

PAULINA WASZKIEWICZ

Magister

University College of Professional Education in Wrocław

ORCID: 0000-0002-2843-0614

e-mail: paulina.waszkiewicz@wskz.pl

DOI: 10.5281/zenodo.22903554

MICHAŁ MICHALSKI

Doktor nauk prawnych

District Court in Stargard

ORCID: 0000-0002-7159-1755

e-mail: m.michalski96@outlook.com

DOI: 10.5281/zenodo.22903554



PREMISES FOR THE APPLICATION OF A THERAPEUTIC MEASURE TO JUVENILE PERPETRATORS OF SEXUAL OFFENCES

Przesłanki stosowania środków leczniczych wobec nieletnich sprawców
przestępstw seksualnych

Abstract

This article examines the legal premises for applying the therapeutic measure to juvenile perpetrators of sexual offences, asking when and why the state should resort to medical intervention rather than punishment. Moving beyond a purely formal analysis of legal provisions, the authors treat juvenile sexual delinquency as a complex phenomenon, often rooted in developmental confusion, difficult family circumstances, or mental health problems, rather than solely in malicious intent. The paper shows that the therapeutic measure imposed by the family court is not punitive in character: its purpose is to restore the juvenile's health and to facilitate reintegration into society. Its application is nevertheless subject to strict conditions. Under Article 17 of the Act of 9 June 2022 on the Support and Rehabilitation of Juveniles, compulsory treatment presupposes a diagnosis of mental illness, another disturbance of mental functioning, or addiction; doctrine, however, requires an additional element; a demonstrable connection between the diagnosed condition and the punishable act committed. The article reconstructs this causal-link requirement as a doctrinal construction rather than a textual condition, analyses the evidentiary standard applicable to it (Articles 65–66 of the Act), and confronts the normative model with the practical realities of enforcement: the exclusively inpatient design of the measure, the state of child psychiatric care in Poland, and the scarcity of settled judicial practice. The central conclusion is that the causal-link requirement operates as a safeguard against arbitrary judicial decisions and against the stigmatization of the juvenile

offender, but its protective potential is realized only if expert evidence remains reliable, the guarantee applies in practice, and the measure can actually be executed.

Słowa klucze: juvenile, sexual delinquency, therapeutic measure, mental health

Abstrakt

Artykuł analizuje prawne przesłanki stosowania środka leczniczego o charakterze terapeutycznym wobec nieletnich sprawców przestępstw seksualnych, stawiając pytanie, kiedy i dlaczego państwo powinno sięgać po interwencję medyczną zamiast po środki wychowawcze lub poprawcze. Odchodząc od czysto formalnej analizy przepisów prawa, autorzy traktują przestępczość seksualną nieletnich jako złożone zjawisko, którego źródłem często są trudności rozwojowe, niekorzystne warunki rodzinne lub problemy ze zdrowiem psychicznym, a nie wyłącznie zamiar wyrządzenia krzywdy. W artykule wykazano, że środek leczniczy o charakterze terapeutycznym orzekany przez sąd rodzinny nie ma charakteru represyjnego, a jego celem jest przywrócenie zdrowia nieletniego oraz ułatwienie jego reintegracji ze społeczeństwem. Jego zastosowanie podlega jednak rygorystycznym warunkom. Zgodnie z art. 17 ustawy z dnia 9 czerwca 2022 r. o wspieraniu i resocjalizacji nieletnich, zastosowanie środka leczniczego wymaga stwierdzenia choroby psychicznej, innego zakłócenia czynności psychicznych lub uzależnienia. W doktrynie wskazuje się jednak na konieczność spełnienia dodatkowej przesłanki — wykazania związku pomiędzy rozpoznany zaburzeniem a popełnionym czynem karalnym. Artykuł rekonstruuje wymóg istnienia tego związku przyczynowego jako konstrukcji doktrynalnej, a nie przesłanki wynikającej wprost z treści przepisu. Analizie poddano również standard dowodowy mający zastosowanie do jego wykazania (art. 65–66 przytoczonej ustawy), a także skonfrontowano model normatywny z praktycznymi realiami wykonywania środka, w szczególności z jego wyłącznie stacjonarnym charakterem, stanem psychiatrycznej opieki nad dziećmi i młodzieżą w Polsce oraz niewielką liczbą utrwalonych orzeczeń sądowych w tym zakresie. Podstawowym wnioskiem jest stwierdzenie, że wymóg wykazania związku przyczynowego stanowi zabezpieczenie przed arbitralnością decyzji sądowych oraz przed stygmatyzacją nieletniego sprawcy. Jego funkcja ochronna może jednak zostać w pełni zrealizowana jedynie wówczas, gdy opinie biegłych pozostają rzetelne, gwarancje procesowe są rzeczywiście stosowane w praktyce, a orzeczony środek może zostać faktycznie wykonany.

Słowa klucze: nieletni, przestępczość seksualna, środek leczniczy, zdrowie psychiczne

1. Introduction

The issue of sexual delinquency among juveniles¹ constitutes one of the most complex areas of contemporary jurisprudence, requiring the integration of criminal law provisions, family procedure, as well as knowledge from the fields of psychiatry and clinical psychology. In the face of violations of legally protected interests, as defined in Chapter XXV of the Penal Code (hereinafter referred to as the “Penal Code”)², the legal system is confronted with the necessity of selecting instruments that will optimally implement the principle of the best

¹ For the purposes of this article, a juvenile shall be understood as a person referred to in Article 1(2)(1) of the Act of 9 June 2022 on Support and Rehabilitation of Juveniles (Dz.U. 2024, items 978, 1228; 2025, items 1872).

² Act of 6 June 1997 – Polish Penal Code (Journal of Laws 2025, items 383, 1818, 1872).

interests of the juvenile while ensuring public safety. A key instrument in this area is the therapeutic measure, the *ratio legis* of which is based on the primacy of therapy over repression in situations where deviant behaviour stems from disturbances in mental health.

The purpose of this study is to provide a multidimensional reconstruction and dogmatic analysis of the legal premises, the cumulative fulfilment of which determines the admissibility of imposing a therapeutic measure on a juvenile offender of a sexual nature. Particular attention is devoted to the process of establishing a causal link between a diagnosed mental illness, mental disorder, or addiction and the mechanism of committing the prohibited act.

In this study, a dogmatic-legal method was primarily applied, consisting in the analysis of legal provisions of the Penal Code and the Act on the Support and Rehabilitation of Juveniles in order to reconstruct the relevant legal norms. This was complemented by a comparative and systemic approach, used to examine the relationship between medical classifications (ICD-10, ICD-11) and their interpretation within Polish law.

