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Psychological determinants of incest in a dysfunctional family A case report

Psychologiczne determinanty kazirodztwa w rodzinie dysfunkcyjnej. Opis przypadku

Incest is defined as sexual activity between relatives. The socio-legal consequences of this phenomenon are the subject of discussion in many European countries. In Poland, incest is penalized. The binding Polish Criminal Code classifies incest as an offence against sexual freedom and decency. Regardless of the legal, social or cultural assumptions adopted, incest concerns the family and its broadly understood existing conditions. This article presents a case report on an incestuous relationship between siblings growing up in a dysfunctional family. If the family fails to perform its functions, the risk of pathological phenomena, including incest, increases. The description of this case provides a look into the psychological and social factors of this phenomenon and allows to understand the environment's context for the aetiology of incest. Learning about mechanisms responsible for the onset of incest and developing ways to identify the dysfunction early can help implement preventive measures and appropriate intervention strategies.

Keywords: incest, sexual dysfunctions, dysfunctional family.

Kazirodztwo definiowane jest jako stosunek seksualny między osobami spokrewnionymi. Skutki społeczno-prawne tego zjawiska są tematem dyskusji w wielu krajach europejskich. W Polsce kazirodztwo jest penalizowane, a obecnie obowiązujący kodeks karny umieszcza przestępstwo kazirodztwa w grupie przestępstw przeciwko wolności seksualnej i obyczajności. Bez względu na przyjęte założenia prawno-kryminologiczne, społeczne czy kulturowe, zjawisko kazirodztwa dotyczy rodziny i szeroko rozumianych uwarunkowań w niej panujących. Jeśli rodzina nie spełnia swoich funkcji, wzrasta ryzyko zaistnienia zjawisk patologicznych, w tym kazirodztwa. W niniejszym opracowaniu został przedstawiony opis przypadku, który dotyczy kazirodztwa rodzeństwa wychowującego się w rodzinie dysfunkcyjnej. Opis tego przypadku pozwala na przyjrzenie się czynnikom psychologiczno-społecznym tego zjawiska oraz poznanie kontekstu środowiska i jego znaczenie w etiologii powstawania kazirodztwa. Poznanie mechanizmów powstawania kazirodztwa i wypracowanie sposobów wczesnej identyfikacji tej dysfunkcji może pomóc we wdrażaniu środków zapobiegawczych i odpowiednich strategii interwencyjnych.

Słowa kluczowe: kazirodztwo, dysfunkcje seksualne, rodzina dysfunkcyjna.

Introduction

In the literature, incest is defined as sexual activity between relatives, which may be a short-term or long-term relationship and may or may not result in the conception and birth of children¹.

Historically, regulations concerning social incest are manifested in prohibitions considered to be culturally universal². Despite the general

¹ C.J. Lumsden, E.O. Wilson, *Gene-culture translation in avoiding sibling incest*. Proceedings of The National Academy of Sciences of the United States of America, 1980, No. 77(10), p. 6248; D.W. Read, *Incest taboos and kinship: a biological or a cultural story?* Reviews in Anthropology, No. 43(2), p. 151. I. Tidefors, H. Arvidsson, S. Ingevaldson, M. Larsson. *Sibling incest: a literature review and a clinical study*, "Journal of Sexual Aggression: An international, interdisciplinary forum for research, theory and practice" 2010, No. 16(3), p. 348.; F., W., N., H., Júnior. Incest avoidance and prohibition: Psychobiological and cultural factors, "Psicologia USP" 2017, No. 28(2), p. 287.

² A. Bojkowska, *Wybrane przestępstwa związane z problematyką przemocy w rodzinie*, [in:] *Problematyka przemocy w rodzinie. Podstawowe środki prawne ochrony osób pokrzywdzonych*, edited by E. Kowalewska-Borys, Difin, Warszawa 2012, p. 84; M. Rodzynkiewicz, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] *Kodeks karny. Część szczególna. Komentarz do art. 117-277*, edited by A. Zoll, LEX, Kraków 1999, p. 561.

prohibition, there are countries in Europe where voluntary incestuous relations do not constitute an offence (this is the case in countries such as Belgium, France, Spain, the Netherlands, Kazakhstan, Kyrgyzstan, Lithuania, Luxembourg, Latvia, Portugal, Russia, Turkey and Uzbekistan). In countries that recognize the illegality of incest, criminal codes classify it in chapters equivalent to Chapter XXV of the Polish Criminal Code, i.e. offence against sexual freedom and decency. Other European countries recognize incest as an offence against the family (Criminal Code of Montenegro, Italy, Moldova, Serbia, Slovenia, and Switzerland) or public order in the Criminal Code of Finland³.

Studies carried out in developing countries, such as India, show that almost three out of ten registered rape cases are related to incest, and the trend is growing⁴. Some studies show that some communities even encourage marriage between blood relatives⁵, which results in cousin marriages. Cousin marriages are widespread in Africa, Asia and the Middle East. It is assumed that globally around 10% of children are born to parents in cousin marriages⁶. Noting these phenomena and their impact on society, the World Health Organization classifies this problem as a silent health emergency⁷, which is understated due to social taboo. This is also related to the fact that incest is linked to the transgression of social and cultural standards, such as social harmony, sexual abuse, or social role confusion⁸.

In recent years, incest and its possible socio-legal consequences have been discussed in many European countries where it is still considered an offence. L. Świto recalls a specific case from Germany that lead to a discussion on the legitimacy of the penalization of incestuous behaviour. The case concerned Patrick Stübing and his sister Susan Karolewski. They were separated in childhood but found each other years later and

³ M. Mozgawa, *Przestępstwo kazirodztwa w ujęciu dogmatycznym i kryminologicznym*, Instytut Wymiaru Sprawiedliwości, Warszawa 2015, p. 4.

⁴ A. Verma, H. Qureshi, J.Y. Kim, *Exploring the trend of violence against women in India*. "International Journal of Comparative and Applied Criminal Justice", No. 41(1-2), p. 4.

⁵ A.D. Hoben, A.P. Buunk, M.L. Fisher, *Factors Influencing the Allowance of Cousin Marriages in the Standard Cross-Cultural Sample*, "Evolutionary Behavioral Sciences" 2016, Vol. 10, No. 2, p. 98-102.

⁶ A. Maguire, F. Tseliou, D. O'Reilly, *Consanguineous marriage and the psychopathology of progeny: A population-wide data linkage study*, "JAMA Psychiatry" 2018, No. 75(5), p. 439.

⁷ Organization, W.H., *Child sexual abuse: A silent health emergency. Report of the regional director for Africa*. World Health Organization, Brazzaville, 2004, p. 6.

⁸ A.P. Wolf, *Incest prohibition, origin and evolution of*. In J. D. Wright (ed.), *International encyclopedia of the social & behavioural sciences*, 2015, 2nd ed., p. 730; S. K. Kar, R. Swain, *Incest*. [in:] Shackelford T., Weekes-Shackelford V. (eds) *Encyclopedia of Evolutionary Psychological Science*, 2020, Springer, Cham.

started a romance. The relationship produced four children. The case gave rise to the development of specific proposals to abolish the punishment for sexual relations of two adults who made a conscious choice to start the relationship. Such a discussion has also started in Switzerland and Poland⁹.

