

IMPROVING THE DELIVERY OF QUALITY MEDICAL SERVICES FOR SURVIVORS OF SEXUAL AND INTIMATE PARTNER VIOLENCE IN POLAND

Introduction

This brief provides a review of the standards of care for survivors of sexual violence in Poland. It points to a lack of Clinical Management of Rape (CMR) guidelines and protocol in the health care system, which affects Polish and Ukrainian people alike. Lack of such guidelines leads to inadequate care and may result in survivors' re-traumatization and further victimization. It may also affect their ability to report and seek help.

This document aims to support the clinical handbook with two sets of guidelines and tools, including a training package and quality assurance tool advancing the implementation of CMR interventions into a Polish health care system. These resources aim to improve the quality of medical services for survivors of various forms of sexual and intimate partner violence in Poland.

The list of recommended documents includes:

- "Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook", World Health Organization, (2014),¹
- "Responding to children and adolescents who have been sexually abused WHO Clinical Guidelines", World Health Organization, (2017),²
- "Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings". World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees, (2020),³
- "Caring for women subjected to violence: A WHO curriculum for training healthcare providers", World Health Organization, (Revised edition, 2021),⁴
- "Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers." World Health Organization, (2017),⁵
- "Gender-Based Violence Quality Assurance Tool: Facilitation Guide", Jhpiego, the U.S. Centers for Disease Control and Prevention (CDC), World Health Organization, (2021).⁶

The brief concludes by setting out recommendations that are primarily targeted at the national, regional, and local authorities responsible for delivering quality healthcare, and planning sexual and intimate partner violence prevention programs in Poland.

¹ <https://apps.who.int/iris/handle/10665/136101>

² <https://www.who.int/publications/i/item/9789241550147>

³ <https://apps.who.int/iris/handle/10665/331535>

⁴ <https://www.who.int/publications/i/item/9789240039803>

⁵ <https://apps.who.int/iris/handle/10665/259489>

⁶ <https://www.who.int/publications/m/item/gender-based-violence-quality-assurance-tool-facilitation-guide>

Context

According to the WHO, “sexual violence includes, but is not limited to: rape within marriage or dating relationships; rape by strangers or acquaintances; unwanted sexual advances or sexual harassment (at school, work etc.); systematic rape, sexual slavery and other forms of violence, which are particularly common in armed conflicts (e.g. forced impregnation); (...) rape and sexual abuse of children,”⁷ and sexual abuse of people with disabilities. Given the current circumstances, medical professionals in Poland could encounter all of the above forms of sexual violence.

Sexual and intimate partner violence is associated with the risk of contracting sexually transmitted diseases. It may also result in physical injury, unwanted pregnancy and psychological trauma that profoundly affects a survivor’s health, opportunities, and well-being, often for life.⁸ Finally, it can have fatal consequences such as suicide, homicide, as well as maternal deaths and deaths of HIV-related causes.⁹

Poland is a country of particular importance in the regional response to the conflict in Ukraine, hosting the largest number of refugees fleeing Ukraine, whose large majority are women and children.¹⁰ Much of the attention and efforts of the responders involved, including humanitarian organizations, consist of the provision of adequate, timely, and high-quality health services, such as clinical care for persons who have experienced rape.

In 2021, 2,257 procedures for rape cases were opened in Poland. 1,081 crimes were found¹¹ and 955 crimes were detected (representing an 88% detection rate).^{12,13} However, it is estimated that only one in 20 rapes is reported to law enforcement.¹⁴ Barriers to reporting include lack of knowledge, lack of trust in public services, sense of shame, guilt, stigma, and fear of re-traumatization. Evidence shows that sexual violence is more often perpetrated by people known to the survivor, including their partner, family members, and friends.^{15,16} A study¹⁷ on selected characteristics of sexuality among Polish married women reported that half of women surveyed have had intercourse against their will.¹⁸ This figure demonstrates that sexual activity undertaken against the will of one of the partners can be considered the norm in Poland.