Additionally, statistical and empirical data were analysed, including police records and criminological studies from 2024, to identify the age structure of offenders and the scale of juvenile sexual delinquency. The study was also supported by a review of relevant literature in the fields of juvenile criminal law and forensic psychiatry, enabling the formulation of conclusions on the need for an interdisciplinary approach in such cases.

The adopted structure of the article and the applied methodology are intended to demonstrate that the therapeutic measure performs a subsidiary function in relation to educational measures, and that its application must be preceded by rigorous evidentiary proceedings, eliminating arbitrariness in judicial decisions and preventing the stigmatisation of the juvenile offender.

2. Juvenile sexual delinquency

Sexual delinquency among juveniles constitutes a specific category of punishable acts, the analysis of which requires consideration of criminological, psychological, and social aspects. Unlike other forms of juvenile delinquency, its specificity lies in its close connection with the process of psychosexual development, as well as with mechanisms of socialisation and the internalisation of social norms. As indicated in the literature, juvenile delinquency is a multifactorial phenomenon resulting from the accumulation of environmental influences and individual predispositions³. In this context, sexual offences should be perceived as manifestations of deeper disturbances in the social and emotional functioning of the juvenile, rather than merely incidental violations of the law.

From the perspective of scale, sexual delinquency among juveniles does not constitute a dominant category of punishable acts; however, its qualitative significance remains substantial. According to empirical studies, sexual offences accounted for approximately 3% of all punishable acts committed by juveniles in 2024, while within the category of offences against sexual freedom and decency, the proportion of juvenile offenders reached

³ P. Drzewiecki, *Zjawisko przestępczości nieletnich w Polsce*, „De Securitate et Defensione. O Bezpieczeństwie i Obronności” 2016, nr 2, s. 78-96.

approximately 20%⁴. This indicates that juveniles constitute a significant group of perpetrators in this category of offences, which justifies the need for in-depth research and the development of appropriate legal and rehabilitative responses. Additionally, police statistics – including those at the local level – confirm the occurrence of punishable acts committed by juveniles, although their number remains relatively low⁵. This does not change the fact that sexual offences are among the most socially significant and require a particular response from the state.

Data from the Ministry of Justice regarding juvenile proceedings in district courts between 2022 and 2025 show the dynamics of punishable acts following the entry into force of the Act of June 9, 2022, on the Support and Resocialization of Juveniles. Careful interpretation is required, as judicial statistics distinguish between cases filed under the Nkd registry, proceedings in relation to individuals, and established punishable acts. These categories are not identical and do not equal the number of offenders⁶.

In 2022, courts received 68,842 juvenile cases, with 45.3% involving punishable acts and 54.7% demoralization. In 2023, overall incoming volume was similar at 68,198 cases, but punishable acts rose to 32,525, representing 47.7% of the total. A downward trend followed: 29,681 such cases were filed in 2024 (45.9% of the total), dropping further in 2025 to 28,544 cases, which was 8.6% lower than in 2022 and accounted for 44.4% of overall intake⁷.

A similar dynamic occurred in proceedings initiated in relation to individuals: 19,652 in 2022, rising to 21,479 in 2023, then falling to 19,768 in 2024, and 18,816 in 2025 (4.3% below the baseline year). Concluded proceedings numbered 34,005 in 2022, 36,189 in 2023, 35,056 in 2024, and 32,698 in 2025. Decisions not to initiate proceedings dropped from 9,156 in 2022 to 8,433 in 2025⁸.

Final rulings concluding proceedings rose from 11,718 in 2022 to 12,385 in 2023, before declining to 11,571 in 2024, and 10,506 in 2025. Because one proceeding can involve multiple offenses, total established acts attributed to juveniles were 14,102 in 2022, 14,898 in 2023, 14,076 in 2024, and 12,990 in 2025, marking a 7.9% drop compared to the baseline year⁹.

Rape offenses under article 197 of the Penal Code showed a distinct trend. In 2022, 26 such acts were established (0.18% of all offenses). This rose to 29 in 2023 and peaked at 33 in 2024 (0.23% of the total), occurring even as general juvenile delinquency remained flat. In 2025, 28 such acts were recorded, which was 7.7% higher than in 2022, despite an overall 7.9% decline in total juvenile offenses¹⁰.

Isolating article 197 of the Penal Code does not reflect all juvenile sexual delinquency. Although numerically small, the severity of these offenses requires individualized

⁴ A. Więcek-Durańska, *Nieletni sprawcy zgwałcenia ze szczególnym okrucieństwem*, „Probacja” 2024, no 2, pp. 171–194.

⁵ <https://inowroclaw.bip.policja.gov.pl/041/statystyka/przestepczosc-nieletni/43405,Przestepczosc-nieletnich-2024-r.html> (accessed: 12.04.2026).

⁶ Author's own compilation based on data from the Statistics and Analysis Department of the Ministry of Justice, "Statistical data on juvenile proceedings in the first instance in district courts," 2022 to 2025, data from report MS S16/18 in family and juvenile cases. <https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie/> (accessed: 7.09.2026).

⁷ *Ibidem*.

⁸ *Ibidem*.

⁹ *Ibidem*.

¹⁰ *Ibidem*.

psychological and psychosexual diagnostics. The data do not reveal how many offenders received therapeutic measures, nor can established acts be equated directly with offender counts, as one juvenile may commit multiple offenses¹¹.

Overall, juvenile cases and established offenses declined after 2023, whereas offenses under article 197 of the Penal Code remained higher than in 2022. These warrants continued monitoring of this offense category and qualitative analysis of juvenile offenders¹².

The analysis of the age structure of offenders indicates a clear relationship between sexual delinquency and adolescence. Research shows that the highest intensity of criminal sexual behaviour occurs in the early phase of adolescence, particularly between the ages of 12 and 14¹³. During this period, dynamic biological and psychological changes take place, which, in the absence of appropriate educational support, may lead to risky or deviant behavior. Importantly, juvenile offenders often act within peer relationships or against younger individuals, which results from both the accessibility of victims and the specific nature of social relations characteristic of this stage of life. The literature indicates that juveniles may be responsible for a significant proportion of offences committed against the youngest victims, which further complicates the assessment of this phenomenon¹⁴.

An important issue concerns the characteristics of juvenile perpetrators of sexual offences. They do not constitute a homogeneous group, which means that their behaviors may have different origins and dynamics. In some cases, we are dealing with individuals exhibiting emotional development disorders, deficits in impulse control, or disturbed psychosexual development. In others, such offences may result from environmental influences, including patterns derived from family or peer groups¹⁵. Studies also emphasize the importance of family-related factors, such as domestic violence, lack of proper care, or educational neglect, which may foster the development of deviant attitudes¹⁶. Thus, juvenile sexual delinquency should be analyzed not only through the prism of the act itself but also because of disrupted socialization processes. For this reason, the legislator has rightly entrusted matters concerning juveniles and minors to the jurisdiction of the family court, which is able to comprehensively assess the situation of the juvenile, both in terms of juvenile proceedings and parental authority.

