, i.e. in all cases except for one, such long-term effects of CSA did occur. In the one exceptional case, the therapist said she could not see any effects of abuse and the therapeutic work focused on providing support and processing the abuse experience itself. It should be added, however, that the survivor was still young, so there is a risk that negative effects may occur in the future, e.g. during a crisis or some life difficulties.

In the remaining 32 cases, effects of the abuse experience affected various areas of the survivors' functioning. The largest group of victims, i.e. 30 persons, experienced interpersonal problems, such as difficulty relating to others, loss of trust, fear of sexual partners, feeling betrayed, or susceptibility to re-victimization. Relationship problems were central to most of the stories. They included not only problems with starting a relationship, but also the lack of positive models, learned expectation of abuse, and the feeling that coercion and violence are natural components of a relationship. The analysis showed, that the survivors often entered abusive relationships (that involved physical, emotional, or psychological abuse) or relationships with addicted partners (thus repeating the pattern known from their homes).

The vast majority of survivors, 29 persons, demonstrated emotional problems and distorted self-image, such as depression and self-destructive behaviours. Eight survivors were diagnosed with depression, 4 with the borderline personality disorder, and 6 had a history of suicide attempts. Emotional problems were often the reason why those people sought therapy.

Problems with self-esteem, such as feelings of isolation and alienation, and extremely low self-esteem, were demonstrated by 26 out of the 33 survivors of CSA. Low self-esteem concerned almost all areas of adult life: being a bad mother, feeling hopeless at everything they do (although their therapists perceived them as doing well in life), or simply being a bad person – also in the sense of being “stained” by childhood abuse. Survivors of CSA often adopted the social perspective on themselves.

The same number of people (26) experienced social problems. These included substance abuse (19 cases), but also prostitution (11 cases). Substance abuse resulted from being unable to manage oneself and one's emotions. On the other hand, addiction (mainly to alcohol) or using alcohol to relieve tension were often learned at home. They served as ways to forget about painful experiences and to ease the emotional pain many survivors felt all the time. A detailed analysis of prostitution will be presented below.

Sexual problems occurred in 19 cases. They included both fears of sexuality, lack of sexual satisfaction, and reduced sexual desire, which led to avoiding sexual contact, or the opposite – compulsive seeking of sexual activity. Generally speaking, in most cases disturbed sexual development resulting from the experience of CSA, led to either full sexual withdrawal or excessive sexualization or even sex addiction. Some of the survivors perceived sexual intercourse not as a source of pleasure, but rather as a marital duty (or an obligation toward their

partner). Problems such as compulsive seeking of sex partners or promiscuous behaviours were categorized as risky sexual behaviours and will be described in more detail below.

The only category of effects that occurred in less than half of the analysed cases, were somatic and dissociative disorders. They were observed in 12 cases and were manifested as grave fears and tensions, as well as different forms of dissociation preventing normal functioning.

Risky Sexual Behaviours

The study emphasized risky sexual behaviours as effects of CSA.

The analysis of the material showed risky sexual behaviours, such as multiple sexual partners and casual sex (14 cases). In half of these cases (7) those were actually promiscuous behaviours. The survivors of CSA often engaged in sexual contact while intoxicated. For some of them, alcohol and sex were inextricably connected, as a result of being plied with alcohol during their childhood abuse experiences.

In some of the analysed cases, the respondents were explicit that the victims had exposed themselves to rape, unaware of how risky their behaviour was. Of course, this by no means diminishes the responsibility of the perpetrators, but simply shows that individuals whose intimate boundaries have been violated and who have not processed the experience, may find it difficult to accurately assess risky situations. Altogether, 21 CSA survivors experienced repeated sexual victimization: 16 when they were still children and 17 also in adulthood (some victims experienced repeated abuse both as children and as grown-ups).

As mentioned earlier, 11 persons had the experience of prostituting themselves in adulthood. Among those 11 stories, in the vast majority of cases (8) the CSA survivors were forced to prostitution (most often by family members) or other people profited from their prostitution, (re-victimization in the form of commercial exploitation). Such exploitation often began before the age of 18 and those, who profited from it, were the survivor's parents, siblings or partner. When offered support, all these persons gave up prostitution (as adults). Not always they were able to stop it immediately, but at least they made such attempts. Interestingly, sometimes the first individuals, who provided support and contacted aid organizations were the victims' clients. This was especially relevant in cases involving trafficking in human beings.

In the 3 remaining cases, there was no clear external coercion, but all three survivors engaged in prostitution in adolescence (before coming of age) and the decision was driven by the need to make a living and by the lack of support from their families or others in the young person's environment. When given support, only one of them chose not to give up prostitution; she also did not see any relationship between her childhood experiences and her current behaviour.

Factors influencing effects of CSA

One of the main goals of the study was to examine factors that contribute to the occurrence or non-occurrence of long-term effects of CSA. Those factors were analysed at each of the three levels.