⁷ https://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf

⁸ https://repositorium.ka.edu.pl/bitstream/handle/11315/525/PiS_Szanse_i_wyzwania_spoleczne_w_okresie_exit_from_crisis_nr4_2012.pdf?sequence=1&isAllowed=y

⁹ https://www.nsvrc.org/sites/default/files/NSVRC_Publication_Factsheet_Impact-of-sexual-violence.pdf

¹⁰ As of February 6, 2023, there were 1,541,394 registered Ukrainians, 66% were women and girls,

UNHCR data available: <https://data.unhcr.org/en/situations/ukraine/location/10781>

¹¹ Crime found is a crime or a misdemeanor prosecuted by public indictment, (...), covered by a pre-trial procedure and concluded as a result of which the existence of the prohibited act was confirmed. (Source: <https://statystyka.policja.pl/st/przestepstwa-ogolem/przestepstwa-kryminalne/zgwalcenie/122293,Zgwalcenie.html>)

¹² “A detected crime is an ascertained crime in which at least one suspect has been identified and proven to have committed a crime in a completed preliminary investigation.” Retrieved from: <http://bip.katowice.kwp.policja.gov.pl/>

¹³ <https://statystyka.policja.pl/st/przestepstwa-ogolem/przestepstwa-kryminalne/zgwalcenie/122293,Zgwalcenie.html>

¹⁴ https://gsp.ug.edu.pl/index.php/gdanskie_studia_prawnicze/article/view/5287

¹⁵ <https://www.niebieskalinia.pl/aktualnosci/aktualnosci/kulturowe-uzasadnienie-przemocy-seksualnej>

¹⁶ <https://www.sciencedirect.com/science/article/pii/S0021755721001005>

¹⁷ Due to the lack of more recent evidence, the research has limitations and the gap in knowledge needs to be filled.

¹⁸ https://journals.viamedica.pl/ginekologia_polska/article/view/46751/33538

As with adults, it is difficult to determine the real scale of sexual abuse against children in Poland. Available data from police and court statistics only represent the number of incidents of violence being reported.^{19,20} Thus, it is very difficult to determine the full extent and nature of sexual violence in Poland.²¹

Access to public health care services related to sexual violence response

According to the National Health Fund (NHF), post-rape medical care is provided at several levels of the public healthcare system. Services are delivered by primary health care units (clinics and outpatient clinics), outpatient specialized care (e.g., specialty clinics), and hospitals and emergency medical services. From 2018 to 2022, about 415 providers nationwide delivered services for "examination and observation after alleged rape or seduction" (ICD 10 code Z04.4)²² within the public healthcare system. Assistance was provided to patients in all age groups from months-old infants to seniors. The majority of patients were women.

Waiting times for gynecological interventions, especially those related to follow-up and urgent planned care, are long. For example, according to the NHF, on the 31st of March 2023, the first possible date for an urgent appointment at the Gynecological Outpatient Clinic for Girls in Warsaw was between 50 days and 129 days.²³

The 12 March 2022 Special Act on assistance to Ukrainian refugees²⁴ provides access for refugees to the public health care system on equal terms with their Polish counterparts. However, language barriers, lack of information, cost of service, distance to the service providers, insufficient number of specialized doctors, and long waiting lines impact Ukrainian refugees' access to services.²⁵ Given the sensitivity and stigma associated with sexual and intimate partner violence, it is likely that accessing CMR services is challenging for people who need it most.

Legal frameworks

There are several international and national legal instruments which set out obligations for Poland to prevent and respond to sexual violence against all people regardless of gender, race, age, nationality, or residency status. Poland was among the first countries that ratified in 1980 The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).²⁶ One of the recommendations of the Convention is that "[s]tates parties should establish or support services for victims of family violence, rape, sexual assault and other forms of gender-based violence, including refuges, specially trained health workers, rehabilitation and counselling."²⁷

In addition, the European Directive 2012/29/EU²⁸ establishes minimum standards on the rights, support and protection of victims of crime and recommends that specialist support services provide "immediate medical support, referral to medical and forensic examination

¹⁹ <https://ppm.edu.pl/docstore/download/SUMccf09df201144e699d83174a9ac1454d/Przemoc+and+its+effects.pdf>

²⁰ <https://dzieckokrzywdzone.fdds.pl/index.php/DK/article/view/56>

²¹ <https://www.dzieckokrzywdzone.fdds.pl/index.php/DK/article/viewFile/452/320>

²² <https://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z00-Z13/Z04->

²³ <https://terminyleczenia.nfz.gov.pl/?search=true&Case=2&ForChildren=true&ServiceName=PORADNIA+GINEKOLOGICZNA+DLA+DZIEWCZ%2C4%84T&State=07&Locality=WARSZAWA&Provider=&Place=&Street=>