In the context of the etiology of this phenomenon, particular importance is attributed to the distinction between endogenous and exogenous factors. The former includes biological and psychological determinants, such as personality disorders, impulsivity, or cognitive deficits. The latter encompass environmental factors, including family situation, peer group influence, and media exposure¹⁷. Contemporary research emphasizes that the key factor is the interaction between these elements, rather than their isolated occurrence. In particular, the social

¹¹ *Ibidem*.

¹² *Ibidem*.

¹³ I. Grzegorzewska, B. Pastwa-Wojciechowska, *Znaczenie diagnozy prognostycznej w resocjalizacji nieletnich sprawców przestępstw seksualnych*, „Resocjalizacja Polska” 2021, no. 22, pp. 123–138.

¹⁴ *Ibidem*.

¹⁵ A. Więcek-Durańska, *Nieletni sprawcy zgwałcenia ze szczególnym okrucieństwem*, „Probacja” 2024, no. 2, pp. 171–194.

¹⁶ J. Jasiak-Fik, *Przestępczość nieletnich w przełożeniu na politykę stosowania środków zapobiegawczych względem tych osób*, „Problemy Współczesnej Kryminalistyki” 2020, vol. XXIV, pp. 25–48.

¹⁷ *Ibidem*.

environment may both reinforce and limit deviant tendencies, making it one of the most important areas of preventive intervention¹⁸.

Attention should also be paid to the role of modern means of communication, including the Internet and electronic media, in shaping juvenile behavior. Research indicates that media may serve as a source of aggressive and sexual patterns which – especially in emotionally immature individuals – may be internalized and reproduced in real social interactions¹⁹. Moreover, the Internet creates new opportunities for contact between perpetrators and potential victims, increasing the risk of criminal behavior. In this context, juvenile sexual delinquency acquires an additional dimension related to technological development and changes in modes of social communication.

It is also important to consider the phenomenon of demoralization, which constitutes a significant background for juvenile delinquency. Statistical analyses indicate that despite a decrease in the number of punishable acts, there has been an increase in manifestations of demoralization among young people²⁰. This means that social and educational problems are not diminishing but rather taking on new forms. Demoralization may manifest itself, inter alia, in violations of social norms, lack of respect for authority, or a tendency towards risky behaviors, which in the long term may lead to the commission of more serious offences, including sexual crimes.

The specificity of juvenile sexual delinquency is also reflected in its motivations and dynamics. In many cases, such behavior is situational and does not result from entrenched criminal tendencies, but rather from emotional immaturity, sexual curiosity, or peer pressure²¹. This does not mean, however, that the phenomenon can be trivialized – in some cases, a high degree of brutality and repetition of behaviors is observed, which may indicate deeper disturbances requiring specialist intervention²². Therefore, proper diagnosis of the causes of behavior is crucial for selecting appropriate measures of response, including therapeutic and rehabilitative measures.

3. Premises for the application of a therapeutic measure to juveniles

A therapeutic measure may be applied to a juvenile who has committed one of the punishable acts defined in Chapter XXV of the Penal Code, provided that at the time of the offence the juvenile was at least 13 years old but had not yet reached the age of 17 (Article 1(2) of the Act of 9 June 2022 on the Support and Rehabilitation of Juveniles, hereinafter referred to as the “Act on the Support and Rehabilitation of Juveniles”)²³.

¹⁸ P. Drzewiecki, *Zjawisko przestępczości...*, *op. cit.*

¹⁹ *Ibidem*.

²⁰ M. Noszczyk-Bernasiewicz, *Demoralizacja i czyny karalne wśród nieletnich - dynamika i rozmiary*, „Resocjalizacja Polska” 2016, no. 11, pp. 145-162.

²¹ B. Błońska, B. Gruszczyńska, K. Witkowska-Rozpara, *Postępowanie z dorosłymi i nieletnimi sprawcami czynów naruszających wolność seksualną – wybrane problemy*, „The Polish Bulletin of Criminology” 2022, no. 29, pp. 67–96.

²² A. Więcek-Durańska, *Nieletni sprawcy zgwałcenia ze szczególnym okrucieństwem*, „Probacja” 2024, no. 2, pp. 171–194.

²³ Act of 9 June 2022 on the Support and Rehabilitation of Juveniles.

Despite the gravity of the punishable act committed by the juvenile, proceedings conducted under the Act on the Support and Rehabilitation of Juveniles are, in essence, focused on achieving changes in the juvenile's personality and behaviour, with due regard to their best interests (Article 3(1) of the Act). The legislator also requires consideration of the social interest; however, it is the juvenile who remains at the centre of the proceedings.

According to the assumptions expressed in the preamble to the Act, the proceedings aim to strengthen the juvenile's sense of responsibility for their actions, prevent demoralisation and the commission of further punishable acts, and create conditions enabling juveniles who have come into conflict with the law or with the principles of social coexistence to return to normal life. The proceedings are therefore intended to shape the juvenile and foster their development into a person aware of their family and civic responsibilities.

Furthermore, in proceedings involving a juvenile, account is taken of their personal characteristics and circumstances, including their age, health condition, level of mental and physical development, personality traits, family situation, upbringing conditions, and the nature of their social environment, as well as the causes and degree of demoralisation, including the type of prohibited act. Consideration is also given to the manner and circumstances in which the act was committed.

Thus, the proceedings are primarily focused on the juvenile and are aimed at their rehabilitation (Article 6 of the Act on the Support and Rehabilitation of Juveniles).

4. Functions of the therapeutic measure applied to juveniles

A therapeutic measure applied to juveniles constitutes a specific instrument of state response to manifestations of demoralization or the commission of a punishable act, the nature of which differs fundamentally from repressive measures. Its primary purpose is to provide the juvenile with appropriate medical and therapeutic assistance aimed at eliminating or reducing mental disorders or addictions that are related to their social functioning²⁴.

The primary function of the therapeutic measure is its therapeutic function, which consists in addressing the sources of the juvenile's deviant behavior. As indicated in the literature, the treatment of mental disorders, intellectual disabilities, or addictions often constitutes a sine qua non condition for behavioral improvement and for effectively preventing further demoralization and juvenile delinquency²⁵. From this perspective, the therapeutic measure is not a response to the act itself, but rather to the juvenile's state of health, which influences their behavior.