Regardless of the legal, social or cultural assumptions adopted, incest concerns the family and its broadly understood existing conditions. This article presents a case report on an incestuous relationship between siblings growing up in a dysfunctional family. The relationship, lasting over a dozen years, produced four children. The questions that arise from the analysis of this case concern the functioning of the State and its services. They had not identified the problem for many years and had not assisted this family. Thus, they had not prevented the continued behaviour constituting an offence under current Polish law. The case described became the subject of prosecution proceedings only after the birth of a fourth child. Analysis of both persons' psychological and forensic opinions allows a thorough understanding of the situation. It shows the case as an example that cannot serve as an argument for lifting the punishment of adults entering such a relationship. Instead, the case in question shows the ineffectiveness and the negligence of the relevant public services that could prevent the suffering of the persons involved. The case shows the complexity of incest, especially in a dysfunctional family. The numerous deficits (intellectual, personality, social) of the persons involved and the entire family system prevented them from resolving the problem themselves. A detailed examination of the reasons for this situation could help raise awareness and reformulate the role of the public services to develop effective ways of helping families affected by the problem.

Incest in Polish criminal law

In Poland, incest is penalized. The binding Polish Criminal Code classifies incest as an offence against sexual freedom and decency (Chapter XXV). Article 201 of the Criminal Code stipulates: "Anyone who has sexual intercourse with an ascendant, descendant, or a person being an

⁹ L. Świto, *Małżeństwo i rodzina wobec zagrożeń społeczno-cywilizacyjnych. Kontekst prawny*, „Biuletyn Stowarzyszenia Kanonistów Polskich” 2020, No. 33, p. 232.

adoptee, adopter, brother or sister is liable to imprisonment for between three months and five years". Police statistics show that the incidence of incest is decreasing. In 2020, 17 proceedings were initiated, of which ten were identified as offences. In the previous years, the numbers were, respectively: 2019, 20/13, in 2018, 19/8, in 2017, in 18/14, in 2016, in 33/18, in 2015, 31/11, and in 2014, 41/26¹⁰.

Attention should be paid to the provision of Article 201 of the Criminal Code, which includes the terms "sexual intercourse". This concept, in line with judicial interpretation, covers all classic heterosexual acts, i.e. proper sexual act consisting of the physical contact of the male and female organs (so-called "copulation", the act in which the male reproductive organ enters the female reproductive tract – immisio penis) and other sexual acts as surrogates of copulation, which resemble the level of intimacy associated with sexual intercourse, including the homosexual one¹¹. Given the biological criterion, sexual intercourse involves direct and penetrating contact between any part of the human body or any inanimate object with another person's genitals or the natural body holes, which by their very nature do not constitute reproductive organs, or direct sexual contact of genitals of one participant of the sex act with the genitals of the other participant. The latter concept also covers indirect sexual contact. It takes place when the genitals of one person are in contact with the other person's body parts that are not "biologically" genitals but treated by the offender as such and used to relieve their sexual tension (e.g. *in ore* or *per anum* intercourse)¹².

"Other sexual acts" remain outside the scope of criminalization of that provision. According to the definition of "other sexual act", it does not fall within "sexual intercourse". The case-law of the Supreme Court

¹⁰ Statistics of the National Police Headquarters, *Przestępstwa przeciwko wolności seksualnej i obyczajności (197-205), Postępowania wszczęte i przestępstwa stwierdzone z art. 201 KK za lata 1999-2020*, access: <https://statystyka.policja.pl/st/kodeks-karny/przestepstwa-przeciwko-6/63502,Kazirodztwo-art-201.html>.

¹¹ M. Bielski, *Wykładnia znamion „obcowanie płciowe” i „inna czynność seksualna” w doktrynie i orzecznictwie sądowym*, „Czasopismo prawa karnego i nauk penalnych”, 2008, XII: 2008, p. 21; P. Wójtowicz, *Znamiona typów czynów zabronionych dotyczących utrzymywania kontaktów seksualnych z małoletnim w polskich kodeksach karnych – ujęcie przekrojowe*, „Państwo i Społeczeństwo” 2014 (XIV), No. 4, p. 58; J. Warylewski, *Przestępstwa przeciwko dobrom indywidualnym. System Prawa Karnego*. Vol. 10, C.H.Beck, Warszawa 2016, p. 844-845; J. Kowalczyk, *O nieujednoliconej semantyce terminów „czynność seksualna”, „inna czynność seksualna” i „obcowanie płciowe” w dyskursie prawnym*, „Poradnik Językowy” 2020, No. 7, p. 71.

¹² I. Malinowska, H. Marek, D. Myślińska, M. Pińkowska, *Společné i pravne aspekty handlu ľuďmi*, FNCE, Poznań 2018, p. 64; M. Bielski, „Wykładnia znamion...”, op. cit., p. 225; M. Tomkiewicz, *Kazirodztwo a prawnokarna ochrona rodziny w Polsce*, „Profilaktyka Społeczna i Resocjalizacja” 2013, p. 21; M. Wrześniewski, *Czynność seksualna a obcowanie płciowe i inna czynność seksualna – próba uporządkowania pojęć*, „Acta Iuris Stetinensis” 2012, No. 3(720), pp. 38-39.

shows that “other sexual act (...) is a behaviour that does not fall within the concept of sexual intercourse, which is related to the human sex life broadly understood as the bodily contact between the offender and the victim or at least as subjecting the victim to a bodily contact of sexual nature”¹³. This view has been confirmed in the literature and subsequent rulings on several occasions¹⁴. This is also the case where the offender, when seeking to stimulate or satisfy his desire, touches the victim’s genitals (also through clothing) and performs other acts when in contact with the victim’s body¹⁵.

As M. Tomkiewicz points out, incestuous relationships belong to the so-called individual crimes, which means that only the persons listed in Article 201 of the Criminal Code who are in a particular legal and family relationship can be the offenders¹⁶. The Article mentions ascendants (i.e. parents, grandparents, great-grandparents), descendants (i.e. children, grandchildren, great-grandchildren), adoptees, adopters, brothers or sisters (i.e. persons with the same parents or at least one parent in common). Thus, in the case of direct kinship, this prohibition applies to everyone without limitation as to the degree of relationship, while for the secondary kinship, it applies only to siblings. The other persons mentioned in Article, i.e. “adoptee” and “adopter”, are defined in the Family and Guardianship Code. In this case, it is assumed that the prohibition concerning the adoptee and the adopter applies to each type of adoption, i.e. both the full adoption (adoption plena) and the simple adoption (adoption minus plena). In the case of voluntary incestuous sexual intercourse between adults listed in Article 201, the so-called necessary joint participation applies, imposing legal responsibility on each person involved for the perpetration or complicity¹⁷.

In practice, Article 201 often coincides with the provisions of Article 198 of the Criminal Code (anyone who takes advantage of the vulnerability of another person, or their inability to recognize the significance of the act or ability to control their conduct, as a result of a mental disability or disorder to subject such a person to sexual intercourse), as

¹³ Resolution of the Supreme Court dated 19 May 1999, file no. I KZP 17/99, [in:] OSNKW 1999, No. 7-8, item 37.