²⁴ <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20220000583/U/D20220583Lj.pdf>

²⁵ https://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/6377/7/1/1/raport__who_21.02.pdf

²⁶ <https://www.boell.de/en/2019/12/10/cedaw-and-poland-backtracking-gender-equality#:~:text=Poland%20was%20among%20the%20first,on%20the%20implementation%20of%20CEDAW%3F>

²⁷ <https://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom1>

²⁸ https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2012.315.01.0057.01.ENG&toc=OJ%3AL%3A2012%3A315%3ATOC

for evidence in cases of rape or sexual assault, short and long-term psychological counselling, trauma care, (...) and specific services for children as direct or indirect victims, among others.”²⁹

Finally, Poland’s Act of 29 July 2005³⁰ states that a person affected by domestic violence should be provided with free assistance, including:

- “Medical, psychological, legal, social, vocational, and family counseling; (...)
- Medical examination to determine the causes and type of injuries related to domestic violence and issue a medical certificate on the subject.”³¹

Systemic barriers

Poland lacks public service providers that specialize in providing CMR interventions.³² Sexual violence response in Poland is poorly covered by public policies and programs.^{33,34} As the Ombudsman urges, "responsibilities must be exercised keeping in mind the specific situation of groups of women experiencing gender-based violence: women migrants, women of Roma origin, elderly women, non-heteronormative women, women with disabilities."³⁵ However, any person who suffered from sexual abuse, regardless of their nationality or status should also be included in this list.

Poland also does not have an adequate health care services quality assurance system. There are some elements, such as a basic repository maintained by the Ministry of Health (MoH) that contains a limited number of guidelines, and activities conducted by the Agency for Health Technology Assessment and Tariff System (Agencja Oceny Technologii Medycznych i Taryfikacji - AOTMiT) related to the evaluation and development of guidelines.³⁶ The two elements are not connected and do not provide a fully functional and effective quality assurance system. The MoH proposed an Act on improving quality in health care which was rejected by the Parliament in April 2023.³⁷ The solution proposed by the Ministry included (to some extent) the use of clinical guidelines as a tool for quality improvement. To date, health care units and medical professionals have been solely responsible (with exceptions) for using and implementing clinical guidelines at the point of care, which also contributes to the unjustified variety in medical practice.

There is a need to connect patients with the services and support they urgently need. High quality and effective health care services can be ensured by clinical policies implemented into medical practice.³⁸

²⁹ https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2012.315.01.0057.01.ENG&toc=OJ%3AL%3A2012%3A315%3ATOC

³⁰ The content comes from the amendment to the Act, which will enter into force on June 22, 2023. Available at: <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20051801493/U/D20051493Lj.pdf>

³¹ Ibidem

³² <https://data.unhcr.org/en/documents/download/98649>

³³ <https://bip.brpo.gov.pl/pl/content/rpo-przemoc-p%25%82ec-kobiety-konieczna-strategia-przeciwdzialania>

³⁴ https://bip.brpo.gov.pl/sites/default/files/2022-02/RAPORT_GREVIO_PL.pdf

³⁵ Ibidem

³⁶ <https://www.aotm.gov.pl/zalecenia-kliniczne/proces/>

³⁷ <https://www.prawo.pl/zdrowie/projekt-ustawy-o-jakosci-wrzutki-do-innych-ustaw,520187.html>

³⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114973/>

CMR guidelines in Poland

On the websites of government institutions, including the repository of the [Ministry of Health](#), there are no guidelines aimed at health care professionals working with persons who have experienced sexual and intimate partner violence. The only available public document - "Recommendations of the Expert Group of the Polish Society of Gynecologists and Obstetricians on the Treatment of Victims of Crimes against Sexual Freedom and Domestic Violence"³⁹ - can be found on the website of a private medical publisher and was released in 2020. The document is based on the WHO guidelines; however, it was not developed using the AOTMIT recommended tools and methodology for guidelines development.⁴⁰ The degree of implementation of the above recommendations in health care units and knowledge among health care professionals has also not been reported.