An equally important role is played by the rehabilitative function, which manifests itself in the effort to restore the juvenile to proper functioning within society. Rehabilitation – understood as a process of shaping an accepted system of norms and rules of conduct – in many cases requires the prior elimination or limitation of mental disorders and addictions²⁶. Consequently, the therapeutic measure forms part of a broader system of rehabilitative interventions supporting the juvenile's social development.

²⁴ K. Buczkowski, P. Bachmat, *Orzekanie oraz wykonywanie środków leczniczych wobec nieletnich*, Warszawa 2023, p. 7 and following.

²⁵ *Ibidem*.

²⁶ A. Łyżwa, *Resocjalizacja nieletnich w Polsce w środowisku zamkniętym*, „Probacja” 2024, no. 3, pp. 9-40.

Another function is the preventive function, aimed at preventing the reoffending of juveniles. The elimination or reduction of risk factors related to the juvenile's mental health decreases the likelihood of a return to unlawful behavior. In this context, the therapeutic measure aligns with the objectives of criminal policy towards juveniles, which seek to counteract demoralization and support their reintegration into society²⁷.

It is also necessary to consider the protective function, which consists in reducing the risk posed to others by influencing the offender. However, this function is secondary and must not prevail over the therapeutic function, which follows from the model of juvenile proceedings adopted in the Polish legal system, based on the principle of the best interests of the juvenile²⁸.

In relation to juvenile sexual delinquency, the functions of the therapeutic measure acquire particular significance. Such behavior is often linked to disturbances in the psychosexual, emotional, or developmental spheres, which justifies the need for specialized therapeutic interventions. In such cases, the therapeutic measure enables the implementation of treatment aimed at modifying improper behavioral patterns and preventing their consolidation. At the same time, it should be emphasized that the effectiveness of these interventions depends on their comprehensive nature and their integration with educational and rehabilitative measures.

Each of the functions discussed ultimately focuses on the juvenile and on undertaking appropriate actions aimed at preventing further demoralization or reducing the risk associated with the commission of further punishable acts. It should also be noted that the therapeutic measure may only be applied until the juvenile reaches the age of 18, as its execution ceases by operation of law upon attaining that age (Article 93(1) of the Act on the Support and Rehabilitation of Juveniles).

5. Specificity of the premises for the application of a therapeutic measure in the context of juvenile sexual offences

The specificity of the premises for applying a therapeutic measure to juvenile perpetrators of sexual offences lies primarily in the need to consider the conditions of psychosexual development and their impact on the offender's behavior. The specificity of the premises for applying a therapeutic measure to juvenile perpetrators of sexual offences lies primarily in the need to consider the conditions of psychosexual development and their impact on the offender's behaviour²⁹.

In the context of juvenile sexual offences, it is also important to recognise that such behaviour does not always reflect entrenched deviance, but may result from emotional immaturity, difficulties in understanding social norms, or limited interpersonal skills. A particular example concerns individuals with autism spectrum disorders, who may experience difficulties in understanding social boundaries and interpersonal communication, which may

²⁷ P. Pawluczuk-Bućko, *Ustawa o wspieraniu i resocjalizacji nieletnich – kilka uwag o kierunku zmian legislacyjnych*, „Studia Prawnoustrojowe” 2022, no. 58.

²⁸ K. Buczkowski, P. Bachmat, *Orzekanie oraz wykonywanie...*, *op. cit.*

²⁹ M. Zielona-Jenek, A. Chodecka, *Problematyka badań nad rozwojem psychoseksualnym dzieci* [in]: *Psychologia wieku rozwojowego. Norma – nietypowość – patologia*, E. Łodygowska, E. Pieńkowska (ed.), Szczecin 2017, pp. 163-182.

lead to behavior perceived as unacceptable or unlawful³⁰. In such cases, it is necessary to move beyond a schematic evaluation of the act and instead conduct a more in-depth analysis of its psychological and developmental determinants.

The specificity of these premises is also reflected in the strong link between juvenile sexual behavior and the environmental context. Research indicates the significant role of social factors, such as the sexualization of culture, access to pornographic content, or weakened family bonds, which may influence the formation of attitudes and behaviors among young people³¹. The specificity of these premises is also reflected in the strong link between juvenile sexual behavior and the environmental context. In particular, the absence of stable emotional relationships and deficiencies in sexual education may encourage risky or deviant behavior, which should be considered when assessing the legitimacy of applying a therapeutic measure.

This assessment cannot be limited solely to the analysis of the act itself but should include a comprehensive diagnosis of the juvenile's functioning, which determines both the justification and effectiveness of the therapeutic measure.

6. Application of a therapeutic measure

The application of a therapeutic measure to a juvenile consists in placing them in a medical institution providing healthcare services in the field of psychiatric care or addiction treatment (Article 8 of the Act on the Support and Rehabilitation of Juveniles). The premises considered by the family court when deciding on the application of such a measure include the determination that the juvenile suffers from a mental illness, another disturbance of mental functioning, or an addiction (Article 17 of the Act).

However, it should be emphasized that the mere diagnosis of a mental illness, another disturbance of mental functioning, or an addiction, as well as the finding that the juvenile has committed a specific sexual offence, does not in itself justify the application of a therapeutic measure. It is necessary to establish whether there is a causal link between the punishable act committed by the juvenile and the diagnosed mental illness, mental disorder, or addiction. Otherwise, the application of such a measure is not permissible³².

In contrast, in relation to a juvenile who has committed a sexual offence, other measures provided for by law may be applied in appropriate cases, namely a correctional measure or an educational measure.

7. Mental illness, mental disorder and addiction

The analysis of the premises for applying a therapeutic measure to juvenile perpetrators of sexual offences requires, as a preliminary step, the clarification of key conceptual categories,

³⁰ K. Nowak, *Młodzież z zaburzeniami ze spektrum autyzmu w postępowaniach sądowych oraz przed innymi organami ścigania w kontekście nieaprobowanych społecznie zachowań seksualnych -w kierunku izolacji czy oceny i terapii nieletnich?* [in:] *Karanie, terapia, resocjalizacja. W poszukiwaniu najlepszych rozwiązań*, M. H. Kowalczyk, D. Mackojć (ed.), Toruń 2021.

³¹ B. Śpila, *Czynniki prowadzące do prostytucji nieletnich*, „Roczniki Nauk o Rodzinie” 2009, vol. 1(56), pp. 245-255.

³² W. Sobejko [in:] *Ustawa o wspieraniu i resocjalizacji nieletnich. Komentarz*, P. Drembkowski, G. Kowalski (ed.), Warszawa 2023, Legalis, Nb. 5 [accessed: 15.3.2026].

such as mental illness, mental disorder, and addiction. These terms, although used in both legal and medical language, are not unequivocal and continue to evolve alongside developments in psychiatric and psychological sciences. Contemporary psychiatry has moved away from the traditional and imprecise term “mental illness”, replacing it with the concept of “mental disorder”, which is diagnostically more neutral and precise³³.

