



FUNDACJA  
DAJEMY  
DZIECIOM  
SIŁĘ

# Children Count 2022

Report on risks to children's safety  
and development in Poland

## Children Count 2022

Report on risks to children's safety and development in Poland

Content editors: Monika Sajkowska, PhD and Renata Szredzińska

### Scientific Committee of *Children Count 2022*:

dr hab. Magdalena Arczewska, Warsaw University

dr hab. Beata Gruszczyńska, prof., Warsaw University

Prof. dr hab. Teresa Jackowska, Polish Pediatric Society

dr hab. Ewa Jarosz, prof., University of Silesia

dr hab. Maria Kolankiewicz, prof., Warsaw University

Prof. dr hab. Zbigniew Lasocik, Warsaw University

dr. hab. Krzysztof Ostaszewski, Institute of Psychiatry and Neurology

dr hab. Beata Pastwa-Wojciechowska, prof. Gdańsk University

dr hab. Jacek Pyżalski, prof., Adam Mickiewicz University in Poznań

Małgorzata Sikorska, PhD, Warsaw University

### Translation by:

Agnieszka Nowak-Młynikowska and Magdalena Szymczukiewicz

### Layout and graphic design:

Norbert Grzelka

Copyright © 2022 Fundacja Dajemy Dzieciom Się

ISBN No. 978-83-65675-17-0

Photographs come from: canva.com, freepik.com, pixabay.com, unsplash.com.

### Fundacja Dajemy Dzieciom Się / Empowering Children Foundation

ul. Walecznych 59

03-926 Warszawa

tel. (22) 616 02 68

e-mail: fdds@fdds.pl

fdds.pl

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



This publication is available under a CC BY-NC-ND 4.0 International Licence. Some rights reserved to Empowering Children Foundation (Fundacja Dajemy Dzieciom Się).

# Children Count 2022

Report on risks to children's safety  
and development in Poland



# Children Count 2022

Report on risks to children's safety  
and development in Poland





## Table of contents

6	About Children Count 2022 report
8	Child population in Poland
12	Children in the family
56	Children in out-of-home care
88	Child poverty
108	Child and adolescent health
136	Child and adolescent mental health
158	Children and adolescents with disabilities
180	Risky behaviour in Polish adolescents
198	Adolescent sexual health – selected issues
216	Education of children in Poland – selected aspects
238	Child abuse and neglect
256	Peer victimisation
274	Internet safety risks to children and young people
294	Children in legal procedures
324	Child sexual abuse
340	Children and adolescents' experiences of COVID-19 pandemics
354	Situation of Ukrainian children in Poland
376	The bright side, or on prosocial engagement of children and youth, both off- and on-line
392	Recommendations

# About *Children Count 2022* Report

**M**onitoring the implementation of children's rights is one of the state government's obligations resulting from the adoption of the Convention on the Rights of the Child. It is also a statutory task of numerous non-governmental organisations and a moral duty of all of us to ensure safety and harmonious development for the youngest citizens of our country.

Fulfilling this obligation requires a valid and reliable assessment of the risks and effectiveness of the country's social policy. It is particularly important in times of rapid change, when civilisation challenges co-occur with epidemic or warfare risks.

Therefore, we present the third edition of the *Children Count* report, which describes the current risks to children's safety and development in Poland. The first edition of the report was published in 2011, and the second one – in 2017. The authors set themselves a task of collecting the most up-to-date statistics and research data describing the situation of children in Poland, mainly in terms of various forms of maltreatment and deprivation and their determining factors.

This report aims to describe the reality based on the available body of knowledge, but also to identify gaps in knowledge resulting from a lack of systemic collection of data on childhood risks. Without such data, it is impossible to reliably plan child protection strategies and evaluate the effectiveness of the measures taken.

The problem of child maltreatment and the areas of risks to children's safety and development, are characterised in this report using two categories of data: official statistics, collected mostly by state institutions, and research data. Whenever possible, we present statistical or research data from different years, or compare Polish data to findings from other countries.

The problems discussed in this report are illustrated with quotes from children and young people, mainly from phone calls and emails to the Empowering Children Foundation's 116 111 Helpline for Children and Young People.

Based on the assessment of the childhood risks described in the report, a number of recommendations have been formulated for the Polish government and institutions responsible for protecting children. We hope that the recommended directions of change will inspire efforts to improve the situation of children in Poland.

The Empowering Children Foundation would like to thank all persons and institutions that have contributed to this publication. In particular, we express our gratitude to:

- the members of the Scientific Committee and the reviewers of each chapter, whose comments and suggestions provided valuable support for the authors and editors of the report,
- the Ministry of Justice, the Ministry of Family and Social Policy, the Ministry of Health, the Ombudsman for Children, the National Police Headquarters, the National Institute of Public Health: National Institute of Hygiene, the e-Zdrowie (e-Health) Centre, the Central Board of Prison Service, and the Public Health Department of the Institute of Psychiatry and Neurology, for their cooperation in the collection of statistical data;
- all those who have contributed to developing and publicising this report.

**Monika Sajkowska**

President of the Management Board of the Empowering Children Foundation

**Renata Szredzińska**

Member of the Management Board of the Empowering Children Foundation

Content editors of the report

# Child population in Poland

Katarzyna Drabarek - Empowering Children Foundation

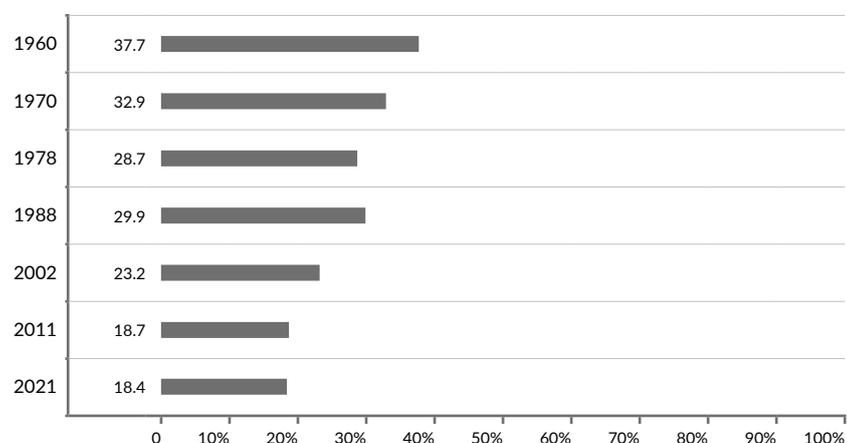


**T**he Convention on the Rights of the Child (CRC), adopted in 1989, defines a child as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (Article 1 CRC). In the Polish legislation, it is assumed that a person who turns 18 years of age attains majority, which is usually associated with the acquisition of the capacity for civil law transactions and certain rights (e.g. to enter into marriage) and obligations. Before the age of 18, a minor may attain majority through marriage. This possibility is available to a woman who has reached the age of 16 and the circumstances indicate that entering into marriage will be in the best interests of the family to be established (Article 10 of the Family and Guardianship Code).

According to the census conducted in 2021, there were nearly 7,000,600 children aged 0–17 in Poland (Statistics Poland [GUS], 2022). Fifty-one per cent of children in Poland are boys (GUS, 2021). More and more Polish children are being born abroad (GUS, 2022). According to data from 2011, there were 101.8 thousand foreign-born children aged 0–14; currently, there has been a large increase in this group and it already numbers 264.4 thousand. This upward trend has continued since Poland’s accession to the European Union (GUS, 2022).

The share of children in the total population of Poland has been declining since the early 1990s. (GUS, 2015). In 2001, children under 18 years of age accounted for nearly 21% of the total population (GUS, 2001), while in 2021 this proportion was approximately 18% (figure; GUS, 2022).

**Figure.** Share of children aged 0–17 in total population based on censuses (in %)



Source: Own analysis based on: GUS, 2022.

A decrease in the percentage of children in the total population was recorded both in urban (by 0.1 percentage points, down to 16.9%) and rural areas (by 0.8 percentage points, down to 20.6%). The trend of a lower proportion of children in the urban population compared to the rural population continues (GUS, 2022).

The decreasing proportion of children and young people in the population is accompanied by an increase in the proportion of elderly people, which exacerbates the ageing of the Polish population (GUS, 2022). The direct causes of this process include increasing life expectancy, rising quality of life and falling fertility rates. The phenomenon of population ageing is observed not only in Poland, but in the entire European Union (Eurostat, 2020).

The decline in the fertility rate, and the consequent reduction in the number of children, is the result of many factors: social, economic, health-related and moral. This worrying demographic trend poses a threat to the future economic and social situation of Poles and also affects the current situation of children. More than one third of children have no siblings. On the one hand, this may lead to more parental attention concentrated on the only child and better care, on the other hand, these children are deprived of the natural chance to develop social skills in contact with their siblings. Similarly, the increasing age of parents at the birth of their first child may mean that they are better prepared for their role and have a more stable financial and professional situation. However, the likelihood of parents of minor children experiencing health problems themselves or having to share time and attention between care of the children and of their ailing parents or grandparents is also increasing (the so-called sandwich generation; Szukalski, 2022). The distance between generations is also increasing, which may result in lower understanding of children's experiences, needs and rights (Gańko, 2011).

## References

- Eurostat. (2020). *Ageing Europe – statistics on population developments*. Eurostat.
- Gańko, N. (2011). Populacja dzieci w Polsce. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 10(3), 7–13.
- GUS. (2001). *Mały rocznik statystyczny 2000 r.* Główny Urząd Statystyczny.
- GUS. (2015). *Dzieci w Polsce w 2014 roku. Charakterystyka demograficzna*. Główny Urząd Statystyczny.
- GUS. (2017). *Ludność i ruch naturalny w 2016 r.* Główny Urząd Statystyczny.
- GUS. (2021). *Rocznik demograficzny*. Główny Urząd Statystyczny.
- GUS. (2022). *Raport zawierający wstępne wyniki Narodowego Spisu Powszechnego 2021*. Główny Urząd Statystyczny.
- Zukalski, P. (2009). Demografia współczesnego polskiego dzieciństwa. *Polityka Społeczna*, 9, 2–5.
- Zukalski, P. (2013). Rodzina przyszłości w perspektywie demograficznej. In: J. Grotowska-Leder, E. Rokicka (ed.), *Nowy ład? Dynamika struktur społecznych we współczesnych społeczeństwach* (p. 411–427). Wydawnictwo Uniwersytetu Łódzkiego.
- Zukalski, P. (2022). Sandwich generation w warunkach przemian demograficznych. In: A. Kacprzak, M. Gońda, I. Kudlińska-Chróścicka (ed.), *Problemy społeczne. Trwałość i zmienność w dynamicznej rzeczywistości. Księga jubileuszowa z okazji 45-lecia pracy naukowej i dydaktycznej Profesor Jolanty Grotowskiej-Leder* (p. 191–202). Wydawnictwo Uniwersytetu Łódzkiego. <https://doi.org/10.18778/8220-767-5.12>

## Legal references

- Konwencja o prawach dziecka przyjęta przez Zgromadzenie Ogólne Narodów Zjednoczonych dnia 20 listopada 1989 r. (Dz.U. 1991 Nr 120 poz. 526). (Convention on the rights of the Child)
- Ustawa z dnia 25 lutego 1964 r. – Kodeks rodzinny i opiekuńczy (Dz.U. z 1964 r. Nr 9 poz. 59). (Family and Guardianship Code)

### Citation:

Drabarek, K. (2022). Child population in Poland. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 9–11). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Children in the family\*

Urszula Kubicka-Kraszyńska – Empowering Children Foundation

## List of issues

---

- 14 Definitions of family
- 16 Families in Poland
- 17 Multi-child families
- 17 Families in Poland compared to Europe
- 21 Married couples
- 22 Fertility rate
- 26 Divorces
- 30 Child maintenance
- 31 Selected family types
- 33 Teen parents
- 34 Same-sex couples with children
- 36 Incarcerated mothers of young children
- 37 Children in refugee families
- 37 Childcare
- 43 Combining work and family life
- 46 Availability of day care and early education services for children under 3
- 50 Conclusion
- 52 References
- 55 Legal references

\* The author used chapters of two earlier editions of the *Children Count* report: Szredzińska (2017) and Wildner and Wojtasik (2011).

According to Anthony Giddens, one of the most prominent contemporary sociologists, there are no greater and more spectacular changes in today's world than those taking place in marriage, family, personal life, and family relationships. This is a global lifestyle revolution and its epicentre lies in the area of privacy and intimacy (Giddens, 2007, in: Iwańska-Siwiek, 2020).

Family is a historical category, which changes over time and from one historical period to another. These changes do not occur spontaneously, caused only by internal transformations in family life. "The main driving force of change in marriage and family life is (mass) social processes taking place in wider structures, above the family level, as well as socioeconomic and cultural processes occurring within the society as a whole" (Iwańska-Siwiek, 2020).

Since the mid-1960s sociologists and family researchers in Europe have observed change and destabilisation processes related to later marriages, more prevalent cohabiting and other alternative forms of family, such as living apart together (LAT), same-sex and blended families, more childless persons, more divorces, and an increased number of children born outside of marriage. In Poland these processes became visible in the 1980s, to gain momentum in the transformation period (Matysiak, 2014).

The family is the first and primary socialisation environment for children. If it works well, it offers development opportunities, satisfies children's needs, introduces them into the world of social norms and values, and shapes their personality.

The Preamble to the Convention on the Rights of the Child express a conviction that "the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community", and that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding" and "in the spirit of peace, dignity, tolerance, freedom, equality and solidarity".

Certain characteristics or dysfunctions of the family may pose a threat to children's healthy development, and sometimes safety. Child maltreatment literature identifies risk factors related to the child's caregivers and the family system, including the absence of one of biological parents, parental overload, teen parents' immaturity and unreadiness to take on the parental role, living in the same household with non-related persons, family breakdown and conflict, and a lack of social support (Izdebska and Lewandowska, 2012).

Therefore, the current chapter will take a look at Polish families in terms of the characteristics that may pose a threat to children's wellbeing.

## Definitions of family

### Sociological definition

There are many definitions of the family, because just like the family itself, its definitions change over time and vary depending on each researcher's paradigm.

Tyszka provides a clear definition that takes into account both structural and functional aspects of the family:

[The family is] a structured and functionally related set of individuals and specific substructures and microelements that constitute a microgroup and, at the same time, a social institution, internally linked with marital, kinship, affinity or adoption bonds, and performing (simultaneously) a range of important, integrated functions toward individuals and the society, based on regulators present in the behavioural culture. (Tyszka, 1998, in: Smyła, 2022)

Four essential, universal and common functions of the family were listed by Sirjamaki, who described the family as a social institution performing the following functions: sexual, economic, reproduction, and socialisation (Tyszka, 1990).

Some sociological definitions emphasise the nature of bonds within the family, i.e., intimacy, emotional bonding, and permanence (Szczepański, 1970). As an example, the family was defined as a "spiritual union of a small group of people, bound together in a shared home with acts of mutual help and care, based on their belief in actual or alleged biological connection, and on the family and societal tradition (Adamski, 2002, p. 31).

Other definitions focus on family structure and relationships among its members. Traditionally, there are two types of families: nuclear or elementary families, consisting of parents and their children, and extended families comprising parents, children and other relatives (Mikusińska, 2008).

Because of the broad variation and multiple forms of contemporary families, some definitions try to capture all social configurations considered to be families. One very broad definition describes the family as a group consisting of "at least one parent-child or partner-partner dyad" (Trost, 1993, in: Szlendak, 2012).

Another attempt to meet the challenges of the modern world is a definition which says that:

A family is any union of two or more persons, who are bound with relationships resulting from a mutual agreement, birth, or adoption, and who accept a shared responsibility for:

- ensuring survival and providing care for group members;
- new members who join the group via the performance of the reproductive function or adoption;
- socialisation of children;
- social control over group members;
- production, consumption, and distribution of goods and services;
- ensuring emotional bonding and intimacy (Slany, 2002, in: Szacka, 2008, p. 379).

One new perspective in studying family life and defining the family is the interpretive approach based on the assumption that the family – as a social institution – is not an objective being, but is instead constructed by individuals and deeply rooted in their individual biographies. As such, it is variable and fluid, and has no clear frame or boundaries (Taranowicz 2017). In the modern world, we should not talk about “being” a family that fits within a fixed definitional framework. Instead, families are in an ongoing process of constructing and reconstructing (“doing” a family) during their daily practices (Slany, 2013). According to Sikorska, adopting the definition proposed by Morgan, who describes the family as something people “do” and by doing it, they create and recreate the very idea of the family (Sikorska 2018, 2019), leads to widening the range of social behaviours regarded as family behaviours, including family forms beyond the nuclear family, in the reflection on the family, and ceasing to see the nuclear family as the reference point for defining other forms of family life. A British sociologist Janet Finch proposes the concept of the “displaying family” – understanding the family as an individual, dynamic project, which is expressed by displaying family practises to others. In this way individuals create what they understand as their own family (Sikorska, 2018; Taranowicz, 2017).

### Legal definition

The Polish law does not have one binding definition of the family. However, the provisions of the Family and Guardianship Code, which uses the term “family” (Article 10, section 1, Articles 23 and 27, and Article 97, section 1) without defining it, suggest that by “family” the legislators meant a small formalised community created upon entering into a marriage. The concept of the family is based on marital, kinship, affinity, and adoption bonds (Walancik-Ryba, 2020). Children belong to the family, defined that way, as long as they live with their parents, unless they get married themselves and start their own family. According to these provisions, children of just one of the spouses do not belong to the family, even if they grow up in a newly formed patchwork or blended family. The same is true for children who are brought up, but not adopted by their caregivers, including children placed in alternative care.

Although the Act of the 9<sup>th</sup> of June 2011 on family support and the alternative care system acknowledges that “the family is the fundamental unit of the society and the natural environment for the growth and wellbeing of all its members, in particular children” (Dz.U. [Journal of Laws] 2011, 149, item 887), it does not offer a definition of the family, either. Its provisions imply, however, that the legislators meant not only biological parents and their children, but also other persons living in the same household, such as step parents, partners, and grandparents (Walancik-Ryba, 2020).

According to Article 3, section 16 of the Family Benefits Act, the family refers to the following family members: spouses, parents, the actual caregiver (whose relationship with the child is not necessarily one typically regarded as a family relationship), and dependent children under 25, as well as children over 25 with a certificate of substantial disability, if the disability is eligible for the nursing benefit, attendance allowance, or special carer’s allowance, as defined in the Act of the 4<sup>th</sup> of April 2014 on the determination and payment of carers’ benefits (Dz.U. of 2016, items 162 and 972). Family members do not include a child in the care of a legal guardian, a child who is married, and an adult child who has his or her own child (Zieliński, 2021).

A similar definition is provided in the Act on the State’s Assistance in Child-rearing (Dz.U. of 2016, item 195), whereas the Social Services Act (Dz.U. of 2004, No. 64, item 593) defines the family as follows: “The family – related or unrelated persons, remaining in an actual relationship, living together and running a shared household.” This definition stresses the idea of a shared life, expressed as living together and running the household together (Zieliński, 2021).

Importantly, the above definitions are operational and serve to set the criteria of granting family benefits and assistance services.

The legal definitions of the family do not fully capture the social change that has occurred in the past few decades. This includes the emergence of new types of families, e.g., cohabitation defined as living together without a formal relationship (including same-sex relationships,

referred to as “families of choice”; Slany, 2008), and living-apart-together (whereby two people being in a relationship decide to live separately). A family may also be formed by siblings living together, grandparents taking care of their grandchildren, permanently or temporarily (e.g., while their parents are working abroad), or a single parent with her or his child. With the growing number of divorces, there are also more and more reconstructed or blended (patchwork) families, whereby divorced partners run a shared household, living together with their children from former relationships, which creates a complex network of organisational, emotional, and legal relations. It is important to adapt the Polish law to those often complex arrangements, so that the rights and responsibilities of the former and current partners and their children are clearly defined (Matysiak and Młynarska, 2014).

New definitions based on an assumption that “starting a family is also an actual event, so it does not necessarily occur through an act of law, an administrative decision or a court order; therefore, the emphasis should be on actual close human relationships” (Zieliński, 2021), show that the law may be inclusive in its approach to alternative forms of family life, beyond the traditional nuclear model.

## Families in Poland

According to the National Census, in 2011<sup>1</sup> there were 10,972,547 families in Poland<sup>2</sup>. Half of them (50%) were families with dependent children under 24. There were 8,868,762 children and young people under 24 growing up in those families, including slightly more than 7 million children under 18. Children and dependent young adults under 24 were the most likely (76.8%) to live in families run by their married parents, followed by single mothers (18.3%), informal relationships (2.7%), and single fathers (2.1%).

In the previous edition of the report, we noted some tendencies emerging from the comparison of the 2011 data with the 2002 census: a decreased proportion of families with dependent children (from 76% to 50%) and a lower percentage of children raised by married couples (from 83% to 76.8%), as well as an increased proportion of children living in single-parent families. Moreover, there was an increase in the percentage of children raised in informal relationships (from 1.6% in 2002 to 2.7% in 2011).

The 2011 National Census showed that 74% of all families were married couples (50% with children and 24% without children). Single-parent families constituted 23% of all families. Among those, there were overwhelmingly more single mothers – over 2.1 million in 2011 (nearly 376 thousand more than in 2002) – and only 330 thousand single fathers (almost 100 thousand more than in 2002). There were 1.8 million dependent children under 24 in single-parent families. Another category was cohabiting couples: in 2011 there were 316.5 thousand such families, including more than 171 thousand couples with dependent children under 24, i.e. 1% of all families in Poland.

1 Data from the 2021 National Census was not taken into account, as it was not available at the time of writing this chapter (Statistics Poland plans to publish data on families in November 2022).

2 In the 2011 National Census a (marital or partnership) bond between a woman and a man or parent-child bonds were regarded as the basis of the family definition. The following types of families were identified: a married couple without children or with a child/children, a cohabiting couple without children or with a child/children, and a single parent with a child/children. A child (biological or adopted) was defined as a person living with a parent/parents, regardless of his or her age, unless the child has formed his or her own family with another person / other persons (a spouse and/or his/her own children).

The structure of family categories has been slowly changing over time. In 2011 the percentage of married couples with children showed a decreasing tendency, while single parents were on the rise. It was definitely related to a growing number of divorces. The 2011 census found a considerable increase in the percentage of single fathers with young children (under 2 years old): from 8% of all single fathers in 2002 to 21% in 2011.

## Multi-child families

Polish families usually have one or two children. Only 5.7% of all families (and 11.5% of families with children) are multi-child families, i.e. families with three or more children. In 2011 there were 626.8 such families (more than 397 thousand fewer than in 2002). Families with four or more children constituted 25% of all multi-child families (30% in 2002) and most of them (59%) lived in rural areas. In 2011 there were more than 2 million children growing up in multi-child families (2,114,776, exactly). That was about one fourth of all dependent children under 24. The vast majority of multi-child families are married couples with children (83%); 14% are multi-child single-parent families, and the remaining 3% – cohabiting couples raising three or more children. In nearly one fourth of the households formed by multi-child families there were children from their parents' earlier relationships (Związek Dużych Rodzin "Trzy Plus", 2016).

## Families in Poland compared to Europe

The percentage of families with children in Poland is relatively high in comparison to other developed countries.

Eurostat data confirms a general growth tendency for households without children, resulting from a decrease in birth rate and longer life expectancy, which means there are more and more married couple whose children have transitioned to independent life.

In 2021 the European Union reported a 14.5% increase in the number of households without children and a 3.4% decrease in the number of households with children, as compared to 2009 (Figure 1).

”

*I am 15 years old and I feel that all the problems are because of me. I can't stand my parents anymore. I fear that one day I won't bear it any longer and I'll kill myself. I lack peace, love and support at home. My parents didn't care at all about my self-harm and suicide attempts.*

*15-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

**Table 1.** Households in EU member states in 2021, by the number and age of children

State	Overall % of households with children	% of households with children			
		With one child	With two children	With three or more children	With children under 6
Ireland	33.49%	12.92%	12.93%	7.65%	13.08%
Slovakia	33.47%	17.11%	12.43%	3.93%	15.11%
Cyprus	31.19%	15.65%	12.05%	3.46%	13.47%
Portugal	30.56%	18.31%	10.66%	1.58%	12.29%
Romania	30.40%	17.21%	10.18%	3.04%	9.65%
Serbia	29.51%	13.89%	11.88%	3.74%	11.91%
<b>Poland</b>	<b>27.62%</b>	<b>13.50%</b>	<b>11.14%</b>	<b>2.99%</b>	<b>11.25%</b>
Spain	27.55%	14.67%	10.54%	2.34%	9.82%
Malta	27.22%	14.94%	9.58%	2.70%	11.15%
Luxembourg	26.87%	12.81%	10.97%	3.16%	11.39%
Croatia	26.60%	11.90%	10.30%	4.40%	8.91%
Czechia	26.24%	13.02%	10.82%	2.41%	11.55%
Greece	25.91%	12.25%	9.60%	4.08%	9.53%
Belgium	25.85%	11.22%	10.44%	4.19%	11.06%
Slovenia	25.75%	11.26%	10.92%	3.57%	10.87%
Latvia	25.60%	13.54%	9.02%	3.09%	11.42%
France	25.37%	11.26%	10.06%	4.10%	10.74%
Hungary	25.14%	13.46%	8.26%	3.41%	10.75%
<b>EU (27 states)</b>	<b>24.33%</b>	<b>12.08%</b>	<b>9.41%</b>	<b>2.91%</b>	<b>9.81%</b>
Denmark	24.16%	11.07%	10.03%	3.29%	9.40%
Estonia	23.95%	11.98%	8.62%	3.49%	10.52%
Bulgaria	23.50%	14.60%	7.72%	1.20%	6.55%
Italy	23.37%	12.81%	8.85%	1.71%	8.86%
Lithuania	22.88%	12.78%	7.98%	2.12%	10.53%
Austria	22.49%	10.74%	8.68%	3.08%	9.86%
Netherlands	21.78%	8.81%	9.59%	3.41%	8.89%
Sweden	21.24%	9.43%	9.99%	3.36%	9.10%
Germany	19.77%	9.84%	7.55%	2.40%	8.75%
Finland	18.67%	8.77%	7.07%	3.45%	7.89%

Source: Eurostat (Number of households by household composition, number of children and age of youngest child).

**Table 2.** Households in EU member states in 2021 by household type

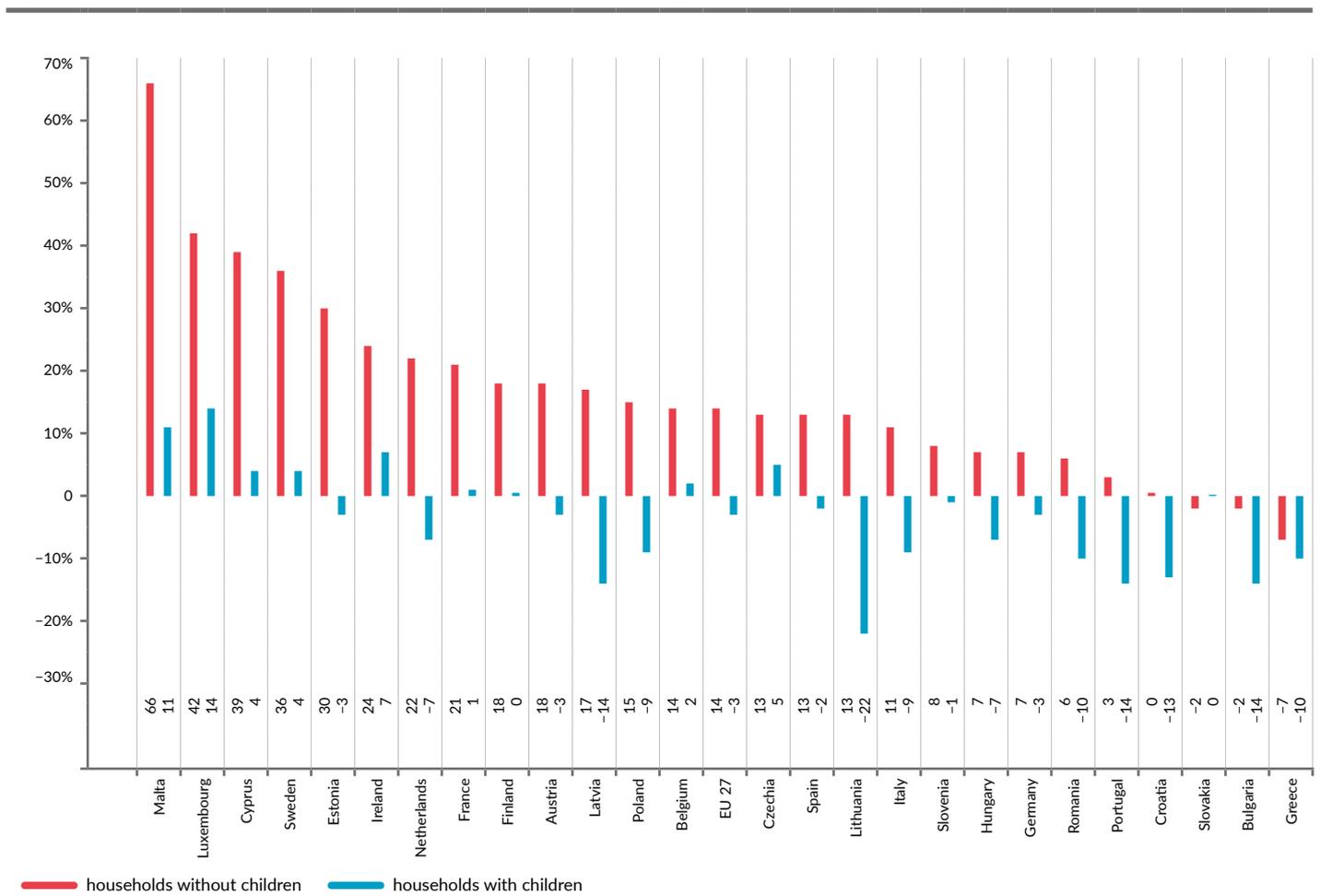
State	An adult with a child/children	A couple with a child/children	Another type of household with a child/children	A household without children
Ireland	4.80%	20.40%	8.20%	66.50%
Slovakia	1.60%	18.70%	13.10%	66.50%
Cyprus	3.10%	21.40%	6.70%	68.80%
Portugal	2.50%	17.40%	10.60%	69.40%
Romania	2.10%	16.00%	12.30%	69.60%
Serbia	1.30%	13.10%	15.10%	70.50%
Spain	2.50%	17.20%	7.80%	72.40%
Poland	2.10%	16.40%	9.10%	72.40%
Malta	2.20%	17.40%	7.70%	72.80%
Luxembourg	2.30%	18.50%	6.10%	73.10%
Croatia	0.90%	13.50%	12.20%	73.40%
Czechia	3.60%	17.80%	4.90%	73.70%
Belgium	3.90%	16.30%	5.60%	74.10%
Greece	0.90%	18.40%	6.60%	74.10%
Latvia	6.10%	11.40%	8.10%	74.30%
Slovenia	0.80%	18.00%	6.90%	74.30%
France	5.00%	15.80%	4.60%	74.60%
Hungary	2.40%	16.10%	6.70%	74.90%
EU (27 states)	3.10%	15.60%	5.70%	75.60%
Denmark	6.10%	14.90%	3.20%	75.60%
Estonia	7.00%	13.50%	3.40%	75.90%
Bulgaria	2.10%	11.20%	10.20%	76.50%
Italy	2.20%	15.50%	5.70%	76.60%
Lithuania	5.60%	12.10%	5.20%	77.10%
Sweden	3.90%	15.40%	2.00%	77.20%
Austria	2.10%	15.70%	4.70%	77.50%
Netherlands	2.80%	15.60%	3.40%	78.20%
Germany	2.90%	13.80%	3.00%	80.20%
Finland	2.50%	13.50%	2.70%	80.70%

Source: Eurostat (Number of households by household composition, number of children and age of youngest child).

Most countries (23 out of the 26 for which there is available data) reported an increase in the number of households without children between 2009 and 2021. The biggest growth was found in Malta (+65.7%), followed by Luxembourg (+41.8%), Cyprus (+39.4%) and Sweden (+35.8%). Only Slovakia (-1.6%), Bulgaria (-1.9%) and Greece (-7.4%) had fewer households without children in 2021 than in 2009. In Poland the number of households without children grew by 20%.

When it comes to households with children, tendencies vary among EU member states. The number of households with children dropped in 16 of them, with Lithuania reporting the biggest decrease (-21.7%); it remained stable in Slovakia and increased in 9 EU countries, including Luxembourg and Malta, where the growth was more than 10% (13.7% and 11.5%). In Poland the number dropped by 9%.

Figure 1. Growth rate of households with and without children: change between 2009 and 2021 (in %)



Source: Eurostat.

## Married couples

In 2021 168,324 marriages were entered into in Poland (Główny Urząd Statystyczny / Statistics Poland [GUS], 2021a). In the past years, between 2009 and 2013 both the number of new marriages and the marriage rate per 1,000 people of the population decreased. Then, between 2014 and 2018 the number of new marriages grew, to drop again later, reaching a historically low rate of 3.8 new marriages per 1,000 people in 2020<sup>3</sup>.

Figure 2. Marriages entered into in 2010–2021

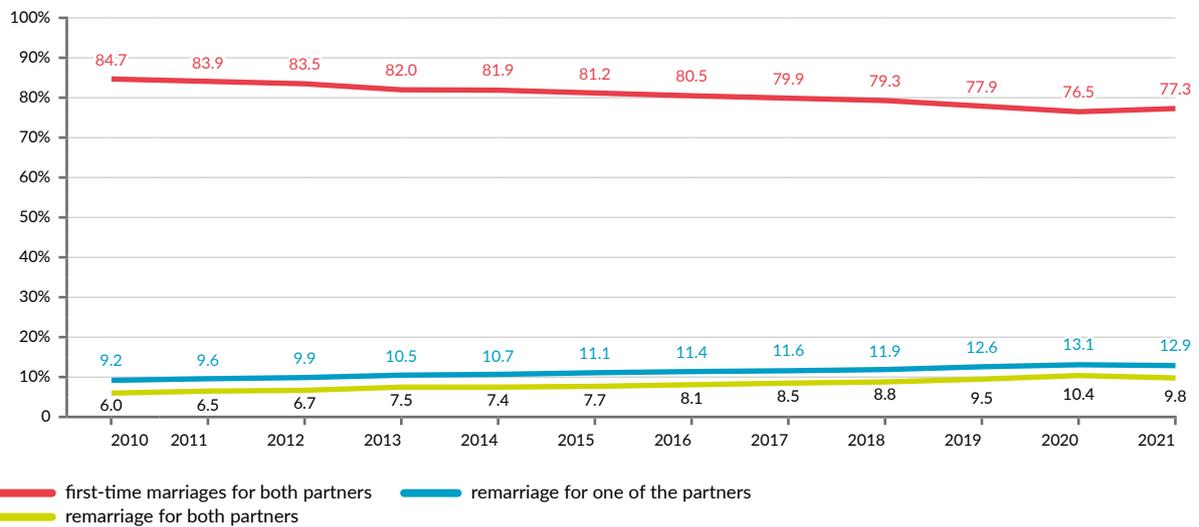


Source: GUS (Dziedzinowa Baza Wiedzy Demografia / Domain Database: Demographics).

In 2021 about 77% of all new marriages were first-time marriages for both the bride and the groom. This percentage has been slowly decreasing in recent years (85% in 2010 and 81% in 2015).

3 According to Statistics Poland (GUS), the decrease in the number of new marriages, divorces, and formal separations in 2020 may be a result of the COVID-19 restrictions, including sanitary restrictions (such as those concerning the organisation of weddings) and temporary suspension of courts' work, which led to cancellation of divorce and separation hearings (GUS, 2021b).

Figure 3. The percentage of first-time marriages and remarriages in 2010–2021



Source: GUS (Dziedzinowa Baza Wiedzy Demografia / Domain Database: Demographics).

Since the 1980s the age of entering into the first marriage has been rising. In 1980 more than half of all grooms were aged 20–24 (54%; GUS, 2022a). Forty years later only 9% of all grooms belonged to that age group, 37% were 25–29 years old, and 34% were 30–34 years old.

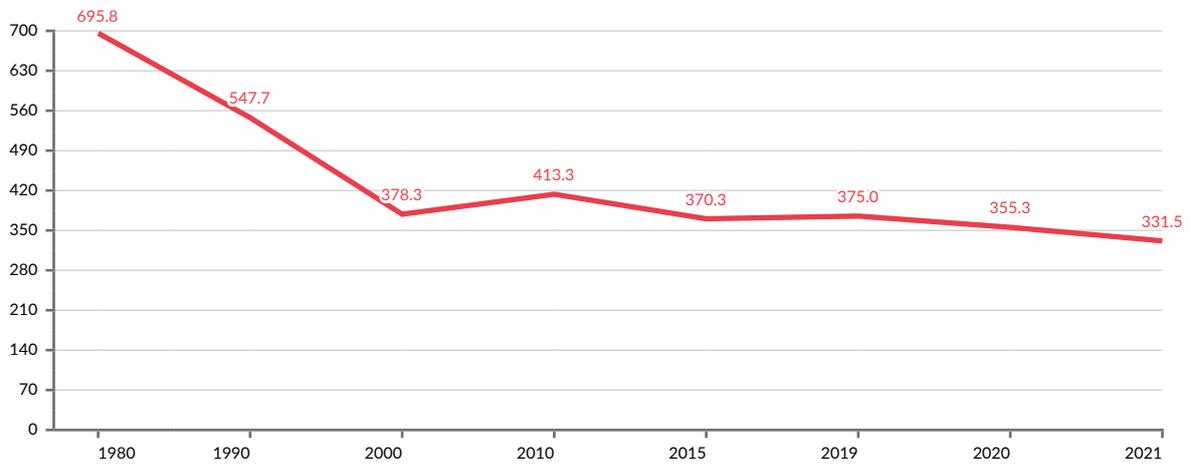
The age of entry into marriage has also been rising among women. In 1980 57% of all brides were 20–24 years old, and 15% were 25–29. In 2020 only 20% of all brides were in the 20–24 age group, 39% were 25–29 years old, and 18% were 30–34. The proportion of women getting married at the age of 35–39 is also growing: in 2020 they constituted 9% of all brides (compared to 1.5% in 1980).

In 2021 the median age of grooms was 30.7 years and for brides – 28.6 years. For first-time grooms and brides, it was 29.6 and 27.6, respectively.

## Fertility rate

Poles' reproductive behaviour has changed profoundly since 1989. These change processes have resulted in a decreasing tendency in births (especially for the second and next children in the family), reduced fertility and its changed age-related pattern, and, consequently, an older average age of mothers at the first childbirth and an increased average age of mothers in general (Kotowska, 2021).

Figure 4. Live births in thousands in 1980–2021



Source: GUS, 2021 (Dziedzina Baza Wiedzy Demografia / Domain Database: Demographics).

In 2021 331,511 children were born in Poland.

The fertility rate in 2015<sup>4</sup> was 1.29. It grew slightly in 2016–2019, up to 1.4, but dropped again in 2021, when it was 1.32. It is way below the replacement rate, which is 2.1.

Figure 5. Fertility rate in Poland in 1980–2021



Source: GUS, 2021 (Dziedzina Baza Wiedzy Demografia / Domain Database: Demographics).

The demographic situation in Poland is not exceptional among other European countries (Table 3). Currently, fertility rates do not ensure generation replacement in any of them. In 2020 the highest rates were reported in Romania, France, and Georgia (1.80, 1.83, and 1.98, respectively), and the lowest rates were found in Malta, Spain, and Italy (1.13, 1.19 and 1.24, respectively).

4 Total fertility rate is the average number of children that would be born to a woman over her reproductive period (15–49) if she were to give births at the current age-specific fertility rates in each phase of the period, i.e., if the partial fertility rates remained stable throughout the period.

**Table 3.** Total fertility rate in selected countries in 2020

	2020
Georgia	1.98
France	1.83
Romania	1.80
Montenegro	1.75
Iceland	1.72
Czechia	1.71
Denmark	1.68
Sweden	1.67
Ireland	1.63
Hungary	1.59
Slovenia	1.59
Slovakia	1.59
Estonia	1.58
Bulgaria	1.56
Belgium	1.55
Latvia	1.55
Netherlands	1.54
Germany	1.53
EU (27 states)	1.50
Croatia	1.48
Lithuania	1.48
Norway	1.48
Serbia	1.48
Liechtenstein	1.46
Switzerland	1.46
Austria	1.44
Portugal	1.41
Greece	1.39
Poland	1.39
Finland	1.37
Cyprus	1.36
Luxembourg	1.36
Albania	1.34
Northern Macedonia	1.31
Italy	1.24
Spain	1.19
Malta	1.13

Source: Eurostat (*Total fertility rate*).

Importantly, calculated in that way, the total fertility rate does not take into account the continuously increasing age at the first and subsequent childbirths. The values of this fertility measure are biased and lead to underestimated fertility rates; even when adjusted and analysed for cohorts (the cohort fertility rate is the average number of children born by women in each birth cohort), they show that Poland has found itself in the “low fertility trap” (Kotowska, 2021).

Women's age at the first childbirth is also growing. The median age at the first childbirth was 26.6 in 2010, 27.6 in 2015, and 28.7 in 2021.

Fertility rates among women over 30 continue to grow, while the number of children born by very young mothers (under 20) is decreasing, even though in 2021 mothers in that age group gave birth to 5,906 children, including 3,084 children born by mothers under 18 (Table 4).

**Table 4.** Live births by mothers' age in 1990–2021 (%)

Year	Mother's age (in years)						
	19 and younger	20–24	25–29	30–34	35–39	40–44	45 and more
1990	8.0	36.4	29.3	17.4	7.3	1.5	0.1
2000	7.3	33.7	33.6	16.1	7.2	2.0	0.1
2010	4.5	19.3	36.9	27.4	10.0	1.7	0.1
2015	3.6	16.3	35.0	31.7	12.7	2.3	0.1
2020	2.0	12.0	32.5	33.1	16.9	3.4	0.1
2021	1.8	11.5	31.9	33.9	17.2	3.6	0.2

Source: GUS.

There is a significant median age difference between women living in rural and urban areas (27.4 and 29.2, respectively). Another important factor is education: the median age at the first childbirth was 29.9 years among women with college/university degree, 26.5 years among those with secondary education, and 19.4 among those who graduated from junior secondary school (GUS, 2021a; Table 5).

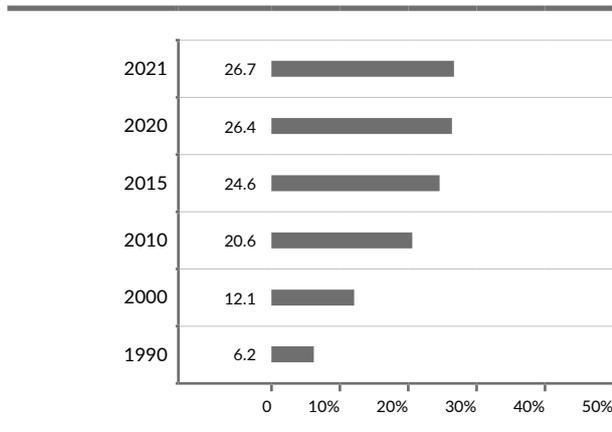
**Table 5.** Births by mothers' education in 1990–2020

Year	Mother's education				
	College/university	Secondary school	Vocational school	Junior secondary school	Primary school
1990	6.1	39.9	35.9	–	18.0
2000	13.1	39.8	32.7	–	14.2
2010	40.5	35.6	15.0	3.1	5.7
2015	51.0	31.9	10.2	3.4	3.4
2020	49.0	31.0	8.6	2.8	2.4

Source: GUS.

W 2020 49% of mothers had college/university education. When it comes to the number of children, women with college/university education constituted more than half of all women giving birth to their first and second child (51% and 53%, respectively) and 44% of those giving birth to their third child (GUS, 2021a).

**Figure 6.** Percentage of live births outside of marriage in 1990–2021

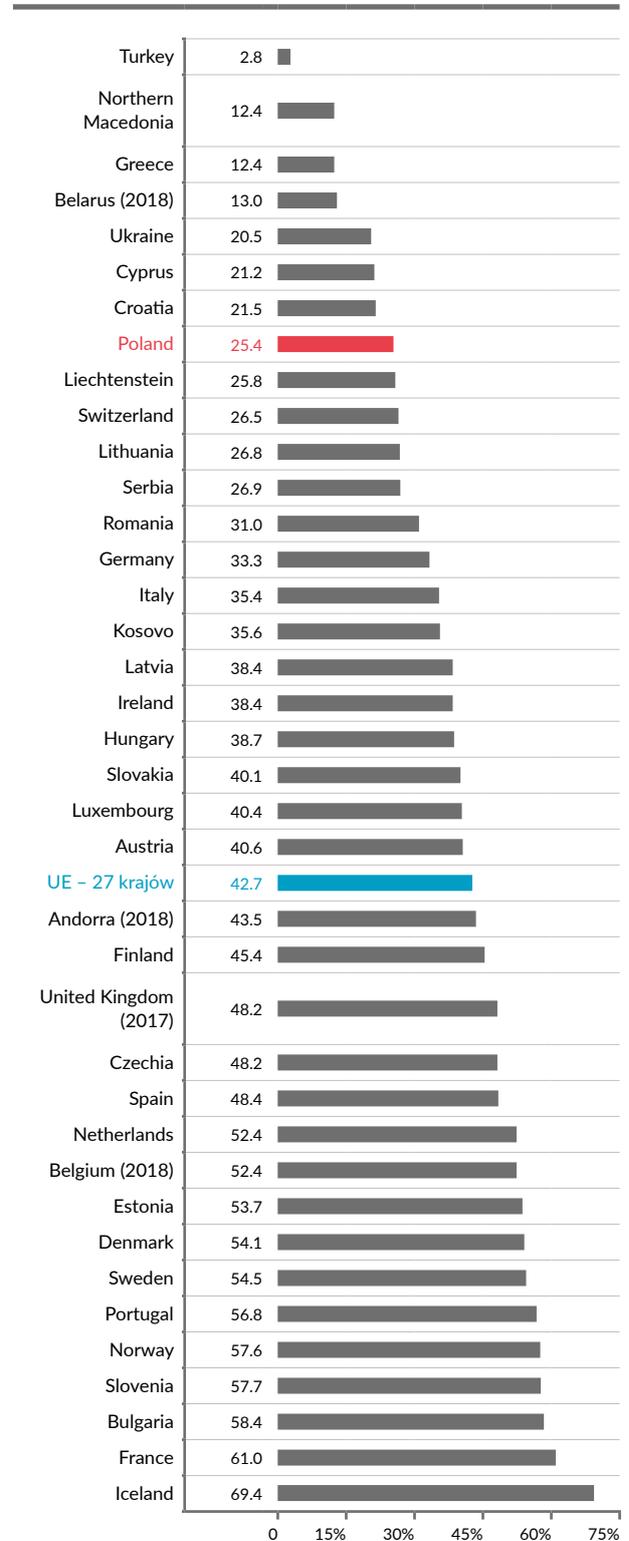


Source: GUS (Dziedzina Baza Wiedzy Demografia / Domain Database: Demographics).

Importantly, more and more children are born to non-married couples. In 2021 more than one fourth of all children (26.7%) were born outside of marriage. This occurs more often in urban than in rural areas: in 2020 the values were 65.8% and 34.2% of all out-of-marriage births, respectively (Figure 6). Compared to other European countries, the rate is not high, though (Figure 7).

In most European countries, just like in Poland, women have their first child at an older age. In the past ten years the largest increase in the mean age at the first childbirth has occurred in Portugal, and the smallest – in Slovakia (by 2 and 0.2 years, respectively).

**Figure 7.** Share of live births outside marriage in 2019 in selected European countries (in %)



Source: Eurostat (Fertility indicators).

**Table 6.** Mean age at the first childbirth in selected European countries in 2010–2020

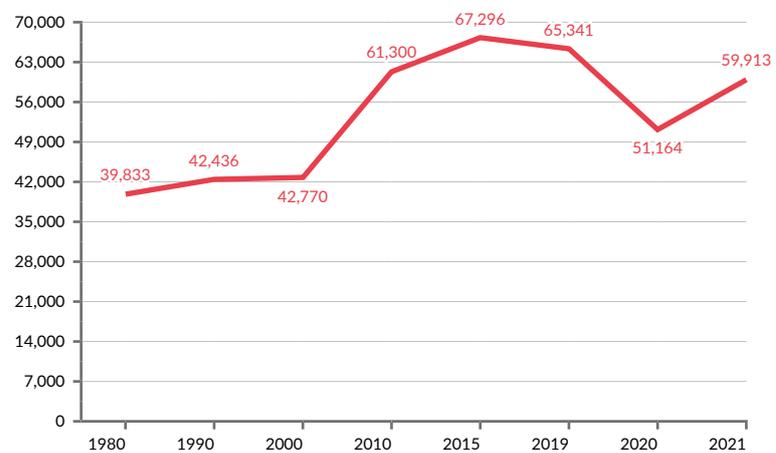
	2010	2020
EU (27 states)	n.d.	29.5
Albania	n.d.	26.6
Austria	28.2	29.7
Belgium	28.0	29.2
Bulgaria	25.6	26.4
Croatia	27.5	29.0
Cyprus	28.5	30.0
Czechia	27.6	28.5
Denmark	n.d.	29.8
Estonia	26.3	28.2
Finland	28.3	29.5
France	n.d.	28.9
Greece	29.1	30.7
Georgia	24.5	26.1
Spain	29.8	31.2
Netherlands	29.2	30.2
Ireland	29.2	30.9
Iceland	26.9	28.7
Lithuania	26.4	28.2
Latvia	26.0	27.3
Luxembourg	29.5	31.0
Northern Macedonia	26.0	26.9
Malta	27.4	29.3
Germany	28.9	29.9
Norway	28.0	29.8
<b>Poland</b>	<b>26.5</b>	<b>27.9</b>
Portugal	28.1	30.2
Romania	25.5	27.1
Serbia	26.9	28.2
Slovakia	27.0	27.2
Slovenia	28.4	29.0
Switzerland	30.0	31.1
Sweden	28.9	29.7
Turkey	n.d.	26.6
Ukraine	24.4	25.4 (2019)
Hungary	27.7	28.4
Italy	n.d.	31.4

Source: Eurostat.

## Divorces

The number of divorces in Poland grew significantly between 2000 and 2015: it was 42,770 and increased by more than half in 2015 (Figure 8). The divorce rate has remained relatively stable in the past few years (about 1.7% per 1,000 people), except for 2020 when there was a record low number of divorces (51,164), resulting largely from the COVID-19 restrictions (GUS, 2021b). In 2021 the number of divorces increased, but was still lower than before the pandemic.

**Figure 8.** Divorces in Poland in 1980–2021

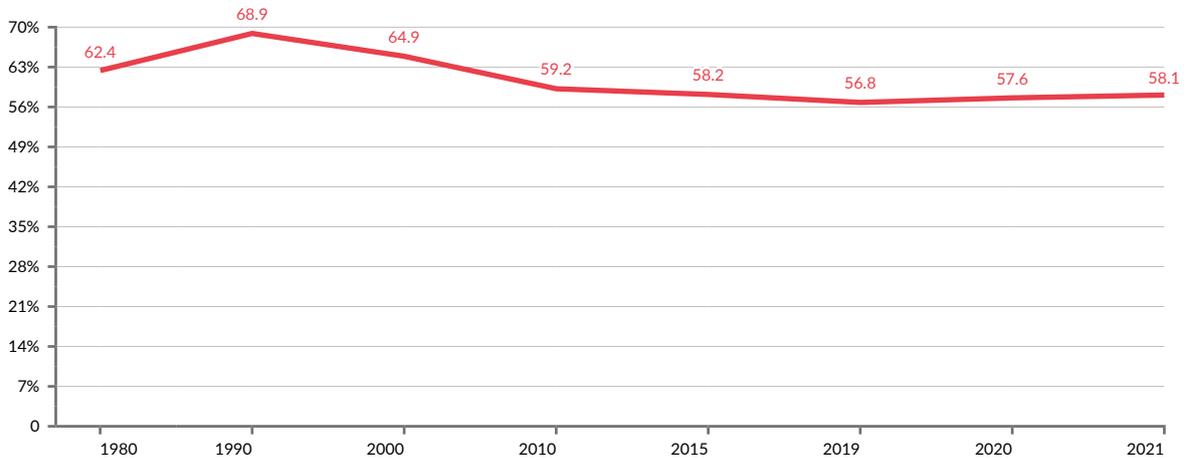


Source: GUS (Dziedzina Baza Wiedzy Demografia / Domain Database: Demographics).

Although in 2019 most Polish respondents had no doubt that when a married couple did not have children, it was better to get divorced than live in a poor relationship (62% of all responses), their opinions about getting divorced when there are children in the family, were more divided. There were almost as many people agreeing and disagreeing with the statement that “because of the havoc that divorce wrecks in children’s lives, even when the parents are unable to get on well with each other, they should stay together for the benefit of their children” (43% and 47%, respectively; Centrum Badania Opinii Społecznej [CBOS], 2019a).

In 2021 parents with minor children constituted 58.13% of all divorcing couples (Figure 9). There were 53,138 minor children growing up in those families. More than half of the children were aged 7–15 at the time of parental divorce (Figure 10).

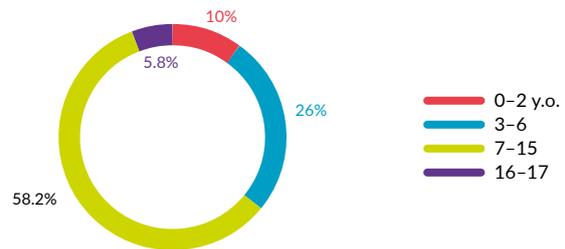
Figure 9. Percentage of divorced couples with minor children (under 18 y.o.) in 1980–2021



Source: GUS (Dziedzina Baza Wiedzy Demografia / Domain Database: Demographics).

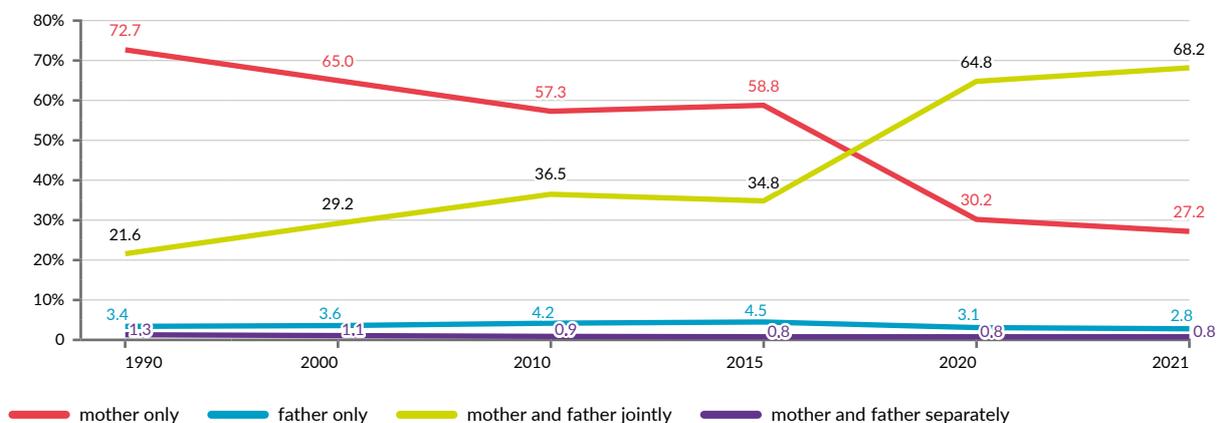
In 2021, courts usually awarded parental authority to both parents (68.2%). Parental authority was awarded to the mother only in 27.2% of cases, and to the father only in 2.8% of cases. A dramatic change can be seen over the past years toward granting joint custody to divorcing parents. As a comparison, in 2000 parental authority was awarded to mothers in 65% of cases, and to both parents in only 29% of cases (Figure 11).

Figure 10. Children of couples divorced in 2021, by age (%)



Source: demografia.stat.gov.pl.

Figure 11. Divorces by court decisions on parental authority and custody of minor children (under 18) in 1990–2021 (%)



Source: GUS, 2021a.

In the past several years the number of separations has systematically decreased: from 11.6 thousand in 2005 to 1,182 in 2019. In 2020 and 2021 there were 720 and 746 separations, respectively.

Despite the growing number of divorces, Poland has one of the lowest divorce rates in Europe, lower than the EU average (Table 7).

**Table 7.** Number of divorces per 1,000 people of the population in 2019 and 2020 in selected European countries

	2019	2020
Albania	1.8	1.6
Austria	2.0	1.8
Belgium	1.6	1.3
Bulgaria	2.3	2.0
Croatia	1.8	2.7
Montenegro	1.8	1.7
Czechia	2.1	1.9
Denmark	1.9	1.6
Estonia	1.5	1.3
Finland	1.4	1.1
Spain	3.1	2.7
Netherlands	3.1	2.7
Lithuania	3.1	2.3
Luxembourg	1.8	1.5
Latvia	0.7	0.5
Northern Macedonia	1.7	1.7
Malta	1.8	1.7
Germany	1.7	1.4
Norway	2.0	1.7
<b>Poland</b>	<b>1.6</b>	<b>1.2</b>
Portugal	1.2	0.8
Romania	1.7	1.5
Serbia	2.4	2.4
Slovakia	2.5	2.5
Slovenia	1.9	1.8
Switzerland	2.0	1.9
Sweden	1.4	1.3
Turkey	1.0	0.8
<b>EU (27 states)</b>	<b>2.1</b>	<b>1.5</b>
Ukraine	1.6	1.3
Hungary	1.9	1.6
Italy	3.3	2.9

Source: Eurostat (*Crude marriage rate and crude divorce rate*).

It should be emphasised, however, that in most OECD countries the divorce rate per 1,000 people has been decreasing in recent years, and it is a stable trend not related to the pandemic restrictions (OECD, 2022a).

In 2020 most divorcing couples with minor children in Poland made the decision to break up after 5–9 or 10–14 (27% and 28%, respectively) years of marriage.

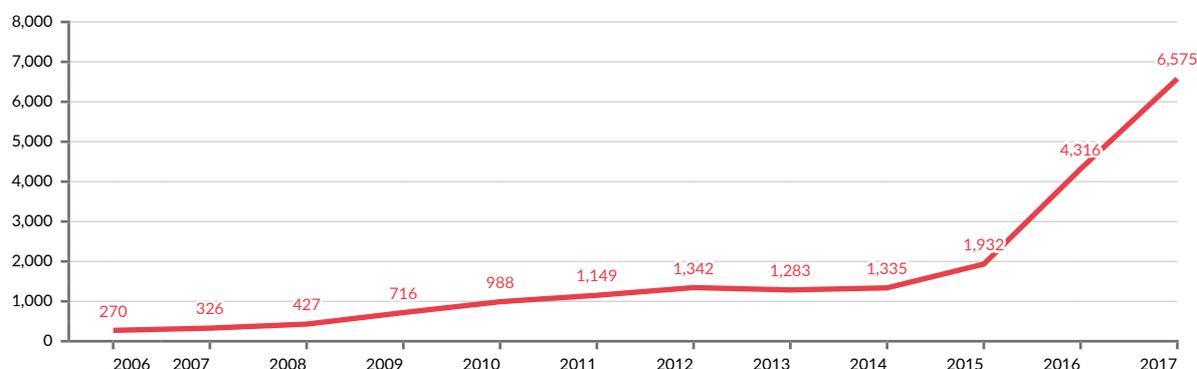
Among divorces granted by courts in 2020, in 66% of cases the divorce petition was filed by the woman. In slightly more than 3% of cases divorce was granted on the grounds of the wife's fault, in 13% – on the grounds of the husband's fault, and in nearly 80% of cases courts granted no-fault divorce (GUS, 2021a).

When asked about the cause of breaking up, divorcing couples were the most likely to report personality differences (46% of all divorces), followed by marital infidelity (20%) and alcohol abuse (14%; GUS, 2021a).

The length of court proceedings depends on whether the court considers the fault of one of the spouses (in such cases the proceedings take from 7 to 12 months) or both spouses (usually one year, but in more than 25% of cases it was over 2 years), or if it is a non-fault divorce (in 40% of such cases the court's final decision was taken within 2–6 months from the time of filing the divorce petition). Compared to 2015, court proceedings took longer in 2020 (GUS, 2021a).

Parental divorce is a painful experience for the couple's children, which may be exacerbated when the divorcing parents are fighting over custody (Izdebska, 2008). Under a 2009 amendment to the Code of Civil Procedure (CCP), judges may refer cases for mediation in order to resolve disputes about satisfying the family's needs, child maintenance, custody, and visitation rights (Article 445, section 2 of CCP).

Figure 12. Court proceedings in family cases resolved through mediation in 2006–2017



Source: Informator Statystyczny Wymiaru Sprawiedliwości (Ministry of Justice Statistical Database).

Data of the Ministry of Justice<sup>5</sup> show that the number of mediation proceedings in family cases (excluding juvenile cases) in district courts has systematically increased (Figure 12, Table 8). In 2006 there were 270 cases resolved by mediation, including 127 settlements. In 2017 it was 6,575 and 3,887 cases, respectively. More than half of those settlements concerned the amount of child maintenance, one fourth concerned visitation arrangements, and a smaller proportion resolved disputes about the child's place of residence and parental authority.

Table 8. Mediation proceedings in family cases in districts courts in 2018–2021

Year	Judicial procedure					Non-judicial procedure				
	No. of cases referred for mediation by court decision (Art. 183 <sup>3</sup> , section 1 of CCP)	Total no. of mediation proceedings	No. of reports submitted by mediators (Art. 183 <sup>13</sup> section 2 of CCP)	Proceedings terminated upon approval of settlement negotiated in mediation process (Art. 183 <sup>14</sup> sections 1 and 2 of CCP)	Refusal to approve settlement under Art. 183 <sup>14</sup> section 3 of CCP	No. of reports submitted by mediators (art. 183 <sup>13</sup> section 1 of CCP)	No. of applications for settlement approval	Settlement approved		Refusal to approve settlement under Art. 183 <sup>14</sup> section 3 of CCP
								Total	Including by appending enforcement clause (Art. 183 <sup>14</sup> section 2 of CCP)	
2018	6,933	6,985	6,507	2,409	33	3,837	4,974	4,869	4,195	274
2019	7,869	7,993	6,617	2,736	37	2,741	3,469	3,208	2,550	131
2020	8,166	8,303	6,119	2,648	27	1,965	2,348	2,127	1,576	94
2021	8,699	8,860	6,758	3,188	32	2,363	2,648	2,364	1,654	125

Source: Informator Statystyczny Wymiaru Sprawiedliwości (Ministry of Justice Statistical Database).

Since 2018 courts with increased frequency have referred parties in family cases (under Article 183<sup>1</sup>, section 2 of CCP) for mediation proceedings. In 2018, 6,933 cases were referred for mediation, and in 2021 it was 8,699 cases, out of which 3,188 (45%) were resolved by settlement. Moreover, parties are more likely to use non-judicial mediation proceedings, out of which more than 90% end in reaching a settlement, which becomes approved by the court.

5 In 2018 the Ministry of Justice Statistical Database changed the way of presenting data on mediation proceedings in family cases, so data until 2017 cannot be compared to data from 2018 and later. Therefore, these are presented separately in Figure 12 and Table 8.

## Child maintenance

In 2021 regional courts issued 32,929 final and legally binding decisions in divorce cases, including 31,381 cases involving children. In the same year the average child maintenance was 1,079 PLN per child.

**Table 9.** Final and legally binding decisions concerning child maintenance (made in divorce cases) in 2021

Types of child maintenance cases	Total	No. of cases in which child maintenance claims were				Amount of child maintenance granted (total amount in PLN)	Average amount of child maintenance granted per case (amount in PLN)
		allowed in full, partially allowed, or allowed above statement		settlement was reached			
		first-time decision	change of amount	first-time decision	Change of amount		
<b>Total</b>	<b>32,929</b>	<b>31,368</b>	<b>1,561</b>	-	-	<b>35,899,386</b>	<b>1,090.2</b>
Granted for:							
Children (including minors)	31,381	29,922	1,459	x	x	33,861,225	1,079.0
Spouses	1,183	1,110	73	x	x	1,234,878	1,043.9
Spouses and their children	365	336	29	x	x	803,283	2,200.8

Source: Informator Statystyczny Wymiaru Sprawiedliwości (Ministry of Justice Statistical Database).

On the 31<sup>st</sup> of May 2017 Article 209 of the Penal Code (PC) was amended to more precisely define the criteria of criminal non-support. The previous wording of this article, describing “persistent evasion of an obligation to provide support” was so imprecise, that it was enough to pay small amounts for courts to decide that the persistence criterion was not met. Currently a person who fails to pay maintenance is liable to punishment when the total outstanding amount due equals at least 3 periodic payments. The amendment resulted in a dynamic increase in the number of proceedings initiated (Table 10) and persons convicted under Article 209 of PC. In 2015 courts convicted 10,756 persons of criminal non-support, whereas in 2019 the figure was 49,131 (Figure 13).

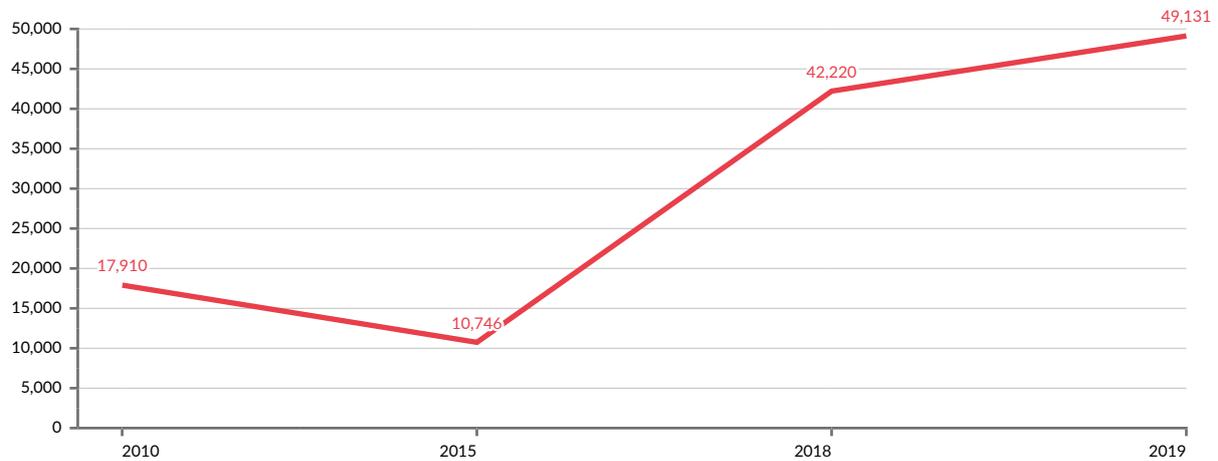
**Table 10.** Proceedings under Article 209 of PC in 2016–2020

Year	No. of proceedings initiated	No. of offences detected
2016	16,009	9,398
2017*	45,338	16,885
2018	122,156	70,412
2019	91,538	53,194
2020	71,656	41,135

\* Article 209 of PC was amended on the 31<sup>st</sup> of May 2017.

Source: statystyka.policja.pl.

Figure 13. Final convictions of adults under Article 209 of PC in 2010–2019



Source: GUS, 2020, 2022.

At the same time, the National Debt Register (Krajowy Rejestr Długów; KRD, 2022) of the 23<sup>rd</sup> of June 2022, lists 286,693 maintenance debtors, whose total debt exceeds 12.5 billion PLN. Men constitute 95% of all maintenance debtors. According to the experts who in 2016–2020 worked in the Child Maintenance Team appointed by the Polish Commissioner for Human Rights, the amended Article 209 of PC did not lead to a decrease in parents' maintenance debt to their children (Dawidziuk, 2020).

Data on Alimony Fund benefits, granted when the enforcement of maintenance payments is ineffective and, at the same time, the family struggles financially, is discussed in another chapter of this report, *Child Poverty*.

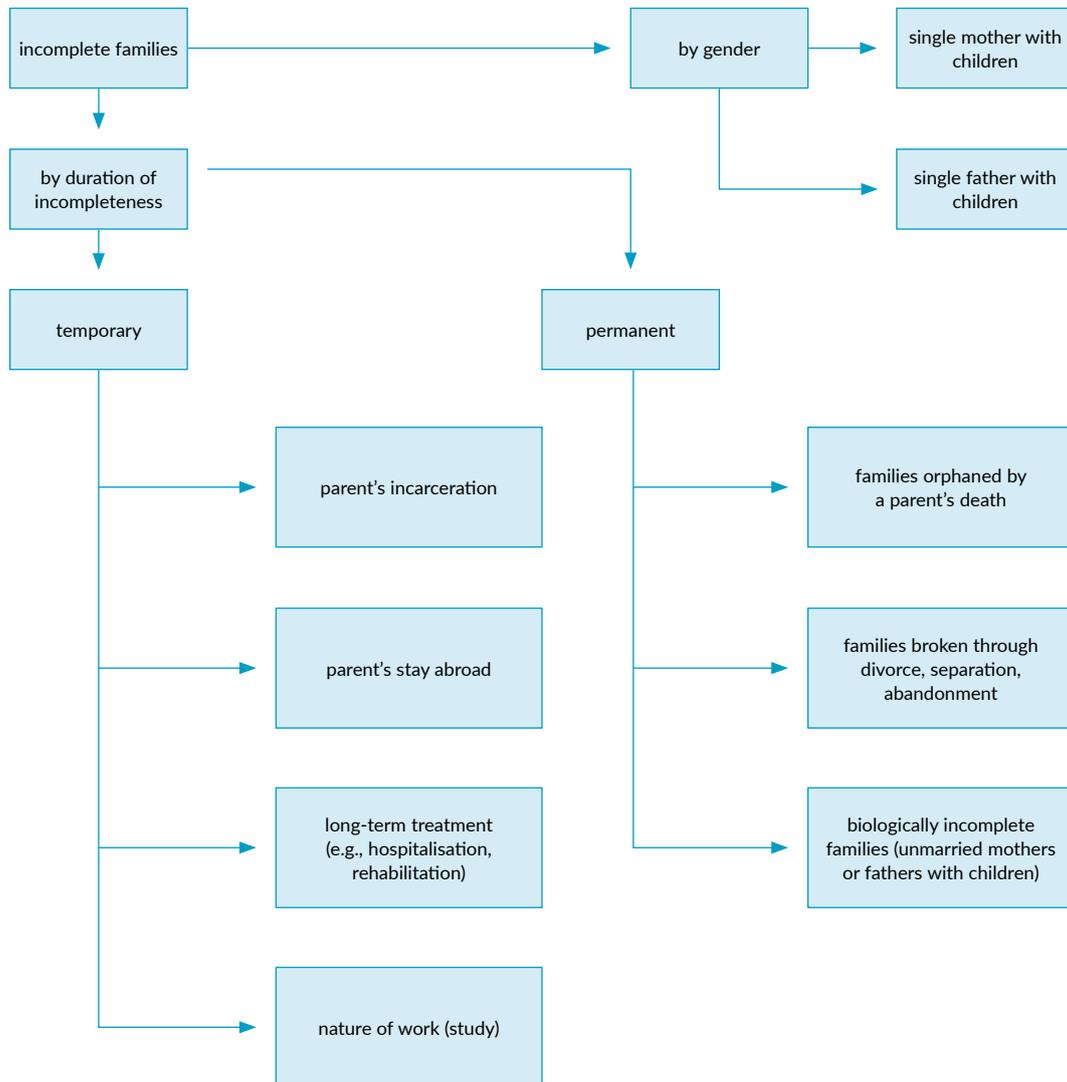
## Selected family types

### Single parent families

There are several types of incomplete families, categorised according to the parent's gender, the length of separation, or its causes (see the diagram below). There is much debate about the terminology concerning this type of families, in search of a term that would not imply that the incomplete structure of the family in itself generates its dysfunction and impairs the process of intrafamily socialisation (Włodarczyk, 2021). Today families in which one parent looks after his or her own children or the partner's children living in the same household, are most often referred to as *monoparental*, *one parent* or *single parent* families.

The available data on monoparental families is presented in the section "Families in Poland".

**Diagram 1.** Classification of incomplete families according to the causes and duration of one parent's absence, and the main caregiver's gender



Source: Raclaw, Twarkowska (2013).

### Families separated by parental migration

International migration is not a new phenomenon in Poland, but in recent years, in particular after Poland joined the European Union, there has been a considerable growth in external migration, mostly in search of work and economic opportunities.

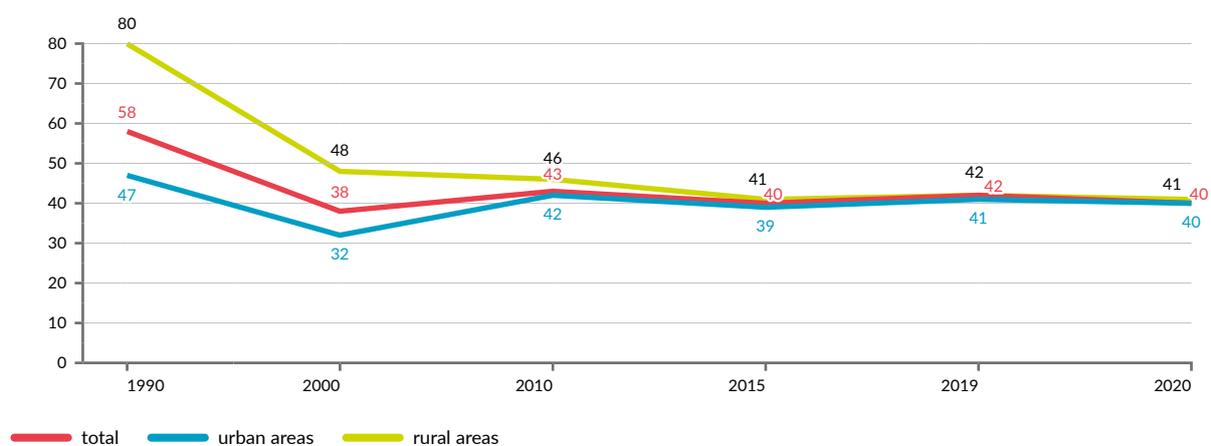
According to Statistics Poland (GUS, 2021d), in 2019 more than 2.4 million Poles were staying temporarily abroad. This data is limited to those who stayed abroad longer than 3 months, so it does not include cross-border seasonal workers who stay abroad for a shorter time. Among temporary emigrants, there are 13.5% of children and young people under 19.

Children who go abroad with both or one of their parents are also at risk of the negative effects of emigration, even if their financial, social welfare, and educational situation has objectively improved. They have to adapt to a new culture, they lose contact with their friends and family who stayed in Poland, they often do not speak the new country's language, and they have difficulty making new friends. Additionally, their hard-working parents do not give them enough time and attention. At the same time, staying abroad is an opportunity for children. For example, they can learn a foreign language, which may improve their position on the labour market in the future<sup>6</sup>. Still, many more families choose another arrangement: only one of the parents (rather than both) go abroad and the children stay in Poland. A survey conducted at the request of the Ombudsman for Children in 2014 (Walczak, 2014) found that temporary separation from at least one parent was experienced by one fifth of Polish primary and secondary school students aged 10–19. Out of this group, 68% experienced their fathers' emigration, 14.8% were separated from their mothers, and 17.2% had to cope with both parents going abroad. The average duration of fathers' stay abroad was nearly twice as long as mothers' emigration (7.6 and 3.9 months, respectively). All that results in a separate category of incomplete families, characterised by temporary absence of one or both parents. On the one hand, such families' living conditions may often improve, but on the other hand, their parents' absence may have a negative effect on children's functioning and their feeling of safety in such families and contribute to behaviour problems. It can also affect the relationship between the spouses and weaken their bonds with other family members (Tarka, 2014)<sup>7</sup>.

## Teen parents

Teen or minor parents are those who were under 18 when their child was born. Since the 1990s there has been a general downward trend in the number of children born by very young mothers (except for a slight increase in 2008–2010), with the decline occurring faster in rural than in urban areas.

Figure 14. Fertility rate: live births per 1000 women in the 15–19 age group



Source: GUS, 2016, 2021a.

6 See also: Slany et al., 2014; Ślusarczyk, 2014.

7 See also: Sordyl-Lipnicka, 2020.

**Table 11.** Live births in 2020, by mother's age, women aged 15–18

Mother's age	No. of births
15 and younger	168
16	482
17	1,054
18	1,961

Source: GUS, 2021a.

In 2020 teen mothers gave birth to 3,665 children (Table 11); 741 men under 19 became fathers. The number of petitions to courts for permission to marry, filed by young women under the legal age of marriage, has been declining: in 2020 courts granted 144 such permissions and a year later 133 (Department of Statistics and Management Information, Ministry of Justice Department of Strategy and European Funds). In 2020, 122 women under the age of 18 entered into a marriage. This means that pregnant girls do not feel much pressure to get married, but also that they do not use the opportunity to obtain full legal capacity to perform acts in law and full parental authority over their children by entering into a marriage (Dziewanowska, 2019). Considering the best interest of a teen mother and her child, their complex legal situation and limitations (such as those resulting from immaturity) in providing appropriate care for the child, the problem of teen parents is a big public challenge.

Teen parenthood is associated with additional (not just parenting) stress experienced by young parents, caused by problems such as difficulty reconciling school with parenting, inability to provide for the family, and the lack of their own home. Teen parents are usually immature and unprepared – emotionally, socially, and economically – for the parental role. Because minor parents do not have full citizen rights and legal capacity, the court appoints a legal guardian for their child (for example, the teen mother's mother). Teen mothers living in institutional alternative care (residential facilities) or educational and correctional facilities (such as youth educational centres or juvenile detention centres) face a particularly complex situation (Dziewanowska, 2019; Skowrońska-Pućka, 2016).