¹⁴ M. Wrześniewski, *Czynność seksualna a obcowanie płciowe i inna czynność seksualna – próba uporządkowania pojęć*, „Acta Iuris Stetinensis” 2012, No. 3, z. 720, p. 38.

¹⁵ *Decision of the Supreme Court dated 21.05.2008 in VKK 139/08.*

¹⁶ M. Tomkiewicz, „Kazirodztwo a prawnokarna ochrona...”, op. cit., p. 35.

¹⁷ Ibidem, p. 36.

well as the provisions of Article 199 of the Criminal Code (anyone who, by abusing a relationship of dependency makes another person perform sexual intercourse)¹⁸.

In discussions on the dogmatics of Polish law, it was argued that the incest prohibition under the criminal code stems not only from the perspective of morality and the need to protect the family but also eugenics¹⁹. This was justified by the belief that children born as a result of incest have genetic defects. Today, however, this argument is considered irrelevant (modern genetics do not confirm the theories on the greater prevalence of genetic defects in children of incest compared to children from the relationship of unrelated persons). The criminalization of incest is justified with the arguments of protection of moral decency²⁰.

The justification for incest criminalization is currently considered controversial in criminal law doctrine, given the argument that the prohibition restricts sexual freedom to choose a sexual partner from among members of the immediate family²¹. In particular, this argument is invoked if incest concerns adults²².

¹⁸ M. Mozgawa, „Przestępstwo kazirodztwa...”, op. cit., p. 56.

¹⁹ A. Marek, *Prawo karne*, Warszawa 2009, s. 506; M. Bojarski, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] *Prawo karne materialne. Część ogólna i szczególna*, ed. M. Bojarski, Warszawa 2020, p. 659; M. Berent, M. Filar, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] *Kodeks karny. Komentarz*, red. M. Filar, Warszawa 2014, p. 1179-1180; L. Gardocki, *Prawo karne*, Warszawa 2011, p. 270; J. Wojciechowska, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] B. Kunicka-Michalska, J. Wojciechowska, *Przestępstwa przeciwko wolności, wolności sumienia i wyznania, wolności seksualnej i obyczajności oraz czci i nietykalności cielesnej. Rozdziały XXIII, XXIV, XXV i XXVII Kodeksu karnego. Komentarz*, Warszawa 2001, p. 114; A. Polińska, *Rozważania nad zasadnością traktowania kazirodztwa jako przestępstwa*. Społeczeństwo. Edukacja. Język, 2019, 9, p. 103-113. P. Kozłowska-Kalisz, *Racjonalizacja penalizacji kazirodztwa*, [in:] *Kazirodztwo*, red. M. Mozgawa, Warszawa 2016, p. 59; K. Banasik, *Karalność kazirodztwa jako naruszenie wolności seksualnej*, [in:] *Konteksty prawa i praw człowieka*, ed. Z. M. Dymińska, Kraków 2012, p. 41; S. Hypś, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] *Kodeks karny. Komentarz*, red. A. Grześkowiak, K. Wiak, C.H.Beck, Warszawa 2017, p. 1009-1012; M. Mozgawa, *Przestępstwo kazirodztwa...*, op. cit., p. 56.

²⁰ P. Kozłowska-Kalisz, *Racjonalizacja penalizacji...* op. cit., s. 59; K. Banasik, *Karalność kazirodztwa...*, p. 41; S. Hypś, *Przestępstwa przeciwko...*, op. cit., pp. 1011-1012; M. Mozgawa, *Przestępstwo kazirodztwa...*, op. cit., p. 56.

²¹ Szwejkowska, B. Sitek. *Karnoprawny zakaz stosunków kazirodczych*, „Studia Prawnoustrojowe” 2014, No. 23, p. 45.

²² J. Warylewski, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] *Kodeks karny. Część szczególna*. Vol. I, ed. A. Wąsek, C.H.Beck Wydawnictwo Polska, Warszawa 2004, p. 250; J. Warylewski, *Przestępstwa przeciwko wolności seksualnej i obyczajności*, [in:] *Kodeks karny. Część szczególna. Komentarz do artykułów 117-221*, ed. A. Wąsek, R. Zawłocki, C.H.Beck Wydawnictwo Polska, Warszawa 2010, p. 1086-1088.

Dysfunctional family and incest

When describing the issue of dysfunctional families, attention is drawn to the fact that it is a system that does not fulfil its functions properly. It also does not meet its obligations toward children and other family members and does not provide sufficient resources to deal effectively with emerging crises. In such families, the standards adopted and the roles performed are not clearly defined and are mixed²³.

The pathology existing within the family reduces the quality of life of its members and threatens the functioning of the family as a whole. However, this does not necessarily involve seeking solutions. On the contrary, dysfunctional behaviour, including incest, serves to preserve the continuity and sustainability of the family²⁴. This is related to the estimated benefits and losses. If the benefits outweigh the losses, incest, as a form of pathology, can persist for many years to maintain the system²⁵. In this context, it is also important to note that family dysfunctions are rarely the result of incestuous relationships, which only result from other pathological factors²⁶. It seems crucial to understand the environment's context in the aetiology of incest because mishandling sexuality can promote and consolidate the effects of incestuous behaviour. Furthermore, learning about mechanisms responsible for the onset of incest and developing ways to identify the dysfunction early can help implement preventive measures and appropriate intervention strategies²⁷.

The act of incest takes place usually in the family system and is linked to it. If the family fails to perform its functions, the risk of pathological phenomena, including incest, increases. Studies focusing on incest between brother and sister confirm that this phenomenon is not limited

²³ M. De Barbaro, *Struktura rodziny*, [in:] Wprowadzenie do systemowego rozumienia rodziny, ed. M. De Barbaro, Kraków 1999, p. 47-48.; D. Becker-Pestka, M. Dubis, S. Różyńska, *Rodzina dysfunkcyjna i patologiczna w przestrzeni życiowej młodych dorastających*, Extante, Wrocław 2018, p. 20.

²⁴ M. Beisert, *Patologia seksualna w systemie rodzinnym*, „Roczniki Socjologii Rodziny” 2005, No. XVI, p. 33-55.

²⁵ Ibidem, p. 49.

²⁶ J. Warylewski, *Przestępstwa seksualne*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 2001, pp. 236-251; J. Warylewski, *Zakaz kazirodztwa w kodeksie karnym oraz w ujęciu porównawczym*, „Przegląd Sądowy” 2001, No. 5, pp. 79-81.

²⁷ M. Beisert, *Wykorzystanie seksualne — warunki powstania trauma*, „Seksuologia Polska” 2003, No. 1, 2, p. 89; S.A. Pusch, T. Ross, M.I. Fontao, *The Environment of Intrafamilial Offenders – A Systematic Review of Dynamics in Incestuous Families*, „Sexual Offending: Theory, Research, and Prevention” 2021, No. 16, p. 4.

to an individual's psychopathology but must be understood as a disturbance in the functioning of the whole family system²⁸.

Parents play an important role in the family. Failure to properly perform parental roles is a factor that increases the risk of various dysfunctions. Factors that increase the risk of incest include the absence of the mother (including emotional absence due to different life circumstances, such as illness or addiction), emotional or physical violence between parents or toward children, lack of appropriate communication, psychoactive substances dependence of parents, failure to meet the emotional needs of children, in particular, the need for closeness and security, which can be substituted by sexual acts performed by children²⁹.