Historically, the concept of “mental illness” was associated with attempts to medicalize phenomena previously described as “madness” and to incorporate them into the domain of medical sciences. However, as noted in the literature, this term has never acquired a strict definition, and its scope has remained variable and dependent on socio-cultural context³⁴. It is now emphasized that the use of this concept in legal systems may lead to misunderstandings and even abuses, particularly through the stigmatization of individuals to whom it is applied³⁵. For this reason, both in diagnostic classifications (ICD-10, ICD-11, DSM-5) and in scientific literature, the term “mental disorder” prevails, encompassing a broad category of psychological and behavioral dysfunctions.

Mental disorders are defined as a set of clinically significant symptoms or behaviors associated with individual distress or with substantial impairment in social, occupational, or personal functioning³⁶. This concept is broad in scope and includes both psychotic disorders, such as schizophrenia or severe affective episodes, and non-psychotic disorders, including anxiety disorders, depression, personality disorders, and behavioral disorders³⁷. Importantly, the boundary between normality and mental pathology is fluid and depends not only on medical criteria but also on cultural and social conditions³⁸.

In the context of juveniles, particular significance lies in the fact that a substantial proportion of mental disorders manifest already during childhood or adolescence. These disorders may take various forms, ranging from emotional problems such as depression or anxiety to behavioral disorders that may be directly related to the commission of punishable acts.

It should also be emphasized that mental disorders do not constitute a homogeneous category but rather encompass a wide spectrum of conditions differing in severity and etiology. The literature indicates that their development results from a complex interaction of biological, psychological, and social factors³⁹. Among the most important are genetic predispositions, the functioning of the nervous system, traumatic experiences, family relationships, and environmental factors such as social pressure or media influence. In the case of juveniles in particular, psychosocial factors play a crucial role, as they may both contribute to the development of disorders and serve as protective factors⁴⁰.

³³ S. Pużyński, *Choroba psychiczna – problemy z definicją oraz miejscem w diagnostyce i regulacjach prawnych*, „Psychiatria Polska” 2007, vol. XLI, no. 3, pp. 299–308.

³⁴ *Ibidem*.

³⁵ *Ibidem*.

³⁶ A. Niemczyk-Zajac, *Sytuacja osób z zaburzeniami psychicznymi*, „Zeszyty Naukowe WSG” 2021, vol. 39, pp. 223–247.

³⁷ *Ibidem*.

³⁸ S. Pużyński, *Choroba psychiczna....*, *op. cit.*

³⁹ R. Matusiak, A. Dębicka, *Kryzys zdrowia psychicznego dzieci i młodzieży – profilaktyka, pomoc*, „Kultura – Przemiany – Edukacja” 2023, vol. XII–XIII, pp. 237–250.

⁴⁰ *Ibidem*.

A separate but closely related category is that of addictions, which in contemporary understanding are treated as a specific type of mental and behavioral disorder. Addiction is defined as an acquired, strong need to perform a certain activity or to consume a substance, accompanied by a loss of control over behavior and the occurrence of negative health and social consequences⁴¹. A distinction is made between substance addictions, such as alcohol, drugs, or medications, and behavioral addictions, including gambling, excessive Internet use, or sexual behaviors⁴². From a legal perspective, it is significant that addictions – as conditions affecting an individual's mental functioning – are subject to regulation both within the healthcare system and in provisions concerning juvenile responsibility⁴³.

In the context of juveniles, particular importance attaches to addictions developing during adolescence, which may constitute both a cause and a consequence of mental disorders. Research indicates that young people often turn to psychoactive substances as a means of coping with emotional tension, stress, or difficulties in social relationships⁴⁴. This mechanism, referred to as "self-medication", involves the temporary alleviation of negative psychological states through substance use, which in the long-term leads to the worsening of problems and the development of addiction⁴⁵. At the same time, contemporary analyses show that access to specialized psychiatric and therapeutic care for children and adolescents remains limited, which hinders the early diagnosis and treatment of mental disorders and addictions⁴⁶.

From a legal perspective, it is essential to recognize that both mental disorders and addictions may affect a juvenile's ability to understand the significance of their actions and to control their conduct. Consequently, they constitute one of the key premises for the application of therapeutic measures in proceedings involving juveniles⁴⁷.

The scale of the phenomenon is confirmed by current data. According to the World Health Organization, globally one in seven people aged 10–19 experiences a mental disorder, and mental disorders account for approximately 15% of the global burden of disease in this age group⁴⁸; the corresponding UNICEF estimate for 2019 indicates some 166 million adolescents worldwide (89 million boys and 77 million girls) living with a mental disorder⁴⁹. In Poland, the children's mental health system was described by the Supreme Audit Office (NIK) as inefficient in relation to needs, which directly affects the early diagnosis and treatment of disorders relevant in juvenile proceedings⁵⁰.

⁴¹ P. Ulman, *Spoleczne i rodzinne uwarunkowania uzależnień u dzieci i młodzieży*, „Fides et Ratio” 2011, no. 4(8), pp. 74-86.

⁴² *Ibidem*.

⁴³ K. Golusińska, J. Kruczek, *Prawne aspekty uzależnienia dzieci*, „Studia Prawnicze KUL” 2018, no. 4(76), pp. 63-91.

⁴⁴ P. Ulman, *Spoleczne i rodzinne uwarunkowania...*, *op. cit.*

⁴⁵ *Ibidem*.

⁴⁶ S. Kluczyńska, E. Sokołowska, *Zdrowie psychiczne dzieci i młodzieży w Polsce – wyzwania i rekomendacje*, „Psychologia Wychowawcza” 2023, no. 27, pp. 67–77.

⁴⁷ K. Golusińska, J. Kruczek, *Prawne aspekty uzależnienia...*, *op. cit.*

⁴⁸ WHO, „Mental health of adolescents”, fact sheet (update 2024), <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> (accessed: 6.09.2026).

⁴⁹ UNICEF, „Adolescent mental health statistics” (estimates for 2019), <https://data.unicef.org/topic/child-health/mental-health/> (accessed: 6.09.2026).

⁵⁰ <https://www.nik.gov.pl/najnowsze-informacje-o-wynikach-kontroli/psychiatria-dziecieca.html> (accessed: 6.09.2026).

8. The causal link: a doctrinal construction and its probative standard

It should be noted at the outset that the text of Article 17 of the Act on the Support and Rehabilitation of Juveniles does not, taken literally, require any causal link. The connection between the diagnosed condition and the punishable act is therefore not a textual premise, but a construction developed in doctrine - the act committed by the juvenile is not even mentioned in that provision⁵¹. Treating the causal link as a prerequisite thus derives from the purpose of the measure rather than from its letter.