## Same-sex couples with children

It is difficult to determine the exact number of children raised by same-sex couples in Poland. There are several considerable obstacles to collecting such data. First, information about sexual orientation is regarded as sensitive data and as such, it is not collected in general surveys. Second, a lack of legal regulations concerning same-sex couples (and children raised by them) makes it impossible to analyse their situation based on official data. Furthermore, given strong prejudices against LGBTQ persons, many of them hide their orientation or disclose it only to their loved ones. According to estimates, there are 46.5 thousand same-sex couples raising children in Poland, although the figure is undoubtedly underestimated, given the above mentioned obstacles (Wycisk, 2014). These relationships are sometimes called “families of choice” or “rainbow families”, although those talking or writing about the LGBTQ community in the mainstream public discourse, often avoid the term “family”, and non-heterosexual relationships are presented as separate from the family or, at best, as aspiring to be seen as alternative families (Mizelińska and Stasińska, 2014).

Families in which parental roles are played by same-sex persons may be formed in a number of ways. Homosexual persons discover and disclose their sexual orientation at different stages of life. They may have a history of heterosexual relationships, in which they had children. When they form a relationship with a same-sex person, they continue to raise their children with support from the new partner. Other couples may become parents through adoption, fostering, insemination or in-vitro fertilisation (none of these forms is allowed by law in today's Poland; the Act of the 25<sup>th</sup> of June 2015 on treating infertility [Dz.U./Journal of Laws, item 1087] allows assisted reproductive procedures only for heterosexual married or cohabiting couples; if the partners are not married, a statement of cohabitation is required from the donor and the recipient).

A report published by the Polish Academy of Sciences (Polska Akademia Nauk, PAN; Mizelińska et al., 2014) shows there are about 2 million gays and lesbians in Poland. In a survey conducted by PAN among persons who lived

in non-heterosexual relationships for 6 months or longer, 9% of the respondents reported they had children, the majority of whom came from the respondents' earlier heterosexual relationships. Only 8% of non-heterosexual persons' children were born in their current same-sex relationships, mostly formed by two women.

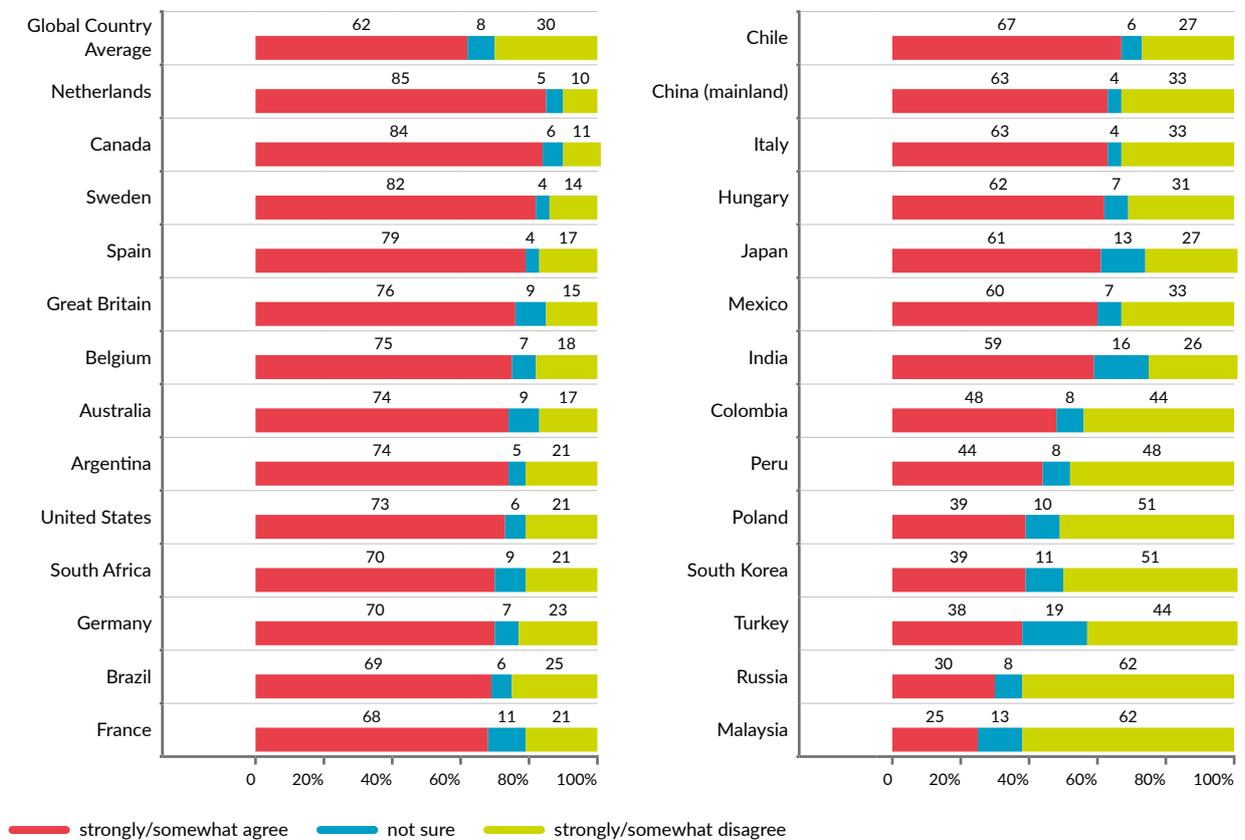
Among the LGBTQA respondents participating in a survey titled *The situation of LGBTQA persons in Poland*, 4% had children: 2.5% were biological parents, 0.5% were adoptive parents, and 0.9% were actual caregivers or social parents (i.e., parented their partner's children). 8.7% of the sample were planning to become parents in the next 5 years (Kampania Przeciw Homofobii and Stowarzyszenie Lambda Warszawa, 2021).

Children from non-heterosexual families are at a much higher risk of exclusion due to negative stereotypes and homophobic tendencies present in the Polish society.

A survey by the Public Opinion Research Centre (Centrum Badania Opinii Publicznej, CBOS; 2019b) shows that only one fourth of Poles regard same-sex couples raising children as families, and the percentage has not changed since 2013.

Figure 15. Opinions about same-sex parenting, by country

To what extent do you agree or disagree that same-sex couples are just as likely as other parents to successfully raise children?



Source: Ipsos, 2021.

In the 2021 *LGBT+ Pride 2021 Global Survey* 51% of the Polish respondents replied they *strongly* or *somewhat disagreed* with the statement that same-sex couples are just as likely as other parents to successfully raise children, which places Poland among countries with the lowest levels of acceptance for same-sex parenting (Ipsos, 2021).

The legal status of these families is complicated, too. According to the law, the non-biological parent has no relationship to the child, which means they cannot make decisions about significant matters concerning the child, have no right to care for the child if the biological parent dies, and have no child maintenance obligation after leaving the family. Moreover, the unclear legal status of the non-biological parent makes it difficult for them to cooperate with the school or health care services, as they are not seen as the child's rightful caregiver.

## Incarcerated mothers of young children

Pregnancy is not considered a mitigating circumstance by the Polish law and – unlike in many European countries – does not lead to obligatory deferral of a prison sentence (Arczewska, 2020).

There are two mother and infant homes operating within prisons in Poland: at the Penal Institution No. 1 in Grudziądz and at the Penal Institution in Krzywaniac<sup>8</sup>. They were established to address the particular situation of incarcerated pregnant women and mothers with infants. They ensure medical care and good living conditions for pregnant women, mothers and their children, and allow incarcerated mothers to provide continuous and direct care for their infants. Upon the guardianship court's consent, mothers can stay there with their children until the age of 3. Prior to being placed in one of those two mother-infant homes, a woman is referred to the Penal Institution No.1 in Grudziądz, which runs the only prison maternity ward in Poland.

**Table 12.** Children staying in Mother and Infant Homes in Krzywaniac and Grudziądz in 2016–2021

	2016	2017	2018	2019	2020	2021
No. of children staying in MalHs at Penal Institutions in Krzywaniac and Grudziądz	101	115	130	120	114	144
No. of children born at PI in Grudziądz	33	52	63	64	49	71
No. of children who left MalHs, including children who left MalHs with mothers	43 children (38 children with mothers)	60 children (54 children with mothers)	68 children (59 children with mothers)	101 children (82 children with mothers)	64 children (58 children with mothers)	77 children (62 children with mothers)

Source: Centralny Zarząd Służby Więziennej (Central Board of Prison Service).

<sup>8</sup> See also: Arczewska, 2020; Teleszewska, 2018

## Children in refugee families

Between 2016 and 2021 more than 36 thousand persons requested international protection in Poland (compared to 78 thousand between 2008 and 2015), including over 19 thousand persons from Russia (including Chechnya), 3,331 from Ukraine, 2,810 from Belarus, 2,046 from Afghanistan, about 1.5 thousand from Iraq and Tajikistan. Thirty eight percent of them were children under 13.5% – adolescents aged 14–18, and 57% – adults. Girls and women constituted 89% of all foreigners asking for protection<sup>9</sup>.

Data on children from Ukraine seeking safety in Poland after fleeing the war, is discussed in chapter *Situation of Ukrainian children in Poland*.

”

*My parents don't care about my feelings. All they care about is whether I get good grades. When I am in a bad mood and have no power to do a thing, they make a scene. They resent me for sitting in my room. I'm very sad about this, but I don't let them know it.*

17-year-old girl

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

## Childcare

### Division of household chores

The number of Poles who prefer more egalitarian division of household work has been increasing in recent years.

In 2020, 58% of all respondents (59% of females and 57% of males) supported a family model, in which the man and the woman share housework equally (12 percentage points more than in 2013). Interestingly, in 2013 the egalitarian arrangement was significantly more likely to be preferred by women (50%) than by men (43%). Today, the difference has disappeared: 20% of all respondents (20% of women and 19% of men) supported the arrangement in which both spouses work outside the home and the woman is additionally responsible for housework, childcare, etc., and 14% (17% of men and 11% of women) chose the traditional patriarchal model, in which only the husband works outside the home and the female does housework and looks after children. The arrangement in which the woman is the chief family supporter was less likely to be preferred. The percentage of respondents who chose the most patriarchal model dropped from 23% to 14% during 7 years, and the percentage of those preferring the arrangement with disproportionate female contribution dropped from 22% to 20% (CBOS, 2020a).

In the CBOS survey the respondents who live with their partner (including husband or wife) were also asked about the kind of family model actually implemented in their current relationships. Compared to 2013, more respondents reported the egalitarian division of work, while the proportion of those reporting the traditional and disproportionate (both female and male) models decreased (Table 14).

<sup>9</sup> Data obtained in July 2022 from the Department of Analyses and Migration Statistics of the Office for Foreigners.

**Table 13.** Preferred family model in 1997–2020

	Percentages of responses by the year of the study						
	1997	2000	2004	2006	2012	2013	2020
Egalitarian: the husband (male partner) and the wife (female partner) spend similar amounts of time on paid work and make equal contributions to housework and childcare.	37	38	47	41	48	46	58
Traditional: only the husband (male partner) works outside the home and earns enough money to provide for the family; the wife (female partner) performs unpaid family work, i.e., housework, childcare, etc.	38	42	27	32	22	23	14
Disproportionate female: both the husband (male partner) and the wife (female partner) work outside the home, but the husband (male partner) spends more time on paid work, while the wife (female partner) combines paid work with domestic tasks, such as housework, childcare, etc.	23	19	23	24	27	22	20
Disproportionate male: both the husband (male partner) and the wife (female partner) work outside the home, but the wife (female partner) spends more time on paid work, while the husband (male partner) combines paid work with domestic tasks, such as housework, childcare, etc.	–*	–*	–*	–*	–*	6	5
Reversed: only the wife (female partner) works outside the home, earning enough money to provide for the family; the husband (male partner) performs unpaid family work, i.e., housework, childcare, etc.	1	0	1	1	1	1	1
It's hard to say	1	1	1	2	2	2	3

\* In those studies the cafeteria did not include the disproportionate male model.

Source: CBOS (2020a).

**Table 14.** Actually implemented family models

Model	Percentages of responses by the year of the study*	
	2013	2020
Egalitarian: the husband (male partner) and the wife (female partner) spend similar amounts of time on paid work and make equal contributions to housework and childcare.	27	37
Traditional: only the husband (male partner) works outside the home and earns enough money to provide for the family; the wife (female partner) performs unpaid family work, i.e., housework, childcare, etc.	20	17
Disproportionate female: both the husband (male partner) and the wife (female partner) work outside the home, but the husband (male partner) spends more time on paid work, while the wife (female partner) combines paid work with domestic tasks, such as housework, childcare, etc.	23	21
Disproportionate male: both the husband (male partner) and the wife (female partner) work outside the home, but the wife (female partner) spends more time on paid work, while the husband (male partner) combines paid work with domestic tasks, such as housework, childcare, etc.	8	4
Reversed: only the wife (female partner) works outside the home, earning enough money to provide for the family; the husband (male partner) performs unpaid family work, i.e., housework, childcare, etc.	3	1
Neither the man nor the woman perform paid work	14	12
Other / Hard to say	5	7

\* Percentages of respondents living in marriages and cohabiting relationships (n = 641).

Source: CBOS, 2020a.

It is also interesting to compare the respondents' reports about their preferred model and the one actually implemented in their own relationships (Table 15).

**Table 15.** Preferred vs. actually implemented family model, by respondents' choices (%)

Model	Percentages of responses	
	Preferred model	Implemented model
Egalitarian: the husband (male partner) and the wife (female partner) spend similar amounts of time on paid work and make equal contributions to housework and childcare.	58	37
Traditional: only the husband (male partner) works outside the home and earns enough money to provide for the family; the wife (female partner) performs unpaid family work, i.e., housework, childcare, etc.	14	17
Disproportionate female: both the husband (male partner) and the wife (female partner) work outside the home, but the husband (male partner) spends more time on paid work, while the wife (female partner) combines paid work with domestic tasks, such as housework, childcare, etc.	20	21
Disproportionate male: both the husband (male partner) and the wife (female partner) work outside the home, but the wife (female partner) spends more time on paid work, while the husband (male partner) combines paid work with domestic tasks, such as housework, childcare, etc.	5	4
Reversed: only the wife (female partner) works outside the home, earning enough money to provide for the family; the husband (male partner) performs unpaid family work, i.e., housework, childcare, etc.	1	1
Neither the man nor the woman perform paid work	-	12
Other / Hard to say	3	7

Source: CBOS, 2020a.

The egalitarian model, which was preferred by the largest proportion of respondents, turned out to be actually implemented by fewer than two fifths of the respondents living with a partner (37%). The traditional model was adopted by 17% of the respondents, i.e. more than chose it as their preferred model. The highest consistency (87%) between the preferred and actually implemented model was found among persons applying the egalitarian arrangement in their relationships.

Among those whose relationships were based on the traditional or disproportionate female models, almost half of the respondents were not satisfied with their status quo and would like to adopt the egalitarian model.

This data shows that considerable change occurred between 2013 and 2020, when it comes to the acceptance of the egalitarian model and its perception as beneficial for both women and men (*preferred*). However, changes in actual household practices are much slower and many of them are still based on women's bigger responsibility for housework.

The division of childcare tasks is also changing. According to some researchers, it is in parenting, or more precisely, in changes in the perception of the father's role and in fathers' contribution to childcare, where we can

see the consequences of wide-range social change in the past decades, such as women's activity in the labour market, women's rights and gender equality movements, and reshaping of the modern family. The emergence of new patterns of fatherhood is a process of redefining parenting and traditional parental roles, which generates a new quality based on an assumption that both women and men can be professionally active and share childcare tasks and housework (Bierca, 2019). It needs to be emphasised, though, that the pace of the process varies across social groups and depends on a number of factors. Findings from social surveys show that also in this respect respondents' declarations go further than their everyday family practises.

At the level of self-reported opinions, most respondents (86% of women and 80% of men) believe that both parents should equally share childcare responsibilities. Furthermore, 80% of women and 79% of men think that fathers are as good caregivers as mothers; 80% and 69%, respectively, believe that apart from biological limitations (such as breastfeeding) men and women can equally well take care of a child under the age of one, and 85% and 78%, respectively, think that an infant (a child under one) needs contact with the father as much as with the mother. When

it comes to practise, though, only 13% of fathers report they have a bigger share in caring for their children. At the same time, 60% of women see themselves as primary caregivers, and 22% of women and 30% of men agree with the statement that the man should provide for the family and the woman should do the housework and take care of the children (IQS, 2020).

In 16% of Polish households, the woman performs all childcare work, while in 32% of households "childcare is shared" (CBOS, 2018).

In 2022 the Empowering Children Foundation conducted a survey of Polish fathers (Włodarczyk, 2022). According to the vast majority of the respondents, the mother and the father should equally engage in talking to their child about his or her problems (85.0%) and making important decisions concerning the child (83.7%). When it comes to providing for the family, 63.1% of fathers believe both parents are equally responsible, while 29.7% think it is mainly the father's responsibility.

With respect to childcare, the fathers participating in the survey supported an equal division of tasks related to play and helping the child with schoolwork (81.6% and 78.2%, respectively). For other activities, most fathers supported shared responsibility, although comparing to the previous edition of the survey (in 2014), the percentages are lower, and more fathers believe it is a separate responsibility of the mother or the father (Table 16).

**Table 16.** Sharing childcare tasks: fathers' opinions in 2014 and 2022

Activity	Year	Mainly mother	Mainly father	Mother and father equally	Don't know / Hard to say
Baby care	2014	25.9%	1.8%	71.9%	0.4%
	2022	31.2%	6.3%	60.8%	1.7%
Playing with the child	2014	1.4%	2.0%	96.4%	0.2%
	2022	7.9%	8.6%	81.6%	1.9%
Sports	2014	0.2%	20.9%	78.3%	0.6%
	2022	4.5%	28.3%	64.8%	2.4%
Helping with schoolwork	2014	7.6%	2.0%	89.2%	1.2%
	2022	10.8%	8.3%	78.2%	2.6%
Communicating with teachers	2014	14.7%	2.0%	83.1%	0.2%
	2022	16.9%	6.4%	74.9%	1.8%
Preparing meals for the child	2014	34.1%	2.0%	63.2%	0.8%
	2022	28.2%	6.7%	63.6%	1.5%
Doctors' appointments, looking after the child when ill	2014	16.3%	1.0%	82.1%	0.6%
	2022	17.3%	6.4%	74.4%	1.9%

Source: Włodarczyk, 2022.

In 2022, asked about the division of responsibilities in their family's everyday life, the fathers were more likely than in 2014 to report their engagement in all areas of childcare. What seems particularly interesting is change in baby care or caring for children under the age of one. Comparing to 2014, more fathers not only believe that the father should be the primary caregiver (an increase from 1.8% in 2014 to 6.3% in 2022), but also actually were (or are) the main person looking after their baby (an increase from about 2.8% to about 6.6%, respectively; Table 16 and Table 17).

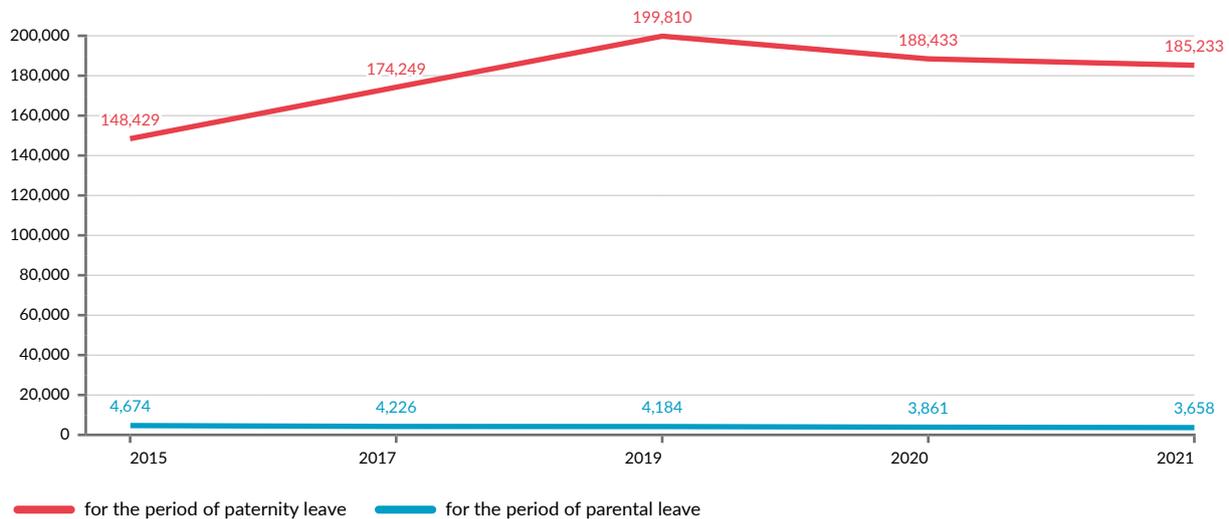
**Table 17.** Sharing childcare tasks: actual practises in 2014 and 2022

Activity	Year	Mainly mother	Mainly father	Mother and father equally	Don't know / Hard to say
Baby care	2014	39.0%	2.8%	52.6%	4.6%
	2022	32.4%	6.6%	57.2%	3.7%
Playing with the child	2014	8.0%	4.8%	85.9%	1.0%
	2022	8.5%	12.7%	75.2%	3.6%
Sports	2014	3.4%	30.7%	58.6%	6.2%
	2022	6.2%	33.0%	55.4%	5.4%
Helping with schoolwork	2014	15.3%	5.4%	67.3%	11.0%
	2022	17.0%	11.2%	65.3%	6.5%
Communicating with teachers	2014	26.5%	5.4%	57.8%	9.8%
	2022	24.9%	8.8%	63.5%	2.7%
Preparing meals for the child	2014	40.4%	3.8%	54.6%	0.4%
	2022	32.5%	8.7%	56.1%	2.7%
Doctors' appointments, looking after the child when ill	2014	29.5%	2.4%	67.7%	0
	2022	24.9%	8.8%	63.5%	2.7%

Source: Włodarczyk, 2022.

The number of fathers using short paternity leaves increased significantly between 2015 and 2021. They are now used by about 50% of all fathers of children born each year, but we should remember that not all fathers are eligible for the leave. The number of fathers who use some of the parental leave that can be taken by both employed parents, is very low relative to the number of mothers using it – fathers constitute about 1% of all those using the parental leave.

**Figure 16.** The number of fathers receiving childbirth benefits in 2015–2021 for the period of paternity leave<sup>a</sup> and for the period of parental leave<sup>b</sup>



<sup>a</sup> Paternity leave – a 2-week leave to be used by the father within the first 24 months of the child's life (male employees are entitled to it regardless of the mother's entitlement).

<sup>b</sup> Parental leave – a leave to be taken after the maternity leave, to which only the mother is entitled; to be used: entirely by one of the parents-employees, by both parents-employees at the same time, or by both parents-employees taking turns and using it in proportions (as of 28<sup>th</sup> July 2022).

Source: Portal Statystyczny ZUS (psz.zus.pl).

Men with children under 10 who used the parental leave, reported the following motivations to take it: wanting to help their child's mother, feeling equally responsible for the child, and wishing to take an active part in childcare. Fathers who did not use the parental leave, listed the following barriers: financial reasons (29%), opposition from the child's mother (21%), and the fear of losing their job (15%; IQS, 2020).

In the father survey of 2022 more than half (61.9%) of 920 fathers of children born in 2010 or later, used the paternity leave. Those who did not, reported the following reasons for not taking the leave: no such need at home (31.1%), inability to take the leave due to the nature of employment or responsibilities at work (22.99), and wanting to work (17.4%; Włodarczyk, 2022). This may reflect low social awareness of the importance of the father-child relationship early in life.

Numerous studies show that early paternal engagement in childcare allows fathers to build a secure attachment relationship with the child, which is a basis of the child's mental health. It also helps fathers to develop

better caregiving and parenting skills, and to get to know their child, his or her character, habits, and preferences, which makes the father a more attentive and mindful parent, able to ensure more emotional security at each stage of the child's life. The earlier the father becomes engaged in childcare, the stronger the positive effect of his care on the child's emotional, social (Sarkadi et al., 2008), and cognitive development. Furthermore, early paternal care improves the child's academic achievement, self-esteem, and social functioning, and is associated with fewer conflicts with the law, a lower risk of substance abuse in adolescence, and a reduced risk of developing mental disorders and engaging in self-harming behaviour, including suicide attempts (Kuramoto-Crawford et al., 2017). Additionally, sharing parenting responsibilities requires such skills as open communication, expressing and understanding needs, and cooperating for the best interest of the child. In families based on responsibility sharing, harmony in relationships and low levels of stress in both parents foster the development of secure attachment patterns in children, which become a template for valuable relationships later in

life. It is also a protective factor against perinatal depression and abusive relationships (Forston et al., 2016; Li et al., 2011), including corporal punishment. It may also prevent conflict in the family (Fundacja Share the Care, 2021).

## Combining work and family life

Conditions that help to reconcile work with the parental role can be divided into three categories: institutional (family-supportive policies), structural (characteristics of the labour market: availability of employment, job retention, flexible work arrangements, etc.), and cultural (perceived roles of men and women). Analyses show that in terms of facilitating the reconciliation of professional and parental roles Poland for years was lagging behind many European countries.

**Table 18.** Examples of family-supportive policies implemented in Poland in the 21<sup>st</sup> century

Year	Action
2010	Introduction of parental leave (initially one-week long, since 2012 two-week long)
2011	Nurseries Act and "Maluch" (Toddler) programme (supporting local governments to increase the availability of institutional forms of care for children under 3)
2013	Introduction of parental leave (32 weeks after childbirth)
2013	"Kindergarten for a Zloty" programme
2013	"Treating Infertility with In Vitro Fertilisation" programme
2014	Big Family Card
2014	"Housing for the Young" programme (ended in 2018)
2015	"Kosiniakowe" – a 1000 PLN parental benefit paid during 12 months after childbirth; it can be applied for by mothers and fathers (the latter under certain conditions) who do not receive the maternity benefit
2015	"Zloty for zloty" principle: the family benefit will be paid even after the income threshold is exceeded (the amount of the benefit will then be reduced by the exceeding amount)
2016	"Family 500+" programme
2016	Stopping the government programme "Treating Infertility with In Vitro Fertilisation"
2016	"Comprehensive Protection of Reproductive Health" programme
2018	"Good Start" programme (one-time support in the amount of 300 PLN for all children starting a new year at school, regardless of the family's income)
2019	Modification of "Family 500+" programme (the benefit is now paid for every child, with no income threshold)
2019	"Mama 4+" programme (special retirement benefit for women who gave birth to and raised four or more children)

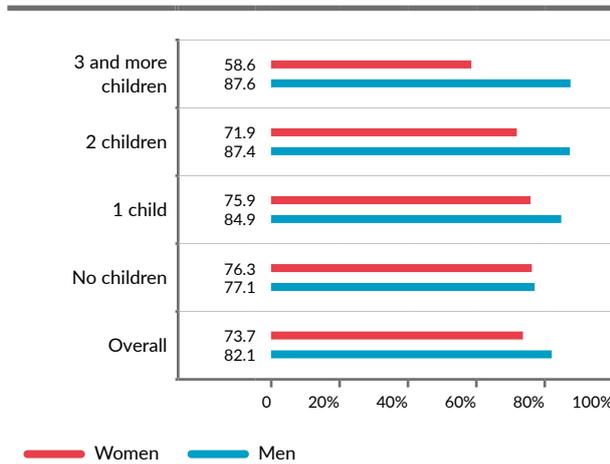
Source: Sikorska, 2021.

Although in recent years various family policy initiatives have been introduced, experts emphasise that many of them are inconsistent and ad hoc. While a systematic increase in the number of day care facilities for children under 3 supports parents in reconciling work with parenting, some other measures, for example the extended maternity leave and the introduction of the optional parental leave<sup>10</sup> may exacerbate gender inequalities on the labour market and perpetuate the traditional division of housework and child-care responsibilities (Sikorska, 2021).

Poles are among nations with the most working hours per week – 40 or more for 91% of the nation's workforce. In contrast, in Denmark the figure is 20% of the nation's workforce. In the 25–45 age group, 30% of Danish men and 16% of Danish women work 40 or more hours weekly, whereas in Poland it is 96% of men and 89% of women (OECD, 2022b).

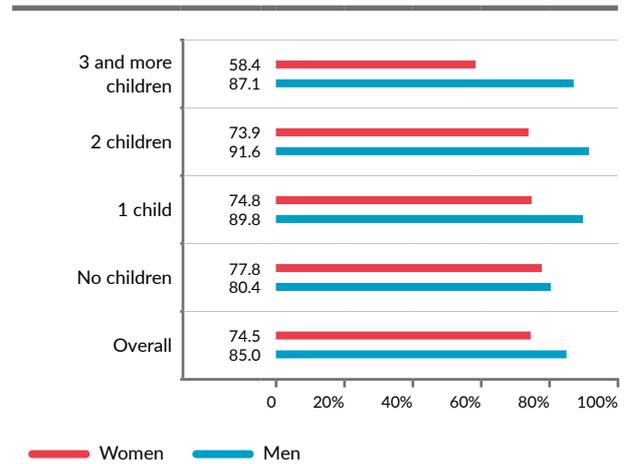
According to Eurostat, the employment rate in Poland in the 25–49 age group in 2021 was 82.1% for the general population of men and 73.7% for the general population of women (in 2015 it was 86.4% and 74.5%, respectively). The average EU rate in this age group is 85.0% for men and 74.5% for women (Figure 17 and Figure 18).

**Figure 17.** Professional activity rates among women and men aged 25–49 in Poland in 2021, by the number of children (%)



Source: Eurostat.

**Figure 18.** Average professional activity rates among women and men aged 25–49 in EU countries in 2021, by the number of children (%)

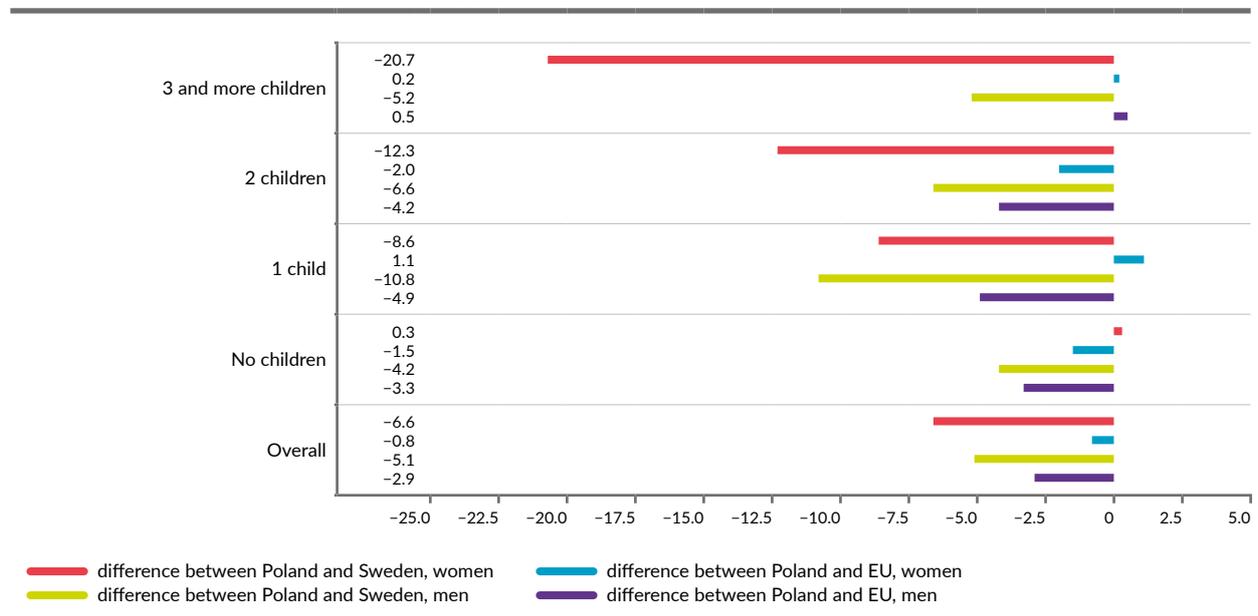


Source: Eurostat.

The gender difference in employment rates increases with the number of children. This pattern, although to varying degrees, is observed in the vast majority of EU countries, including Poland.

<sup>10</sup> Regulations concerning the paternity leave are going to change, as by August 2022 Poland is obliged to introduce the provisions of the EU Work-Life Balance Directive to its legislation, to ensure successful reconciliation of work and family life.

**Figure 19.** Differences in professional activity rates of women and men aged 25–49 between Poland and Sweden and between Poland and the European Union (pp)



Source: Own analysis, based on: Eurostat [LFST\_HHEREDCH\_\_custom\_3197936].

Polish women with three or more children are more likely to work outside the home than the EU average (compared to women with the same number of children). In contrast, Polish men – except for fathers with three or more children – have lower professional activity rate than the EU average. A comparison of professional activity rates in Poland and Sweden, a country with one of the highest activity rates in Europe and a range of systemic policies to support parents, shows how significant effects such solutions may have. Poles' professional activity, regardless of their family status, is lower than in Sweden, except for Polish women with no children who are more likely to be active on the labour market than childless women in Sweden, although the difference is only 3 pp. The more children women have, the more professionally passive Polish women are in comparison with their peers in Sweden. For mothers with three or more children the difference in professional activity between Poland and Sweden is more than 20 percentage points.

One important aspect of balancing work and family life is the possibility to work part-time. It is not evenly distributed between women and men: in 2020, 30% of all female employees in the EU had part-time jobs, compared to

just 8% of men. The figures varied across member states. The highest percentages of women working part-time were reported in the Netherlands (76%), Germany (48%), Austria (47%) and Belgium (40%), and the highest rates of part-time employment among men were found in the Netherlands (29%), Denmark (15%), and Sweden (14%). The lowest rates of part-time work, among both women and men, were reported in Bulgaria (2% for both genders). According to Eurostat, in Poland in 2020 the figures were 8.9% and 3.4%, respectively.

The COVID-19 pandemic had a huge effect on the labour market and on women's and men's professional activity. With respect to work-life balance, it is worth mentioning the sudden popularisation of remote working or working from home (especially in some types of work environments), and the challenges related to combining professional work with caring for children who learned remotely at home or had limited access to care and educational facilities. According to Statistics Poland (GUS), in the 4<sup>th</sup> quarter of 2020, 1,609 thousand Poles, i.e. 9.7% of the national workforce, worked from home, including more women than men (10.9% and 8.1%, respectively). A survey of parents with school-age children, conducted

for Librus (an educational platform), found that in 2021 41% of parents worked on site (at their employer's premises), while the others performed remote or hybrid work. Most respondents (67.2%) reported that the pandemic had reorganised their work, in terms of both working hours, and their job responsibilities. Only one third of working parents (27.9%) said the pandemic had not changed anything in their professional life (Szczudlińska-Kanoś and Marzec, 2021). A survey of women employed at different corporate positions found that 43% of the respondents worked remotely full-time, compared to only 4% before the pandemic (Deloitte, 2021).

In the context of the nature of women's and men's professional activity and the division of childcare and unpaid work at home, increased access to remote working does not necessarily contribute to gender equality. Studies have shown that depending on whose professional work moves home, this arrangement can exacerbate gender inequalities or contribute to more egalitarian division of work in the family (Binder, 2022).

Challenges related to balancing work and family life are not limited to childcare. They may often involve caring for the elderly and for other family members. With longer life expectancy and an older average age at childbirth, more and more persons bringing up their young children belong to the "sandwich" generation, i.e. a generation of adults who provide different forms of support for their younger and elderly relatives (Klimczuk, 2017).

Childcare or other family responsibilities are reported as the cause of professional passivity by more than 75% of all professionally inactive women (Magda, 2020).

A survey conducted by the Responsible Business Forum on a national sample found that 52% of adult Poles combined work with care, 26% looked after children under 7, 23% took care of children aged 8–14, 8% cared for an elderly person, and 4% looked after a relative with disability or chronic illness. The primary child caregiver role is played by 53% of women and 22% of men, with 22% of women and 12% of men shouldering it on their own. When it comes to caring for adults, the primary caregiver role is performed by 40% of women and 37% of men, with 37% of women and 26% of men performing it on their

own. In 2020 lost economic gains caused by professional inactivity resulting from caregiving responsibilities at home amounted to 252 billion zlotys (Forum Odpowiedzialnego Biznesu, 2022).

One possible explanation why reconciling work and parenting remains so difficult in Poland, despite systemic (macro) solutions that promote balance, is the concept of "social dissolution" or "the dissolving of the legal order imposed by the State in social matter" (Sarnowska et al., 2020). The authors of this theory argue that given the weakness of state institutions (macro-level conditions, such as inconsistent family policy and the privatisation of care services), it is mezzo-level factors: labour institutions and social networks in the workplace and outside of the workplace) that have the strongest influence on micro-level decisions, i.e. working parents' everyday choices. It depends on each labour institution how it will (or will not) implement the principles of work-life balance and equal treatment, how employees at working age are perceived depending on their gender, etc. Social networks, in turn, determine what choices are possible or acceptable and what kind of support from others is available.

## Availability of day care and early education services for children under 3

Day care for children under 3 can be organised as a nursery or children's club, or provided by a day carer or a nanny. Providing care for children under 3 is a community own task<sup>11</sup>.

At the end of 2020 day care institutions – nurseries, children's clubs, and day carers – operated in 1,131 communes, i.e. 47% of all communes in Poland (at the end of 2019 it was 1,039 communes, i.e. 42%, and in 2015 – 26%). Those institutions existed in 483 rural communes, i.e. 31% of all rural communes (at the end of 2019 it was 296 communes, i.e. 25% of all rural communes, and at the end of 2015 it was 189 communes, i.e. 12% of all rural communes).

11 It is regulated by the Act of the 4<sup>th</sup> of February 2011 on care services for children under 3 (Dz.U. 2011, No. 45, item 235).

In 2020 those institutions provided care for 25.6% of children aged 1–3, whereas in 2010 it was only 2.6% of children.

**Table 19.** Day care institutions and places of care for children under 3 in those institutions in 2011–2020

Year	No. of day care institutions				No. of places of care			
	Total	Nurseries	Children's clubs	Day carers	Total	Nurseries	Children's clubs	Day carers
2011	571	523	48	0	32,053	31,844	209	0
2012	926	791	105	30	39,967	39,236	652	79
2013	1,511	1,243	212	56	56,042	53,032	2,890	120
2014	2,493	1,667	384	442	71,386	65,081	5,764	541
2015	2,990	1,967	453	570	83,960	75,756	7,389	815
2016	3,451	2,272	515	664	95,419	86,185	8,332	902
2017	4,271	2,616	629	1,026	111,348	99,255	10,756	1,337
2018	5,080	3,155	676	1,249	144,922	126,592	11,871	6,459
2019	5,982	3,671	733	1,578	172,208	149,388	13,545	9,275
2020	6,356	3,985	795	1,576	189,269	164,843	14,982	9,444

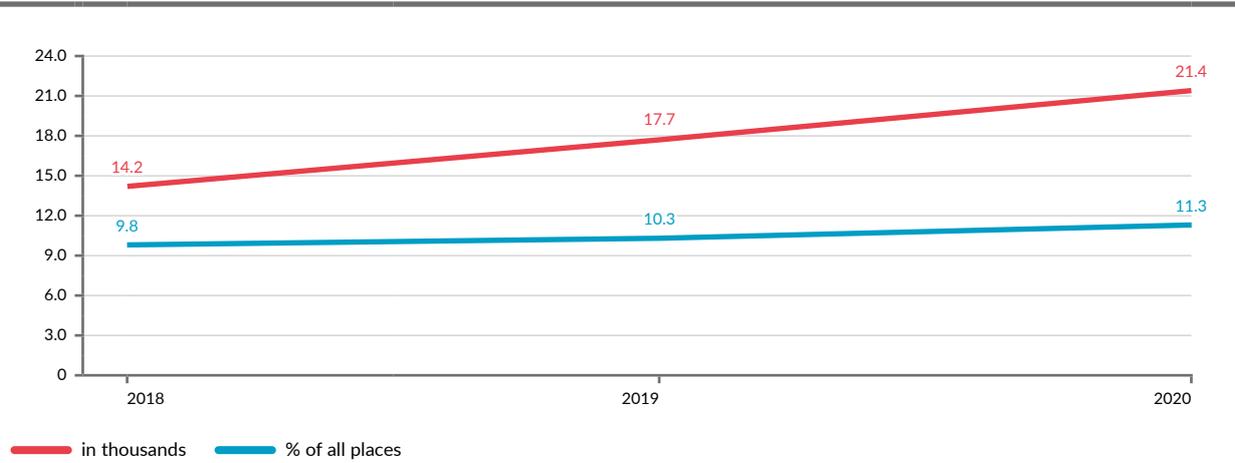
Source: Reports from the performance of tasks related to care for children under 3 in 2011–2020. The 2011 and 2012 reports do not include places of care in private facilities.

In 2020 the number of day care institutions for children under three increased by about 6%. At the end of 2020 there were 6,356 such institutions (compared to 5,982 at the end of 2019), including 3,671 nurseries (3,671), 795 children's clubs (733) and 1,576 day carers (1,578).

In 2020 day care institutions: nurseries, children's clubs and day carers, offered about 198.3 thousand places (in total), whereas in 2019 there were 172.2 thousand places. The biggest proportion of places of care, about 81.1%, were offered by nurseries (just like in preceding years).

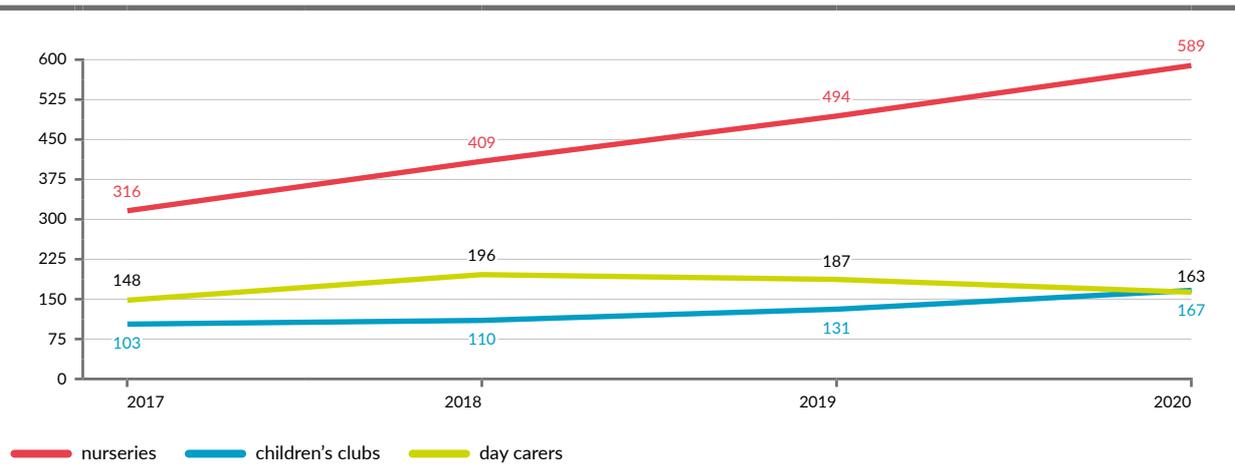
In rural communes there were 919 day care institutions in 2020, a 13.2% increase compared to 2019 (812), including 589 nurseries (494), 167 children's clubs (131) and 163 day carers (187). They offered about 24.5 thousand places for children under 3. Although in absolute terms the number of places of care in rural areas seems to increase dynamically, the growth is not that significant relative to the overall number of available places. Those available in villages constitute only 11% of all places of care for children under 3, whereas children born in rural areas constitute about 40% of all childbirths.

Figure 20. Places of care for children under three in rural communes



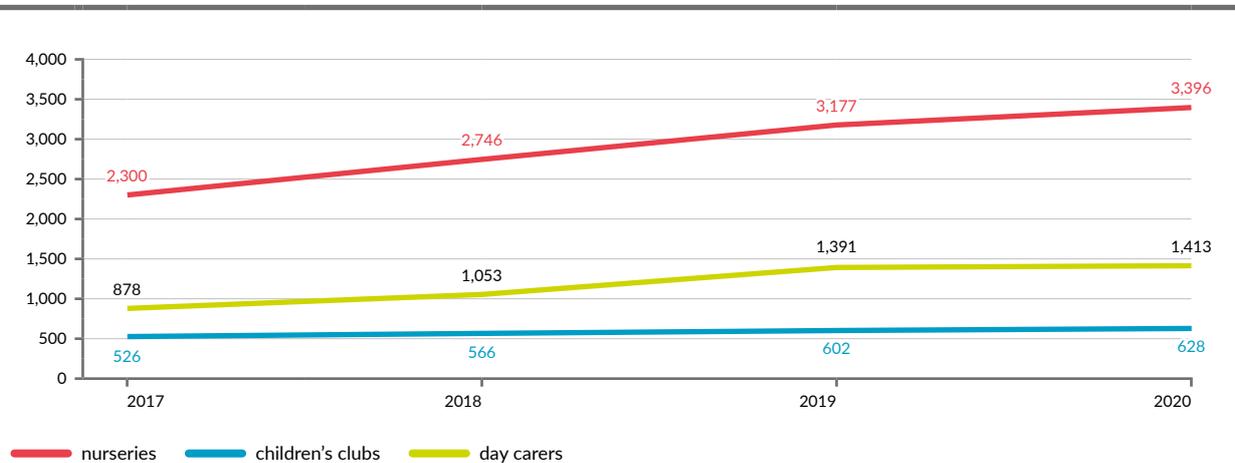
Source: Reports of the Council of Ministers from the enforcement of the Act of the 4<sup>th</sup> of February 2011 on care services for children under 3 in 2017–2020.

Wykres 21. Day care institutions for children under 3 in rural communes in 2017–2020



Source: Reports of the Council of Ministers from the enforcement of the Act of the 4<sup>th</sup> of February 2011 on care services for children under 3 in 2017–2020.

Wykres 22. Day care institutions for children under 3 in urban communes in 2017–2020



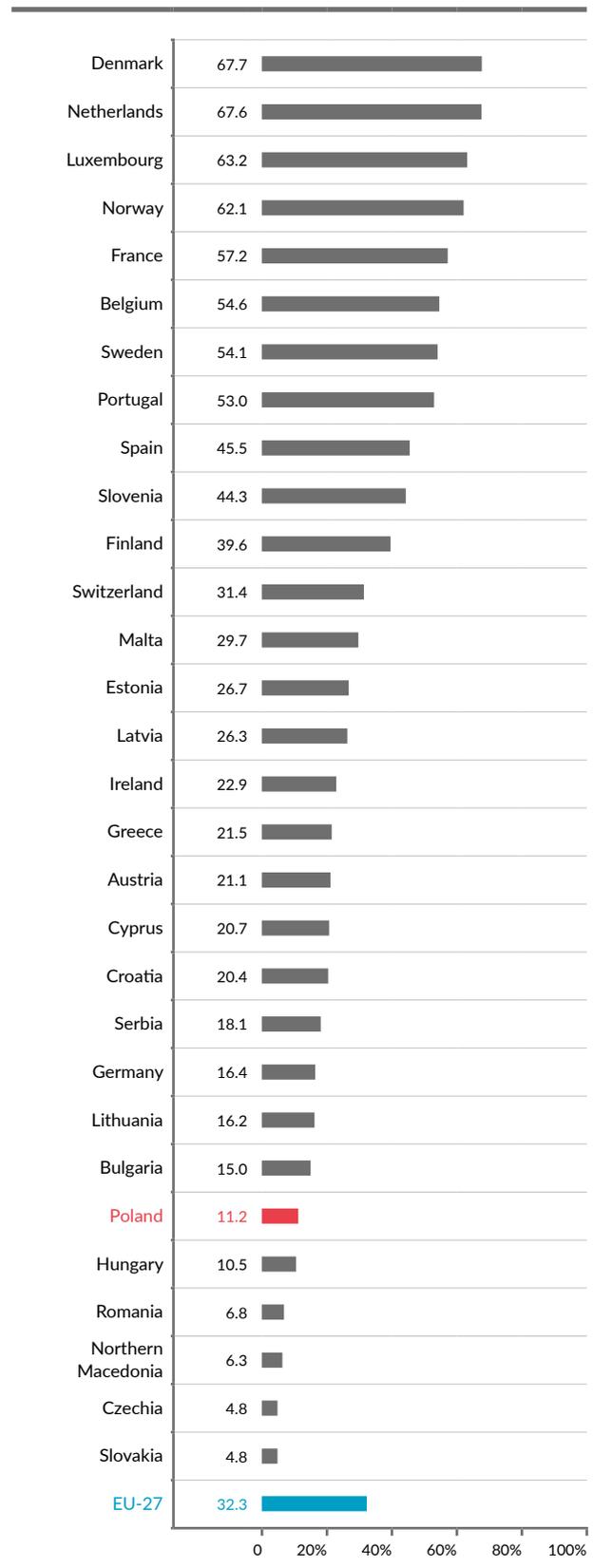
Source: Reports of the Council of Ministers from the enforcement of the Act of the 4<sup>th</sup> of February 2011 on care services for children under 3 in 2017–2020.

As shown in Figures 21 and 22, the development of institutional day care for children under 3 is based primarily on nurseries. The number of day carers has been decreasing, especially in rural areas. According to the Council of Ministers data, in 2020 (just like in the preceding years) both rural and urban communes reported the highest demand for nurseries. By the end of 2030 institutional care coverage for children under 3 is predicted to reach 33%. If no steps are taken to assess the specific needs of rural communes (such as population density or the problem of transport-related exclusion), the disproportion in the number and availability of places of care in rural areas may be compounded. The popularisation of the day carer role seems to be one possible solution to the problem. This form of care is flexible and easy to introduce without infrastructure expenditures – which is particularly important given the variable demand for care services for children under 3. Moreover, it makes it possible to organise care for a small number of children, foster their caregivers' activity in the labour market, and provide care for children in a home environment and a small, secure group (Moroń, 2016). The decrease in the number of day carers demonstrates, however, that this form of care requires systemic support.

Apart from children in rural areas, another group with a low level of day care provision is children with disabilities and special care needs. In 2020 they constituted only 0.9% (1.3 thousand) of all children using the services of nurseries and children's clubs.

Although the range of day care services for children under 3 has been growing, Poland is still lagging behind most European countries in terms of the availability of places of care.

**Figure 23.** Percentage of children under 3 using day care institutions for children under 3 in 2020



Source: Eurostat (Children in formal childcare or education by age group and duration).

## Conclusion

Despite changes in the family structure and intrafamily relationships, the family – as it is understood by respondents – is invariably the first among Poles' most cherished values. In a survey conducted by CBOS in 2019, 80% of Poles pointed to a happy family as an important value in their lives (choosing from answer options provided) – a 2 pp increase compared to 2008 and 2013. The vast majority of respondents (87%) still believed humans needed a family to feel perfectly happy (compared to 85% in 2013). The figure was 5 pp lower than in a 2008 survey (CBOS, 2019). In another CBOS survey concerning Poles' most cherished values in the context of the COVID-19 pandemic, conducted in early November 2020, the family came second (39% of answers), just behind health (47%). However, given other responses concerning the family and its members (such as children and family health – 3%, followed by the best interest of the family, family prosperity, and family / loved ones' happiness – 2% each), family values were listed as the most cherished ones by 47% of the respondents, i.e., the same as health (CBOS, 2020b).

According to Żurek (2017), placing the family at the top of the hierarchy of values is typical for most societies. It is difficult to say, though, whether seeing family as an important value has more to do with strong emotional bonds, the strength of the social script describing the family as a key environment which completes an individual's social identity, or with the fact that the family satisfies many of individuals' needs (Żurek, 2017). A question also arises about the exact meaning (or the designatum) of the family seen as a cherished value by Polish respondents. What exactly is the family regarded as a value? Research shows that it is increasingly broadly defined, so its "structural" understanding is expanding. An increasing number of Poles believe a cohabiting heterosexual couple with children is a family, too: in 2019 that opinion was expressed by 83% of the respondents (compared to 71% in 2008 and 78% in 2013). More than three fourths of the respondents (78%) regard a cohabiting couple raising children from their earlier relationships as a family (it was 67% in 2013). Compared to 2013, the percentage of respondents considering a same-sex couple raising a child/children did not change in 2019 (23%; CBOS, 2019).

”

*I'm 17 and I'm a transboy. My parents don't accept it, but that's not the worst part. My dad constantly humiliates me and calls me names. He threatens that he will throw me out of the house. I wish he would treat me normally.*

*17-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

As proposed by Slany:

Those changes [in how people understand the family, how they act on this understanding, and how it is manifested in public space – author’s note] do not mean that the family is not needed any more, but rather that people have found other ways of addressing their needs in the private sphere. The expansion of new families and new forms of establishing family bonds, demonstrates that people want to live and continue to live in families, but they should be understood in a broader and more inclusive way (2013).

The Convention on the Rights of the Child, cited in the Introduction to this chapter, does not define the structure of the family, but stresses its characteristics essential for the child’s healthy development and wellbeing. Regardless of the diversity of the forms of family life and changes in family practices in today’s Poland, the children’s rights perspective means that apart from asking what the modern family is, we should also ask, whether and how it provides “an atmosphere of happiness, love and understanding” and “peace, dignity, tolerance, freedom, equality and solidarity”.

## References

- Adamski, F. (2002). *Rodzina. Wymiar społeczno-kulturowy*. Wydawnictwo Uniwersytetu Jagiellońskiego.
- Arczewska, M. (2020). Więżenne matki. Pomiedzy zachowaniem przywiazaniowym a transmisja międzypokoleniowa. *Prawo w Działaniu. Sprawy Cywilne*, 42, 9–37.
- Bierca, M. M. (2019). *Nowe wzory ojcostwa w Polsce*. Borgis.
- Binder, P. (2022) Praca zdalna w czasie pandemii i jej implikacje dla rodzin z dziećmi – badanie jakościowe. *Przegląd Socjologii Jakościowej*, 18(1), 82–110. <https://doi.org/10.18778/1733-8069.18.1.05>
- CBOS. (2013a). *Spoleczne oceny alternatyw życia małżeńskiego*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2018). *Kobiety i mężczyźni w domu*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2019a). *Stosunek Polaków do rozwodów*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2019b). *Alternatywne modele życia rodzinnego w ocenie społecznej*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2019b). *Rodzina – jej znaczenie i rozumienie*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2019c). *Preferowane i realizowane modele życia rodzinnego*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2020a). *Modele życia małżeńskiego Polaków*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2020b). *Wartości w czasach zarazy*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2021). *Stosunek Polaków do osób homoseksualnych*. Fundacja Centrum Badania Opinii Społecznej.
- Dawidziuk, E. (2020). *Raport podsumowujący działalność Zespołu do spraw Alimentów w latach 2016–2020*. Biuro Rzecznika Praw Obywatelskich.
- Deloitte. (2021). *Wpływ pandemii na perspektywy rozwoju zawodowego kobiet w biznesie. Jak pracodawcy mogą wspierać rozwój kobiecych talentów Raport z badania*. Deloitte.
- Dziewanowska, M. (2019). Kryzysowe macierzyństwo – młode matki w systemie opieki instytucjonalnej. *Nauki o Wychowaniu. Studia Interdyscyplinarne*, 9(2), 139–156.
- Forston, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. National Centre for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Forum Odpowiedzialnego Biznesu. (2022). *Raport: Opieka rodzinna i praca*. Forum Odpowiedzialnego Biznesu.
- Fundacja Share the Care. (2021). *Rekomendacje Rady Programowej Fundacji Share the Care odnośnie transpozycji dyrektywy Parlamentu Europejskiego i Rady UE 2019/1158 z dn. 20 czerwca 2019 r.* Fundacja Share the Care.
- GUS. (2016). *Rocznik Demograficzny*. Główny Urząd Statystyczny.
- GUS. (2019). *Praca a obowiązki rodzinne w 2018 r.* Główny Urząd Statystyczny.
- GUS. (2020). *Mały Rocznik Statystyczny*. Główny Urząd Statystyczny.
- GUS. (2021a). *Rocznik Demograficzny*. Główny Urząd Statystyczny.
- GUS. (2021b). *Ludność. Stan i struktura oraz ruch naturalny w przekroju terytorialnym w 2020 r. Stan w dniu 31 XII*. Główny Urząd Statystyczny.
- GUS. (2021c). *Sytuacja społeczno-gospodarcza kraju w 2020 r. Analizy statystyczne 12/2000*. Główny Urząd Statystyczny.
- GUS. (2021d). *Informacja o rozmiarach i kierunkach czasowej emigracji z Polski w latach 2004–2020*. Główny Urząd Statystyczny.
- GUS. (2022a). *Mały Rocznik Statystyczny*. Główny Urząd Statystyczny.
- GUS. (2022b). *Aktywność ekonomiczna ludności Polski – 1 kwartał 2022 r.* Główny Urząd Statystyczny.
- Ipsos. (2021). *LGBT+ Pride 2021 Global Survey points to a generation gap around gender identity and sexual attraction*. <https://www.ipsos.com/en/lgbt-pride-2021-global-survey-points-generation-gap-around-gender-identity-and-sexual-attraction>
- IQS. (2020). *Diagnoza postaw motywacji i barier wobec urlopów ojcowskich i rodzicielskich*. Grupa IQS.

- Iwańska-Siwiek, M. (2020). *Wartościowanie alternatywnych form rodziny we współczesnej polszczyźnie* [niepublikowana rozprawa doktorska]. Uniwersytet Śląski w Katowicach.
- Izdebska, A. (2008). Dziecko w konflikcie rodziców. Perspektywa teorii koluzji Jurja Willego. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 7(4), 65–81.
- Izdebska, A., Lewandowska, K. (2012). Czynniki ryzyka krzywdzenia dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 11(2), 116–132.
- Kampania Przeciw Homofobii, Stowarzyszenie Lambda Warszawa (2021). *Sytuacja społeczna osób LGBTQIA w Polsce. Raport za lata 2019–2020*. Kampania Przeciw Homofobii, Stowarzyszenie Lambda Warszawa.
- Klimczuk, A. (2017). Generacja sandwicz (*Sandwich Generation*). In: A. A. Zych (ed.), *Encyklopedia starości, starzenia się i niepełnosprawności (The Encyclopedia of Old Age, Ageing, and Disability)* (tom 1, p. 485–487). Thesaurus Silesiae.
- Kotowska, I. E. (2021). *Zmiany demograficzne w Polsce – jakie wyzwania rozwojowe przyniosą?* Forum Idei Fundacja im. St. Batorego.
- KRD. (2022). *Dzień Ojca – 270 tysięcy z nich ma powody do wstydu*. Krajowy Rejestr Długów. <https://krd.pl/centrum-prasowe/informacje-prasowe/2022/dzien-ojca-270-tysiecy-z-nich-ma-powody-do-wstydu>
- Kuramoto-Crawford, S. J., Ali, M. M., Wilcox, H. C. (2017). Parent-child connectedness and long-term risk for suicidal ideation in a nationally representative sample of US adolescents. *Crisis*, 38, 309–318. <https://doi.org/10.1027/0227-5910/a000439>
- Magda, I. (2020). *Jak zwiększyć aktywność zawodową kobiet w Polsce*. Instytut Badań Strukturalnych, Szkoła Główna Handlowa, IZA Institute of Labor Economics.
- Matysiak, A. (ed.). (2014). *Nowe wzorce formowania i rozwoju rodziny w Polsce. Przyczyny oraz wpływ na zadowolenie z życia*. Wydawnictwo Scholar.
- Matysiak, A., Młynarska, M. (2014). Urodzenia w kohabitacji – wybór czy konieczność. In: A. Matysiak (ed.), *Nowe wzorce formowania i rozwoju rodziny w Polsce. Przyczyny oraz wpływ na zadowolenie z życia*. Wydawnictwo Scholar.
- Mikusińska, A. (ed.). (2008). *Socjologia. Przewodnik encyklopedyczny*. Wydawnictwo Naukowe PWN.
- Mizielewska, J., Abramowicz, M., Stasińska, A. (2014). *Rodziny z wyboru w Polsce. Życie rodzinne osób nieheteroseksualnych w Polsce*. Polska Akademia Nauk.
- Mizielewska, J., Stasińska, A. (2014). Prywatne jest polityczne: strategie emancypacyjne rodzin z wyboru w Polsce. Studium wybranych przypadków. *Studia Socjologiczne*, 4(215), 111–140.
- Moroń, D. (2016). Dzienny opiekun jako innowacja społeczna w obszarze polityki rodzinnej. Wdrażanie nowych rozwiązań z zakresu opieki nad dziećmi do lat 3. *Prace Naukowe Uniwersytetu Ekonomicznego we Wrocławiu*, 456, 103–115.
- OECD. (2022a). *OECD Family Database: Marriage and divorce rates*. <https://www.oecd.org/els/family/database.htm>
- OECD. (2022b). *Average annual hours actually worked per worker*. <https://stats.oecd.org/index.aspx?DataSetCode=ANHRS#>
- Sarkadi, A., Kristiansson, R., Oberklaid, F., Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Paediatrica*, 97(2), 153–158.
- Sarnowska, J., Pustułka, P., Wermińska-Wisnicka, I. (2020). Stabe państwo i solatacja społeczna w obszarze łączenia pracy z rodzicielstwem. *Studia Socjologiczne*, 2(237), 135–162.
- Sikorska, M. (2018). Teorie praktyk jako alternatywa dla badań nad rodziną prowadzonych w Polsce. *Studia Socjologiczne*, 2(229), 31–63.
- Sikorska, M. (2019). *Praktyki rodzinne i rodzicielskie we współczesnej Polsce – rekonstrukcja codzienności*. Wydawnictwo Naukowe Scholar.
- Sikorska, M. (2021). *Czy zwiększenie dzietności w Polsce jest możliwe?* Instytut Badań Strukturalnych.
- Skowrońska-Pućka, A. (2016). *(Przed)wczesne macierzyństwo – perspektywa biograficzna. Diagnostyka, pomoc i wsparcie*. Uniwersytet im. Adama Mickiewicza w Poznaniu.

- Slany, K. (2008). *Alternatywne formy życia małżeńsko-rodzinnego w ponowoczesnym świecie*. Zakład Wydawniczy Nomos.
- Slany, K. (2013). Ponowoczesne rodziny – konstruowanie więzi i pokrewieństwa. In: Slany K. (ed.), *Zagadnienia małżeństwa i rodzin w perspektywie feministyczno-genderowej*. Wydawnictwo Uniwersytetu Jagiellońskiego
- Slany, K., Ślusarczyk, M., Krzyżowski, Ł. (2014). *Wpływ współczesnych migracji Polaków na przemiany więzi społecznych, relacje w rodzinie i relacje międzygeneracyjne*. Komitet Badań nad Migracjami Polskiej Akademii Nauk.
- Smyła, J. (2022). Rodzina w kalejdoskopie współczesnych przemian. *Wychowanie w Rodzinie*, XXVI, 15–27.
- Sordyl-Lipnicka, B. (2020). *Dziecko i rodzina w obliczu emigracji zarobkowej*. Wydawnictwo Naukowe Uniwersytetu Papieskiego Jana Pawła II w Krakowie.
- Sterna-Zielińska, K. (2016). Zakres semantyczny pojęcia “rodzina” w prawie polskim. *Krytyka Prawa*, 8(1), 99–117.
- Szacka, B. (2008). Wprowadzenie
- Szczepański, J. (1970). *Elementarne pojęcia socjologii*. Państwowe Wydawnictwo Naukowe.
- Szczudlińska-Kanoś, A., Marzec, M. (2021). *Diagnoza sytuacji pracujących rodziców w czasie pandemii Covid-9. Podsumowanie wyników badań ankietowych*. Instytut Spraw Publicznych Uniwersytetu Jagiellońskiego
- Szlendak, T. (2012). *Socjologia rodziny*. Wydawnictwo Naukowe PWN.
- Szredzińska, R. (2017). Dzieci w rodzinie. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 16(1), 30–65.
- Ślusarczyk, M. (2014). Migracje rodziców, migracje dzieci – wyzwania dla instytucji opiekuńczych, pomocowych oraz edukacyjnych. *Zeszyty Pracy Socjalnej*, 19, 75–89.
- Taranowicz, I. (2017) Co dzisiaj konstytuuje rodzinę? Pojęcie “Dispaying Family” jako narzędzie analizy współczesnej rodziny. In: B. Szluz (ed.), *Obraz współczesnej rodziny. Teoria i badania*. Wydawnictwo Uniwersytetu Rzeszowskiego.
- Tarka, K. (2014). Sytuacja dziecka w rodzinie migracyjnej. *Studia i Prace Pedagogiczne*, 1, 168–180.
- Teleszewska, M. (2018). *Wykonywanie kary pozbawienia wolności wobec kobiet [niepublikowana rozprawa doktorska]*. Wydział Prawa Uniwersytetu w Białymstoku.
- Tyszka, Z. (1990). Socjologia rodziny w Polsce. *Ruch Prawniczy, Ekonomiczny i Socjologiczny*, LIII(3–4), 233–248.
- Walancik-Ryba, K. (2020). Rodzina naturalna a rodzina zastępcza. Pojęcia, podobieństwa i różnice. *Studia Edukacyjne*, 56, 297–307.
- Walczak, B. (2014). *Dziecko, rodzina i szkoła wobec migracji rodzicielskich: 10 lat po akcesji do Unii Europejskiej*. Pedagogium.
- Wildner, E., Wojtasik, M. (2011). Rodzina. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 10(3), 75–95.
- Włodarczyk, E. (2021). Samotne macierzyństwo w różnych odstępach. *Problemy Opiekuńczo-Wychowawcze*, 1, 3–17.
- Włodarczyk, J. (2014). Być tatą. Wyniki badania polskich ojców. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 13(3), 94–138.
- Włodarczyk, J. (2022). *Tata 2022. Raport z badania polskich ojców*. Fundacja Dajemy Dzieciom Siłę.
- Wycisk, J. (2014). Postawy przyszłych psychologów wobec rodzin nieheteroseksualnych z dziećmi. *Studia Socjologiczne*, 4(215), 141–158.
- Zieliński, M. (2021). Pojęcie rodziny a zmiany społeczne w Polsce. *Dyskurs Prawniczy i Administracyjny*, 1, 219–233. <https://doi.org/10.34768/dpia.2021.1.112>
- Związek Dużych Rodzin “Trzy Plus”. (2016). *Wielodzietni w Polsce 2016. Raport*. Związek Dużych Rodzin “Trzy Plus”.
- Żurek, A. (2017). Rodzina wartością – pomiędzy deklaracyjnością a praktykowaniem życia rodzinnego. In: B. Szluz (ed.), *Obraz współczesnej rodziny. Teoria i badania*. Wydawnictwo Uniwersytetu Rzeszowskiego.

## Legal references

Konwencja o prawach dziecka przyjęta przez Zgromadzenie Ogólne Narodów Zjednoczonych dnia 20 listopada 1989 r. (Dz.U. z dnia 23 grudnia 1991 r.). (Convention on the Rights of the Child)

Ustawa z dnia 28 listopada 2003 r. o świadczeniach rodzinnych (Dz.U. z 2022 r. poz. 615 ze zm.). (Act on family allowances)

Ustawa z dnia 12 marca 2004 r. o pomocy społecznej (Dz.U. 2004 Nr 64 poz. 593). (Act on social assistance)

Ustawa z dnia 4 lutego 2011 r. o opiece nad dziećmi w wieku do lat 3 (Dz.U. 2011 Nr 45 poz. 235). (Act on care of children under 3)

Ustawa z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej (Dz.U. 2011 Nr 149 poz. 887). (Act on supporting families and the system of foster care)

Ustawa z dnia 4 kwietnia 2014 r. o ustaleniu i wypłacie zasiłków dla opiekunów (Dz.U. z 2016 r. poz. 162 i 972). (Act on the determination and payment of allowances for carers)

Ustawa z dnia 25 czerwca 2015 r. o leczeniu niepłodności (Dz.U. 2015 poz. 1087). (Act on infertility treatment)

Ustawa z dnia 11 lutego 2016 r. o pomocy państwa w wychowaniu dzieci (Dz.U. 2016 poz. 195). (Act on state aid in raising children)

### Citation:

Kubicka-Kraszyńska, U. (2022). Children in the family. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 12–55). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Children in Out-of-Home Care

Maria Kolankiewicz – Faculty of Education, University of Warsaw

## List of issues

---

- 57 Supporting families in the community
- 58 Children in alternative care
- 70 Children with illness and disability
- 72 Children's age and gender
- 75 Adolescent mothers
- 75 Foreign children
- 77 Leaving alternative care and changing forms of care
- 82 Adoption
- 84 Missing children
- 84 Conclusions
- 86 References
- 86 Legal references

It has been 20 years since the child care system was integrated into the social welfare system (Article 64 of the Act of the 24<sup>th</sup> of July 1998 on the amendment of certain laws defining the powers of public administration authorities, in connection with the reform of the State [Dz.U. / Journal of Laws 1998, 106, item 668]) and 10 years since a separate act of law established the Polish system of family support and alternative care, which has since constituted the basis for the organisation of districts and communes in this respect (Dz.U. 2011, no. 149, item 887). The main goal of moving the system from the education sector to social welfare was to integrate efforts to help families with child care services, with respect for the child's individuality and the family's autonomy. The family support and alternative care system, as a part of the broad social welfare system, was created for the benefit of children who need special assistance and protection, and to support families experiencing difficulty in their caregiving function.

## Supporting families in the community

The system organised by local government units is largely based on family support networks within communes, working locally and close to their beneficiaries, **to reduce the number of children supervised by courts due to their families' parenting failures, which was alarmingly growing in the first decade of the 21<sup>st</sup> century**. The development of a wide range of services and benefits for families was also a long-awaited realisation of the idea that a child can only be placed in alternative care when all possible ways of working with the family have been exhausted. The community support networks were intended to provide such possibilities. The key elements of these systems, coordinated by social welfare centres, include benefits and social work performed by social workers, support provided by family assistants, day support centres, counselling, and supportive families. Guided by their good understanding of the local environment, community support networks provide their services mostly for families with parenting problems, in theory, by the administrative procedure, i.e. at families' request or with their consent; and in practice – often by court order.

The appointment of an adequate number of family assistants and day support centres depends on the local (communal) authorities. Not all of them, however, can see the need. According to social workers, only one in five children in need of such support, can actually use it (Supreme Audit Office [NIK], 2017). In recent years, there has been a decline in the number of family assistants and of beneficiaries using their support. Most likely, it was partly caused by the COVID-19 pandemic and its restrictions, which resulted in reduced social interaction. It should be noted however that multi-problem families, struggling with parenting difficulties and, in many cases, with abuse, required special support

during the pandemic, and their children needed special protection. A report by the Ministry of Family, Labour, and Social Policy (MRPiPS) showed that in 2019 in many communes there was only one active family assistant. What is more, many assistants are employed under temporary civil law contracts (rather than regular job contracts) and their work brings expected results for 47% of families (MRPiPS, 2019). Finally, 8% of communes have no assistants at all (Topolewska, 2021).

**Table 1.** The number of family assistants and families using their support

	2015	2019	2020
Assistants	3,816	3,934	3,824
Families using family assistants' support	41,739	44,330	41,906
Beneficiaries using supportive families	89	118	72
Beneficiaries using counselling	132,091	96,243	82,215

Source: GUS (Statistics Poland), 2022.

Day support centres, a key element of the local care network, have been established in few communes, mostly in municipalities. In recent years, the number of such centres and of children using their services was decreasing, even though the situation slightly improved in 2021. This form of child support does not seem to be sufficiently used (Kolankiewicz, 2019). Many researchers argue that "social work with dysfunctional families is not sufficient or not present at all. Local governments do not have enough money to build a family support system with family assistants, supportive families, and day support centres" (Szymańczak, 2016).

**Table 2.** Day support centres and their beneficiaries

	2010	2015	2019	2020	2021
No. of day support centres	3,116	2,905	3,164	2,725	2,950
No. of beneficiaries (in thousands)	138.9	177.5	111.3	87.4	92.9

Source: GUS (Poland Statistics), 2022.

## Children in alternative care

When a family cannot be successfully helped and the child's health, life or safety is at risk, it is necessary to separate the child from the family and place him or her in alternative care. In 2020, 23 children were placed in foster families every day, and the same number were placed in institutional care.

The alternative care system, organised by district (*powiat*) authorities, is closely linked to children's communes of origin. It is communes that should

forward background information about the child and the family to the alternative care organiser, foster families, and residential facilities. And this is where family assistants work, supporting the birth parents to help them improve their parenting function, so that the child can return to the family. When a child stays in alternative care for a longer time, the commune should partly cover the cost of his or her placement.

Children are placed in alternative care by court orders. According to international standards of care, which were co-developed by Polish representatives,

The transition to the new home is well prepared and sensitively implemented. After the form of care has been agreed upon, the future care organisation prepares the child's admission thoroughly. The welcome must be gradual and cause as little disruption as possible. Transition to the new placement is arranged as a process, the main purpose of which is to ensure the child's best interests and the well-being of all relevant parties involved<sup>1</sup>

Unfortunately, data provided by district family support centres (DFSC) suggests that most decisions about placing children in alternative care are made urgently (95% of decisions made in Warsaw in 2021), which makes it impossible to adequately prepare either the children being placed or those accepting them. The lack of preparation for this major life transition has serious consequences. It is not only a difficult experience for the child, but it may also result in placement failures.

Although in recent years the number of minors remaining under court supervision has been slowly decreasing, when considered in relation to the entire child population in Poland, it does not show a clear declining trend. The rates are still higher than in the 1990s and the early 2000s.

**Table 3.** The number of minors under court supervision

Year	No.
2010	210,515
2011	211,653
2012	208,319
2013	210,474
2014	208,325
2015	214,521
2016	200,198
2017	197,925
2018	197,233
2019	197,833
2020	195,169
2021	196,624

Source: Ministry of Justice (<https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie>).

”

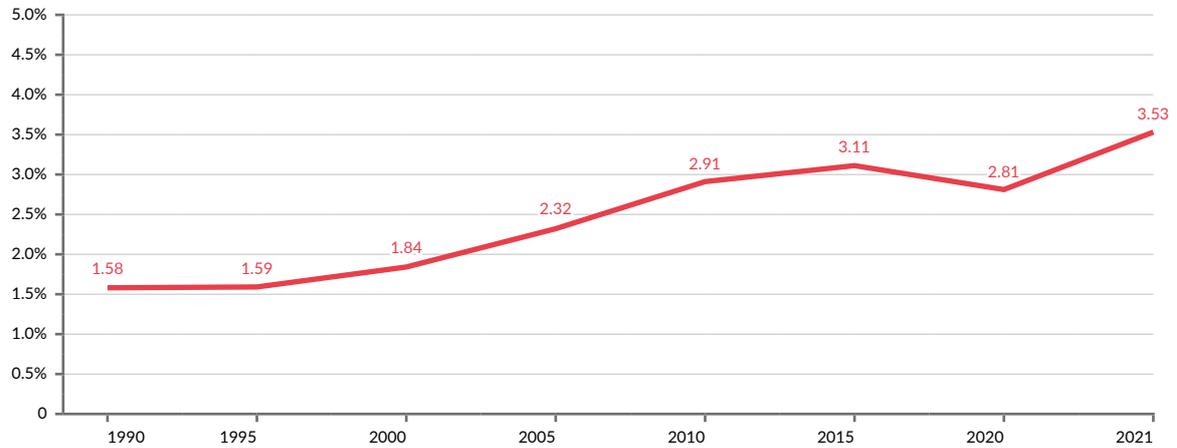
*I live in a group home and sometimes I dream of escaping from here. Some of the ladies are nasty. They don't like it when we make friends with boys or when we talk on the phone.*

*12-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

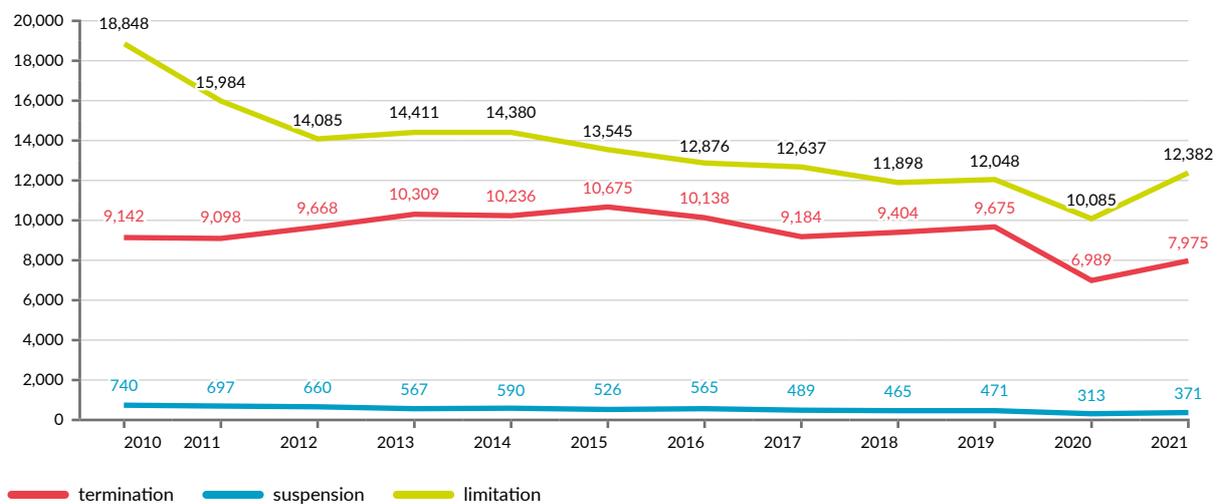
1 Council of Europe Committee of Ministers, Recommendation Rec(2005)5 of the Committee of Ministers to member states on the rights of children living in residential institutions (Adopted by the Committee of Ministers on 16 March 2005 at the 919<sup>th</sup> meeting of the Ministers' Deputies); <https://www.sos-childrensvillages.org/quality4children>.

**Figure 1.** The number of minors under court supervision, relative to the general population of children aged 0–17



Source: Own analysis based on Statistics Poland (GUS) data from 1990–2021, and the Ministry of Justice annual reports (Opm cards).