A. Widera-Wysoczyńska noted that families in which sexual violence occurs "are characterized by the social isolation of parents or children; the absence of one parent; the distance between mother and child; child neglect; premature motherhood; lack of clear intergenerational boundaries and role reversal; deep marital conflicts and unsatisfactory sexual relationships; wife's passivity or powerlessness and dependence; somatic or psychosomatic diseases of the wife or husband; separation of parents; more often fathers' lack of control over their aggressiveness; the lack of emotional ties between the father and the daughter, which is not conducive to inhibiting sexual needs"³⁰. There may also be other dysfunctional problems in these families: physical and sexual violence, alcoholism, drug addiction, crime or unemployment³¹. The internal dynamics of the family also influences incestuous behaviour, especially when choosing a family member selected for abuse. Di Giorgio-Miller notes that abuse may be related to the offender's perception of his status in

²⁸ L. Razon, *Incest between brother and sister: or the absence of symbolization of violence from one generation to the next*, "Recherches en psychanalyse" 2019, No. 27, p. 61.

²⁹ S.A. Pusch, T. Ross, M.I. Fontao, *The Environment*..., p. 3; M. Cyr, J. Wright, P. McDuff, A. Perron, *Intrafamilial sexual abuse: brother-sister incest does not differ from father-daughter and stepfather-step-daughter incest*, "Child Abuse & Neglect" 2002, No. 26, p. 960; P. Brudek, *Choroba alkoholowa jako czynnik dysfunkcjonalności rodziny* [in:] *Rodzina w nurcie współczesnych przemian*, pod red. D. Krok, P. Landwójtowicz, Redakcja Wydawnictw WTUO, Opole 2010, p. 317.

³⁰ A. Widera-Wysoczyńska, *Zaburzone rodzicielstwo jako konsekwencja kazirodztwa doznanego w dzieciństwie*, "Przegląd Psychologiczny" 2005, No. 48(3), p. 303.

³¹ M. Głuszek-Osuch, *Spostrzeganie więzi rodzinnych przez dzieci pochodzące z rodzin alkoholowych*, "Studia Medyczne Akademii Świętokrzyskiej" 2006, Vol. 3, pp. 85; A. Pilszyk, *Obraz psychopatologiczny sprawcy przemocy rodzinie*, "Psychiatria Polska" 2007, T. XLI, No. 6, p. 830; M. Miśkiewicz, *Problemy współczesnej rodziny w dobie promowania wartości prorodzinnych*, "Pedagogika Rodziny" 2013, No. 3/1, 113-114; L. Cierpiałkowska, I. Grzegorzewska *Dzieci alkoholików w perspektywie rozwojowej i klinicznej*, Wydawnictwo Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań 2016, s. 103; D. Greydanus, J. Merrick, MD, *Incest: Child sexual abuse within the family*, "International Journal of Child and Adolescent Health" 2017, No. 10(3), p. 297.

the family. For example, it matters when the offender has a privileged position toward the parent or when the parent has not taught the child to respect boundaries. The researcher also draws attention to the fact that a new parental relationship (remarriage) may result in the offender's status loss or change, which may then turn against the younger siblings³².

Too early sexual initiation, children's experience of their parent's sexual activity, or the child being a victim of sexual abuse are also important factors³³. M.S. Kaplan et al. noted that mothers of offenders guilty of incest with their siblings were much more likely to be victims of sexual violence themselves than mothers of sex offenders who committed offences other than incest³⁴. The attitude of parents of incest offenders also caught the attention of researchers. It turned out that 32% of parents of incest offenders' siblings have rigid behaviours, mainly manifested in puritan customs and in discouraging and loathing their children's sexuality³⁵.

Many studies on family life focus on the incest between the father and daughter, despite reports that incest between siblings is at least five times more widespread than between parents and children³⁶. In Poland, 3/4 of detected cases of incest are related to father-daughter sexual contacts³⁷, which may mean that cases of sexual acts between siblings are not disclosed. This may indicate that such offences are detected much less often. Studies conducted by J. Gromska indicate that the incest offender is most often a village resident who lives in an incomplete, pathological family and who, as a child, experienced psychological, physical or sexual harm. In addition, he is an extrovert with inappropriate sexual awareness, often overusing alcohol and getting into conflicts with the law³⁸.

³² J. Di Giorgio-Miller, Sibling Incest: Treatment of the Family and the Offender, „Child Welfare” 1998, Vol. 77, No. 3, pp. 338.

³³ I. Tidfors, H. Arvidsson, S. Ingevaldson, M. Larsson, Sibling incest: A literature review and a clinical study, *Journal of Sexual Aggression* 2010, No. 16(3), p. 352; D. Greydanus, C. Tran Vu, J. Lautenschlager, *Violence against stepsiblings*, [in:] *The SAGE handbook of domestic violence*, edited by T. K. Shackelford, SAGE Publications, California 2021, p. 953.

³⁴ M.S. Kaplan, J.V. Becker, D.F. Martinez, *A comparison of mothers of adolescent incest vs non-incest perpetrators*, „Journal of Family Violence” 1990, 5(3), p. 210.

³⁵ A. Widera-Wysoczańska, *Zaburzone rodzicielstwo...*, op. cit., p. 308-309.

³⁶ N.A. Adler, J. Schutz, *Sibling incest offenders* „Child Abuse & Neglect” 1995, Vol. 19, No. 7, pp. 811. M. J. Phillips-Green, *Sibling Incest*, „The Family Journal” 2002, No. 10(2), p. 195.

³⁷ M. Powirska, *Kazirodztwo w polskim prawie karnym*, „Kortowski Przegląd Prawniczy” 2015, No. 2, p. 71.

³⁸ J. Gromska, J. Maślowski, I. Smoktunowicz, *Badanie przyczyn kazirodztwa na podstawie analizy opinii sądowych*, „Psychiatria w Praktyce Ogólnolekarskiej” 2002, Vol. 2, No. 4, p. 268.

In literature, reports of sexual exploitation by siblings highlight the age of the participants and psychological consequences. However, not all child sexual activities should be considered harmful or a form of sexual exploitation. Factors such as age difference, use of coercion, feeling mistreated, lack of consent and a sense of grievance also draw attention. In this context, it seems essential to establish the psychological factors, particularly when it concerns adults, to determine whether the incest took place and if there has been any sexual violence, i.e. victim-offender relationship³⁹. Indeed, it is recognized that incest between siblings is less dangerous, especially when partners act in mutual agreement and when there is no power and control of one partner over the other, a significant age difference between partners, or the use of force or repeated sexual behaviour⁴⁰.

Theories explaining incest

Incest is a highly ambiguous phenomenon, both from the victim's and the offender's point of view. Therefore, when describing the phenomenon, it is important to consider the characteristics of both participants, such as their age, gender and position in the family. Taking these factors into account makes it possible to distinguish incest between adults and between an adult and a child⁴¹. N.W. Thornhill divides incestuous behaviour into three categories. The first category concerns sexual activity between persons of direct descent (e.g. between parents and children or between siblings). The second category encompasses sexual activity between persons with more distant kinship (e.g. between cousins). The third group concerns legally related persons with no genetic kinship (e.g. stepson and stepmother, stepfather and stepdaughter)⁴².