Reconstructed in this way, the causal-link requirement performs two functions. The first is a protective (limiting) function: it excludes therapeutic coercion where a mental disorder or addiction coexists with the act but did not influence its commission. Without this requirement, the measure could operate as a disguised punitive sanction or as preventive quarantine based on diagnosis alone, which the legislator has not authorized. The second is an anti-stigmatizing function: it prevents the medicalization of social deviance - that is, the labelling as "mentally ill" of juveniles whose behavior results from socialization deficits, family dysfunction, or developmental immaturity rather than from mental pathology.

The second element of the construction concerns how the causal link is to be established. Three propositions should be distinguished. First, the diagnosis must refer to the juvenile's mental state at the time of the act, not merely at the time of the examination. Secondly, the relevant link is not full causation in the sense of criminal-law theory, but a functional relation: the diagnosed condition must have substantially impaired the juvenile's ability to understand the significance of the act, to control their conduct, or to resist situational pressure. Thirdly, this functional relation cannot be inferred by the court from medical documentation alone, nor from personal evidence; it requires a specialist assessment addressed expressly to the nexus between condition and act (Article 65(1)–(2) of the Act). In practice, this means that the expert opinion should not stop at diagnosis but should state - expressly and with reasons - how (or whether) the diagnosed condition influenced the mechanism of the act.

The construction is not free of tension. If the causal link is treated as a strict condition of application, juveniles whose disorder cannot be demonstrably linked to the act, but who nevertheless require treatment in their own interest, may be excluded from therapeutic intervention, which would defeat the therapeutic function. The requirement should therefore be applied in its functional, non-formal meaning: it operates as a filter against therapeutic coercion without a nexus, but it must not become a gate preventing justified treatment. The balance is ultimately struck by the quality of expert evidence, to which the analysis now turns.

9. Experts in the field of mental health

In proceedings concerning the application of a therapeutic measure to a juvenile, it is necessary to obtain expert opinions from two psychiatrists, and, upon their request, also from one or more experts representing other specialisations, pursuant to Article 65(1) of the Act on

⁵¹ K. Buczkowski, P. Bachmat, *Orzekanie oraz wykonywanie...*, *op. cit.*

the Support and Rehabilitation of Juveniles. The family court is therefore bound by such a request, both about the number of additional experts and their areas of expertise, which may include, inter alia, a sexologist or a psychologist⁵².

The diagnosis of a mental illness, mental disorder, or addiction in a juvenile requires specialized knowledge⁵³. The court cannot determine the existence of such conditions solely since life experience or professional practice. Admittedly, it is possible to establish whether a juvenile suffers from a mental illness, another disturbance of mental functioning, or an addiction based on the evidence gathered in the case, including medical documentation. However, even if such documentation indicates that, at the time of the offence, the juvenile suffered from a mental illness, another mental disturbance, or was under the influence of an addiction, it is not possible, on the basis of documentation or personal evidence alone, to determine whether the commission of the prohibited act was causally related to these conditions. For this reason, it is necessary to obtain expert opinions from psychiatrists and, where appropriate, from additional experts in other fields.

Where experts deem it necessary, the examination of the juvenile's mental state may be combined with observation in a medical institution, provided that the evidence collected indicates a high probability that the juvenile has committed a punishable act in the form of a criminal offence, particularly a sexual offence (Article 65(3) of the Act). In such cases, the juvenile must first be heard by the family court in the presence of the parties, their legal representatives, and the juvenile's defense counsel, if present (Article 65(4) of the Act). It should be noted that the legislator does not allow the participation of the victim, their legal representative, or the victim's counsel in such proceedings.

Observation in a medical institution may, as a rule, last no longer than four weeks. However, it may be extended upon request of the medical institution in which the juvenile has been placed, although the total duration may not exceed six weeks. Upon completion of the observation, the medical institution is obliged to notify the family court conducting the proceedings (Article 65(5) of the Act).

It should also be emphasized that the purpose of applying a therapeutic measure is to improve the juvenile's state of health and behaviors to a degree enabling their return to society and the continuation of treatment outside a medical institution (Article 88(3) of the Act)⁵⁴. It is also appropriate to endorse the view expressed by V. Konarska-Wrzosek, according to which behavioral improvement is possible only if an improvement in the juvenile's state of health is achieved, and that focusing on improving both health and behaviors implies reintegration into society and the continuation of treatment in an outpatient setting⁵⁵.

Irrespective of the above, the legislator has provided that where a juvenile commits one of the prohibited acts specified in Article 197 § 1, 1a, 3, 4 and 5 of the Penal Code, the

⁵² G. Kryzstofiuik, [in:] *Ustawa o wspieraniu i resocjalizacji nieletnich. Komentarz*, P. Drembkowski, G. Kowalski (ed.), Warszawa 2023, Legalis, Nb 5 [accessed: 15.3.2026].

⁵³ W. Sobejko, [in:] *Ustawa o wspieraniu i resocjalizacji nieletnich. Komentarz*, P. Drembkowski, G. Kowalski (ed.), Warszawa 2023, Legalis, Nb. 11 [accessed: 15.3.2026].

⁵⁴ M. A. Banaś-Grabek, *Środki zabezpieczające w postaci terapii i terapii uzależnień w Kodeksie karnym z 1997 r.*, Warszawa 2024, Legalis [accessed: 15.3.2026].

⁵⁵ V. Konarska-Wrzosek, [in:] *Wspieranie i resocjalizacja nieletnich. Komentarz*, P. Górecki, P. Kobes, V. Konarska-Wrzosek, Warszawa 2023, Lex/el, Nb. 4 [accessed: 15.3.2026]

examination of the juvenile by two expert psychiatrists is mandatory (Article 65(2) of the Act on the Support and Rehabilitation of Juveniles).

A survey of the publicly available case law indicates that, nearly four years after the entry into force of the Act, published decisions concerning the therapeutic measure remain scarce, and no appellate or Supreme Court judgment has yet offered a canonical formulation of the causal-link requirement in the context of Article 17. The case law that is available concerns mainly the execution phase. A family court decision of 24 March 2026⁵⁶ confirms the duty of the court to assess on an ongoing basis whether the applied measure corresponds to the juvenile's current situation, in particular the degree of their demoralization and the current state of health. The scarcity of published practice is itself a finding: it suggests either that the measure is used rarely, or that its interpretation has not yet given rise to appellate disputes. Both hypotheses merit further research and justify the doctrinal reconstruction proposed in this article.