**Figure 2.** Court decisions in parental authority cases in 2010–2021

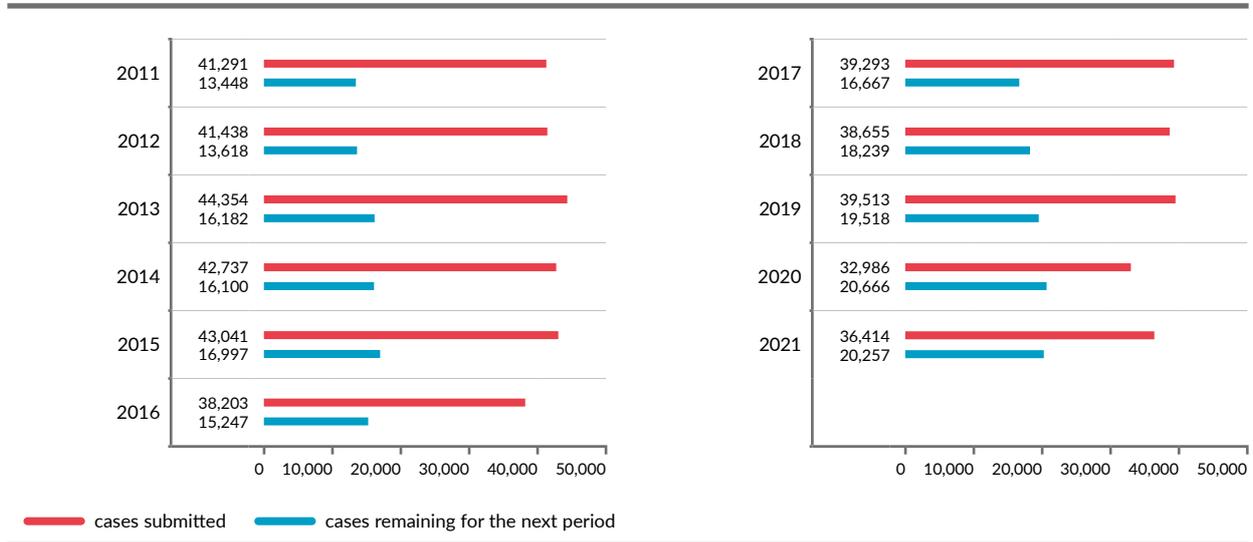


Source: Ministry of Justice (Department of Statistics and Management Information), 2022.

In 2020 Polish courts received fewer applications in parental authority cases, which could result from pandemic-related restrictions. In 2021 the number of applications increased again to reach more than 36,000. A large proportion of those cases is not processed in the year of filing the application, but is rather moved to the following year. Moreover, the length of court procedures has been considerably growing in the past few years, and more cases are moved to the following year. All those cases concern

children at immediate risk, so the speed of proceedings is of huge importance, as time counts differently in court procedures and in the child's life. The recommendation that such cases should be proceeded without delay – in the child's best interest – has not been observed so far.

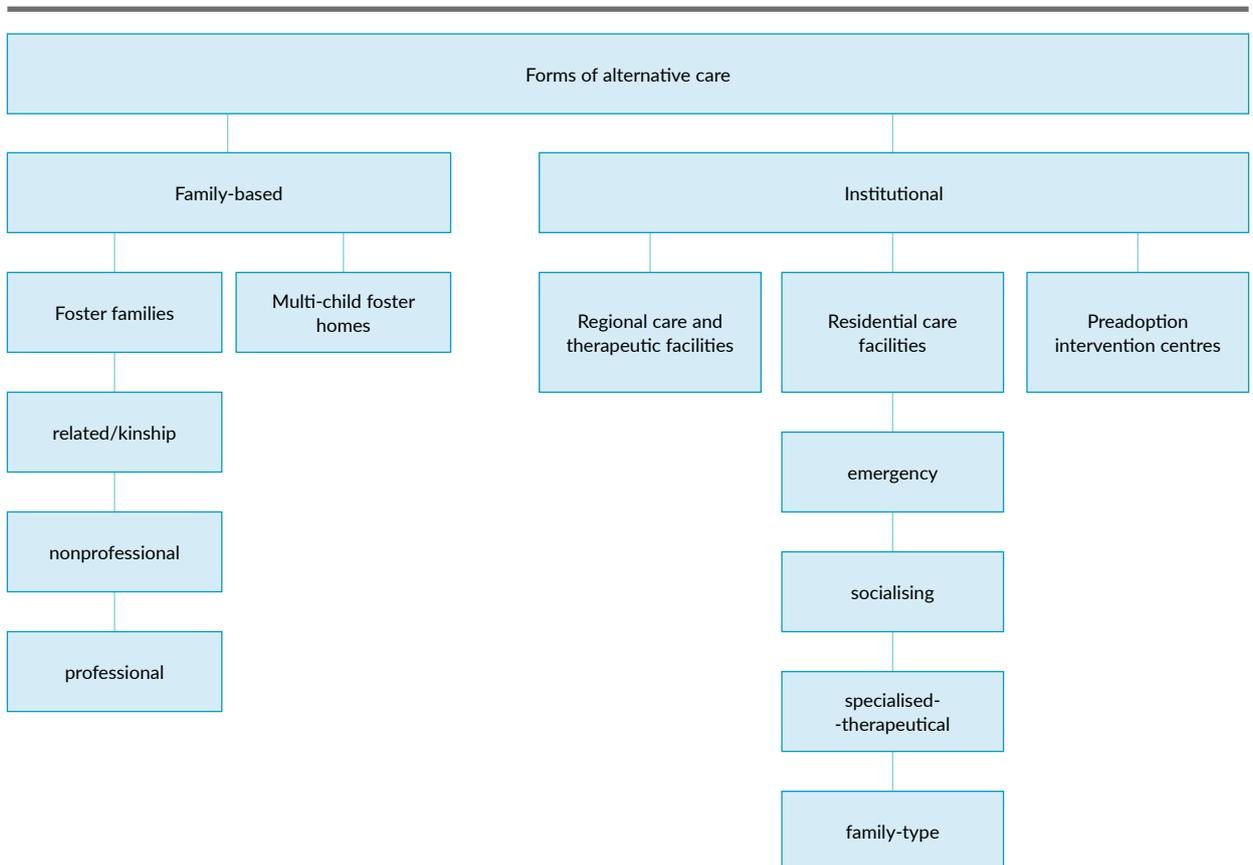
Figure 3. Cases concerning termination, suspension, or limitation of parental authority in 2011–2021



Source: Ministry of Justice (Department of Statistics and Management Information), 2022.

Court decisions to place children in alternative care mean that the child is placed in family-based care or in institutional care (Diagram 1).

Diagram 1. Forms of alternative care



**Alternative care** is provided when the parents are unable to care for their child. It allows time for working with the family to enable the child's return, and if that is impossible – it is a step towards adoption or it serves to prepare the child for an independent and responsible life. In either form, family-based or institutional, it is necessary to satisfy children's emotional needs, and to address their needs related to living conditions, health, education, culture and recreation, and religion.

**Family-based alternative care** includes:

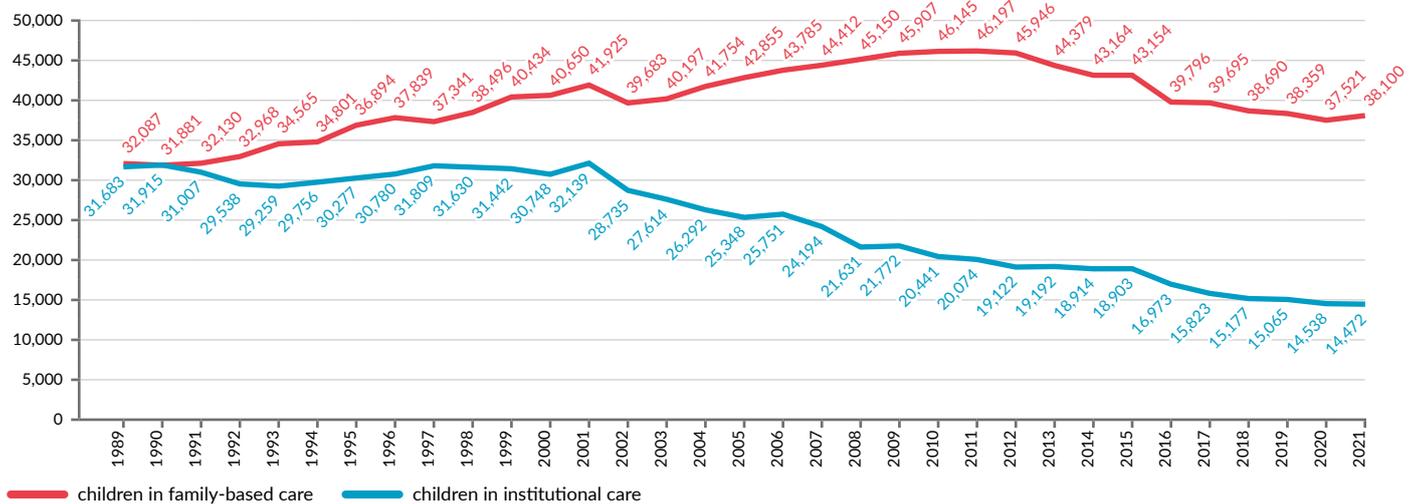
1. Foster families:
  - a. related (kinship);
  - b. non-professional, which can provide care for up to three children at the same time (with the exception of multiple siblings);
  - c. professional, which can provide care for up to three children at the same time (with the exception of multiple siblings), including:
    - specialised professional families:
      - » for children with disabilities,
      - » for juveniles,
      - » for teenage mothers with children,
    - professional emergency families;
2. multi-child **foster homes** that can provide care for up to 8 children at the same time (with the exception of multiple siblings).

**Institutional foster care** is provided in the following forms:

1. residential care facilities (up to 14 children) of several types:
  - a. emergency, providing short-term care for children in emergency situations, accepting children in need of immediate placement;
  - b. family-type, which may provide care for not more than 8 children (with the exception of multiple siblings);
  - c. socialising;
  - d. specialised-therapeutical, for children with disabilities who require special caregiving;
2. regional care and therapeutic facilities for up to 30 children with illness and disability,
3. preadoption intervention centres for up to 20 children under 12 months of age, waiting for adoption.

The Act on Alternative Care and its executive regulations introduced the principle that **family-based foster care should be prioritised over institutional care**, especially for young children. In cases of suspected violence in the family, the intervening social worker may remove the child from the family and place him or her with a close adult living separately (usually a relative), in a foster family, or in a residential care facility. Most children referred to the system remain in family-based care.

Figure 4. Minors placed in alternative care by court order in 1989–2021



Source: Own analysis, based on Ministry of Justice annual reports (Department of Statistics and Management Information, Opm cards providing the number of minors remaining in alternative care by a final court order).

One negative phenomenon, remaining at a high level in recent years, is the **number of unenforced court decisions** to place children in alternative care. For several years, there have been more than 1,000 such cases annually – almost 1,600 in 2021. It is necessary to systematically monitor children who have been identified as being at risk and whose situation has been assessed as serious enough to require their separation from the family, and yet they are still not provided with adequate help. It is important to determine whether this results from an insufficient number of places in foster families and residential facilities, or perhaps the children themselves do not accept the court order and refuse to move. By the end of 2020 organisers of alternative care were obliged to reduce the number of children in facilities down to 14. In many cases, it was done without ensuring the appropriate number of facilities, which resulted in a decreased number of available places. Therefore, the number of unenforced placement orders has been on the rise. Et the end of 2021 there were 576 children waiting to be placed in facilities, including 353 children who had waited for more than 3 months.

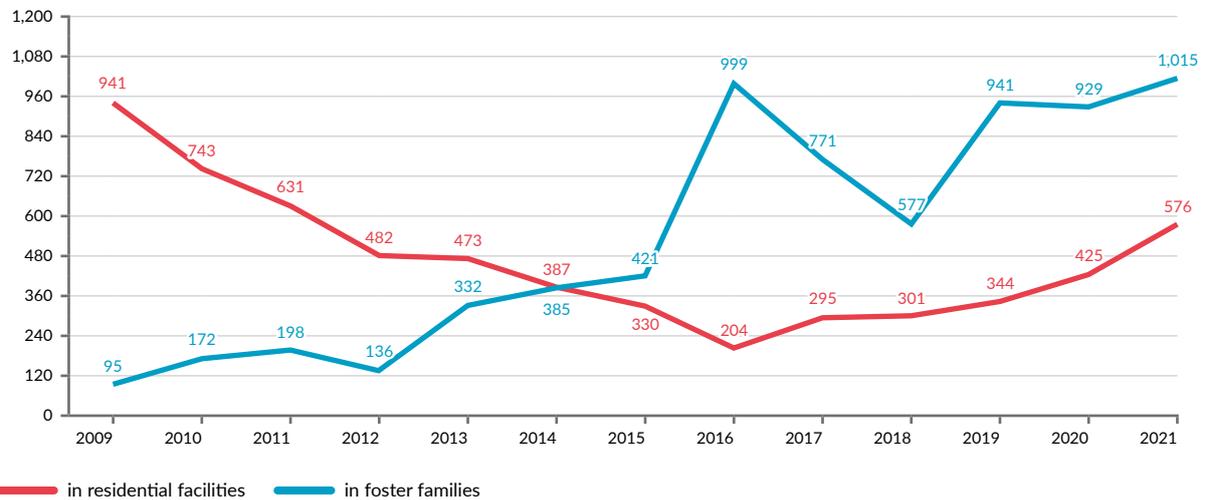
”

*A few years ago I ended up in a group home. My mother is an alcoholic, and her boyfriend at the time beat us. When I was 10, I called the police myself, because I couldn't bear it anymore. I don't want to live in an institution. I cry and mutilate myself every day. I want to live with my older brother, not here.*

*16-year-old girl*

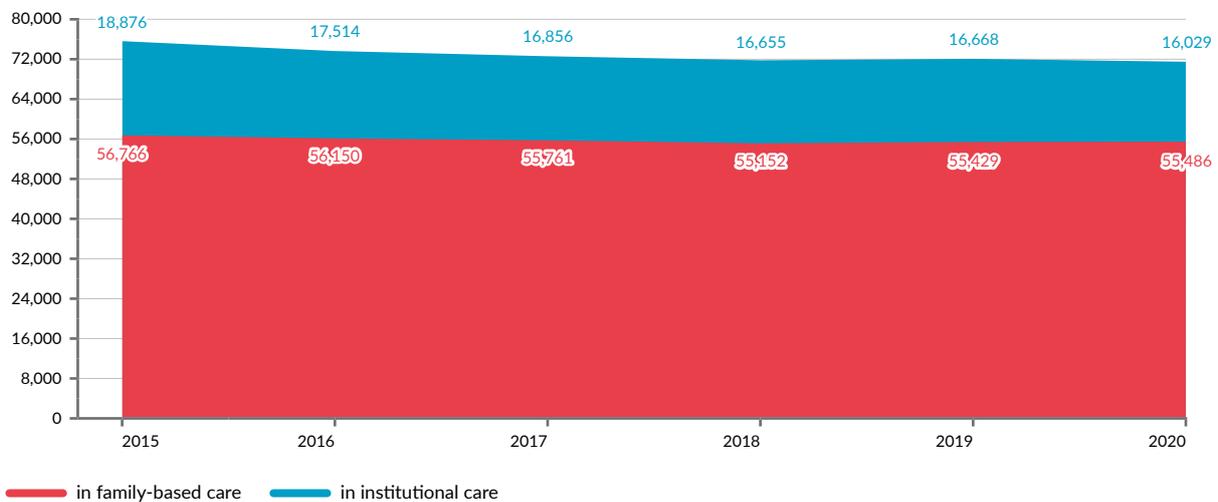
*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

Figure 5. Minors awaiting placement in alternative care in 2009–2021 (unenforced court decisions)



Source: Own analysis, based on Ministry of Justice data (<https://isws.ms.gov.pl/pl/baza-statystyczna/publikacje/>).

Figure 6. Children and young people in alternative care in 2015–2020 (as of 31<sup>st</sup> Dec)

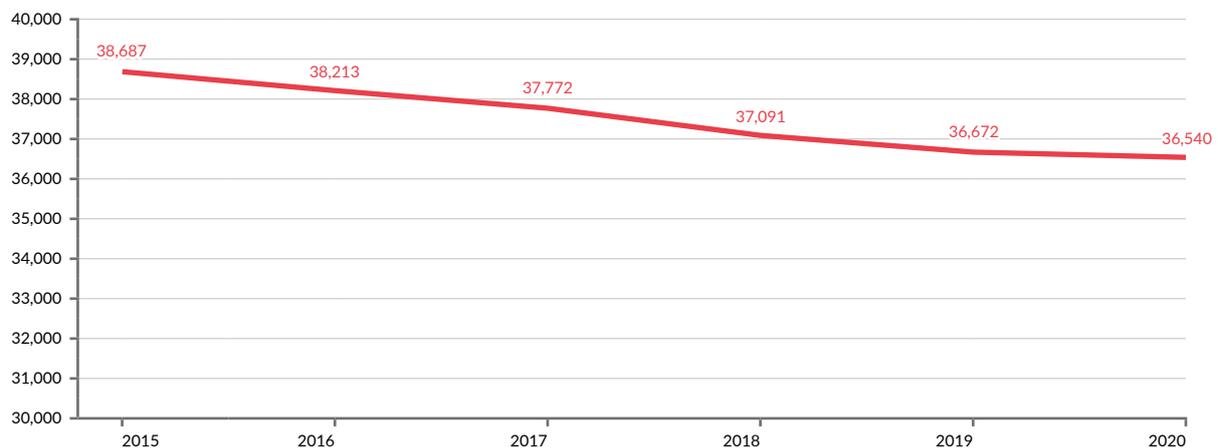


Source: Own analysis, based on GUS (Statistics Poland) data of 2015–2020.

There are marked differences between the Ministry of Justice (MJ) statistics, which are limited to minors (persons under 18), and the data published by Statistics Poland (GUS), which provides complete numbers of persons living in residential care facilities and foster families, including persons over 18. According to the MJ data, in 2020, 52,059 children were placed in alternative care by a court decision, and according to GUS, it was over 71 thousand of children and young people (78% in family-based care, and 22% in institutional care).

## Family-based care

Figure 7. The number of foster families in 2015–2020



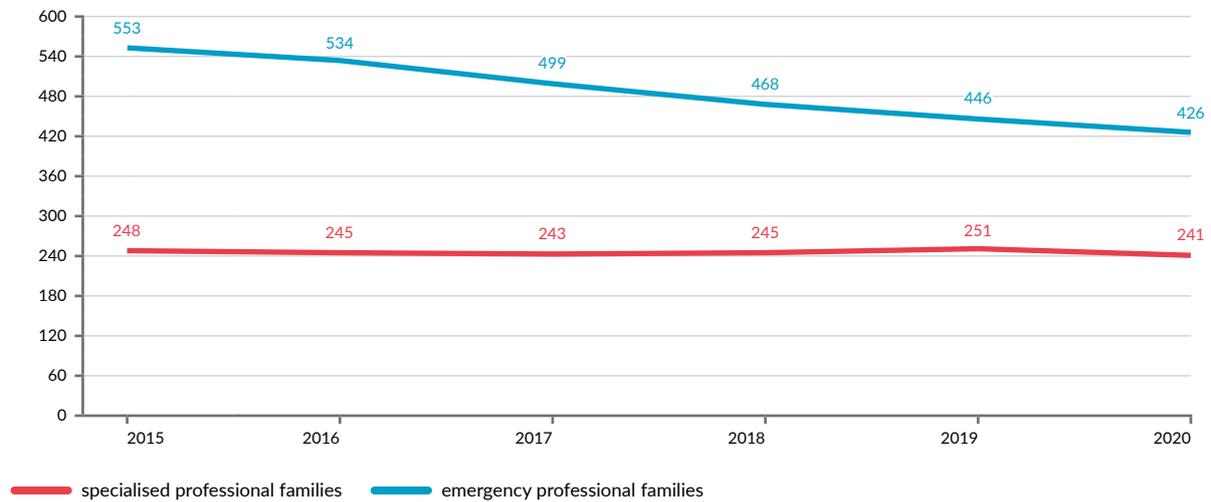
Source: Own analysis, based on GUS (Statistics Poland) data of 2015–2020.

**The number of foster families has been decreasing in recent years.** What is alarming, that is especially true for the most needed types of families: specialised and emergency professional foster families. Many districts have no emergency foster families at all, and some of them don't have a single professional foster family. The Polish Foster Care Coalition (Koalicja na rzecz Rodzinnej Opieki Zastępczej) has repeatedly appealed to the government to improve foster families' work conditions, e.g., signing job contracts with them, offering higher salaries, and adopting consistent regulations concerning supportive families and professional support, which would also serve as an incentive for new families (Koalicja na rzecz Rodzinnej Opieki Zastępczej, 2022). In September 2020 the Supreme Audit Office (NIK) appealed:

There are not enough foster families. As a result, children stay too long in emergency residential facilities, in particular children under 10. Some of the audited districts do not have a single emergency family, and one of them has no professional foster families at all. The current system of alternative care for children in emergency situations is ineffective and allows practices that are inconsistent with the Act and violate children's right to stable caregiving. The situation requires systemic improvement (NIK, 2020).

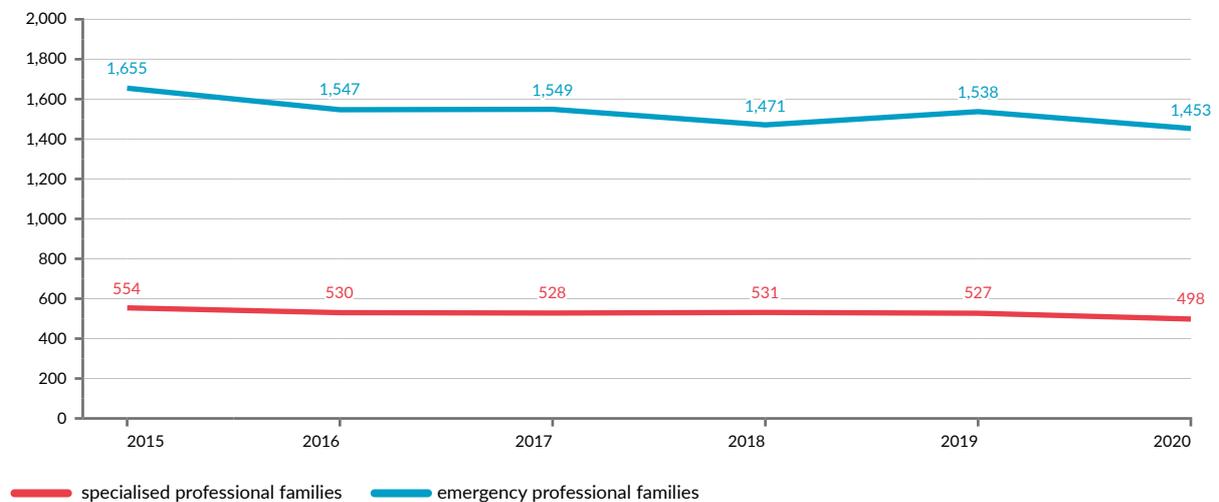
The decreasing number of foster families do not meet children's current needs. There are more and more children awaiting placement, and many children under 10 are placed in institutional care due to the lack of vacancies in foster families.

Figure 8. Specialised and emergency professional foster families in 2015–2020



Source: Own analysis, based on Statistics Poland (GUS) data of 2015–2020.

Figure 9. Children in specialised and emergency professional foster families in 2015–2020



Source: Own analysis, based on Statistics Poland (GUS) data of 2015–2020.

Professional foster families are a minority. The largest proportion of children grow up with their relatives – in kinship care. There are disproportionately few specialised foster families (comparing to needs).

In 2020, the first 26 foster families run by foreigners were reported in Poland. Ten of them live in Mazovia, and there are one or two such families in each of the remaining provinces.

**Table 4.** Children and young people living in foster families and multi-child foster homes in 2015–2020

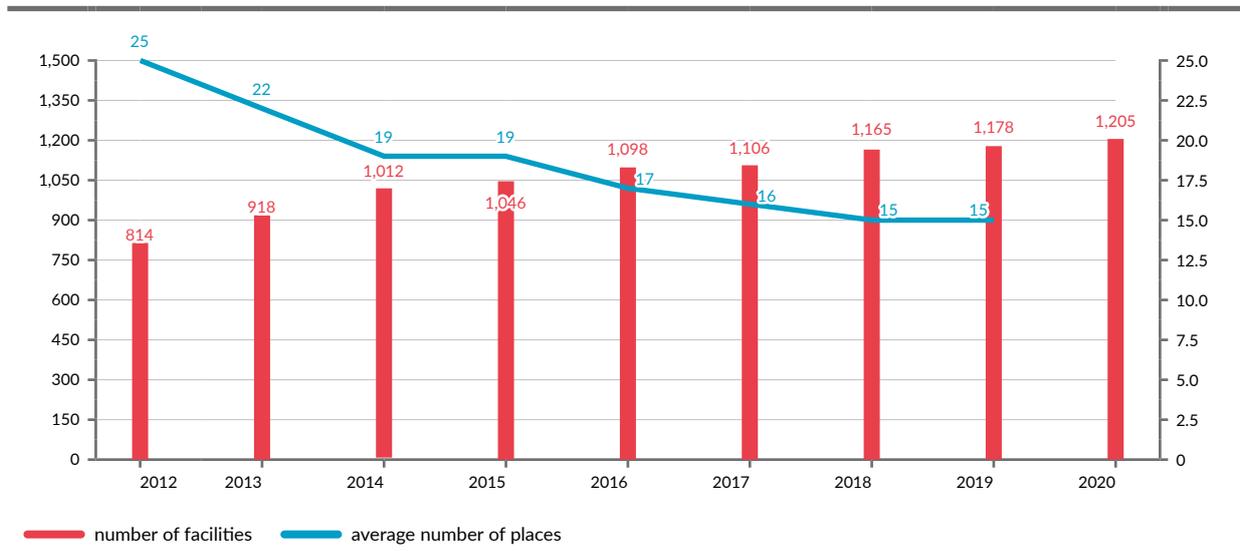
Children and young people	2015	2016	2017	2018	2019	2020
<b>In foster families</b>	<b>53,604</b>	<b>52,822</b>	<b>52,049</b>	<b>51,136</b>	<b>50,929</b>	<b>50,739</b>
related/kinship	31,863	31,444	30,804	30,122	29,853	29,824
non-professional	15,426	15,084	14,859	14,470	14,248	14,175
professional	4,106	4,217	4,309	4,542	4,763	4,789
specialised	554	530	528	531	527	498
emergency	1,655	1,547	1,549	1,471	1,538	1,453
<b>Multi-child foster homes</b>	<b>3,162</b>	<b>3,328</b>	<b>3,712</b>	<b>4,016</b>	<b>4,500</b>	<b>4,747</b>
<b>Total</b>	<b>56,766</b>	<b>56,150</b>	<b>55,761</b>	<b>55,152</b>	<b>55,429</b>	<b>55,486</b>

Source: Own analysis, based on Statistics Poland (GUS) data of 2015–2020.

### Institutional care

In recent years, apart from creating more foster families, district authorities had another important task: **to reduce the number of children in residential care facilities.** In 2000 it was reduced to 30, and in 2021 – to 14. As a result, the number of facilities increased, but they became small groups located in detached houses or large apartments, in ordinary neighbourhoods. In many places residential facilities moved to new locations, but that was not always the case. An inspection carried out by the Supreme Audit Office in 2019–2021 showed that

the majority of the 21 audited facilities had not moved to a new location, but rather reported a number of smaller facilities operating in the old building. Despite the eight years allowed for implementing this change, only three out of the 21 facilities were located in a separate building, and “in one of the locations there were five facilities sharing the same spaces” (NIK, 2022, p. 6). Organisers of alternative care had to ask for the provincial governor’s permission to apply this arrangement. And they often obtained it, even though this solution is not consistent with the idea behind the reform.

**Figure 10.** The number of facilities and the average number of places in facilities in 2012–2020

Source: Own analysis, based on data from the Ministry of Family, Labour, and Social Policy

Many facilities have moved to new locations and reduced the number of places for children. This is true, in particular, for socialising facilities, the number of which has doubled during the past ten years, and for new specialised facilities, at both district and regional levels, which have been established since 2012. A larger number of facilities provide a home for a declining number of children and young people in alternative care. According to the Ministry of Family, Labour, and Social Policy, by 2021 the limit of 14 places was achieved by 86% of residential facilities. There is no data, though, about the location of those facilities, so we cannot be certain that they are actually separate units. The diversity of forms of alternative care – family-based and

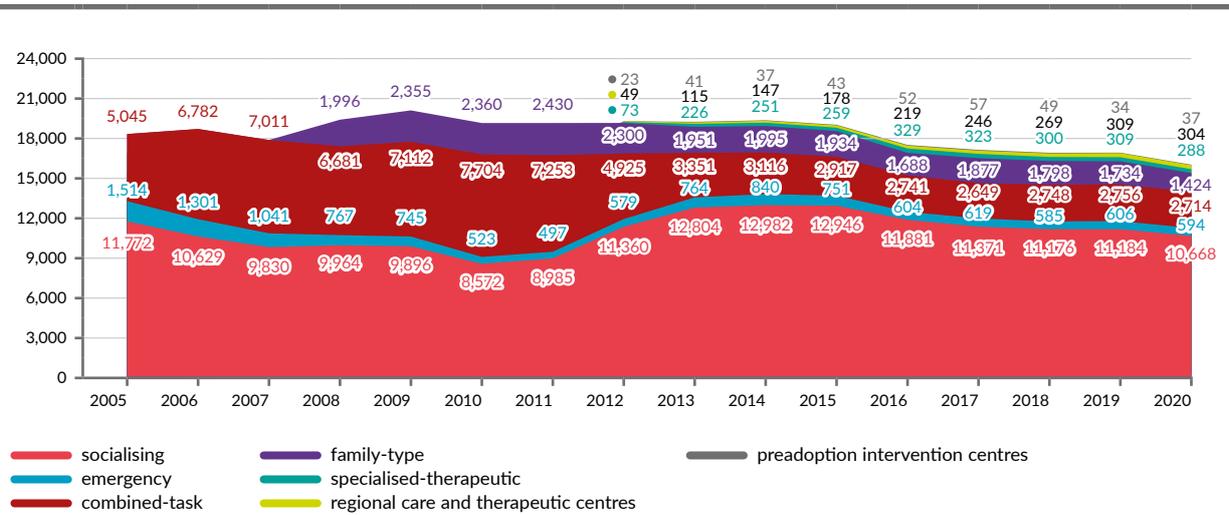
institutional ones – adds richness to the system and should help to provide care adjusted to children's needs. However, the existing solutions do not guarantee that. A report from the Supreme Audit Office's inspection reads: "When there was a shortage of places, half of the districts referred children to facilities that had some places available, rather than to ones adjusted to the children's needs" (NIK, 2022, p. 7). Moreover, with their staff shortages, not enough carers, and limited access to professionals, residential facilities did not provide appropriate therapeutic activities or support tailored to the needs of children with disabilities. In some cases, they were not even able to ensure safety for children and young people in their care (NIK, 2022).

**Table 5.** Forms of institutional care in 2012–2020

Facilities	2012	2013	2014	2015	2016	2017	2018	2019	2020
Socialising	414	537	630	667	673	689	704	720	751
Emergency	31	40	45	45	42	43	41	41	43
Combined-task	122	117	129	121	135	147	144	151	154
Family-type	270	240	238	228	240	251	239	230	223
Specialised-therapeutic	4	12	17	17	25	25	24	24	22
Regional care and therapeutic facilities	1	3	6	6	8	10	10	10	10
Preadoption intervention centres	1	2	2	2	3	3	3	2	3

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2012–2020.

**Figure 11.** Children and young people in different forms of institutional care (as of 31<sup>st</sup> Dec) in 2012–2020

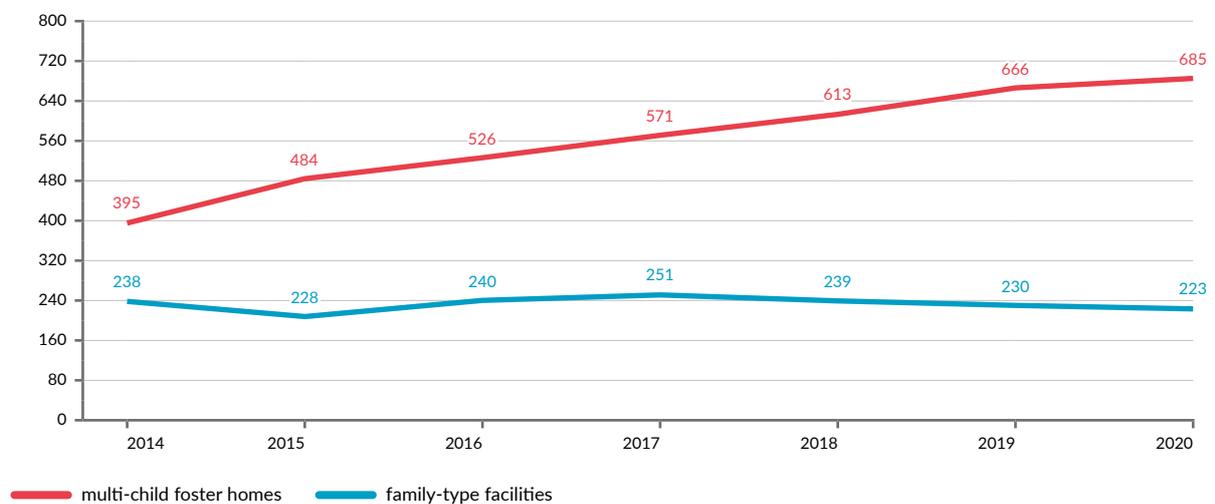


Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2012–2020.

The Act of 2011 introduced changes in the organisation of family-type facilities and multi-child foster homes. Persons running the previously existing family-type residential facilities could then decide whether they wanted to continue as institutional care or transform into family-based care. These two forms, virtually the same in terms of their caregiving tasks, are different when it comes to

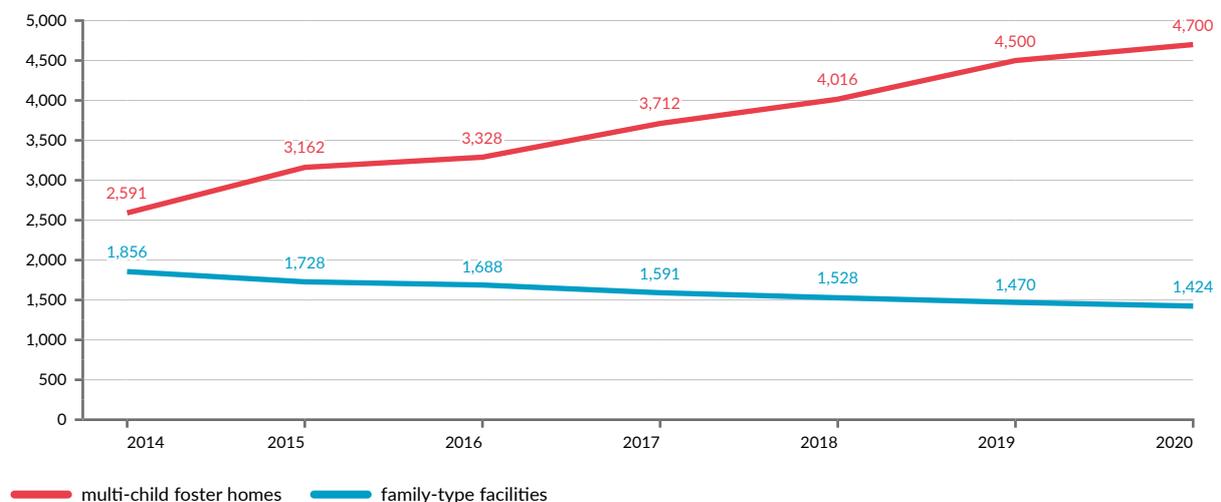
funding and the status of the person running the home. For several years, no new family-type residential facilities were created. Instead, organisers of alternative care established multi-child foster homes; as a result, their number increased significantly, just like the number of children growing up in this form of family-based care.

Figure 12. Multi-child foster homes and family-type residential facilities in 2014–2020



Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2014–2020.

Figure 13. The number of children in multi-child foster homes and family-type residential facilities in 2014–2020

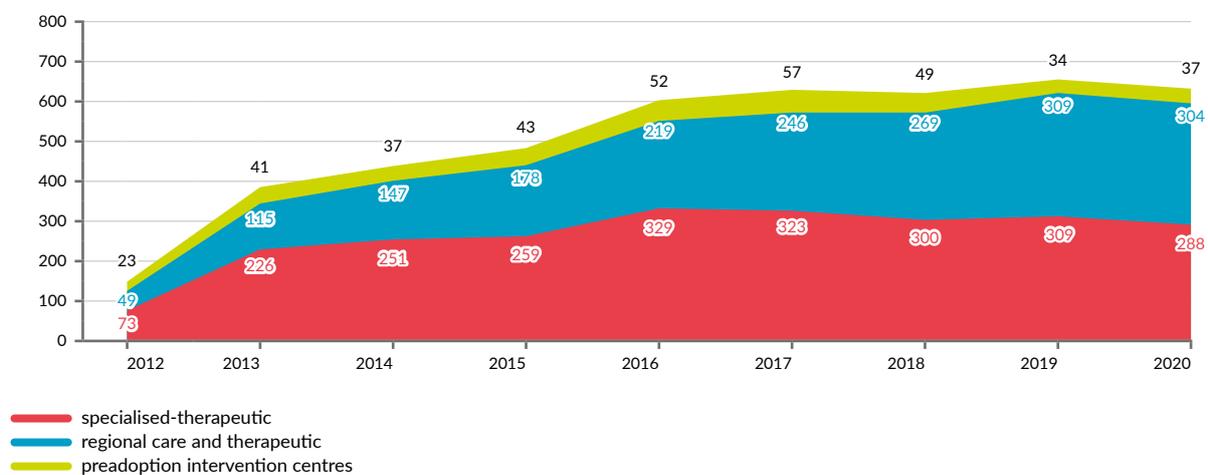


Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2014–2020.

## Children with illness and disability

Even though since the introduction of specialised facilities – run by both district and provincial authorities – their number has been increasing due to a large number of children with illness and disability who are placed in institutional care, there are still not enough of them and, as a result, many children with special caregiving, health, and educational needs live in socialising facilities.

**Figure 14.** Children and young people in specialised residential facilities and preadoption centres in 2012–2020 (as of 31<sup>st</sup> Dec)



Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2012–2020.

It has been known for years that disability is one of the reasons for placing children in alternative care, which may suggest that families with these children are not provided with sufficient assistance. Children with disabilities are a significant proportion of all children growing up in alternative care – both family-based and institutional. They constitute 11% of children and young people in family-based care, and one fourth of those in institutional care. These rates are much higher than in the general population of children, in which they amount to 2% among children under 2; 2.1–2.8% among children aged 3–5; and 3.0–3.8% among children over 6 (GUS, 2015).

**Table 6.** Children with illness and disability in family-based alternative care

Year	Children with disabilities	Percentage of the total number of children in care
2015	5,969	10%
2016	6,085	11%
2017	6,024	11%
2018	6,017	11%
2019	6,027	11%
2020	6,195	11%

Source: Own analysis, based on: GUS, 2020.

**Table 7.** Children with illness and disability in residential care facilities in 2020

Type of facility	No. o residents (as of 31 <sup>st</sup> Dec)	Children with chronic illness	Children with disability	Children with illness and disability: total	Percentage of the total no. of residents
Institutional care	16,029	2,037	1,900	3,937	25%
Residential care facilities	15,688	1,845	1,692	3,537	23%
socialising	10,668	1,176	1,107	2,283	21%
family-type	1,424	115	163	278	20%
emergency	594	63	44	107	18%
specialised-therapeutic	288	136	110	246	86%
combined-task	2,714	355	268	623	23%
regional care and therapeutic	304	186	208	394	100%
preadoption centres	37	17	6	23	62%

Source: Own analysis, based on: GUS, 2020.

It should be emphasised that apart from the alternative care system, there are other facilities providing long-term residential care for children and young people – within the health care, education, and social welfare sectors. Most of them are established for children with special educational, health, caregiving, and rehabilitation needs. Many children residing in these facilities have limited contact with their families, and some of them are completely abandoned.

**Special purpose school and education centres** – for children over three years old and young people with disability, who cannot attend kindergarten or school because of their disability

**Youth education centres** – for socially maladjusted youth, referred to the centres under the Juvenile Act.

**Youth sociotherapy centres** – for socially maladjusted youth with behavioural disorders and at risk of substance abuse.

**Revalidation and education centres** – for children and young people with severe intellectual disability and co-existing disorders.

**Nursing homes** – for children and young people (under 35) with disability and mental disorders.

**Juvenile shelters and juvenile detention centres** – for juvenile delinquents, referred there by juvenile courts' decisions.

**Care and treatment centres, and welfare and nursing homes for children** provide residential health services, such as nursing, care, and rehabilitation, for persons who do not require hospitalisation.

**Table 8.** Children and young people in specialised residential facilities operating withing various sectors

Type of facility	2010	2015	2019	2020
<b>Education sector</b>				
Special purpose school and education centres	304	374	371	360
Residents	19,104	14,347	11,705	10,725
Youth education centres	73	95	95	94
Residents	4,433	4,754	4,473	4,352
Youth sociotherapy centres	62	76	86	82
Residents	3,419	4,224	4,423	4,381
Revalidation and education centres	123	179	202	186
Residents	4,589	5,493	6,589	6,490
<b>Justice sector</b>				
Juvenile shelters	18	15	14	14
Residents	422	183	86	74
Juvenile detention centres	27	27	27	27
Residents	1,219	753	415	386
<b>Social welfare</b>				
Nursing homes	99	103	99	102
Residents	3,321	2,887	1,860	1,606

Source: Own analysis, based on: GUS, 2021.

## Children's age and gender

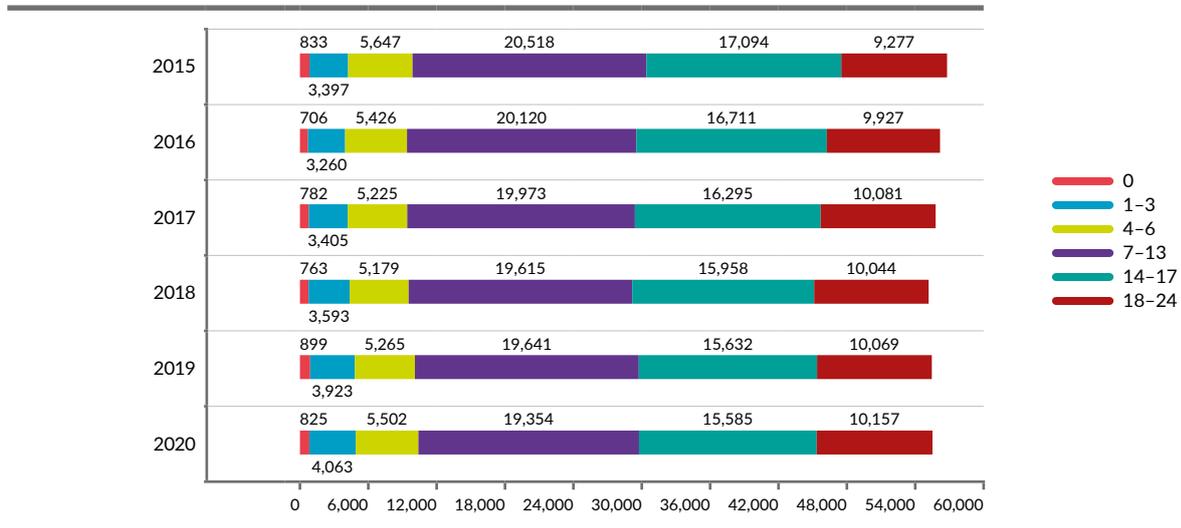
The reform of the alternative care system set age limits for institutional placements. With the ultimate goal of young children being placed mostly in foster families, the minimum age of children living in socialising, emergency, and specialised-therapeutic facilities was gradually raised: first, in 2006, from 3 to 7 years, and in 2011, when the new Act was introduced, to over 10 years. Exceptions include multiple siblings placed together, children placed with a parent, and children with special needs related to illness or disability, that cannot be addressed in a family setting. However, district family support centres report an insufficient number of foster families as the main reason for placing young children in institutional care. While large proportions of young children in specialised facilities for children with disability or in preadoption centres for infants are understandable, high numbers of young children in socialising, emergency, and combined-task facilities result from a lack of foster families and from an insufficient number of specialised-therapeutic facilities.

**Table 9.** Children under 10 in institutional care (as of 31<sup>st</sup> Dec 2020)

Number and share of children in	No. of children under 3	No. of children aged 4-6	No. of children aged 7-9	No. of children under 10	% of children under 10
preadoption centres	37	-	-	37	100
regional facilities	66	72	56	194	64
specialised facilities	19	33	35	87	30
emergency facilities	62	38	81	181	30
family-type facilities	91	139	203	433	30
combined-task facilities	113	154	253	520	19
socialising facilities	296	474	863	1,633	15
<b>institutional care</b>	<b>684</b>	<b>910</b>	<b>1,491</b>	<b>3,085</b>	<b>19</b>

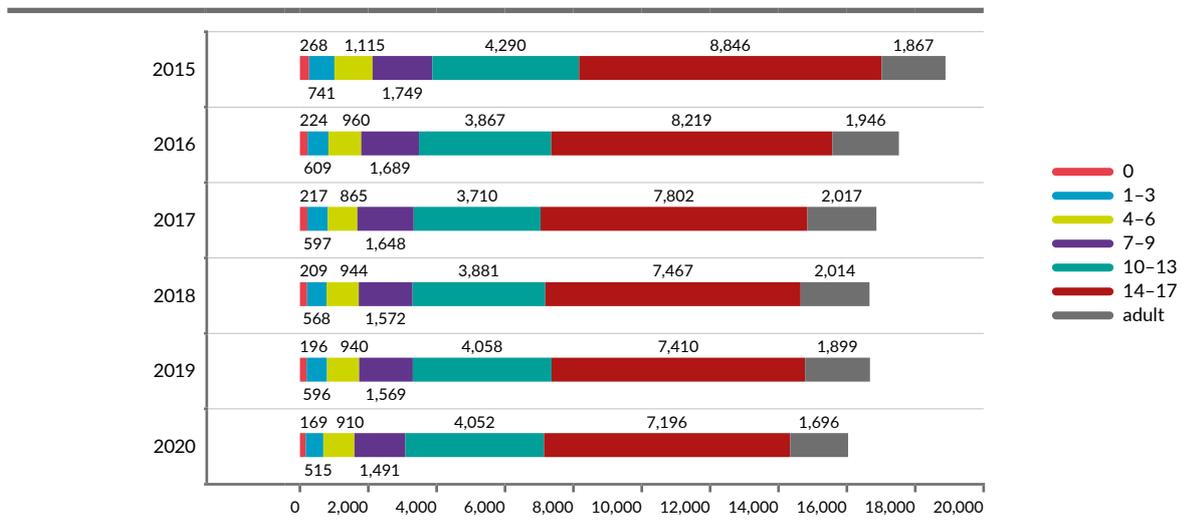
Source: Own analysis, based on: GUS, 2021.

**Figure 15.** Children in family-based care by age, in 2015-2020



Source: Own analysis, based on: GUS, 2021.

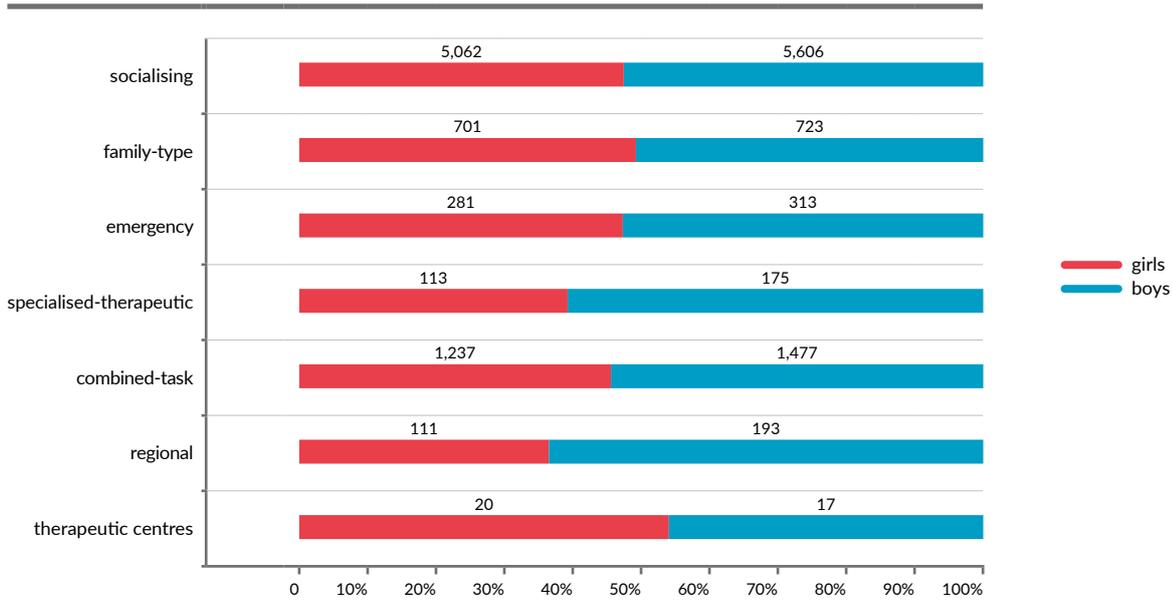
**Figure 16.** Children in institutional care by age, in 2015-2020



Source: Own analysis, based on: GUS, 2021.

The largest group of children in family-based care, proportionally, are children aged 7–13; and in institutional care, adolescents aged 14–17. There has been a systematic growth in the number of young people who remain in different forms of alternative care until adulthood and after reaching the age of 18.

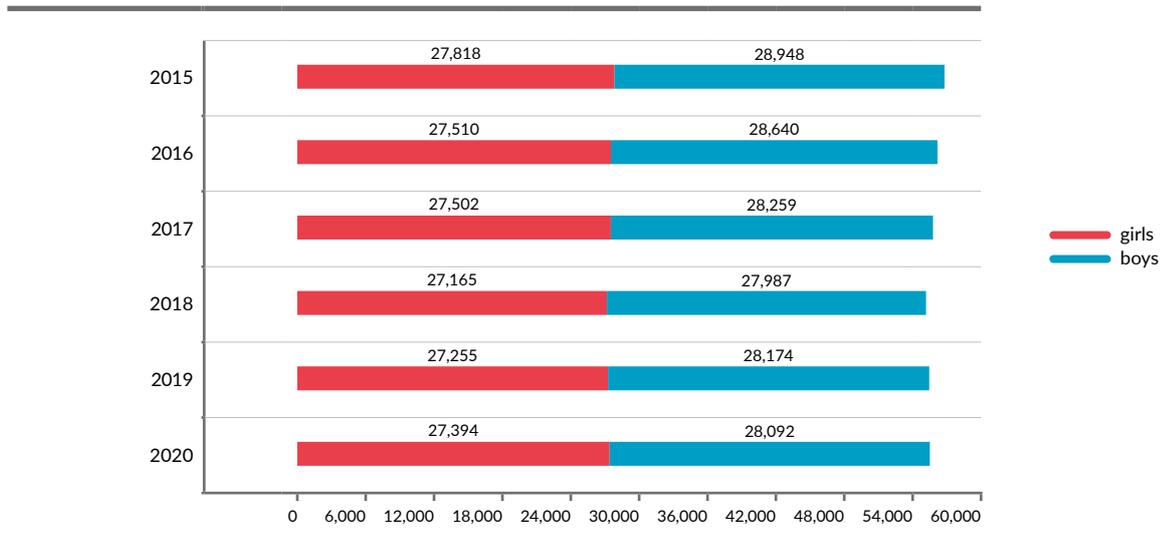
Figure 17. Children in residential facilities by gender in 2020



Source: Own analysis, based on: GUS, 2021.

There are slightly more girls than boys in alternative care; boys are in the majority mostly in specialised facilities.

Figure 18. Children in family-based care in 2015–2020



Source: Own analysis, based on: GUS, 2021.

## Adolescent mothers

Although adolescent mothers may now live in foster families, many of them remain in residential facilities.

**Table 10.** Adolescent mothers in institutional care in 2015–2020

	2015	2016	2017	2018	2019	2020
Adolescent mothers in institutional care	118	113	120	87	104	83

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2008–2020.

## Foreign children

Another group of children with special needs, who often require professional assistance, are foreign children. Some of them come to Poland unaccompanied or with unfamiliar adults, others are abandoned by their parents or taken away due to neglect and abuse.

**Table 11.** Foreign children in alternative care in 2015–2020 (as of 30<sup>th</sup> Dec)

Foreign children	2015	2016	2017	2018	2019	2020
In institutional care	62	64	44	64	67	77
In family-based care	101	56	53	62	53	74
Total	163	120	97	126	120	151

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2008–2020.

According to more detailed data from the Ministry of Family, Labour and Social Policy, throughout 2018 there were 199 foreign children in alternative care in Poland: 122 in residential facilities and 77 in foster families. They were placed in alternative care at the request of the border guards (41) or the police (30), by court decisions (16), and upon referral by a district or municipal family support centre (25), or from a hospital (17). In many cases, after a short stay in institutional care, the children were moved to foster families or multi-child foster homes. Twelve children were placed in kinship care, i.e. with their grandparents or elder siblings.

The number of girls and boys was almost the same (100 and 99, respectively). Most foreign children in alternative care are adolescents, but there are also some young children, including infants born in Poland by foreign mothers.

**Table 12.** The age of foreign children, compared to the whole population of children in alternative care in 2018

Share of children in different age groups	Percentage of children in different age groups						Overall no. of children
	0–3 y.o.	4–6 y.o.	7–9 y.o.	10–13 y.o.	14–17 y.o.	18+	
All children in alternative care	5%	6%	9%	23%	45%	12%	16,655
Foreign children in alternative care	10%	7%	9%	15%	55%	4%	122

Source: Ministry of Family, Labour, and Social Policy (MRPIPS), 2019.

The largest group of foreign children are adolescents over 14, but one fourth of those children were placed in residential facilities before the age of 10, sometimes with a small group of other children from the same country.

The largest proportion of foreign children living in family-based and institutional forms of alternative care in 2018, were placed during the preceding year (42%); 23.5% had lived in foster families and residential facilities for one to three years; 15% – for three to five years; 10% – for five to ten years; and 9.5% – for over ten years.

A large group of those children (45, i.e., 22.7%) have an unregulated residence status in Poland, and for 33 children (16.5%) there is no information about their status. In the remaining cases they are:

- 0.5% – alleged victims of human trafficking,
- 1.5% – refugee status,
- 1.5% – tolerated stay permit,
- 1.5% – EC long-term residence permit,
- 5% – residence permit for humanitarian reasons,
- 7% – complementary protection,
- 8.5% – residence permit for a fixed length of time,
- 10.6% – seeking the refugee status, in the procedure,
- 21.7% – citizens of EU or EEA member states.

The largest group of foreign citizens in alternative care in 2018 were Ukrainians (51) and Romanians (36). There were also several people from Afghanistan (18), Vietnam (16), and Bulgaria (14), as well as from Russia (10), Chechnya and Belarus (6 from each), Germany, Norway, Georgia, Latvia, and Italy (4 from each of them), Hungary (3), Slovakia (2 from each), and Dominicana, Kenya, Ecuador, Lithuania, Mongolia, Syria, Moldova, the Netherlands, Macedonia, the UK, Serbia and Iraq (1 from each); there were also 2 stateless persons.

Differences in the legal status of foreign children living in residential facilities and foster families reflect their varied circumstances. There are children who were born in Poland and then separated from their parents, for different reasons, and there are those who came to Poland, sometimes fleeing persecutions and sometimes as victims of trafficking.

The situation of children from EU countries, whose conditions of stay are regulated by the EU law, is very different from the situation of those seeking the refugee status in Poland. Since early 2022 numerous refugee children have been placed in residential facilities in Poland: children who crossed the Belarusian border, and Ukrainian children who came to Poland without caregivers.

Since February 2022, accepting foster families and institutionalised children fleeing the war in Ukraine has been a huge challenge for Poland. A new role of temporary guardian was established for children who came to Poland during the war without their parents or legal guardians (the Act of the 12<sup>th</sup> of March 2022 on assistance to citizens of Ukraine in connection with armed conflict on the territory of that country [Dz.U. of 2022, items 583, 682, 683, 684, 830, 930]). By the 9<sup>th</sup> of May 2022 Polish courts appointed 13,693 persons as guardians for 18,327 children<sup>2</sup>.

According to information provided by the Ministry of Family, Labour, and Social Policy, under the Act of the 12<sup>th</sup> of March 2022 on assistance to citizens of Ukraine in connection with armed conflict on the territory of that country, as of the 17<sup>th</sup> of July, the overall number of children from

2 Information provided by the Ministry of Justice at a Warsaw University seminar, *Dzieci-uchodźcy z Ukrainy. Jaka polityka publiczna wobec dzieci bez opieki w sytuacji kryzysu humanitarnego?* (Refugee children from Ukraine. Public policy on unaccompanied children during a humanitarian crisis), 12<sup>th</sup> May 2022.

the Ukrainian system of alternative care was 2,209. Out of that number, 75 children were placed in institutional care, 4 children were placed in family-based care, and 2,130 children who came to Poland from Ukrainian institutions and foster families with their carers, were placed in temporary settings in numerous districts – the biggest group in Łódzkie Voivodeship (637), followed by Pomorskie (450), Dolnośląskie (278) and Śląskie (218).

Moreover, 188 Ukrainian children, who were not in care in their country, were placed in alternative care in Poland<sup>3</sup>. The efforts to bring children from Ukrainian institutions to Poland were initiated by the Happy Kids Foundation. Accepting such a large group of children was a great organisational challenge. District authorities entrusted with this task emphasise considerable assistance offered by numerous institutions, services, and local communities, which helped to provide for the children's basic needs, and continuous support from several NGOs. Ukrainian institutions' and foster families' basic welfare needs were satisfied, but the responsibility for caring for children lies with their carers who came to Poland and have been working nonstop for several months. When they were accommodated in Polish residential facilities (in Łódź) or education centres (Children's Holiday House and the District Youth Centre in Kościerzyna District), these facilities' staff have supported the Ukrainian carers by employing more persons and engaging in the organisation of leisure activities for the children. Due to differences in the size and structure of Polish and Ukrainian residential facilities, as well as legal differences, for some time there will be two parallel systems of out-of-home care for children. What is required is a long-term comprehensive programme co-developed together with the Ukrainian government and district authorities, which are responsible for organising institutional care.

”

*I live in a group home, but until now I have been able to go home and meet my parents on weekends and holidays. Because of the coronavirus, this is no longer possible. I haven't been home for many months and I miss my family very much. Talking on the phone is not the same. I just wish I could spend some time with them.*

*17-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

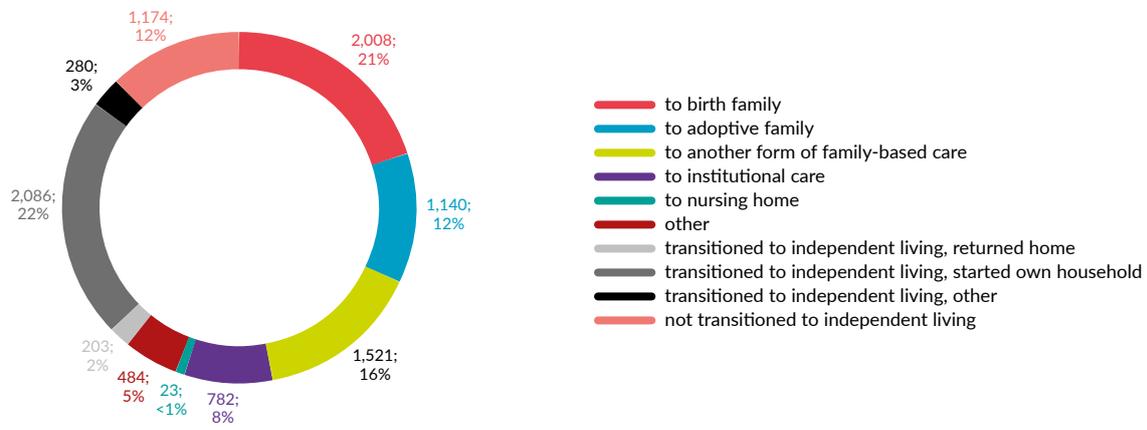
## Leaving alternative care and changing forms of care

According to Article 112<sup>4</sup> of the Polish Family and Guardianship Code (FGC), “a child is placed in alternative care until the conditions for his or her return to the family or adoption are met” (Dz.U. of 2020, item 1359, uniform text). The Act of June 2011 defines three main, hierarchically ordered tasks of alternative care:

- working with the family to enable the child to return home,
- working towards adoption,
- providing care and upbringing in alternative care settings.

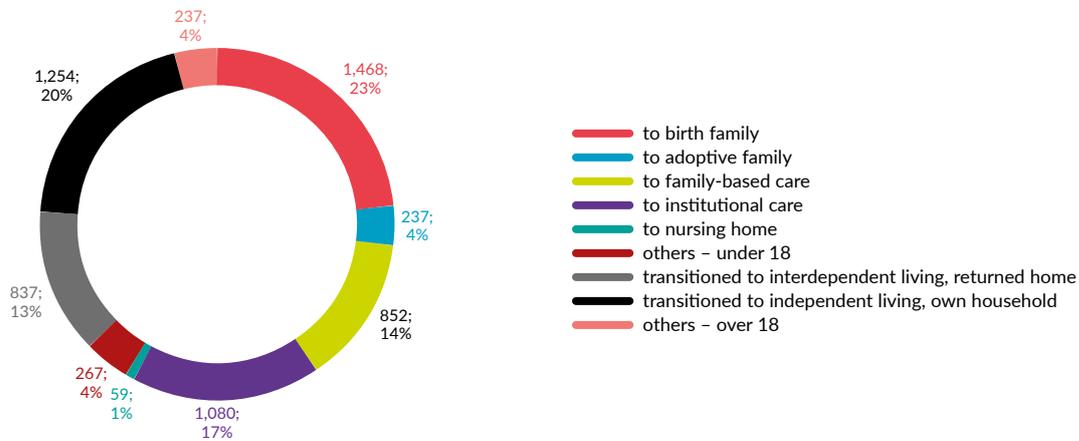
National statistics for the past few years reveal a general picture of whether and to what extent these tasks are successfully performed.

3 Letter from the Ministry of Family, Labour and Social Policy of 25<sup>th</sup> July 2022.

**Figure 19.** Persons leaving family-based care and moving to other forms of care in 2020 (N = 9,701)

Own analysis, based on: GUS, 2021.

Child turnover rates are quite high in residential facilities; 28% leave them each year. This may mean returning home, moving to family-based care or adoption, or transitioning to independent living.

**Figure 20.** Persons leaving institutional care and moving to other forms of care in 2020 (N = 6,291)

Source: Own analysis, based on: GUS, 2021.

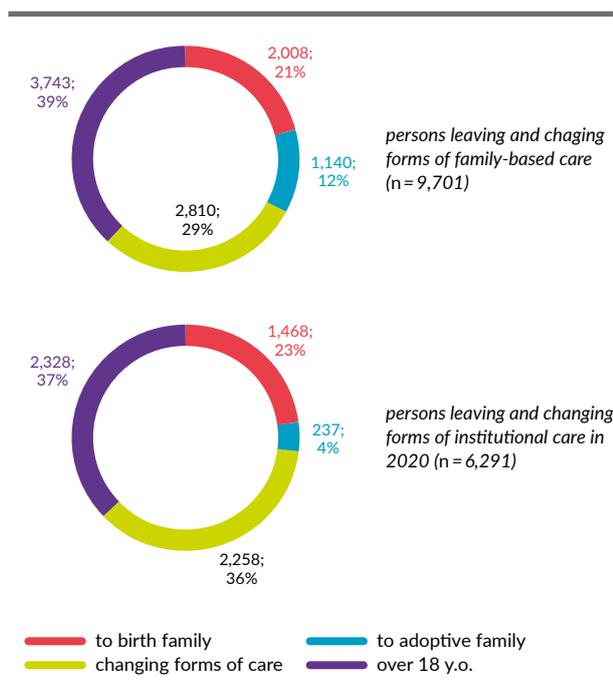
**Table 13.** Children and young people leaving alternative care and changing forms of care in 2020

Remained in care until:	In family-based care		In institutional care	
	Count	Percentage	Count	Percentage
returning home	2,008	21%	1,468	23%
adoption	1,140	12%	237	4%
reaching adulthood	3,743	38%	2,328	37%
moving to another form of care	2,810	29%	2,258	36%

Source: Own analysis, based on: GUS, 2021.

An analysis of children's transitions within the alternative care system shows that in recent years many of them – 29% in family-based care and 36% in institutional care – have moved to other forms of care. **That is true for every third child.** This phenomenon has been referred to as “drifting children” and it reflects a **violation of a key principle of the organisation of care: provision of a stable caregiving environment.** A failure to carefully assess the child's situation before placing him or her in an alternative setting may make it impossible to select and prepare a placement that is best suited for the child's needs. The diversity of care forms is a strength of the Polish system, but in order to use it effectively, it is essential that institutions, services, and all elements of the system closely collaborate at each stage of the work with the child and his or her family. Placement changes undermine children's feeling of safety and make it difficult to make connections and form strong relationships with caregivers. Lengthy procedures and too long decision making increase their sense of confusion and uncertainty.

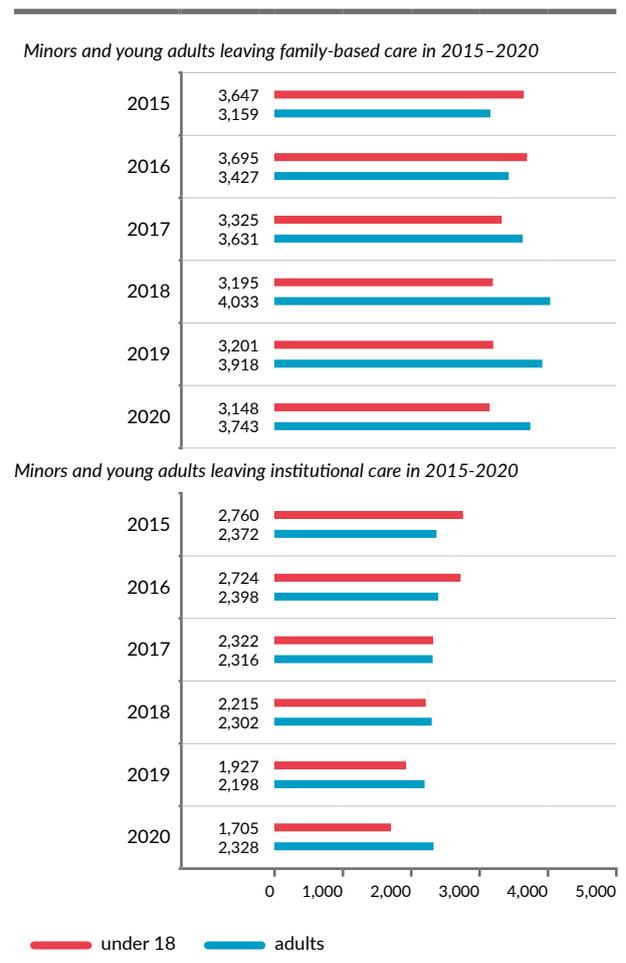
**Figure 21.** Persons leaving and changing forms of family-based and institutional care in 2020



Source: Own analysis, based on: GUS, 2021.

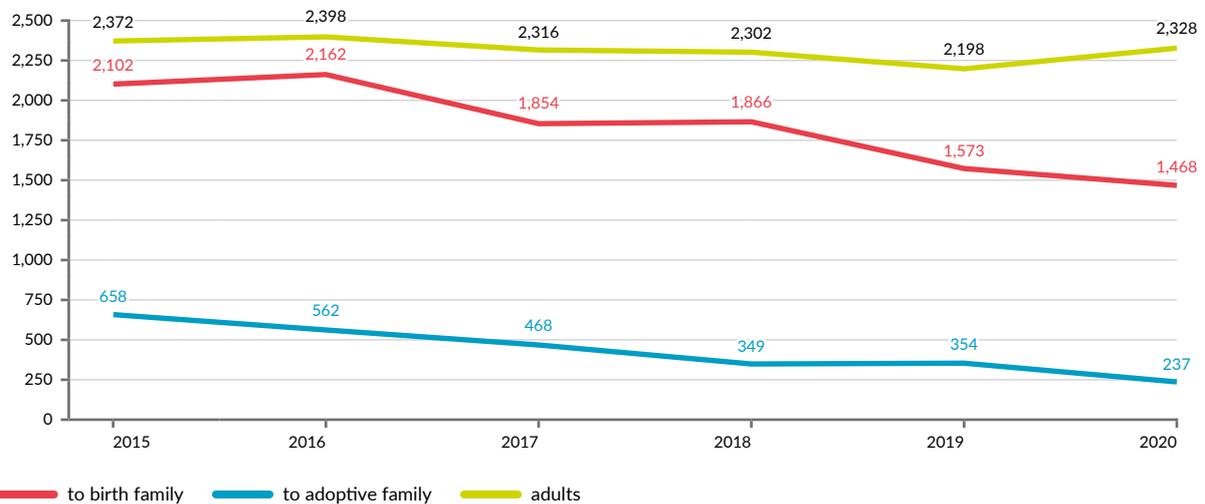
An analysis of the number of persons leaving the alternative care system shows that in recent years children and young people in both family-based and institutional care are increasingly likely to stay there until adulthood. In the past, more children were leaving the system, also to return to their birth families, whereas today only one in four children in institutional care and one in five children in family-based care go back to their parents, while the number of those who transition to independent living is growing. This tendency can be seen in both forms of alternative care. Adoption turns out to be a solution available to few children, and for more than a half a foster family or a residential facility become their childhood home.

**Figure 22.** Minors and young adults over 18 leaving family-based and institutional care in 2015–2020



Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dziećmi i rodziną*, of 2015–2020.

Figure 23. Where did family-based and institutional care leavers go in 2015–2020?



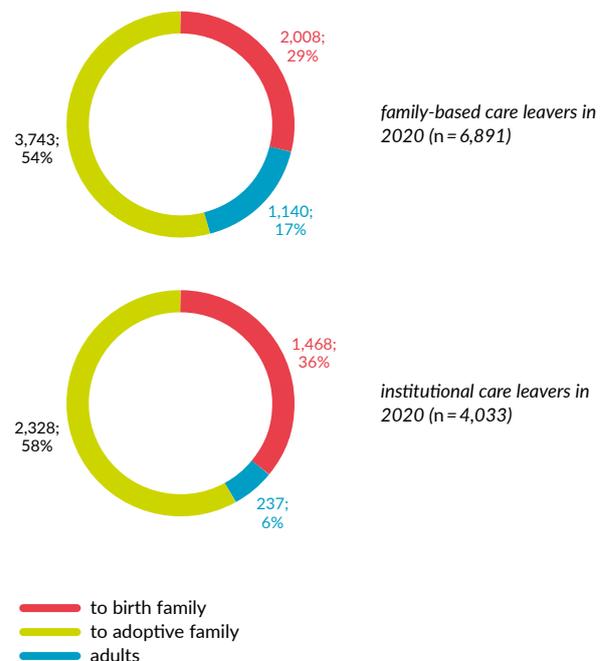
Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2015–2020.

A long-term stay in alternative care could be interpreted as proving that the decision to place the child in care was right and that his or her return home was not possible. However, even though numerous studies have found that many parents have a low motivation to change their lifestyle and are not prepared to care for the child, the question arises why that is the case:

- Are families provided with sufficient support in their efforts to enable the child's return?
- Are extremely difficult family situations more frequent today than in the past?
- If yes, then why are not more parents deprived of parental authority, based on the optional premise added to the FGC in 2000<sup>4</sup> (Article 111, section 1a): when despite the assistance provided, the reasons for placing the child in out-of-home care still persist, and in particular, when the parents do not show long-term interest in the child?
- Is a child's placement with a foster family associated with a lower likelihood that his or her biological parents will be deprived of parental authority (compared

to institutional placement), and, as a result, some foster families become para-adoptive families?

Figure 24. Family-based and institutional care leavers in 2020



Source: Own analysis, based on: GUS, 2021.

4 Item 1a added by Article 1 item 2 of the Act of the 21<sup>st</sup> December 2000, amending two legal acts: The Family and Guardianship Code and the Code of Civil Procedure (Dz.U. 122, item 1322), enforced on the 1<sup>st</sup> of January 2001.

The growing number of young people remaining in alternative care until adulthood, should motivate the authorities to create more foster families specialised in problems of adolescence, and residential facilities – to implement educational programmes aimed at building social skills, self-reliance, problem solving skills, and agency, which will empower young people to overcome difficulties at the start of their adult life. Most adult care leavers transition to independent living and many young adults start their own households.

**Table 14.** Young people transitioned to independent living from family-based and institutional care in 2015–2020

Year	Institutional care leavers			Family-based care leavers		
	transitioned to independent living		other	transitioned to independent living		other
	returned to birth family	started own household		returned to birth family	started own household	
2015	1,078	1,015	279	209	1,586	268
2016	1,041	1,139	218	218	1,792	294
2017	966	1,114	236	207	1,931	314
2018	927	1,114	261	174	2,220	370
2019	836	1,158	204	204	2,131	334
2020	837	1,254	237	203	2,086	280

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2015–2020.

However, there are huge differences in the numbers of adult care leavers who start their own household, depending on whether they leave institutional or family-based care. It is worth exploring, in each district, why it is so. Young adults are more likely to remain in their foster families after coming of age, and wait for an opportunity to start independent living. They are much less likely to stay in residential facilities after reaching adulthood, in some cases, because the limited number of places in the facility and a large group of children awaiting placement do not allow young people aged 18 and older to stay. Therefore, one solution that is very helpful to them, is transitional housing, where they can live temporarily while waiting for their own apartment.

One particularly difficult challenge and an increasingly urgent need is supporting the transition to independent living among young people with disabilities. While there are rich and well-developed services for children with disabilities, after turning 18 or 24 young people have much more limited access to assistance. There are not enough supported and protected apartments, and for many of these young people entering adulthood means going back to their birth family, that was earlier unable to take care of them, or moving to a nursing home, although many of them could live and work in a protected environment. Returning to their birth families, from whom they were earlier removed due to neglect and abuse, does not ensure appropriate living conditions for young people with disabilities.

## Adoption

In recent years, the number of adopted children in Poland has been declining. International adoptions, which for years constituted 8–9% of all adoptions, have been reduced to just a few cases a year. There are also fewer anonymous adoptions, whereby birth parents give their blanket consent for adoption. Comparing to 2000–2009 their number dropped by half. Adoption agencies continue to report large numbers of candidates for adoptive parents, but the number of children has markedly decreased.

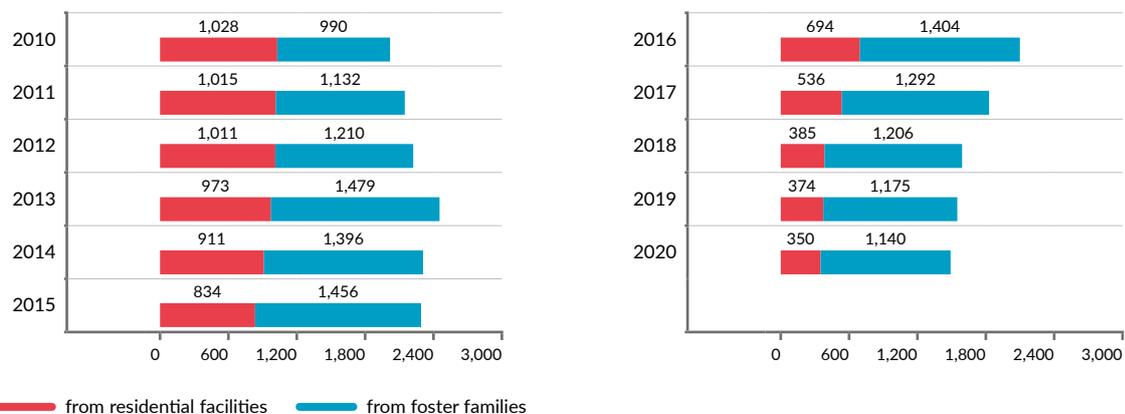
**Table 15.** Adoptions finalised in 2015–2020

Year	Adoptions finalised	Children adopted by persons living abroad	Adoptions with parents' prior consent
2015	2,946	199	519
2016	2,816	204	407
2017	2,479	70	253
2018	2,307	21	247
2019	2,330	15	262
2020	1,884	8	123
2021	2,710	6	269

Source: Own analysis, based on Ministry of Justice data (multi-year reports).

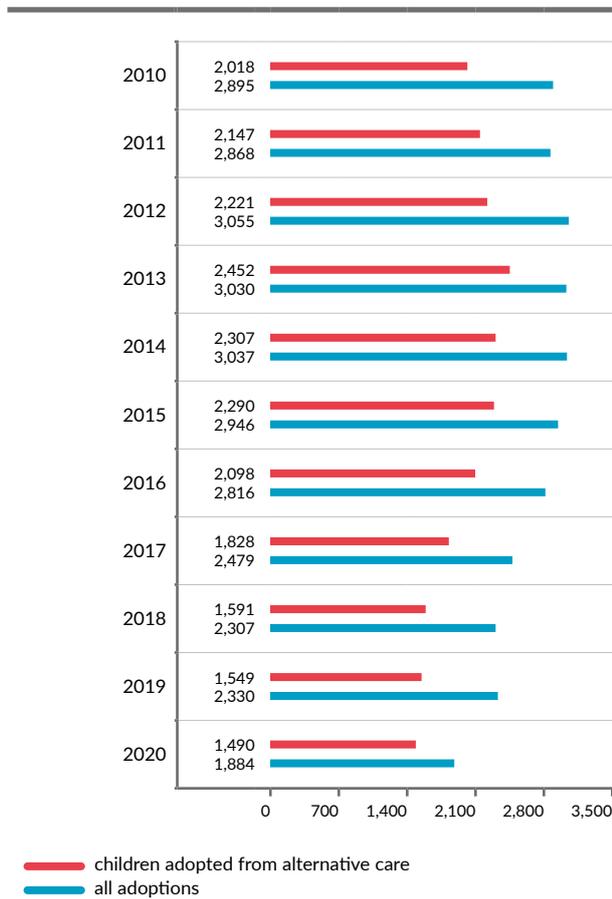
In recent years the number of children adopted from residential facilities and foster families has decreased, but remains the majority of all adoptions. Only 4% of children leaving institutional care and 12% of those leaving family-based care are adopted. In 2010 children adopted from alternative care constituted 70% of all adoptions, in 2015 – 78%, and in 2020 – 79%.