In sociology, incest is primarily a phenomenon in the area of social life pathology due to its effects and the pathology of family life. On the other hand, psychology and sexology draw attention to the determinants

³⁹ P. Yates, 'Siblings as Better Together': *Social Worker Decision Making in Cases Involving Sibling Sexual Behaviour Get access Arrow*, "The British Journal of Social Work", Vol. 48, Issue 1, 2018, pp. 180-182.

⁴⁰ C.M. Gilbert, *Sibling incest a descriptive study of family dynamics*, "Journal of Child and Adolescent Psychiatric Nursing" 1992, No. 5(1), p. 5-9.

⁴¹ M. Beisert, *Mechanizmy rozwoju kazirodztwa w rodzinie*, „Dziecko Krzywdzone. Teoria, badania, praktyka” 2002, No. 1, s. 69.

⁴² N. Thornhill, *An evolutionary analysis of rules regulating human inbreeding and marriage*, "Behavioral and Brain Sciences" 1991, 14(2), pp. 248-249.

of incest and mechanisms that result in incestuous behaviour of psychological and biological nature, i.e. factors related to the incest offender and situation factors (incest aetiology). Both areas also allow determining the negative consequences of incest in the form of inappropriate sexual behaviour and disorders in the individual and social functioning of the victim⁴³.

Various theories explain the phenomenon of incest. According to M. Bowen's family system theory⁴⁴, every person's life is part of a system. This means that individual members of the system and subsystems mutually influence and depend on each other. According to this assumption, in a family, any factor becomes a driving force for subsequent action. This is because each family member plays an essential role in maintaining the family functioning in line with the respected rules but also in changing the system. The family system promotes its members' self-esteem and conditions their communication with their recognized principles. In light of this theory, incestuous relationships are intended to keep the family together and prevent its breakdown⁴⁵. Inbreeding families are characterized by internal family law, which consistently prohibits going outside the system, as it may cause family disintegration. Therefore, this law is characterized by an intense fear of the outside world, which is considered hostile and threatening. In addition, there is a strictly observed secrecy, which is related to the principle of isolation from the outside world. Shutting out from others results from treating the external environment as too complicated and having standards incompatible with those within the family. Therefore, external persons are observed as foreign persons and should be excluded. In other words, the offender of an incestuous act is a participant in a specific system (family) that comprises elements leading to incestuous behaviour. For such activity to be developed and continue, a specific relationship between the family members must exist.

⁴³ K. Grott, Kazirodztwo w aspekcie socjopsychologicznym, „Acta Przegląd Prawa i Administracji” 2009, No. 81, p. 154.

⁴⁴ M. Bowen, (1966). The use of family theory in clinical practice. „Comprehensive Psychiatry” No. 7, p. 345-374.

⁴⁵ M. Beisert, *Patologia seksualna w systemie rodzinnym*, „Roczniki Socjologii Rodziny” 2005, No. XVI, p. 35.

With the right conditions, the duo offender-victim can be created, developed and protected by the rest of the family⁴⁶.

Another theory explaining incest is a development concept based on two-tier concepts. These theories are particularly relevant to situations where children are the victims of incest. The developmental concept “explains incestuous acts by looking for their causes in the biographies of those involved. Older concepts are only interested in the offender. They point to those elements in the development of the offender, which involve the execution of the act (...). This impacts as if automatically, the assessment of the child’s participation in the act. The blame and responsibility for sexual behaviour between a child and an adult are borne solely by the adult. The child is expressly assigned the role of a victim”⁴⁷.

As described by M. Beisert, the trends applying dualistic concepts form “an attempt to broaden developmental explanations with interactive factors inherent in the offender-victim relationship (...). This approach treats the couple in the pathological relationship as a certain closed entity against the context in which they operate. For some researchers, this type of explanation poses a risk of blurring the offender’s responsibility and blaming the child (...)”⁴⁸.

A case report

The case concerns siblings in an incestuous relationship. Both were subjects to a psychological forensic examination in connection with an ongoing investigation under the supervision of the prosecutor’s office. They were suspected of having committed an offence described in Article 201 of the Criminal Code. Personal data of the siblings were anonymized and so changed that they cannot be identified.

Siblings A. (47 years old) – woman and B. (41 years old) – man, remained in an incestuous relationship, resulting in a daughter diagnosed

⁴⁶ M. Beisert, *Mechanizmy rozwoju...*, op. cit., p. 71; I. Spychała, *Role pełnione przez dzieci w rodzinie z problemem kazirodztwa*, „Seksuologia Polska” 2003, No. 1-2, p. 52; M. Beisert, *Patologia seksualna w systemie rodzinnym*, „Roczniki Socjologii Rodziny” 2005, No. XVI, p. 33; J. Antfolk, *Incest Aversion: The Evolutionary Roots of Individual Regulation*, Åbo Akademi. Åbo, Finland 2014, p. 14; T. R. Slavič, *When the Family becomes the Most Dangerous Place: Relations, Roles and Dynamics within Incestuous Families*, „The Person and the Challenges” 2020, No. 10 (1), p. 182.

⁴⁷ M. Beisert, *Mechanizmy rozwoju...*, op. cit., p. 70.

⁴⁸ Ibidem.

with mental impairment and a son with physical and mental impairment. He was diagnosed with a minimal delay of psychomotor development, albinism (white hair), microcephaly, dysmorphic features, dwarfism and muscle hypotonia. In addition, head MRI showed thinning of the corpus callosum, and abdominal ultrasound showed left kidney with double calyx system. After the birth of her son, A. left the baby in the hospital and agreed to his adoption.

The siblings were from a large family (eight children) where A. is the oldest daughter and B. is the fifth child. Their father abused alcohol and was physically violent. The mother divorced him and remarried. Stepfather also drank but was not aggressive. Both the father and stepfather are already dead. Family conditions were challenging. This was due to difficult material conditions (poverty), poor housing (the family lived in one room), the father's alcoholism and violence, lack of proper childcare and lack of role models.

Both study subjects still live in the house where they were raised (a building adapted from a farm building) together with their mother, sister and two brothers. There is a bathroom, brothers' room, sisters' room and a walk-through area between these rooms occupied by the mother. Almost all family members receive pension benefits and assistance from a Social Welfare Centre. Some of them have curators due to their incapacitation. Other family members that live separately: one of the sisters who married and moved to another city – currently there is no contact with her (family feud), and one of the brothers. He lives in a nearby town in a municipal apartment and sometimes comes to help in the field but generally does not contact their family.

During an interview, A. said she had completed special needs school (primary and vocational schools, both with a boarding house) and lived in an orphanage. At the time of the study, she has been partly incapacitated for several years due to slight intellectual impairment. She has never worked professionally and receives a pension. She has a piece of a land plot where she grows vegetables for the family's needs. When asked about domestic work, A. states that her mother and sister do it because it is too complicated for her (e.g. using an automatic washing machine). When asked about the household members, she mentions B., who, as the oldest brother, lives at home, works on the farm (they have a field, grow cereals and potatoes), makes payments, purchases, remembers about visits to doctors or pension committees. The other brothers also work

occasionally, and one of them is using alcohol too much. They usually drink beer because their mother used to forbid them everything, which annoys them, so alcohol soothes their nerves. She says she does not drink much beer. In addition, the brothers play on the computer, sisters watch TV and talk.