10. The limits of the model: inpatient design, system capacity and fundamental-rights constraints

A complete assessment of the premises for applying the therapeutic measure requires attention to three constraints which condition its practical operation.

The exclusively inpatient design. Under Article 8 of the Act, the therapeutic measure consists in placement in a medical institution providing psychiatric or addiction-treatment services. This construction is markedly different from the criminal-law security measures: under the Penal Code (Article 93a § 1 point 2), outpatient treatment is available, whereas the juvenile court has no statutory power to impose the therapeutic measure as a mere obligation to undergo outpatient treatment. The measure is therefore always liberty-depriving, which raises the stakes of the causal-link requirement examined above: the prerequisite serves, in this light, as a condition of lawful detention.

The capacity of the system. The execution of the measure depends on the capacity of child psychiatric care, which remains under severe strain. According to Ministry of Health data cited in the press, in early 2025 there were only about 568 child psychiatrists in Poland, and the average waiting time in child and adolescent mental health outpatient clinics reached 214 days in the February 2025-February 2026 period⁵⁷. A NIK audit found the system inefficient in relation to needs. Three further practical characteristics, reported in professional practice, deserve attention: (i) the measure is executed in three types of facilities (basic, reinforced and maximum security), the selection being made by a dedicated national commission (Commission on the Therapeutic Measure for Juveniles), whose operation is still too recent to have produced settled standards; (ii) during execution, the court must review every six months whether the

⁵⁶ District Court in Wieliczka, 4th Family and Juvenile Division, decision of 24 March 2026, ref. no. IV Nkd 228/25. The ruling concerns an educational measure in the form of placement in a youth educational centre, rather than a therapeutic measure.

⁵⁷ Ministry of Health data, cited in: MP.PL, „Dostępność psychiatrów dziecięcych – dane MZ”, <https://swiatlekarza.pl/psychiatria-dziecieca-w-kryzysie-co-mozna-zrobic-wiecej-dwuglos-polityczny/>; „Dostępność psychiatrów dziecięcych – dane MZ” (Medycyna Praktyczna, średni czas oczekiwania 214 dni, okres II 2025–II 2026), <https://www.mp.pl/psychiatria-dzieci-i-mlodziezy/aktualnosci/403705,dostepnosc-psychiatrow-dzieci-dane-mz> (accessed: 6.09.2026).

premises for the measure persist; (iii) practitioners report cases of juveniles remaining in facilities after the statutory deadlines for review or after the expiry of a temporary placement order have lapsed, without a fresh judicial decision - situations which cannot be accepted and which ought to result in immediate release⁵⁸.

The fundamental-rights dimension. Placing a juvenile in a medical institution is a deprivation of liberty imposed without a criminal conviction, and the European Court of Human Rights has developed strict conditions for such measures. Under the leading case of *Winterwerp v. the Netherlands*⁵⁹, a person may be deprived of liberty as a person of unsound mind only if (i) a genuine mental disorder has been established by objective medical expertise, (ii) the disorder is of a kind or degree warranting compulsory confinement, and (iii) the validity of continued confinement depends on the persistence of the disorder. In respect of minors, Article 5(1)(d) ECHR requires that any deprivation of liberty genuinely serve the purposes of educational supervision or protective care; the Court has repeatedly held⁶⁰ that placement in an institution not suited to those purposes, or the repeated use of detention without genuine supervision, amounts to a violation. These standards map directly onto the Polish construction: the causal-link requirement and the mandatory expert examination (Article 65 of the Act) correspond to condition (i), while the six-month judicial review and the duty of release once the premises lapse correspond to the requirement of continued validity. At the same time, the legislator's decision to exclude the victim and their representative from observation proceedings (Article 65(4) of the Act) deserves a critical remark: while it protects the juvenile's therapeutic process, it also narrows the adversarial scrutiny of a far-reaching measure, and the balance may need revisiting *de lege ferenda*.

Taken together, these constraints explain why the normative elegance of the model does not automatically translate into practice: the measure is lawful only when the causal link is demonstrated, but it is effective only when the system is able to deliver the treatment and where it cannot, the guarantees operate on paper. Monitoring the actual use of the measure is therefore not a marginal concern, but an element of its constitutionality in practice.

11. Conclusions

Juvenile sexual delinquency should be regarded as a complex and multidimensional phenomenon arising from the interaction of biological, psychological, and environmental factors, rather than from isolated impulses or temporary deviations from social norms. As demonstrated throughout this study, such behaviors are often linked to disturbances in emotional and psychosexual development, deficits in social functioning, and adverse environmental influences. This justifies the need to prioritize therapeutic and rehabilitative responses over purely repressive measures in dealing with juvenile offenders.

⁵⁸ M. Rubiś, *Środek leczniczy orzekany wobec nieletnich*. <https://nieletni.pl/srodek-leczniczy/> (accessed: 6.09.2026) – as to cases of juveniles remaining in facilities after the expiry of statutory deadlines or temporary placement orders without a fresh judicial decision.

⁵⁹ ECHR, *Winterwerp v. the Netherlands*, no. 6301/73, judgment of 24 October 1979, <https://hudoc.echr.coe.int/eng?i=001-57597>.

⁶⁰ ECHR, *Bouamar v. Belgium*, no. 9106/80, judgment of 29 February 1988, <https://hudoc.echr.coe.int/eng?i=001-57445>.

The analysis of the applicable legal framework leads to the conclusion that the therapeutic measure constitutes a specialized and subsidiary instrument within the system of responses to juvenile delinquency. Its application is subject to strict legal conditions, the most important of which is the existence of a clear and demonstrable causal link between the committed act and a diagnosed mental illness, mental disorder, or addiction. The mere presence of such a condition is not sufficient to justify the imposition of a therapeutic measure. This requirement serves as a safeguard against arbitrary decisions and ensures that medical intervention is applied only where it is genuinely necessary and justified.

A central role in this process is played by expert psychiatrists and, where appropriate, other specialists, whose assessments enable the court to determine both the existence of a disorder and its impact on the juvenile's behaviors. The mandatory involvement of experts in certain categories of cases reflects the importance of reliable and scientifically grounded diagnosis. At the same time, the need for interdisciplinary cooperation between legal and medical professionals becomes evident, particularly in cases involving sexual offences, where behavioral patterns may be closely linked to developmental and psychological factors.

The findings also highlight the importance of the broader social context in which juvenile behaviors develop. Factors such as family dysfunction, exposure to violence, insufficient emotional support, the sexualization of culture, and the widespread availability of online content may significantly influence the formation of attitudes and behaviors among young people. These factors do not determine behaviors in a deterministic manner, but they may substantially increase the risk of deviant conduct. Consequently, any assessment of a juvenile's actions must consider not only the act itself but also the wider social and developmental context.