**Figure 25.** Children adopted from alternative care in 2010–2020



Source: Own analysis, based on Ministry of Justice data (multi-year reports).

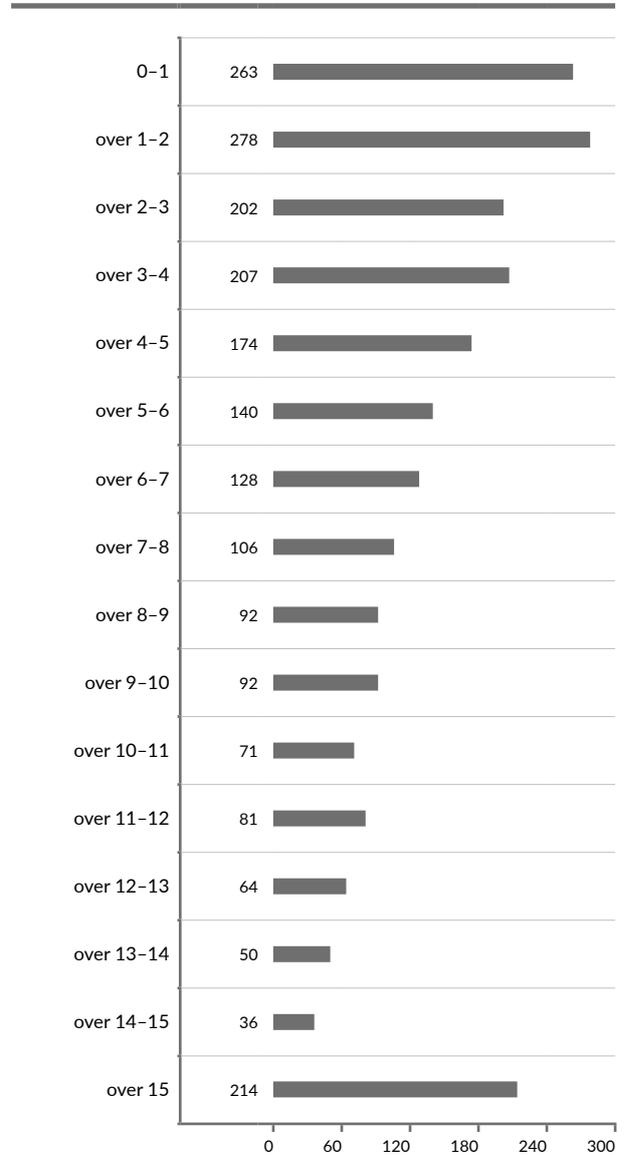
**Figure 26.** Children adopted from alternative care compared to the overall number of adoptions in 2010–2020



Source: Own analysis, based on Ministry of Justice data (multi-year reports).

Although the number of young children in alternative care – those who are most willingly adopted – has remained stable for the past few years, lengthy court procedures contribute to children’s longer stay in foster families and residential facilities. Potential adoptive parents are less likely to adopt older children, who are in the majority in residential facilities and foster families.

**Figure 27.** Children adopted in 2020 by age



Source: Own analysis, based on Ministry of Justice data (multi-year reports).

## Missing children

Every day the police is notified about children going missing. A child is considered missing when it is impossible to determine his or her whereabouts, which means that the child cannot be cared for or protected. A child may go missing as a result of inappropriate parental care, abduction, parental abduction, or running away from home.

**Table 16.** Cases of missing children reported to the police in 2012–2020

Year	Under 7 y.o.	7–13 y.o.	14–17 y.o.
2020	67	485	1,464
2019	59	654	2,110
2018	247	799	4,206
2017	443	953	5,362
2016	490	980	5,475
2015	535	1,022	6,232
2014	525	964	6,615
2013	481	951	6,121
2012	465	800	5,338

Source: The police, 2021.

A missing child should be reported to the police, who should start searching for him or her immediately. According to police data, most children are found within 14 days after going missing, and 95% return home within 7 days.

## Conclusions

- It is essential to improve collaboration between commune and district authorities and courts in identifying risks to children's safety in families. This includes:
  - improving the exchange of information about children and families in need of support;
  - strengthening local family support systems (family assistants and day support centres);
  - developing a plan for working with the child and the family before placing him or her in alternative care; the plan should also include the choice of the best placement;
- Informing the child, listening and providing opportunities for the child's views to be taken into account in matters that concern him or her.
- When a child has to be removed from his or her family, it is necessary to develop an action plan, in order to:
  - find the best form of alternative care, well-suited to each child's needs;
  - prepare the child, the family, and the receiving caregivers for the transition;
  - ensure stability of the alternative placement.
- It is also essential to: Ensure a fast response to child maltreatment, shorten the time and to take the child's needs into account in court procedures.
- Monitor the enforcement of decisions to place children in alternative care, so that children do not remain in a threatening environment longer than necessary.
- Expand the system of family-based care, in particular emergency foster families, and specialised families for children with illness and disability; moreover it is important to:
  - support foster families in the performance of their tasks by organising psychological and educational assistance for children,
  - create foster families for adolescents.
- Develop and improve institutional care by:
  - making sure that facilities employ competent staff and offer them training related to children's needs,
  - establish real, rather than apparent small facilities for up to 14 children,
  - adjust the number of facilities to the needs of children referred to them by courts,
  - create diversified facilities with care and therapeutic programmes for adolescents.
- Provide foster families and care facilities with adequate professional support in performing their caregiving and therapeutic tasks.
- Avoid double institutionalisation (i.e., referring a child already placed in a residential facility or foster home, to a special purpose school and education centre, sociotherapy centre, or youth education centre).
- Increase the number of apartments for care leavers waiting for independent accommodation.

- Create an adequate number of protected apartments for young people with disabilities to address the needs of all those who require such support.
- Expand support services for young adults leaving different forms of alternative care and residential facilities in the education sector.
- Promote programmes for young people in residential facilities and foster families, fostering the development of social skills that will help them transition to independent living, as well as skills building self-reliance, agency, and a sense of inner strength.
- Take a good care of those who create safe homes for those children, their caregivers and residential carers: run support groups and provide opportunities for the exchange of experiences.
- Create a Polish-Ukrainian programme for the Ukrainian residential facilities temporarily operating in Poland, consistent with the EU standards of child protection.

## References

- GUS. (2015). *Dzieci w Polsce w 2014 roku Charakterystyka demograficzna*. Główny Urząd Statystyczny. Pobrane z: [https://stat.gov.pl/files/gfx/portalinformacyjny/pl/defaultaktualnosci/5468/20/1/1/dzieci\\_w\\_polsce\\_w\\_2014\\_roku\\_charakterystyka\\_demograficzna.pdf](https://stat.gov.pl/files/gfx/portalinformacyjny/pl/defaultaktualnosci/5468/20/1/1/dzieci_w_polsce_w_2014_roku_charakterystyka_demograficzna.pdf)
- GUS. (2021). *Pomoc społeczna i opieka nad dzieckiem i rodziną w 2020 roku*. Główny Urząd Statystyczny. Pobrane z: [https://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/5487/10/12/1/pomoc\\_spoeczna\\_i\\_opieka\\_nad\\_dzieckiem\\_i\\_rodzina\\_w\\_2020.pdf](https://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/5487/10/12/1/pomoc_spoeczna_i_opieka_nad_dzieckiem_i_rodzina_w_2020.pdf)
- Koalicja na rzecz Rodzinnej Opieki Zastępczej. (2022). *Apel do pani Minister Marleny Maląg*. <http://koalicja.org/2022/02/15/apel-do-pani-minister-marleny-malag/>
- Kolankiewicz, M. (2019). Placówki wsparcia dziennego – ich formy i znaczenie. *Praca Socjalna*, 34(6), 44–59.
- Kolankiewicz, M. (2022). *Placówki opiekuńczo-wychowawcze. Historia i współczesność*. Wydawnictwo Difin.
- NIK. (2017). *Funkcjonowanie placówek wsparcia dziennego dla dzieci*. Najwyższa Izba Kontroli. Pobrane z: [https://www.nik.gov.pl/kontrole/wyniki-kontroli-nik/pobierz,kps~p\\_16\\_040\\_201703020746331488440793~01,typ,kk.pdf](https://www.nik.gov.pl/kontrole/wyniki-kontroli-nik/pobierz,kps~p_16_040_201703020746331488440793~01,typ,kk.pdf)
- NIK. (2020). *Opieka w pogotowiach opiekuńczych i rodzinnych*. Najwyższa Izba Kontroli. Pobrane z: [https://www.nik.gov.pl/kontrole/wyniki-kontroli-nik/pobierz,kps~p\\_19\\_043\\_202004171440411587127241~01,typ,kk.pdf](https://www.nik.gov.pl/kontrole/wyniki-kontroli-nik/pobierz,kps~p_19_043_202004171440411587127241~01,typ,kk.pdf)
- NIK. (2022). *Realizacja zadań opiekuńczo-wychowawczych w domach dziecka*. Najwyższa Izba Kontroli. Pobrane z: [https://www.nik.gov.pl/kontrole/wyniki-kontroli-nik/pobierz,lrz~p\\_21\\_089\\_202201250843001643096580~01,typ,kk.pdf](https://www.nik.gov.pl/kontrole/wyniki-kontroli-nik/pobierz,lrz~p_21_089_202201250843001643096580~01,typ,kk.pdf)
- Policja. (2021). *Zaginieni*. <https://statystyka.policja.pl/st/wybrane-statystyki/zaginieni/50885,Zaginieni.html> Akty prawne
- Szymańczak, J. (2016). Dzieci “odbierane” rodzicom – przyczyny umieszczenia dzieci w pieczy zastępczej. *Analizy BAS*, 5(141).
- Topolewska, M. (2021, 31 sierpnia). W 2020 r. spadła liczba asystentów rodziny. *Gazeta Prawna*. <https://serwisy.gazetaprawna.pl/samorzad/artykuly/8234767,opieka-2020-r-spadek-liczby-asystentow-rodziny.html>

## Legal references

- Council of Europe: Committee of Ministers, *Recommendation Rec(2005)5 of the Committee of Ministers to Member States on the Rights of Children Living in Residential Institutions*, 16 March 2005, Rec(2005)5, available at: <https://www.refworld.org/docid/43f5c53d4.html> [accessed 7 March 2023]
- Ustawa o wspieraniu rodziny i systemie pieczy zastępczej z 9 czerwca 2011 roku, Dz. U. 2011 Nr 149 poz. 887 (Act on supporting families and system of foster care)
- Ustawa z 24 lipca 1998 r. o zmianie niektórych ustaw określających kompetencje organów administracji publicznej – w związku z reformą ustrojową państwa (Dz.U. 1998 Nr 106 poz. 668. (Act amending

certain acts defining the competences of public administration bodies – in connection with the reform of the political system of the state)

Ustawa z dnia 12 marca 2022 r. o pomocy obywatelom Ukrainy w związku z konfliktem zbrojnym na terytorium tego państwa (Dz.U. z 2022 r. poz. 583, 682, 683, 684, 830, 930). (Act on assistance to Ukrainian citizens in connection with the armed conflict on the territory of this country)

#### Citation:

Kolankiewicz, M. (2022). Children in out-of-home care. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 56–87). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Child poverty

Szymon Wójcik – Empowering Children Foundation

## List of issues

---

- 89 Definitions and measures of poverty
- 91 Extent of child poverty in Poland
- 93 Family allowances
- 95 Alimony fund benefits
- 96 Child-support benefit (Family 500+ programme)
- 97 Extent of poverty in Poland comparing with other EU states
- 98 Material and social deprivation and malnutrition of children
- 102 Subjective feeling of poverty
- 103 Consequences of poverty for children
- 105 References

**A**ccording to the United Nations (UN), poverty is a denial of choices and opportunities, it is a violation of human dignity. It means lack of basic capacity to participate effectively in society, therefore it is an exclusion of individuals, families and communities (UN, 1998). Poverty is a multifaceted problem that particularly affects children. Child poverty can threaten children's physical development (malnutrition, lack of hygiene) and even more so their social and emotional development. Children from poor families are sometimes rejected by their peers, excluded from school or family life, and may become victims of violence or engage in risky behaviour. Research shows that low family socio-economic status impairs children's quality of life in a number of dimensions (Petelewicz, 2016).

In Poland, children are a group particularly at risk of poverty. Statistically, a child in our country is much more likely to be in hardship than an adult or an elderly person. In addition, they are usually not in a position to take steps on their own to improve their material and living situation.

What is the scale of the problem? This chapter will present and discuss statistics from various sources showing the scale of poverty in relation to its various definitions. This is poverty as measured by indicators based on both household income and material needs that remain unmet (so-called material deprivation). Nutrition and housing aspects will also be addressed as being particularly important in the context of the youngest.

## Definitions and measures of poverty

Poverty can be defined as a state of deprivation resulting from insufficient income. Operational definitions of poverty vary depending on what income we take as the poverty line. If the income that makes it possible to barely live on is taken as such a line, we are referring to poverty in the absolute sense. If the poverty line is set as a relative income compared with the material standard of a given society, we speak of a relative approach to poverty. There is also a so-called statutory poverty line set by the amount of income entitling individuals and families who fall below this income to apply for cash benefits from the social assistance system.

### Absolute poverty

In Poland, absolute poverty (also sometimes referred to as extreme poverty) is usually defined in relation to the subsistence minimum. This is the amount (calculated on an ongoing basis by the Institute of Labour and Social Affairs [IPISS]) that only allows for necessary expenses that cannot be postponed. Income below this threshold endangers a person's health and threatens biological existence. The amount is calculated by creating a so-called basket, which includes only expenses for food, housing,

medicine, hygiene, clothing and footwear and, in the case of families with school-age children, school handbooks. In 2021, this amounted to an average of PLN 671.36 for a single person, PLN 1,662.82 for a family of three with a child aged 4–6 (PLN 554.70 per person), PLN 1,814.71 for the same family with a child aged 13–15 (PLN 604.90 per person – the higher costs are due to higher nutritional needs and school expenses) and PLN 2,329.77 for a family of four with one younger and one older child (PLN 582.44 per person; IPISS, 2022a).

The subsistence minimum should not be confused with the social minimum. The latter one takes into account the expenses needed to function in society, so also minimum expenses for education, entertainment and culture. In 2021 it amounted on average to PLN 1,329.24 for a single person, PLN 3,318.18 for a family of three with a child aged 4–6 (PLN 1,106.06 per person), PLN 3,546.62 for the same family with a child aged 13–15 (PLN 1,182.21 per person – the higher costs are related to higher nutritional needs and school expenses) and PLN 4,286.15 for a family of four with one younger and one older child (PLN 1,071.54 per person; IPISS, 2022b; Table 1). Those living below the social minimum are not yet living in poverty, but are in a group at serious risk of poverty. The Statistics Poland (GUS) calls these people living in privation (GUS, 2021d).

**Table 1.** Subsistence and social minimum values in 2021

	Households made of			
	1 person	3 persons M+F+YC	3 persons M+F+OC	4 persons M+F+YC+OC
Subsistence minimum per household	PLN 671.36	PLN 1,662.82	PLN 1,814.71	PLN 2,329.77
Subsistence minimum per person	PLN 671.36	PLN 554.70	PLN 604.90	PLN 582.44
Social minimum per household	PLN 1,329.24	PLN 3,318.18	PLN 3,546.62	PLN 4,286.15
Social minimum per person	PLN 1,329.24	PLN 1,106.06	PLN 1,182.21	PLN 1,071.54

M – male, F – female, YC – younger child, OC – older child

Source: IPISS, 2022a; IPISS, 2022b.

### Relative poverty

Poland usually adopts as the relative poverty line a level of household expenditure lower than half of the average household expenses in the country. Households below this line thus spend less than half of what the average Polish household spends. Its determination is mainly based on data from the Statistics Poland's household budget survey (Labour Force Survey). It should be noted that relative poverty is related to the general economic situation of the country. Therefore, it may happen that although the rate of poverty measured in this way will increase (e.g. due to increased income stratification), the standard of living behind this notion will improve at the same time (due to general wage growth). In Poland, in 2020, the level of half of the average income per person (so-called equivalent) in a household was PLN 799 (GUS, 2021d). In statistics of the European Union (EU), the indicator used to measure relative poverty is the so-called at-risk-of-poverty rate, i.e. the share of people with income below 60% of the median income in a given economy (Eurostat, 2022a).

### Statutory poverty

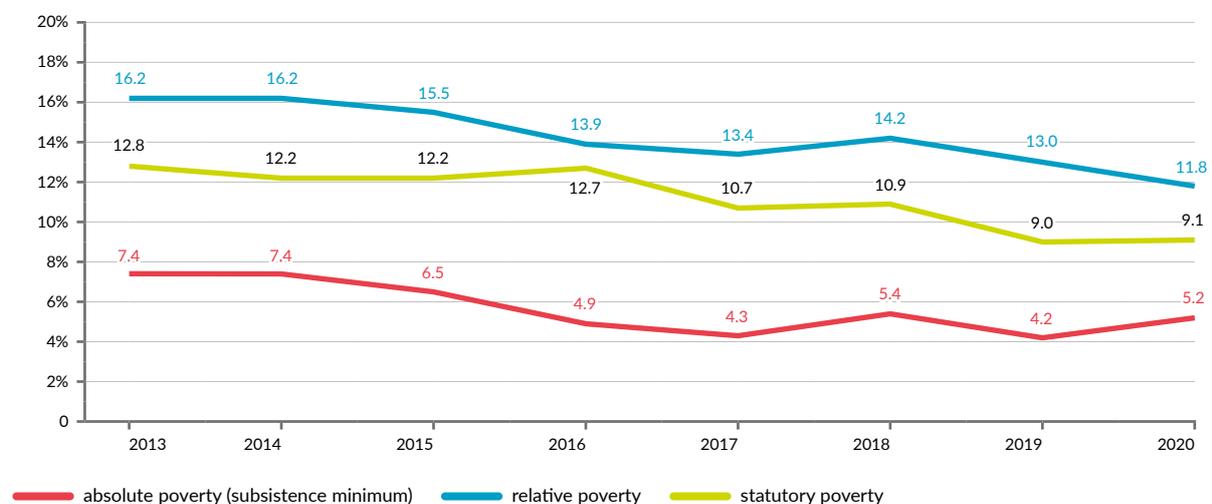
Poverty is also sometimes defined as not reaching the income level set by law as the limit below which one can apply for cash benefits from social assistance. Currently (as of 1 January 2022), for a person running a household alone it is an income not exceeding PLN 776, while for a person in a family it is PLN 600<sup>1</sup>. Under the Social Welfare Act, these thresholds are updated every three years.

## Extent of child poverty in Poland

The most important indicator of poverty is its extent, i.e. the percentage of people below the poverty line. Of course, due to the – already discussed – different definitions of poverty, the extent also varies depending on the poverty line used.

Absolute poverty, as measured by the subsistence minimum, affected around 5.2% of Poles in 2020, with almost one in ten (9.1%) being entitled to social assistance due to low income. Relative poverty, i.e. monthly expenditure lower than half of the average expenses, in turn affected 11.8% of Poles (GUS, 2021d; Figure 1).

Figure 1. Extent of poverty in Poland between 2013 and 2020 (%)



Source: GUS, 2021d, 2021e.

Over the last years, the extent of relative poverty has been constantly decreasing (this decline has been maintained for almost two decades – in 2003, the extent of relative poverty was above 20%). After Poland's accession to the EU, the situation has in principle improved every year. This is also related to the slow but systematic reduction of income stratification over the last two decades. The Gini

1 Before valorisation in 2022, this was PLN 701 for a single person and PLN 528 per person in a family. In 2021, the statutory thresholds were therefore below the value of the subsistence minimum. In other words, a family may have been in extreme poverty but not eligible for social assistance cash benefits.

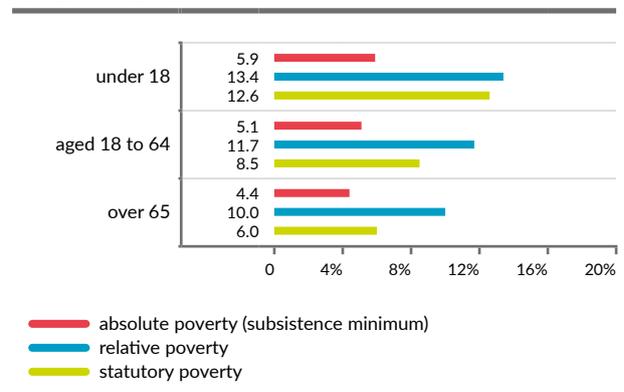
index<sup>2</sup> used to measure stratification amounted for Poland in 2020 to 27.5 points and has also been steadily decreasing over the last decade. This index was lower in Poland than the EU average (30.0 in 2020). Poland, along with the Scandinavian countries and the Czechia, Slovakia and Slovenia, ranks among the EU countries with the lowest income disparities (Eurostat 2022b).

The extent of poverty, however, did not decrease in a linear manner when considering the absolute poverty line (subsistence minimum). Although it decreased between 2014 and 2017, in recent years the trend is not clear. An increase in the absolute poverty line in 2020 is linked by both the GUS (2022d) and experts (Szarfenberg, 2021) to the COVID-19 pandemic, which may have contributed to a deterioration of living standards for the least affluent citizens. In 2020, absolute poverty exceeded 5% again, which means that about 2 million Polish citizens lived in conditions of extreme hardship with incomes below the minimum subsistence level.

The extent of poverty naturally differs in relation to different social groups. With regard to age categories, all data clearly show that children and young people (those under 18 years of age) are most affected by poverty. The extent of extreme poverty was 5.9% among children in 2020, 16% higher than for people of working age (5.1%) and 34% higher than for seniors (4.4%). The extent of relative and statutory poverty is also highest for those under 18. Almost one in eight children lives in families entitled to social assistance benefits (12.6%; GUS 2022d; Figure 2).

In recent years, the extent of child poverty has been decreasing, however – especially with regard to extreme (absolute) poverty – the decrease has not been as significant as some experts predicted in the context of the introduction of the Family 500+ programme. While it is true that between 2014 and 2017, the extent of absolute poverty among children fell by more than half and relative

Figure 2. Extent of poverty in Poland in 2020 by age category



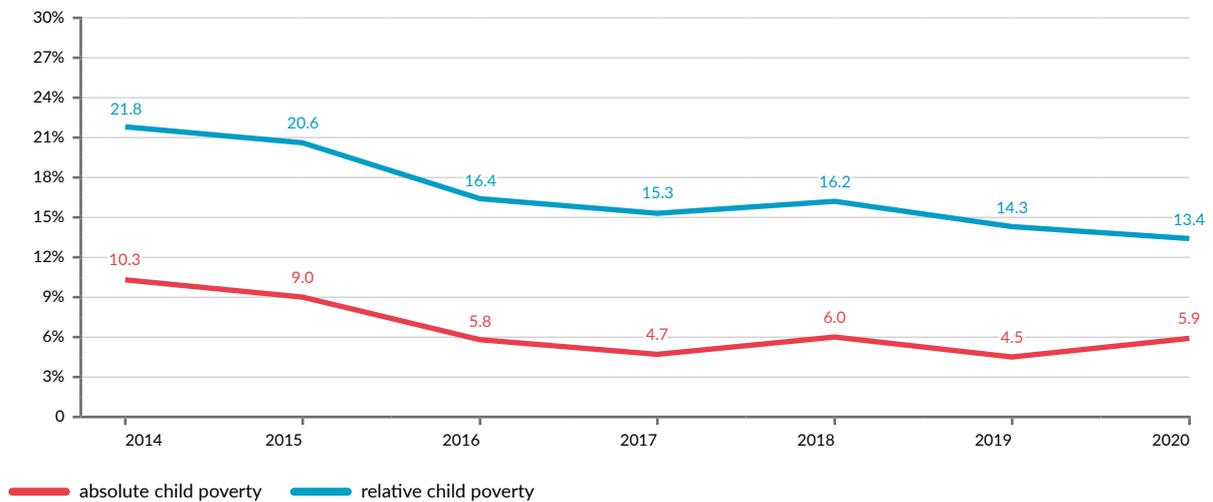
Source: GUS (2021d).

poverty by 30 per cent, this trend did not continue between 2017 and 2020. In 2020, the extent of absolute poverty among children increased from a record low of 4.5% in 2019 to 5.9% (Figure 3). In absolute terms this means that the number of children in extreme poverty increased by 98,000 – from 313,000 in 2019 to 410,000 in 2020. Looking at the trend, it can be said that the situation of the poorest children has not clearly improved since 2016.

The above-average extent of poverty among the under 18 age group is linked to the difficult material situation of families with children, especially families with many children. Figure 4 shows the extent of poverty in 2020 by household type. We can see that single-person households, but also (married) couples without children or with one child, are statistically much less likely to experience material hardship than the general population. Also families with two children are in a better situation than the average. Families with three and more children, on the other hand, are exposed to a much higher risk of poverty. Such families live below the minimum subsistence threshold twice as often as families with two children and four times as often as families with one child. In recent years, the Statistics Poland has noted an improvement in the standard of living of families with many children. The gap in the average material situation of families with many children compared to families without children and families with one or two children has also decreased.

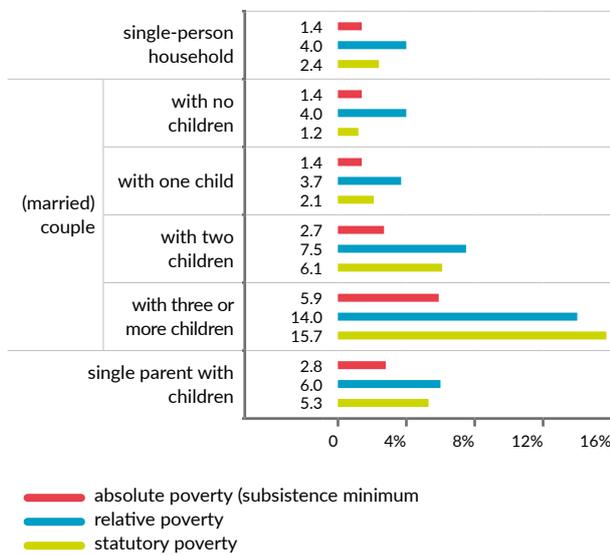
2 The Gini index takes values of 0–100 points. A score of zero indicates full income equality and 100 indicates a situation where one person in society would accumulate all income. The higher the index, the greater income inequality exists in a given society.

Figure 3. Extent of poverty in Poland between 2014 and 2020 (%)



Source: GUS, in: Szarfenberg, 2021, p. 28.

Figure 4. Extent of poverty in Poland in 2020 by household type



Source: GUS, 2021d.

## Family allowances

In addition to statistical data from the household survey conducted by GUS, important information on the material situation of children is also provided by data on family

allowances collected by the Ministry of Family, Labour and Social Policy (MRPiPS).

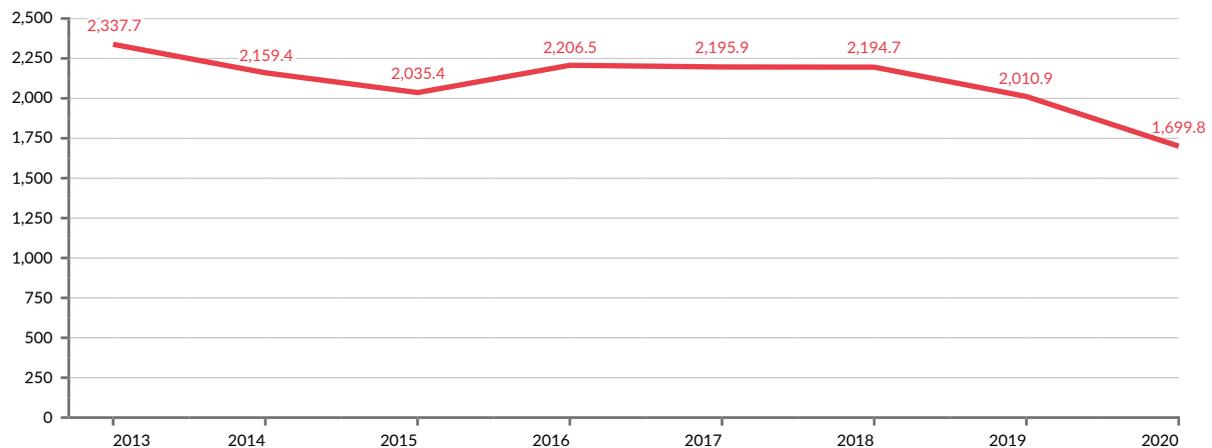
With regard to the issue of child poverty, the most important information is on family allowances. This is a benefit (in the amount of PLN 95–135 per child) that a parent or guardian of a child can receive if the family does not exceed the income criterion per person. The criterion in this case has not changed since 1 November 2015 and is PLN 674 per person or PLN 764 if there is a disabled child in the family. It is worth noting that these criteria are set at a very low level. The PLN 674 criterion is only by PLN 91 higher than the subsistence minimum (for 2021 per person in a family of four M+F+OC+YC) and by PLN 397 lower than the social minimum (for 2021 per person in a family of four M+F+OC+YC). The number of family allowances granted is therefore another indicator of the number of children in a very difficult material situation<sup>3</sup>.

3 Although, due to the complicated system of granting this allowance, not all recipients actually have incomes below this criterion. Firstly, the Family 500+ benefit and some other benefits are not taken into account when determining the right to the allowance, and secondly, according to the 'zloty for zloty' principle, once the threshold is exceeded, the right to allowance is retained, but reduced by the amount exceeding the threshold.

In 2020, family allowances were received by 821.9 thousand families, granted to 1,699.8 thousand children, and the total sum of payments amounted to PLN 2.3 billion. Seventy-three per cent of the recipient families were families with one or two children, and 27% were families with many children (three or more). In addition, 21.5% of recipient families were single-parents and 12.9% families with a disabled child. Quite shocking are the data that as many as 51% of collecting families (419 thousand) do not reach an income of PLN 400 per person in the family, i.e. well below the subsistence minimum threshold (GUS, 2021b).

As shown in Figure 5, the number of children for whom family allowance was granted between 2013 and 2019 fluctuated around 2 million. In 2020, this figure dropped to 1.7 million children. This may be related to an increase in income combined with the unchanging very low income criterion for these benefits.

Figure 5. Number of children for whom family allowance was granted between 2013 and 2020 (in thousands)



Source: GUS, 2017, 2018, 2019, 2020, 2021c.

”

*Lessons are online, and I don't have a computer. We have a bad financial situation in our family. My peers laugh at me for having no money.*

*15-year-old boy*

*A quote from phone calls and emails to*

*116 111 Helpline for Children and Young People*

Overall, in 2020 family allowances were paid to 22.7% of all children under 18, so almost one in four children received them. In addition, it should be noted that the share of these children in the general population varied by province. Image 1 clearly shows that it was significantly higher in the eastern provinces<sup>4</sup>. The highest rate was recorded in Lubelskie Voivodeship (30.2%) and the lowest in Dolnośląskie Voivodeship (16.8%).

**Image 1.** Share of children under 18 for whom parents received family allowance in the total number of children of that age in 2020



Source: GUS, 2021c.

## Alimony fund benefits

In addition to family allowances, also benefits from the Alimony Fund have an impact on material situation of many families at risk of poverty. These are intended to help children whose parents fail to meet their maintenance obligations. It is worth reminding that this fund was curtailed in the 1990s and was completely abolished in 2004. In the face of numerous public protests and the hardship faced by of many families, it was reinstated in 2008.

In order to be eligible for the Fund's benefits, two criteria must be met. Firstly, the ineffective enforcement of maintenance payments from the debtor must be established. Secondly, the family must meet the income criterion, which is currently (as of 1 October 2020) PLN 900 per person in the family<sup>5</sup>. The benefit is granted in an amount equal to the alimony ordered, but not higher than PLN 500. In 2020, the average

4 Excluding the Mazowieckie Voivodeship, whose average rates are inflated by the affluent Warsaw agglomeration.

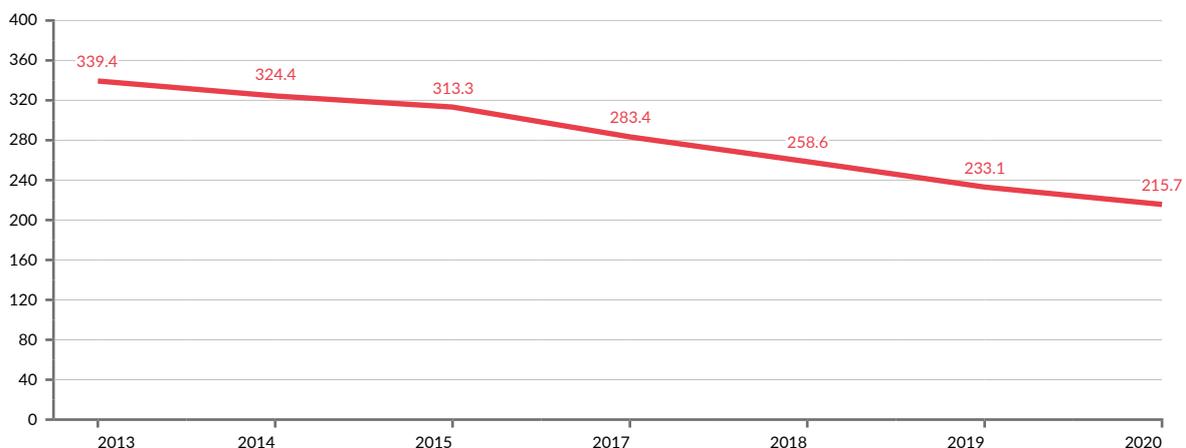
5 The previous criterion, from October 2019, was PLN 800, and before that, from 2008 – PLN 725.

monthly benefit amounted to PLN 411.80. Children whose parents evade paying alimony, but who exceed the income threshold, cannot count on any benefit.

Figure 6 shows the changes in the number of benefits from the Alimony Fund between 2013 and 2020. This number – despite the increase in income criteria – has continuously decreased and reached a record low in 2020. This may be related both to the declining number of children in general and to rising incomes with still relatively low income thresholds and – possibly – to an improved collection of maintenance payments.

A fundamental problem is the persistently low collection of alimony over the years. In 2017, an amendment to the Criminal Code came into force, introducing penalties for parents whose debt exceeds the alimony owed for a period of three months and simplifying the criminal provisions that had previously caused interpretation problems and contributed to high number of cases being discontinued (Sejm of the Republic of Poland, 2017). According to data reported by the Ministry of Justice (MS), alimony collection increased from 13% in 2015 to 43.2% in 2020 (MS, 2021). Further legal changes proposed in 2021 are expected to speed up the alimony procedure and introduce an immediate alimony procedure.

Figure 6. Number of benefits from the Alimony Fund between 2013 and 2020 (in thousands)\*



\* No data available for 2016.

Source: GUS, 2017, 2018, 2019, 2020, 2021c.

## Child-support benefit (Family 500+ programme)

The Family 500+ programme was introduced by the Act of 11 February 2016 on state aid in the upbringing of children and became effective on 1 April 2016. Originally, it provided for the payment of child-support benefits in the amount of PLN 500 per month for each second and subsequent child in the family and for the first child if the income per person in the family did not exceed the threshold of PLN 800 (PLN 1,200 in the case of a disabled child). As of 1 July 2019, a major amendment to the programme came into force, granting a child-support benefit for each child up to the age of 18, regardless of the income earned by the family. The year 2020 was the first full year of the programme under

the new rules. Expenditure for this purpose increased to PLN 40 billion (a 31% increase compared to 2019; GUS, 2021c). The benefit was paid monthly on average to 6.5 million children, that is 94% of the population under 18. Over the five years of the programme, PLN 141 billion was spent on it. The costs of the programme now account for almost 4% of Polish GDP (Fejfer, 2021).

With such a large scale of cash transfers to families with children, the programme has a significant impact on reducing child poverty, especially in families with many children. As shown earlier, there has indeed been a significant decrease in the extent of child poverty since 2016. The original projections carried out at the introduction of this programme assumed a decrease in the extent of relative poverty among children to 10% and extreme poverty to 0.7% (which was presented in policy statements as the goal of eradicating extreme child poverty; Inchauste et al., 2016). In reality, unfortunately, the decreases have not been that large. The extent of relative poverty among children in 2020 was at 13.4% and extreme poverty at 5.9%. And while the former continues to decline and may well reach the assumed target, the latter has not been declining for 3 years, with an increase recorded in 2018 and 2020. It is worth noting that for the situation of the poorest families with children, the 2019 amendment was irrelevant, as they were already entitled to the 500+ benefit based on the income threshold. The smaller-than-expected decline in extreme poverty may result from the lack of valorisation of the benefit since its introduction while inflation is rising. Nevertheless, between 2016 and 2020, the Family 500+ programme certainly contributed to a very significant reduction in poverty in families with many children (Szarfenberg, 2019, 2021). Economic analyses show that a hypothetical termination of the programme would have resulted in a significant deterioration in the situation of families with children – given data for 2020, 795,000 children were raised in the two poorest deciles of families, whereas without the 500+ programme there would have been 1,216,000 (Myck et al., 2021).

The introduction of the programme also had the effect of reducing income inequalities in the society. According to the World Bank's forecast, the Gini index was expected

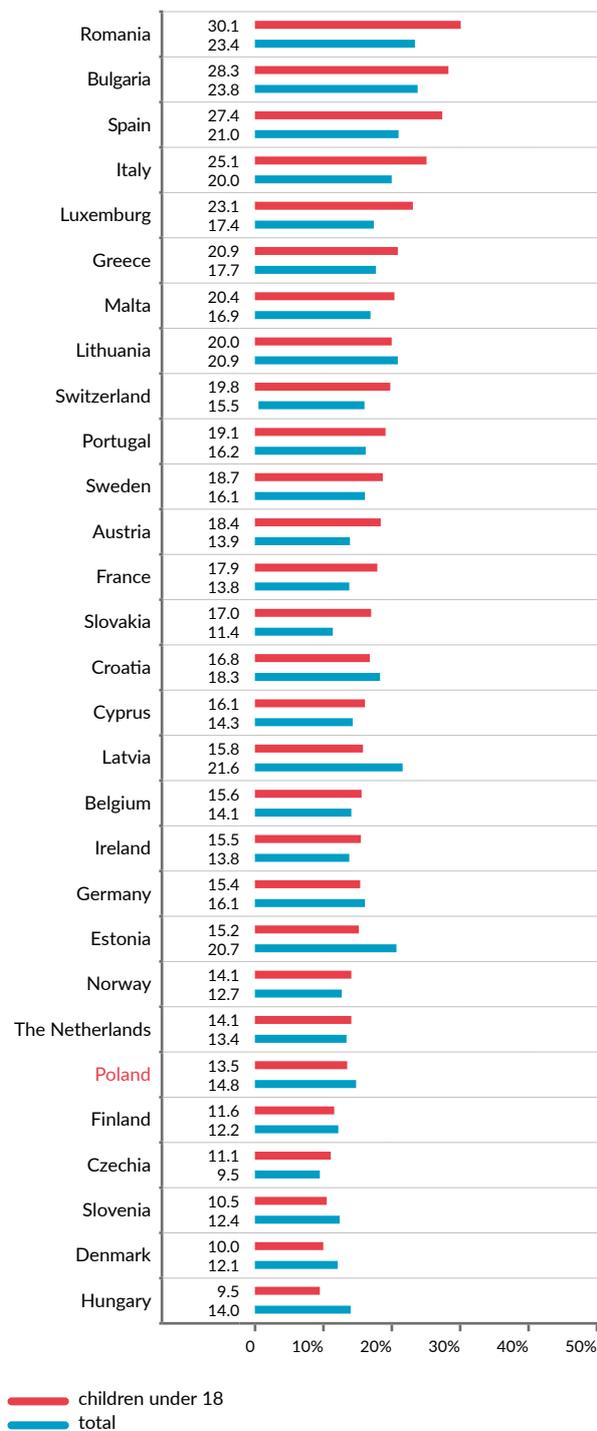
to fall to a value of 31.8 points in Poland. This is related to the 500+ programme because a larger share of child-support benefits goes to families from the lower income strata (Inchauste et al., 2016). Currently, the Gini index for Poland is only 27.5 points (Eurostat, 2022). On the other hand, some experts claim that a similar effect of reducing child poverty could have been achieved with much lower resources if the programme was selective rather than universal. Yet another issue is the question of integrating child-support benefits (500+) with family benefits (e.g. family allowances; Myck et al., 2021).

## Extent of poverty in Poland comparing with other EU states

Comparative data on child poverty against the European background is provided by the European statistical office Eurostat. Figure 7 shows the extent of relative poverty in the 30 EU and European Economic Area countries in the general population and among children. A relative poverty rate with a cut-off at 60% of median income (the so-called at-risk-of-poverty-rate) is used here.

Taking this indicator into account, the extent of relative poverty in Poland in 2020 was greater in the general population (14.8%) than in the child population (13.5%). Before 2017, the situation was the opposite, but the introduction of the child-support benefit brought changes here. This gives us sixth place in the EU in terms of the extent of relative poverty among children (behind Hungary, Denmark, Slovenia, the Czechia and Finland). This is a big improvement, as in 2015 we were in 10<sup>th</sup> place with a score of 22.5%, and in 2005 – one year after joining the Community – we ranked last as the worst EU country. Between 2015 and 2020, there was an extremely dynamic decrease in the extent of relative poverty among children – from 22.5% to 13.5%, i.e. by 9 percentage points and by 40%. At the same time, it should be borne in mind that this is an indicator relative to the standard of living (income) in a given country. It reflects Poland's progress primarily in terms of reducing income disparities. In each of the EU countries, relative poverty can mean different living conditions for both children and adults.

**Figure 7.** Extent of relative poverty (at-risk-of-poverty rate) in EU countries for the total population and for children under 18 in 2020 (%)



Source: Eurostat, 2022a.

## Material and social deprivation and malnutrition of children

The second basic indicator used for European comparisons is the so-called severe material and social deprivation rate (SMSD). It is not based on an income criterion, but tells what proportion of the population cannot afford to meet specific needs for financial reasons. This indicator was developed in 2019 to measure the implementation of the Europe 2030 strategy and replaced the previously used severe material deprivation index. The new indicator is more comprehensive and also sensitive to the needs of children and young people (Eurostat, 2022d). People are considered to be suffering from material deprivation if they do not collectively meet at least seven of the 13 conditions in the following lists (six measured at the individual level and seven measured at the household level). Data for under 16-year-olds are estimated according to a special methodology based on the responses of their parents/guardians and co-residents.

List of items at household level:

1. Capacity to face unexpected expenses
2. Capacity to afford one week annual holiday away from home
3. Capacity to pay arrears (on mortgage, rent, utility bills, purchase or loan instalments)
4. Capacity to afford a meal with meat or vegetarian equivalent every second day
5. Ability to keep home adequately
6. Having access to a car for personal use
7. Ability to afford replacing worn-out furniture

List of items at individual level:

1. Having internet connection
2. Replacing worn-out clothes by some new ones
3. Having two pairs of properly fitting shoes (including a pair of all-weather shoes)
4. Spending a small amount of money each week on own needs
5. Having regular leisure activities
6. Getting together with friends/family for a drink/meal at least once a month

The value of this indicator lies in its objectivity. The previously compared relative poverty results refer to the level of wealth in a given country (and being below such a poverty line means something different in Poland and, for example, in Luxembourg). The deprivation indicator refers to specific goods and services and denotes a similar situation of a household in each surveyed country.

European results from 2020 – for the total population and for children under 18 years of age – are shown in Figure 8. Poverty measured by this indicator shows much greater variation between countries, ranging from less than 4.3% in Norway to more than a third of the children population in Bulgaria and almost two-fifths in Romania. In most countries, the deprivation rate measured for the child population is higher than for the general population. In Poland, however, deprivation affects the general population more than children (6.4% and 5.3% respectively). Also in this comparison, Poland performs very well in 2020. In terms of deprivation among children, we rank fourth in the EU – after Finland, Norway and Slovenia. The extent of deprivation as measured by this indicator is in our country almost half the EU average (12.6% for general population and 14.2% for children). Here as well, we have seen improvements in recent years. As recently as 2014, this indicator was 20.5% for children in Poland and was then slightly higher than the EU average. Between then and 2020, therefore, there has been as much as a threefold decrease in the extent of this problem among children (Eurostat, 2022e)

This is undoubtedly good news, especially as material deprivation has a more direct bearing on children's quality of life than monetary poverty (as measured by income indicators). This is because it relates to the conditions in which a child lives, their clothing or their daily diet. However, it should still be remembered that poverty measured in this

way is statistically experienced by one in 20 children in Poland. This result is quite consistent with the measurement of absolute poverty by the Statistics Poland and allows us to estimate the scale of the problem of extreme poverty among children at just about 5%.

At the same time, the EU also points to significant weaknesses in the Polish state's support for children. The main recommendation to our country is to develop a coherent strategy to combat child poverty and better coordinate the activities of various institutions (e.g. making benefits more coherent), to strengthen the area of education for the youngest children and care services,

as well as to place more emphasis on respecting children's rights and their participation (ESPN, 2017). This is a diagnosis derived from the assumptions expressed in the European Commission's Recommendation of 20 February 2013, Investing in Children: breaking the cycle of disadvantage (2013/112/EU), which set up the fight against child poverty on three pillars: access to material resources, access to public services and respect for children's rights, including the right to co-decide about their activities. While Poland has made significant progress in the first area, the same cannot be said for the other two.

Another indicator on real deprivation is data on school feeding. The Ministry of Family and Social Policy publishes data on the scale of this assistance provided

mainly in schools. The number of children provided with meals under the programme is shown in Figure 9. As with the statistics on family benefits, the number of children receiving this type of assistance decreases every year. Over the period 2015–2020, this was a very significant, more than twofold decrease – from 664 thousand in 2015 to 292 thousand in 2020. This can be linked both to the general improvement in the material situation of families with children during this time and the infrequent valorisation of income

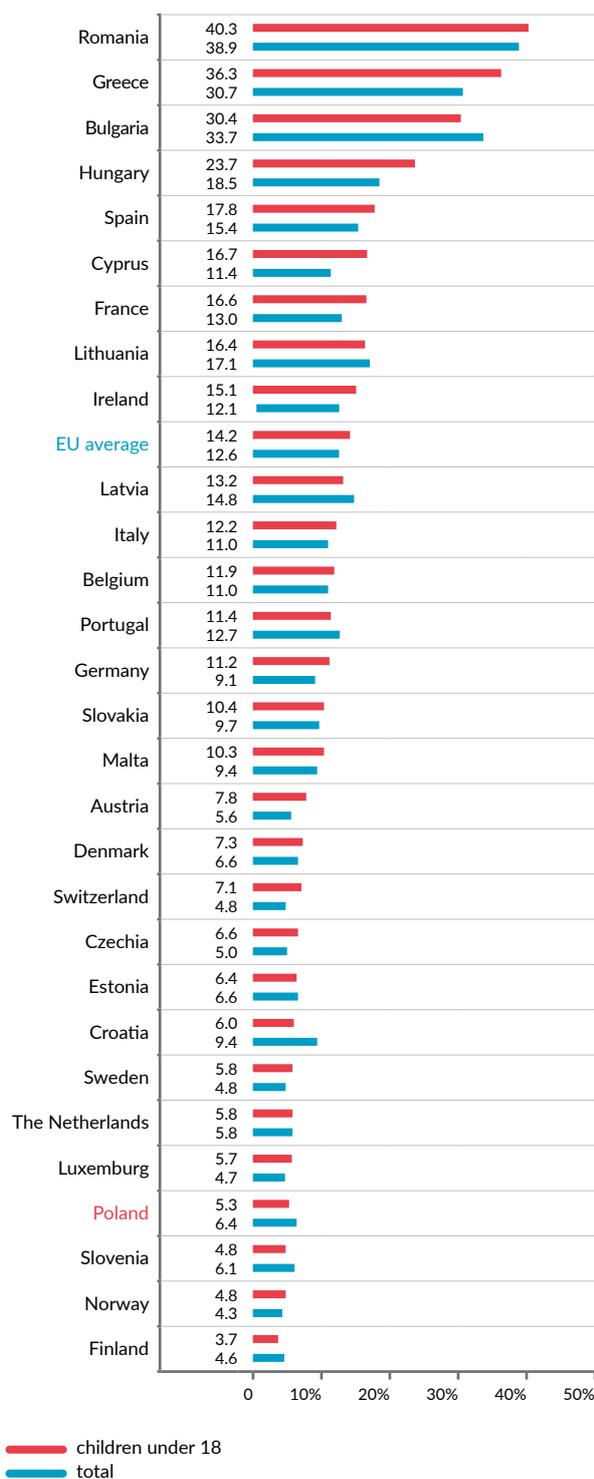
”

*I am 14 years old. I live with my parents, younger brother and aunt in a small house, actually in one room. My mother is pregnant and I will soon have a younger sister. The atmosphere at home is very tense. I have no place to study because there is only one desk in the house. I envy my friends their homes.*

14-year-old boy

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

**Figure 8.** Severe material and social deprivation (SMSD) in EU countries for the total population and for children under 18 in 2020 (%)



Source: Eurostat, 2022.

thresholds entitling to such assistance. However, this still represents 9.4% of all primary school pupils and 4.2% of all children in Poland. In 2019, the government has launched the Meal at School and at Home programme for 2019–2023, which will allocate PLN 2.75 billion for nutrition – mainly for children. Meals are offered to children who meet the income criterion of 150% of the one used for social assistance, i.e. for 2021 it was the amount of PLN 900 per person in the family. The programme also allows entities providing this benefit to offer meals to children who have not met this criterion (have a higher income per person in the family), but who wish to receive a meal (Ministry of Labour and Social Policy, 2018).

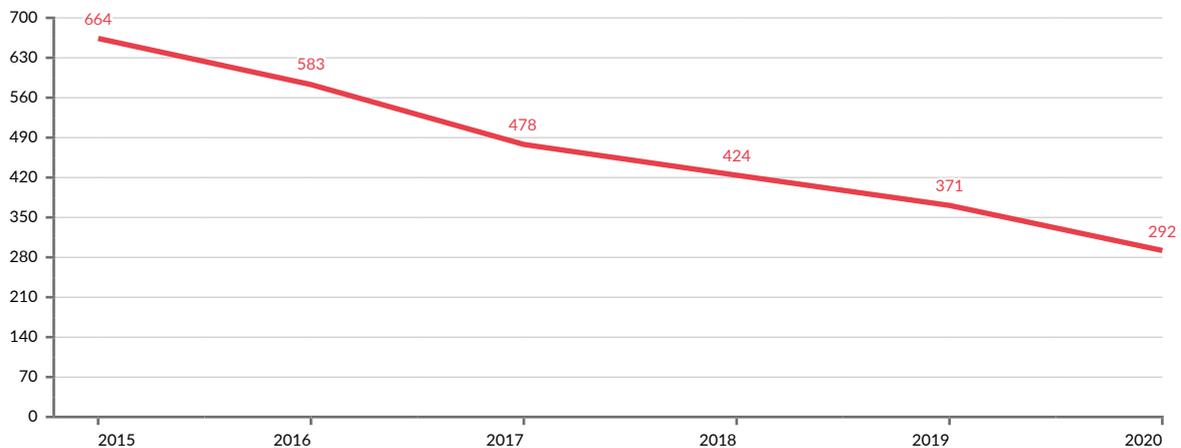
Accurate data are also available on the housing conditions in which Poles, including children, live. The basic indicator used in European Union statistics to determine the scale of housing problems is the so-called overcrowding rate. It tells what percentage of the population lives in conditions which do not meet the following standards:

- 1 room of general use per household and;
- 1 room per (married) couple,
- 1 room per two children<sup>6</sup>,
- 1 room per each additional adult.

The results for the European Union countries in 2020 are presented in Figure 10. As can be seen, Poland is well below the EU average in this respect. Overall, more than 36% of Poles and 48% of children live in housing that does not meet these standards. Worse results were obtained only in four EU countries (Romania, Bulgaria, Latvia and Croatia) (Eurostat, 2022f). In this aspect, there was only a slight improvement comparing with 2015. (then it was 43% of Poles and 57% of children) and there was no change in Poland's position versus other EU countries. Poland looks much worse in this regard than in the monetary poverty and material deprivation benchmarks. Still, almost half of Polish children live in inadequate housing conditions by European standards.

<sup>6</sup> One room for two children is counted for children up to 12 years of age. From 12 to 17 years of age, the guideline is one room per two children of the same sex (e.g. one room for two teenage sisters) and separate rooms for children of different sexes.

Figure 9. Number of children who received a meal benefit between 2015 and 2020 (in thousands)



Source: MRiPS, 2016–2021.

The data of Statistics Poland also confirm that the amount of living space per person decreases with the number of children per household. In 2020, there was in Poland an average of 29.5 m<sup>2</sup> and 0.9 rooms per person. For couples with one child there was 26.5 m<sup>2</sup> per person and 1.0 persons per room, for couples with two children – 22.9 m<sup>2</sup> and 1.2 persons per room, and for couples with three and more children – 18.3 m<sup>2</sup> and 1.4 persons per room. The increase in housing area over recent years has unfortunately been relatively small. Instead, the sanitary facilities of homes have improved and, according to GUS, in 2020, 100% of households with children have access to a water supply system and 99% have access to a flushable toilet, bathroom and hot running water (GUS, 2021a). Still, 8% of households are heated with individual solid fuel stoves, in which – especially in the poorest households – waste or low-quality fuels may also be burned, causing a risk to the safety and health of children on the one hand, and failing to provide adequate comfort during the heating season on the other (Wiosna association, 2021).

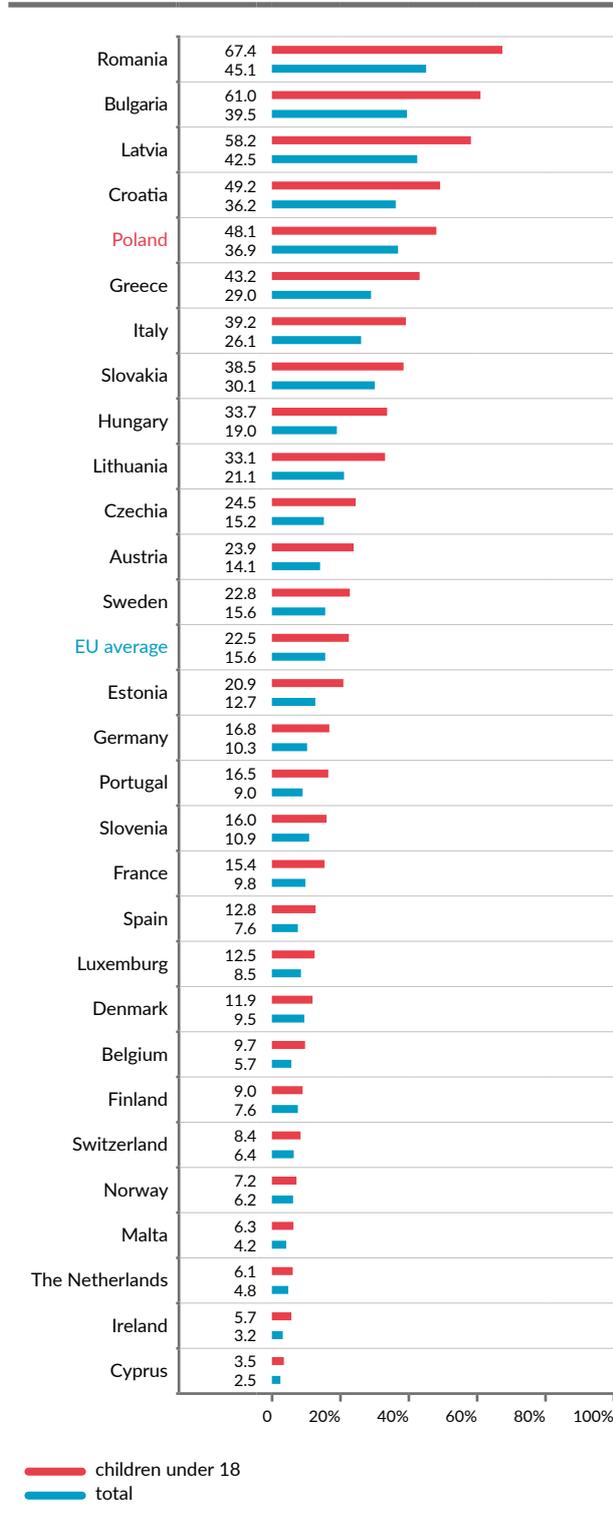
”

*I would go to see a psychiatrist, but I don't have the money for a train or bus ticket to get to the city where there is one.*

*16-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

**Figure 10.** Extent of overcrowding rate in European Union countries for the total population and for children under 18 in 2020

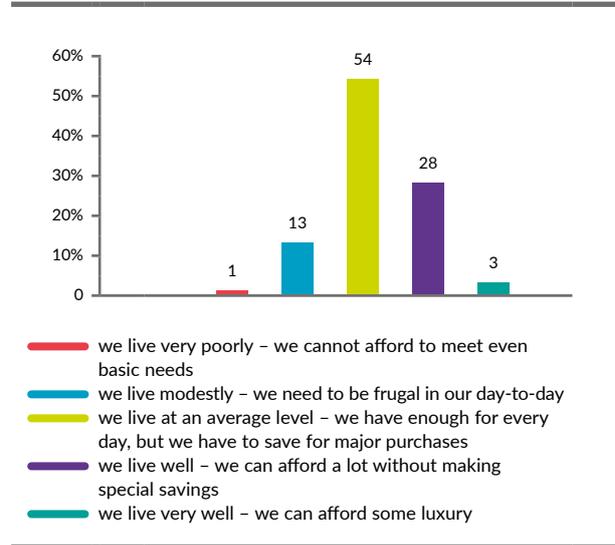


Source: Eurostat, 2022f.

### Subjective feeling of poverty

In addition to analysing statistical data on poverty, research on self-assessment of one's material situation is important for understanding the problem. In 2021, i.e. already during the pandemic, just over half of Poles (54%) declared that they were living at an average level, 28% rated their situation better – as good, and 3% of respondents rated their situation as very good. At the same time, 13% declared that they live very modestly on a daily basis and only 1% admitted that they live very poorly. These latter results seem inconsistent with the fact that more than 6% of Poles live below the absolute poverty line. However, it is possible that some people in a very poor material situation are ashamed to admit this even in anonymous surveys (Figure 11).

**Figure 11.** Declarations on the material situation of the household in Poland in 2021

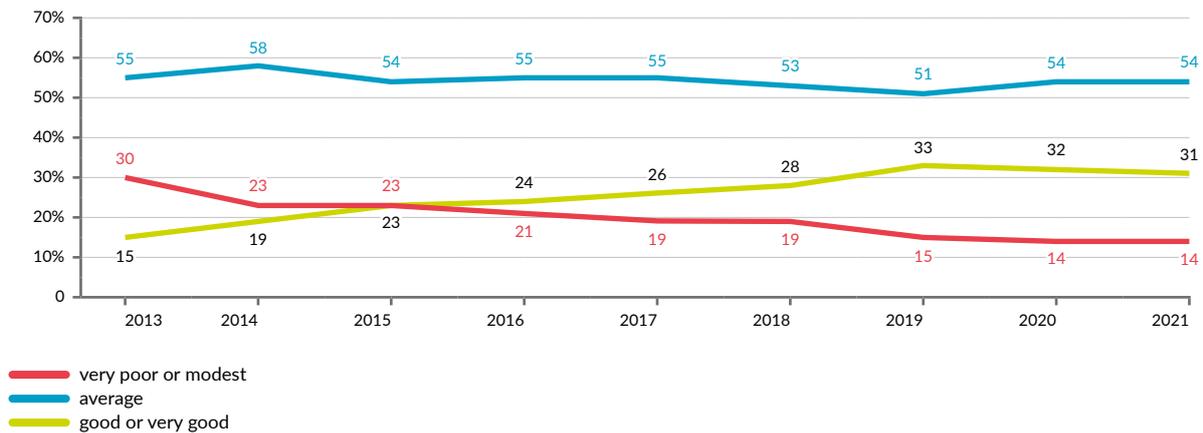


Source: CBOS, 2021.

In terms of changes over time, the percentage of Poles describing their material situation as average has not changed significantly over the last 10 years. However, over the decade, the number of those who assess their material status as good or very good has increased, while the number of those who consider themselves to be living poorly or modestly has decreased (Figure 12). In 2016, for the first time since CBOS has been studying this issue

(1993), the group of 'poor' was smaller than that of 'rich'. In 2019, the number of those assessing their situation well reached a record 33% and the percentage of those assessing it badly fell to a low of 14% in 2020. This is consistent with the figures discussed earlier for poverty specifically in relative terms, which also fell over the period. Consistency can also be seen between the extent of relative poverty (12%) and the percentage of those assessing their situation negatively. At the same time, CBOS researchers point out that the favourable trend in assessments of one's own material situation came to a stop in 2020 and 2021, which is linked to the anxiety accompanying the pandemic and the rise in inflation (CBOS, 2021).

Figure 12. Declarations regarding household material situation in Poland between 2013 and 2021 (%)



Source: CBOS, 2021.

## Consequences of poverty for children

Child poverty deserves particular attention for at least several reasons. Firstly, as the data quoted earlier shows, in Poland children are the group relatively most affected by poverty. Secondly, childhood is a key period in human development and a shortage of resources in this phase of life can have particularly serious consequences for further growth. Thirdly, as Warzywoda-Kruszyńska (2008), a researcher specialising in this subject matter, rightly points out, children are not usually the real recipients of state measures to combat poverty, as these usually boil down to cash transfers or employment support programmes.

The most obvious and direct effect of child poverty is the risk to their health resulting from malnutrition, poor housing and inadequate hygiene, as well as a lack of adequate clothing. In poverty-stricken families, the diet is usually very poor and unbalanced, and children do not get food to take to

school nor can afford to buy lunches at school. In addition to its health effects, malnutrition results in poorer academic performance, as studies show that it impairs concentration and prevents effective learning (Tarkowska, 2011).

In addition to the negative effects on a child's health and physical development, poverty also carries serious risks for the proper socialisation. Contrary to what we might think, parents in poor families, often unemployed, do not devote more time to raising their children. In addition, children in poor families are often burdened with more domestic responsibilities than their peers. For example in poor families with many children, the eldest daughter may take over a large proportion of the mother's responsibilities (Tarkowska, 2011). The phenomenon of child labour is also common. Seasonal child labour in agriculture (on Saturdays and holidays) is a characteristic of rural poverty. Hardship can also push children to seek illegal sources of income. These include, in particular, petty theft, prostitution (including online) and begging. Studies have shown statistical correlation of low socioeconomic status with risk-taking behaviour (e.g. Kipping et al., 2014).

In view of all these problems, the main question arises: how to break the intergenerational transmission of poverty? It is a complex matter. The chances of escaping poverty are influenced by such independent variables as the spatial environment (fewer chances in so-called enclaves of poverty) and the depth of poverty (how far one falls short of an adequate income level). Assistance benefits in cash, apart from their obvious positive contribution, also have

negative effects, mainly in the form of fostering dependence on institutional support. All available data show that the greatest risk of poverty is among families with many children. In this context, the introduction of the 500+ programme in 2016 may have contributed to the reduction of poverty in such families and a significant decrease in the extent of child poverty nationwide.

Poland is one of the countries that continued to make significant progress in poverty reduction in the last decade, i.e. between 2011 and 2020 (it had started even before, after Poland's accession to the EU in 2004). The extent of poverty among children has decreased more than among adults. Income inequality has declined and living conditions have improved. Nevertheless, Poland is still a country where poverty as well as material and housing deprivation among children are widespread and experienced by hundreds of thousands of children. Rising inflation and a deteriorating economic situation as a result of the pandemic and the war in Ukraine may cause a recession that will halt the trend of favourable changes, and children are likely to be the first victims of increased poverty.

Meanwhile, as the EU points out, preventing the inheritance of poverty is not only a fundamental duty of all states arising from respect for human dignity and human rights. It can also be seen as an investment that, in the long term, benefits not only individuals but society and the economy as a whole. Moreover, the potential benefits far outweigh the costs necessary to improve the living conditions of children (ECA, 2019).

## References

- CBOS. (2020). *Materialne warunki życia – obraz tuż przed epidemią*, Nr 45/2020. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2021). *Oceny sytuacji finansowej gospodarstw domowych po roku pandemii*, Nr 45/2021. Fundacja Centrum Badania Opinii Społecznej.
- ECA. (2019). *Child poverty. Audit preview*. European Court of Auditors.
- ESPN. (2017). *Progress across Europe in the implementation of the 2013 EU Recommendation on Investing in children*. European Social Policy Network
- Eurostat. (2022a). *At-risk-of-poverty rate by poverty threshold, age and sex – EU-SILC survey [ilc\_li02]*.
- Eurostat. (2022b). *Gini coefficient of equivalised disposable income – EU-SILC survey*.
- Eurostat. (2022c). *Glossary: At-risk-of-poverty rate, statistics explained*. Pobrane z: <http://epp.eurostat.ec.europa.eu/statisticsexplained/>
- Eurostat. (2022d). *Glossary: Severe material and social deprivation rate (SMSD)*. Pobrane z: <http://epp.eurostat.ec.europa.eu/statisticsexplained/>
- Eurostat. (2022e). *Severe material and social deprivation (SMSD) rate by age and sex – EU-SILC survey [ILC\_MDSD11]*.
- Eurostat. (2022f). *Overcrowding rate by age, sex and poverty status – total population – EU-SILC survey [ilc\_lvho05a]*.
- Fejfer, K. (2021, 10 maja). 500+ Czy to się opłaca? *Ekonomia Społeczna.pl*. <https://ekonomiaspoleczna.pl/500-czy-to-sie-oplaca/>
- GUS. (2017). *Beneficjenci świadczeń rodzinnych w 2016 r.* Główny Urząd Statystyczny.
- GUS. (2018). *Świadczenia na rzecz rodziny w 2017 r.* Główny Urząd Statystyczny.
- GUS. (2019). *Świadczenia na rzecz rodziny w 2018 r.* Główny Urząd Statystyczny.
- GUS. (2020). *Świadczenia na rzecz rodziny w 2019 r.* Główny Urząd Statystyczny.
- GUS. (2021a). *Budżety Gospodarstw domowych w 2020 r.* Główny Urząd Statystyczny.
- GUS. (2021b). *Dochody i warunki życia ludności Polski – raport z badania EU-SILC 2020*. Główny Urząd Statystyczny.
- GUS. (2021b). *Świadczenia na rzecz rodziny w 2020 r.* Główny Urząd Statystyczny.
- GUS. (2021d). *Ubóstwo w Polsce w latach 2019 i 2020*. Główny Urząd Statystyczny.
- GUS. (2021e). *Zasięg ubóstwa ekonomicznego w Polsce w 2020 r.* Główny Urząd Statystyczny.
- Inchauste, G., Corral Rodas, P., Goraus, K. (2016). *Skutki dystrybucyjne programu Rodzina 500 Plus*. World Bank. Poverty and Equity Global Practice Group.
- IPISS. (2022a). *Informacja o poziomie i strukturze minimum egzystencji w 2021 r.* Instytut Pracy i Spraw Socjalnych.
- IPISS (2022b). *Informacja o poziomie i strukturze minimum socjalnego w 2021 r.* Instytut Pracy i Spraw Socjalnych.
- Kipping, R. R., Smith, M., Heron, J., Hickman, M., & Campbell, R. (2015). Multiple risk behaviour in adolescence and socio-economic status: findings from a UK birth cohort. *The European Journal of Public Health*, 25(1), 44–49.
- MRPiPS. (2016a). *Informacja o realizacji świadczeń rodzinnych w 2015 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.

- MRPiPS. (2016b). *Informacja o realizacji ustawy o pomocy osobom uprawnionym do alimentów w 2015 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MRPiPS. (2017). *Sprawozdanie MRPiPS-03-R za 2016 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MRPiPS. (2018). *Sprawozdanie MRPiPS-03-R za 2017 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MRPiPS. (2019). *Sprawozdanie MRPiPS-03-R za 2018 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MRPiPS. (2020). *Sprawozdanie MRPiPS-03-R za 2019 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MRPiPS. (2021). *Sprawozdanie MRPiPS-03-R za 2020 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MS. (2021). *Reforma prawa rodzinnego – zmiany dla dobra dzieci i rodzin.* Ministerstwo Sprawiedliwości.  
Pobrane z: <https://www.gov.pl/web/sprawiedliwosc/reforma-prawa-rodzinnego--zmiany-dla-dobra-dzieci-i-rodzin2>
- Myck, M., Król, A., Trzciniński, K., Oczkowska, M. (2021). *Świadczenie wychowawcze po pięciu latach: 500 plus ile?* Centrum Analiz Ekonomicznych, Komentarze CENEA 31/03/2021.
- ONZ. (1998). *Statement of commitment of the Administrative Committee on Coordination for action to eradicate poverty.* E/1998/73. United Nations Economic and Social Council
- Petelewicz, M. (2016). *Jakość życia dzieci a status społeczno-ekonomiczny rodziny. Teoria i badania.* Wydawnictwo Uniwersytetu Łódzkiego.
- Sejm RP. (2017). *Druk nr 1193: Projekt ustawy o zmianie ustawy – Kodeks karny oraz ustawy o pomocy osobom uprawnionym do alimentów.* <https://www.sejm.gov.pl/sejm8.nsf/PrzebiegProc.xsp?nr=1193>
- Stowarzyszenie Wiosna. (2021). *Raport o biedzie 2021. Bieda – portret własny.* Stowarzyszenie Wiosna.
- Szarfenberg, R. (2016). *Przewidywane skutki społeczne 500+: ubóstwo i rynek pracy.* Zgromadzenie Ogólne Polskiego Komitetu Europejskiej Sieci Przeciwdziałania Ubóstwu (EAPN Polska).
- Szarfenberg, R. (2019). *Dwa lata Programu 500 Plus a ubóstwo rodzin i dzieci.* In: E. Osewska, J. Stala (ed.), *Rodzina w społeczeństwie – relacje i wyzwania* (p. 75–97). Wydawnictwo Naukowe Uniwersytetu Papieskiego Jana Pawła II w Krakowie.
- Szarfenberg, R. (2021). *Poverty Watch 2021. Monitoring ubóstwa finansowego i polityki społecznej przeciw ubóstwu w Polsce w 2020 r.* Polski Komitet Europejskiej Sieci Przeciwdziałania Ubóstwu (EAPN Polska).
- Tarkowska, E. (2011). *Ubóstwo dzieci w Polsce.* In: Ryszard Szarfenberg (ed.), *Polski Raport Social Watch 2010. Ubóstwo i wykluczenie społeczne w Polsce. Raport krajowy Polskiej Koalicji Social Watch i Polskiego Komitetu European Anti-Poverty Network.* Kampania Przeciw Homofobii.
- Warzywoda-Kruszyńska, W. (2008). *Dzieci żyjące w biedzie – dzieci krzywdzone. Dziecko krzywdzone. Teoria, badania, praktyka, 7(2) 26–37.*
- Włodarczyk, J., Makaruk, K., Michalski, P., Sajkowska, M. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci. Raport z badań.* Fundacja Dajemy Dzieciom Siłę.
- Wójcik, S. (2013). *Przemoc w rodzinie, zaniedbanie, wiktyimizacja pośrednia. Wyniki Ogólnopolskiej diagnozy problemu przemocy wobec dzieci. Dziecko krzywdzone. Teoria, badania, praktyka, 12(3), 40–62.*

**Citation:**

Wójcik, Sz. (2022). Child poverty. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 88–107). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Child and adolescent health

Renata Szredzińska – Empowering Children Foundation

## List of issues

---

- 109 Child and adolescent health care system in Poland
- 113 State of child health in Poland
- 131 Child and adolescent health assessment
- 132 Summary
- 133 References
- 134 Legal references and guidelines
- 135 Online resources

The World Health Organisation's (WHO) definition of health focuses on positive aspects, indicating that health "is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" (WHO, 1948). Although criticised as being too general and ill-suited to the current times, it sets the aspirational direction of thinking about health not only as physical wellbeing, but also good mental and social functioning. Health indicators are among the main determinants of civilisational development. Childhood is a special period in considering health, as disruption of physical or mental wellbeing during this period can hinder developmental processes and lead to long-term health problems. In this chapter, we will look at selected aspects of the physical health status of children and adolescents in Poland, with a particular focus on the youngest children and with the full awareness that only a fragment of this complex issue will be presented. Where neither the definitions nor the statistical image have changed, the findings of the previous edition of the report *Children Count, 2017* have been used. Mental health issues are discussed in a separate chapter.

## Child and adolescent health care system in Poland

According to Article 24 of the Convention on the Rights of the Child, the child has the right "to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health". The Constitution of the Republic of Poland stipulates in Article 68 that "public authorities shall ensure special health care to children, pregnant women, handicapped people and persons of advanced age".

Care for children is provided even before they are born, based, among other things, on the so-called **Organisational Standard for Perinatal Care** introduced by the Regulation of the Minister of Health of 16 August 2018 (Dz.U. [Journal of Laws] 2018 item 1756). This standard is an important document aimed at ensuring that women and neonates have access to high-quality, evidence-based care that allows for early detection of various risks, thus increasing the safety of both mother and child. It defines, inter alia, the tasks of those providing care for pregnant women and neonates, the scope of preventive services and health promotion activities as well as diagnostic tests and medical consultations performed on women during pregnancy, risk factors for perinatal complications and ways to prevent their occurrence, antenatal education, management during childbirth, the scope of care for the neonate, the scope of care for the woman after childbirth and the neonate in the place of residence, care for the woman in special situations, e.g. diagnosis during pregnancy of a serious illness or defect in the child, miscarriage, stillbirth, non-viable birth, illness or congenital defect in the neonate.

Also, the Act of 4 November 2016 on **Support for Pregnant Women and Families – the “Pro Life Act”** (Dz.U. 2016, item 1860) discusses access to perinatal care and support for families, with particular emphasis on families of children diagnosed with a severe and irreversible disability or an incurable life-threatening illness that arose during the prenatal period or during birth.

Another legal act regulating the scope of health care for children is the Regulation of the Minister of Health of 24 September 2013 on **Guaranteed Services in Primary Health Care** (Dz.U. 2021, item 540) regulating the scope and conditions of services provided by physicians, nurses or midwives in primary health care and school nurses in the education and upbringing environment, including, inter alia, patronage advice and visits, assessment of risk factors in the family, well-child check-ups and screening tests.

Provisions on preventive care for children and adolescents in the education and upbringing environment are also found in the Act of 27 August 2004 on **Health Care Services Financed from Public Funds** (Dz.U. 2015, item 581), as well as in the Act of 7 September 1991 on the **Education System** (article 92; Dz.U. 2015, item 2156).

Regulations concerning children and young people are also included in the Act of 29 July 2005 on Counteracting Drug Addiction (Dz.U. 2020, item 2050, consolidated text) and in the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism (Dz.U. 2021, item 1119, consolidated text), which impose on municipalities the obligation to conduct, in particular with regard to children and adolescents, preventive information, education and training activities in the field of solving drug and alcohol problems and counteracting drug addiction.

The above-mentioned legal acts are not exhaustive of all the laws under which child and adolescent health care is organised, but in view of the synthetic nature of this report, they are considered to be the most important.

## Implementation of health care – selected aspects

### Preventive check-ups and patronage advice

Polish law guarantees to all women who have given birth professional care at home in the form of visits by a midwife, the first of which should take place within 48 hours of receiving notification from the health care provider caring for the mother during childbirth. There shall be no fewer than four visits. During the visits, the midwife, among other things, assesses the state of health of the woman and the neonate, gives advice on the care and nursing of the neonate, assesses the relationship within the family, intervenes if abuse or other abnormalities are observed, gives guidance on healthy lifestyle and stress management, and assesses the capability of a close person to help and support the woman. In addition, the law sets forth the patronage advice given by physicians and nurses, as well as the scope and frequency of the well-child check-ups to which all children should be subjected.

However, according to data made available by the e-Health Centre (Centrum e-Zdrowie), in 2020, 21% of infants up to 4 weeks of age were not covered by medical care, and this percentage grew to 35% at 9 months of age (Table 1). It should be noted that 2020 was marked by pandemic restrictions and the number of infants not receiving preventive care increased markedly compared to 2019 (13% and 27%, respectively, in 2019). At the same time, there are significant differences between provinces, ranging from 59% of children covered by medical care up to 4 weeks of age in the Podkarpackie and Opolskie Voivodships in 2020, to 91% in the Kujawsko-Pomorskie Voivodship.

**Table 1.** Patronage advice and well-child check-ups including infant screening tests (provided by physicians) in 2019 and 2020

	1–4 weeks		2–6 months		9 months		12 months	
	eligible	seen	eligible	seen	eligible	seen	eligible	seen
2019	272,853	236,478	349,609	283,673	248,362	182,516	252,221	188,759
		87%		81%		73%		75%
2020	248,938	195,766	339,790	253,104	236,091	152,795	237,727	164,735
		79%		74%		65%		69%

Source: Data made available by the e-Health Centre (Centrum e-Zdrowie).