A. was pregnant five times but could not state when the first child was born. She had one miscarriage (she does not mention the month of pregnancy) and gave birth four times. Two sons died in childhood (one in hospital, the other in the Centre). All three pregnancies were before the daughter's birth (C.), which is already of age. The last child, a son (D.), was born with the handicaps mentioned above.

C. attends the same special needs school with the boarding house as A. C. repeated the first and second year in the vocational school and is now in the third-year class. When asked about the reasons for this situation, A. says that "C is not doing well at school", but she receives a pension and has a certificate of disability. When asked about her daughter's health, A. mentioned thyroid and eye disease but did not mention vitiligo and mental retardation. A. is content with life when she is with her daughter, who cares about her, comforts her and improves her mood. However, when the daughter leaves for school, A. is sad. When asked what would happen if the daughter moved out, A. says it would be C.'s decision, and A. would accept it. The daughter's father is A.'s brother; B., but A. never revealed that to her daughter. C. learned about it from her grandmother as a teenager. She believed it only after receiving confirmation from her mother and reacted with anger. C. treats her biological father as an uncle, and according to A., it should so remain.

Of her youngest son, A. says that she could not keep him because there were no appropriate conditions and she had nothing prepared for him. She acknowledges that the boy's father is also her brother, B. The daughter saw the brother in the hospital and suggested a name for him. A. is pleased that "he made it, has good living conditions, two parents, money (they get the 500+ bonus)". She knew nothing about the current health of her child. After his birth, she heard he was sick, but it was harmless. She knows he lives with a family in a nearby town but was never interested in him. She says that she will talk to him when he is older and wants to talk to her.

She has never been in a relationship with a man outside the family. When asked about sexual activity with her brother, A. is evasive, saying

that she will not become pregnant because she is taking medication; she now has a daughter, a lot on her mind and no time. She has not been aware it was improper to have sex with her brother. However, she now knows the consequences – a prison sentence or a stay at a psychiatric hospital. When asked about the circumstances of sexual activity, she denied using alcohol by her and her brother (“we were absolutely sober”).

She regularly sees a psychiatrist because otherwise, she will not receive her pension. When asked what she was treating, she replied that she has problems sleeping and becomes anxious when her mother is raging.

A.’s brother, B., currently lives with his mother, three sisters, a niece and two brothers. According to him, the mother and a drunk brother created the most problems at home. Mother barricades herself in her room in the evenings. She also closes the animals and the barn and gives keys to no one else. The mother is verbally aggressive. She accuses her children of unfavourable business with a neighbour and swapping animals. The brother, in turn, is abusing alcohol and is aggressive (he destroys items, attacks family members physically and verbally). They live in harmony with the rest of their siblings; everyone is responsible for their duties. Brothers work occasionally. B. has not gotten on well with his niece since she found out that he was her father. Nevertheless, he tries to take care of her: he picks her up when she returns home from the boarding school. Even though he treats her as her niece, based on information he shares, it can be assumed that he takes the initiative in caring for her - it was he who took her to the boarding house for the first time, then checked how she was doing there. He knows well what she does at home (watching TV or playing games on the phone) and has no girlfriends in the village. After it came out that D. was his son, all family members reproached him for having sex with his sister.

B. graduated with distinction from special needs primary school and vocational school, both with a boarding house. He received the highest grades and always received the Principal’s Honour Roll as a pupil. He could not explain why he had not attended a regular school. He worked professionally, including in a factory and as a ground worker. He resigned from his work at the factory because his colleagues forced him to buy and drink alcohol and to describe his sex life. He does not know why he was the only one to talk about it. He coped by telling about his experiences and overstating them with his ideas. The situation was very painful and embarrassing for him, so much that he ended up on sick leave and quit

his job. He is currently on a temporary pension and does occasional work. He is responsible for the crops, shopping, fees (he is aware, for example, of the number and amount of washing machine instalments, even though the mother has taken out the loan to buy it). In winter, he spends most of the time at a computer playing games.

B. has been abusing alcohol since 18. Until around 30, he drank daily. He went on a bender last time about six years ago, and he believes not to have a problem with alcohol currently. In the course of his addiction, he was diagnosed with psychopathic symptoms (he heard the voices of the dead), but he claims this ended when he stopped drinking. When asked about the current use of alcohol, he says that he stopped drinking before the birth of his son. He does not give the reason why he has stopped drinking alcohol. He says that the main reason for his alcohol consumption was work in the factory and his mother's behaviour. He has never been to a sobering-up station or hospital for that reason. He was treated only at a Psychiatric Health Centre. The other brothers usually drink beer, sisters - he does not know. When asked what else he treated at the Psychiatric Health Centre, he says he has been treating mental disorders for 15 years. According to him, he suffers from paranoid schizophrenia because his problems correspond to what he read on the Internet.

B. has never been in a relationship with a woman outside the family. When asked about sex acts with his sister, he replies evasively that he was intoxicated and did not know what he was doing. To the question of whether he thought that his sister's children were born sick because they were also his children, he reacted with sadness and initially said he did not think about it. Then he added that he had guessed it. However, this did not stop him from further sexual contacts, nor did it contribute to the use of contraception. He knows where his sister's sons are buried. He regularly visits the grave of one of them. Unfortunately, he was not informed about the death and burial of the boy who stayed in the Centre. Describing the relationship with his sister, B. said that he did not love her more than the other sisters and would not want to form a permanent relationship with her. He does not answer the question about initiating their sex life. He says he cannot remember how often they did it. When asked about the last intercourse with his sister, he is evasive and says it was a long time ago. About the beginning of sexual contacts with his sister, he says they used to live all in one room – father, mother, siblings.

They slept in beds and one bedding on the floor. He knows what the consequences of incest can be – a prison or a stay at a psychiatric hospital. However, he prefers to be at home because there is peace, warmth and food. In the part of the study focusing on sex life, he spoke reluctantly and was alternately embarrassed, ashamed, irritated, and insecure. When asked about his attitude toward the daughter, he was surprised that she could be more than a niece to him. When asked about life plans, he says he would like to move out and have a wife in the future.

B. takes care of the family's everyday life adequately to the family's situation – he organizes work in the field, manages the household budget, makes payments and purchases. He tries to secure his future (treatment at the Psychiatric Health Centre, pension) and his siblings' future (securing treatment and retirement benefits with Social Welfare Centre). He can assess the family's financial situation and make sure that everyone contributes to its maintenance. He is critical of the behaviour of other family members, such as his brothers' alcohol abuse, his niece's truancy, and lack of relationships with peers in their place of residence. B. is aware of siblings' situation and seeks to advise, support and assist them. For example, one of the brothers has been robbed and beaten at work. He adapts his activity to the rhythm of fieldwork. In winter, he spends more time at the computer; in summer, he works more in the field. At the same time, it seems that B. is not too directive to siblings (as he says, everyone is handling their duties). In conflict situations at home, he uses simple, familiar solutions - he struggles with his brothers, screams and uses profanity, withdraws, takes pills to calm down and fall asleep. He advised his brother to leave his work where he was mistreated.