Similarly, available evidence from health professionals demonstrates the urgent need to systematically implement CMR procedures in the Polish health care system. A Polish study⁴¹ indicates that nearly 82% of surveyed doctors and 88% of midwives admitted that "protocol for dealing with a person who has been raped" had not been implemented in their medical unit.⁴² Most of those surveyed did not know whether their medical unit had a rape kit (72.7% of doctors, 61.5% of midwives). The main finding of the survey was that in medical units, services provided to people who have experienced sexual violence follow regular medical procedures rather than specialised protocols that provide guidance to medical professionals to respond in accordance with evidence-based standards of practice. Most medical professionals do not know the rules or regulations for treating a patient who has experienced sexual or intimate partner violence.⁴³

Lack of CMR policies leads to inadequate care and discouragement from reporting and help-seeking behaviors. Lack of adequate and timely care can lead to further victimization, re-traumatization, depression or anxiety disorders, long-term symptoms of post-traumatic stress disorder (PTSD), reproductive damage and fertility problems. It also heightens the risk of acquiring sexually transmitted infections, and of untreated infections especially HIV which is currently on the rise in Poland⁴⁴ and is a significant public health risk.

Guidelines on caring for people who have experienced sexual and intimate partner violence

To prevent and cope with possible health consequences, survivors of sexual and intimate partner violence must have access to appropriate health care, including supportive counseling, as soon as possible after the event.⁴⁵ According to WHO guidelines, post exposure prophylaxis (PEP) to prevent HIV "must be started as soon as possible and no later than 72 hours after exposure. Emergency contraception pills should also be started as soon as possible and can be taken up to 5 days after unprotected intercourse."⁴⁶ Consequently, it is imperative that healthcare units are strengthened to respond quickly and appropriately

³⁹ https://journals.viamedica.pl/ginekologia_perinatologia_prakt/article/view/67083

⁴⁰ <https://www.aotm.gov.pl/zalecenia-kliniczne/narzedzia/>

⁴¹ Due to the lack of more recent evidence, the research has limitations and the gap in knowledge needs to be filled.

⁴² https://journals.viamedica.pl/sexual_and_mental_health/article/view/14-18/34809

⁴³ Ibidem

⁴⁴ http://wwwold.pzh.gov.pl/oldpage/epimeld/hiv_aids/index.htm

⁴⁵ <https://www.data4impactproject.org/prh/mens-health/reproductive-health-in-emergency-situations/availability-of-clinical-management-of-rape-survivors/>

⁴⁶ https://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf?sequence=1&isAllowed=y

to sexual violence and to prevent its consequences. The WHO has developed guidelines available in Polish⁴⁷ which set out specific procedures and protocols for working with people who have experienced sexual violence. They include the 2014 “Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook”,⁴⁸ and the 2017 “Responding to children and adolescents who have been sexually abused WHO Clinical Guidelines”.⁴⁹ Clinical guidelines for working with people who have experienced sexual and intimate partner violence take into account the relevant Polish legal framework and are patient-centered. They cover the critical steps in the delivery of care, such as:

- Delivery of firstline support to survivors which addresses practical, emotional; material and safety concerns (LIVES approach);
- Conducting a physical examination, with a checklist and directions;
- Treatment of physical injuries or referral for specialized treatment;
- Mental health assessment, with short-term and long-term interventions;
- Emergency contraception;
- Treatment and adherence to HIV post-exposure prophylaxis;
- Post-exposure prophylaxis for treatable diseases and infections; and,
- Follow-up care

The other documents mentioned in this brief address areas of humanitarian settings and implementation support, such as:

- “Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings.”, World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees, (2020),⁵⁰
- “Caring for women subjected to violence: A WHO curriculum for training healthcare providers”, World Health Organization (2021);⁵¹
- “Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers.” World Health Organization, (2017);⁵² and,
- “Gender-Based Violence Quality Assurance Tool: Facilitation Guide”, Jhpiego, the U.S. Centers for Disease Control and Prevention (CDC), World Health Organization, (2021).⁵³

Recommendations for the Ministry of Health

- Prioritize patients who have experienced sexual and intimate partner violence and ensure patients’ timely access to high quality CMR and mental health and psychosocial support services by reducing waiting times, establishing rapid referral pathways (integrated care), improving referrals between urgent and emergency services, addressing language barriers and throughout implementation of CMR clinical guidelines.