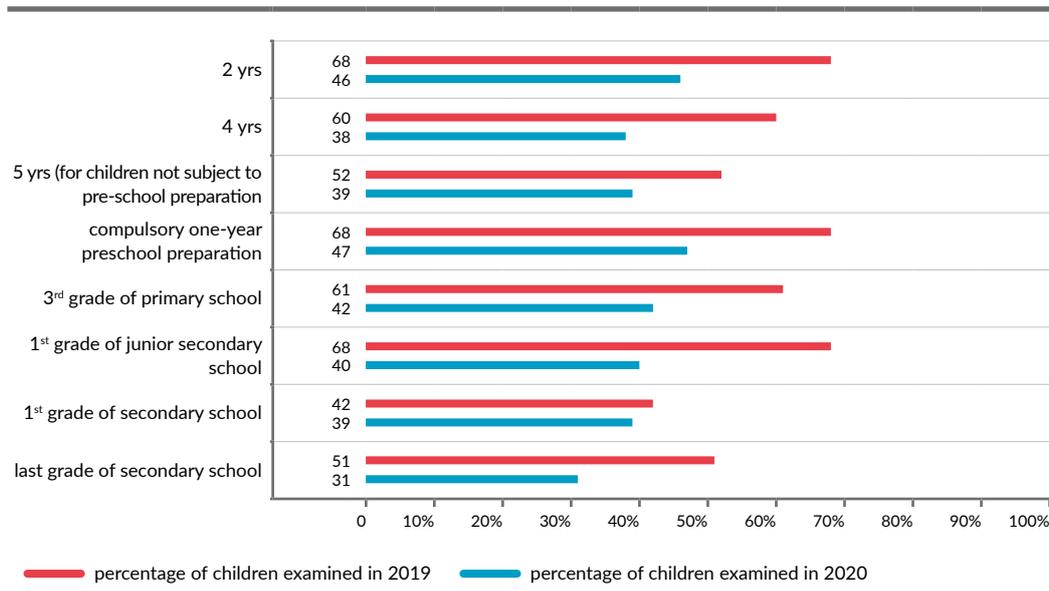
The obligation to carry out a minimum of four patronage visits by a midwife in the child's home is also not fully implemented. In 2020, the average number of visits per child was 3.28, with only 30% of children up to 4 days of life receiving such a visit (guaranteed by law). It should be noted that some of the visits were carried out not actually in the patient's home, but by means of ICT systems, in accordance with the Recommendations of 30 March 2020 for Family Midwives/Primary Health Care Midwives in the State of the SARS-CoV-2 Virus Epidemic Causing COVID-19. When it comes to visits to the child's home, there was a decrease compared to 2019, when the average number of visits per child was 3.45. Also in the case of patronage visits, there is significant variation between provinces. Only four voivodships exceeded the average of four visits per neonate in 2020 (Kujawsko-Pomorskie, Lubuskie, Wielkopolskie and Zachodniopomorskie). Before the pandemic, in 2019, there were eight such provinces. At the same time, there are also provinces with an average number of visits below three. In 2020, there were seven such voivodships (Dolnośląskie, Lubelskie, Mazowieckie, Opolskie, Pomorskie, Świętokrzyskie, Warmińsko-Mazurskie), and in 2019 – six, which clearly indicates that the statutory obligation is not being fulfilled.

Surveys among mothers also confirm significant shortcomings in the implementation of this health service. In 2018, only 57% of respondents declared that there had been at least four visits by a primary health care midwife in the first months of their child's life, 25% said there had been 2–3 visits, 12% indicated that there had been only one such visit, and 6% of respondents claimed that the midwife had not visited them even once. At the same time, younger women (15–24 years) were significantly more likely to say that there had been no visits (34%) or only one visit (35%; Iwanowicz-Palus and Bogusz, 2018).

This situation is worrying, as patronage visits by appropriately trained midwives allow early detection of problems in the relationship with the child, including domestic violence, inadequate care or diet, symptoms of postpartum depression in the mother, and other factors that may pose a risk to the child's proper development and safety, or even life.

Also, preventive examinations and well-child check-ups do not cover all children – at different stages of a child's life, their implementation ranges from 51% to 68% before the pandemic in 2019, and 31–48% in 2020 during the pandemic (Figure 1).

Figure 1. Preventive medical examinations for children and adolescents in 2019 and 2020



Source: Data made available by the e-Health Centre (Centrum e-Zdrowie).

### Immunization

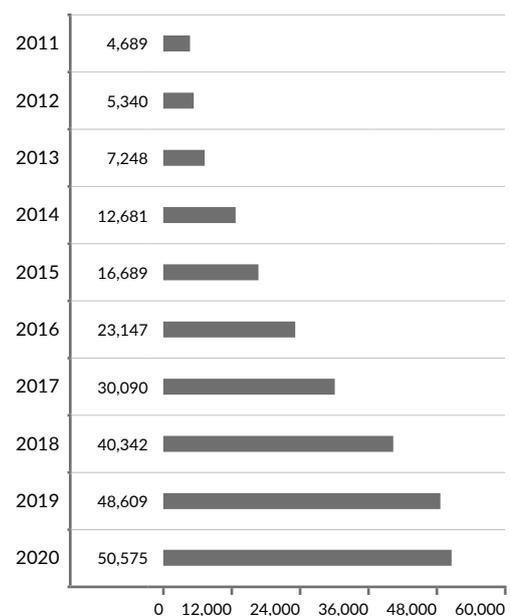
The immunization coverage of children in Poland remains quite high, but it can be observed that the proportion of children who do not undergo mandatory and recommended vaccinations is increasing. For some diseases, e.g. measles, the vaccination coverage level that guarantees collective immunity for the entire population is not achieved. In addition, the number of parents who refuse vaccination is increasing – in 2010, parents' refusal was the reason for the non-vaccination of 3,500 children, in 2019. – already approximately 48.6 thousand children (Kuchar, 2021). According to data from the Statistics Poland (GUS) and National Institute of Public Health – National Institute of Hygiene (NIZP-PZH), the recorded level of immunization of children with mandatory vaccinations (at the age of 3) in 2020 decreased for all diseases compared to 2010, including:

- hepatitis B, from 99.4% to 95.4%,
- diphtheria/tetanus, from 95.6% to 85.4%,
- pertussis, from 95.6% to 85.4%,
- measles, mumps and rubella, from 98.2% to 94.8%,,
- epidemic infantile paralysis (poliomyelitis, Heine-Medin disease), from 95.6% to 85.5%.

According to NIZP-PZH data, the immunization rate of neonates and infants (up to 12 months of age) against tuberculosis is also declining, currently it stands at 91.1%.

The number of children and adolescents not vaccinated due to vaccination evasion has been increasing for years (Figure 2).

Figure 2. Number of children and adolescents not vaccinated due to evasion of mandatory vaccinations between 2011 and 2020



Source: National Institute of Public Health – National Institute of Hygiene (NIZP-PZH; 2021).

Research conducted in 2018 shows that the most common reasons for refusing to vaccinate a child include fear of adverse reactions (64%), doubts about the efficacy of vaccines (24%), opinions of friends (3%) and information taken from the internet (3%). As many as a quarter of those opposed to immunization did not specify a reason for refusing to vaccinate (Stroba-Zelek et al., 2019).

### Barriers in accessing health care

Among the most frequently cited reasons for inequalities in access to health care are the socio-economic status of the family, the level of education, the level of health awareness, availability (measured e.g. by the number of specialists, hospital beds), spatial accessibility (distance to health centres) and organisational accessibility (measured e.g. by opening hours, appointment booking system, etc.) of health services. In the case of children and adolescents, the school and home environment is also cited, and additionally among foreign children, cultural differences and the language barrier, which is undoubtedly relevant in the current humanitarian crisis caused by the war in Ukraine.

Regarding the availability of physical health care, it can be seen from the data of the Supreme Medical Council that the number of selected child care specialists has increased slightly in recent years, e.g. paediatricians from 14,893 in 2016 to 15,147 in 2022, neonatologists from 1,484 to 1,664, paediatric cardiologists from 136 to 176, paediatric psychiatrists from 393 to 498 and paediatric surgeons from 1,101 to 1,148. However, according to data from the Ministry of Health, the number of residency positions for paediatrics-related specialties has mostly decreased in recent years, which in the long term may compound the problems of access to specialists (Table 2).

At the same time, children's waiting times for appointments with many specialists are very long. In 2020, children waited an average of 590 days for treatment at a trauma and orthopaedic surgery department, 329 days for an appointment at an orthodontic clinic, 246 days for admission to an ophthalmology department, 181 days for surgery for congenital heart and great vessels defects in children under one year of age, 171 days for an appointment at a neurosurgery clinic for children, 170 days at a paediatric

**Table 2.** Number of residency positions for physicians and dentists who will commence specialisation training on the basis of the qualification procedure conducted in 2020 and 2022

Medical specialty	Number of positions in 2020	Number of positions in 2022
paediatric surgery	51	40 ▼
paediatric pulmonary diseases	32	11 ▼
paediatric endocrinology and diabetology	0	7 ▲
paediatric gastroenterology	15	7 ▼
paediatric cardiology	7	5 ▼
family medicine	297	169 ▼
paediatric nephrology	12	9 ▼
neonatology	0	74 ▲
paediatric neurology	14	10 ▼
paediatric oncology and haematology	21	19 ▼
paediatric otorhinolaryngology	10	8 ▼
paediatrics	260	95 ▼
metabolic paediatrics	5	4 ▼
obstetrics and gynaecology	140	45 ▼
child and adolescent psychiatry	33	28 ▼
paediatric dentistry	15	7 ▼

Source: Ministry of Health (MZ), gov.pl.

endocrinology and diabetology clinic, 169 days at a metabolic diseases clinic for children and 163 days at an outpatient therapeutic rehabilitation facility/centre for children. It should be noted that significant differences persist in this regard between provinces (MZ, 2022).

## State of child health in Poland

The following part of the chapter will focus on selected aspects of child health, such as the main reasons for hospitalisation, accidents, mental health and anti-health behaviours. Particular attention is paid to the health risks of the youngest children.

### Population of children aged 0–3 years – specific problems

This section will focus on mother and child health during pregnancy and in the first years of a child's life. It is during this period that all the functions that the child will use throughout later life develop, and disruptions that occur during this time can have long-term negative effects.

#### Prenatal negligence

The pregnancy time is not only important for the parents-to-be, who are preparing for the arrival of their child, but equally so for the child, whose health and future development may depend on the behaviours and lifestyle of the pregnant woman. During pregnancy, childbirth and the postpartum period, various factors may arise that negatively affect the child's development. These include actions (prenatal abuse) or omissions (prenatal neglect) of adults, mainly the mother. These actions and omissions may be intentional or unintentional and may result from the parents' lack of knowledge and competence, their intellectual deficits, helplessness, immature personality, life history, difficulties in conceiving or a rejection of the child (Wójcik, 2007). Prenatal neglect includes behaviours such as drinking alcohol, drug use, smoking, medication abuse and lack of appropriate health care, including prenatal testing. The last two aspects may also result from impaired access to health services.

#### Perinatal care

Data on maternity care show that there is a large group of women in Poland who do not see a doctor or midwife until the final stage of gestation. For the last few years, we have been recording an increasing percentage of pregnant women who receive medical care ever later. Data on the number of consultations given to women up to the 10<sup>th</sup> week of gestation show that in 2020 the so-called early reporting rate was at 55%, while in 2015 it was at 63%. The decrease may have been due to the COVID-19 pandemic restrictions. However, this means that nearly half of women are not receiving medical care during the earliest period of pregnancy, whereas the first trimester is extremely important for the child's development – all the foundations of future development are formed during this time. The effects of teratogens, i.e. alcohol, drugs and cigarettes, among others, in the first trimester of pregnancy is particularly harmful and can lead to severe impairment in the child and even death or miscarriage. In order to motivate pregnant women to seek medical care earlier, the government in 2010 adopted a regulation making the receipt of the childbirth allowance conditional on reporting to a doctor by the 10<sup>th</sup> week of pregnancy, which was to take effect from the beginning of 2012, but did not have the expected effect (Table 3).

However, late reporting by pregnant women may be due not only to omission or tardiness, but also to barriers

**Table 3.** Percentage of pregnant women receiving medical care between 2015 and 2020

	Women who reported to a clinic for the first time		
	by the 10 <sup>th</sup> week	from 10 <sup>th</sup> to 14 <sup>th</sup> week	after 14 <sup>th</sup> week of pregnancy
2015	63%	19%	18%
2016	60%	19%	21%
2017	59%	19%	22%
2018	57%	19%	24%
2019	58%	19%	23%
2020	55%	19%	26%

Source: Own analysis based on data of the e-Health Centre.

to accessing a gynaecologist and a midwife. In November 2020, the average waiting time for an appointment at a gynaecology and obstetrics clinic in Poland was 38 days (MZ, 2022).

#### Prenatal testing

In recent years, there has been an increase in the number of women undergoing prenatal tests, which allow early detection of defects in the child and treatment to be undertaken already in utero, thus helping to reduce long-term negative health effects in the child. According to data from the Ministry of Health, in 2015, more than 90.6 thousand women took advantage of such an opportunity, of whom 49 thousand were under the age of 35 and 41.6 thousand were aged 35 and over. In 2019, it was 111.7 thousand women, of whom 64.6 thousand were under 35 and 47 thousand were aged 35 and over. Although only women over the age of 35 are covered by the free prenatal screening programme, there has been a more pronounced increase in the number of younger women undergoing tests. This is all the more positive as, according to the Supreme Audit Office (NIK), in 2014 79% of children with cardiovascular defects were born to mothers younger than 35, and the incidence rate of congenital musculoskeletal malformations (per 1,000 births), although it was actually highest among women aged 40–44 (4.9) and 45 and over (5.7), was also significant in the other age groups, ranging from 4.1 among women under 19 to 3.1 among women aged 30–34 (NIK, 2016).

#### Alcohol use in pregnancy

Alcohol used during pregnancy harms the child more than any other psychoactive substance, including cannabis, heroin and cocaine. When consumed by the mother, especially in the first trimester of gestation, it can cause a syndrome of birth defects, individual defects (e.g. of the heart), brain damage (resulting in mental impairment, learning difficulties), reduce the child's weight and height, increase the risk of miscarriage, death before birth or in the perinatal and neonatal period, preterm births, abnormal physical, motor and mental development after birth, e.g. abnormal neurological reflexes, ADHD and

”

*I broke my leg and I'm worried about whether I'll be able to manage at school with my leg in a cast. I'm afraid that everyone will stare at me and that I won't be able to move around school at recess. I want to stay at home longer. My parents don't understand how I feel.*

*13-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

disorders of perception, orientation, attention, memory, learning, problem solving, feelings or behaviour. Drinking alcohol during pregnancy can also lead to increased child morbidity (e.g. acute myeloid leukaemia) and the foetal alcohol spectrum disorder (FASD) or foetal alcohol syndrome (FAS), which is a serious cause of delays in the child's physical and mental development (Kornas-Biela, 2012).

Public attitude to alcohol consumption by pregnant women is worrying. Research carried out by the State Agency for the Prevention of Alcohol-Related Problems (PARPA) shows that only 74% of respondents strongly agree with the statement that a pregnant woman should not drink alcohol, 15% rather agree, but as many as one in ten respondents rather or strongly disagree with the statement. In the 18–34 age group, lower rates were obtained, with 87% of respondents strongly or rather agreeing with the statement that a pregnant woman should not drink alcohol. The survey showed no differences in views on this aspect between women and men.

Among women who had ever been pregnant, 7% admitted to drinking alcohol during this period. This is a lower indication than in previous PARPA surveys (16% in 2005, 12% in 2008).

Only 35% of respondents said that the doctor had raised the topic of harmful effects of drinking in pregnancy with them, 41% indicated that this topic had not come up, and a quarter did not remember whether this issue had been discussed with the doctor. The age of the respondents mattered: 90% of women aged 18–34 who had ever been pregnant said that their doctor had advised them against drinking alcohol in pregnancy, compared to only 35% of respondents over 65, which may indicate that there is an increasing commitment by doctors to educate patients about the harmful effects of alcohol on the foetus (PARPA, 2021).

A 2017 survey by the Chief Sanitary Inspectorate (GIS) also analysed mothers' awareness of the harmfulness of drinking alcohol – 98% of respondents stated that there is a major health risk for the child if the mother consumes significant amounts of alcohol during pregnancy, but only three quarters were aware of the high risk in case of small amounts. A very small number of women said that consuming small or significant amounts of alcohol during pregnancy posed no risk (1% and 0.4% respectively; GIS, 2017).

### Smoking

Children of women who smoke are generally characterised by lower birth weight and more frequent respiratory diseases. At school age, children of mothers who smoked during pregnancy are shorter and perform less well. Smoking during pregnancy also increases the likelihood of addiction to tobacco in the child's later life. E-cigarettes are not recommended either. Research shows that in 2017 5.9% of women admitted to have actively smoked during pregnancy. The trend is slowly declining, with the rate exceeding 7% in 2013 (GIS, 2017).

During pregnancy, the number of cigarettes smoked decreases, although pregnant smokers still smoke an average of 4 cigarettes per day in the first trimester. However, this indication is also lower than in 2013.

The mother's passive smoking is also harmful to the developing foetus. Nearly 18% of pregnant respondents say they are exposed to inhaling cigarette smoke

**Table 4.** Number of cigarettes smoked by women just before, during and immediately after pregnancy in 2013 and 2017

Average number of cigarettes smoked daily	Average in 2013	Average in 2017
Anytime earlier than 3 months before pregnancy	11.17	9.77
In 3 last months before pregnancy	9.47	8.77
In first months of last pregnancy	4.48	4.00
In final 3 months of last pregnancy	2.68	2.23
Currently	1.30	1.21

Source: GIS, 2017.

every day at home, and nearly 10% at work. Both rates are lower than in 2013.

### Medicines and psychoactive substances

Drug use by a pregnant woman can cause various foetal malformations, as well as pregnancy complications such as preterm birth, miscarriage or foetal death. It also contributes to low birth weight and behaviour disorders in the child.

In 2017 only 1.64% of pregnant women declared taking sedatives or sleeping pills in 2017 (down from 2.2% in 2013), 0.72% of women admitted to using over-the-counter drugs, 0.77% to using prescription drugs with the knowledge of a doctor and only 0.1% of women used prescription drugs without the knowledge of a doctor. Only 0.2% of the respondents admit to using other psychoactive substances during pregnancy and 3 months before pregnancy. The most common substances were hashish and cannabis.

Almost all respondents (99%) were aware that the use of drugs and other intoxicants is very risky for the health and life of the foetus and the mother.

### Vertical transmission of HIV

Human immunodeficiency virus (HIV) can be transmitted from mother to child during pregnancy, birth or breastfeeding. The risk of mother-to-child HIV transmission is

15–30%. With breastfeeding for more than 6 months or mixed feeding, it increases to about 50%. Between 2010 and 2019, about 224 vertical HIV infections (mother-to-child; WHO, 2020) were registered in Poland. They account for about 90% of all diagnosed infections in the group under 18 years of age (Krajowe Centrum ds. AIDS, 2021). In 2019, five such cases were registered (Krajowe Centrum ds. AIDS, 2021). It should be noted that HIV infection has a much faster course in a child and is associated with a higher risk of developing AIDS and death compared to adults. Up to 10% of untreated children are at risk of dying within the first year. In the absence of any medical intervention, the risk of mother-to-child transmission is 15–45%, whereas the introduction of medical intervention, with particular attention to treatment of the mother, reduces the risk to less than 1–2% (Kowalska, 2016). In order to start treatment, HIV testing is essential. In Poland, HIV testing is recommended for all pregnant women up to 10 weeks of pregnancy and between 33 and 37 weeks of pregnancy. Unfortunately, this test is only performed in about 30–33% of pregnant women in our country. As a consequence, the risk of vertical HIV transmission in Poland is about 20%, while in western EU countries and the United States it is around 1% (RPO, 2019). The reason for the low number of tests performed is the insufficient awareness of pregnant women, the fear of being tested, the lack of education in this area, but also the failure of doctors to refer pregnant women for this type of test. More than 80 per cent of the surveyed entities having a contract with the National Health Fund admit that they do not fully implement the HIV vertical transmission prevention programme (RPO, 2019).

#### Foetal alcohol syndrome

Alcohol used by the mother during pregnancy can become a cause of serious damage to the child's body while still in foetal development. As already mentioned, alcohol consumption can cause preterm birth, miscarriages and foetal defects, including mental and physical disorders in the child's body known as FASD.

The term includes:

- FAS (code Q86.0 in ICD-10),
- partial FAS,
- alcohol related neurodevelopmental disorder, ARDN.

Common to all FASD diagnoses is abnormal development of the central nervous system (CNS). Damage to the CNS may be accompanied by other impairments, e.g. of the heart, skeletal system, urinary system, hearing and vision.

Foetal alcohol syndrome is the most prominent and most commonly diagnosed disorder of the FASD group. It is characterised by the co-occurrence of three elements that do not occur together in any other disease:

1. Foetal or later growth retardation
2. Characteristic dysmorphic facial changes
3. Abnormal development of the CNS.

There are no systematic studies or statistics to determine the FASD prevalence. However, it is estimated that full FAS occurs in four cases per 1,000 people, and any of the FASD disorders in at least 20 cases per 1,000 people. In Europe, FASD is estimated to be the most common non-genetic neurodevelopmental disorder, affecting approximately 1% of all live births.

It is important to diagnose FASD as early as possible (right after birth or in the first years of life), which increases the chance of introducing effective therapy so that the person with the condition can function as independently as possible. Therefore, PARPA, together with a group of experts, has developed recommendations for the diagnosis of foetal alcohol spectrum disorders (PARPA, 2020).

#### Perinatal health

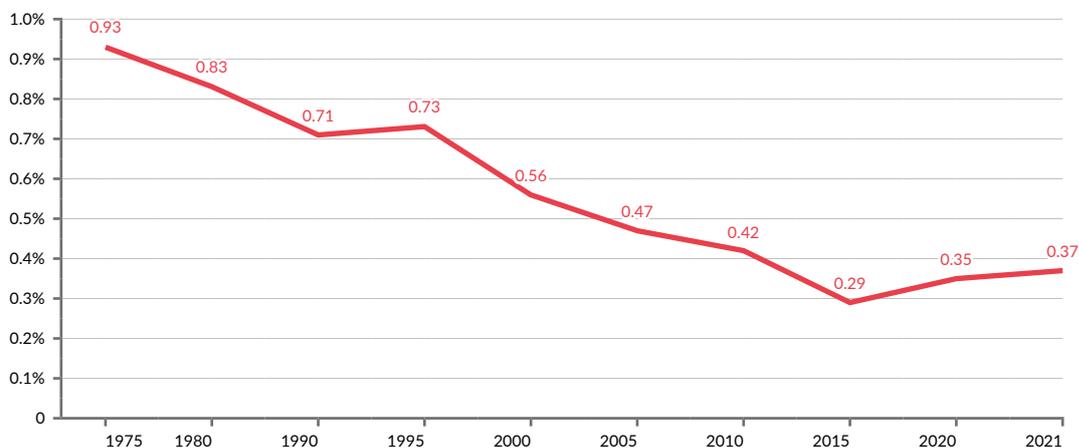
With regard to perinatal care, the WHO has developed a group of core and recommended indicators, the monitoring of which will make it possible to analyse the health situation of the youngest population. In Poland, indicators from the core group are monitored in their entirety. They include:

- foetal death rate,
- neonate mortality rate,
- infant mortality rate,
- birth structure by birth weight,
- birth structure by duration of pregnancy,
- death rate of women during pregnancy, childbirth and the postpartum period,
- multiple births,
- birth structure by age of the mother,
- birth structure by birth order,
- birth structure by mode of pregnancy termination.

This section will only discuss selected indicators from the above list, which have the greatest impact on the health and life of the child and are not discussed elsewhere in the report.

In Poland, the percentage of stillbirths has been declining for years. In 2020, they accounted for 0.37% of all births and were equally frequent in rural and urban areas (Figure 3).

Figure 3. Percentage of stillbirths in Poland between 1975 and 2015



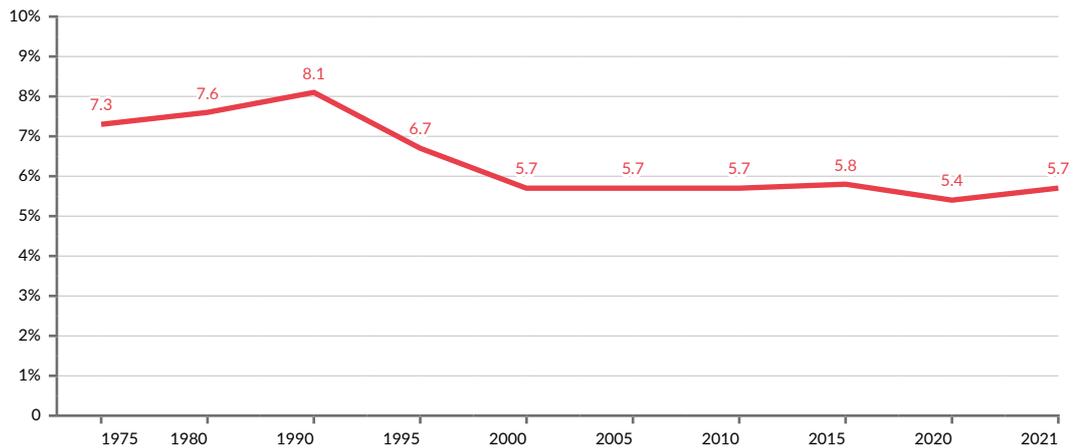
Source: Wojtyniak, Goryński, 2016; demografia.stat.gov.pl (data up to 2015).

The rate of infant deaths (up to 1 year of age) is also decreasing, which is further discussed in a subsequent section on *Child and Adolescent Mortality*.

In 2021 5.7 per cent of live births were so-called low birth weight births, i.e. neonates whose weight at birth was less than 2,500 g. Although this rate has remained almost at the same level for several years, it is still slightly lower than the average for EU countries, which the WHO estimates at 6.1% (higher rates than Poland are recorded by, among others,

Bulgaria – 9.5%, Greece – 9.4%, Portugal – 8.9%, Hungary – 7.8%, Spain – 7.5% and Austria – 6.1%).

Figure 4. Percentage of neonates with birth weight below 2,500 g (live births) from 1975 to 2021



Source: Wojtyniak, Goryński, 2020; GUS.

Preterm babies are considered to be those born before 37 weeks of gestation, while births before 28 weeks of gestation are considered extremely preterm. According to the Statistics Poland (GUS), in 2021, 24,523 babies were born before 37 weeks of gestation, accounting for 7.37% of all births, while extremely premature babies accounted for 1,369, or 0.41% of all births. Over recent years, the rate of preterm births has been increasing slightly, from 6.49% in 2002 to 7.37% in 2021.

Worldwide, preterm births are the most common cause of perinatal neonate morbidity and mortality. Approximately 30% of babies born prematurely are diagnosed with additional health problems, necessitating intensive and prolonged medical care and a variety of specialist interventions. Among neonates weighing less than 1,500 g, there is a 200-fold greater risk of death before 1 year of age compared to neonates weighing more than 2,500 g (Mazowiecki Urząd Wojewódzki, 2014). In addition, preterm birth is correlated with a higher risk of abuse, which may result both from deterioration of the parent-child relationship due to stress or prolonged medical care and overprotection (Walczak-Kozłowska and Chrzan-Dętkoś, 2019).

Risk factors for preterm birth include:

- low socio-economic status,
- the woman's age below 18 years or over 40 years;
- low pre-pregnancy body weight;
- multifoetal gestation;
- history of preterm birth;

- history of spontaneous or induced miscarriage;
- sexually transmitted diseases;
- high-risk pregnancy due to maternal diseases (e.g. diabetes, epilepsy);
- hypertension, kidney disease, heart defects;
- smoking, alcohol or drug use;
- inadequate prenatal care.

### Breastfeeding

Exclusive breastfeeding until at least 6 months of age is considered the gold standard for infant feeding, promoted by all scientific societies and authorities in the fields of health, paediatrics and nutrition, including the American Academy of Paediatrics, the WHO and the EU Public Health Directorate. Breastfeeding up to the age of 2 years is also recommended, if the mother and child want it. It is emphasised that breastfeeding has numerous short- and long-term benefits for the child, including the provision of all active substances necessary for normal development, ensuring normal weight at 6 months of age, no growth deficits, a lower risk of being overweight at a later age and a reduced risk of type 1 and type 2 diabetes. Breastfeeding is also an element that strengthens the mother's competence and is a factor that protects the child from abuse (Baranowska, 2016).

However, this standard is not implemented in Poland. Data made available by the e-Health Centre show that in 2020, only 74% of children aged 1–4 weeks were exclusively breastfed. This percentage decreased with the age of the child.

**Table 5.** Percentages of children by feeding method

Feeding method	1–4 weeks	2–6 months	9 months	12 months
Exclusive breastfeeding	74%	56%	27%	14%
Mixed feeding	16%	24%	32%	24%
Formula feeding	10%	20%	41%	62%

Data made available by the e-Health Centre (Centrum e-Zdrowie).

The reasons are attributed to an insufficient system of substantive and practical support for breastfeeding women. The 2018 report *Is Poland friendly to a breastfeeding mother and her child* shows that only 43% of the women surveyed who gave birth by vaginal delivery, and only a quarter of those who had a caesarean section, were helped to breastfeed their child immediately after birth, despite the standard of perinatal care stating that such instruction should be provided. Only 38% of women were offered advice

”

*I'm waiting for my test results and I'm very worried. I had cancer before, but I have already recovered. I'm afraid it might come back. I often worry that something bad could happen, although I know that such worrying is pointless. I have to wait for the things to clear up.*

*16-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

from a lactation consultant during their hospital stay after giving birth, and 57% of women said that their babies were fed formula during their hospital stay (Centrum Nauki o Laktacji, 2018).

**Table 6.** Number of deaths due to sudden infant death syndrome in Poland between 2011 and 2020

Year	Boys	Girls	Total
2011	28	29	57
2012	30	21	51
2013	21	20	41
2014	28	14	42
2015	21	18	39
2016	26	18	44
2017	2	4	6
2018	16	15	31
2019	13	10	23
2020	5	10	15

Source: Eurostat, GUS, 2021.

#### Sudden infant death syndrome

Sudden infant death syndrome (SIDS), otherwise known as cot death, is the sudden death of an infant under one year of age that is not explained by an autopsy, examination of the death scene or analysis of the clinical history. In Poland, several dozen such cases are registered annually. In 2020 SIDS was the cause of death of 15 children (Table 6).

The aetiology of SIDS is not fully understood. It is considered to be caused by environmental and genetic factors. Environmental factors include smoking and drinking alcohol during pregnancy (particularly in the first trimester), neglect of prenatal care, preterm birth and low birth weight, exposure of the infant to cigarette smoke, too soft mattress in the infant's bed, the infant getting cold or overheated, and sleeping in the same bed with the infant. Other risk factors for SIDS are associated with single motherhood, difficult financial situation, complications of pregnancy and childbirth, pregnancies in quick succession or multiple pregnancies, placing the infant to sleep on the stomach, health complications in the infant and an Apgar score of 5 points or less for the neonate. The most important aspect of the preventive management of SIDS is the identification of risk factors and the education of parents on preventive measures.

### Shaken baby syndrome

Shaken baby syndrome (SBS) is the term used to describe the symptoms produced by violently shaking an infant or hitting an infant or a toddler on the head. The amount of damage to the brain caused by this behaviour depends on the intensity and duration of the shaking, as well as the force of the blows. Symptoms range from minor (irritability, drowsiness, tremors, vomiting) to very severe (epileptic seizures, coma, stupor, death). These neurological changes are the result of damage to brain cells caused by brain injury, hypoxia or swelling. Extensive haemorrhages in the retina of one or both eyes are also common. The classic triad of symptoms (subdural haematoma, cerebral oedema and retinal haemorrhage) is in some cases accompanied by bruising occurring in those parts of the body which were held during shaking. Fractures of long bones or ribs may also occur as a result.

In most cases, SBS is diagnosed in children between 5 and 9 months of age. The high susceptibility of the neonatal brain to injury is due to several factors, including the disproportionately large head of the neonate, the relatively weak cervical muscles, the open fontanel, the extensive subarachnoid space and the high water content of the brain structures.

The above factors particularly predispose infants to serious injuries when they are grasped by the trunk or arms and shaken.

According to NIZP-PZH data, 3,147 children under the age of one were admitted to hospitals in 2020 due to head injuries, including 167 with intracranial injury or brain injury.

Available statistics, collected according to the current ICD-10 classification, classify SBS (if caused by deliberate parental action) as a group of so-called child maltreatment syndromes (T74). According to PZH, there were 25 diagnoses of T74 in 2020, but this certainly does not reflect the full scale of the problem. In Poland, the rule of dual coding applies. The code indicating the essence of the injury is given first, and the one indicating the cause of the injury is given second. Some health care providers do not comply with the obligation to indicate the cause of the injury.

### Munchausen syndrome by proxy

Factitious disorder imposed on another (Munchausen syndrome by proxy) involves parents deliberately inducing symptoms of the disease in their child. These symptoms are usually chronic or recurrent and, in addition, the parents provide doctors with false information about their child's previous course of illness. The syndrome is most commonly diagnosed in children under six years of age. Among the symptoms induced, the most common are ataxia and pathological drowsiness due to high doses of barbiturates administered to children, persistent vomiting due to mechanical provocation, hypoglycaemia after insulin administration and infections caused by the injection of contaminated substances. According to statistics, in 95–98% of cases of factitious disorder imposed on another, the perpetrator is the biological mother. Mothers with perinatal complications, experience of childhood abuse, psychiatric disorders and those involved in the medical professions are at increased risk (Yates and Bass, 2020). The prevalence of this syndrome is unknown. Epidemiological reports mainly include severe cases. It is estimated that several to a dozen cases per year are described in Poland, but it appears that the prevalence of the disorder may be underestimated. By comparison, approximately 1,200 cases of the disorder are detected annually in the United States (Berent et al., 2010).

### Main reasons for hospitalisation of children and adolescents in Poland

The most common reason for hospitalisation of children and adolescents are selected conditions originating in the perinatal period (e.g. related to congenital diseases, complications during birth, factors related to the mother, etc.). Injuries, poisoning and other effects of external factors come second. In 2020, a total of more than 146,000 children and adolescents required hospital care for these reasons. This is all the more worrying as this group most often includes injuries and other conditions caused by violence or neglect, especially among the youngest children (Table 7).

**Table 7.** Main reasons for hospitalisation of children and adolescents in 2020

No.	Condition	ICD-10 code	<1 year	1-4 yrs	5-14 yrs	15-19 yrs	Total 0-19 yrs
1.	Certain conditions originating in the perinatal period	P00-P96	157,116	36	0	0	157,152
2.	Injury, poisoning and other consequences of external factors	S00-T98	5,294	32,348	75,128	33,693	146,468
of which	intracranial injury	S06	167	957	2,301	1,231	4,656
	other injuries of the head	S00-S05, S07-S09	2,980	12,052	11,052	4,103	30,187
	burns	T20-T32	454	2,857	823	301	4,435
	poisoning by drugs, medicaments and biological substances and the toxic effects of substances chiefly nonmedicinal as to source	T36-T65	358	2,553	1,951	3,710	8,572
	consequences of injuries, poisoning and other effects of external factors	T90-T98	7	213	2,863	1,617	4,700
3.	Diseases of the respiratory system	J00-J99	28,370	41,730	39,972	6,270	116,342
4.	Certain infectious and parasitic diseases	A00-B99	12,871	20,312	14,421	3,523	51,127
5.	Diseases of the digestive system	K00-K93	6,399	10,594	20,935	12,590	50,518

Source: NIZP-PZH, <http://www.statystyka.medstat.waw.pl>.

Extreme cases of child maltreatment and their consequences are classified in ICD-10 under the category T74 – child maltreatment syndromes. Unfortunately, as already mentioned, some health care providers do not assign a category based on the cause of the injury, but only based on the nature of the injury, hence these data are certainly incomplete. At the same time, it should be noted that if a diagnosis of T74 is ever made, it most often concerns the youngest children – under 4 years of age. (Table 8).

**Table 8.** Diagnosed T74 child maltreatment syndromes according to the ICD-10 international classification of diseases and related health problems

Year	Girls	Boys	Total
2016	12	9	21
2017	20	13	33
2018	20	12	32
2019	18	11	29
2020	17	8	25

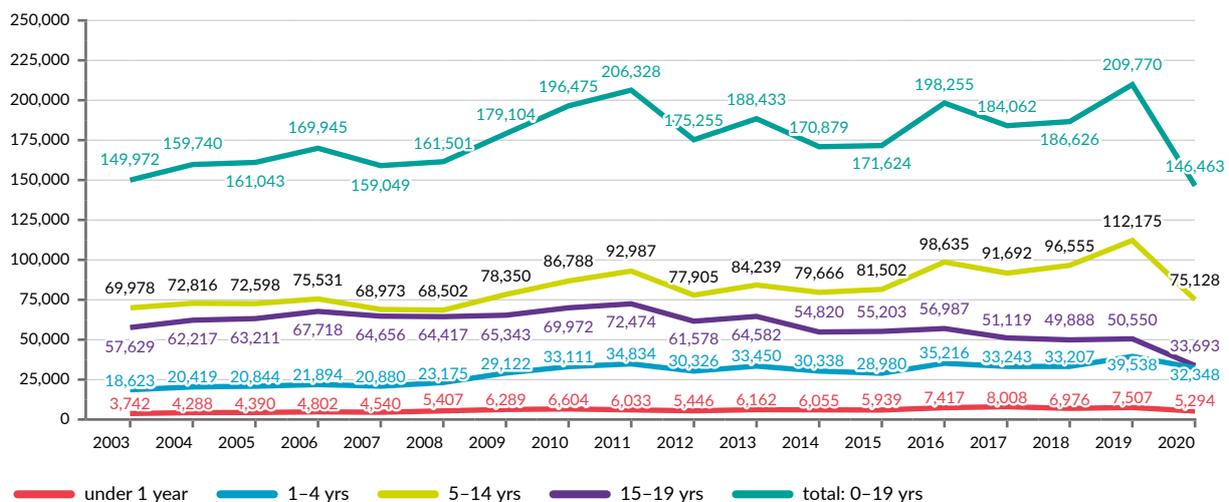
Source: NIZP-PZH.

### Child safety: accidents and injuries

Based on the analysis of data from the last several years, it can be seen that every year 150,000 to 200,000 children require hospital care for injuries, poisonings and other conditions caused by external factors, and within this group, the proportion of both the youngest children, under 1 year of age, and children under 5 years of age increased between 2003 and 2020 (from 2.4% to 3.6% and

from 14.9% to 22.3%, respectively). The marked decrease in hospitalisations due to injuries in 2020 compared to 2019 may be related to the COVID-19 pandemic and the lower activity of children, who studied remotely for a significant part of the year and were not allowed to move around in public spaces without adult caregivers for several weeks of the first lockdown (March-April 2020) (Figure 5).

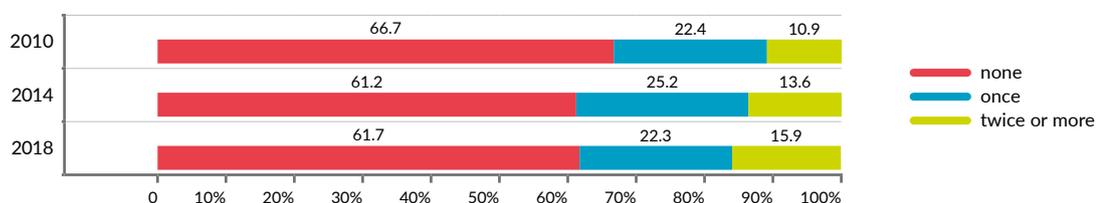
Figure 5. Number of hospital admissions for external cause injuries by age, 2003–2020



Source: Own analysis based on data of the NIZP-PZH (<http://www.statystyka.medstat.waw.pl>).

The most recent Polish HBSC (Health Behaviour in School-aged Children) survey of 2018 showed that 38.2% of adolescents, i.e. one in three of the students surveyed, had suffered at least one injury requiring medical attention in the past 12 months, and 15.9% had suffered repeated injuries. Compared to previous editions of the HBSC survey, the latter indicator is clearly increasing (Figure 6; Mazur and Małkowska-Szcutnik, 2018).

Figure 6. Prevalence of injuries requiring medical attention in children aged 11–15 years in Poland in 2010, 2014 and 2018



Source: HBSC survey of 2014 and 2018.

#### Accidents in educational institutions

School is one of the most important environments in the lives of children and adolescents. More than 5 million students attend it. The Ministry of National Education (MEN) collects information on accidents in educational institutions as part of the Educational Information System (SIO). In the 2019/2020

school year, there were 22,509 accidents. This is significantly less than in previous years – for example, in the 2017/2018 school year there were 54,459 such accidents. Probably the reason for the reduction in accidents was the lockdown related to the COVID-19 pandemic and the shift to distance learning. In 2020, the main causes of accidents were student's inattention and unintentional acts by the student or other persons (Table 9).

**Table 9.** Causes of accidents in the 2017/2018 and 2019/2020 school years

Accident cause	Number of accidents	
	2017/2018 school year	2019/2020 school year
student's inattention	35,120	12,080
other causes	10,465	4,004
unintentional acts by the student	-	2,779
unintentional acts by other persons	-	1,546
unintentional hit	7,806	1,346
intentional acts by other persons	-	331
intentional acts by the student	-	179
battery, intentional hit	740	160
ignorance of or in compliance with health and safety rules	138	26
poor health or incapacity to attend classes	77	-
no or insufficient supervision of the student	45	10
poor technical condition of facilities	28	16
poor technical condition of equipment, appliances	8	13
improper use of machinery and equipment	12	9
inadequate safeguarding of machinery and equipment	7	6
inadequate safeguarding of chemical substances and preparations	-	2
inadequate security of staircases and corridors	5	-
poor technical condition of machinery and equipment	5	1
conduct of activities not in line with the curriculum	3	1

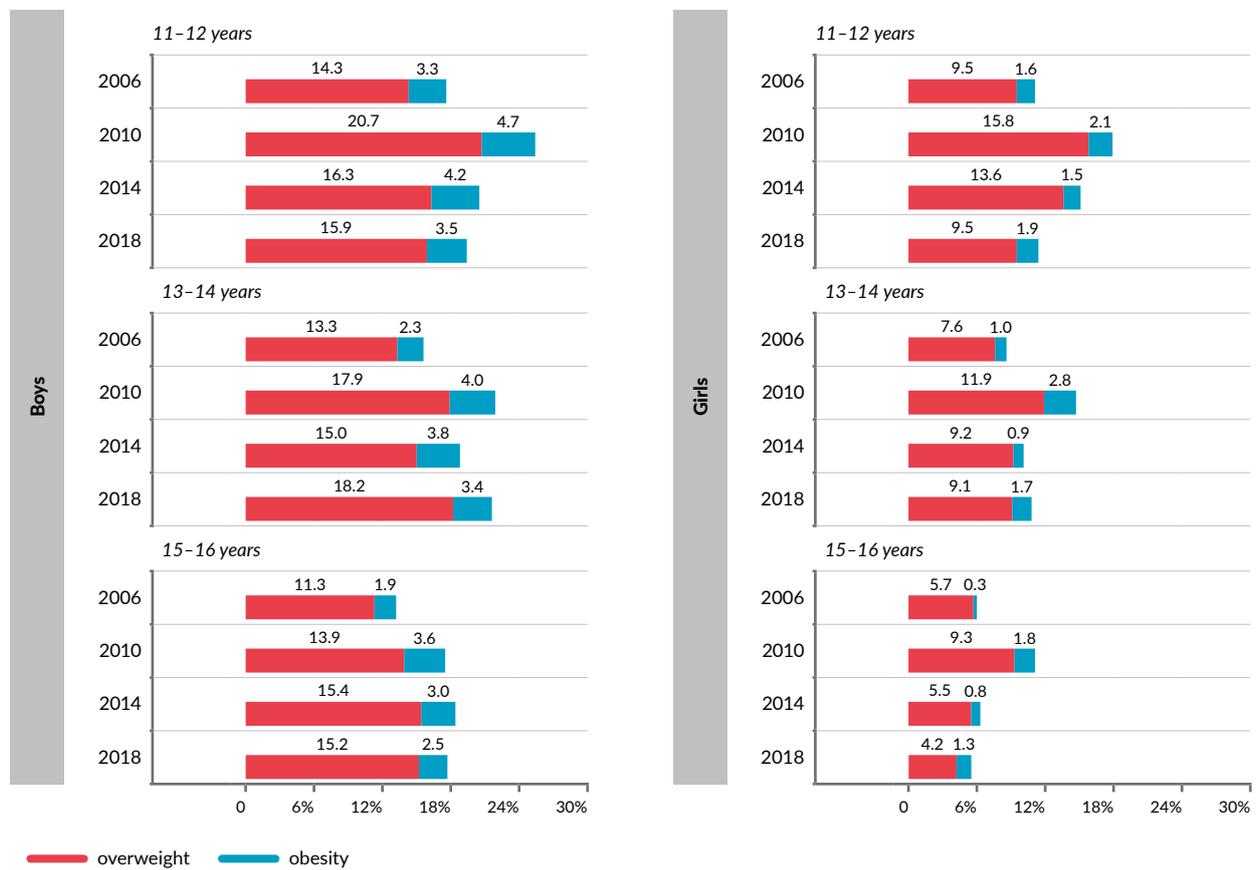
Source: dane.gov.pl.

## Anti-health behaviours

### Poor nutrition

Poor eating habits, resulting in overweight and obesity, are a serious health problem. The results of successive editions of the HBSC survey indicate that the situation is worrying and the trend shows no consistent improvement. In 2018, depending on gender and age group, obesity and overweight affected between 5.5% (girls aged 15–16) and 21.5% of the population (boys aged 13–14; Figure 7).

Figure 7. Prevalence of obesity and overweight among schoolchildren in 2006–2018 in Poland based on HBSC data



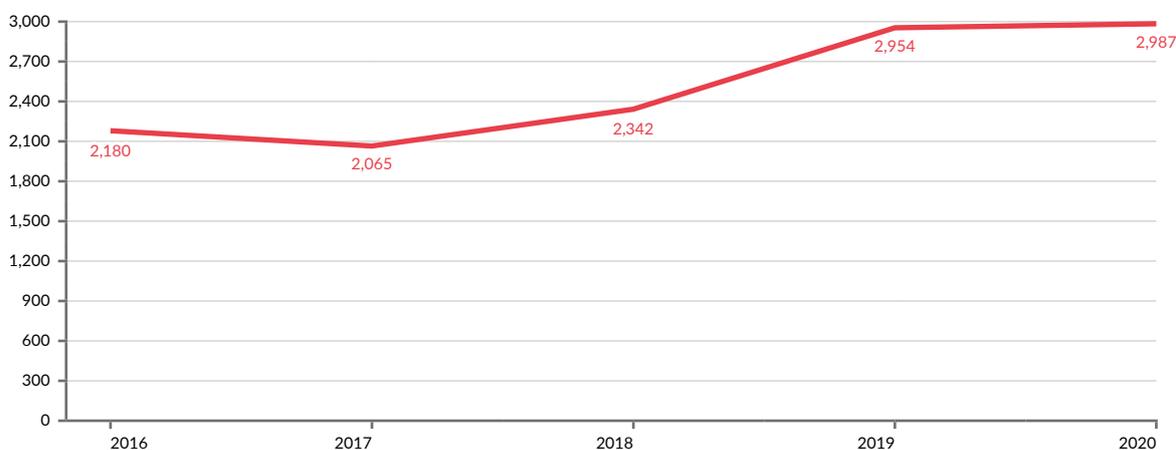
Source: Wojtyniak and Goryński, 2020.

Parents play an important role in reducing overweight and obesity in children and adolescents. However, research shows that a significant proportion of parents incorrectly assess their children's weight and height proportions (Czajka and Kołodziej, 2015). This is of concern as the prevalence of overweight and obesity in children is a strong predictor of the persistence of these problems into adulthood.

Furthermore, only 50% of 11–15 year olds with a normal body mass index (BMI) consider their body weight to be normal (46% of girls and 56% of boys). Fourteen per cent of those with a normal BMI consider themselves too thin (6% and 23% respectively) and 36% consider themselves fat (48% and 21% respectively). The perception of one's own weight as being excessive can become a source of various psycho-physical problems, uncontrolled use of different diets, as well as emotional problems and disturbed functioning in the peer group. In 2018, one in five teenagers (21%) were on a diet. Girls engage in such activities significantly more often than boys (25% vs. 16%; Mazur and Małkowska-Szkutnik, 2018).

Uncontrolled use of different diets can lead to the development of eating disorders. According to data obtained from the Institute of Psychiatry and Neurology, 2,987 children and adolescents up to 18 years of age were treated for them in Poland in 2020. (Figure 8).

Figure 8. Number of children treated on an outpatient basis for eating disorders



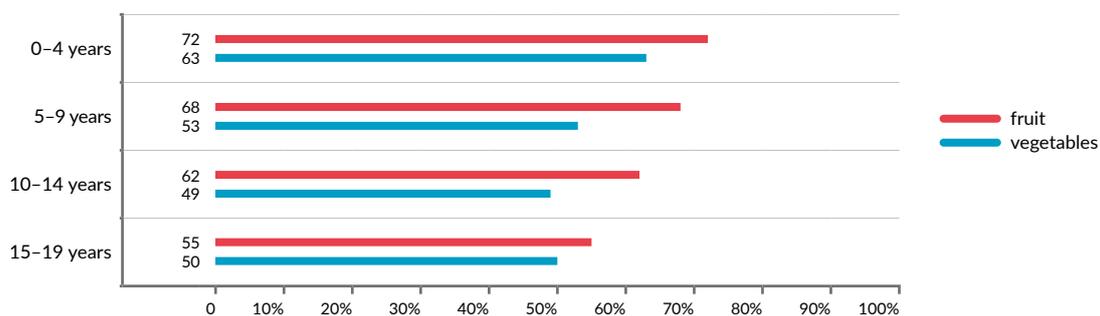
Source: Data made available by the Institute of Psychiatry and Neurology.

#### Consumption of fruit and vegetables

According to WHO recommendations, fruit and vegetables should be the basis of the diet, which should make up at least half of the meals consumed during the day (Jarosz, 2016).

According to a survey by the Statistics Poland (GUS), in 2019 72% of children aged 0.5–4 years ate fruit at least once a day, and 63% ate vegetables (not including potatoes). The frequency of their consumption clearly decreased with age. All children ate fruit more often than vegetables (Figure 9).

Figure 9. Percentage of children eating fruit and vegetables at least once a day in 2019 (by age)



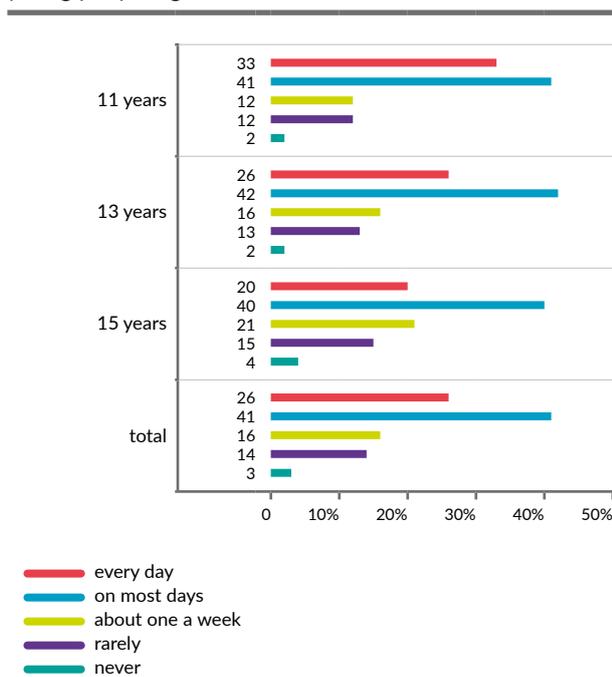
Source: GUS, 2021.

A less favourable picture is presented by the 2018 HBSC survey, which showed that only 38% of 11–15 year old students eat fruit and 34% eat vegetables on a daily basis, with girls eating better. Such a large discrepancy in the results of the two surveys is at least partially related to methodological differences – in the GUS survey, the questionnaires about children were

completed by parents, in the HBSC survey it was done by the students themselves.

The decreasing consumption of fruit and vegetables with age may indicate that children's and adolescents' eating habits have not been properly formed. The primary environment for the formation of proper eating habits in children is the family. Family meals are one of the foundations of children and adolescents' eating behaviours. They enable, among other things, the modelling of favourable patterns of appropriate diet. Studies show that around 16% of children aged 11–15 either never eat meals together with their parents or do so less often than once a week (Figure 10).

**Figure 10.** Frequency of eating meals with parents by young people aged 11–15 in 2018



Source: Mazur and Małkowska-Szcutnik, 2018.

It should be noted here that the regularity of eating breakfast and dinner with parents decreases with age and is lower in girls than in boys, and positive family patterns are more often observed in affluent families.

### Physical activity

Physical activity is one of the most important factors for maintaining both physical and mental health.

The recommended frequency of intensive physical activity for children and adolescents is, according to the WHO, at least three times a week.

Survey results from both the EHIS (European Health Interview Survey) and HBSC show that the proportion of children and adolescents undertaking physical activity is increasing. According to the 2019 EHIS survey, 98% of students aged 6–14 take part in compulsory physical education classes, and although only 51% of them (55% of boys and 47% of girls) take up regular sport or recreational activities outside of lessons, this is still an increase of 2 percentage points compared to 2014 and of 15 percentage points compared to 2009. At the same time, however, 14% of students (12% of boys and 15% of girls) do not participate in any form of physical activity outside lessons, which is also an increase comparing with 2014, when 10% of children and adolescents did not engage in any physical activity outside school (GUS, 2021).

Similar conclusions are drawn from the latest 2018 HBSC survey. It showed that 33% of students (38% of boys and 28% of girls) maintain the level of physical activity recommended by the WHO in order to correctly develop and stay healthy. Physical activity of adolescents decreases with age and at the same time gender differences become more prominent, with only 22% of girls aged 15–16 maintaining the recommended level of activity (Mazur and Małkowska-Szcutnik, 2018). This means that the health of more than three quarters of young people in Poland is at risk due to insufficient physical activity.

In addition, these unfavourable trends were exacerbated by the COVID-19 pandemic. According to a Kantar study carried out as part of the Polish Athletic Association's programme, the average daily time spent by children and adolescents on physical activity decreased by more than a third – from 84 minutes before the pandemic to 53 minutes during the pandemic (study carried out in September 2020; PZLA, 2021). For more on the situation of children in the pandemic, see chapter: Children and Adolescents' Experiences of COVID-19 Pandemics.

At the same time, analyses show that there is a slight increase in the number of children and adolescents who spend 2 or more hours a day on sedentary activities: watching films, playing computer games, checking their smartphone, etc. (Table 10).

**Table 10.** Percentage of adolescents aged 11–15 in Poland spending more than 2 hours a day motionless in front of a screen, 2014–2018

	2014	2018
<b>Watching films or other shows</b>		
school days	60%	61%
weekends	80%	83%
<b>Playing computer or other devices</b>		
school days	34%	34%
weekends	53%	56%
<b>Using computer, tablet or smartphone for other purposes</b>		
school days	55%	56%
weekends	67%	66%

Source: Mazur and Małkowska-Szkutnik, 2018.

At the same time, the percentage of children and young people who devote 6 or more hours during school days to sedentary activities is: 5% – watching films or other shows, 3% – playing computer games and 18% – using screen devices for other purposes. At weekends, these percentages are even higher: 16%, 12% and 19%, respectively (Mazur and Małkowska-Szkutnik, 2018).

### Child and adolescent mortality

Mortality of infants (children under 1 year of age) has been decreasing in Poland for many years. According to the Statistics Poland (GUS), 1,306 infants died in 2021, i.e. nearly 3.9 per 1,000 live births. For comparison, in 2002, the rate was 7.5.

Although the infant mortality rate is gradually decreasing in Poland, it is still higher than the average for EU countries, which was 3.4 in 2019 (Figure 11).

Low birth weight is one of the main risk factors for infant mortality. Although infants with low birth weight, according to the Statistics Poland (GUS), in 2021 constituted only 5.7% of all live births in Poland, they accounted for as many as 68% of deaths in infancy.

**Figure 11.** Infant mortality (under 1 year of age) in 2019



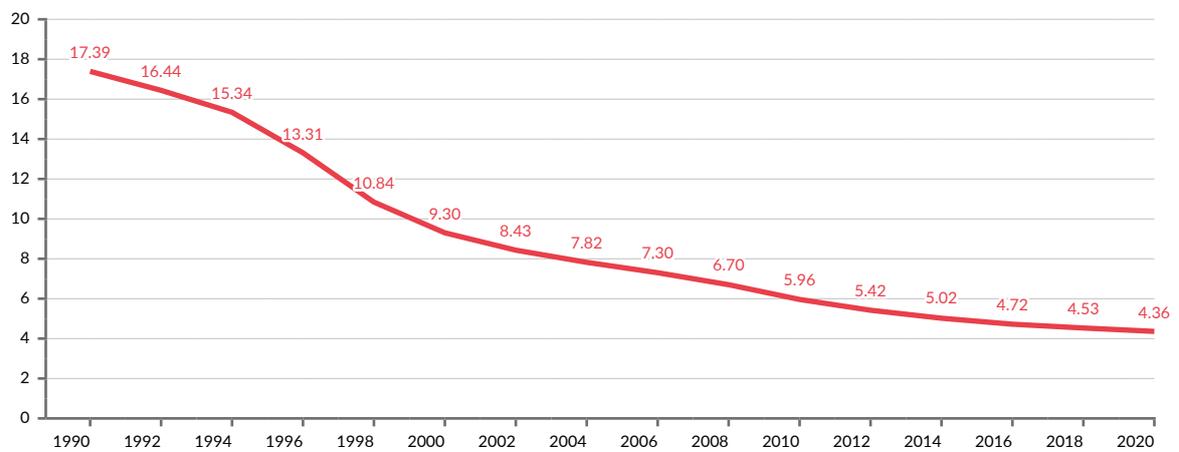
Source: Eurostat.

In 2020, half of infant deaths were due to conditions originating in the perinatal period and 40% to congenital malformations. The main cause of infant deaths arising in the perinatal period are disorders associated with shortened gestation and low birth weight.

The mortality rate of children under 5 years of age is also decreasing in Poland. (Figure 12).

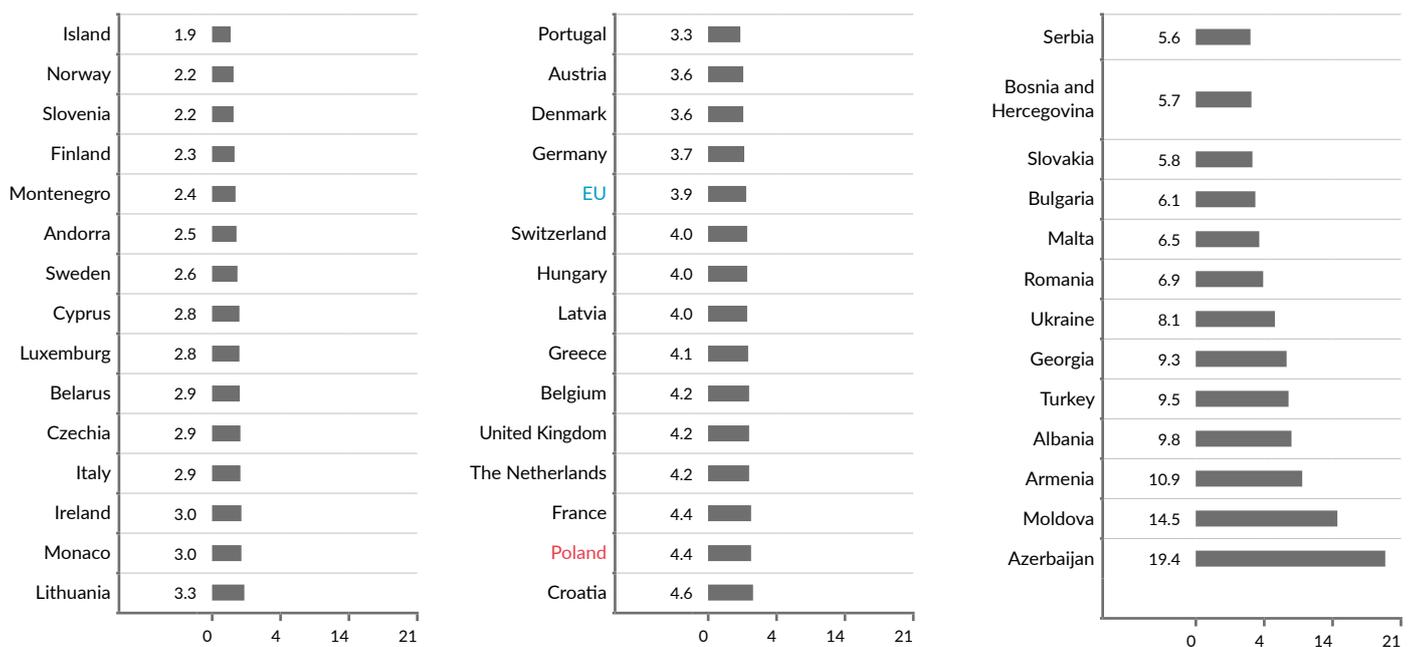
Despite this favourable trend, Poland still lags behind most European countries (Figure 13).

Figure 12. Mortality rate of children under 5 years of age per 1,000 live births in Poland 1990–2020



Source: UNICEF ([www.childmortalityrate.org](http://www.childmortalityrate.org)).

Figure 13. Mortality of children under 5 years of age (per 1,000 live births) in 2020



Source: [data.worldbank.org](http://data.worldbank.org).

While, as already mentioned, in the group of children under 1 year of age the main causes of death are various conditions originating in the perinatal period and congenital malformations, in the older age groups the share of external causes (including mainly accidents and suicide) is increasing, being the predominant cause of death in the 10–19 age group. This is worrying, as these very causes are preventable (Table 11).

**Table 11.** Share of deaths due to main causes in the total number of deaths by age group of the deceased in Poland in 2020

under 1 year		1–4 years		5–9 years		10–14 years		15–19 years	
P	50%	Q	35%	C	30%	VY	45%	VY	69%
Q	40%	C	17%	VY	20%	C	18%	C	7%
VY	2%	VY	16%	Q	19%	Q	9%	J	5%
J	2%	J	9%	G	10%	J	8%	G	4%

C neoplasms (C00.0–D48.9)

G diseases of the nervous system (G00.0–G98)

J diseases of the respiratory system (J00.0–J99.8)

P certain conditions originating in the perinatal period (P00.0–P96.9)

Q congenital malformations, deformations and chromosomal abnormalities (Q00.0–Q99.9)

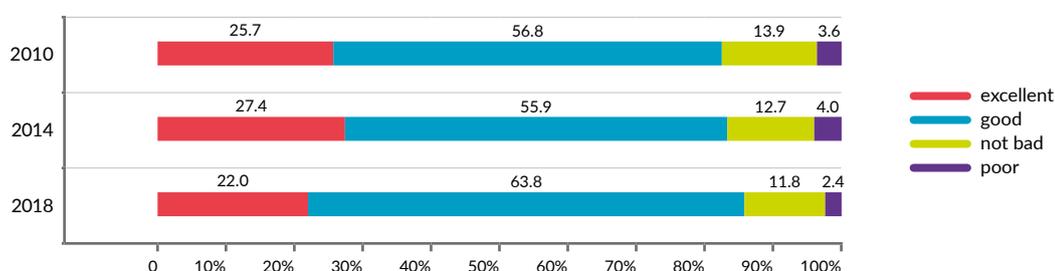
VY external causes of morbidity and mortality (V01.0–Y89.9)

Source: Own analysis based on data of the Statistics Poland, GUS (demografia.stat.gov.pl).

## Child and adolescent health assessment

According to data from the most recent HBSC survey, two-thirds of children and adolescents aged 11–15 rated their health as good or excellent. An extremely negative assessment (poor health) was rare (2.4% of indications). However, the magnitude of poor health may be underestimated because respondents completed the questionnaires in school premises during school hours, which eliminated those permanently or periodically not attending school due to more serious health problems (Figure 14).

**Figure 14.** Self-assessed health of adolescents aged 11–15 years between 2010 and 2018

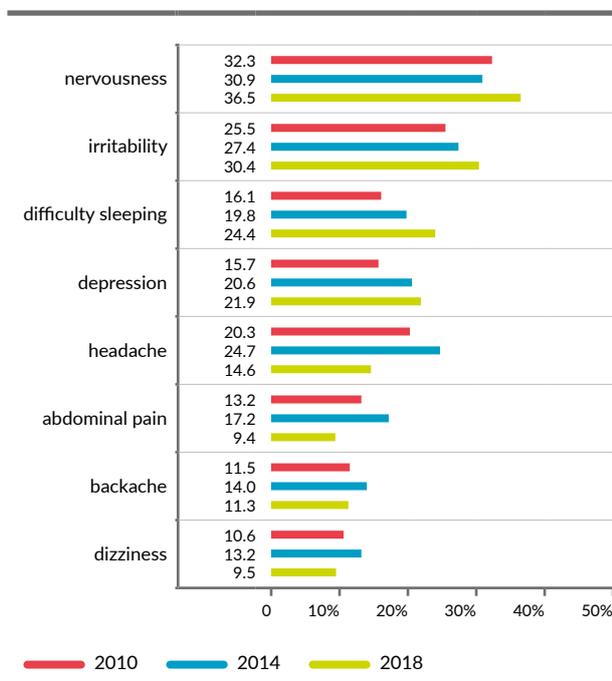


Source: Mazur and Małkowska-Szcutnik, 2018.

In addition, self-assessment of health deteriorates with age and is significantly worse in girls.

Compared to the results of the 2010 HBSC survey, the one of 2018 showed an increase in the severity of all subjective psychological problems experienced and a decrease in the severity of all somatic ailments surveyed (Figure 15).

**Figure 15.** Frequency of recurrent subjective problems experienced by adolescents aged 11–15 years between 2010 and 2018



Source: Mazur and Małkowska-Szkućnik, 2018.

Nearly 42% of adolescents frequently experience two or more ailments of psychological or somatic origin, including more girls than boys (49% vs 34%) and more older adolescents compared with younger adolescents (50% of 15-year-olds vs 32% of 11-year-olds).

There were also no significant differences in parents' ratings of their children's health comparing with the 2019 EHIS survey. The vast majority rated their children's health as good or very good (ranging from 92.9% of indications for 15–19 year olds to 95% of indications for 5–9 year olds). Only about 0.9–1.6% of respondents rated children's health as bad or very bad in 2019 (GUS, 2021).

## Summary

Despite the legislator's guarantee of special health protection for children and adolescents, not all provisions of the law are fully implemented. As in the previous edition of the *Children Count* report of 2017, the incomplete implementation of health services for the youngest children in the form of patronage visits or well-child check-ups is of concern. This is an important aspect of health care insofar as a patronage visit or a doctor's appointment are often the only opportunities for a professional from outside the family to see the child, assess the child's health and relationship with caregivers. Neglect in this respect represents a missed opportunity to protect children, not only in terms of medical aspects, but also in the context of potential abuse.

Another worrying trend is the declining immunisation rate of children, which represents a population-wide risk of diseases that seemed to have gone away, and barriers to accessing specialists and specialised tests. In addition, unfavourable phenomenon of major concern is the persistently high number of accidents and injuries in children and adolescents resulting in hospitalisation, but also death.

On the other hand, an undoubtedly positive trend is the steadily decreasing, although still higher than the EU average, child mortality, including infant mortality, and the generally improving overall assessment of the health status of children and adolescents.

In addition to the recent challenges described in this chapter, new ones are appearing. We are fresh from the COVID-19 pandemic, which may be associated with long-term population-wide health consequences that are not yet foreseeable. We are also faced with the need to provide proper care for the hundreds of thousands of children from Ukraine who are seeking refuge from war in our country. Hence, the area of health care should continue to be the subject of in-depth analyses and coordinated actions based on accurate data and scientific evidence, taking into account the perspective of both the medical community and, above all, of children and their parents, in order to be able to provide the highest possible quality of medical care and to respond quickly and effectively to developments that are detrimental to children's health and lives.

## References

- Baranowska, B. (2016). Karmienie piersią jako czynnik chroniący dzieci przed krzywdzeniem. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 15(4), 44–64.
- Berent, D., Florkowski, A., Gatecki, P. (2010). Przeniesiony zespół Münchhausena. *Psychiatria Polska*, 44(2), 245–254.
- Centrum Nauki o Laktacji. (2018). *Czy Polska jest krajem przyjaznym matce karmiącej i jej dziecku? Opieka położnej na oddziale położniczym, wizyta u lekarza medycyny rodzinnej oraz wizyty u doradców/konsultantów laktacyjnych. Raport 2018*. Pobrane z: [https://cnol.kobiety.med.pl/wp-content/uploads/2019/01/Raport\\_karmienie\\_w\\_Polsce\\_2018.pdf](https://cnol.kobiety.med.pl/wp-content/uploads/2019/01/Raport_karmienie_w_Polsce_2018.pdf)
- Czajka, K., Kołodziej, M. (2015). Postrzeżenie przez rodziców masy ciała dzieci przedszkolnych oraz analiza związku wybranych czynników rodzicielskich z przeprowadzoną oceną masy ciała. *Developmental Period Medicine*, XIX, 3(1317).
- GIS. (2017). *Raport z badania. Zachowania zdrowotne kobiet w ciąży*. Główny Inspektorat Sanitarny.
- GUS. (2021). *Stan zdrowia ludności Polski w 2019 r.* Główny Urząd Statystyczny.
- Iwanowicz-Palus, G., Bogusz, R. (2018). *Raport z badań. Opinie młodych matek na temat laktacji i roli położnej w promowaniu karmienia piersią*. Uniwersytet Medyczny w Lublinie.
- Jarosz, M. (2016). *Piramida zdrowego żywienia i aktywności fizycznej*. Instytut Żywności i Żywienia.
- Kornas-Biela, D. (2012). Zaniedbania prenatalne. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 11(1), 24–33.
- Kowalska, J. D. (ed.). (2016). *Opieka nad kobietą HIV-plus. Praktyczny poradnik dla lekarzy medycyny rodzinnej i innych specjalności*. Content ED Net, AbbVie Polska.
- Krajowe Centrum ds. AIDS. (2021). *Sprawozdanie z realizacji Krajowego Programu Zapobiegania Zakażeniom HIV i zwalczania AIDS w 2020 r.* Krajowe Centrum ds. AIDS.
- Kuchar, E. (2021). Szczepienia dzieci. In: *Stosunek do szczepień ochronnych. Sceptycyzm wobec nauki* (p. 55–71). Instytut Problemów Współczesnej Cywilizacji im. Marka Dietricha.
- Mazowiecki Urząd Wojewódzki. (2014). *Raport. Opieka neonatologiczna wcześniaków na Mazowszu*. Mazowiecki Urząd Wojewódzki.
- Mazur, J., Małkowska-Szcutnik, A. (ed.). (2018). *Zdrowie uczniów w 2018 roku na tle nowego modelu badań HBSC*. Instytut Matki i Dziecka.
- MZ. (2022). *Baza Analiz Systemowych i Wdrożeniowych*. <https://basiw.mz.gov.pl/>.
- Naczelna Izba Lekarska. (2022). *Zestawienie liczbowe lekarzy i lekarzy dentyistów wg dziedziny i stopnia specjalizacji*. Naczelna Izba Lekarska.
- NIK. (2016). *Badania prenatalne w Polsce. Informacja o wynikach kontroli*. Naczelna Izba Kontroli.
- NIZP–PZH. (2021). *Szczepienia ochronne w Polsce w 2020 r.* Narodowy Instytut Zdrowia Publicznego – Państwowy Zakład Higieny.
- PARPA. (2020). *Rozpoznawanie spektrum płodowych zaburzeń alkoholowych. Zalecenia opracowane przez interdyscyplinarny zespół polskich ekspertów*. Państwowa Agencja Rozwiązywania Problemów Alkoholowych.
- PARPA. (2021). *Wzory konsumpcji alkoholu w Polsce Raport z badań kwestionariuszowych 2020 r.* Państwowa Agencja Rozwiązywania Problemów Alkoholowych.
- Polski Związek Lekkiej Atletyki. (2021). *Raport. Aktywność fizyczna i żywienie dzieci w czasie pandemii*. Polski Związek Lekkiej Atletyki.

- RPO. (2019). *Wystąpienie Rzecznika Praw Obywatelskich do Ministra Zdrowia z 11.03.2019 w sprawie profilaktyki HIV*. Pobrane z: <https://bip.brpo.gov.pl/sites/default/files/WG%20do%20Ministra%20Zdrowia%20ws%20profilaktyki%20HIV%2C%2011.03.2019.pdf>
- Stroba-Żelek, A., Kubala, P., Krawczyk, A., Kasperczyk, J. (2019). Analiza postaw rodziców i ich wiedzy na temat szczepień ochronnych dzieci. *Pediatrya i Medycyna Rodzinna*, 15(2), 171–179.
- Szredzińska, R. (2017). *Zdrowie dzieci i młodzieży*. In: M. Sajkowska (ed.), *Raport Dzieci się liczą 2017* (p. 92–129). Fundacja Dajemy Dzieciom Siłę.
- Walczak-Kozłowska, T., Chrzan-Dętkoś, M. (2019). Zapobieganie przemocy i wspieranie relacji wczesniak–opiekunowie. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(2), 59–75.
- WHO. (2020). *HIV/AIDS surveillance in Europe*. World Health Organization.
- Wojtyński, B., Goryński, P. (2020). *Sytuacja zdrowotna ludności Polski i jej uwarunkowania w 2020 r.* Narodowy Instytut Zdrowia Publicznego – Państwowy Zakład Higieny.
- Wójcik, W. (2007). Wczesna diagnoza i interwencja wobec zachowań świadczących o zaniedbaniu prenatalnym. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 6(2), 119–129.
- Yates, G., Bass, Ch. (2020). Sprawcy medycznego krzywdzenia dzieci (przeniesionego zespołu Munchausena) – przegląd systematyczny 796 przypadków. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 19(1), 93–115.

## Legal references and guidelines

- Konstytucja Rzeczypospolitej Polskiej z 2 kwietnia 1997 r. (Dz.U. 1997 Nr 78 poz. 483). (Constitution of the Republic of Poland)
- Konwencja o prawach dziecka, przyjęta przez Zgromadzenie Ogólne Narodów Zjednoczonych dnia 20 listopada 1989 r. (Dz.U. 1991 Nr 120 poz. 526). (Convention on the rights of the child)
- Rozporządzenie Ministra Zdrowia z dnia 14 września 2010 r. w sprawie formy opieki medycznej nad kobietą w ciąży, uprawniającej do dodatku z tytułu urodzenia dziecka oraz wzoru zaświadczenia potwierdzającego pozostawanie pod tą opieką (Dz.U. Nr 183 poz. 1234). (Regulation of Minister of Health on the form of medical care for a pregnant woman, entitling to a childbirth allowance and the model certificate confirming being under this care)
- Rozporządzenie Ministra Zdrowia z 24 września 2013 w sprawie świadczeń gwarantowanych z zakresu podstawowej opieki zdrowotnej (Dz.U. 2021 poz. 540). (Regulation of the Minister of Health on guaranteed services in the field of basic health care)
- Rozporządzenie Ministra Zdrowia z 16 sierpnia 2018 r. w sprawie standardu organizacyjnego opieki okołoporodowej (Dz.U. 2018 poz. 1756). (Regulation of the Minister of Health on the organizational standard of perinatal care)
- Ustawa z 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi (Dz.U. 2021 poz. 1119 t.j.). (Act on upbringing in sobriety and counteracting alcoholism)
- Ustawa o systemie oświaty z 7 września 1991 r. (Dz.U. 2015 poz. 2156). (Act on education system)
- Ustawa z 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz.U. 2015 poz. 581). (Act on health care services financed from public funds)
- Ustawa z 29 lipca 2005 r. o przeciwdziałaniu narkomanii (Dz.U. 2020 poz. 2050 t.j.). (Act on counteracting drug addiction)

Ustawa z dnia 4 listopada 2016 r. o wsparciu kobiet w ciąży i rodzin “Za życiem” (Dz.U. 2016 poz. 1860).  
(Act on support for pregnant women and families “Pro life”)

WHO. (1948). Konstytucja Światowej Organizacji Zdrowia, Porozumienie zawarte przez Rządy reprezentowane na Międzynarodowej Konferencji Zdrowia i Protokół dotyczący Międzynarodowego Urzędu Higieny Publicznej, podpisane w Nowym Jorku dnia 22 lipca 1946 r. (Dz.U. 1948 Nr 61 poz. 477). (Constitution of the World Health Organization)

Zalecenia w stanie epidemii wirusa SARS-CoV-2 wywołującego chorobę COVID-19 dla położnych rodzinnych / położnych podstawowej opieki zdrowotnej. Wytyczne dla poszczególnych zakresów i rodzajów świadczeń – Ministerstwo Zdrowia – Portal Gov.pl (www.gov.pl). (Recommendations in the state of the SARS-CoV-2 virus epidemic causing the COVID-19 disease for family midwives / primary care midwives.)

## Online resources

Baza Analiz Systemowych i Wdrożeniowych – <https://basiw.mz.gov.pl>

Baza Demografia – <https://demografia.stat.gov.pl/>

Eurostat – <http://ec.europa.eu/eurostat/data/database>

Krajowe Centrum ds. AIDS – <https://aids.gov.pl/>

Otwarte Dane – <http://www.dane.gov.pl>

UN Inter-agency Group for Child Mortality Estimation – <https://childmortality.org/>

World Bank Open Data – <https://data.worldbank.org/>

Zakład Monitorowania i Analiz Stanu Zdrowia Ludności – <http://www.statystyka.medstat.waw.pl>

### Citation:

Szredzińska, R. (2022). Child and adolescent health. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children’s safety and development in Poland* (pp. 108–135). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Child and Adolescent Mental Health

Renata Szredzińska - Empowering Children Foundation

## List of issues

---

- 137 Definition of mental health
- 137 Legal framework
- 138 Mental health risk and protective factors
- 142 Prevalence of mental health disorders
- 145 Children and adolescents' psychological wellbeing
- 146 Suicide
- 148 Availability of psychiatric care
- 150 Reform of child and adolescent psychiatry
- 152 Poland in comparison to other countries
- 154 Podsumowanie
- 155 References
- 156 Legal references
- 157 Online resources

In recent years children and adolescents' mental health has been given much attention in public debate. Journalists, decision makers, health care professionals, and parents are alarmed by the growing number of suicide attempts among children and adolescents, poor conditions and insufficient care on in-patient psychiatric wards, long wait times for mental health services, and a lack of broad prevention programmes. In 2018, the assumptions for the reform of child and adolescent psychiatry started being developed, and since 2020 the reform has been implemented in Poland. It is hoped to improve mental health care for children, even though it addresses just one aspect of the problem, i.e., medical care for children who have already developed mental health issues. The reform, at least in its current form, does not place emphasis on the prevention of mental health problems.