In this light, an effective response to juvenile sexual delinquency requires a comprehensive and individualized approach, combining legal, diagnostic, and therapeutic elements. The application of a therapeutic measure should therefore be based on a thorough assessment of the juvenile's mental condition, personality, and environment, as well as on an evaluation of the risk of reoffending. Only such an approach allows for the achievement of the fundamental objectives of juvenile proceedings, namely the protection of society and the rehabilitation and reintegration of the juvenile.

Ultimately, the analysis confirms that the therapeutic measure should not be treated as an alternative form of punishment, but rather as a tool aimed at addressing the underlying causes of deviant behaviors. Its proper application requires both rigorous evidentiary standards and sensitivity to the developmental and psychological needs of the juvenile. In this sense, the effectiveness of the legal response depends not only on the correctness of legal interpretation but also on the quality of interdisciplinary diagnosis and the availability of adequate therapeutic support.

Bibliography

Legal acts:

Act of 6 June 1997 – Polish Penal Code (Dz.U. 2025, item 383, 1818, 1872).

Act of 9 June 2022 on the Support and Rehabilitation of Juveniles (Dz.U. 2024, item 978, 1228; 2025, item 1872).

Literature:

Banaś-Grabek M. A., *Środki zabezpieczające w postaci terapii i terapii uzależnień w Kodeksie karnym z 1997 r.*, Warszawa 2024.

Błońska B., Gruszczyńska B., Witkowska-Rozpara K., *Postępowanie z dorosłymi i nieletnimi sprawcami czynów naruszających wolność seksualną - wybrane problemy*, „The Polish Bulletin of Criminology” 2022, no. 2.

Buczowski K., Bachmat P., *Orzekanie oraz wykonywanie środków leczniczych wobec nieletnich*, Warszawa, 2023.

Drzewiecki P., *Zjawisko przestępczości nieletnich w Polsce*, „De Securitate et Defensione. O Bezpieczeństwie i Obronności” 2016, no. 2(2).

Golusińska K., Kruczek J., *Prawne aspekty uzależnienia dzieci*, „Studia Prawnicze KUL”, 2018, no. 74.

Grzegorzewska I., Pastwa-Wojciechowska B., *Znaczenie diagnozy prognostycznej w resocjalizacji nieletnich sprawców przestępstw seksualnych*, „Resocjalizacja Polska” 2021, no. 22.

Jasiak-Fik J., *Przestępczość nieletnich w przełożeniu na politykę stosowania środków zapobiegawczych względem tych osób*, „Problemy Współczesnej Kryminalistyki” 2020, vol. XXIV.

Kluczyńska S., Sokołowska E., *Zdrowie psychiczne dzieci i młodzieży w Polsce - wyzwania i rekomendacje*, „Psychologia Wychowawcza” 2023, no. 27(69).

Konarska-Wrzosek V., [in:] *Wspieranie i resocjalizacja nieletnich. Komentarz*, Warszawa 2023.

Krysztofiuk, G., [in:] *Ustawa o wspieraniu i resocjalizacji nieletnich. Komentarz*, Warszawa 2023.

Łyżwa, A., *Resocjalizacja nieletnich w Polsce w środowisku zamkniętym*, „Probacja”, 2024, no. 3.

Matusiak R., Dębicka A., *Kryzys zdrowia psychicznego dzieci i młodzieży - profilaktyka, pomoc*, „Kultura – Przemiany – Edukacja” 2023, no. 12.

Niemczyk-Zajac A., *Sytuacja osób z zaburzeniami psychicznymi*, „Zeszyty Naukowe WSG” 2021, no. 39 (6).

Noszczyk-Bernasiewicz M., *Demoralizacja i czyny karalne wśród nieletnich - dynamika i rozmiary*, „Resocjalizacja Polska” 2016, no. 11.

Nowak, K., *Młodzież z zaburzeniami ze spektrum autyzmu w postępowaniach sądowych oraz przed innymi organami ścigania w kontekście nieaprobowanych społecznie zachowań seksualnych* [in:] *Karanie, terapia, resocjalizacja*, M. H. Kowalczyk, D. Mackojć (ed.), Toruń 2021.

Pawluczuk-Bućko P., *Ustawa o wspieraniu i resocjalizacji nieletnich – kilka uwag o kierunku zmian legislacyjnych*, „Studia Prawnoustrojowe” 2022, nr 58.

Pużyński S., *Choroba psychiczna – problemy z definicją oraz miejscem w diagnostyce i regulacjach prawnych*, „Psychiatria Polska” 2007, nr 3.

Śpila B., *Czynniki prowadzące do prostytucji nieletnich*, „Roczniki Nauk o Rodzinie” 2009, t. 1, nr 56.

Tabak I., *Zdrowie psychiczne dzieci i młodzieży. Wsparcie dzieci i młodzieży w pokonywaniu problemów*, „Studia BAS” 2014, no. 2(38).

Ulman P., *Społeczne i rodzinne uwarunkowania uzaleźnień u dzieci i młodzieży*, „Fides et Ratio” 2011, no 4(8).

Więcek-Durańska, A., Nieletni sprawcy zgwałcenia ze szczególnym okrucieństwem, „Probacja” 2024, no 2.

Zielona-Jenek, M., Chodecka, A., Problematyka badań nad rozwojem psychoseksualnym dzieci, [in:] E. Łodygowska, E. Pięńskowska (ed.), *Psychologia wieku rozwojowego. Norma - nietypowość - patologia*, Szczecin 2017.

Case law:

ECHR, Winterwerp v. the Netherlands, no. 6301/73, judgment of 24 October 1979, <https://hudoc.echr.coe.int/eng?i=001-57597>.

ECHR, Bouamar v. Belgium, no. 9106/80, judgment of 29 February 1988, <https://hudoc.echr.coe.int/eng?i=001-57445>.

District Court in Wieliczka, 4th Family and Juvenile Division, decision of 24 March 2026, ref. no. IV Nkd 228/25.

Online sources:

<https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie/> (accessed: 7.09.2026).

<https://www.mp.pl/psychiatria-dzieci-i-mlodziezy/aktualnosci/403705,dostepnosc-psychiatrow-dzieciacych-dane-mz> (accessed: 6.09.2026).

<https://nieletni.pl/srodek-leczniczy/> (accessed: 6.09.2026).

<https://www.nik.gov.pl/najnowsze-informacje-o-wynikach-kontroli/psychiatria-dziecieca.html> (accessed: 6.09.2026).

<https://inowroclaw.bip.policja.gov.pl> (accessed: 12.04.2026).

<https://data.unicef.org/topic/child-health/mental-health/> (accessed: 6.09.2026).

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> (accessed: 6.09.2026).