The results of the psychological examination

On the WAIS-R(PL) scale, A. obtained results indicating reduced mental function at the level of slight mental impairment. The test's conclusions included comments that A. does not understand commands, demonstrates a reduced concentration capacity, has a limited attention span. She showed an average level of logical thinking based on vocabulary material, has significantly reduced memory functions and impaired ability to perform arithmetic operations. A. also shows a low understanding of standards and social life rules. The study identified A.'s significantly

reduced visual and spatial functions, difficulties in planning and organizing her activities, poor motivation to acquire new skills, dependence on others and needs for guidance. It was revealed that she inadequately assessed her abilities and was characterized by low criticism.

Based on the conducted tests and interview, A. was diagnosed with deficits in creating emotional and interpersonal relations. In this area, poor recognition and lack of internalization of social norms have a particular impact. This has consequences in the form of an incestuous relationship with B., an immature relationship with daughter C. and the resulting level of functioning (lower than her intellectual capacity). It was also established that she could not control her sexual activity, and therefore there was a high probability of continuing incestuous relations. At the same time, it was noticed that A. could learn new simple behaviours and skills. She requires, however, regular and intensive external support and motivation. This allows predicting that after learning and training, she will be able to take care of her basic needs on her own.

It also seems important to note A.'s difficulties assessing her life situation and decisions. During the test, when answering the questions, A. talked about the events of her life incidentally. She gave the impression of indifferently noting that such was life. It seems that she may thus unknowingly create a specific illusory, imaginary world in which she lives, providing her with a sense of security. In this world, the youngest son is in an adoptive family, and he is well. A good, dutiful daughter supports her. Life goes on in a large family, where there is alcohol, arguments and harmony, just like in every family. The reality is that her son is in a foster family and is severely ill. The social functioning of her daughter is worse than her abilities (which indicates parental ineptitude confirmed by the limitation of parental power, which she fails to mention). The family's functioning is based on two family members – mother (showing symptoms of untreated mental disorder) and brother, who is the father of A.'s children. When describing the various facts, she cannot predict their consequences in the future (such as an increasing visual defect of her daughter, a lack of treatment of the mother, whose behaviour is threatening). She does not analyse the causes, such as the diseases of her sons, the inadequacies of her home. Nor does she see cause and effect relationships. For example, she does not link the drinking of alcohol by her brothers with their behaviour ("they drink as guys usually do"). She also buys alcohol at their request ("when a brother asks, you cannot

say ‘no’. I will ask him for favour someday”), despite experiencing the adverse effects of drinking or knowing they should maintain abstinence. Her life is characterized by reactive, habitual satisfaction of her needs, yielding to the impulse that appears at a given moment. She does so in the way she has previously experienced, as good or pleasant for her. Whatever she does not have, she is not interested in having. It does not stir any emotions or motivate her to act as if it did not exist (e.g. her failure to seek information about her youngest son). She cannot plan actions (such as managing available money), anticipate difficulties or change. She says she will learn to care for household finances and shopping when her brother stops to be around. However, she does not take any deliberate action to do so now. A. does not understand complex social and emotional relationships. She cannot think abstract, see causes and effects, develop plans, reflect on her behaviour, draw conclusions and learn from them to motivate herself to go beyond everyday activities. However, with appropriate environmental support, such as motivation to make an effort, regular training and proper supervision, it is within her scope to acquire new, concrete and functional habits and skills (such as basic budget management, washing machine operation, keeping personal hygiene regularly).

On the WAIS-R(PL) scale, B. obtained normal results (at the lower limit), indicating that B. is generally familiar with social standards, has difficulty in recognizing cause and effect relationships, and has a low tendency to infer based on behaviour. This ensures that daily B. can correctly apply the rules and respond appropriately only in simple, well-known, repetitive social situations. He focuses on familiar and understandable elements in complex situations and does not seek to understand a new or more complex context (omits it). B. thus loses the ability to learn from his experience and to change his behaviour to more planned and adapted. As a result, he significantly worse anticipates the effects of behaviour and often does not do so at all. He has no ability to influence his and others’ behaviour. At the same time, B. has a well-trained ability to focus attention and to perform a calm, systematic visual analysis. He gained these skills in computer games and applied them during the test. This indicates the ability to transfer experiences between different but similar areas. It can be concluded that he can learn and apply the situation analysis and, as a result, plan and implement targeted actions. However, this would require targeted training, initially under supervision. Following

the interview and test, it was concluded that the level of his intellectual performance was within standard limits. However, he had emotional and social deficits in the absence of mature interpersonal relationships, weak mechanisms for regulating emotions and motivations, and the inability to deal with internal and external conflicts. It was important to note that the incestuous relationship resulted mainly from B.'s emotional immaturity, passivity, and lack of motivation to change the status quo. As a result, there is still a high probability of continuing incestuous activity regardless of alcohol intoxication. B.'s intellectual potential, as demonstrated by his attitude to negative behaviour in the family and persons in the environment, the awareness of being C.'s father and her disorders, the long-term sexual relationship and the experience of its consequence show that B. was able to understand the effects of sexual behaviour on his sister. Sexual contacts with A. were in line with his lifestyle, which was characterized by inactivity, lack of mental effort and lack of motivation to change. Engaging in sexual activity with his sister resulted from the need to relieve sexual tension. The level of his intellectual development makes him aware that incest is a violation of moral and legal standards and has consequences in the form of disorders of his daughter C. with whom he lives every day.

Overview

When analysing the family situation of the case presented, it should be stated that the siblings grew up in difficult conditions. They could experience many of the situations mentioned in the literature. As a result, they suffered deficits in various areas, especially in emotional and social functioning, which could have contributed to incestuous behaviour and its persistent duration for many years. An important conclusion is that both were able to understand the importance and consequences of an incestuous relationship. It seems important that A. was diagnosed with a borderline intellectual deficit and a slight mental impairment. The literature points out that persons with intellectual disabilities are

at a high risk of sexual, emotional, mental or physical harm⁴⁹. Sexual violence against people with intellectual disabilities is, as the US studies show, 4.8 times higher than that against non-disabled persons⁵⁰. Based on information from carers and educators of people with intellectual disabilities and individual publications, M. Karwacka believes that sexual violence against persons with intellectual disabilities is a frequent phenomenon in Poland⁵¹.

The identified deficits in A., which include deficits in the area of emotional and interpersonal relations, impact her poor recognition and lack of internalization of social standards. This has consequences in the form of incestuous behaviour. As a result of these deficiencies, A. has a significantly limited ability to control her sexual activity. Particular attention should be paid to the impulsivity of behaviour in the context of sexual relations with her brother, which fulfil her sexual needs and result from the level of intellectual, social and emotional development and the associated lack of control mechanisms.

When analysing B.'s behaviour, it was important to recognize the dependence on alcohol, significantly impacting his behaviour. There are many reports in the literature that combine abuse of alcohol with physical and sexual violence⁵², including incest⁵³.