⁴⁷ <https://apps.who.int/iris/handle/10665/367629>, <https://apps.who.int/iris/handle/10665/367629>

⁴⁸ <https://apps.who.int/iris/handle/10665/136101>

⁴⁹ <https://www.who.int/publications/i/item/9789241550147>

⁵⁰ <https://apps.who.int/iris/handle/10665/331535>

⁵¹ <https://www.who.int/publications/i/item/9789240039803>

⁵² <https://apps.who.int/iris/handle/10665/259489>

⁵³ <https://www.who.int/publications/m/item/gender-based-violence-quality-assurance-tool-facilitation-guide>

- Strengthen the health care system and enable the provision of confidential and effective medical services in the field of CMR, focused on persons who have experienced sexual or intimate partner violence, using the WHO guide addressed to health care system organizers, policy makers, and managers of health care facilities.⁵⁴
- Disseminate the WHO clinical handbook and clinical guidelines for medical care of **women, adolescents and children** who experienced sexual violence to all health care units. Add the WHO guidelines to a national **repository** maintained by the Ministry of Health so that the documents are easily and widely available to health care professionals and patients.
- Require from health managers and health care professionals in health care facilities in Poland to adopt the WHO clinical handbook, and clinical guidelines by creating and implementing clinical protocols on how to adequately care for people who have experienced sexual violence.
- Ensure the development, implementation, and regular evaluation of care pathways (algorithms, clinical care pathways) based on WHO guidelines in health care facilities by unit managers.
- Incorporate the WHO guidelines into medical staff training programs at Medical Universities, the Medical Center for Postgraduate Education and other vocational training establishments.
- Raise awareness about the availability of dedicated CMR services and about the urgency to seek medical help in case of sexual assault.
- Develop national guidelines for the health system response to people experiencing sexual and intimate partner violence, consistent with international human rights standards by reviewing and adapting high quality guidelines and evidence, with the use of guidelines development tools recommended by AOTMiT

Recommendations for the Ministry of Family and Social Policy:

- Include relevant activities to strengthen the role of medical staff and quality medical service provision in the framework of the **National Program for Prevention of Domestic Violence**, particularly in Area 2: Protecting and assisting people affected by domestic violence and Area 4: Improving the competence, development and improvement of skills of services and representatives of entities implementing activities in the field of counteracting domestic violence.
- Conduct coordinated joint public awareness-raising activities on sexual and intimate partner violence prevention and response in cooperation with health care providers, the police, the prosecutors' offices, institutions organizing social care and non-government organizations.
- Initiate and implement strategic, long-term, comprehensive initiatives that address the risk and protective factors related to perpetration, victimization, and bystander behaviors, social norms on sexual and intimate partner violence, gender inequalities, and reducing social acceptance of sexual and intimate partner violence.⁵⁵

Recommendations for the local governments:

- Increase the role of medical personnel and access to high-quality medical services for people experiencing sexual and intimate partner violence as part of local government strategies and programs to counteract domestic violence.

⁵⁴ <https://apps.who.int/iris/handle/10665/25948>

⁵⁵ <http://taasa.org/wp-content/uploads/2014/10/Engaging-Communities-in-Sexual-Violence-Prevention.pdf>

- Strengthen resources, allocate budgets, and increase personnel knowledge in medical units at commune, district, and provincial levels within the framework of local governments' domestic violence prevention programs.⁵⁶
- Engage local communities in collaborative prevention activities to stop sexual and intimate partner violence before it occurs. Emphasis should be put on stereotypes and social norms to reduce tolerance of sexual and intimate partner violence.
- Establish, implement, and regularly evaluate long-term, strategic initiatives to address perpetration, victimization, and bystander behavior risk factors.

For more information on the issues raised in this document and regarding potential consultation meetings with CARE, please contact: Karolina Maciorowska, CARE's Women's Protection and Health Coordinator, at karolina.maciorowska@care.org.