Factors, that occurred at the *macrosystem* level included blaming the victim, which made it much more difficult to cope with the CSA experience, led to increased isolation, and made the victim more susceptible to re-victimization, including commercial sexual exploitation. Another factor was the social image of a woman as submissive to a man and having an inferior status. This image was often learned at home, making it much more difficult for women to protect themselves from maltreatment and abuse, including sexual abuse, by men. In a large proportion of cases this could be seen as patriarchalism or the domination of men and submission of women in the family.

In the analysed cases there were no factors reducing the probability of consequences at the macrosystem level, such as sexual education or awareness about children's rights and child abuse prevention.

At the *exosystem* level, the following factors were observed: low socioeconomic status, risky living conditions and lack of alternatives due to insufficient family and social support. Although the CSA survivors described by the respondents came from various environments – rural areas, towns, and big cities – and grew up in families of varied economic status, in all the cases involving prostitution there was at least one of the above mentioned factors. In other words, even if the socioeconomic status was not low, the victims did not have family or social support, i.e., they experienced lack of alternatives.

Well-functioning social services were a factor reducing the probability of consequences. In the analysed stories involving violence in the family, there was information about support received from institutions such as: the Social Services Centre, the Nobody's Children Foundation, shelters for mothers with children, or therapists. What could be clearly seen in the majority of cases, especially in the case of older victims, was the feeling of helplessness and lack of knowledge about where to seek help. Another problem was the unavailability of free psychological support.

Factors occurring at the level of *microsystem* level, included early family experiences, such as family breakdown, disorganization and family/marital dysfunction and the patriarchal family structure. Most stories included information about parental conflict that the child was aware of. That was both silent treatment and open fights. In one third of the cases there were incidents of physical violence between the parents; mothers were more likely to be the victims, though in some families they were the perpetrators, mostly of emotional abuse.

Another factors included experiencing other forms of abuse by children and justifying violent behaviours. Almost all the stories included one or more situations suggesting other forms abuse, such as emotional abuse or corporal punishment. Moreover, almost all the families were affected by child neglect. Alcohol abuse was a big problem in many families too.

In some interviews there was information about the history of CSA in the abusive parents' childhood, suggesting the intergenerational transmission of abuse. That variable was not analysed in the present study, so the information about such cases is not complete. However, it is worth taking this aspect into account in future studies.

Another important factor influencing the occurrence of long-term effects was the lack of support in the family after the disclosure of CSA by the child. No response, rejection, blaming the victim or experiencing aggressive behaviour after the disclosure, increased their emotional

problems and the feeling of being stigmatized. It resulted in reducing the victim's ability to respond in an assertive and effective way to unwanted sexual proposals in the future.

In just a few cases, emotional support for the child in the family was present and even in those cases the support was provided only by some family members. Especially in the one case where no long-term effects of CSA were reported, this factor – support and good family relationships – played an important role.

Information about the survivors' family situation suggests that in most cases their ontogenetic development might have been disturbed even before the sexual abuse experience as a result of violence, neglect, or lack of family support which led to insecure attachment, low self-esteem, and cognitive problems.

Conclusions. Summary

On the basis of the analysis the following conclusions can be drawn:

- Childhood sexual abuse may have both short-term and long-term effects persisting into adulthood. These are mainly interpersonal and emotional problems, but also problems with self-esteem and social functioning, sexual problems, and somatic and dissociative disorders.
- The effects of CSA may include risky sexual behaviours in adult life, including multiple sexual partners, promiscuous behaviours, or prostitution. CSA survivors are also more susceptible to re-victimization, both in childhood and as grown-ups.
- The study managed to identify factors that increase the likelihood of long-term effects of CSA, including risky sexual behaviours. They are mainly factors at the microsystem (family) level, such as: early family experiences (such as parental conflict), experiencing other forms of abuse, justifying violent behaviour, alcohol abuse in the family, proximity of the perpetrator (both kinship/acquaintance and physical proximity, i.e. living together), and the exosystem level: low SES and lack of alternatives due to non-existent family and social support. Factors at the macrosystem level included blaming the victim and patriarchy.
- Because in almost all cases some long-term effects of CSA were observed, it was much more difficult to identify factors reducing the probability of consequences. Ultimately, the following factors may be considered as protective: support from social services, including access to psychological help, emotional support in the family, and positive relationships with the family and with peers.
- CSA co-occurs with various forms of abuse in childhood. Consequently, the long-term effects identified in the study could be caused not only by CSA, but also, even to a larger extent, by neglect, emotional abuse, and other forms of maltreatment in the child's home.
- The study suggests that situations where the abuser comes from the victim's immediate environment are especially difficult, because they create barriers to disclosure and make it hard for the child to receive support from the family.
- Child victims of abuse do not know where to seek help. Moreover, grown-ups who have learned about CSA, including parents, do not know how to respond or their response is not supportive for the child.
- Parents are often unable to recognize symptoms of CSA; as a result, in some cases they do not realize the child has been abused so they cannot help him or her.