⁴⁹ H.L. Strickler, *Interaction Between Family Violence and Mental Retardation*, "Mental Retardation" 2001, No. 39 (6), p. 461; M. Mitra, E. Mouradian, M. Diamond, *Sexual violence victimization against men with disabilities*, "American Journal of Preventive Medicine" 2011, No. 41(5), p. 494; K.C. Basile, M.J. Breiding, S.G. Smith, *Disability and Risk of Recent Sexual Violence in the United States*, "American Journal of Public Health" 2016, No. 106(5), pp. 928-33. Doi: 10.2105/AJPH.2015.303004; Q. Amelink, S. Roozen, I. Leistikow, J.W. Weenink, Sexual abuse of people with intellectual disabilities in residential settings: a 3-year analysis of incidents reported to the Dutch Health and Youth Care Inspectorate, "BMJ Open" 2021, e053317.

⁵⁰ D. Mejnartowicz, *O tym się nie mówi. Problem wykorzystywania seksualnego osób z upośledzeniem umysłowym*, „Bardziej Kochani” 1999, No. 3, p. 10-13; M. L. C. Celis, *Sexual Abuse among Persons with Development Disabilities*, „Asia-Pacific E-Journal of Health Social Science” 2013. Vol. 2, No. 2, p. 2. Access: <https://sites.google.com/site/asiapacificjournalofhss/>.

⁵¹ M. Karwacka, *Przemoc seksualna wobec osób z niepełnosprawnością intelektualną*, „Interdyscyplinarne Konteksty Pedagogiki Specjalnej” 2013, No. 2, p. 60.

⁵² J. Halicki, Nadużywanie alkoholu jako czynnik ryzyka przemocy w rodzinie, „Pedagogika Społeczna” 2018, 3(69), p. 222; M. Frąckowiak, M. Motyka, Charakterystyka problemów społecznych związanych z nadużywaniem alkoholu, „Hygeia Public Health” 2015, No. 50(2), p. 319-320; R.J. Macy, Renz, C., E. Pelino, Partner Violence and Substance Abuse Are Intertwined: Women's Perceptions of Violence-Substance Connections, „Violence Against Women” 2013, No. 19(7), pp. 881; J. G.C. van Amsterdam, R.J. Verkes, K. P.C. Kuypers, A.E. Goudriaan, W. van den Brink, Alcohol- and drug-related public violence in Europe, „European Journal of Criminology” 2020, Vol. 17(6), p. 808.

⁵³ C.P. Barnard, Alcoholism and incest: Improving diagnostic comprehensiveness. "International Journal of Family Therapy" 1983, No. 5, pp. 136-144; C.P. Barnard, *Alcoholism and Sex Abuse in the Family: Incest and Marital Rape*, "Journal of Chemical Dependency Treatment" 1990, No. 3(1), p. 132; P. Firestone, K.L. Dixon, K.L. Nunes, J.M. Bradford, A Comparison of Incest Offenders Based on Victim Age, "Journal of the American Academy of Psychiatry and the Law" 2005, No. 33, pp. 223-232.

B.'s test results led to his alcohol dependency syndrome diagnosis, complicated by alcohol hallucinosis. This diagnosis is essential for the understanding of B.'s behaviour. Alcohol reduces restraints and triggers crime and deviations. It also decreases the ability to control behaviour⁵⁴. According to J. Mellibruda, persons with alcohol dependence show the so-called destructive life orientation and skills deficits. Important factors for destructive life orientation, affecting the behaviour of a person with addiction, include "self-destructive attitude (low self-esteem, self-abuse and self-humiliation, suicidal thoughts, negative image of oneself and one's life), destructive patterns of interpersonal relations (defensive or aggressive attitudes, readiness to withdraw and isolate, suspiciousness and lack of trust, attitudes or the so-called antisocial features), the disintegration of the value system and the lack of a constructive vision of life (doubt, nihilism, lack of faith in positive values and the possibility of their implementation, manipulating destructive images of one's life)". On the other hand, the deficit in life skills manifests itself in areas such as interpersonal skills (related to communicating with other people, accepting and influencing other people), intrapersonal skills (related to self-awareness and understanding oneself, contact with one's feelings and desires), task skills (related to the performance of various practical activities in the professional, family and self-service sphere)"⁵⁵.

The characteristics of substance-dependent persons describe well B.'s personality. He shows low self-esteem and withdrawal as well as a tendency to social isolation. This was confirmed, among others, by the fact that he did not have contacts with women outside his family and did not maintain social contacts other than with household members. Also, in the area of life-skills deficits, he shows helplessness. For example, he is not able to defend himself against the malice of his mother (as he said, he had to drink to calm himself when she was aggressive, and then he took medicine). Furthermore, B. has no contact with his feelings and desires and his understanding of himself. Combining this with other factors, such

⁵⁴ D. Juszcak, K. Korzeniewski, *Analiza wybranych czynników psychospołecznych i psychopatologicznych u sprawców przestępstw seksualnych działających pod i bez wpływu alkoholu*, „Seksuologia Polska” 2016, No. 14(1), p. 2; J. Weafer, M.T. Fillmore, *Alcohol-related stimuli reduce inhibitory control of behavior in drinkers*, „Psychopharmacology” 2012, No. 222, p. 489-490; K.J. Walters, J.S. Simons, R.M. Simons, *Self-control demands and alcohol-related problems: Within- and between-person associations*, „Psychology of Addictive Behaviors” 2018, No. 32(6), p. 574.

⁵⁵ J. Mellibruda, *Psycho-bio-społeczna koncepcja uzależnienia od alkoholu*, „Alkoholizm i Narkomania” 1997, No. 28, p. 305.

as mental disorders, lack of ethical standards and positive models from the family home, made B. start the sexual activity with his sister.

Despite the above limitations and the diagnosed disorder, B.'s intellectual potential, life experience and mental state enabled him to understand the meaning and consequences of incestuous sexual relations with his sister and that it exceeded both social and moral norms. B. has not developed a reflective, predictive, planned course of action. He has learned to function in the "here and now" mode, to satisfy his needs only through effortless ways known to him and available at the moment. Even if B. recognizes emotional discomfort or harm, he is not able to take any action to change the situation or his behaviour. This is due to the lack of motivation to change, getting used to the current way of life and a certain convenience associated with stagnation. When the discomfort becomes severe, B. takes short-term relief without reflecting on the consequences. This can be seen in the pattern of alcohol use and meeting his sexual needs. Analysing B.'s pattern of drinking, he drank the most while working in a harmful environment. It was his way of coping stress, removing unpleasant emotions that he could not deal with in any other way. During adolescence, B., experiencing sexual tension, learned to satisfy it by having sex with his sister (which was favoured by the conditions at home). While not meeting his sister's resistance, on the contrary, experiencing her lack of inhibition and impulsiveness in meeting his sexual needs, he continued regular intercourses. Only the mother's complaints and the paternity court case made him realize the consequences of having sex with his sister, i.e. diseases and death of his children. However, he quickly pushed this reflection aside without eliminating or changing the habits, which led to the birth of another child (the youngest son). A significant factor in continuing incestuous relationships (most probably still ongoing) is the lack of motivation to make an effort and change his lifestyle.

In conclusion, the case analysis shows how important it is to diagnose addiction and dysfunctions in the family correctly. It seems disturbing that for several years and multiple pregnancies of A., no one paid attention to the situation in the family. Despite the involvement of many institutions caring for this family – mental health clinic, social welfare – multiple births, genetic diseases of children born and their premature deaths did not draw the attention of any of these institutions to the problem of incest. Early social diagnosis allows implementing appropriate relief, treatment and therapeutic measures.

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