About CARE:

Founded in 1945, CARE is one of the largest and oldest humanitarian aid organizations fighting global poverty. CARE has a special focus on empowering and meeting the needs of women and girls and promoting gender equality and works in 100 countries around the world. In many ways, CARE's story starts in Poland. After World War II, CARE mobilized to send much-needed food rations, known as "CARE packages" to Polish people and refugees that had been ravaged by war and occupation. CARE maintained a presence to provide assistance to vulnerable communities through the 1980s. In 2022 it returned to provide assistance to Ukrainian refugees living in Poland, and today it works with a number of local partner organizations to meet their needs.

Reference list

Agencja Oceny Technologii Medycznych i Taryfikacji (n.d.). Proces. [online] <https://www.aotm.gov.pl/>. Available at: <https://www.aotm.gov.pl/zalecenia-kliniczne/proces/> [Accessed 15 May 2023].

Center for Reproductive Rights et.al (n.d.). Multi-Country Documentation of SRHR and GBV barriers faced by refugees fleeing the war in Ukraine. [online] Available at: <https://data.unhcr.org/en/documents/download/98649> [Accessed 15 May 2023].

Committee on the Elimination of Discrimination against Women (n.d.). CEDAW General recommendations. [online] www.un.org. Available at: <https://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom1> [Accessed 12 May 2023].

Curtis, M. (n.d.). Engaging Communities in Sexual Violence Prevention A Guidebook for Individuals and Organizations Engaging in Collaborative Prevention Work A publication of the Texas Association Against Sexual Assault. [online] TAASA. Available at: <http://taasa.org/wp-content/uploads/2014/10/Engaging-Communities-in-Sexual-Violence-Prevention.pdf> [Accessed 15 May 2023].

da Costa, E.L., Faúndes, A. and Nunes, R. (2021). The association between victim-offender relationship and the age of children and adolescents who suffer sexual violence in the city of Brasília, Brazil: a cross-sectional study. *Jornal de Pediatria*. doi:<https://doi.org/10.1016/j.jped.2021.07.001>.

Data4Impact (n.d.). Reproductive Health In Emergency Situations. [online] DataForImpactProject. Available at: <https://www.data4impactproject.org/prh/mens-health/reproductive-health-in-emergency-> [Accessed 15 May 2023].

Drozdol-Cop, A., Skrzypulec-Plinta, V., Guzik-Makaruk, E.M., Drozdowska, U., Huzarska, D., Kluz-Kowal, A.B., Rumińska, J., Ciupa, M. and Cop, W. (2019). Rekomendacje Grupy Ekspertów Polskiego Towarzystwa Ginekologów i Położników w zakresie postępowania z ofiarami przestępstw przeciwko wolności seksualnej i przemocy w rodzinie (stan na 1.01.2020 r.). *Ginekologia i Perinatologia Praktyczna*, [online] 4(4), pp.168–190. Available at: https://journals.viamedica.pl/ginekologia_perinatologia_prakt/article/view/67083 [Accessed 15 May 2023].

DYREKTYWA PARLAMENTU EUROPEJSKIEGO I RADY 2012/29/UE. Available at: <https://eur-lex.europa.eu/legal-content/PL/TXT/PDF/?uri=OJ:L:2012:315:FULL> [Accessed 12 May 2023].

Fundacja Dajemy Dzieciom Siłę (n.d.). Wykorzystywanie seksualne dzieci. [online] Available at: <https://www.dzieckokrzywdzone.fdds.pl/index.php/DK/article/viewFile/452/320> [Accessed 12 May 2023].