This chapter tries to capture the current situation and key trends that may demonstrate the present mental health status of Polish children and adolescents. Since detailed discussion of the whole range of topics related to child and adolescent mental health goes beyond the scope of this chapter, it will largely focus on the indicators of disorders and existing problems, and only briefly mention the positive aspects that build resilience. Thus, it is important to remember that the current discussion covers just a part of the complex problem of Polish children's mental health and the mental health care system.

## Definition of mental health

The World Health Organization (WHO) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2001). The Polish National Health Fund (Narodowy Fundusz Zdrowia, NFZ) has adopted the following definition: "Mental health is a state of psychological, physical, and social wellbeing, as well as the ability to develop and achieve self-actualisation" (NFZ, 2021).

Thus, mental health is not defined as mere absence of illness or disorders, but rather as full well-being and the ability to realize one's potential. As already mentioned, this chapter focuses on factors related to negative aspects of the subject, i.e., illnesses and disorders. This results both from limited space and from a lack of systematically collected reliable research data on the positive factors.

## Legal framework

Although there are numerous EU and national provisions regulating the protection of mental health, only selected national regulations will be cited here.

The key legal act regulating mental health protection in Poland is the **Act** of the 19<sup>th</sup> of September 1994, **on the Protection of Mental Health** (Dz.U. [Journal of Laws] 2017, item 882), which describes the general model and principles of care for individuals with mental disorders, specifies the authorities and institutions responsible for providing care for the mentally ill, and ensures the protection of their rights, especially during hospitalisation.

Important provisions were also included in the **National Health Programmes** (NHPs) for 2016–2020 (Dz.U. 2016, item 1492) and 2021–2025 (Dz.U. 2021, item 642). In the current Programme, mental health is addressed by Operational Goal 3, which defines tasks related to the promotion of mental health and the prevention of suicidal behaviour. Notably, the NHP covers both child and adolescent populations, and adults.

Another important legal instrument is the **National Mental Health Protection Programme**, enforced by the regulation of the Council of Ministers of the 8<sup>th</sup> of February 2017 regarding the National Mental Health Protection Programme for the years 2017–2022 (Dz.U. 2017, item 458). It defines the strategy aimed at providing people suffering from mental disorders with comprehensive, wide-ranging and commonly accessible health care and other forms of care and assistance necessary for living in the family environment and in the community. The Programme also addresses the topic of developing proper social attitudes towards people with mental disorders, in particular understanding, tolerance, kindness, as well as preventing their discrimination.

Finally, a new model of child and adolescent psychiatric care, described further in this chapter, was introduced by the Minister of Health regulation of the 14<sup>th</sup> of August 2019, amending the regulation on **guaranteed benefits for psychiatric care and addiction treatment** (Dz.U. 2019, item 1640, with amendments).

## Mental health risk and protective factors

Mental health depends on multiple inter-related factors: genetic, biological, family-related, and societal. These are summarised in Table 1.

Many of these factors are described in other chapters of the current report. Here it is worth discussing two of them, not addressed elsewhere in the report: excessive stress, especially school stress, and maltreatment.

In recent years, there has been a significant increase in the number of children and adolescents who experience strong school-related stress. According to the latest *Health Behaviour in School-age Children* (HBSC) survey of 2018, more than two fifths of the students participating in the survey experience high or very high levels of school stress, which constitutes a rise of 9 percentage points (pp) in comparison to the 2014 survey, and of 19 pp

”

*I am afraid to tell my mother about my suicidal thoughts. I fear that she would be angry with me or upset that I told the school counsellor about them. What I'm most afraid of is that she'll take my phone away because she'll think it's all because of using it.*

*15-year-old girl*

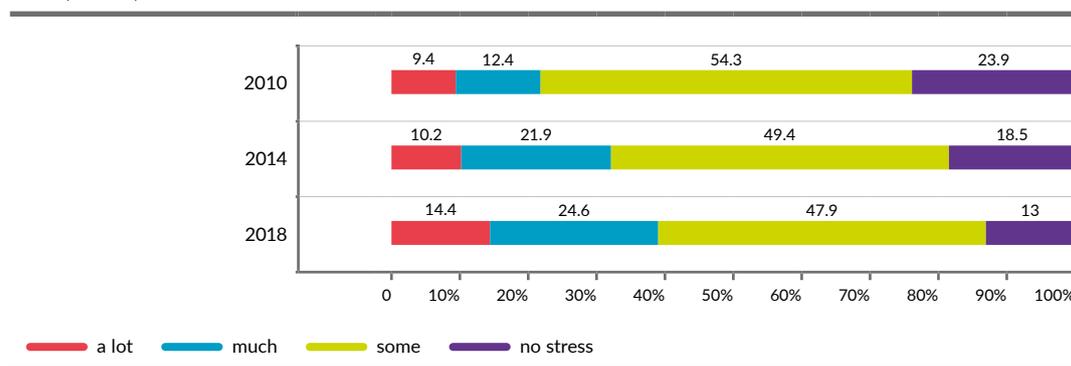
*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

**Table 1.** Risk factors for mental disorders in children

	From conception to birth	Early childhood	Puberty adolescence	Late teens
Genetic	<ul style="list-style-type: none"> <li>- Family history of mental disorders</li> <li>- Clinically significant single nucleotide variants (SNV) or copy number variations (CNV), such as 22.q.11.2 deletion</li> </ul>			
Biological	<ul style="list-style-type: none"> <li>- Maternal infection</li> <li>- Preterm birth and obstetric complications</li> <li>- Poor nutrition</li> <li>- Exposure to drugs and some medications</li> </ul>	<ul style="list-style-type: none"> <li>- Brain trauma</li> <li>- Physical health</li> <li>- Epigenetic changes in serotonin and glucocorticoid transporters, changes in brain structure and function</li> </ul>	<ul style="list-style-type: none"> <li>- Brain and hormonal changes</li> <li>- Substance abuse</li> <li>- Physical health</li> </ul>	
Family-related	<ul style="list-style-type: none"> <li>- Perinatal depression</li> </ul>	<ul style="list-style-type: none"> <li>- Parental neglect</li> <li>- Child abuse</li> <li>- Parental mental illness</li> </ul>		
Society		<ul style="list-style-type: none"> <li>- Bullying and other forms of abuse</li> <li>- Lack of proper stimulation</li> </ul>	<ul style="list-style-type: none"> <li>- Bullying and other forms of abuse</li> </ul>	
	<ul style="list-style-type: none"> <li>- Social adversity: socio-economic disadvantage, stressful urban environments, immigration, social isolation</li> <li>- Stigma</li> </ul>			

Source: Based on: Arango et al., 2018.

in comparison to the 2010 edition. Only 13% of the children surveyed do not experience any school stress (a decline of 5.5 pp in comparison to 2014 and of nearly 11 pp in comparison to 2010; Figure 1).

**Figure 1.** The amount of school stress reported by children and adolescents aged 11–15 in Poland in 2010, 2014, and 2018

Source: Mazur, 2015; Mazur and Małkowska-Szcutnik, 2018.

As shown in Table 1, childhood abuse or other adverse experiences significantly increase the risk of mental health problems. Studies of Polish university students, exploring the negative consequences of adverse childhood experiences (ACEs), demonstrated that later self-harming behaviours were the most strongly related with emotional abuse and emotional neglect (e.g., lack of emotional support, insulting, humiliating, and feeling unwanted or unloved). Individuals who had experienced those behaviours from their loved ones, were 7 and 10 times (respectively) more likely to attempt suicide, and

those who had experienced four or more ACEs were 17 times more likely to attempt suicide and 11 times more likely to engage in self-harming behaviours (Makaruk et al., 2018).

Just as there are multiple inter-related risk factors that may have a negative effect on young people's mental health, there are many protective factors, too, which can be enhanced to lower the risk of mental health issues.

A model of protective factors and preventive interventions is presented in Table 2.

**Table 2.** Protective factors for mental disorders in children

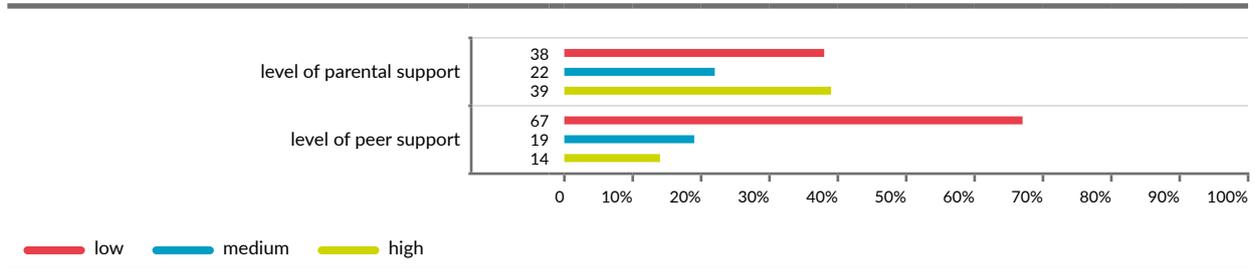
	From conception to birth	Early childhood	Puberty adolescence	Late teens
General population	<ul style="list-style-type: none"> <li>- Reducing income inequality and unemployment</li> <li>- Improving education and child care (24, 115)</li> <li>- Reducing social stigma</li> <li>- Increasing societal and professional awareness (among different professional groups) about factors determining mental health</li> </ul>			
	<ul style="list-style-type: none"> <li>- Pregnancy care</li> <li>- Appropriate nutrition</li> <li>- Promotion of bonding with parents/caregivers</li> <li>- Informative counselling</li> </ul>	<ul style="list-style-type: none"> <li>- Proper stimulation for developmental stage</li> <li>- Family dinners</li> <li>- School academic achievement, social climate, resilience skills</li> <li>- Anti-bullying interventions in schools</li> <li>- Nutrition and physical exercise</li> </ul>	<ul style="list-style-type: none"> <li>- Having dinner with minors</li> <li>- School academic achievement, social climate, resilience skills</li> <li>- Anti-bullying interventions in schools</li> <li>- Nutrition and physical exercise</li> <li>- Prevention of substance use</li> </ul>	
At-risk groups	<ul style="list-style-type: none"> <li>- Improving support for disadvantaged adolescents pregnant for the first time</li> <li>- Maternal mental illness: close monitoring of physical and mental state, substance and medication use</li> </ul>	<ul style="list-style-type: none"> <li>- Improving parental mental state</li> <li>- Early intensive interventions for ASD</li> <li>- Parent training on externalizing and internalizing problems</li> <li>- Secondary (selective) prevention of ADHD complications</li> </ul>	<ul style="list-style-type: none"> <li>- Psychological interventions for indicated prevention in young people with subclinical symptoms</li> <li>- Cognitive remediation and improving social skills for selective prevention in some high-risk groups</li> </ul>	

Source: Arango et al., 2018.

Since some of these protective factors are discussed in other chapters of the current report, here we will only focus on some of them: parental support and good family relationships (Colarossi and Eccles, 2003), and peer support (Pachucki et al., 2015). According to the most recent HSBC survey, in 2018 high parental support was reported by 39% of the adolescent respondents, and a high level of peer support – by 14% (Figure 2). A huge decline was found for peer support, compared to the previous edition of the study, when 23% of the respondents reported a high level of support from their peers.

The proportion of young persons who perceive the level of parental support as high, declines with age. The difference between 11-year-olds and 15-year-olds was 29 pp and was clearly visible both among boys and among girls. Although the percentage of adolescents reporting high levels of peer support also decreases with age, the decline is much smaller, i.e., 5 percentage points.

Figure 2. Perceived levels of support from parents and peers among adolescents aged 11–15 in Poland in 2018 (%)



Source: Mazur and Małkowska-Szcutnik, 2018.

”

*Everything overwhelms me, in particular other people's expectations of me. I'm about to turn 18, but I totally don't feel ready to be an adult. It terrifies me. I have problems at home, I'm stressed about exams, I'm not doing well in heart affairs. Sometimes I want to be done with myself already.*

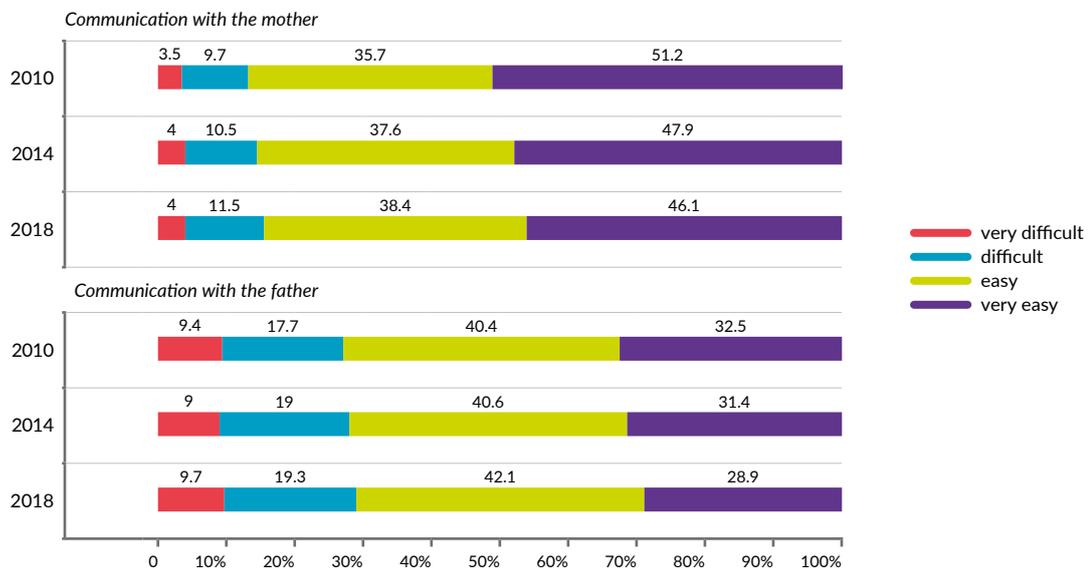
18-year-old boy

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

Research conducted by the Empowering Children Foundation (ECF) among adolescents aged 11–17 found that the vast majority of the respondents (89%) had at least one person they could turn to in times of difficulty. More than half of the respondents (52%) said they had a few such persons, one fourth (23%) had one, and 13% had many such people in their environment. When asked about who exactly they could turn to, the respondents were the most likely to point to their mother (66%), followed by a friend (59%), and the father (39%; Włodarczyk et al., 2018). Similar results were obtained by a survey of children's experiences during the COVID-19 pandemic (Makaruk et al., 2020). At the same time, 7% of the respondents reported they had no one at all to turn to for support in times of difficulty. It is quite alarming, given the fact that a good relationship with at least one parent, especially with the father, is considered to be a protective factor for attempting suicide (Kuramoto-Crawford et al., 2017). Children deprived of such support have a higher risk of developing mental disorders and engaging in self-harming behaviours.

One factor regarded as a good indicator of family relationships and, at the same time, a protective factor for risky behaviours and mental disorders, one that increases young people's life satisfaction, is easy communication within the family (Demidenko et al., 2015). The HBSC surveys suggest that conversations with parents, which were assessed increasingly positively by Polish adolescents until 2002 (and extremely positively compared to other European countries), since 2006 have received more and more negative ratings (Figure 3). In most countries the percentage of adolescents having difficulty talking to their parents increased in the 1990s, and then the situation began to gradually improve. Comparing to this positive trend, the ongoing negative changes in Poland may seem disturbing.

**Figure 3.** Ease of communication with mother and father among adolescents aged 11–15 in Poland in 2014 and 2018



Source: Mazur, 2015; Mazur and Małkowska-Szcutnik, 2018.

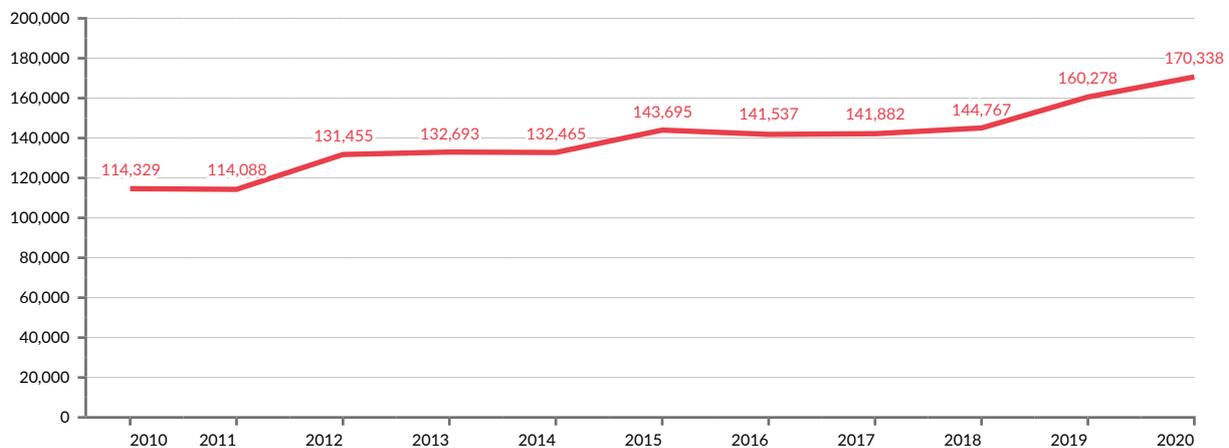
The ease of communication with the parents decreases with age, and talking to the father is markedly more difficult for girls. Furthermore, gender-based differences in the ease of communication with the mother increase over time, and become significant by the age of 15. Talking to their parents is the most difficult for adolescents raised by single parents and those living in big cities.

## Prevalence of mental health disorders

The number of children and adolescents using professional services for mental health disorders, has been growing in recent years. In 2020 such services were used by more than 170 thousand persons under 18, with boys constituting more than 57% of that group (Figure 4). Nearly three fourths of young people in that age group lived in towns and cities. It does not necessarily mean that mental health problems are more prevalent in urban than in rural areas. Those differences may also result from poorer access to professional mental health support and from stronger social stigma (or the fear of social stigma) in rural areas.

The most common diagnosis in 2020 was developmental disorders, including developmental speech and language disorders, developmental disorder of scholastic skills, developmental disorder of motor function, pervasive developmental disorder, including ASD, hyperkinetic disorders, including

**Figure 4.** The number of children and adolescents under 18 using outpatient treatment for mental disorders



Source: Own analysis, based on the MZ-15 form of the Public Health Department of the Psychiatry and Neurology Institute.

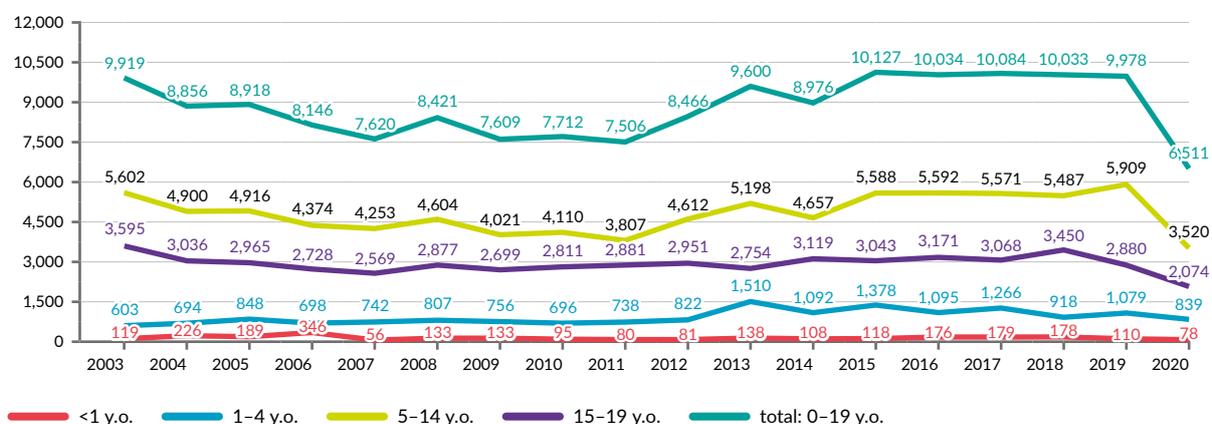
ADHD, behavioural disorders, and others (65%; 108,546 individuals), followed by neurotic disorders (15%; 25,245), affective disorders (7%; 12,088), and intellectual disabilities (5%; 8,676).

Every year several thousand children and adolescents in Poland are hospitalised due to mental and behavioural disorders. In 2020 the number of hospitalisations of persons under 19 was 6,511, and was the lowest in more than 10 years. The decline, however, does not reflect actual improvement in child and adolescent mental health, but was

most likely associated with restricted hospital admissions caused by the COVID-19 pandemic and the difficult situation of child and adolescent psychiatry (Figure 5).

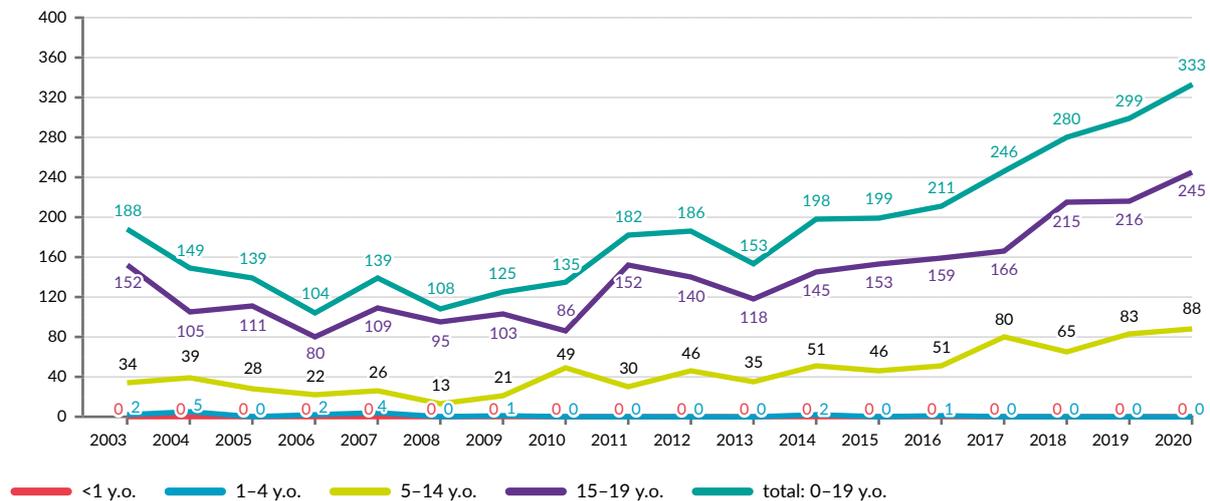
In 2020, mood disorders, including depression, led to hospitalisation of 333 children, including 88 children under 14. The number of hospitalisations due to mood disorders has been growing in recent years, both among children aged 5–14, and among older adolescents (aged 15–19; Figure 6).

**Figure 5.** The number of hospitalisations of children and adolescents under 19 due to mental and behavioural disorders



Source: Own analysis, based on data from the National Institute of Public Health: National Institute of Hygiene (NIZP-PZH; <http://www.statystyka.medstat.waw.pl>).

**Figure 6.** The number of children hospitalised due to the F30–39 diagnoses (mood-affective disorders) in 2003–2020



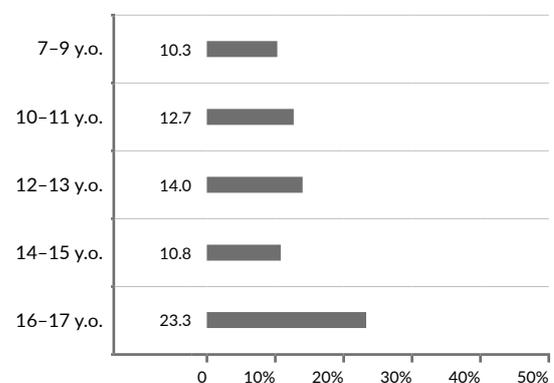
Source: Own analysis, based on data from NIZP-PZH (<http://www.statystyka.medstat.waw.pl>).

Given the inefficiency of the child and adolescent mental health care system in Poland, official statistics may not reflect the actual prevalence of mental health problems in this population. The picture is completed by data from social surveys.

The results of a comprehensive study into the Polish society's mental health and its determinants, EZOP II, suggest that among children and adolescents (aged 7–17) internalising disorders (such as anxieties and phobias) may occur in 7.3% of the population, affective disorders (e.g., depression, mania) – in 1.7%, and externalising disorders (e.g., behavioural disorders, ODD, ADHD) – in 4%. Eating disorders were found in 2.6% of that group, and substance use disorder – in 4.2%. 5.7% of the adolescent respondents aged 12–17 manifested suicidal tendencies (ideation, attempts) at least once in their lifetime. Generally, internalising disorders prevailed among younger children, whereas adolescents were more likely to show externalising disorders, which were the most prevalent in the 16–17 age group (Figure 7).

One of the tools used within the EZOP II study was the *Ages and Stages: Social-Emotional (ASQ:SE-2)* questionnaire, which assesses seven areas of development in young children (0–6): self-regulation, compliance, adaptive

**Figure 7.** Prevalence of any kind of mental disorders by age (%)

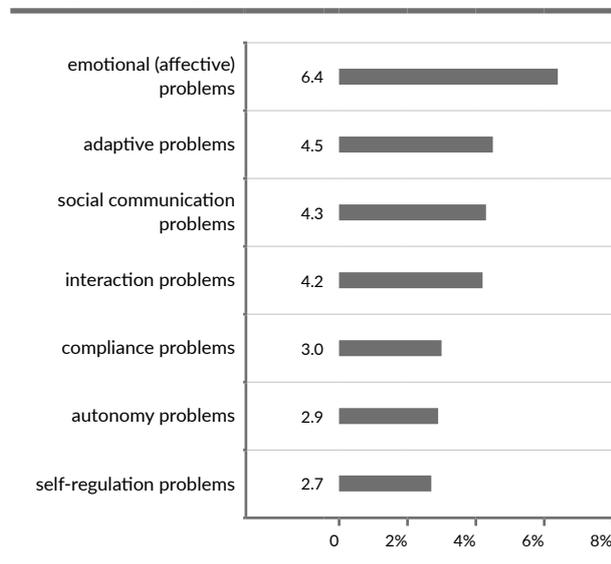


Source: Ostaszewski et al., 2021.

functioning, autonomy, affect, social communication, and interaction (Figure 8).

Among children under 6 living in rural areas, problems in all seven domains were considerably (two or even three times) more prevalent than among those living in urban areas. This may result from a number of factors, such as poorer access to support services, but also lower availability of preschool education and early education for children under 3 (see chapter: Children in the family).

**Figure 8.** Prevalence of social-emotional problems among children aged 0–6



Source: Biechowska et al., 2021.

The authors of the EZOP II study estimate that among children in need of mental health services, only 20% are provided with them free of charge, within the public health care system (National Health Fund). Although no data is available about private mental health services, the fact that a significant correlation was found between social status and the prevalence of mental disorders (which were more likely to affect children from families using social services), may suggest that many families cannot afford private mental health care. Thus, there is a substantial gap between needs and the ability to satisfy them (Ostaszewski et al., 2021).

## Children and adolescents' psychological wellbeing

A study commissioned by the Ombudsman for Children, carried out on a sample of children and adolescents in 2021, found that about 14% of primary and secondary school students in Poland require intervention to improve their psychological wellbeing. Poor psychological wellbeing and low life satisfaction were found in 15% of 2<sup>nd</sup> grade students, 13% of 6<sup>th</sup> grade students, and 13% of students of secondary schools (10<sup>th</sup> grade). There were significant

differences related to gender and place of residence. In the 2<sup>nd</sup> grade of primary school, boys were more likely than girls to report feeling bad, while among 6<sup>th</sup> graders and secondary school students it was girls who were more likely to report such symptoms. Second-graders and secondary school students (10<sup>th</sup> grade) living in towns and cities were more likely to report feeling bad than those living in rural areas, whereas among sixth-graders psychological wellbeing was the poorest among those living in villages. In all age groups, reported psychological wellbeing was the poorest among single children and respondents from families with five or more children, and those living in low SES families. The survey was conducted in June 2021 (RPD, 2021).

An earlier survey conducted by the ECF in the summer of 2020, focusing on the initial phase of the COVID-19 lockdown (March-June 2020), found that one third of the respondents aged 11–17 reported low life satisfaction in that period. The main self-reported reasons for those negative ratings included a lack of contact with peers, having to stay at home, and distance learning (Makaruk et al., 2020). A lack of in-person peer interactions may lead to feelings of loneliness and isolation, which cannot be fully mitigated by connecting to friends virtually (Ellis et al., 2020).

Similarly, a survey conducted on a sample of parents and children by a research company Difference at the request of Radio Zet in May 2021, found that the pandemic had a significant effect on children's psychological wellbeing. Three out of four children showed worse emotional regulation than before the pandemic – they were more likely to get angry, rebel, and take offence. One in four children (28%) reported they felt angry often or all the time, and about one in five reported feeling depressed (21%), lonely (21%), and sad (18%; Difference, 2021). Children and adolescents' situation during the COVID-16 pandemic is discussed in more detail in chapter: Children and Adolescents' Experiences of COVID-19 Pandemics. It should be emphasised, however, that the studies cited above are preliminary and reflect just a part of the picture, since they were conducted during the pandemic. Comprehensive examination of the effects

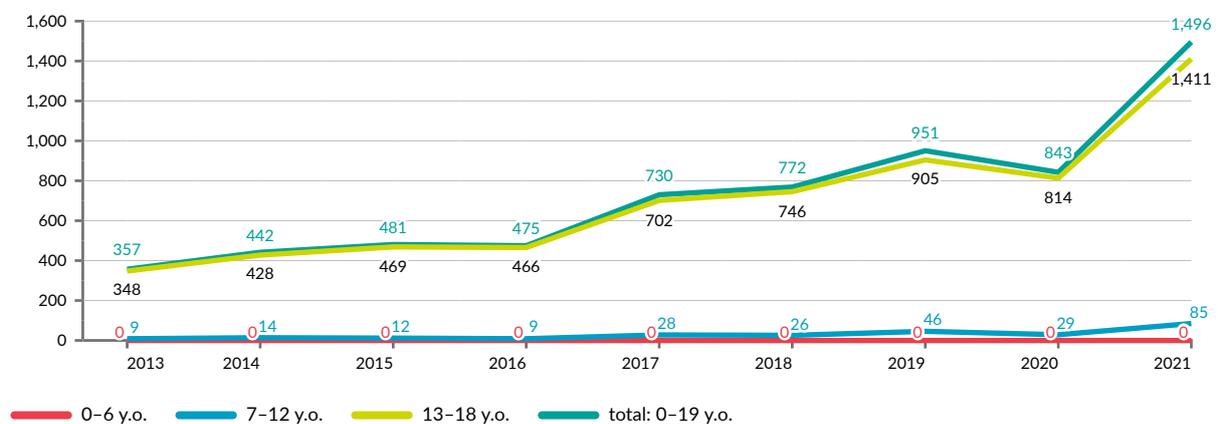
of the pandemic – both positive and negative – on children's lives and health, would require extensive long-term studies using scientifically sound methodology.

One group of young people who find themselves in a unique situation, also in terms of mental health, is the LGBT+ population. A report titled *Situation of LGBT+ Persons in Poland 2019–2020* suggests that three fourths of non-heteronormative adolescents feel lonely, 41% have suicidal thoughts – quite often or very often – and 55% show moderate or strong symptoms of depression. Only 22% of the adolescent respondents feel that their non-heteronormative orientation is accepted by their mothers, and only 12% experience such acceptance from their fathers (Winiewski and Świder, 2021).

## Suicide

Another indicator of children and adolescents' mental health is the number of suicide attempts, which remains high in Poland. In 2021 it was the highest in many years: 1,496 attempts, including 85 made by children under 12 (Figure 9).

Figure 9. The number of suicide attempts among children and adolescents in Poland between 2013 and 2021



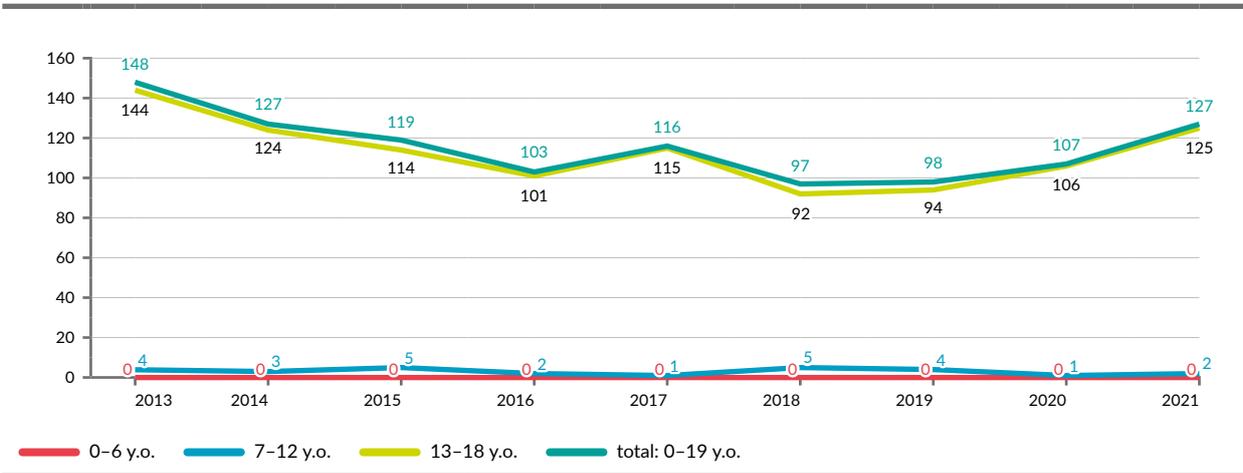
Source: National Police Headquarters.

It is important to bear in mind that official statistics are limited to reported suicide attempts. A survey by the ECF suggests that only during the first COVID-19 lockdown (March–June 2020) nearly 3% of the respondents aged 15–17 tried to take their lives (Makaruk et al., 2020).

Deliberate self-harm is a significant predictor of suicide attempts (Duarte et al., 2020). In the above mentioned ECF survey, 9.2% of the adolescent respondents reported to have engaged in deliberate self-harm.

In 2021, 127 suicide attempts resulted in the child's death (Figure 10).

Figure 10. The number of lethal suicide attempts among children and adolescents between 2013 and 2021

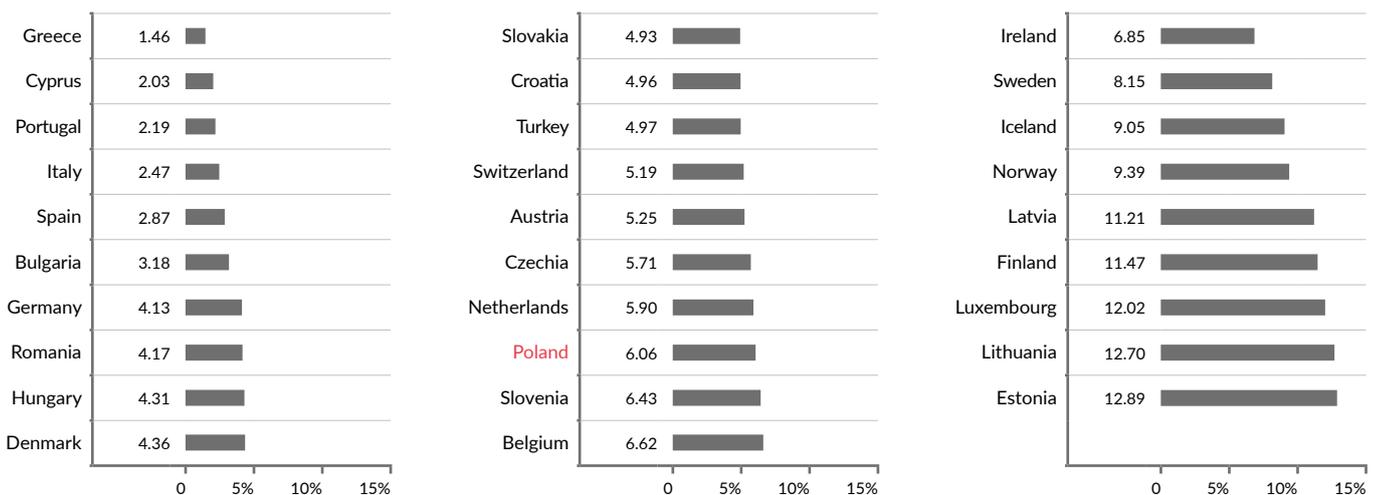


Source: National Police Headquarters.

According to Statistics Poland, in 2021 suicide was the second leading cause of death among adolescents aged 15–19: nearly one in five deaths in this age group resulted from suicide. Boys were almost three times more likely than girls to make lethal suicide attempts.

In 2019, Poland ranked second in Europe (behind Germany) in terms of lethal suicide attempts among children and young people under 19. When the population size was taken into account, Poland ranked 12<sup>th</sup> among the European states included in Eurostat (Figure 11).

Figure 11. Rates of lethal suicide attempts per 100,000 persons, made by children and young people under 19 in selected European states



Source: Eurostat.

## Availability of psychiatric care

A 2019 inspection by the Supreme Audit Office found that in five Polish voivodeships (or provinces): Lubuskie, Opolskie, Świętokrzyskie, Warmińsko-Mazurskie, and Zachodniopomorskie, there was not a single day-care psychiatric unit for children and adolescents, and in Podlaskie Voivodeship there was not a single inpatient ward (NIK, 2020). It should be noted, however, that the inspection took place before the implementation of the community-based model of care for children with mental health problems.

According to a report published by The Citizens Network Watchdog Poland, inpatient psychiatric wards offered one bed per 2,155 to 13,537 children, depending on the voivodeship (Maślankiewicz and Bójko, 2019; Table 3).

The Citizen Network Watchdog's report also shows that the number of psychiatry specialists on inpatient wards has declined (Maślankiewicz and Bójko, 2019; Table 4). Although each ward employed the number of psychiatrists required by law, the question is whether it is really sufficient on inpatient wards.

No voivodeship reached the recommended psychiatrists to population ratio, which should be at least 1:10,000, according to the WHO. The geographical distribution of child and adolescent psychiatrists is shown in the figure below. It suggests that the situation was relatively the most favourable in Łódzkie and Mazowieckie Voivodeships, and the worst in Lubuskie and Podkarpackie Voivodeships.

However, the number of specialists and 1<sup>st</sup> degree specialists in child and adolescent psychiatry has gradually increased in the past several years (Table 5).

**Table 3.** The number of beds on inpatient psychiatric wards, and the number of children per one bed, by voivodeship

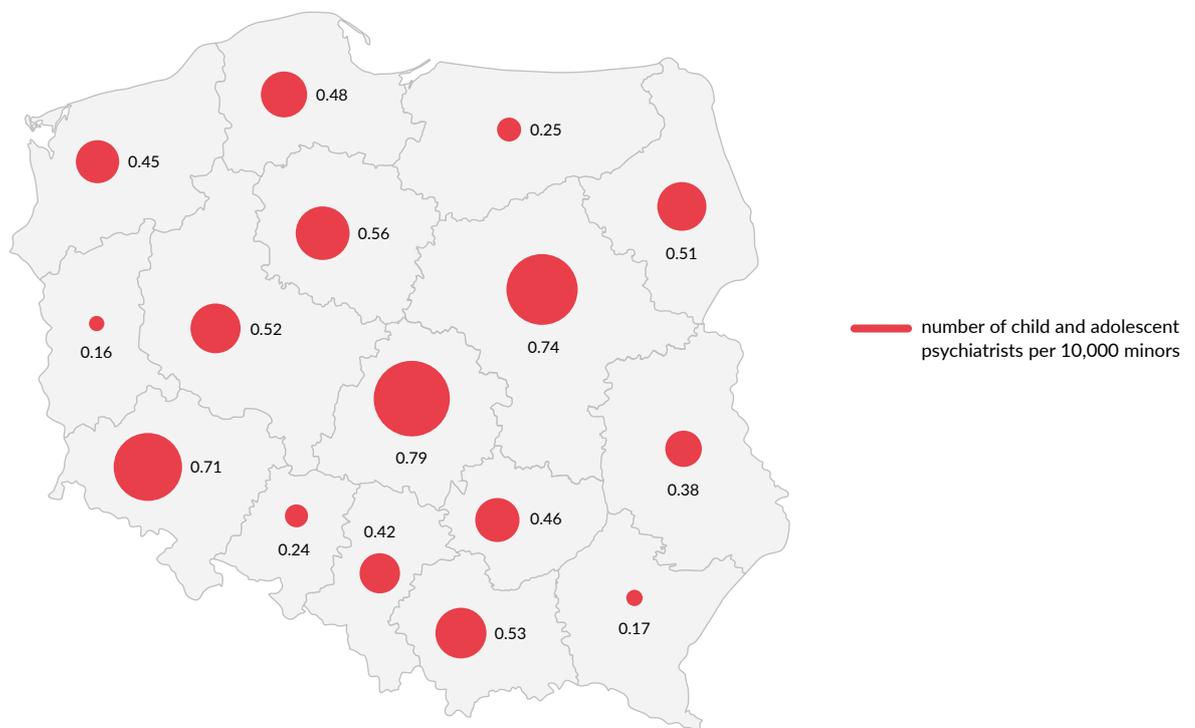
Voivodeship	Number of beds on inpatient psychiatric wards, according to National Health Fund in 2019	Number of children per one bed
dolnośląskie	135	3,818
kujawsko-pomorskie	43	9,257
lubelskie	52	7,700
lubuskie	90	2,155
łódzkie	106	4,162
małopolskie	50	13,537
mazowieckie	186	5,706
opolskie	18	9,310
podkarpackie	24	13,018
podlaskie	0	-
pomorskie	76	6,267
śląskie	95	8,536
świętokrzyskie	18	12,286
warmińsko-mazurskie	60	4,655
wielkopolskie	50	14,118
zachodniopomorskie	36	8,659

Source: Maślankiewicz and Bójko, 2019.

**Table 4.** The number of psychiatrists on inpatient wards

	2018	2019	Decline in %
The overall number of all child and adolescent psychiatrists employed on psychiatric wards that responded to a public information request	96	87	9.38
The average number of child and adolescent psychiatrists per ward	3.3	3.0	9.09
The average number of full-time child and adolescent psychiatrist jobs per ward	2.7	2.4	11.11

Source: Maślankiewicz and Bójko, 2019.

**Figure.** Distribution of child and adolescent psychiatrists across voivodeships

Source: NIK, 2020.

**Table 5.** The number of specialists and 1<sup>st</sup> degree specialists in child and adolescent psychiatry working in the profession between 2012 and 2022 (as of the 31<sup>st</sup> of May 2022)

	2012	2017	2022
Specialist	253	362	462
1 <sup>st</sup> degree specialist	43	41	39
Total	296	403	501

Source: Naczelna Izba Lekarska (Supreme Medical Council), 2022.

Data available in the Ministry of Health data base, [basiw.mz.gov.pl](http://basiw.mz.gov.pl), shows that wait times for specialised psychiatric services were considerable in 2020 (Table 6).

**Table 6.** The average wait time for psychiatric services, by facility type, for stable and urgent cases, in November 2020 (in days)

Facility type	Stable cases	Urgent cases
Outpatient clinic for children with ASD	330	213
Day-care psychiatric rehabilitation unit	263	8
Day-care psychiatric unit for children	234	14
Neurotic disorders care unit	74	nd
Mental health clinic for children	66	87
Psychiatric ward for children	66	37

Source: [basiw.mz.gov.pl](http://basiw.mz.gov.pl).

Official data available on [basiw.mz.gov.pl](http://basiw.mz.gov.pl) also suggests that psychiatric care for children and adolescents in 2020 was mostly emergency care. On psychiatric wards, only 22% of all child admissions were planned, and 74% were emergency cases, which means that the mental health care system is not treatment-oriented, but rather focused on interventions in emergency and life-threatening situations.

## Reform of child and adolescent psychiatry

In order to improve mental health care for children and adolescents, a reform of child and adolescent psychiatric care is being implemented in Poland. Its main goal is to move medical and therapeutic services as close to the child's environment as possible. As stressed in the introduction, the reform is not going to solve all the problems related to young persons' mental health. It was initiated by appointing a Team for Child and Adolescent Mental Health, in February 2018. Furthermore, the Ministry of Health order of the 28<sup>th</sup> of October 2019 established the position

of Government Plenipotentiary for Child and Adolescent Psychiatry Reform. The new model presumes a three-level system of care:

- Referral level 1: a network of **community mental health care centres for children and adolescents**. Patients can use their services without a doctor's referral. These centres will provide assistance for children who do not need a psychiatric diagnosis or pharmacotherapy, so they will not employ psychiatrists. Ultimately, each district (or *powiat*) is going to have at least one such centre. The centre's staff will consist of:

- a psychologist,
- two psychotherapists,
- a community therapist.

There is no need to see a psychiatrist before visiting the centre, and the first appointment should be offered within 7 days from (self-)referral. Level 1 facilities are focused on providing services in the patient's immediate environment (at least 15% of the services should be provided at patients' homes).

- Referral level 2: **Mental Health Centres (MHCs) for Children and Adolescents** that will employ a psychiatrist, and where patients in need of more intensive care will be able to use the services of a day-care unit (at selected MHCs for Children and Adolescents). One such centre will provide support for patients in several neighbouring districts. Similarly to level 1, the first visit at an MHC should take place within 7 days from (self-) referral.
- Referral level 3: **centres providing inpatient psychiatric care** for patients in need of more specialist services, particularly those whose life and health may be threatened, admitted as emergency cases. There should be at least one such facility in each voivodeship. These will be also educational centres for future psychiatrists and other mental health professionals.

The new model was introduced by the Minister of Health regulation of the 14<sup>th</sup> of August 2019, amending the regulation on guaranteed benefits for psychiatric care and addiction treatment (Dz.U. 2019, item 1640).

The first level 1 centres were launched in April 2020. Until today, 341 such centres have been established all over Poland (as of the 21<sup>st</sup> of April 2022), but they are unevenly distributed and serve child populations of different sizes: from 12 thousand in Podlaskie Voivodeship to nearly 45.5 thousand in Wielkopolskie Voivodeship (Table 7).

**Table 7.** The number of level 1 centres and child populations served by them (as of the 21<sup>st</sup> of April 2022)

Voivodeship	No. of centres	Number of children under 18 per centre
dolnośląskie	20	24,991
kujawsko-pomorskie	12	30,709
lubelskie	29	12,554
lubuskie	8	22,579
łódzkie	23	18,008
małopolskie	30	21,777
mazowieckie	82	12,884
opolskie	7	22,263
podkarpackie	17	22,485
podlaskie	17	12,029
pomorskie	24	19,440
śląskie	32	24,017
świętokrzyskie	7	28,422
warmińsko-mazurskie	11	23,111
wielkopolskie	15	45,481
zachodniopomorskie	7	41,188
Total	341	20,347

Source: Own analysis, based on data from the National Health Fund (NFZ) and Statistics Poland (GUS).

It has been signalled that some of the centres are getting closed due to funding problems (Fundacja Stonie na Balkonie, 2022). The directory of contracts with the National Health Fund (NFZ) shows that on the 18<sup>th</sup> of July 2022 only 215 service providers had such contracts, which reflected a 37% decline during three months (Table 8).

**Table 8.** The number of level 1 centres (on 21 Apr 2022 and 18 Jul 2022)

Voivodeship	Number of level 1 centres, as of:	
	21 <sup>st</sup> April 2022	18 <sup>th</sup> July 2022
dolnośląskie	20	20
kujawsko-pomorskie	12	9
lubelskie	29	15
lubuskie	8	6
łódzkie	23	18
małopolskie	30	17
mazowieckie	82	41
opolskie	7	5
podkarpackie	17	13
podlaskie	17	9
pomorskie	24	16
śląskie	32	19
świętokrzyskie	7	6
warmińsko-mazurskie	11	6
wielkopolskie	15	8
zachodniopomorskie	7	7
Total	341	215

Source: NFZ.

According to the National Consultant for Child and Adolescent Psychiatry, in April 2022 information and proposals were forwarded to facilities that could play the role of referral level 2 and 3 centres in the new system (Lewandowska, 2022).

Data on contracts signed with the National Health Fund shows that on the 18<sup>th</sup> of July 2022 there were 42 level 2 MHCs for children and adolescents in Poland (Table 9).

**Table 9.** Number of MHCs for children and youth – referral level 2 (as of the 18<sup>th</sup> of July 2022)

Voivodeship	MHC for children and adolescents – mental health clinic	MHC for children and adolescents
dolnośląskie	2	0
kujawsko-pomorskie	0	0
lubelskie	0	0
lubuskie	1	0
łódzkie	2	1
małopolskie	6	3
mazowieckie	1	0
opolskie	1	0
podkarpackie	4	3
podlaskie	0	3
pomorskie	0	0
śląskie	3	5
świętokrzyskie	0	0
warmińsko-mazurskie	0	0
wielkopolskie	6	1
zachodniopomorskie	0	0
Total	42	

Source: NFZ.

The assumptions of the reform are definitely positive, but there are reasonable doubts about the pace of its implementation, its promotion, funding, and the insufficient quality standards for mental health professionals and their competencies (Frydrych, 2022).

In order to improve access to mental health care, youth organisations such as Nastoletni Azyl (Teenage Asylum) or Fundacja na Rzecz Praw Ucznia (Students' Rights Foundation), have proposed that children over 13 should be able to use psychological counselling without their parents' consent and that each school should provide such services for its students. The latter proposal was included in a draft bill, adopted by the Polish Parliament on the 8<sup>th</sup> of April 2022, on amending the Act on the Education System and some other laws, with the aim to increase the number of education professionals: guidance counselors, psychologists, and speech therapists, in Polish schools.

## Poland in comparison to other countries

Based on a number of indicators of children and adolescents' wellbeing in rich countries, UNICEF developed a league table of child wellbeing, using two of them: suicide rate and life satisfaction. Poland ranked 30 among 38 countries included in the report (Table 10).

**Table 10.** A league table of child mental wellbeing in rich countries

Country	Rank in terms of mental wellbeing
Netherlands	1
Cyprus	2
Spain	3
Romania	4
Denmark	5
Portugal	6
France	7
Greece	8
Italy	9
Croatia	10
Norway	11
Finland	12
Switzerland	13
Slovakia	14
Hungary	15
Germany	16
Belgium	17
Bulgaria	18
Luxembourg	19
Iceland	20
Austria	21
Sweden	22
Slovenia	23
Czechia	24
Latvia	25
Ireland	26

Country	Rank in terms of mental wellbeing
Chile	27
Malta	28
United Kingdom	29
Poland	30
Canada	31
United States	32
Estonia	33
Republic of Korea	34
Australia	35
Lithuania	36
Japan	37
New Zealand	38

Source: UNICEF, 2020.

In terms of life satisfaction itself, Poland was also ranked in the bottom part of the table, with 72% of children and young people under 15 reporting to be satisfied with their lives (Figure 12).

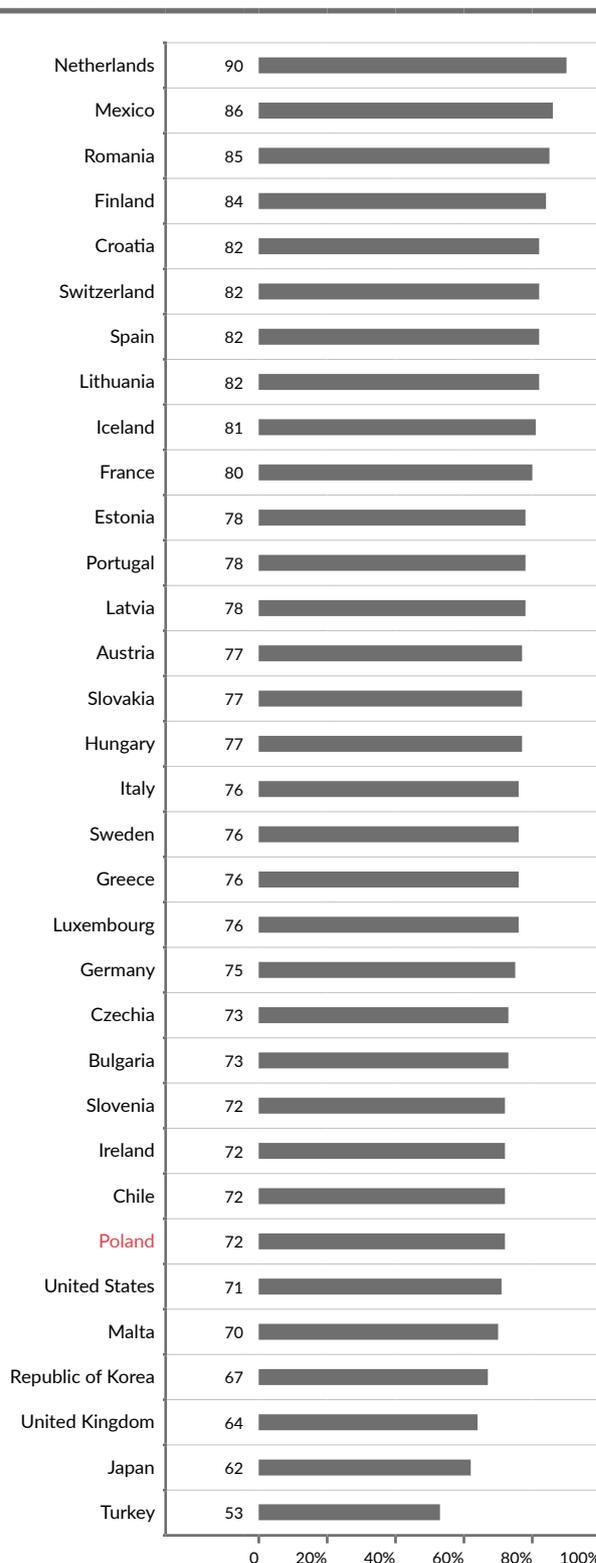


*Sometimes I wonder if I have an eating disorder. I don't think I need help. Lately I rarely vomit after eating. I count calories very often because I don't want to gain weight again. I'm panicky about it. I feel guilty whenever I eat something. I don't like how I look. I think I have put on weight again.*

16-year-old boy

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

Figure 12. Percentages of young people under 15 reporting high levels of life satisfaction



Source: Programme for International Student Assessment (PISA) 2018 (in: UNICEF, 2020).

## Summary

In recent years, child and adolescent mental health in Poland has received considerable attention. For a long time, mental health care for children and adolescents was not a priority for the Polish government, which resulted in a situation often referred to as “the collapse of psychiatric care”.

The past few years have aroused some hope related to the reform of mental health care for children and adolescents, increased funding, and the restructuring of the system to bring it closer to the child's environment.

Protecting child and adolescent mental health is essential for ensuring young people's good start in life. When identified or diagnosed too late, childhood mental health problems may lead to developing full-blown mental disorders, and become barriers to the child's healthy development and educational, social, and professional opportunities.

At the same time, it should be emphasised that mental health care for children and adolescents should be comprehensive and multifaceted, not limited to psychiatric interventions. One important aspect is the prevention of mental health problems targeted at parents and children, for example through school-based social skill or

resilience building programmes. Therefore, it is alarming that the Polish Ministry of Science and Education (MEiN) plans to forgo health education in favour of defence education in the amended school curriculum in safety education (MEiN, 2022), especially that the already disturbing mental health status of children and adolescents has become even more difficult as a result of the COVID-19 pandemic and the inflow of several hundred thousand children from Ukraine, many of whom may manifest mental health problems due to their warfare and refugee experiences. Inclusive schools, providing information about how to take care of one's own mental health, how to react, and where to seek help, could play a significant role in improving child and adolescent mental health in Poland.

Thus, the area of child and adolescent mental health requires a long-term, carefully developed strategy, comprising actions that will contribute to reducing mental health problems. A comprehensive child and family support system should focus on enhancing protective factors and, at the same time, reducing risk factors. Decisions should be based on carefully analysed statistical and research data and broad public consultations, rather than immediate circumstances.

## References

- Arango, C., Díaz-Caneja, C. M., McGorry, P. D., Rapoport, J., Sommer, I. E., Vorstman, J. A., Carpenter, W. (2018). Preventive strategies for mental health. *The Lancet Psychiatry*, 5(7), 591–604. [https://doi.org/10.1016/S2215-0366\(18\)30057-9](https://doi.org/10.1016/S2215-0366(18)30057-9)
- Biechowska, D., Orłowska, E., Stokwiszewski, J. (2021). *EZOP II. Kompleksowe badanie stanu zdrowia psychicznego społeczeństwa i jego uwarunkowań. Wyniki badania dzieci w wieku 0–6 lat*. Instytut Psychiatrii i Neurologii.
- Colarossi, L. G., Eccles, J. S. (2003). Differential effects of support providers on adolescents' mental health. *Social Work Research*, 27(1), 19–30. <https://doi.org/10.1093/swr/27.1.19>
- Demidenko, N., Manion, I., Lee, C. M. (2015). Father–daughter attachment and communication in depressed and nondepressed adolescent girls. *Journal of Child and Family Studies*, 24(6), 1727–1734. <https://doi.org/10.1007/s10826-014-9976-6>
- Difference. (2021). *Dzieci w pandemii. Raport z badania ilościowego na zlecenie Radia Zet*. <https://newsroom.eurozet.pl/141891-dzieci-w-pandemii-raport-radia-zet>
- Duarte, T. A., Paulino, S., Almeida, C., Gomes, H. S., Santos, N., Gouveia-Pereira, M. (2020). Self-harm as a predisposition for suicide attempts: A study of adolescents' deliberate self-harm, suicidal ideation, and suicide attempts. *Psychiatry Research*, 287, 112553. <https://doi.org/10.1016/j.psychres.2019.112553>
- Ellis, W. E., Dumas, T. M., Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 52(3), 177–187. <https://doi.org/10.1037/cbs0000215>
- Fundacja Słonie na Balkonie. (2022). *Apel do Ministra Zdrowia o reakcję na znikanie I poziomów referencyjnych, które obecnie są filarem reformy psychiatrii dzieci i młodzieży*. <https://apel.slonienabalkonie.pl/>
- Frydrych, D. (2022, 23 lutego) Ten system rodzi się w bólach. Oto jak wygląda psychiatria dziecięca. *Interia Kobieta*. <https://kobieta.interia.pl/zycie-i-styl/news-ten-system-rodzi-sie-w-bolach-oto-jak-wyglada-psychiatria-dz,nld,5836186>
- Kuramoto-Crawford, S. J., Ali, M. M., Wilcox, H. C. (2017). Parent–child connectedness and long-term risk for suicidal ideation in a nationally representative sample of US adolescents. *Crisis*, 38(5), 309–318. <https://psycnet.apa.org/doi/10.1027/0227-5910/a000439>
- Lewandowska, A. (2022). Powolna reforma psychiatrii dzieci i młodzieży. *mzdrowie.pl*. <https://www.mzdrowie.pl/medycyna/powolna-reforma-psychiatrii-dzieci-i-mlodziezy/>
- Makaruk, K., Włodarczyk, J., Sethi, D., Michalski, P., Szredzińska, R., Karwowska, P. (2018). *Survey of adverse childhood experiences and associated health-harming behaviours among Polish students*. Światowa Organizacja Zdrowia.
- Makaruk, K., Włodarczyk, J., Szredzińska, R. (2020). *Negatywne doświadczenia młodzieży w trakcie pandemii*. Fundacja Dajemy Dzieciom Siłę.
- Maślankiewicz, R., Bójko, M. (2019) *Psychiatria dzieci i młodzieży w Polsce. Raport*. Sieć Obywatelska Watchdog.
- Mazur, J. (ed.). (2015). *Zdrowie i zachowania zdrowotne młodzieży szkolnej w Polsce na tle wybranych uwarunkowań socjodemograficznych. Wyniki badań HBSC 2014*. Instytut Matki i Dziecka.

- Mazur, J., Małkowska-Szkućnik, A. (ed.). (2018). *Zdrowie uczniów w 2018 roku na tle nowego modelu badań HBSC*. Instytut Matki i Dziecka.
- MEiN. (2022). *Zmiany w edukacji dla bezpieczeństwa w szkołach podstawowych i ponadpodstawowych – projekty rozporządzeń skierowane do konsultacji i uzgodnień*. <https://www.gov.pl/web/edukacja-i-nauka/zmiany-w-edukacji-dla-bezpieczenstwa-w-szkolach-podstawowych-i-ponadpodstawowych--projekty-rozporzadzen-skierowane-do-konsultacji-i-uzgodnien>
- Naczelna Izba Lekarska. (2022). *Zestawienie liczbowe lekarzy i lekarzy dentyistów wg dziedziny i stopnia specjalizacji*. [https://nil.org.pl/uploaded\\_files/1664786043\\_stan-na-30092022-zestawienie-nr-04.pdf](https://nil.org.pl/uploaded_files/1664786043_stan-na-30092022-zestawienie-nr-04.pdf)
- NFZ. (2021). *Zdrowie psychiczne dzieci i młodzieży. Ze Zdrowiem, nr 5*. Pobrane z: [https://www.nfz.gov.pl/gfx/nfz/userfiles/\\_public/dla\\_pacjenta/magazyn\\_ze\\_zdrowiem/nfz\\_nr\\_5.pdf](https://www.nfz.gov.pl/gfx/nfz/userfiles/_public/dla_pacjenta/magazyn_ze_zdrowiem/nfz_nr_5.pdf)
- NIK. (2020). *Dostępność leczenia psychiatrycznego dla dzieci i młodzieży (w latach 2017–2019)*. Naczelna Izba Kontroli. Pobrane z: <https://www.nik.gov.pl/plik/id,22730,vp,25429.pdf>
- Ostaszewski, K., Kucharski, M., Stokwiszewski, J. (2021). *Kompleksowe badanie stanu zdrowia psychicznego społeczeństwa i jego uwarunkowań EZOP II. Wyniki badania dzieci i młodzieży*. Instytut Psychiatrii i Neurologii. Pobrane z: [https://ezop.edu.pl/wp-content/uploads/2021/12/EZOPII\\_Wyniki-badania-dzieci-i-mlodziezy-7-17-lat.pdf](https://ezop.edu.pl/wp-content/uploads/2021/12/EZOPII_Wyniki-badania-dzieci-i-mlodziezy-7-17-lat.pdf)
- Pachucki, M. C., Ozer, E. J., Barrat, A., Cattuto, C. (2015). *Mental health and social networks in early adolescence: A dynamic study of objectively-measured social interaction behaviors*, *Social Science & Medicine*, 125, 40–50.
- RPD. (2021). *Ogólnopolskie badanie jakości życia dzieci i młodzieży w Polsce, obszar nr 3: Samopoczucie psychiczne*. Biuro Rzecznika Praw Dziecka. Pobrane z: <https://brpd.gov.pl/wp-content/uploads/2021/11/Raport-RPD-samopoczucie-psychiczne-PDF.pdf>
- UNICEF. (2020). *World of influence. Understanding what shapes child well-being in rich countries. Innocenti Report card 16*. UNICEF Office of Research – Innocenti.
- WHO. (2001). *Strengthening mental health promotion. Fact sheet No 220*. <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Winiewski, M., Świder M. (ed.). (2021). *Sytuacja społeczna osób LGBTA w Polsce. Raport za lata 2019–2020*. Kampania przeciwko Homofobii i Stowarzyszenie Lambda Warszawa.
- Włodarczyk, J., Makaruk, K., Michalski, P., Sajkowska, M. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci. Raport z badania*. Fundacja Dajemy Dzieciom Siłę.

## Legal references

- Rozporządzenie Ministra Zdrowia z dnia 14 sierpnia 2019 r. zmieniającym rozporządzenie w sprawie świadczeń gwarantowanych z zakresu opieki psychiatrycznej i leczenia uzależnień (Dz.U. 2019 poz. 1640 ze zm.). (Regulation of the Minister of Health amending the Regulation on guaranteed services in the field of psychiatric care and addiction treatment)
- Rozporządzenie Rady Ministrów z dnia 8 lutego 2017 r. w sprawie Narodowego Programu Ochrony Zdrowia Psychicznego na lata 2017–2022 (Dz.U. 2017 poz. 458). (Regulation of the Council of Ministers on the National Mental Health Protection Programme for 2017–2022)

Rozporządzenie Rady Ministrów z dnia 30 marca 2021 r. w sprawie Narodowego Programu Zdrowia na lata 2021–2025 (Dz.U. 2021 poz. 642). (Regulation of the Council of Ministers on the National Health Programme for 2021–2025)

Ustawa z dnia 19 sierpnia 1994 r. o ochronie zdrowia psychicznego (Dz.U. z 2017 r. poz. 882). (Act on mental health protection)

## Online resources

Baza Analiz Systemowych i Wdrożeniowych – <https://basiw.mz.gov.pl>

Baza Demografia – <https://demografia.stat.gov.pl>

Eurostat – <http://ec.europa.eu/eurostat/data/database>

Ministerstwo Edukacji i Nauki – [www.gov.pl/web/edukacja-i-nauka](http://www.gov.pl/web/edukacja-i-nauka)

Tabele wynikowe Badania Chorobowości Szpitalnej Ogólnej – <http://www.statystyka.medstat.waw.pl>

Wyszukiwanie świadczeń – Informator o umowach – [nfm.gov.pl](http://nfm.gov.pl)

### Citation:

Szredzińska, R. (2022). Child and Adolescent Mental Health. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 136–157). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Children and adolescents with disabilities

Anna Żardecka - Empowering Children Foundation

## List of issues

---

- 159 Definitions of disability
- 161 Legal aspects of disability
- 164 Number of children with a disability certificate
- 165 Entitlements for children with disabilities and their parents or guardians
- 168 Early childhood intervention, education, psychological and educational support
- 174 Violence against children and adolescents with disabilities – selected issues
- 176 Summary
- 177 References
- 178 Legal references

**D**isability among children and adolescents is a complex phenomenon. There is no single definition of disability in Poland and various legal acts refer to it using different terms. Disability is discussed in diverse contexts. In a legal context, it is described in terms of certificates issued by authorised institutions to confirm disability. In a biological context, it refers to various impairments, diseases or deficits of the body, and in a functional context, it refers to the external limitations a person encounters in everyday life that result in a reduced capacity to function.

Disability is a factor that affects the person who experiences it and his or her immediate environment – parents, caregivers and siblings. It impacts the child's development in all aspects – physical, emotional and cognitive – as well as the way their family functions and the attitudes of their parents. In addition, it is a significant factor in increasing the risk of all forms of child abuse or can be a consequence of experiencing abuse.

Disability is also an important social problem recognised in the context of social welfare, health care and education and entails economic, political and social implications.

## Definitions of disability<sup>1</sup>

The concept of disability appears in various fields of study – pedagogy, psychology, medicine and law. Some definitions emphasise the individual aspects of disability, capturing it as an individual's experience and referring to a physical or psychological condition (Hulek, 1992). Some definitions take into account biological and social criteria of individual functioning (Majewski, 1994).

The definition, adopted in 1980 by the World Health Organisation (WHO), refers to the ability to perform life tasks and play social roles – disability limits or prevents these and results in a reduction or damage to a person's ability to function independently. In 1997, the social context of disability was added to the WHO definition, i.e. the limitation of participation in social life due to impairments in bodily functioning, and the most recent version – of 2001 – includes the interactions between the physical factors that characterise a person and the social factors from the environment (WHO, 2001).

The WHO's International Classification of Functioning, Disability and Health (ICF) adopts an approach that takes into account medical, individual and social aspects of disability. Central to this classification are concepts of human functioning – at the level of the body, understood as its activity, and at the level of presence in social life and interactions with the environment. The classification

---

1 In line with social practice and the Recommendations for non-discriminatory language of the University of Warsaw (Bińko et al., 2021), the author uses the term "person (child) with a disability"/"persons (children) with disabilities" in this chapter, with the exception of references to legislation and other official documents.

refers to *impairment* as a change in the function or structure of the body in relation to the biomedical standard status. Further components are *activity* and *participation*, understood as execution of tasks and actions by an individual, and involvement in life situations. And in this context, activity limitation and participation restrictions resulting from difficulties in executing activities or involvement in life situations, are invoked. This distinction is complemented by the impact of environmental and personal factors. Environmental factors “make up the physical, social and attitudinal environment in which people live and conduct their lives” (WHO, 2001, p. 16). They can have a positive or negative influence on the individual's capacity to execute actions or tasks, or on the individual's body function or structure. At the individual level these are the settings such as home, school, workplace and family, peers, acquaintances and strangers, and at the societal level these include the systems in which people function (school, workplace), the formal and informal social structures (groups to which the individual belongs) and any laws and regulations that govern social life. In such a context, disability is understood as “the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives” (WHO, 2001, p. 17) Personal factors include, inter alia, gender, ethnic group, age, lifestyle, upbringing, coping styles, behavioural patterns, psychological assets and character traits (WHO, 2001). Disability is understood as impaired (limited, deficient) human functioning in three dimensions: biological, individual and social.

Another important international document is the Convention on the Rights of Persons with Disabilities adopted by the United Nations (UN) General Assembly in 2006. Disability is referred to as a physical, mental, intellectual or sensory impairment which may hinder a person's

full and effective participation in society on an equal basis with others (UN, 2006). In addition, disability is captured as the result of “the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (Dz.U. [Journal of Laws] 2012, item 1169).

In the Polish context, it is necessary to mention the Charter of Rights of Persons with Disabilities adopted by a resolution of the Sejm in 1997. The Charter recognises

that persons with disabilities are people whose physical, mental or intellectual ability either permanently or temporarily impairs, restricts or prevents daily life, education, work and performing social roles (Monitor Polski [Official Gazette] 1997 No. 50 item 475).

The 1997 Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities introduces the formal aspect of disability, i.e. its confirmation by an appropriate evaluation authority, without which a person who is actually disabled cannot be recognised as such. It is therefore possible to speak of legal disability (documented by an appropriate certificate) and bio-

logical disability, in the event that a person does not apply for a certificate (Dz.U. 1997 No. 123, item 776).

The definition in the Rehabilitation Act includes degrees of disability (mild, moderate, significant), total or severe inability to work, and a disability determined before the age of 16. Its Article 4a defines persons under the age of 16 as disabled if they have an impairment of “physical or mental capacity of an expected duration of more than 12 months, due to a congenital defect, long-term illness or bodily injury, resulting in the necessity to provide them with full care or assistance in satisfying the basic life needs to an extent exceeding the support needed by a person of a given age” (Dz.U. 1997 No. 123 item 776).

”

*I have a genetic disorder that affects the way I look. I often hear unpleasant comments about it from my peers. I feel very lonely. I wish I had more friends. I think I'm starting to get depressed.*

13-year-old boy

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

## Legal aspects of disability

The Constitution of the Republic of Poland guarantees the provision of special health care by public authorities to persons with disabilities (Article 68(3)) and the provision of aid in ensuring subsistence, adaptation to work and social communication (Article 69; Dz.U. 1997 No. 78, item 483).

Government institutions and local authorities are obliged to provide various forms of support to people with disabilities in the form of monetary and non-monetary benefits. Monetary benefits include permanent benefit, periodic benefit, designated benefit and special designated benefit. Non-monetary benefits include a range of services such as care services, including specialised ones, care and living services in the form of a family support home, care services, specialised services and care or meal services provided in a support centre. In addition, the following are provided: support centres for persons with mental disorders, sheltered housing, social welfare homes for persons with disabilities, institutions providing residential care for persons with disabilities, assistance in leaving care and continuing education for persons with disabilities, in-kind assistance in becoming economically independent, specialist counselling, provision of shelter, meals and necessary clothing to persons deprived of such assistance (Dz.U. 2004 No. 64, item 593).

In 2016, the Sejm adopted the "Pro Life" Act on Support for Pregnant Women and Families (Dz.U. 2016, item 1860). Its main addressees were to be pregnant women with complications and families with neonates diagnosed with a severe and irreversible disability or an incurable life-threatening disease in the prenatal period or during delivery. The Act (Article 4) defines the type of support provided in terms of

- access to information on solutions to support families and pregnant women;
- providing pregnant women with access to prenatal diagnostic testing;
- providing adequate health care services to a woman during pregnancy, childbirth and the postnatal period, with particular attention to women with complicated

pregnancies and situations of miscarriage, still-birth, non-viable birth, illness or congenital defect in the neonate.

In addition, the provisions of the Act provide, among other things, access to counselling on family support solutions, appropriate health care services for a child diagnosed with a severe and irreversible disability or an incurable life-threatening illness that arose during the prenatal period or during birth, and a one-off cash benefit for the birth of a child with a disability or an irreversible illness.

The scope of entitlements in favour of the pregnant woman and the child is also defined (Article 6), including:

- prenatal diagnostic tests;
- outpatient specialist care and hospital treatment, including intrauterine procedures;
- psychological support;
- therapeutic rehabilitation;
- provision of medical devices;
- palliative and hospice care;
- breastfeeding counselling, with special attention to mothers of neonates born before 37 weeks of gestation or with a birth weight of less than 2,500 g.

Under the provisions of the Act, the family also has the right to counselling on:

- overcoming difficulties related to care and upbringing of the child;
- psychological support;
- legal assistance, in particular with regard to parental rights and employment entitlements;
- access to social and vocational rehabilitation and health care services.

Within the framework of the Act, a programme of comprehensive support for families, the "Pro Life Programme" was adopted on the basis of separate regulations. The programme deals in particular with early development support for children, care, including palliative care and rehabilitation for children, support for women with complicated pregnancies and their families, and assistance in securing

special needs, including housing. The programme can also be targeted at families of children with a disability certificate or with a certificate stating a mild, moderate or significant degree of disability and children or adolescents with an opinion on the need for early childhood intervention, a certificate of the need for special education or a certificate of the need for remedial classes, respectively.

### Selected aspects of the implementation of the "Pro Life" programme

#### Coordinated care for pregnant women

Between 2017 and 2020 (first half), 114,868 women were covered by coordinated care for pregnant women (Table 1; Najwyższa Izba Kontroli [NIK], 2020a).

**Table 1.** Number of pregnant women receiving coordinated care

Year	Pregnant women
2017	23,668
2018	34,383
2019	37,134
2020 (1 <sup>st</sup> half)	19,623

Source: NIK, 2020a.

A total of 958 patients/families received perinatal palliative care services between 2018 and the first half of 2020 (Table 2). More than 80 per cent of services were provided in only one province, the Mazowieckie Voivodship. In the Wielkopolskie, Pomorskie, Podlaskie, Opolskie, Warmińsko-Mazurskie, Łódzkie and Lubelskie Voivodeships, each year between one and 10 families received care.

**Table 2.** Number of families/patients receiving perinatal palliative care

Year	Patients/families
2018	289
2019	476
2020 (1 <sup>st</sup> half)	193

Source: NIK, 2020a.

Although the number of facilities providing specialised care increased during this period and the number of women receiving it was on the rise, coordinated care services for women with complicated pregnancies was not available in six voivodeships: the Dolnośląskie, Kujawsko-Pomorskie, Mazowieckie, Podkarpackie, Świętokrzyskie and Warmińsko-Mazurskie.

Psychological and psychiatric services were used by 513 women with complicated pregnancies between 2017 and the first half of 2020 (Table 3).

**Table 3.** Number of women receiving psychological and psychiatric services

Year	Women
2017	118
2018	139
2019	171
2020 (1 <sup>st</sup> half)	85

Source: NIK, 2020a.

The offer of psychological support within perinatal palliative care was used by 563 women between 2018 and the first half of 2020 (Table 4).

**Table 4.** Number of women receiving psychological support

Year	Women
2018	50
2019	310
2020 (1 <sup>st</sup> half)	203

Source: NIK 2020a.

#### Early development support for children and their families

It was planned to set up 30 facilities to provide coordinated neonatal and paediatric care for children with the most severe disabilities and women with complicated pregnancies. It was also planned to have at least two such facilities in each voivodship. In fact, the number of such facilities decreased from eight in 2018 to six in the first half of 2020.

The programme envisaged the launch of 380 centres (providing coordination, rehabilitation and care) within the framework of early childhood development support, with 307 of them in operation in 2020. In the period 2017–2020, the number of children covered by early intervention within the framework of the programme was 55,753 (Table 5). The tasks of these centres were mostly carried out by psychological and pedagogical counselling centres, school and educational institutions.

**Table 5.** Number of children receiving early intervention under the “Pro Life” programme

Year	Children
2017	3,948
2018	14,583
2019	18,804
2020	18,418

Source, NIK, 2020a.

On the basis of the aforementioned 2016 Act, the Toddler+ (Maluch+) programme was initiated to ensure the operation of care facilities for children up to the age of three who have a disability certificate or require special care. Between 2017 and 2019, 143 new facilities for children with certificates were created, 226 facilities were adapted and 1,220 facilities were subsidised.

A report by the Supreme Audit Office (NIK, 2020a) on the audit assessing the implementation of the “Pro Life” family support programme revealed that the planned support, especially for families of children with disabilities, was not implemented comprehensively and not always properly. During the 4 years of the programme’s operation (2017–2021), 86% of the planned funds were spent on 23 measures. In case of 11 measures, the amount spent did not exceed 50% of the planned funds, and for 4 measures, the amount spent was below 10% of the planned budget.