- The study revealed huge gaps in the support system for abused children – most of them did not receive any help from their school or other institutions they had contact with, or there were no such institutions at all. What was clearly visible was the lack of easily available, free-of-charge psychological help for children.
- Both children and young people, and their parents are unaware of the threats related to risky sexual behaviours.
- The study shows that persons providing sexual services are often victims of commercial sexual exploitation, who are forced to prostitution by their family. Such persons, are often stigmatized and deprived of appropriate support.

Towards Better Protection from Childhood Sexual Abuse in Childhood: Recommendations

The level of children's safety and protection from abuse is the outcome of multiple interrelated factors characterizing the society, the local community, the family, and the child. Minimizing risks and enhancing protective factors at all levels is a great challenge in Poland, both for the government and for the civil society.

The child protection strategy should be based on the recognition, enforcement, and promotion of children's rights incorporated in the UN Convention on the Rights of the Child. Poland made an important step towards ensuring safety for children when it ratified the Council of Europe Convention against Sexual Exploitation and Sexual Abuse (known as the Lanzarote Convention), which defines international standards of protecting victims and preventing sexual abuse.

Below we present the main recommendations, that reflect the most urgent needs and should drive various entities' efforts aimed at protecting children. They do not cover the whole spectrum of the problem. They focus on the aspects that are discussed in this research report and, at the same time, are being explored by other researchers, experts, and practitioners.

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SYSTEMIC SOLUTIONS IN THE AREA OF IDENTIFICATION AND INTERVENTION IN CASES OF CHILD ABUSE

Main problems:

1. Lack of specialized child protection services that could respond to reported threats to children's wellbeing and intervene in cases of child abuse.
2. Low engagement of professionals in education, care, and healthcare institutions in undertaking interventions in cases of child abuse.
3. Insufficient specialist services for children and young people struggling with mental health problems as a result of abuse. Strong focus of the mental healthcare system on inpatient hospital care; poorly developed community services (outpatient clinics, day care units). Shortage of child psychiatrists, which locates Poland among the European countries with the lowest ratio of child psychiatrists to the child population.

Recommendations:

1. Introducing child protection services in Poland as a systemic response to the need of identifying and undertaking intervention in cases of suspected child abuse.
2. Obligatory child protection policy in education, care, and other institutions to set and implement the standards of protecting children from violence and abuse, including intervention procedures in cases of suspected child abuse.
3. Investing in the psychiatric care system for children and young people. Increasing the number of child psychiatrists. Developing a network of community mental health treatment facilities for children, young people, and their families.



PREVENTION OF VIOLENCE AND CHILD SEXUAL ABUSE

Main problems:

1. Poland has no systemic solutions for early prevention of child abuse in the family. There is no obligatory assessment of risk factors in families. There are no procedures of reaching families at risk early enough to prevent crisis situations.
2. There are no commonly available programmes or initiatives aimed at improving parenting skills.
3. Educational and support services for children and young people, their parents, and professionals on preventing child abuse are not systemic or commonly available at the local (commune) level.
4. Lack of sexual education at school.
5. Public education on children's rights and on identifying and responding to suspected child abuse is not sufficient.
6. Prevention activities targeted at perpetrators and potential perpetrators of CSA are insufficient.

Recommendations:

1. Systemic solutions are necessary at three levels of prevention:
 - primary (universal): raising the public's awareness about child abuse; promoting positive parental attitudes; increasing readiness to respond
 - secondary (selective): identifying and supporting families at risk of child abuse; identifying and monitoring places/situations where CSA may occur; psychological support for potential abusers
 - tertiary (indicated): preventing re-victimization and reoffending
2. It is necessary to provide systematic education of children and young people on how to avoid the risks of violence and abuse and where to seek help in difficult life circumstances. Such training modules, adjusted to children's stage of development, should be provided at each level of education.
3. The national 116 111 Helpline for Children and Young People, introduced by the European Commission's decision as a social support service in all EU countries (in Poland in 2008),

should be available more broadly, as a 7/24 service. Close collaboration should be ensured between the 116 111 Helpline and local institutions providing help in cases of violence in the family.

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COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

Main problems:

1. In the public perception – and in the eyes of judges who make decisions in cases involving commercial sexual exploitation of minors – the burden of guilt for commercial sexual activity is placed on its teenage victims.
2. Lack of knowledge about commercial sexual exploitation of children in tourism / sex tourism and no systemic response to the problem.
3. Children and young people are unaware of the threats related to risky sexual behaviours.
4. Lack of systemic support services for teenage victims of commercial exploitation (prostitution, human trafficking). Placing the victims in educational centres for demoralized youth leads to stigmatization and prevents those young people from receiving specialist psychotherapeutic help focused on their sexual experiences.

Recommendations:

1. Public education (campaigns) and systemic training of judges who make decisions in criminal cases involving CSA.
2. Prevention activities focused on risky sexual behaviours, targeted at children and young people in education institutions.
3. In-depth analysis of sex tourism in Poland, e.g. conducting research into the problem.
4. Engaging more public and private entities in the tourism industry in the prevention of commercial sexual exploitation of children in tourism.
5. Broadening the range of specialist support services for teenage victims of commercial sexual exploitation.