⁵⁶ <https://apps.who.int/iris/handle/10665/259489>

- Grupa Ekspertów do spraw Przeciwdziałania Przemocy wobec Kobiet i Przemocy Domowej (GREVIO) (2021). Raport GREVIO dotyczący rozwiązań prawnych i innych, służących wdrożeniu postanowień Konwencji Rady Europy o zapobieganiu i zwalczaniu przemocy wobec kobiet i przemocy domowej (konwencja stambulska) – ocena wyjściowa. [online] Available at: https://bip.brpo.gov.pl/sites/default/files/2022-02/RAPORT_GREVIO_PL.pdf [Accessed 15 May 2023].
- healthcluster.who.int. (n.d.). Gender-Based Violence: Quality assurance tool – minimum care version. [online] Available at: <https://healthcluster.who.int/publications/m/item/gender-based-violence-quality-assurance-tool-minimum-care-version> [Accessed 12 May 2023].
- isap.sejm.gov.pl. (n.d.). Internetowy System Aktów Prawnych. [online] Available at: <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20220000583/U/D20220583Lj.pdf> [Accessed 12 May 2023].
- Warylewski, J. (2017). Rozmiar, dynamika i struktura przestępczości seksualnej w Polsce, w latach 1989–2017. Gdańskie Studia Prawnicze, [online] (2(42)/2019), pp.417–456. Available at: https://gsp.ug.edu.pl/index.php/gdanskie_studia_prawnicze/article/view/5287 [Accessed 12 May 2023].
- Jhpiego, the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (2021). The Gender-Based Violence Quality Assurance Tool: Facilitation guide. [online] www.who.int. Available at: <https://www.who.int/publications/m/item/gender-based-violence-quality-assurance-tool-facilitation-guide> [Accessed 15 May 2023].
- Lewandowska-Abucewicz, T., Kęcka, K. and Brodowski, J. (2015). Knowledge of medical personnel on the Standard of 'Practice of the raped person' in medical units. Journal of Sexual and Mental Health, [online] 13(1). doi:<https://doi.org/10.5603/14-18>.
- Mirski, A. ed., (2012). SZANSE I WYZWANIA SPOŁECZNE W OKRESIE WYCHODZENIA Z KRYZYSU. [online] Available at: https://repozytorium.ka.edu.pl/bitstream/handle/11315/525/PiS_Szansy_i_wyzwania_spoleczne_w_okresie_%20exit_from_crisis_nr4_2012.pdf?sequence=1&isAllowed=y [Accessed 12 May 2023].
- Narodowy Fundusz Zdrowia (n.d.). Informator o Terminach Leczenia. [online] Available at: <https://terminyleczenia.nfz.gov.pl/?search=true&Case=2&ForChildren=true&ServiceName=PORADNIA+GINEKOLOGICZNA+DLA+DZIEWCZ%24%84T&State=07&Locality=WARSZAWA&Provider=&Place=&Street=> [Accessed 31 Mar. 2023].
- Narodowy Instytut Zdrowia Publicznego (2022). Zakażenia HIV i zachorowania na AIDS w Polsce w latach 1986–2021. [online] <http://wwwold.pzh.gov.pl/>. Available at: http://wwwold.pzh.gov.pl/oldpage/epimeld/hiv_aids/index.htm [Accessed 15 May 2023].
- National Sexual Violence Resource Center (n.d.). Impact of Sexual Violence. [online] Available at: https://www.nsvrc.org/sites/default/files/NSVRC_Publication_Factsheet_Impact-of-sexual-violence.pdf [Accessed 12 May 2023].
- Nocuń, K. (2023). Ustawa o jakości w zdrowiu idzie do kosza - Sejm nie odrzucił senackiego weta, Prawo.pl: Available at: <https://www.prawo.pl/zdrowie/projekt-ustawy-o-jakosci-wrzutki-do-innych-ustaw,520187.html> [Accessed 15 May 2023].
- Ogólnopolskie Pogotowie dla Ofiar Przemocy w Rodzinie "Niebieska Linia" (n.d.). Kulturowe uzasadnienie przemocy seksualnej. [online] www.niebieskalinia.pl. Available at: <https://www.niebieskalinia.pl/aktualnosci/aktualnosci/kulturowe-uzasadnienie-przemocy-seksualnej> [Accessed 12 May 2023].
- Olejniczak-Nowakowska, M.A (2021). Przemoc i jej skutki jako współczesny problem zdrowia publicznego, In: Zdrowie publiczne: wybrane zagadnienia, 2012, Śląski Uniwersytet Medyczny w Katowicach, pozyskano z: <https://ppm.edu.pl/docstore/download/SUMccf09df201144e699d83174a9ac1454d/Przemoc+i+jego+skutki.pdf>,dostęp 12.05.2023
- Policja (n.d.). Zgwałcenie. [online] statystyka.policja.pl. Available at: <https://statystyka.policja.pl/st/przestepstwa-ogolem/przestepstwa-kryminalne/zgwalcenie/122293,Zgwalcenie.html> [Accessed 12 May 2023].
- Religa, L. (2019). CEDAW and Poland: Backtracking on Gender Equality | Heinrich Böll Stiftung. [online] Heinrich-Böll-Stiftung. Available at: <https://www.boell.de/en/2019/12/10/cedaw-and-poland-backtracking-gender-equality> [Accessed 12 May 2023].
- Rzecznik Praw Obywatelskich (2021). Potrzebna jest strategia przeciwdziałania przemocy wobec kobiet ze względu na płeć. [online] [Brpo.gov.pl](http://brpo.gov.pl). Available at: <https://bip.brpo.gov.pl/pl/content/rpo-przemoc-p%C5%82ec-kobiety-konieczna-strategia-przeciwdzialania> [Accessed 15 May 2023].
- Światowa Organizacja Zdrowia (2023a). Opieka medyczna dla kobiet, które doznały przemocy w relacji intymnej i przemocy na tle seksualnym: przewodnik kliniczny. [online] apps.who.int. Available at: <https://apps.who.int/iris/handle/10665/367629> [Accessed 19 May 2023].
- Światowa Organizacja Zdrowia (2023a). Opieka medyczna dla kobiet, które doznały przemocy w relacji intymnej i przemocy na tle seksualnym: przewodnik kliniczny. [online] apps.who.int. Available at: <https://apps.who.int/iris/handle/10665/367629> [Accessed 19 May 2023].
- Understanding and addressing violence against women Sexual violence Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to