The report shows that only 0.5% of women benefited from psychological and psychiatric support for women with a complicated pregnancy or after childbirth. In four provinces, women could not receive perinatal care services at all. This was due to a lack of specialised doctors and insufficient knowledge of this form of assistance among

gynaecologists, neonatologists and paediatricians, who did not inform women about it.

Only 4% of the planned funds were spent on the establishment of neonatology and paediatric care centres for children with the most severe disabilities and women with complicated pregnancies. It was not possible to launch all the planned facilities due to a shortage of specialists willing to run them and unfavourable forms of accounting for their activities.

Family assistants were to be an important element of the programme. They were supposed to have a fundamental role in supporting pregnant women and families of children with the most serious illnesses. It was assumed that the number of assistants professionally prepared to perform their duties would increase, the scope of their activities would be broadened and the services they offered would be more widespread. However, none of the stated goals was achieved. Reasons for this included a significant reduction in the subsidies to assistants’ salaries, which lead to a limited interest in the profession and high turnover in this group. In 200 municipalities there is no assistant at all, and in more than 60% of municipalities there is only one working.

Another goal that was not achieved concerns a measure intended, among other things, to secure care for persons with disabilities and support family members in taking care of them by offering respite care in connection with an emergency event, assistance with everyday matters or a caregiver’s need for rest.

Ensuring the availability of housing and the improvement of housing conditions, including sheltered housing for families of children with the relevant certificate, has not been properly implemented. Of the 3,000 rental flats built, only in two cases was a contract signed for the construction of flats intended for families with a child in need of special support having a certificate of entitlement under the “Pro Life” programme or a disability certificate, and in the case of families with older children aged 16–18 – with a certificate of significant degree of disability. In mid-2020, both investments were still under construction.

For all activities under the “Pro Life” programme, there was a lack of prior analysis and identification of the needs

of the target groups. In particular, a special certificate issued by an authorised doctor entitles to receive assistance under the programme. No institution, however, has full data on the number and place of residence of families eligible for assistance.

## Number of children with a disability certificate

A person under the age of 16 acquires the status of a disabled person if:

- he or she has a physical or mental impairment;
- the expected duration of the impairment exceeds 12 months;
- he or she requires to be provided with full care or assistance in satisfying the basic life needs to an extent exceeding the support needed by a person of a given age due to a congenital defect, long-term illness or bodily injury.

Disability shall be determined on the basis of a certificate issued by a district or municipal disability evaluation board. The application for a certificate is submitted by the child's legal representative and should be processed within no longer than one month from the date of its submission.

A disability certificate is granted for a definite period of time, but no longer than until the child is 16 years old. The certificate entitles parents and guardians of the child to attendance allowance and other family benefits, as well as to permanent benefit.

Disability is evaluated on the basis of:

- the expected duration of impairment due to medical conditions exceeding 12 months;
- an inability to satisfy the basic life needs, i.e. self-care, independent movement and communication with the environment, resulting in the need for constant care or assistance;
- a significant impairment of body functions requiring systematic and frequent medical procedures and rehabilitation at home and outside the home (Dz.U. 2002, No. 17, item 162).

When evaluating the disability of a child, the following are taken into account:

- a medical certificate containing a description of the state of health issued by the doctor under whose medical care the child is being treated and other documents in the possession of the patient which may have an impact on the determination of disability;
- assessment of health condition by the doctor presiding the evaluation board, including description of the course of the main disease and results of the treatment and rehabilitation so far, report of the physical examination, diagnosis of the main disease and comorbidities, prognosis for the course of the disease, as well as limitations in functioning in everyday life in comparison with children with full mental and physical capacity appropriate for the given age;
- a possibility of improving the impaired function of the organism by supplying orthopaedic appliances, technical means, aids or other measures (Dz.U. 2003, item 857).

Figures on the number of children with disability are available from the results of the National Census and the European Health Interview Survey (EHIS).

The 2019 EHIS survey used a definition of disability according to a statistical criterion, i.e. it included both people with legal disability (who have a formal certificate) and people with biological disability – who do not have a certificate but declare severe limitations in performing daily activities (Główny Urząd Statystyczny [GUS], 2020).

In 2019, there were 10.4 per cent of people with legal disability and 2.6 per cent of people with biological disability. There were approximately 300,000 children with a disability certificate (GUS, 2021).

The percentage of children and adolescents with disabilities by age group varied between 3.4% and 5.4% in relation to the total population of children of the same age. The highest percentage was recorded among children aged 9–14 years (Table 6; GUS, 2021).

**Table 6.** Percentage of children with a disability certificate by age group

Age	Percentage of children with a disability certificate
0–4 years	3.4
5–9 years	3.7
9–14 years	5.4
14–19 years	3.5

Source: Own analysis based on the data of Statistics Poland (GUS).

## Entitlements for children with disabilities and their parents or guardians

Parents and guardians of children who have a disability certificate can apply for various forms of support and assistance with daily living.

### Social rehabilitation

Its aim is to include persons with disabilities in social life by developing their personal independence so that they can fulfil various social roles (Dz.U. 2003 No. 123, item 776).

As part of social rehabilitation, a disabled person may benefit from the following forms of support:

- co-financing rehabilitation holidays,
- co-financing rehabilitation equipment,
- co-financing orthopaedic appliances and auxiliary equipment,
- co-financing removal of architectural barriers,
- co-financing elimination of communication and technical barriers.

### Family benefits

Between 2017 and 2020, a total of PLN 40.7 billion was allocated for family benefits aimed at financially supporting families of children and persons with disabilities. Family benefits are paid, among others, in the form of care benefits (i.e. attendance allowance, attendance benefit, special care allowance) and family allowances and supplements. The amount allocated to family benefits has been increased each year (GUS, 2018, 2019, 2020, 2021). An

attempt to estimate the amount of family benefits allocated to a single family seems difficult due to the fact that individual families may receive different forms of benefits – one or several (Table 7).

**Table 7.** Amounts of family benefits (PLN billion)

Year	family benefits (PLN billion)
2017	9.9
2018	10.0
2019	10.3
2020	10.8

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2019, approximately 1,900,000 recipients received the benefits. In 2020, their number increased to 2 million.

### Care benefits

Between 2017 and 2020, the amount spent on care benefits increased every year – it was PLN 4.0, 4.3, 5.1 and 6.1 billion, respectively (GUS, 2018, 2019, 2020, 2021).

Thus, the percentage of expenditure on care benefits for families of children with disabilities in relation to the amount of all family benefits was growing (Table 8).

**Table 8:** Percentage of family benefits allocated to families of children with disabilities

Year	Percentage of expenditure on care benefits
2017	40.6
2018	43.0
2019	49.2
2020	56.9

Source: Own analysis based on the data of Statistics Poland (GUS).

### Attendance allowance

It is a benefit aimed at partially covering the costs arising from the care and assistance of a person who is incapable of living independently. It is granted to parents and legal and actual guardians of a child up to the age of 18 and it is not subject to an income criterion. The right to

the allowance is granted for an indefinite period of time, unless a disability certificate has been issued for a definite period of time (Dz.U. 2003 No. 228, item 2255).

Between 2017 and 2020, the amounts allocated to attendance allowances increased in relation to the total amount of care benefits (Table 9; GUS, 2018, 2019, 2020, 2021).

**Table 9:** Percentage of care benefits allocated to attendance allowances

Year	Percentage of expenditure on attendance allowances
2017	17.0
2018	17.3
2019	20.3
2020	21.7

Source: Own analysis based on the data of Statistics Poland (GUS).

The number of families receiving attendance allowances between 2017 and 2020 was 912,400, 911,300, 923,800 and 906,000 respectively. A total of 3,653,500 people benefited from the allowances. In 2017–2018, the amount of the attendance allowance was PLN 153. From October 2019, it increased to PLN 184.42, and from November 2019 it amounts to PLN 215.84 (Dz.U. 2018, item 1497).

#### *Attendance benefit*

It is granted, inter alia, to a parent, a de facto guardian or a person who is a related foster family of a child for giving up employment or other paid activity in order to provide care for a disabled child. The benefit is available if the disability of the person in need of care arose before he or she reached the age of 18 or during his or her education, but no later than before the age of 25.

Between 2017 and 2020, the amounts for attendance benefits increased in relation to the total amount of care benefits (Table 10; GUS, 2018, 2019, 2020, 2021).

**Table 10:** Percentage of care benefits allocated to attendance benefits

Year	Percentage of expenditure on attendance benefits
2017	20.0
2018	23.0
2019	26.1
2020	33.0

Source: Own analysis based on the data of Statistics Poland (GUS).

The number of people receiving the attendance benefit increased every year between 2017 and 2020. In total, it amounted to 561.2 thousand (Table 11; GUS, 2018, 2019, 2020, 2021).

**Table 11:** Number of persons receiving the attendance benefit (in thousands)

Year	Number of persons receiving the attendance benefit (in thousands)
2017	123.2
2018	131.2
2019	142.7
2020	164.1

Source: Own analysis based on the data of Statistics Poland (GUS).

The amount of the attendance benefit is subject to annual valorisation. In 2017–2020, it amounted to PLN 1,406, PLN 1,477, PLN 1,583 and PLN 1,830, respectively (Monitor Polski 2019 item 1067).

#### *Special care allowance*

It is granted to persons with a support obligation and to spouses who do not take up employment or other paid activity and who resign from employment or other paid activity (Dz.U. 2003 No. 228, item 2255). Its amount depends on the income criterion. The total family income per capita should not exceed PLN 764. Between 2017 and October 2019, the amount of the special care allowance was PLN 520 and then increased to PLN 620 from November 2020 (Dz.U 2018, item 1497).

In 2017–2018, the total amount spent on special care allowance did not change and was 2.7% of the amount for all care benefits. In 2019, it was 2.8% and in 2020 it decreased to 2.2% (GUS, 2018, 2019, 2020, 2021).

The number of people benefiting from special care allowance between 2017 and 2020 decreased from 43.9 thousand to 31.8 thousand. In total, 157.2 thousand people received the allowance (Table 12).

**Table 12.** Number of persons receiving special care allowance (in thousands)

Year	Number of persons receiving special care allowance (in thousands)
2017	43.9
2018	42.4
2019	39.1
2020	31.8

Source: Own analysis based on the data of Statistics Poland (GUS).

### Family allowance and its supplements

It is granted, on the basis of an income criterion, to parents, a single parent or a de facto guardian and is intended to partially cover maintenance costs of a child. Persons who are entitled to family allowance, if they fulfil statutory conditions, may receive supplements to the allowance, e.g. supplement for education and rehabilitation of a disabled child (Dz.U. 2003 No. 228, item 2255).

Such a supplement is granted to the parent or legal or actual guardian of a child up to 16 years of age with a disability certificate. The allowance, which is payable monthly and its amount depends on the age of the child, is granted to cover the increased costs of the child's rehabilitation or education. The amount of the allowance is: PLN 95 for a child up to the age of 5 and PLN 125 for a child aged 5–18. For parents and guardians of persons aged 18–24, the family allowance is PLN 135. These amounts remained unchanged between 2017 and 2021.

The number of families with disabled children benefiting from family allowance decreased each year between 2017 and 2020, with a total of 489,400 families having received it (Table 13; GUS 2018, 2019, 2020, 2021).

**Table 13.** Number of families with disabled children receiving family allowance (in thousands)

Year	Families with disabled children (in thousands)
2017	134.1
2018	132.4
2019	116.7
2020	106.2

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2019, the number of whole families with disabled children receiving family allowance decreased each year – from 881.8 thousand to 792.7 thousand. The number of single-parent families with disabled children receiving family allowance also decreased – from 237.5 thousand to 215.4 thousand (Table 14; GUS, 2018, 2019, 2020, 2021).

**Table 14:** Number of whole and single-parent families with disabled children (in thousands)

Year	Whole families (in thousands)	Single-parent families (in thousands)
2017	881.8	237.5
2018	880.1	235.7
2019	792.7	215.4

Source: Own analysis based on the data of Statistics Poland (GUS).

In 2020, family allowances were paid out at an amount 14.9% lower than in 2019. The number of families receiving family allowances also decreased – by 18.5% – to 821.9 thousand. Family allowances were used by 106.2 thousand families with a disabled child, which accounted for 12.9% of all families collecting family benefits. The distinction between whole and single-parent families did not appear in the 2020 data (GUS, 2021).

### Rehabilitation and education supplement for children with disabilities

Between 2017 and 2020, the amount of the supplement for the rehabilitation and education of disabled children fluctuated, but did not exceed 12.5% of the amount of all supplements to family allowance (Table 15; GUS, 2018, 2019, 2020, 2021). The amount of the family allowance

supplement for the rehabilitation and education of children with disabilities is PLN 90 per child up to the age of 5 and PLN 110 per child aged 5–24.

**Table 15:** Percentage of the supplement for the rehabilitation and education of disabled children in all family allowance supplements

Year	Supplement for the rehabilitation and education of disabled children
2017	11.4
2018	10.7
2019	11.9
2020	12.2

Source: Own analysis based on the data of Statistics Poland (GUS).

### Housing supplement

Parents or guardians of a child with a disability may apply for a housing supplement in a situation where the disabled person uses a wheelchair and requires a separate residence (Dz.U. 2001, item 2021). The right to live in a separate room is decided by the disability evaluation boards. There is no data on the number of supplements granted.

### Travel on public transport

A child with a disability certificate and his or her adult guardian are entitled to free travel on public transport. There is no data on the number of children benefiting from this entitlement.

## Early childhood intervention, education, psychological and educational support

### Early childhood intervention

Early childhood intervention is provided to children with disabilities and their families from the identification of a disability until the start of school. It is granted on the basis of an opinion on the need for early

development support issued by an evaluation team at a public psychological and pedagogical counselling centre (Dz.U. 2017, item 1635).

Early intervention is provided by, among others, public and non-public kindergartens and primary schools, including special schools, special educational centres, as well as psychological and pedagogical counselling centres.

The early development support scheme organised in this way operates on the basis of the education system (Dz.U. 2017, item 59).

Supporting young children with disabilities is also one of the goals of the programme of comprehensive support for pregnant women and families provided for by the "Pro Life" Act (Dz.U. 2016, item 1860). The assumptions of early support for children with disabilities, including the Toddler+ programme, were discussed above.

In the 2017/2018 school year, the number of children receiving early childhood intervention was 57,369 (Table 16; NIK, 2018).

**Table 16.** Number of children receiving early childhood intervention in the 2017/2018 school year, by age

Age	Number of children
0–1	566
1	2,222
2	3,687
3	7,540
4	10,834
5	13,140
6–10	19,380

Source: NIK, 2018.

The support was offered by special education centres, pre-school education establishments, psychological and pedagogical counselling centres (including specialised ones) and revalidation centres. The number of children under 3 years of age covered by early intervention was 14,015, and children over 3 years of age – 43,354 (Table 17).

**Table 17.** Number of children receiving support by age

Type of establishment	Children under 3 years of age	Children over 3 years of age
Preschool education establishments	4,602	19,925
Psychological and pedagogical counselling centres (including specialised ones)	6,480	16,782
Special education centres	1,764	4,552
Revalidation centres	1,169	2,095

Source: NIK, 2018.

The system of organising early childhood intervention does not guarantee all children and their families effective, adequate support by psychological and pedagogical counselling centres. The audit by the Supreme Audit Office (NIK, 2018) found that the youngest children with dysfunctions were not provided with easy access to psychological and educational examination and diagnosis. Making an appointment to see a psychologist or speech therapist was difficult, with waiting times of 3–4 months due to staff shortages. Prompt diagnosis of disabilities in children was also not provided. Most diagnoses were made between 100 and even 953 days after the first visit, resulting in opinions on the need for development support being given to children over 3 years of age. The examination and establishment of the diagnosis itself is also problematic due to the undefined category of disabilities and developmental dysfunctions of younger children. For school-age children, the diagnostic criteria are more precise. It can be said that the mechanisms for early identification of disabilities in children have not functioned properly.

For the majority of children with an opinion on the need for early development support, it was possible to organise this support within 2 months of their parents submitting an application for it. Almost half of the children received early development support in centres located more than 3 km from their place of residence, some families lived more than 10 km from the centre where early development support was provided. A small number of parents received funding for the cost of transporting their children to these classes from municipal funds. Some children were not offered the required classes due to staff shortages or organisational constraints.

Early intervention specialists pointed out the inactivity of paediatricians in diagnosing disabilities in the youngest children. It was also noted that there was a lack of cooperation between psychological and pedagogical counselling centres and health centres, e.g. in terms of exchanging information on the child's condition and needs.

”

*I have been seriously ill since I was a child and for this reason I have individual teaching. Recently, I understood that this illness cannot be easily cured; instead, I face a long stay in hospital. I cried when I realised this. I can't stand it. I would like to live like all the others.*

*16-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

### Preschool education

Between 2017 and 2021, children with disabilities aged 3–6 were covered by preschool education provided in kindergartens, part-time preschool units, day cares and preschool education classes in primary schools.

During this period, the number of kindergartens increased by 1,068, and of other types of establishments decreased: part-time preschool units by 13, day cares by 256, and preschool education classes in primary schools by 425 (Table 18; GUS, 2018, 2019, 2020, 2021).

**Table 18:** Number of preschool education establishments

Type of establishment	School year			
	2017/2018	2018/2019	2019/2020	2020/2021
Kindergartens	12,146	12,535	12,911	13,214
Part-time preschool units	76	74	66	63
Day cares	1728	1624	1533	1472
Preschool education classes in primary schools	8030	7924	7808	7605

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2019, the number of children with disabilities attending kindergartens increased by 2,542, while the number of children attending part-time preschool units, day cares and preschool education classes in primary schools decreased. There is no data from the 2019/2020 and 2020/2021 school years on the number of children with disabilities attending the above-mentioned preschool establishments.

**Table 19:** Number of children with disabilities in different types of preschool establishments

Type of establishment	School year			
	2017/2018	2018/2019	2019/2020	2020/2021
Kindergartens	19,106	21,648	No data*	No data
Part-time preschool units	24	20	No data	No data
Day cares	2934	3219	No data	No data
Preschool education classes in primary schools	2793	3266	No data	No data

\* For 2019–2021, the GUS did not release data on the number of children with disabilities in different types of preschool establishments. While reasons were not given, this may have been due to pandemic restrictions affecting the operation of establishments.

Source: Own analysis based on the data of Statistics Poland (GUS).

### School education of children with disabilities

In 2017, changes were made to the Polish education law, which aimed, among other things, to guarantee children and young people with disabilities access to education on equal rights with their peers and to ensure that

they are given the possibility to fulfil developmental tasks in accordance with their individual abilities and predispositions (Czarnocka, 2018).

#### Special development and educational needs

Children and adolescents with special development and educational needs are those who are identified with a spectrum of symptoms that hinder or prevent functioning: motor, sensory, cognitive, related to communication, emotional and social or psychological, and that affect their quality of life and fulfilment of social roles now or in the future (Krakowiak, 2017).

Children and adolescents with special educational needs are students who are identified as having any dysfunction, disharmony or disability that may affect their further normal development, or as being at risk of disability.

Not every child with identified special development and educational needs has a certificate and diagnosis from a psychological and pedagogical counselling centre. Certificates are granted to children who require a special organisation of learning and working methods. It is on the side of the educational institution to recognise the needs of students and provide them with the necessary support (Zaremba, 2014).

Children with special development needs are considered to be children from birth to the time they start school, while from the start to the end of education the term “children and adolescents with special educational needs” is used. According to another division, children with special development needs are defined as children from birth to the age of 3 years while children and adolescents with special educational needs are those over 3 years of age up to the end of schooling (Zaremba, 2014).

**Table 20.** Number of students with special educational needs by type of school (excluding special schools)

School year	Primary school students	Junior secondary school students
2017/2018	93,704	34,594
2018/2019	116,532	18,289
2019/2020	171,521	0
2020/2021	183,989	0

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2020, the number of students with special educational needs was on the rise (Table 20; GUS, 2018, 2019, 2020, 2021).

Between 2017 and 2021, the number of students with special educational needs attending general secondary schools decreased, while increased in technical secondary schools (Table 21; GUS, 2018, 2019, 2020, 2021).

**Table 21.** Number of students with special educational needs by type of school (excluding special schools)

School year	General secondary school students	Technical secondary school students
2017/2018	4,577	3,442
2018/2019	4,918	3,882
2019/2020	1,398	5,790
2020/2021	1,511	6,586

Source: Own analysis based on the data of Statistics Poland (GUS).

#### Psychological and pedagogical assistance

Public kindergartens and preschool education classes in primary schools, schools and establishments are obliged to provide psychological and pedagogical assistance to students, their parents and teachers. The assistance consists in recognising and meeting the individual development and educational needs of the student and identifying the individual psychophysical capabilities of the student resulting, inter alia, from disabilities, specific learning difficulties or chronic illness (Dz.U. 2013, item 532).

At the school, psychological and pedagogical assistance is provided, among others, in the following forms:

- therapeutic classes – classes made of students with homogeneous or conjugated disorders, requiring adaptation of the organisation and teaching process to their specific educational needs and long-term specialist assistance;
- didactic-educational classes – remedial classes for students with learning difficulties, in particular in meeting the educational requirements of the core curriculum for a given stage of education;
- corrective-compensatory classes – classes for students with disorders and developmental deficits or specific learning difficulties.

Psychological and pedagogical assistance is organised for students who do not have a certificate of the need for special education.

Between 2017 and 2021, the number of students in therapeutic classes fluctuated. Didactic-educational classes and corrective-compensatory classes were offered to the lowest number of students in the 2019/2020 school year. In 2020/2021, the number of students benefiting from these two forms of psychological and pedagogical assistance increased again (Table 22; GUS, 2018, 2019, 2020, 2021).

**Table 22.** Number of students receiving different forms of psychological and pedagogical assistance

School year	Therapeutic classes	Didactic-educational classes	Corrective-compensatory classes
2017/2018	1,117	348,167	196,791
2018/2019	1,377	389,290	238,293
2019/2020	1,349	263,745	173,185
2020/2021	1,223	327,493	218,233

Source: Own analysis based on the data of Statistics Poland (GUS).

### Special education

A student with a disability is a student who has a certificate of need for special education. Special education is organised for children and adolescents who are, among others:

- deaf;
- hard of hearing
- blind
- visually impaired;
- with motor disabilities, including aphasia;
- with autism, including Asperger's syndrome;
- with multiple disabilities (if the student has at least two of the listed disabilities).

A certificate of the need for special education is issued by psychological and pedagogical counselling centres. Both younger and older children with a certificate of the need for special education can attend all types of kindergartens and all types and kinds of public and non-public schools (Cybulska et al., 2017).

The education process in special schools involves various institutions, including psychological and pedagogical counselling centres, the Ministry of Education, the local authorities in charge of a given education institution, as well as the headmasters of individual institutions, teachers, specialists and parents of students. In particular, it is the responsibility of the local authorities and school management to provide the right educational conditions for students who require an individual didactic and pedagogical approach.

Between the school years 2017/2018 and 2020/2021, the number of special primary schools increased by 36 establishments and the number of students grew by 16,494. Comparing the number of students in the school years 2019/2020 and 2020/2021, a slight decrease can be noticed (Table 23; GUS, 2018, 2019, 2020, 2021).

Between 2017 and 2018, the number of special junior secondary schools decreased, and in 2019 all junior secondary schools were abolished (Table 24).

**Table 23:** Number of special primary schools and number of students

School year	Special primary schools	Students
2017/2018	917	30,605
2018/2019	940	38,707
2019/2020	956	47,099
2020/2021	953	46,786

Source: Own analysis based on the data of Statistics Poland (GUS).

**Table 24** Number of special junior secondary schools and number of students

School year	Special junior secondary schools	Students
2017/2018	330	16,606
2018/2019	285	8,911

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2020, the number of special secondary schools was on the rise – the number of general education schools of this type increased by 21 and of technical schools – by 7. The number of pupils in both special general secondary schools and special technical secondary schools also increased (Table 25; GUS, 2018, 2019, 2020, 2021).

**Table 25** Number of special general secondary schools and special technical secondary schools and number of students

School year	Special general secondary schools	Students	Special technical secondary schools	Students
2017/2018	89	1,143	29	768
2018/2019	95	1,111	31	803
2019/2020	111	2,621	31	907
2020/2021	110	2,908	36	915

Source: Own analysis based on the data of Statistics Poland (GUS).

Individual compulsory annual preschool preparation or individual teaching may be recommended for children and adolescents whose health condition prevents or significantly impedes their attendance at kindergarten or school (Cybulska et al., 2017). This recommendation is made on the basis of a certificate of the need for individual compulsory annual preparation or a certificate of the need for individual teaching. The activities within the framework of these recommendations are implemented at the child's place of residence and conducted by one or more teachers in individual or direct contact with the child.

The Ministry of National Education (MEN) has taken steps to develop a new model for the education of students with special educational needs entitled *Education for All* (MEN, 2020). Within its framework, legislative changes are to be adopted to enable the practical implementation of the assumptions of inclusive education ensuring quality education for all learners. The assumptions of inclusive education stem, inter alia, from the provisions of the Constitution of the Republic of Poland, the Convention

”

*I had a serious accident, now I'm in a wheelchair. Some friends don't give a shit about me and others laugh about it. My parents blame me for what happened. I think they don't want me like this anymore.*

17-year-old boy

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

on the Rights of the Child, the Convention on the Rights of Persons with Disabilities and the Education Law. Polish legislation ensures the right to education with a universal and equal access for all.

Under the new model, new institutions are to be created. A specialised centre for the support of inclusive education is to be organised in each district through the reorganisation of existing kindergartens, schools, special centres or as new entities. Child and family centres are to be established from the transformation of public psychological and pedagogical counselling centres and district family support centres. A National Coordination Centre is also to be established to coordinate the activities of specialised centres supporting inclusive education. The new legal and organisational solutions are to be implemented from 1 January or 1 September 2023.

The NIK audit of the functioning of special schools in Poland from 2017 to 2020 showed that not all special schools implemented the education process correctly. The irregularities concerned the organisation of education, conditions in the premises, classroom equipment, the provision of health and safety conditions for teaching (NIK, 2020b). In addition, it was shown that some students with a certificate stating the need for special education were provided with a place in a school located in a different district than their place of residence, which caused transport difficulties. This was due to, inter alia, lack of available places and failure to meet formal requirements. Errors in planning work with students affected their education and further development opportunities. The work plans should be developed by a team made of teachers, parents and the school counsellor. In several cases, however, parents' participation in team meetings was hindered or prevented due to not forwarding information about the date of the team meeting. The role of parents in the development of work plans for students with a certificate of the need for special education is crucial, as they can provide important information on the child's functioning, strengths and weaknesses, and on the other hand they can receive guidance from specialists on how to work with their child.

A significant shortcoming in the implementation of the objectives of special education was exceeding

the maximum number of students in a class and failing to offer the minimum number of hours of remedial and educational classes. These circumstances constituted a violation of students' rights to education and affected the realisation of students' developmental and educational goals (NIK, 2020).

## **Violence against children and adolescents with disabilities – selected issues**

When discussing the risk of domestic violence against a child with a disability, it is important to take into account factors related to the age of the child and the type of disability. The younger the child, the higher the risk of abuse. This risk is also higher for children with more profound disabilities that significantly limit their functioning. The situation of the child's family may also increase the risk of violence against the child – here the risk factors include, for instance, divorce or separation of parents, their low parenting competences or financial difficulties they experience (Fenik-Gabrele and Kałucka, 2020).

Identifying cases of violence against children and adolescents with disabilities is often difficult, for example because of communication barriers due to profound disabilities or because of problems in accessing forms of support, intervention or justice. In addition, children with disabilities are sometimes isolated and do not participate in community life. This is especially the case in smaller localities, where disability is still a source of shame and instils fear. Parents of children with disabilities may adopt a variety of attitudes towards their child's illness or functional limitations. Negative attitudes include avoidant, overly demanding, overprotective or rejecting attitudes (Zima, 2010). Parents of children with more profound disabilities are more likely to adopt negative attitudes than parents of children with fewer limitations. These parental attitudes may result in unresponsiveness to the child's needs and failure to meet both basic physical needs and those related to the treatment or rehabilitation process.

Difficulties in diagnosing the phenomenon of violence against children and adolescents with disabilities are also

related to insufficient data. In Poland, there is a lack of information on the number and type of offences against persons with disabilities. Police statistics take into account the gender of the aggrieved parties, their age and origin, but do not provide information on potential disabilities.

There is also a lack of data on the scale of violence against children and adolescents with disabilities in Poland. Most often, the problem of violence against persons with disabilities appears in studies linked to violence against the elderly or domestic violence (MRiPS, 2017, 2018, 2019, 2020). A report summarising the activities of the State Commission on Paedophilia reported that, of at least 361 children under the age of 15 aggrieved by sexual offences, whose cases were analysed by the Commission, 22% revealed features of intellectual disability (PKDP, 2021).

One form of violence against a child resulting from inadequate care is neglect. The term does not appear in the Polish legislation; the law refers only to failure to act which violates the rights or personal interests of the person affected (Dz.U. 2005 No. 180 item 1493). It is difficult to assess the scale of the phenomenon of neglect of children with disabilities, inter alia, due to its low detectability. In addition, the selection of the research group and the methodology adopted may be a limitation. The 2018 study entitled *Nationwide Diagnosis of the Scale and Determinants of Child Abuse* provided data on the prevalence of physical neglect experienced by adolescents aged 12–17 (approximately 6% of those surveyed), without distinguishing between those with and without disabilities (Fundacja Dajemy Dzieciom Siłę, 2018). It is hard to assume that the data for children and adolescents without disabilities will be fully representative of their peers with disabilities, as, for example, they do not take into account the impact of the type of limitation within an individual's physical or cognitive functioning and the restricted possibilities to report neglect and get help from relevant institutions.

Although sexual abuse of children and young people with disabilities is a complex social problem, it is not a subject of research in Poland. There is a lack of qualitative and quantitative data, nor are systemic strategies developed to prevent this kind of abuse against persons

with disabilities (Jurczyk, 2019). Statistics on the number of cases of sexual abuse of children and adolescents with disabilities by age, gender, type and degree of disability are also not collected. Perhaps the failure to undertake research on the problem of sexual abuse of children and adolescents with disabilities is due to social and cultural, tradition-embedded prejudices and stereotypes that make the sexuality of people with disabilities a taboo sphere and thus not an area of scientific interest. Research on this phenomenon emerged in the United States in the 1980s and, despite various methodological constraints and sampling and control group limitations, showed that the prevalence of sexual abuse of people with disabilities is higher than among people without disabilities (Karwacka, 2013).

More data on various forms of violence against children and adolescents with disabilities can be found in foreign research studies. A Danish nationwide study of reported sexual offences against children and adolescents aged 7–18 years showed that children with intellectual disabilities were more likely to experience this form of offence than children without disabilities. Both intellectual disability and family risk factors, i.e. parental substance abuse, using violence, separation or poverty, have a significant impact on increasing the risk of being victimised by sexual offences (Christoffersen, 2022). A 2017 US study of students aged 6–17 confirmed a threefold higher risk of experiencing sexual abuse by children and adolescents with disabilities compared to their peers without disabilities (Caldas and Bensy, 2014).

According to American studies, children with disabilities account for 14% of all child abuse and neglect victims (Child Welfare Information Gateway, 2018). Moreover, in case of children with disabilities, only 3–10% of child abuse and neglect is reported. The incidence rate of child abuse and neglect is three times higher compared to the population of children without disabilities. It has also been shown that in the population of young people of more than 12 years of age, the risk of experiencing abuse is the highest among those aged 12–15 (Harrel, 2020). Another study compared the incidence of physical abuse of children in relation to their level of functioning. It found that the highest

rates of physical abuse were among children with mild intellectual disabilities, but without co-occurring motor limitations (Helton and Cross, 2011).

## Summary

Available statistical data relating to children and adolescents with disabilities describe the state of affairs in selected aspects. It is possible to find out how many children are covered by early childhood intervention or how many students with a certificate stating the need for special education attend special schools at each stage of education. Statistics from the area of social assistance are also available, showing how many families of children with disabilities benefit from various forms of financial, material and other assistance.

Polish legislation guarantees persons with disabilities many rights and ensures access and active participation in various areas of social life on an equal footing with others. The provisions of individual legal acts regulate the forms of support and assistance for children and adolescents with disabilities and their families provided by the state.

However, the reality of how families of children with disabilities function is far more complex. The difficulties they face arise in almost every aspect of life. It can often be difficult, time-consuming and demanding on the part of parents to obtain a proper diagnosis of disability and the relevant documentation to support it. The process of establishing a medical diagnosis can also be arduous and complicated as access to specialists is often limited, especially in smaller localities. In addition, the system of evaluation and issuing opinions is not uniform. Documents are issued by different institutions or bodies, e.g. psychological and pedagogical counselling centres or disability evaluation boards, and each of them gives different rights.

Access to doctors, specialists, treatment and rehabilitation is also difficult and time-consuming. Many times visits involve travelling long distances and significant financial costs for parents. Of course, families of children with disabilities can benefit from various forms of financial support provided by the state, but also in this aspect the reality is sometimes more complicated. Parents giving up paid employment in order to care for their child may apply for cash allowance, but often the family's financial needs resulting from the child's care, treatment and rehabilitation significantly exceed the amount of benefits received.

It is easy to imagine the difficulties faced by families of children with disabilities. In addition to the financial costs, they are also burdened by emotional costs. Caring for a child who is not able to move independently and meet his or her basic needs requires on the part of the parent or caregiver physical strength, but also mental resilience. It can result in fatigue, burnout and feelings of stress and tension. The risk of various forms of child abuse is high.

There is a lack of data in Poland on reported cases of violence against children and adolescents with disabilities. The criterion of disability does not appear in police statistics in relation to the number of children victimised by various forms of violence. It seems necessary to collect such data in order to both recognise the scale of the phenomenon and develop strategies to prevent its occurrence and protect children from abuse.

Available reports resulting from audits of the implementation of various government programmes aimed at supporting children with disabilities and their families clearly indicate areas that are not functioning properly and require improvement. Recommendations for various ministries are being formulated, but the reality in which these families function still does not change significantly.

## References

- Bińko, M., Linde-Usiekiewicz, J., Łaziński, M. (2021). *Rekomendacje dotyczące języka niedyskryminującego na Uniwersytecie Warszawskim*. Wydawnictwa Uniwersytetu Warszawskiego.
- Caldas, S. J., Betsy, M. L. (2014). The sexual maltreatment of students with disabilities in American school settings. *Journal of Child Sexual Abuse*, 23(4), 345–366.
- Child Welfare Information Gateway. (2018). *The risk and prevention of maltreatment of children with disabilities*. US Department of Health and Human Services, Children's Bureau.
- Christoffersen, M. N. (2022). Sexual crime against schoolchildren with disabilities: a nationwide prospective birth cohort study. *Journal of Interpersonal Violence*, 37(3–4), 2177–2205.
- Cybulska, R., Derewlana, H., Kacprzak, A., Pęczek, K. (2017). *Uczeń ze specjalnymi potrzebami edukacyjnymi w systemie edukacji w świetle nowych przepisów prawa*. Ośrodek Rozwoju Edukacji.
- Czarnocka, M. (2018). *Działania poradni psychologiczno-pedagogicznych w zakresie edukacji włączającej*. Organizacja pomocy psychologiczno-pedagogicznej w szkołach i placówkach ogólnodostępnych. Ośrodek Rozwoju Edukacji.
- Fenik-Gabrele, K., Kałucka, R. (2020). *Dziecko niepełnosprawne oraz chore przewlekłe a przemoc w rodzinie*, Interwencja. Ośrodek Rozwoju Edukacji.
- Fundacja Dajemy Dzieciom Siłę. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci*. Fundacja Dajemy Dzieciom Siłę. Pobrane z: <https://diagnozakrzywdzenia.pl/raport.pdf>
- GUS. (2018). *Oświata i wychowanie w roku szkolnym 2017/2018*. Główny Urząd Statystyczny.
- GUS. (2019). *Oświata i wychowanie w roku szkolnym 2018/2019*. Główny Urząd Statystyczny.
- GUS. (2020). *Oświata i wychowanie w roku szkolnym 2019/2020*. Główny Urząd Statystyczny.
- GUS. (2020). *Stan zdrowia ludności Polski w 2019 r.* Główny Urząd Statystyczny.
- GUS. (2021). *Oświata i wychowanie w roku szkolnym 2020/2021*. Główny Urząd Statystyczny.
- Harrell, E. (2017). *Crime against people with disabilities, 2009–2015 – Statistical tables*. Bureau of Justice Statistics, US Department of Justice. <https://bjs.ojp.gov/library/publications/crime-against-persons-disabilities-2009-2015-statistical-tables>
- Helton, J. J., Cross, T. P. (2011). The relationship of child functioning to parental physical assault: linear and curvilinear models. *Child Maltreatment*, 16(2), 126–136.
- Hulek, A. (1992). *Świat ludziom niepełnosprawnym*. Polskie Towarzystwo Walki z Kalectwem.
- Jurczyk, M. (2019). Przemoc seksualna wobec osób z niepełnosprawnością intelektualną – wymiary i oblicza. *Niepełnosprawność – Dyskursy Pedagogiki Specjalnej*, 34, 193–201.
- Karwacka, M. (2013). Przemoc seksualna wobec osób z niepełnosprawnością intelektualną. *Interdyscyplinarne Konteksty Pedagogiki Specjalnej*, 2, 57–74.
- Krakowiak, K. (ed.). (2017). *Diagnoza specjalnych potrzeb rozwojowych i edukacyjnych dzieci i młodzieży*. Ośrodek Rozwoju Edukacji.
- Legano, L. A., Desch, L. W., Messner, S. A., Idzerda, S., Flaherty, E. G. (2021). Maltreatment of children with disabilities. *Pediatrics*, 147(5), 401–411.
- Majewski, T. (1994). W sprawie definicji osoby niepełnosprawnej. *Problemy Rehabilitacji Społecznej i Zawodowej*, 139(1), 33–37.
- MEN. (2020). *Edukacja dla wszystkich – ramy rozwiązań legislacyjno-organizacyjnych na rzecz wysokiej jakości kształcenia włączającego dla wszystkich osób uczących się*. Ministerstwo Edukacji Narodowej.
- NIK. (2018). *Wczesne wspomaganie rozwoju dziecka z dysfunkcjami*. Najwyższa Izba Kontroli.

- NIK. (2020a). *Realizacja kompleksowego programu wsparcia dla rodzin "Za życiem". Informacja o wynikach kontroli*. Najwyższa Izba Kontroli.
- NIK. (2020b). *Kształcenie w szkołach specjalnych. Informacja o wynikach kontroli*. Najwyższa Izba Kontroli.
- ONZ. (2006). *Konwencja o prawach osób niepełnosprawnych*. Organizacja Narodów Zjednoczonych.
- PKDP. (2021). *Streszczenie Pierwszego Raportu Państwowej Komisji do spraw wyjaśniania przypadków czynności skierowanych przeciwko wolności seksualnej i obyczajności wobec małoletniego poniżej lat 15*. PKDP.
- Podlewska, J. (2019). *Interwencja prawna w sytuacji podejrzenia przemocy wobec dziecka z niepełnosprawnością i chorego przewlekłe*. Ośrodek Rozwoju Edukacji.
- Sullivan, P., Knutson, J. (2000). Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257–1273.
- WHO. (2001). *Międzynarodowa Klasyfikacja Funkcjonowania, Niepełnosprawności i Zdrowia*. World Health Organization.
- Zima, M. (2010). *Przemoc wobec osób niepełnosprawnych*. In: D. Jaszczak-Kuźmińska, K. Michalska (ed.), *Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. Poradnik dla pracowników pierwszego kontaktu* (p. 67–92). Ministerstwo Pracy i Polityki Społecznej.
- Zaremba, L. (2014). *Specjalne potrzeby rozwojowe i edukacyjne dzieci i młodzieży. Identyfikowanie SPR i SPE oraz sposoby ich zaspokajania*. Ośrodek Rozwoju Edukacji.

## Legal references

- Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r. (Dz.U. 1997 Nr 78 poz. 483). (Constitution of the Republic of Poland)
- Obwieszczenie Ministra Rodziny, Pracy i Polityki Społecznej z dnia 23 października 2019 r. w sprawie kwoty świadczenia pielęgnacyjnego w roku 2020 (M.P. 2019 poz. 1067). (Announcement of the Minister of Family, Labour and Social Policy on the amount of nursing benefit in 2020)
- Obwieszczenie Ministra Rodziny i Polityki Społecznej z dnia 25 marca 2021 r. w sprawie ogłoszenia jednolitego tekstu rozporządzenia Ministra Gospodarki, Pracy i Polityki Społecznej w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności (Dz.U. 2021 poz. 857). (Announcement of the Minister of Family and Social Policy on the publication of a uniform text of the Regulation of the Minister of Economy, Labour and Social Policy on adjudicating on disability and the degree of disability)
- Rozporządzenie Ministra Pracy i Polityki Społecznej z dnia 1 lutego 2002 r w sprawie kryteriów oceny niepełnosprawności u osób w wieku do 16 roku życia (Dz.U. 2002, Nr 17, poz. 162). (Regulation of the Minister of Labour and Social Policy on the criteria for assessing disability in persons up to 16 years of age)
- Rozporządzenie Ministra Gospodarki, Pracy i Polityki Społecznej z dnia 15 lipca 2003 r. w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności (Dz.U. 2003 Nr 139 poz. 1329). (Regulation of the Minister of Economy, Labour and Social Policy on adjudicating on disability and the degree of disability on adjudicating on disability and the degree of disability)
- Rozporządzenie Ministra Edukacji Narodowej z dnia 30 kwietnia 2013 r. w sprawie zasad udzielania i organizacji pomocy psychologiczno-pedagogicznej w publicznych przedszkolach, szkołach i placówkach (Dz.U. 2013 poz. 532). (Regulation of the Minister of National Education on the rules for providing and organising psychological and educational support in public nursery schools, schools and other educational institutions)

Rozporządzenie Ministra Edukacji Narodowej z dnia 24 sierpnia 2017 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci (Dz.U. 2017 poz. 1635). (Regulation of the Minister of National Education on organising early childhood development support)

Rozporządzenie Rady Ministrów z dnia 31 lipca 2018 r. w sprawie wysokości dochodu rodziny albo dochodu osoby uczącej się stanowiących podstawę ubiegania się o zasiłek rodzinny i specjalny zasiłek opiekuńczy, wysokości świadczeń rodzinnych oraz wysokości zasiłku dla opiekuna (Dz.U. 2018 poz. 1497). (Regulation of the Council of Ministers on the amount of family income or income of a learner constituting the basis for applying for family allowance and special care allowance, the amount of family benefits and the amount of allowance for a caregiver)

Uchwała Sejmu Rzeczypospolitej Polskiej z dnia 1 sierpnia 1997 r., Karta Praw Osób Niepełnosprawnych (M.P. 1997 Nr 50 poz. 475). (Resolution of the Sejm of the Republic of Poland, Charter of Rights of Persons with Disabilities)

Ustawa z 27 sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych (Dz.U. 1997 Nr 123 poz. 776). (Act on vocational and social rehabilitation and employment of disabled persons)

Ustawa z dnia 21 czerwca 2001 r. o dodatkach mieszkaniowych (Dz.U. 2001 poz. 2021). (Act on housing allowances)

Ustawa o świadczeniach rodzinnych z dnia 28 listopada 2003 r. (Dz.U. 2003 Nr 228 poz. 2255). (Act on family benefits)

Ustawa z dnia 12 marca 2004 r. o pomocy społecznej (Dz.U. 2004 Nr 64 poz. 593). (Act on social assistance)

Ustawa z dnia 29 lipca 2005 r. o przeciwdziałaniu przemocy w rodzinie (Dz.U. 2005 Nr 180 poz. 1493 ze zm.). (Act on counteracting domestic violence)

Ustawa z dnia 4 listopada 2016 r. o wsparciu kobiet w ciąży i rodzin "Za życiem" (Dz.U. 2016 poz. 1860). (Act on support for pregnant women and families "Pro life")

Ustawa z dnia 14 grudnia 2016 r. – Prawo oświatowe (Dz.U. 2017 poz. 59). (Act on Law on School Education)

Ustawa z dnia 23 października 2018 r. o Funduszu Solidarnościowym (Dz.U. 2018 poz. 2192). (Act on the Solidarity Fund)

#### Citation:

Żardecka, A. (2022). Children and adolescents with disabilities. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 158–179).

Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Risky behaviour in Polish adolescents

Krzysztof Ostaszewski – Institute of Psychiatry and Neurology

## List of issues

---

- 181 Introduction
- 182 Long-term trends in substance use
- 187 Adolescent risk behaviour and the COVID-19 pandemic
- 187 Substance use
- 188 Violent and aggressive behaviours
- 190 Gambling and other behavioural addictions
- 191 Risky behaviour in the digital world
- 192 Symptoms of depressed mood that induce suicidal behaviour
- 193 Summary
- 195 References

## Introduction

In recent years, *risky behaviour* has come to be understood as most undesirable behaviours among young people, such as using psychoactive substances, using violence, gambling or overusing the internet. This results from the growing knowledge of the risks that these behaviours entail. In other words, there is a growing awareness of the negative consequences of these behaviours for the health, safety and proper psychophysical development of adolescents (Dzielska and Kowalewska, 2014; Jessor, 1997). Although the term risky behaviour is used most often, it is worth adding that, depending on the field of study within which these behaviours are described and the associated linguistic tradition, undesirable conduct of adolescents is named and defined in different ways. For instance, within the framework of rehabilitation pedagogy, these are behaviours indicative of social maladjustment of adolescents (Pytka, 2001). This term is used in our country in official documents of the Ministry of Education. In psychiatry, the notion of externalizing and internalizing behaviours or problems is used (Wolańczyk, 2002), and on the ground of criminology – of antisocial behaviour (Urban, 2000). In prevention research, the terms problem behaviour and risky behaviour are used interchangeably, although in terms of meaning they are not fully identical (Ostaszewski, 2014).

Classic risky behaviours of adolescents include using drugs, drinking alcohol and getting drunk, shoplifting and other petty offenses, as well as using violence against peers. However, the types of adolescent risky behaviours are changing with the development of civilization and technology. A good example is the use of so-called e-cigarettes and cyberbullying. Both of these behaviours are classically well known as cigarette smoking and bullying. However, new technologies have changed their context and scope. E-cigarettes and other technological inventions of the tobacco industry are an attempt to recover from the crisis which hit the sector, following a radical change in social attitudes about cigarette smoking. Cyberbullying, on the other hand, is a “by-product” of the new opportunities created by digital media. The sense of anonymity, the mediation of contact and the high power of destruction make cyberbullying a dangerous way for many to bully others or express their frustrations. E-cigarette use and cyberbullying are examples of the so-called new risky behaviours (Pyżalski, 2012).

In recent years, the viewpoint of specialists on adolescent risky behaviour has also been evolving. The Fund for Solving Gambling Problems, established in 2009 and expanded to include other “non-chemical addictions” in 2011, has been instrumental in developing knowledge of so-called behavioural addictions. The focus of specialists has included problem gambling, internet addiction, shopaholicism and other behavioural addictions (Habrata, 2016). Specialists working with adolescents also emphasise self-destructive and suicidal behaviours of young people. These are risky behaviours that directly threaten the lives and safety of youth (Popek, 2017). During the COVID-19 pandemic, the prevalence of such behaviours increased significantly. Addictive and self-destructive behaviours

have ceased to be just a focus of psychiatry. They became part of a comprehensive (holistic) approach to the problem of adolescent risky behaviour.

Risk-taking is an integral part of adolescence. It raises understandable concerns among parents and educators, but at the same time it helps young people master some of the skills needed for adulthood, satisfies the need for sensation, for crossing and testing boundaries, and meets other needs of teenagers. Risky behaviour is most common during adolescence, because risk-taking is part of development at this stage. Neither earlier nor later does it occur as often and with such intensity as during adolescence. In later stages of life, risky behaviour tends to decrease in number and type. Adults who are well-adjusted, when they enter the workforce and set up families, usually give up using drugs and committing prohibited acts, and often cut back on drinking alcohol and smoking cigarettes.

## Long-term trends in substance use

In the first edition of the report *Children Count* (Ostaszewski, 2017a), I presented a characterisation of psychoactive substance use as one of the manifestations of risky behaviour among schoolchildren. The current edition of the report is an opportunity to update this characterisation. To this aim, I make extensive use of the results of the cyclical HBSC<sup>1</sup> and ESPAD<sup>2</sup> surveys, which provide an opportunity to assess long-term trends in risk behaviours of 15- to 16-year-olds. Both research projects have been conducted every four years since the 1990s on random nationwide samples, so they have the value of research representative of schoolchildren in Poland. Both are also part of international projects and scientific networks, hence the use of their results allows international comparisons.

- 1 An international study of the health behaviour of schoolchildren conducted under the auspices of the World Health Organization – Health Behaviour in School-Aged Children. A WHO Cross-National Study (HBSC).
- 2 The European School Survey Project on Alcohol and Other Drugs (ESPAD), coordinated by the Swedish Council for Information on Alcohol and other Drugs and the Pompidou Group.

”

*In the past I used cannabis only occasionally, now I do it almost every day. I don't know how else to cope with a bad mood. There are times when I am under its influence at school. I feel very overwhelmed by problems.*

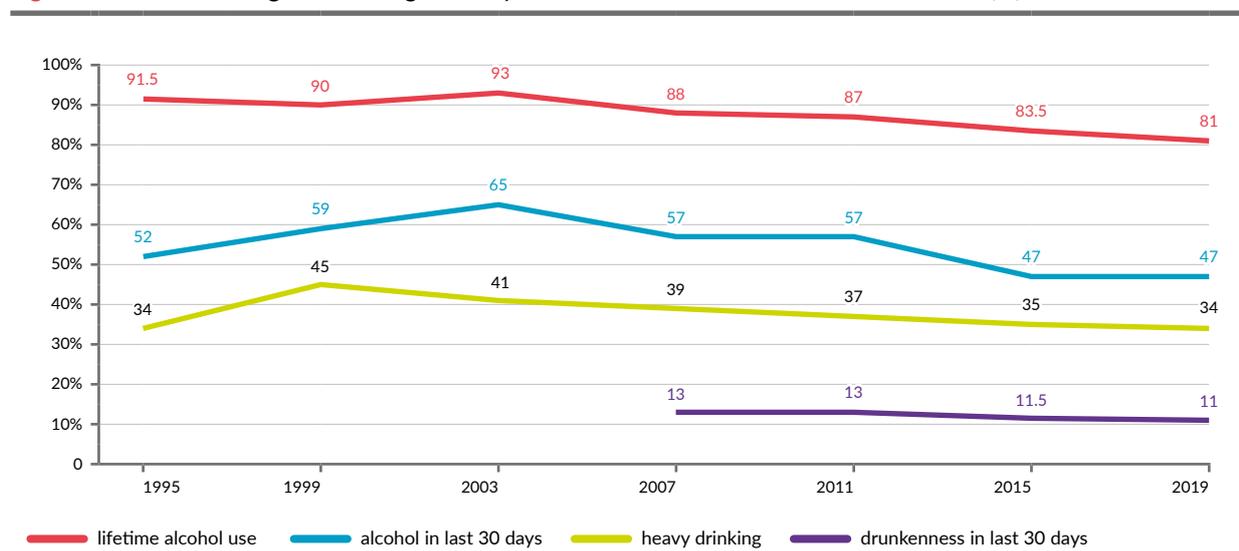
*15-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

## Alcohol

Figure 1 provides a graphic illustration of trends in alcohol drinking among 15–16-year-old adolescents in Poland. In the second half of the 1990s, an increase in some drinking rates was observed – it is well illustrated by the rates of frequent drinking (drinking in the last 30 days), which increased markedly from 1995 to 2003. Since 2003, there has been a gradual decline in the prevalence of drinking among schoolchildren. The decrease in alcohol consumption can be seen in all the indicators shown in Table 1, namely “lifetime alcohol use”, “alcohol in the last 30 days”, “heavy drinking” (having five drinks on one occasion) and “drunkenness”. These results clearly indicate a lower prevalence of this particular risk behaviour in adolescents. This trend among young people in Poland is consistent with observations for other countries in Europe. ESPAD surveys of schoolchildren from 30 European countries also document a downward trend in drinking alcoholic beverages (Figure 2). This convergence of results suggests the global nature of this change. It is likely linked to the changing lifestyles of modern teenagers and the increasing “digitisation” of their peer contacts. The decrease in drinking rates is also influenced by policies to limit the availability of alcohol to minors, which have been sealed in many European countries in recent years.

Figure 1. Alcohol drinking rates among 15–16-year-old adolescents in Poland in 1995–2019 (%)



Source: Own analysis based on the results of the ESPAD survey (ESPAD Group, 2020).

Table 1. Psychoactive substance use before and during the COVID-19 pandemic. Data from the last two rounds of the Mokotów survey conducted in Warsaw among 15-year-old students (percentages)

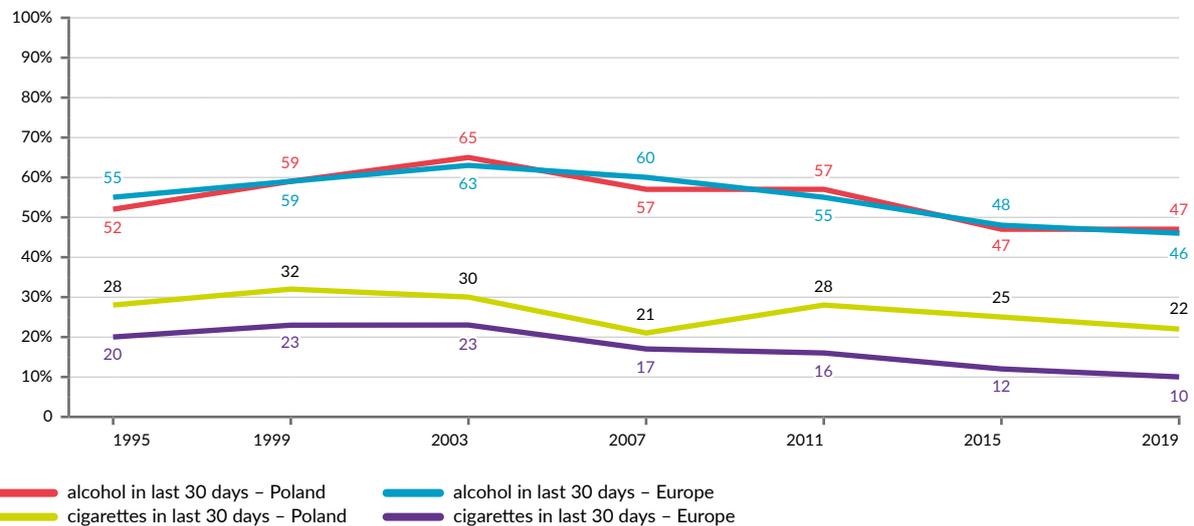
	Before the pandemic (2016; percentage)	During the pandemic (2020; percentage)
Smoking traditional cigarettes (at least once a year)	23.8	13.5*
Smoking traditional cigarettes (daily)	6.5	2.5*
Using e-cigarettes (at least once a year)	No data	16.7
Using e-cigarettes (daily)	No data	2.3
Drinking alcohol (at least once in last 30 days)	35.6	20.6*
Getting drunk (at least once in last 30 days)	15.1	5.4*
Using drugs (at least once in the last year)	14.9	5.8*
Use of tranquillisers/sedatives (at least once in the last year)	19.2	14.4*

\*  $p < 0.05$ .

Source: Pracownia Pro-M, IPiN (unpublished data)<sup>3</sup>.

3 The 2020 Mokotów study was carried out within the framework of the Institute of Psychiatry and Neurology (IPiN) statutory project for 2020–2023. The study was conducted by the research team of the Pro-M Laboratory: Krzysztof Bobrowski, Jakub Greń, Krzysztof Ostaszewski (leader) and Agnieszka Pisarska.

**Figure 2.** Rates of drinking alcohol and smoking cigarettes among 15–16 year old adolescents in Poland in 1995–2019 in comparison with the results obtained in 30 European countries included in ESPAD surveys (%)



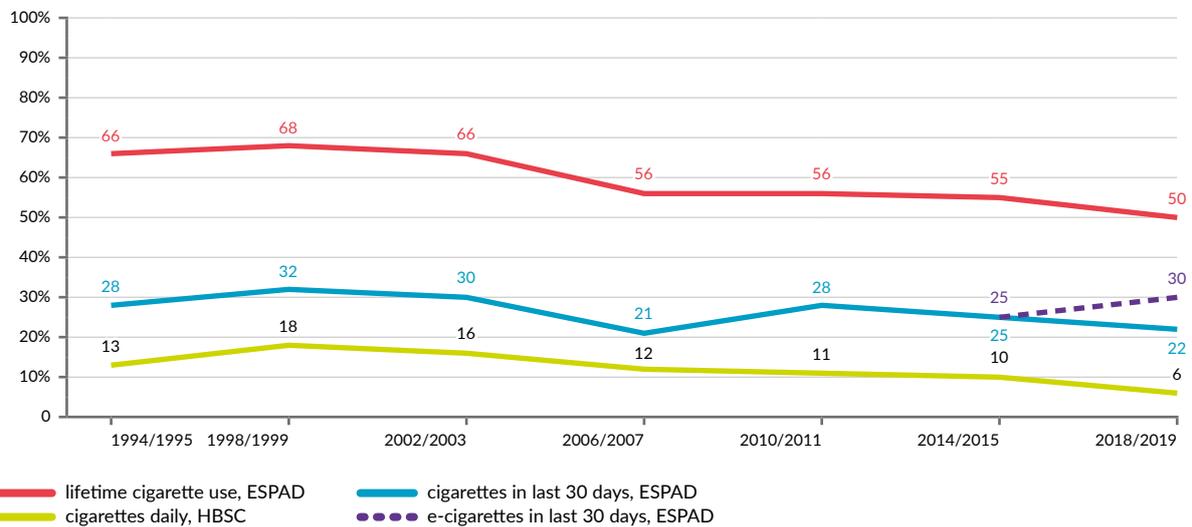
Source: Own analysis based on the results of the ESPAD survey (ESPAD Group, 2020).

### Cigarettes and e-cigarettes

Figure 3 provides a graphic illustration of trends in cigarette smoking among 15- to 16-year-old adolescents in Poland. As in the case of alcohol, the survey results clearly indicate a gradual decline in the prevalence of smoking among schoolchildren. Still, Polish adolescents continue to smoke cigarettes more often than the European average of the 30 countries included in the ESPAD survey (Figure 2). In the last 8–10 years, the rates of frequent smoking (smoking in the last 30 days) in our country were almost twice as high as the European average. However, the declining trend in smoking traditional cigarettes does not mean that young people are losing interest for nicotine as a psychoactive substance. A sizable group of schoolchildren are also using e-cigarettes. In 2019 30% of Polish teenagers aged 15–16 had used e-cigarettes in the 30 days prior to the survey. Based on the current results, we are unable to assess trends in this area, as earlier rounds of ESPAD surveys did not ask about e-cigarette use. We have to wait until the next round of surveys, scheduled for 2024, to assess them.

The decline in smoking rates is undoubtedly a consequence of changes in social attitudes toward this habit. It is less socially accepted than it was in the 1990s and during the communist times. Public attitudes averse to smoking go hand in hand with the legislative changes that restrict the freedom to smoke in public places and allow prices for tobacco products to continue to rise.

Figure 3. Rates of smoking cigarettes and e-cigarettes among 15–16 year old adolescents in Poland in 1995–2019 (%)



Source: Own analysis based on the results of the ESPAD (ESPAD Group, 2020) and HBSC surveys (Mazur and Małkowska-Szkućnik, 2018; Woynarowska and Mazur, 2012).

”

*Once with friends we decided to drink some alcohol before lessons. Unfortunately, someone noticed that we were drunk, and the police came to the school. I am very scared of what will happen next. My parents are very angry with me, and I really regret that.*

16-year-old girl

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

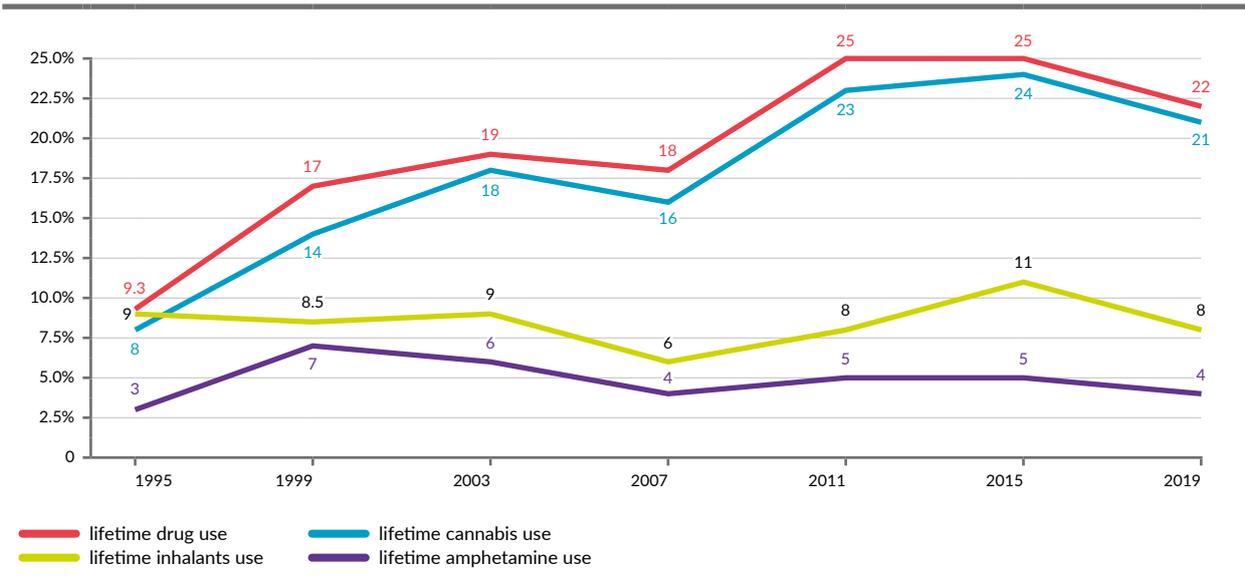
### Drugs and other substances

Figure 4 provides a graphic illustration of trends in drug use among 15–16 year-old adolescents in Poland. It shows that for about 20 years, i.e. from 1995 to 2015, the rates of use of any drugs were on the rise (with the exception of 2007, when there was no increase in the rate). The upward trend in drug use was mainly influenced by an increase in the prevalence of the use of cannabis products (marijuana and hashish), which are drugs by far the most commonly used by young people. It is worth noting that the solid line illustrating changes in the use of cannabis preparations has almost exactly the same shape as the line indicating changes in the use of any drugs. The increase in the prevalence of cannabis use is probably related to changes in public sentiment and attitudes toward this drug. It is hard not to notice trends and real efforts around the world to decriminalize or legalize cannabis use. However, in the most recent measurement of the ESPAD survey, that is in 2019, there was a decline in Poland in the use of both any drugs and cannabis preparations. A break in the trend in 2019 can also be noticed in the rates of inhalant use and a mildly marked decline in amphetamine use. It is worth noting, however, that between 2011 and 2019, the prevalence of use of any drugs and cannabis preparations was higher in Poland than the European average by about 4–5 percentage points (Figure 5).

A certain differentiator of Polish adolescents, which has persisted throughout all years of observation under the ESPAD project (1995–2019), is the high rate of use of tranquillisers or sedatives. In 2019, 15% of Polish adolescents aged 15–16 had used such drugs at least once in their lifetime

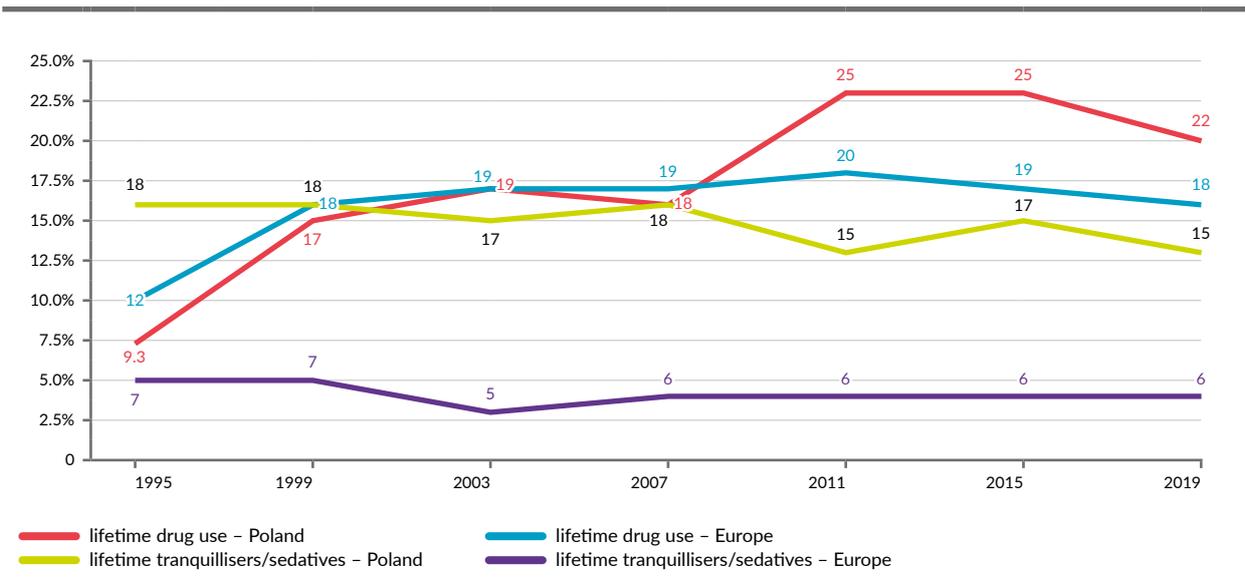
without a doctor's prescription. This rate is almost three times higher than the European average of the 30 countries participating in ESPAD surveys (Figure 5).

**Figure 4.** Drug use rates among 15–16 year old adolescents in Poland in 1995–2019 (%)



Source: Own analysis based on the results of the ESPAD survey (ESPAD Group, 2020).

**Figure 5.** Rates of using drugs and tranquillisers/sedatives among 15–16 year old adolescents in Poland in 1995–2019 in comparison with the results obtained in 30 European countries included in ESPAD surveys (%)



Source: Own analysis based on the results of the ESPAD survey (ESPAD Group, 2020).

## Adolescent risk behaviour and the COVID-19 pandemic

In March 2020, after the World Health Organization declared the state of COVID-19 pandemic, governments in many countries, including Poland, introduced a number of preventive restrictions on public and social life. This was to stop or reduce transmission of the virus and prevent infections. Schools, cinemas, theatres, cafes and sports fields were closed, freedom of movement was restricted and free access to public institutions was radically curtailed. These restrictions changed peoples' daily functioning and had a major impact on their wellbeing. Among the factors that may have influenced the behaviour of adolescents, including their risky behaviour, were: reduced opportunities to spend time out of home, disruption of the educational process at school, a significant reduction in physical activity and isolation from direct contact with peers. Peer contacts have largely shifted to distance learning and social media. How has this affected adolescents' risky behaviour? I will try to answer this question using the results of the Mokotow study and CBOS surveys conducted among schoolchildren. The cyclical nature of both of these research projects makes it possible to use their results to compare the prevalence of adolescent risk behaviour before and during the pandemic.

The Mokotow study aims at monitoring risky behaviours and mental health problems among 15-year-old schoolchildren from Warsaw. The surveys have been conducted at four-year intervals since 1984 (Ostaszewski, 2017b). As it happened, their latest round coincided with the pandemic – it was conducted in November and December 2020, when the schoolchildren had 8–9 months of pandemic experience behind them. This was a period of distance schooling and far-reaching restrictions on public life. Vaccination against COVID-19 was not yet available. A year later, in the autumn of 2021, another CBOS survey on youth attitudes and behaviour was commissioned by the National Bureau for Drug Prevention. The survey took place in the second year of the pandemic, when COVID-19 vaccination became available and when many restrictions were lifted, including the return of students to residential schooling.

The CBOS surveys are conducted on a nationwide sample of students in the final grades of secondary school, i.e. among 18- to 20-year-olds (Grabowska and Gwiazda, 2022). Like the Mokotow survey, they were used here to compare the prevalence of risky behaviour before the pandemic (2018 survey) and during the pandemic (2021 survey). The citation of these results thus provides an important addition to our knowledge of changes in the prevalence of risky behaviours in the oldest age group of school youth.

### Substance use

Typical risk behaviours of adolescents include the use of psychoactive substances, i.e. smoking traditional cigarettes, using e-cigarettes, drinking alcohol, and using drugs and psychoactive medications. The use of psychoactive substances is associated with many risks to health, safety and proper psychosocial development. Among them are: social (e.g. in relationships), health-related (e.g. poisonings, overdoses, infections, injuries and bodily harm, mental disorders, addictions), cognitive and emotional (impairment of memory, attention and other cognitive processes, difficult emotional experiences, symptoms of mental disorders), financial (e.g. expenses on psychoactive substances) and legal (e.g. offences and petty offenses committed “under the influence”, criminal liability and conflicts with the law, especially when using and acquiring illegal substances).

A comparison of the results of the 2016 and 2020 Mokotów surveys indicates that the use of all types of psychoactive substances (nicotine, alcohol, drugs and psychoactive medications) among Warsaw 15-year-olds decreased markedly during the pandemic. The largest decreases were observed in the prevalence of daily cigarette smoking and in the rates of drunkenness and drug use (Table 1). Substance use declined to a similar extent among girls and boys, with the exception of tranquillisers/sedatives. In their case, a significant decrease in use was recorded only among girls. The rates of medication use among boys did not change significantly during the pandemic.

Based on the results of the Mokotów survey, it was not possible to assess changes in e-cigarette use, as it was not asked about in the 2016 survey. It is interesting to note that in 2020 the rate of daily e-cigarette use was similar to that of traditional cigarette smoking (about 2.5%), while at the same time the rate of occasional e-cigarette use (about 17%) was about 3 percentage points higher than the rate of occasional smoking of traditional cigarettes (13.5%; Table 1). These results suggest that, to a large extent, the use of e-cigarettes among adolescents has equalled the prevalence of traditional smoking, as confirmed by the results of the nationwide ESPAD 2019 survey (Sierosławski, 2020).

A comparison of the results of the 2018 and 2021 CBOS surveys is summarized in Table 2, indicating that during the pandemic there was a marked decrease in frequent beer and wine consumption among 18–20-year-olds. There was also a decrease in drug use by 3 percentage points (pp), down from 16% to 13%. At the same time, no significant changes were found in the rates of cigarette smoking and drinking strong alcoholic beverages (vodka). The research carried out in the oldest age group of school youth indicates a decrease in some indicators of psychoactive substance use during the pandemic, but is not as unambiguous in its meaning as the results of the Mokotów study conducted in a group of 15-year-olds. In interpretation, it is worth taking into account the time of the study and the age of the subjects. The Mokotów survey was carried out in the autumn of 2020, when heavy restrictions on social contact related to the pandemic were in effect. The CBOS survey was conducted later (autumn 2021), when most of the onerous restrictions on social contact had already been lifted. In addition, it is worth remembering that the mobility restrictions applied to young people up to 16 years of age, so they did not affect 18–20-year-olds, who were able to contact their peers despite the pandemic.

**Table 2.** Psychoactive substance use before and during the COVID-19 pandemic. Data from two nationwide CBOS surveys of 18–20-year-old school students (percentages)

	Before the pandemic (2018; percentage)	During the pandemic (2021; percentage)
Smoking traditional cigarettes (only on special occasions)	21.0	19.0
Smoking traditional cigarettes (regularly)	18.0	20.0
Drinking alcohol beverages (at least once in last 30 days):		
beer	74.0	66.0
wine	43.0	37.0
vodka	62.0	62.0
Getting drunk (at least once in last 30 days)	44.0	43.0
Using drugs (at least once in the last year)	16.0	13.0

Source: Malczewski, 2022.

## Violent and aggressive behaviours

Violence and aggression are often considered in terms of antisocial behaviour, which is understood as violating the norms of social life or the rights of others (Farrington, 2005). Some of the most common antisocial behaviours among adolescents include bullying and cyberbullying, shoplifting and other misappropriation, destruction of public or other people's property, and cruelty to animals. Violence can have very serious consequences for the mental health of those affected. It can be for them a source of anxiety disorders, mood disorders and suicidal thoughts or attempts. Incidental fights or theft of items of little value happen to many people during adolescence and are considered transient "antisocial incidents" in the developmental process. However, these behaviours sometimes escalate and, for some people, take the form of a recurring pattern of behaviour that disrupts the young person's normal functioning at home or school. In such cases, the behaviours become a serious educational or social problem that requires educational intervention and sometimes even rehabilitative interventions in inpatient centres for socially maladjusted youth (Ostaszewski et al., 2019).

The prevalence of violent and delinquent behaviours among adolescents recorded in the last two rounds of the Mokotów survey is presented in Table 3. The results clearly indicate that among 15-year-old adolescents from Warsaw during the pandemic, there was a marked decrease in the percentages of all types of violent behaviours studied. Among the most prevalent were theft of things or money (about 29% before the pandemic and 18% during the pandemic) and using physical or psychological violence (more than 20% before the pandemic and about 12% during the pandemic). In interpreting these results, it is important to take into account that distance learning naturally reduced the possibility of peer victimisation and other violent behaviours at school (with the exception of cyberbullying).

**Table 3.** Violent and delinquent behaviours – at least once in the last year. Data from the last two rounds of the Mokotów survey conducted in Warsaw among 15-year-old school students (percentage of answers *at least once in the last year*)

	Before the pandemic (2016; percentage of answers <i>at least once in the last year</i> )	During the pandemic (2020; percentage of answers <i>at least once in the last year</i> )
Intentional breaking or damaging of other people's property	12.7	7.2*
Stealing property/money	28.7	18.3*
Intentionally hitting or injuring someone	21.7	12.4*
Engaging in cyberbullying, that is, regularly harassing a colleague using the internet or smartphones in such a way that it was difficult for him/her to defend himself/herself	14.5	10.1*
Engaging in physical or psychological violence against other students on or near school grounds	24.1	11.4*
Any violent behaviour from the above	51.6	36.4*

\*  $p < 0.05$ .

Source: Pracownia Pro-M, IPiN (unpublished data).

The prevalence rates of persistent cyberbullying among 15-year-olds from Warsaw were quite high (14.5% before the pandemic and about 10% during it). Interestingly, the prevalence of this form of violence did not increase during the pandemic. On the contrary, there was a decrease in its use, although in the 2020/21 school year, adolescents mainly interacted via instant messaging on a daily basis. These results suggest that the pandemic threat and the associated restrictions have contributed to a reduction in violent and delinquent behaviour among 15-year-old students. This is evident when considering the rate of any violent behaviour in the last year (about 52% before the pandemic vs. about 36% during the pandemic). The decrease in the prevalence of violent and delinquent behaviour was more or less equal among 15-year-old girls and boys.

The prevalence of violent and delinquent behaviour based on the 2018 and 2021 CBOS surveys is compared in Table 4. The results of this comparison are inconclusive. The prevalence of some violent behaviours has increased slightly (e.g. exclusion, sending offensive text messages), others have decreased (e.g. publishing humiliating information, photos/videos, stealing money/things), and still others have not changed in number (e.g. sexual harassment). The overall rate of any such behaviour decreased by 3 pp in the pandemic, from 42% to 39%. Thus, the results of the CBOS survey tend to indicate a stabilization of school violence rates and a return to the pre-pandemic situation.

**Table 4.** Violent and delinquent behaviours. Data from two most recent CBOS surveys of 18–20-year-old school students (percentage of answers *at least once in the last year*)

	Before the pandemic (2018; percentage of answers at least once in the last year)	During the pandemic (2021; percentage of answers at least once in the last year)
Exclusion, rejection by other students	24.0	26.0
An offensive text message or abusive instant message from any student at your school	10.0	13.0
Publishing humiliating information or photos/videos on the internet	10.0	6.0
Stealing money or an item at school	12.0	9.0
Being hit or beaten by your classmates or a student from another class	7.0	6.0
Sexual harassment at school (e.g. touching, stripping)	3.0	3.0
Use of violence by colleagues to extort or obtain something e.g. money	6.0	5.0
Any violent behaviour from the above	42.0	39.0

Source: Scovil, 2022.

## Gambling and other behavioural addictions

Behavioural addictions include a broad group of behavioural disorders or disorders of the sphere of habits and drives. Their most well-known examples are problem gambling and internet addiction. These behaviours are associated with damage to adolescents' mental health and social functioning. Loss of control over gambling is associated with many health, personal and social harms. Addiction often leads to the development of depression and suicidal behaviour, and can foster criminal behaviour (Silczuk and Habrat, 2017).

Data on the participation of 15-year-old adolescents in gambling are presented in Table 5. The results clearly indicate that the pandemic period contributed to a lower prevalence of all types of gambling. The most common form of adolescent participation in gambling was popular number games (e.g. Lotto). Young people also played cards or other games for money quite frequently. The overall gambling prevalence rate (participation in at least one gambling game in the last year) halved during the pandemic period, from about 37% to about 18%. This reduction equally affected both sexes, although the prevalence of gambling participation is much higher among boys. A similar trend is suggested by the results of the 2021 CBOS survey, which shows a 10 pp lower interest in gambling among 18- to 20-year-olds compared to the 2018 survey. (down from 51% to 41%). However, the results of the CBOS survey show that the pandemic has not

”

*A few years ago, friends persuaded me to try drugs. Since then, there have been no more situations like that, and I no longer have contact with them. Still, I'm all the time worried that someone might find out and that it could affect my future.*

*17-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

reduced the number of gamblers at risk of gambling addiction (this data is not shown in Table 5). In both 2018 and 2021, these “risky gamblers” made around 6–7% in the group of surveyed students of secondary school final grades (Gwiazda, 2022).