physical force. (2012). Available at: https://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf [Accessed 12 May 2023].

UNHCR (2023). Ukraine Refugee Situation. [online] data.unhcr.org. Available at: <https://data.unhcr.org/en/situations/ukraine/location/10781> [Accessed 20 Feb. 2023].

Włodarczyk, J. and Sajkowska, M. (2013). Wykorzystywanie seksualne dzieci. Wyniki Ogólnopolskiej diagnozy problemu przemocy wobec dzieci. Dziecko Krzywdzone. Teoria, badania, praktyka, [online] 12(3), pp.82–100. Available at: <https://dziekokrzywdzone.fdds.pl/index.php/DK/article/view/56> [Accessed 12 May 2023].

Wolf, S.H., Grol, R., Hutchinson, A., Eccles, M. and Grimshaw, J. (1999). Clinical guidelines: Potential benefits, limitations, and harms of clinical guidelines. *BMJ*, [online] 318(7182), pp.527–530. doi:<https://doi.org/10.1136/bmj.318.7182.527>.

World Health Organisation and Statistics Poland (2023). Health of refugees from Ukraine in Poland 2022. Household survey and behavioural insights research. [online] <https://stat.gov.pl/>. Available at: <https://stat.gov.pl/en/events/international-events/health-of-refugees-from-ukraine-in-poland-2022-survey-findings,6,1.html> [Accessed 12 May 2023].

World Health Organization (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. [online] apps.who.int. Available at: <https://apps.who.int/iris/handle/10665/136101> [Accessed 12 May 2023].

World Health Organization (2017a). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. [online] apps.who.int. World Health Organization. Available at: <https://apps.who.int/iris/handle/10665/259270> [Accessed 12 May 2023].

World Health Organization (2017b). Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers. [online] apps.who.int. World Health Organization. Available at: <https://apps.who.int/iris/handle/10665/259489> [Accessed 12 May 2023].

World Health Organization (2021). Caring for women subjected to violence: a WHO training curriculum for health care providers. [online] apps.who.int. World Health Organization. Available at: <https://apps.who.int/iris/handle/10665/349539> [Accessed 12 May 2023].

World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees (2020). Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings. [online] apps.who.int. World Health Organization. Available at: <https://apps.who.int/iris/handle/10665/331535> [Accessed 12 May 2023].

Wróbel, B. (2008). Selected sexuality features among married women – research results. *Ginekologia Polska*, [online] 79(2). Available at: https://journals.viamedica.pl/ginekologia_polska/article/view/46751/33538 [Accessed 20 Feb. 2023].

www.icd10data.com. (n.d.). 2023 ICD-10-CM Diagnosis Code Z04.4: Encounter for examination and observation following alleged rape. [online] Available at: <https://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z00-Z13/Z04-/Z04.4> [Accessed 12 May 2023].