**Table 5.** Gambling in the last year. Data from two rounds of the Mokotów survey conducted among 15-year-old school students in Warsaw, percentages

	Before the pandemic (2016; percentage)	During the pandemic (2020; percentage)
Using gambling machines	8.6	4.1*
Playing LOTTO or other lotteries	21.5	7.2*
Betting money at bookmakers (sports or other)	8.7	3.5*
Playing cards, dice or other games for money (face to face or online)	13.5	6.9*
Participating in competitions or games where participation is paid by telephone	3.0	1.2*
Spending money on other types of gambling than those listed above	8.5	5.1*
Participation in at least one of the above games	36.8	17.8*

\*  $p < 0.05$ .

Source: Pracownia Pro-M, IPIŃ (unpublished data).

## Risky behaviour in the digital world

The world of cyberspace, the internet and computer games have become part of the everyday life of today's adolescents. The internet enables adolescents to satisfy many important developmental needs, including the need to maintain relationships with peers, the need for achievement or the need for information. Computer games exercise eye-hand coordination, develop strategic thinking, provide entertainment and thrills. However, excessive use of the internet and computer games involves a risk of losing control, an inability to use them rationally and has a negative impact on other spheres of life (family, school and peers). During the pandemic, when adolescents fulfilled their compulsory schooling remotely, online use became even a necessity, exacerbating the risk of excessive, unhealthy contact with cyberspace (Bigaj and Dębski, 2020).

Data on 15-year-olds' participation in the digital world is presented in Table 6, which shows that, in 2020 compared to 2016 data, there was an increase of approximately 8 pp in the number of 15-year-olds who spent at least 5 hours per day on various extracurricular online activities. This increase did not include time spent on online lessons, which was counted separately. Experts emphasise that time spent online is one of the main factors that increase the risk of internet use disorders (Bigaj and Dębski, 2020). The results of the Mokotow study indicate that among Warsaw 15-year-olds,

the prevalence of risky patterns of internet use increased by 2–3 pp during the pandemic. High risk (5–8 symptoms of internet addiction) was demonstrated by around 6% of Warsaw 15-year-olds, while moderate risk (3–4 symptoms) by approximately 15% (in 2016, about 5% and about 13%, respectively). Based on the results of the most recent CBOS survey, it is estimated that approximately 5% of 18–20 year olds exhibit symptoms of internet addiction and 26% are characterised by moderate risk of addiction (Feliksiak and Omyła-Rudzka, 2022).

**Table 6.** Risky behaviour in the digital world. Data from two rounds of the Mokotów survey conducted in Warsaw among 15-year-old school students (percentages)

	Before the pandemic (2016; percentage)	During the pandemic (2020; percentage)
Number of hours per day spent using the internet		
1–2 hours	35.5	29.8*
3–4 hours	27.9	28.7
5 or more hours	16.4	24.2*
Risky internet use		
5–8 symptoms of internet addiction	4.8	6.3
3–4 symptoms of internet addiction	12.8	15.3
Number of hours per day spent on playing computer games		
1–2 hours	20.5	23.2
3–4 hours	8.2	16.7*
5 more hours	5.6	9.6*

\*  $p < 0.05$ .

Source: Greń et al. (in print).

The results of the Mokotów study indicate that during the pandemic, adolescents spent significantly more time not only on (extracurricular) internet use, but also on computer games. Approximately 10% of 15-year-olds played them 5 hours a day or more, and almost 17% played 3–4 hours a day (Table 6). These high rates were “earned” mainly by boys, who clearly play screen games more often than girls. More time in front of the computer meant, at the same time, a decrease in teenagers' time spent on other forms of leisure activity. The results of the Mokotów study, also indicate that students spent less time out of home and outdoors as well as reading books for pleasure (Greń et al., in print).

## Symptoms of depressed mood that induce suicidal behaviour

Suicidal behaviour is a process or sequence of risk behaviours in which suicidal thoughts (ideation) and plans play an important role. Ideation starts a process that, in a crisis situation or other unfavourable circumstances, may result in a suicide attempt or lead to a suicidal death. Suicidal thoughts are fantasies and desires of one's own death. They can take an active form, when accompanied by plans to attempt suicide, or a passive form, when it is a desire to be in a situation of serious danger (Popek, 2017). The most common mental health disorders accompanying suicidal behaviour in adolescents include depressive disorders, behavioural disorders and substance use disorders (alcohol, drugs or medication).

Data on the prevalence of depressed mood symptoms and suicidal thoughts in 15-year-old adolescents are presented in Table 7. A comparison of the 2016 and 2020 results clearly shows that among 15-year-old adolescents from Warsaw the prevalence of all four depressed mood symptoms (sadness, loneliness, depression and crying) increased markedly during the pandemic. These increases were “earned” by girls, who exhibit a significantly higher prevalence of depressed mood symptoms. The sense of loneliness increased to the greatest extent, by approximately 14 percentage points (from 19.6% to 33.4%) in the entire study group. This marked deterioration in the mood of adolescents may largely account for the rather high prevalence of suicidal thoughts among 15-year-olds. Approximately 25% of adolescents had suicidal thoughts at least once or twice in the last year before the survey. Based on the results of the 2020 Mokotów survey, it is not possible to compare the prevalence of suicidal thoughts with earlier data, as neither in 2016 nor earlier was such a question asked. The studies to which these results can be compared are from the early 2000s. At that time, in a comparable age group, around 19% of young people reported having had suicidal thoughts in the year before the survey (Ostaszewski, 2018). The most recent CBOS survey of 2021, which also included a question about suicidal ideation (worded slightly differently), shows that

16% of young people in the final year of secondary school had suicidal thoughts *often* or *very often* (Roguska, 2022). As in the Mokotów study, also in the CBOS survey there are, unfortunately, no data to compare the prevalence of suicidal thoughts with the pre-pandemic period.

Surveys, both under Mokotów and CBOS studies, indicate that the pandemic period is conducive to significant risk factors for suicidal behaviour in young people. Hard data in this regard is provided by statistics of the National Police Headquarters (Policja, 2022), which show that in 2021 there was a sharp increase in the number of police-recorded suicide attempts among teenagers. Between 2017 and 2020, the prevalence of suicide attempts remained between 600 and 850 per year, while in 2021, 1,369 were recorded. It is important to bear in mind that the number of suicide attempts by teenagers recorded by the police is only a small fraction of these extremely dangerous behaviours. Their true number is difficult to estimate. On the basis of the EZOP II survey carried out before the pandemic, it can be conservatively estimated that around 14,000 adolescents aged 12–17 years have had a suicide attempt in their lifetime (Ostaszewski et al., 2021).

**Table 7.** Mental state that may induce self-harming behaviour. Data from two rounds of the Mokotów survey conducted in Warsaw among 15-year-old school students (percentages)

	Before the pandemic (2016; percentage)	During the pandemic (2020; percentage)
Symptoms of depressed mood all the time or frequently in the last 7 days		
I was sad	30.9	39.0*
I felt lonely	19.6	33.4*
I was depressed	30.3	35.4*
I felt like crying	19.3	27.6*
Suicidal thoughts in the last year		
Once or twice	No data	14.2
Sometimes		7.8
Often		3.4
-----		-----
At least once or twice		25.4

\*  $p < 0.05$ .

Source: Pracownia Pro-M, IPiN (unpublished data).

## Summary

Analysis of long-term trends in substance use among 15- to 16-year-old adolescents in Poland suggests a gradual decline in the prevalence of drinking alcohol and smoking traditional cigarettes. These trends are consistent with those observed among adolescents in other European countries. In 2019, a decrease in the prevalence of drug use was also observed among Polish adolescents. In this case, however, we cannot speak of a clear trend, as a decrease was recorded in only one (the most recent) measurement. We will have to wait for the next surveys to confirm or deny this favourable trend. From the perspective of long-term trends, reports on persistently high levels of use of tranquillisers/sedatives by adolescents in Poland taken without a doctor's prescription are alarming. New phenomena carrying significant risks for young people include the use of e-cigarettes.

The results of empirical studies indicate that changes in the prevalence of risk behaviour of schoolchildren during the COVID-19 pandemic vary depending on the type of behaviour. Firstly, empirical data are available to suggest that the prevalence of adolescent externalizing behaviour decreased particularly during the first year of the pandemic, when distance learning and significant restrictions on school-age adolescents' social contacts were in place. The Mokotów study, which covers the first 8–9 months of the pandemic, shows a marked reduction in the prevalence of risk behaviours such as the use of different types of psychoactive substances, violent behaviour and gambling among 15-year-olds. This marked decrease in prevalence was probably related to a reduction in important risk factors for adolescents' externalising behaviours, in particular negative peer influences, which for adolescents are one of the strongest risk factors (Hair et al., 2009). In this context, it is interesting to ask how rates of these risky behaviours will change in the post-pandemic period. Will they return to pre-pandemic levels? This question will soon be answered by the next rounds of cyclical surveys conducted among 15-year-olds, i.e. HBSC 2022 and ESPAD 2024. The CBOS survey, conducted in autumn 2021 in the oldest age group of school youth, confirmed

a decrease in the prevalence of only some behaviours (mainly the use of certain psychoactive substances). In the case of violent behaviours and gambling, however, it did not provide grounds for finding a decrease or increase in the prevalence. Rather, the results indicate a stabilisation of their prevalence at pre-pandemic levels.

Secondly, the pandemic period was associated with an increase in the number of hours schoolchildren spent in front of a computer for browsing the internet or playing computer games. Time spent in front of a computer screen or mobile device is one of the strongest predictors of problematic internet use or compulsive gaming. Data from the Mokotów and CBOS surveys give grounds to conclude that the pandemic period has contributed to an

increase in risky or problematic use of digital devices by schoolchildren. This is also confirmed by reports of other studies conducted during the pandemic (Pyżalski, 2021).

Finally, survey results suggest that the pandemic period contributed to an increase in youth mental health disorders (internalising problems), which are associated with suicidal behaviour. The results of the Mokotów survey clearly indicate that the prevalence of depressed mood symptoms among schoolchildren increased during the pandemic. This was associated with the occurrence of suicidal thoughts in a significant group of adolescents, as confirmed by both the Mokotów and CBOS surveys. These trends translate into the number of suicide attempts among adolescents as observed by the Police.

## References

- Bigaj, M., Dębski, M. (2020). Subiektywny dobrostan i higiena cyfrowa w czasie edukacji zdalnej. In: G. Ptaszek, D. Stunża, J. Pyżalski, M. Dębski, M. Bigaj, *Edukacja zdalna: co stało się z uczniami ich rodzicami i nauczycielami?* (p. 75–111). Gdańskie Wydawnictwo Psychologiczne. Pobrane z: [https://zdalnenauczanie.org/wp-content/uploads/2022/08/ZDALNA-EDUKACJA\\_FINAL-1.pdf](https://zdalnenauczanie.org/wp-content/uploads/2022/08/ZDALNA-EDUKACJA_FINAL-1.pdf)
- Dzielska, A., Kowalewska, A. (2014). Zachowania ryzykowne młodzieży – współczesne podejście do problemu, *Studia BAS*, 2(38), 141–170.
- ESPAD Group. (2020). *ESPAD Report 2019: Additional tables*. Publications Office of the European Union.
- Farrington, D. (2005). Childhood origins of antisocial behavior. *Clinical Psychology and Psychotherapy*, 12, 177–190.
- Feliksiak, M., Omyła-Rudzka, M. (2022). Zainteresowania i aktywności. In: M. Grabowska, M. Gwiazda (ed.), *Młodzież 2021. Raport z badań ilościowych zrealizowanych przez Fundację CBOS na zlecenie Krajowego Biura ds. Przeciwdziałania Narkomanii* (p. 167–199). Fundacja Centrum Badania Opinii Społecznej.
- Grabowska, M., Gwiazda, M. (ed.). (2022). *Młodzież 2021. Raport z badań ilościowych zrealizowanych przez Fundację CBOS na zlecenie Krajowego Biura ds. Przeciwdziałania Narkomanii*. Fundacja Centrum Badania Opinii Społecznej.
- Greń, J., Ostaszewski, K., Bobrowski, K., Pisarska, A., Biechowska, D. (w druku). Cyfrowi tubylcy na lekcjach online. Korzystanie z internetu przez warszawskich nastolatków przed i w trakcie pandemii COVID-19. Badania mokatowskie 2016–2020. *Alkoholizm i Narkomania*.
- Gwiazda, M. (2022). Uczestnictwo w grach o charakterze hazardowym. In: M. Grabowska, M. Gwiazda (ed.), *Młodzież 2021. Raport z badań ilościowych zrealizowanych przez Fundację CBOS na zlecenie Krajowego Biura ds. Przeciwdziałania Narkomanii* (p. 200–207). Fundacja Centrum Badania Opinii Społecznej.
- Habrak, B. (ed.). (2016). *Zaburzenia uprawiania hazardu i inne tak zwane nałogi behawioralne*. Instytut Psychiatrii i Neurologii.
- Hair, E., Park, M., Ling, T., Moore, K. (2009). Risky behaviors in late adolescence: co-occurrence, predictors, and consequences. *Journal of Adolescent Health*, 45, 253–261.
- Jessor, R. (1998). New perspectives on adolescent risk behaviour. In: R. Jessor (ed.), *New perspectives on adolescent risk behaviour* (p. 1–10). Cambridge University Press.
- Malczewski, A. (2022). Młodzież a substancje psychoaktywne. In: M. Grabowska, M. Gwiazda (ed.), *Młodzież 2021. Raport z badań ilościowych zrealizowanych przez Fundację CBOS na zlecenie Krajowego Biura ds. Przeciwdziałania Narkomanii* (p. 208–223). Fundacja Centrum Badania Opinii Społecznej.
- Mazur, J., Małkowska-Szkućnik, A. (ed.). (2018). *Zdrowie uczniów w 2018 roku na tle nowego modelu badań HBSC*. Instytut Matki i Dziecka.
- Ostaszewski, K. (2014). *Zachowania ryzykowne młodzieży z perspektywy mechanizmów resilience*. Instytut Psychiatrii i Neurologii.
- Ostaszewski, K. (2017a). Używanie substancji psychoaktywnych jako przejaw zachowań ryzykownych młodzieży szkolnej. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 16(1), 132–145.

- Ostaszewski, K. (ed.). (2017b). *Monitorowanie zachowań ryzykownych, zachowań nałogowych i problemów zdrowia psychicznego 15-letniej młodzieży. Badania mokotowskie 2004–2016. Badania ukraińskie, obwód lwowski 2016*. Instytut Psychiatrii i Neurologii.
- Ostaszewski, K., Bobrowski, K., Greń, J., Pisarska, A. (2019). Nasilone zachowania ryzykowne wśród podopiecznych młodzieżowych ośrodków socjoterapeutycznych i wychowawczych; *Alkoholizm i Narkomania*, 32(4), 291–316.
- Ostaszewski, K., Kucharski, M., Stokwiszewski, J. (2021). Zaburzenia zdrowia psychicznego wśród młodzieży w wieku 12–17 lat. In: J. Moskalewicz, J. Wciórka (ed.), *Kondycja psychiczna mieszkańców Polski. Raport z badań "Kompleksowe badanie stanu zdrowia psychicznego społeczeństwa i jego uwarunkowań – EZOP II"* (p. 643–687). Instytut Psychiatrii i Neurologii.
- Policja. (2022). *Statystyka – Zamachy samobójcze od 2017 roku*. <https://statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze>
- Popek, L. (2017). Problemy zdrowia psychicznego dzieci i młodzieży w wieku szkolnym. In: W. Ostregą, A. Oblacińska (ed.). *Standardy postępowania i metodyka pracy pielęgniarki szkolnej* (p. 48–61). Instytut Matki i Dziecka.
- Pytka, L. (2001) *Pedagogika resocjalizacyjna. Wybrane zagadnienia teoretyczne, diagnostyczne i metodyczne*. Akademia Pedagogiki Specjalnej im. M. Grzegorzewskiej.
- Pyżalski, J. (2012). Agresja elektroniczna i cyberbullying jako nowe ryzykowne zachowania młodzieży. Oficyna Wydawnicza "Impuls".
- Pyżalski, J. (2021). Zdrowie psychiczne i dobrostan młodych ludzi w czasie pandemii COVID-19 – przegląd najistotniejszych problemów. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 20(2), 92–115.
- Roguska, B. (2022). Samopoczucie psychiczne. In: M. Grabowska, M. Gwiazda (ed.), *Młdzież 2021. Raport z badań ilościowych zrealizowanych przez Fundację CBOS na zlecenie Krajowego Biura ds. Przeciwdziałania Narkomanii* (p. 31–37). Fundacja Centrum Badania Opinii Społecznej.
- Scovil, J. (2022). Życie szkolne. In: M. Grabowska, M. Gwiazda (ed.), *Młdzież 2021. Raport z badań ilościowych zrealizowanych przez Fundację CBOS na zlecenie Krajowego Biura ds. Przeciwdziałania Narkomanii* (p. 38–61). Fundacja Centrum Badania Opinii Społecznej.
- Sierostawski, J. (2020). *Używanie alkoholu i narkotyków przez młodzież szkolną. Raport z ogólnopolskich badań ankietowych zrealizowanych w 2019 r.* Instytut Psychiatrii Neurologii, Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Krajowe Biuro ds. Przeciwdziałania Narkomanii.
- Silczuk, A., Habrat, B. (2016). Zaburzenia uprawiania hazardu. In: B. Habrat (ed.), *Zaburzenia uprawiania hazardu i inne tak zwane nałogi behawioralne* (p. 83–151). Instytut Psychiatrii i Neurologii.
- Wolańczyk, T. (2002). *Zaburzenia emocjonalne i behawioralne u dzieci i młodzieży w Polsce*. Akademia Medyczna w Warszawie.
- Woynarowska, B., Mazur, J. (2012). *Tendencje zmian zachowań zdrowotnych i wybranych wskaźników zdrowia młodzieży szkolnej w latach 1990–2010*. Instytut Matki i Dziecka, Wydział Pedagogiczny Uniwersytetu Warszawskiego.
- Urban, B. (2000). *Zaburzenia w zachowaniu i przestępczość młodzieży*. Wydawnictwo Uniwersytetu Jagiellońskiego.

**Citation:**

Ostaszewski, K. (2022). Risky behaviour in Polish adolescents. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 180–197). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Adolescent sexual health

## – selected issues

*Izabela Jąderek – Department of Psychiatry, Centre of Postgraduate Medical Education*

### List of issues

---

- 199 Introduction
- 199 Adolescent sexual behaviour
- 200 Sexual initiation – legal and medical procedures
- 203 Sexual health knowledge and sex education
- 204 Selected risky sexual behaviours among adolescents
- 206 Norm, caution and prevention
- 207 Risky behaviour resulting from the experience of minority stress
- 209 Summary
- 209 References
- 214 Legal references

## Introduction

**A**dolescent sexual behaviour is a matter of wide public interest. It tends to be feared by adults, including parents and teachers, who are most often unable to discuss topics related to sexuality with teenagers or avoid them in conversations. Consequently, they fail to impart knowledge to the child about the physiology of puberty and emotional development, as well as neglect topics related to staying safe in relationships and online. The increase in anxiety experienced by adults is primarily related to the influence that social media content and cultural role models have on young people and the increasing number of phenomena that may pose a threat to the safe psychosexual development of adolescents, such as pornographic materials, online hate speech and other forms of peer victimisation. In addition, many adults see threats to the safety of children and young people in the ongoing and rapid social and cultural changes. Adults often do not understand them, which triggers increased scrutiny of children's behaviour.

The purpose of this chapter is to present the evolution of adolescent sexual behaviour, the opportunities and recommendations for supporting adolescents' independent and autonomous decisions concerning their sexual health and to discuss selected risky sexual behaviours. The chapter is cross-sectional and will provide information on the definition of normative adolescent sexual behaviour, legal issues related to the age of consent to sexual activity, access to gynaecological care for adolescents from the perspective of legislation and the age of consent, adolescents' knowledge on sexual health and contraception and engaging in risky sexual behaviours.

## Adolescent sexual behaviour

Sexuality (from Latin term *sexus* meaning "gender") is, in other words, the fact of a person's belonging to a particular gender and experiencing all the consequences that stem from it (Beisert, 2006a). "It is an innate attribute and an innate function of the human organism, subject to complex external and internal conditions that require a broad view and interdisciplinary effort" (Izdebski, 2008). Sexuality is a component of personality and largely influences a person's life, their choices, decisions and the way they think about themselves. It manifests itself both in the way of experiencing oneself and manifesting one's needs. It is related to the identification and experiencing of one's sexual and gender identity, to sexual behaviour, as well as to the readiness and ability to satisfy needs such as the need for love, intimacy or affection (Beisert, 2006b). Sexuality is shaped from childhood: initially as a result of socialisation, which is transmitted by the child's first caregivers (usually parents), who themselves have often not received knowledge concerning sexuality. Their lack of knowledge results in limited opportunities to transmit knowledge and correct attitudes about sexuality to their

children. In many homes, parents seem uninterested in educating their children about sexuality – they avoid the subject, imagining that this problem will somehow solve itself when the child is grown enough. Other parents withdraw from talking to their children on their own, ceding the responsibility for education to the school and expecting it to impart knowledge on the subject and to educate the children in certain values and attitudes regarding relationships and sexuality. Still others expect the school to stop imparting such knowledge to children altogether, as they believe that this area entirely belongs to the sphere of convictions, for which caregivers are solely responsible. There is also a group of parents who note the necessity for the school and the family home to cooperate in the provision of sex education and who support the school in organising such classes (Beisert, 1991; Zielona-Jenek and Chodecka, 2010).

Leaving adolescents without education in this area, belittling and distorting the essence of psychosexual development results in young people not understanding the processes of their bodies, lacking knowledge on health, norms, emotionality and relationship building and – finally – not understanding their own sexuality. As a result, young people incur emotional costs: confusion, self-shaming and anxiety, other psychological costs in terms of unconsciously reinforcing harmful stereotypes and beliefs about their own and the other gender, gender roles and comparing oneself to others, as well as behavioural costs in terms of reduced ability to make responsible decisions, anticipate their consequences and plan for the future. In addition, peer pressure leads some adolescents to believe that their peers are more sexually active than they actually are, and thus engage in various forms of sexual activity without being emotionally or physically prepared for it (Izdebski, 2008).

When discussing adolescents' sexual behaviours, it is important to first define the norms concerning them: what can be considered characteristic of this age group, what is within the developmental norm or what can be described as behaviour requiring intervention. Sexual activity among children and adolescents that falls within the norm is considered to be the activity which:

- does not impede the developmental tasks envisaged for this period,
- falls within the repertoire of sexual behaviour characteristic of the age in question,
- takes place between persons of a similar age,
- is on voluntary basis
- leads to meeting sexual goals,
- does not compromise health,
- does not grossly violate the accepted social order (Beisert, 2006c).

It is worth remembering that sexual contacts undertaken by adolescents have a specific developmental significance – they both serve as preparation for taking up specific roles in the future (of a partner) and form the basis for shaping relational and interpersonal attitudes as well as emotional and social development of young people. Adolescent sexual activity usually follows a similar, characteristic pattern, i.e. from less to increasingly mature forms. It usually begins with masturbation, through kissing and non-penetrative sexual contacts (e.g. petting) up to sexual initiation, which is usually understood as genital penetrative contact (Beisert, 1991, 2006b; Lew-Starowicz, 2000). However, it should be borne in mind that this understanding is exclusionary for people in heterosexual relationships with experiences of oral or anal contact and for people in homosexual relationships. Furthermore, increasingly sexual initiation is also conceptualised as any form of advanced whole-body caressing of a non-penetrative nature. It is worth bearing in mind at this point that the whole process is characterised by a high degree of differentiation and can proceed without intermediate phases.

## Sexual initiation – legal and medical procedures

In Poland, as in most countries in the world, the age of sexual initiation is steadily decreasing. It currently falls between 15 and 18 years of age. (Beisert, 1991; Jarzabek-Bielecka et al., 2012; Wojtasiński, 2021; Woynarowska, 2014). From the analysis of research reports, it is possible to conclude

that sexual activity before the age of 18 affects approximately 80% of adolescents, making it common among this age group (Woynarowska et al., 2004). This age is relevant from the medico-legal perspective for a minor engaging in sexual activity and expecting the advice of a gynaecologist, an examination or the prescription of hormonal contraceptives. The legal and medical principles are in contrast to each other – the fixed age of consent in Poland (15 years of age) and the decision to undertake sexual activity by adolescents is at odds with their functioning in the area

of guardianship, which until the age of 18 is usually exercised by parents, and the requirement of the guardian's consent to certain health services. The situation is similar in the case of health care – a minor acquires full rights as a patient at the age of 16. In Poland, there is no common position of the legal and medical communities on this issue (Jarząbek-Bielecka et al., 2012). According to the Act on Health Care Institutions, every patient has the right to self-determination, respect for physical and mental integrity and respect for privacy. According to these rules, the participation of the legal guardian of a patient who is 16 years of age or older represents the co-determination of the performance of a health service.

The results of a minor's subjective and physical examinations theoretically do not have to be communicated to his or her legal guardian if he or she requests confidentiality and when confidentiality does not affect his or her health and possibly planned medical procedures. According to these rules, minors have the right to health care and protection to the extent necessary for their well-being and in an appropriate manner that takes into account their age and maturity. In addition, young persons should be able to express their views freely and their opinions should be taken into account in matters concerning them (Act of 5 December 1996 on the Professions of Physician and Dentist [Dz.U. 1997 No. 28 item 152];

Act of 25 February 1964 – Family and Guardianship Code [Dz.U. 1964 Nr 9 item 59]; Convention on the Rights of the Child adopted by the United Nations General Assembly on 20 November 1989 [Dz.U. 1991 No. 120 item 526]).

While in Poland only the legal guardian gives consent for a minor (under 18 years of age) to be admitted to hospital and examined, the situation may be different in an outpatient setting. In some family outpatient clinics, when a minor patient presents for an appointment, the doctor usually assumes the presumed consent of the guardian

and examines the patient. However, when the patient contacts a gynaecologist, the procedure is not so clearly defined. The possibility of counselling on sexual activity, prescribing contraceptives or performing a gynaecological examination is debated (Jarząbek-Bielecka et al., 2011; Jarząbek-Bielecka et al., 2012; Sowińska-Przepiera et al., 2008;). This is related to the fact that, in the case of adolescents, the possibility of prescribing and using contraception has been the subject of much debate in Poland for years, with medical, ethical, moral and religious arguments being invoked. Diverse, often personal beliefs, and therefore ambiguous positions, make it difficult to establish clear procedures and adequately assist the underage patient. It is necessary to look at the phenomenon and the possibility of

accessing medical help bearing in mind that a girl most often should become a patient of a gynaecological clinic after her first menstrual period (i.e. around the age of 13) (Jarząbek-Bielecka et al., 2012). Informed consent to sexual activity and the possibility of accessing medical care are considered independently of each other, and the concept of a child's maturity – depending on the category – is vague and marked by subjective judgement (Kędziora, 2003; Kmiecik, 2017). In order to assess this discrepancy and to indicate the potential health care options for minors, according to experts, the age limits relating to

”

*Lately I've been depressed, very stressed and sleeping badly. I am bullied because I belong to the LGBT+ community. My family is homophobic. I can hardly imagine disclosing who I am in front of them. How can I tell my mom about it?*

14-year-old girl

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

the legal acts of minors appear to be worth highlighting (Sowińska-Przepiera et al., 2013):

- at 13 years of age – the child acquires some capacity for acts in law, however limited;
- at 15 years of age – sexual intercourse with the minor is no longer criminalised;
- at 16 years of age – the minors attain limited patient rights.

In the Polish legal system, causing a person under 15 years of age to engage in a sexual intercourse, to submit to another sexual activity or to perform such an activity is an offence (Kunicka-Michalska and Wojciechowska, 2001). According to the law, anyone who engages in sexual activities with a minor under 15 years of age violates the minor's sexual freedom, as the victim of such an act is not able to express a legally valid decision on consenting to these activities. This issue is similarly regulated in other countries in Europe, where a 15-year age limit prevails, which is in line with the standards of the Council of Europe. This age limit is based on two facts – according to scientific reports it is adequate as regards the age at which most adolescents decide for sexual initiation and it is accepted by legal experts (Filar, 2004). At the same time, under Polish legislation, a child under the age of 18 cannot exercise their rights as a patient on their own and without control, as the participation of their legal guardian is required in the decision on diagnosis and treatment. Thus, a child over the age of 16 and under the age of 18 may exercise patient rights under the control of a legal guardian, whose consent is necessary to carry out certain procedures with respect to the child. From the age of 16, the child acquires the right to participate directly in decisions relating to medical procedures and health services concerning the child (Dercz and Rek, 2003). Considering the age of sexual initiation and the age of informed consent to sexual activity, the legal regulations concerning the granting of consent for medical procedures and restrictions in this regard seem illogical. The gynaecological community has called for changes in the rules for the treatment of under-age patients of outpatient gynaecology clinics. Of those proposed, the following seem relevant to this chapter:

- Above 15 and under 16 years of age:
  - visit to the doctor should take place with the participation of the legal guardian;
  - gynaecological examination requires the consent of the legal guardian;
  - knowledge of intercourse should not be concealed from the legal guardian;
  - prescribing contraceptive pills, if there are no medical contraindications, requires the consent of the legal guardian and of the patient if she has initiated or intends to initiate sexual intercourse soon
- Above 16 and under 18 years of age:
  - patient should confirm that her legal guardian consents to her visit to the doctor. If the patient presents herself on her own for a gynaecological examination, written consent is not necessary;
  - gynaecological examination should be carried out with the patient's consent, without the need for the consent of her legal guardian;
  - knowledge of sexual intercourse does not have to be communicated to the legal guardian if the patient objects to it and if it does not affect further medical procedures;
  - prescribing contraceptives: refusal if there are absolute medical contraindications, requirement of the legal guardian's consent in case of relative contraindications. Contraceptives can be prescribed without the consent of the legal guardian if the patient is healthy (as confirmed by an examination), refuses to inform the guardian of her wish to take contraceptives, engages in sexual intercourse and there is an established emotional bond with her partner. In such a situation, it is advocated that the prescription of hormonal contraception is noted in the medical history with an annotation that the minor is not willing to inform the legal guardian (Jarzabek-Bielecka et al., 2012; Sowińska-Przepiera et al., 2013).

At this point, it should be emphasised that the common belief that the child is the property of the parents is not only incorrect, but also harmful to the child's psyche.

According to the Family and Guardianship Code, it is the duty and right of the parents towards the child – until the child acquires full rights – to ensure that the child is properly cared for and that his or her interests are safeguarded. Decisions made by parents concerning the child should take into account the child's autonomy to decide about themselves, including their age, maturity and beliefs (Andrzejewski, 2014; Szok and Terlecki, 2016). Family law adopts the principle of the best interests of the child, which legal guardians should be guided by and which means that the interests of the child should determine how parents perform their tasks in relation to the child (Pawlak, 2015).

## Sexual health knowledge and sex education

The topic of access to gynaecologists and ability to talk freely about sexual health issues is linked to adolescents' knowledge when it comes to contraception and sexual health. The World Health Organisation (WHO) postulates that teaching about different methods of contraception should be a collaborative effort of parents, teachers and all other adults around the child who influence their education, as well as gynaecologists and paediatricians (WHO, Federalne Biuro ds. Edukacji Zdrowotnej w Kolonii, 2012). Based on data from the literature and experts' own opinions, the American College of Obstetricians and Gynecologists (ACOG) emphasises that an essential factor in conducting sex education is to provide adolescents with an atmosphere of privacy and safety where they can ask questions and talk about their concerns (ACOG, 2016). Research in recent years indicates that teenagers have a very low level of knowledge about contraception. Adolescents make the decision to start sexual intercourse quite early, they want to appear mature, and they often succumb to peer pressure or pressure from the partner. Literature data indicate a tendency for young people to initiate sexual intercourse earlier and earlier. The average age of sexual initiation for women in 1997 was 19.34 years, in 2001 – 19.2 years, and in 2005 – 18.83 years. For men the figures are similar, in 1997 it was 18.43 years, in 2001 – 18.32 years,

and in 2005 – 18.06 years (Jankowiak and Gulczynska, 2014). The reasons for the decision to initiate intercourse are varied. The majority of girls (70.7%) indicate love, while boys declare sexual excitement and curiosity (64.3% and 60.6%, respectively; Pastwa-Wojciechowska and Izdebski, 2014). Lack of sex education contributes to early initiation of sexual activity, thereby increasing the number of pregnancies in young girls, as well as the incidence of sexually transmitted infections. Estimates indicate that approximately 40% of pregnancies worldwide are unintended. This is usually due to not using contraception, failure of a contraceptive method or its ineffectiveness (Wendot et al., 2018). In the Polish socio-political environment, there has been a conflict for years about the legitimacy of introducing reliable, worldview-neutral sex education in primary and secondary schools (Dec-Piotrowska and Walendzik-Ostrowska, 2020; Jeznach, 2021; Rzecznik Praw Obywatelskich, 2022). Political opponents of its introduction justify their position by the alleged sexualisation of children and adolescents by those conducting such classes, the promotion of wrong and inappropriate attitudes, and the encouragement of children by educators to engage in sexual activity. It therefore seems important to pay attention to both social attitudes towards sexual education and the experts' opinions. Many experts are of the opinion that Polish society is not mature enough to discuss contraception. At the same time, research as early as in 2007 indicated both a significant approval of Polish society for sexual education classes (84%) and a large percentage of the population supporting the use of various forms of pregnancy prevention (Centrum Badania Opinii Społecznej [CBOS], 2007). Research conducted by CBOS in 2019, showed that the majority of respondents (74%) disagree with the opinion about the demoralising effect of sex education on children. In addition, 70% of Polish adults do not see the link between sex education and an early sexual initiation or arousing children's interest in sex. Respondents believed that knowledge about human sexuality should be obtained by children from their parents (87%), followed by teachers, school psychologists or educators (75%). Respondents also pointed to specialists outside the school, such as a sexologist (51%). Although the respondents assign the responsibility for sex education mainly to the parents,

they also indicate the need for support from the school and from persons professionally trained to deliver sex education (CBOS, 2019). A 2015 report by the Educational Research Institute (IBE) shows a similar trend. The majority of both 18-year-olds (87%) and parents of school-aged children surveyed (88%) pointed to the need for sex education classes at school. More than half of the adolescents (54%) felt that the classes should be conducted by a professional not connected with the school: a psychologist, physician or sex educator. The necessity of sex education is advocated by a large part of society, its introduction is supported by

expert consensus and NGOs, but despite a clearly defined position it is still difficult to find agreement between its supporters and opponents, with the latter usually disseminating incomplete, untrue or manipulative content. Some of the teaching is also done by people who often have neither the knowledge nor the preparation for it (IBE, 2015).

Despite years of tireless and consistent work by many communities for reliable knowledge, adolescents still do not know how to build romantic and sexual relationships. They often focus not on what intercourse might look like, but on getting into it as quickly as possible. They are also often aggrieved by peer victimisation or exposed to content that is inappropriate for their age and treated without due criticism. There is no doubt, therefore, that the introduction of reliable sex education programmes could significantly influence decisions to engage in sexual activity and use contraception, thus reducing the number of unwanted pregnancies and sexually transmitted infections, as well as support young people in building relationships and teach caution in the use of the internet and social media. Physicians of all specialities and other health care professionals should be knowledgeable about adolescent sexuality and their needs. Providing adolescents with knowledge about contraception, including its benefits and the consequences of not using it, is the most important factor in

”

*People around me do not accept me because I am a lesbian. It terribly hurts me that my friends rejected me when they found out about my orientation. I realised that they never were my friends after all.*

14-year-old girl

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

protecting young people from unwanted and premature pregnancy. Bearing in mind that sex education is one of the basic elements of health education, it would be advisable to develop specific health care regulations concerning adolescents and a core curriculum for sex education classes, which could improve the formation of proper habits and behaviour in adolescents.

## Selected risky sexual behaviours among adolescents

The tendency to engage in risky activities among young people is considered a normative feature of adolescence (Arnett, 2007; Jankowiak and Wojtynkiewicz, 2018). As a rule, it is related to testing the limits of one's independence, the tendency to experiment and to seek a variety of experiences that influence the understanding and formation of one's own identity. In other words, in addition to the real hazard, risky behaviour carries and can have a developmental value by contributing to gaining independence and self-reliance, achieving new goals. Adolescents perceive risk differently, tend to underestimate it. Adolescence is a process stretched into a "rite of passage" between childhood and adulthood (Pringle et al., 2017), when young people tend to close down in their own world and withdraw from relationships with previous authority figures (both in the family and at school). This is accompanied by ambivalence and emotional and behavioural lability – contradictory behaviours, explosive and violent emotional reactions, as well as anxiety about their own sexuality. This often results in helplessness, powerlessness in the face of bodily changes and, as a result, attempts to cope with these changes in ways with varying degrees of adaptability (Jankowiak and Wojtynkiewicz, 2018; Smith et al., 2013; Valle et al., 2009). The strong experience of anxiety, tension and resentment towards the difficulties experienced can be alleviated by frequent use of the internet. From the point of view of

the developmental stage of adolescence, when belonging to a peer group is a way of defining one's identity and separating oneself from the adult world, the internet makes it possible to express feelings and opinions and to belong to the community. For some young people, it also acts as an external container for the difficulties they experience, where they can vent their fears, frustrations, difficulties in building peer relationships, learning problems or anxieties about their own sexuality. The answer to these anxieties can be found in social media, where young people try to build relationships, but also draw inspiration for their image and attractiveness, due to the multitude of content available there focusing primarily on these aspects. This results in a need for self-expression, a desire to fit in with current role models and therefore frequently sharing of bold sexually explicit images and creation of such content. The internet and social media provide an opportunity to easily communicate with others. However, online forums, social networking sites and their advantages in terms of anonymity and ease of communication provide an opportunity for adults seeking to contact and establish relationships with minors for sexual purposes.

*Risky behaviour* is a term that is usually used to describe behaviours that are potentially harmful to health (as opposed to health-promoting behaviours). These can include, but are not limited to, premature or risky sexual behaviour, substance use, eating disorders and suicide-related behaviour. The literature suggests that adolescents' risky behaviours are correlated, meaning that engaging in one type of behaviour may indicate an increased likelihood of engaging in other types or patterns of behaviour (Nadworna-Cieślak and Ogińska-Bulik, 2011; Romer et al., 2017; Tinner et al., 2021). Reports from research among children and adolescents indicate that the most common behaviours of this type include smoking, drinking alcohol, using other psychoactive substances, premature sexual initiation, peer violence and bullying (including cyberbullying). Engaging in these behaviours is associated with increased symptoms of stress and depressive states, problems at school, difficulties in relationships with peers and parents, and an increased risk of persistence of dangerous behaviour in the future (Topping, 2012). The most important

and prevalent risky sexual behaviours among young people include engaging in sexual activity too early and without adequate protection (discussed earlier in the chapter), as well as *sexting* (sending erotic content over the phone or internet) and *grooming* (seducing minors online).

*Sexting*, i.e. sending photos or short videos with erotic content to another person, is usually done using a mobile phone (Fundacja Dajemy Dzieciom Siłę, 2020). This behaviour often refers to people who are trying to overcome their shyness in interpersonal relationships, who want to attract attention of someone of the same or opposite sex, who are afraid of rejection or who lack the ability to establish a relationship through traditional contact. This usually involves expressing trust in the partner or feeling a bond with him or her. According to research by the Internet Watch Foundation, an English NGO, almost 90% of images of this type taken by teenagers are stolen and then posted on pornographic sites (UK Safer Internet Centre, 2017). Making such an image public often involves blackmailing or excluding the teenager from their peer group. Other UK research shows that among 14–16 year olds, 40% know someone who sends nude pictures and 27% know people who do it regularly. In addition, 20% of young people see nothing wrong with distributing pictures showing full nudity and 40% think that sending topless pictures is perfectly acceptable (Kamieniecki et al., 2017). As far as Poland is concerned, data from a study conducted by the NASK research institute *Teenagers 3.0* in 2021 shows that 8.3% of young people aged 15–18 have ever received a nude photo or video and 2.2% have sent a nude photo or video of themselves to another person, which is a decrease of at least several per cent compared to data from previous years (Pyżalski et al., 2019). On the other hand, the *EU Kids Online* survey conducted in Poland in 2018 shows that in a year 3.8% of respondents had been exposed to sexting, and one in four teenagers in this group sends their intimate material to others at least once a month (Pyżalski et al., 2019). It is also increasingly common to encounter the phenomenon of minors producing and publishing sexual content online. The data of the Dyżurnet team indicate that in 2019, out of 2,157 reports of content showing child sexual abuse material (CSAM), 9% were self-generated

by minors. In 2020, the percentage was 14% with 2,517 CSAMs reported, and in 2021 8% with 2,069 CSAMs reported (NASK, 2021).

For a teenager, contact with sexually explicit content is embarrassing and causes fear, powerlessness and helplessness. Figures for the European Union as a whole show that, among online dangers, sexting is one of the experiences providing children with the most intense emotions they cannot cope with. It is worth remembering that the child is completely vulnerable to abuse and does not know how to deal with exposure to this type of content – 45 to 60% of children do not take any countermeasures (Kamieniecki et al., 2017). Particularly difficult for them emotionally is to be confronted with unfamiliar and incomprehensible content. Also, those sending sexually suggestive content put themselves at risk – they may face blackmail to extort benefits in exchange for keeping secret the received photos/videos discrediting the sender.

According to the *Teenagers 3.0* survey report, a large group of teenagers communicate online with people they have never met before. When asked about communicating with “online acquaintances you haven’t met in the real world”, the answer *never* was selected by less than half of the respondents (48%). The next most common responses were *several times a day* (14.6%), *several times a year* (13.5%), *several times a month* (8.9%), *several times a week* (8.6%) and *once a day* (6.4%). When asked “Do you think it can be dangerous to meet adults you know from the internet?” 8.4% of the children surveyed answered *no*, while as many as 19.1% answered that it was *hard to say* (NASK, 2016). Thus, the results indicate a rather high percentage of children who do not see the danger in communicating with people they meet online, while these people, using numerous manipulative techniques, can influence the child to create a relationship that suits them. A vulnerable and trusting child is under the impression that such an interlocutor is a friendly person, and may be willing to confide secrets and problems, give their home address or agree to a meeting. The results should be thought-provoking regardless of the number of children who are aware of the potential threat. It is the task of parents and schools to educate children about the need to exercise due caution and the risks

of meeting in the real world, as according to the data, the number of such encounters is increasing significantly (in 2016 it was 12.6%, in 2018 already 23.1%). According to official data from the Polish police, in 2020, 584 proceedings were initiated in connection with grooming, of which 456 cases were actually classified as an offence and in 316 cases the perpetrator was successfully detected (Informacyjny Serwis Policyjny, 2021; Policja, 2021).

## Norm, caution and prevention

The shaping of health-promoting behaviour is important already during childhood and early adolescence. This is when patterns of behaviour are established that directly influence behaviour later in life. With this in mind, adult actions should be primarily directed towards education, expanding opportunities to reflect one’s experiences and building a stable, attentive relationship with the parent and caregiver. Affectionate, warm and loving parenting, understood as a stable bond with the parent based on trust, as well as the promotion of social relationships and pro-social attitudes by school institutions, are beneficial for the child’s development. It is practices in the form of discipline and coercion, as well as a lack of consistency on the part of the parent, that can contribute to reinforcing aggressiveness and oppositional behaviour among children. On the side of risk factors, one can also mention rejecting the child, punishing for interest in sexuality, incoherency in parenting, low levels of protection and interest in the child, and lack of warmth and positive reinforcement (Beisert, 1991, 2001; Berger and Font, 2015; Bojarska, 2005; Grossman et al., 2018; Halim et al., 2017; Juul, 2007; Rasmussen et al., 2015).

Preventing the various problems associated with a child’s potentially risky sexual activity and being cautious with the use of the internet should start at an early age. This is when the child begins to ask questions and forms the foundations of the relationship-building they observe in their immediate environment. Education should be in place from the beginning of a child’s contact with the web, but it is important to remember that any time is the right time to join in and take an interest in the child’s world.

Protecting children from risky sexual behaviour should focus on countering sexual abuse (including online) and supporting them to build relationships with peers and others. It is the parent's task to teach children as early as possible what the boundaries (including bodily boundaries) of the child and their peers are, how they should be respected and why this is important. This involves teaching children about body structure, indicating which parts of the body are "private" and should not be touched by anyone else, what pressure or coercion is and what to do when someone tries to behave in this way. During adolescence, transmitting knowledge about building close relationships, changes in one's own body and the diversity of experiencing one's sexuality helps to create a safe, welcoming environment, supports the creation of responsible relationships and responding properly when pressure arises to engage in sexual activity too early, and counteracts other risky behaviours such as sending sexually explicit photos (Penfoldi et al., 2009; Pilarczyk, 2021; Seidman, 2012; WHO, 2019).

### **Risky behaviour resulting from the experience of minority stress**

A topic not directly related to the discussion of risky sexual behaviour, but necessary to address in the context of identity development, is the behaviour undertaken by non-heterosexual, transgender or non-binary young people (referred to by the acronym LGBT which stands for lesbian, gay, bisexual, transgender) as a result of experiencing discrimination and rejection. As mentioned earlier, the term risky behaviour refers to a range of potentially harmful behaviours, the spectrum of which includes sexual behaviour as well as those relating to self-harm or suicide. A group particularly prone to risky behaviour in the form of self-harm or suicide attempts are adolescents with a non-heterosexual orientation and who, to varying degrees, do not identify with the sex assigned to them at birth. Although for many years the scientific community has emphasised that belonging to a sexual minority is not a cause of mental dysfunction (Iniewicz et al., 2012), attention is also drawn to the specific social situation of

non-heterosexual and transgender people and it is this situation that is seen as a significant factor in the emergence and persistence of mental disorders, leading, among other things, to risky behaviour (Testa et al., 2015).

The socio-cultural context, including homophobia and transphobia, is an important risk factor affecting the psychological well-being of LGBT persons. In other words, a specific factor in the emergence and persistence of psychological problems among people from sexual minorities is oppression, triggered and sustained by elements belonging to and resulting from the experience of the so-called minority stress (Iniewicz et al., 2012; Meyer, 2003). This term, derived from the fields of psychology and sociology, denotes the impact of the social, legal, environmental norms prevailing in a given society on the psychological functioning of those affected. Minority stress, therefore, refers to prolonged, exceptional psychological tension resulting from experiences of prejudice and discrimination and their projection on the basis of sexual orientation or gender identity. Heteronormativity and cisgenderism are perceived as appropriate and desirable in society, and the effects of not identifying with them are invalidated or downplayed. However, the impact of minority stress on mental health cannot be overlooked, with stressors including distal (external) and proximal (internalised) stressors. Distal stressors include, but are not limited to, psychological and physical violence (from family, strangers, peers), lack of acceptance from staff in various organisations (including school, university, companies, institutions) and lack of or limitations on rights. These stressors influence the internalisation of experiences and the formation of negative self-perceptions, self-hatred and self-loathing, questioning of one's own identity and – as a result – the emergence of psychological disorders (Lefevor et al., 2019; Talan et al., 2017).

A special situation applies to children and adolescents who, as mentioned earlier, in the face of many social, legal and, above all, parental circumstances, are defenceless and dependent on their caregiver. As there is no reliable sex education in Polish schools, the topic of sexual minorities is usually neglected or misinformation is spread when discussing it. Moreover, it is sometimes discussed in relation

to faith, and non-normative sexual orientation and gender identity are presented as something that goes against the “natural” order of human development and functioning. Similarly, many parents do not accept information about their child's non-heterosexual orientation or non-cisgender identity. While young people, including LGBT youth, need emotional support and a sense of security from their caregivers, belonging to a sexual minority is associated with the risk of exclusion from the group, name-calling and physical violence. In Poland, there is still a lack of places, including schools and educational institutions, where reliable and basic knowledge on sexuality can

be acquired. Research shows that knowledge about minority groups reduces stereotypical attitudes and counteracts social exclusion. Young people themselves often emphasise the need for teachers to support them in the process of self-acceptance of their sexual orientation and in combating expressions of aggression and violent behaviour taking place at school. Similarly, a large proportion of LGBT youth do not tell their parents about their identity, because of the parent's negative opinion and fear of rejection or abuse. Most often sexual orientation or gender identity is first communicated to close friends (Antonio and Moleiro, 2015; Kampania Przeciw Homofobii [KPH], 2017; Marshall et al., 2015; Ryan et al., 2010; Schoeps et al., 2020).

An analysis of the literature indicates that difficulties such as negative self-image, low self-esteem, adaptive and depressive disorders and a tendency to self-destructive behaviour, including self-harm, are more common in non-heterosexual persons and those whose gender identity is inconsistent with the sex assigned at birth than in heterosexual persons and those whose gender is consistent with the assigned sex (cisgender). In 2017, a report on the situation of LGBT people in Poland was published by the KPH, the Lambda Foundation and the Trans-Fuzja Foundation, in which 69.4% of LGBT persons under

”

*I am pregnant with my boyfriend's baby. My mother constantly criticises and blames me because of this. Also, she insists that we get married as soon as possible. I trust my boyfriend and I know I can count on him, but we don't want to get married yet. I don't know what to do.*

*18-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

the age of 18 admitted to having suicidal thoughts and almost 12% said it happens often. The study also analysed the prevalence of depression among LGBT youth. It found that severe symptoms of it were found in 49.4% (KPH, 2017). In the corresponding study for 2019–2020, the statistics on youth functioning are much more worrying, with 74.29% of LGBT adolescents feeling lonely and 75% reporting having suicidal thoughts. The report also shows that only a few per cent of them received institutional support (KPH, 2021). As with other risky behaviours, it is the adult who is responsible for the child's safety; young people may not be aware of the existence of rele-

vant organisations, or may not have access to them. Similar data on suicidal thoughts among young people is presented in the UNSECO paper entitled *Out in the open*. The statistics presented there show that LGBT youth from Poland (but also Belgium, the United States and the Netherlands) have suicidal thoughts two to more than five times more often than their heterosexual or cisgender peers (UNESCO, 2016). Adolescents who have little parental support have been shown to experience more severe anxiety. According to other studies, adolescents who do not receive parental support are 8.4 times more likely to report attempting suicide compared to peers who have received support from their parents (Bergeron et al., 2015; Katz-Wise et al., 2016). A study conducted in the United States found that 15% of LGBT youth had attempted suicide in the 12 months preceding the survey and 40% had seriously considered it. Adolescents aged 13–17 are the most vulnerable group. The data shows that 39% of LGBT teens considered attempting suicide, of which 44% attempted suicide while aged 13–17 and 29% attempted suicide while aged 18–24. In addition, 48% of LGBT adolescents also stated that they had self-harmed in the past year before the survey. This problem mainly affected transgender and non-binary youth (over 60%). As the data shows, non-heterosexual

and transgender youth are almost five times more likely to attempt suicide compared to heterosexual and cisgender youth (The Trevor Project, 2020).

Basing on the research, it can be concluded that parents and teachers who are accepting and supportive of non-heterosexual and transgendered adolescents provide an effective buffer against the development of depression and anxiety in these young people, which consequently reduces the incidence of risky behaviour. Specific caring behaviours, such as helping a child when he or she is experiencing mistreatment or supporting the adolescent's gender expression, are associated with a lower risk of depressive and anxiety disorders, substance abuse and suicidal thoughts and attempts. Among the supportive behaviours mentioned are expressing warm feelings when the child discloses or the caregiver learns about the child's orientation or gender identity, expecting and demanding respect for the child from other family members, inviting and welcoming the child's loved ones into the home, and emphasising support for the child's identity (Birkett et al., 2015; Clark et al., 2020; Puckett et al., 2015).

## Summary

Young people engage into romantic relationships and become sexually active. Their psychosexual development primarily involves learning about and experiencing themselves in terms of sexual orientation and gender identity. The internet is part of reality. Adolescents often lack the capacity to reflect on the relationships they form and are unable to predict the consequences of their behaviour, assess the risks associated with content found on the internet or understand the intentions of new people they meet. Parents and teachers often avoid discussing the topic of psychosexual development and online safety with the children for lack of adequate knowledge and skills. Above all, education should be guided by a genuine, sincere relationship based on trust, time spent with the child and interest and attention to the child's needs. These are conducive to a lower risk of engaging in risky sexual behaviour, as well as reduce the risk of negative consequences of situations which the child may encounter.

## References

- ACOG. (2016). *Adolescent sexuality and sex education resource guide* (4 wyd). American College of Obstetrics and Gynecology.
- Andrzejewski, M. (2014). *Prawo rodzinne i opiekuńcze*. C.H. Beck.
- Antonio, R., Moleiro, C. (2015). Social and parental support as moderators of the effects of homophobic bullying on psychological distress in youth. *Psychology in the Schools*, 52(8). <http://dx.doi.org/10.1002/pits.21856>
- Arnett, J. J. (2007). *Adolescence and emerging adulthood: A cultural approach*. Pearson Education.
- Beisert, M. (1991). *Seks twojego dziecka*. Zakład Wydawniczy K. Domke.
- Beisert, M. (2001). Dorastanie seksualne – pomost ku dorosłości. In: J. Miluska (ed.), *Psychologia rozwiązywania problemów szkoły*. Oficyna Współczesna.
- Beisert, M. (2006a). W poszukiwaniu modelu seksualności człowieka. In: M. Beisert (ed.), *Seksualność w cyklu życia człowieka* (p. 8–15). Wydawnictwo Naukowe PWN.
- Beisert, M. (ed.). (2006b). *Seksualność w cyklu życia człowieka*. Wydawnictwo Naukowe PWN.
- Beisert, M. (2006c). Rozwojowa norma seksuologiczna jako kryterium oceny zachowań seksualnych dzieci i młodzieży. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 5(3), 43–57.
- Berger, L. M., Font, S. A. (2015). The role of the family and family-centered programs and policies. *The Future of Children*, 25(1), 155–176.
- Bergeron, F. A., Blais, M., Hebert, M. (2015). The role of parental support in the relationship between homophobic bullying, internalized homophobia and psychological distress among sexual-minority youths (SMY): a moderated mediation approach. *Sante mentale au Quebec*, 40(3), 109–127.
- Birkett, M., Newcomb, M.E., Mustanski, B. (2015). Does it get better? A longitudinal analysis of psychological distress and victimization in lesbian, gay, bisexual, transgender, and questioning youth. *The Journal of Adolescent Health*, 56(3), 280–285. <https://doi.org/10.1016/j.jadohealth.2014.10.275>
- Bojarska, K. (2005). Psychologiczne i społeczne uwarunkowania stereotypów, uprzedzeń i dyskryminacji. In: M. Pawłęga (ed.), *Przeciwdziałanie dyskryminacji. Pakiet edukacyjny dla trenerów i trenerek* (p. 7–20). Stowarzyszenie Lambda Warszawa.
- CBOS. (2007). *O wychowaniu seksualnym młodzieży. Komunikat z badań*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS. (2019). *Opinie o warszawskiej karcie LGBT+ i edukacji seksualnej w szkołach. Komunikat z badań nr 66/2019*. Fundacja Centrum Badania Opinii Społecznej.
- Clark, K. A., Cochran, S. D., Maiolatesi, A. J., Pachankis, J. E. (2020). Prevalence of bullying among youth classified as LGBTQ who died by suicide as reported in the National Violent Death Reporting System, 2003–2017. *JAMA Pediatrics*, 174(12), 1211–1213. <https://doi.org/10.1001/jamapediatrics.2020.0940>
- Dec-Piotrowska, J., Walendzik-Ostrowska, A. (2020). Wokół problematyki edukacji seksualnej w Polsce. *Wychowanie w Rodzinie*, 23(2), 229–242. <https://doi.org/10.34616/wwr.2020.2.229.242>
- Dercz, M., Rek, T. (2003). Prawa dziecka jako pacjenta. In: *Ochrona praw dziecka. Tom II*. Biuro Rzecznika Praw Dziecka.
- Filar, M. (2004). Seksualne wykorzystywanie dzieci w świetle polskiego kodeksu karnego (na tle porównawczym). *Dziecko Krzywdzone. Teoria, badania, praktyka*, 1(1), 39–52.

- Fundacja Dajemy Dzieciom Siłę. (2020). *Co to jest seksting?* <https://116111.pl/czym-jest-seksting/>
- Grossman, J. M., Jenkins, L. J., Richer, A. M. (2018). Parents' perspectives on family sexuality communication from middle school to high school. *International Journal of Environmental Research and Public Health*, 15(1), 107. <https://doi.org/10.3390/ijerph15010107>
- Halim, M. L. D., Ruble, D. N., Tamis-LeMonda, C. S., Shrout, P. E., and Amodio, D. M. (2017). Gender attitudes in early childhood: behavioral consequences and cognitive antecedents. *Child Development*, 88(3), 882–899. <https://doi.org/10.1111/cdev.12642>
- IBE. (2015). *Opinie i oczekiwania młodych dorosłych (osiemnastolatków) oraz rodziców dzieci w wieku szkolnym wobec edukacji dotyczącej rozwoju psychoseksualnego i seksualności*. Instytut Badań Edukacyjnych.
- Informacyjny Serwis Policyjny. (2021, 1 lutego). *Podsumowujemy 2020 rok w Policji*. <https://isp.policja.pl/isp/aktualnosci/15846,Podsumowujemy-2020-rok-w-Policji.html>
- Iniewicz, G., Grabski, B., Mijas, M. (2012). Zdrowie psychiczne osób homoseksualnych i biseksualnych – rola stresu mniejszościowego. *Psychiatria Polska*, 46(4), 649–663.
- Izdebski, Z. (2008). *Poradnictwo seksualne – ważny obszar pomocy. Rozdział IX* [maszynopis]. Zielona Góra
- Jankowiak, B., Gulczyńska, A. (2014). Wczesna inicjacja seksualna młodzieży – przyczyny i konsekwencje. *Kultura – Społeczeństwo – Edukacja*, 5(1), 171–187.
- Jankowiak, B., Wojtyńkiewicz, E. (2018). Kształtowanie się tożsamości w okresie adolescencji a podejmowanie zachowań ryzykownych w obszarze używania alkoholu przez młodzież. *Studia Edukacyjne*, 48, 169–185. <https://doi.org/10.14746/se.2018.48.11>
- Jarząbek-Bielecka, G., Durda, M., Sowińska-Przepiera, E., Kaczmarek, M., Kędzia, W. (2012). Aktywność seksualna dziewcząt. Aspekty medyczne i prawne. *Ginekologia Polska*, 83, 827–834.
- Jarząbek-Bielecka, G., Warchoń-Biedermann, K., Sowińska-Przepiera, E., Wachowiak-Ochmańska, K. (2011). Przedwczesne dojrzewanie płciowe. *Ginekologia Polska*, 82, 281–286.
- Jeznach, A. (2021). Zajęcia z edukacji seksualnej nie istnieją. Istnieją lekcje WDŻ-u. *Polska edukacja seksualna z perspektywy młodych dorosłych. Fabrica Societatis*, 4, 101–119.
- Juul, J. (2007). *Twoja kompetentna rodzina*. Wydawnictwo MiND.
- Kamieniecki, W., Bochenek, M., Tanaś, M., Wrońska, A., Lange, R., Fila, M., Loba, B., Konopczyński, F. (2017). *Raport z badania. Nastolatki 3.0. NASK – Instytut Badawczy*. Pobrane z: [https://akademia.nask.pl/publikacje/Raport\\_z\\_badania\\_Nastolatki\\_3\\_0.pdf](https://akademia.nask.pl/publikacje/Raport_z_badania_Nastolatki_3_0.pdf)
- Katz-Wise, S. L., Rosario, M., Tsappis, M. (2016). Lesbian, gay, bisexual, and transgender youth and family acceptance. *Pediatric Clinics of North America*, 63(6), 1011–1025. <https://doi.org/10.1016/j.pcl.2016.07.005>
- Kędziora, R. (2003). Problematyka zgody pacjenta w świetle polskiego ustawodawstwa medycznego. *Prokuratura i Prawo*, 7/8, 41–61.
- Kirwil, I. (24–25 października 2011). *Ryzykowne zachowania dzieci i młodzieży w sieci oraz ich konsekwencje*. VIII Ogólnopolska Konferencja “Pomoc dzieciom-ofiarom przestępstw”. Warszawa.
- Kmieciak, B. (2017). *Prawa dziecka jako pacjenta*. C.H. Beck.
- KPH. (2017). *Sytuacja społeczna osób LGBTa w Polsce. Raport za lata 2015–2016*. Kampania Przeciw Homofobii. Pobrane z: <https://kph.org.pl/wp-content/uploads/2017/11/Sytuacja-spoeczna-osob-LGBTa-w-Polsce.pdf>

- KPH. (2021). *Sytuacja społeczna osób LGBTa w Polsce. Raport za lata 2019–2020*. Kampania Przeciw Homofobii. Pobrane z: [https://kph.org.pl/wp-content/uploads/2021/12/Raport\\_Duzy\\_Digital-1.pdf](https://kph.org.pl/wp-content/uploads/2021/12/Raport_Duzy_Digital-1.pdf)
- Kunicka-Michalska, B., Wojciechowska, J. (2001). *Przestępstwa przeciwko wolności, wolności sumienia i wyznania, wolności seksualnej i obyczajności oraz czci i nietykalności. Rozdziały XXIII, XXIV, XXV, XXVII Kodeksu karnego. Komentarz*. C.H. Beck.
- Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., Janis, R. A. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. *Journal of Counseling Psychology*, 66(4), 385–395. <https://doi.org/10.1037/cou0000339>
- Lew-Starowicz, Z. (2000). Seksuologia wieku dziecięcego i okresu dojrzewania. In: A. Popielarska, M. Popielarska (ed.), *Psychiatria wieku rozwojowego*. Wydawnictwa Lekarskie PZWL.
- Marshall, A., Yarber, W. L., Sherwood-Laughlin, C. M., Gray, M. L., Estell, D. B. (2015). Coping and survival skills: the role school personnel play regarding support for bullied sexual minority-oriented youth. *The Journal of School Health*, 85(5), 334–340. <https://doi.org/10.1111/josh.12254>
- Meyer, I. H. (2003). Prejudice, social stress and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Nadworna-Cieślak, M., Ogińska-Bulik, N. (2011). *Zachowania zdrowotne młodzieży – uwarunkowania podmiotowe i rodzinne*. Wydawnictwo Difin.
- NASK. (2016). *Nastolatki 3.0. Wybrane wyniki ogólnopolskiego badania uczniów w szkołach*. NASK – Instytut Badawczy. Pobrane z: <https://akademia.nask.pl/badania/RAPORT%20-%20Nastolatki%203.0%20-%20wybrane%20wyniki%20bada%C5%84%20og%C3%B3lnopolskich.pdf>
- NASK. (2021). *Dyzurnet.pl. Raport 2021*. NASK – Instytut Badawczy. Pobrane z: <https://akademia.nask.pl/badania/dyzurnet-raport2021.pdf>
- Pastwa-Wojciechowska, B., Izdebski, Z. (2014). Sexual activity of Polish adults. *Annals of Agricultural and Environmental Medicine*, 21(1), 194–197.
- Pawlak, A. (2015). Udział organizacji pozarządowych w ochronie praw dziecka. In: S. L. Stadniczenko (ed.), *Konwencja o prawach dziecka. Wybór zagadnień (artykuły i komentarze)* (p. 341–349). Biuro Rzecznika Praw Dziecka.
- Penfold, S. C., van Teijlingen, E. R., Tucker, J. S. (2009). Factors associated with self-reported first sexual intercourse in Scottish adolescents. *BMC Research Notes*, 2, 42. <https://doi.org/10.1186/1756-0500-2-42>
- Pilarczyk, K. (2021). Przegląd wybranych programów profilaktycznych wykorzystywania seksualnego dzieci online. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 20(3), 106–124.
- Policja. (2021). *Uwodzenie małoletniego poniżej lat 15 z wykorzystaniem systemu teleinformatycznego lub sieci telekomunikacyjnej (art. 200a)*. <https://statystyka.policja.pl/st/kodeks-karny/przestepstwa-przeciwko-6/64005,uwodzenie-maloletniego-ponizej-lat-15-z-wykorzystaniem-systemu-teleinformatyczne.html>
- Pringle, J., Mills, K. L., McAteer, J., Jepson, R., Hogg, E., Anand, N., Blakemore, S. J. (2017). The physiology of adolescent sexual behaviour: A systematic review. *Cogent Social Sciences*, 3(1), 1368858. <https://doi.org/10.1080/23311886.2017.1368858>
- Puckett, J. A., Woodward, E. N., Mereish, E. H., Pantalone, D. W. (2015). Parental rejection following sexual orientation disclosure: Impact on internalized homophobia, social support, and mental health. *LGBT Health*, 2(3), 265–269. <https://doi.org/10.1089/lgbt.2013.0024>

- Pyżalski, J., Zdrodowska, A., Tomczyk, Ł., Abramczuk, K. (2019). *Polskie badanie EU Kids Online 2018. Najważniejsze wyniki i wnioski*. Wydawnictwo Naukowe UAM
- Rasmussen, E. E., Ortiz, R. R., White, S. R. (2015). Emerging adults' responses to active mediation of pornography during adolescence. *Journal of Children and Media*, 9(2), 160–176. <https://doi.org/10.1080/17482798.2014.997769>
- Romer, D., Reyna, V. F., Satterthwaite, T. D. (2017). Beyond stereotypes of adolescent risk taking: Placing the adolescent brain in developmental context. *Developmental Cognitive Neuroscience*, 27, 19–34. <https://doi.org/10.1016/j.dcn.2017.07.007>
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R., Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Rzecznik Praw Obywatelskich. (2019). *Mity na temat edukacji seksualnej w szkołach*. <https://bip.brpo.gov.pl/content/rpo-mity-na-temat-edukacji-seksualnej-w-szkolach>
- Schoeps, K., Mónaco, E., Cocolí, A., and Montoya-Castilla, I. (2020). The impact of peer attachment on prosocial behavior, emotional difficulties and conduct problems in adolescence: the mediating role of empathy. *PLoS One*, 15, e0227627. <https://doi.org/10.1371/journal.pone.0227627>
- Seidman, S. (2012). *Spółeczne tworzenie seksualności*. Wydawnictwo Naukowe PWN.
- Sęk, H. (2001). Rozwojowo-społeczne ujęcie zaburzeń psychicznych a psychologia kliniczna. In: H. Sęk (ed.), *Wprowadzenie do psychologii klinicznej*. Wydawnictwo Naukowe Scholar.
- Smith, A. R., Chein, J., Steinberg, L. (2013). Impact of socio-emotional context, brain development, and pubertal maturation on adolescent risk-taking. *Hormones and Behavior*, 64(2), 323–332. <https://doi.org/10.1016/j.yhbeh.2013.03.006>
- Sowińska-Przepiera, E., Andrysiak-Mamos, E., Syrenicz, A. (2008). Nieletnia jako pacjent w poradni ginekologii wieku rozwojowego. *Endokrynologia Polska*, 59, 412–419.
- Sowińska-Przepiera, E., Jarząbek-Bielecka, G., Andrysiak-Mamos, E., Syrenicz, A., Friebe, Z., Kędzia, W., Pawlaczyk, M. (2013). Wybrane aspekty prawne w ginekologii wieku rozwojowego. *Ginekologia Polska*, 84, 131–136.
- Szok, N., Terlecki, R. (2016). *Prawo rodzinne i opiekuńcze. Praktyka, orzecznictwo, kazusy*. C.H. Beck.
- Talan, A. J., Drake, C. B., Glick, J. L., Claiborn, C. S., Seal, D. (2017). Sexual and gender minority health curricula and institutional support services at U.S. schools of public health. *Journal of Homosexuality*, 64(10), 1350–1367.
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- The Trevor Project. (2020). *The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health*. Pobrane z: <https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf>
- Tinner, L., Caldwell, D., Hickman, M., Campbell, R. (2021) Understanding adolescent health risk behaviour and socioeconomic position: A grounded theory study of UK young adults. *Sociology of Health & Illness*, 43(2), 528–544. <https://doi.org/10.1111/1467-9566.13240>

- Topping, A. (2012, 22 października). "Parasite" porn websites stealing images and videos posted by young people. *The Guardian*. <https://www.theguardian.com/technology/2012/oct/22/parasite-porn-websites-images-videos>
- UK Safer Internet Centre. (2012). New sexting research by UK Safer Internet Centre & Plymouth University out today. <https://saferinternet.org.uk/blog/new-sexting-research-by-uk-safer-internet-centre-plymouth-university-out-today>
- UK Safer Internet Centre. (2017). *Help shape research into sexting among young people*. <https://saferinternet.org.uk/blog/help-shape-research-into-sexting-among-young-people>
- UNESCO. (2016). *Out In the Open, UNESCO takes on school-related homophobic and transphobic violence*. <https://www.unesco.org/en/articles/out-open-unesco-takes-school-related-homophobic-and-transphobic-violence>
- Valle A.-K., Roysamb E., Sundby J., Klepp K. I. (2009). Parental social position, body image, and other psychosocial determinants and first sexual intercourse among 15- and 16-year olds. *Adolescence*, 44(174), 479–498.
- Wendot, S., Scott, R. H., Nafula, I., Theuri, I., Ikiugu, E., Footman, K. (2018). Evaluating the impact of a quality management intervention on post-abortion contraceptive uptake in private sector clinics in western Kenya: a pre- and post-intervention study. *Reproductive Health*, 15(1), 10. <https://doi.org/10.1186/s12978-018-0452-4>
- WHO, Federalne Biuro ds. Edukacji Zdrowotnej w Kolonii. (2012). *Standardy edukacji seksualnej w Europie Podstawowe zalecenia dla decydentów oraz specjalistów zajmujących się edukacją i zdrowiem*. Biuro Regionalne WHO dla Europy i Federalne Biuro ds. Edukacji Zdrowotnej w Kolonii, Lublin
- WHO. (2019). *The ICD-10 Classification of Mental and Behavioural Disorders*. World Health Organization. <https://icd.who.int/browse10/2019/en#/1>
- Wojtasiński, Z. (2021, 14 czerwca). *Prof. Zbigniew Izdebski: spada aktywność seksualna Polaków. Winny styl życia i zmęczenie?* Puls Medycyny. <https://pulsmedycyny.pl/prof-zbigniew-izdebski-spada-aktywnosc-seksualna-polakow-winnny-styl-zycia-i-zmeczenie-1119325>
- Woynarowska, B. (2014). Zachowania seksualne młodzieży 15-letniej. *HBSC Polska*.
- Woynarowska, B., Izdebski, Z., Kołoto, H. i in. (2004). Inicjacja seksualna i stosowanie prezerwatyw oraz innych metod zapobiegania ciąży przez młodzież 15-letnią w Polsce i w innych krajach. *Ginekologia Polska*, 75(8), 621–632.
- Zielona-Jenek, M., Chodecka, A. (2010). *Jestem dziewczynką, jestem chłopcem. Jak wspomagać rozwój seksualny dziecka*. Gdańskie Wydawnictwo Psychologiczne.

## Legal references

- Konwencja Praw Dziecka przyjęta przez Zgromadzenie Ogólne Organizacji Narodów Zjednoczonych dnia 20 listopada 1989 r. (Dz.U. Nr 120 poz. 526). (Convention on the Rights of the Child)
- Ustawa z dnia 25 lutego 1964 roku – Kodeks rodzinny i opiekuńczy (Dz.U. z 1964 r. Nr 9 poz. 59 ze zm.). (Act on Family and Guardianship Code)
- Ustawa z dnia 5 grudnia 1996 r. o zawodach lekarza i lekarza dentystry (Dz.U. 1997 Nr 28 poz. 152). (Act on the professions of doctor and dentist)

**Citation:**

Jąderek, I. (2022). Adolescent sexual health – selected issues. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 198–215). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Education of children in Poland

## – selected aspects

Iga Kazimierczyk – Foundation "Space for Education"

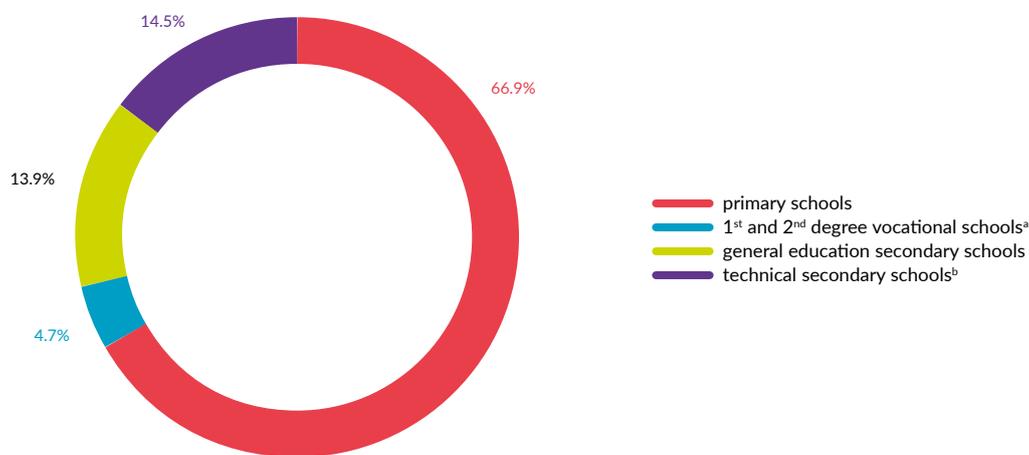
### List of issues

---

- 218 Changes in education in recent years
- 220 School in the pandemic
- 221 Preschool education
- 224 Acceptance of violence/discrimination – teachers' attitudes
- 226 Safety in schools (accidents, peer victimisation, staff violence)
- 228 Curriculum, sex education
- 229 Psychological and pedagogical support
- 230 Foreign children in schools, including current refugees from Ukraine
- 231 Home schooling
- 232 Student empowerment
- 233 Summary
- 234 References
- 236 Legal references

The Polish education system includes preschool education and primary and secondary education in schools (vocational, general and technical secondary schools). Childcare for children up to the age of 3 years is not included in the field of education in Poland, although in many countries early childhood education is part of the education system. In the 2020/21 school year, 4.9 million children, adolescents and adults were educated in schools of all types, which represented 12.9% of the national population (Figure 1; Statistics Poland [GUS], 2021).

**Figure 1.** Students in schools for children and adolescents in the 2020/21 school year (as at 30 September 2021, in percentage)



<sup>a</sup> Including special vocational schools

<sup>b</sup> Including general education arts schools granting professional qualifications

Source: GUS, 2021.

In Poland, enrolment rates are at a high level and by the end of primary school there is no significant difference between girls and boys. Clear differences in choice of educational pathways appear (invariably for many years) at the secondary stage. There are more girls than boys in general secondary schools, while the opposite is true for technical and vocational secondary schools (Table 1).

**Table 1.** Enrolment rates in the 2020/21 school year

Type	Age groups (years)	Total (%)	Men %	Women %
Preschool education	3–6	92.3 (90.1)	92.2 (89.8)	92.4 (90.4)
Primary schools	7–14	95.9 (94.7)	96.5 (95)	95.4 (94.5)
1 <sup>st</sup> degree vocational schools <sup>a</sup>	15–18	15.0 (12.8)	20.0 (17.2)	9.8 (8.2)
General education secondary schools	15–18	52.1 (43)	40.1 (31.4)	64.8 (55.3)
Technical secondary schools <sup>b</sup>	15–19	36.9 (35)	43.1 (41.2)	30.2 (28.4)
Post-secondary schools	19–21	18.5 (4.4)	10.6 (2.5)	26.7 (6.5)

Enrolment rates are a measure of the universality of education. The gross enrolment ratio is the ratio of the number of persons (as at the beginning of the school year) studying at a given level of education (regardless of age) to the population (as at 31 December) in the age group defined as corresponding to that level of education. The net enrolment rate is the ratio of the number of persons (in a given age group) studying (as at the beginning of the school year) at a given level of education to the population (as at 31 December) in the age group defined as corresponding to that level of education. Including: a – special vocational schools, b – general education arts schools granting professional qualifications, c – 2<sup>nd</sup> degree vocational schools.

Source: Own analysis based on the data of GUS, 2021.

## Changes in education in recent years

The years 2018–2022 are the time of implementation of the education reform involving the abolition of junior secondary schools and the introduction of a new core curriculum (Regulation of the Minister of National Education of 14 February 2017 on the Core Curriculum for Preschool Education and the Core Curriculum for General Education in Primary Schools, Including for Students with Moderate or Severe Intellectual Disabilities, General Education in 1<sup>st</sup> Degree Vocational Secondary Schools, General Education in Special Vocational Schools and General Education in Post-Secondary Schools [Dz.U. (Journal of Laws) of 2017, item 356]; Regulation of the Minister of National Education of 30 January 2018 on the Core Curriculum for General Education in General Secondary Schools, Technical Secondary Schools and 2<sup>nd</sup> Degree Vocational Secondary Schools [Dz.U. 2017, items 59, 949 and 2203]; Act of 14 December 2016 – Regulations Introducing the Act – Education Law [Dz.U. 2016, item 60 as amended]). On the first of September 2019, junior secondary schools ceased to function. The return to the school model that was in place before 2000 involved – in addition to the reconstruction of the system – the shortening of general education from 9 to 8 years (the 6+3 option was replaced by a unified eight-year primary school). At the time of preparing this paper, we do not have full data on the actual effects of education in the new model, nor does the Ministry itself present them. However, shortening general education by one year is a step that significantly reduces educational opportunities for an equal start.

The practical implementation of the reform's assumptions proved difficult, as pointed out by the Supreme Audit Office (NIK). The NIK audit showed

that the Minister of National Education in 2016–2018 unthoroughly prepared and implemented changes to the education system. In planning the reform, the financial and organisational consequences of the proposed changes were not reliably assessed (NIK, 2019). Inadequate preparation of schools proved to be a huge problem in the implementation of the reform. Given the pace of the changes, local authorities did not have the capacity to adapt the school infrastructure in time. The cumulation of students of two age groups also proved to be a challenge, when students finishing eighth grade and last graduates of the phased out junior secondary schools were to go to secondary schools at the same time. In total – in the two age groups admitted at the same time – there were more than 705,000 students. In September 2019 secondary schools had to admit nearly 370,000 graduates more. During this period, two separate systems were in place in general and technical secondary schools – for students who had graduated from junior secondary schools and for those who had graduated from an eight-year primary school. The Supreme Audit Office also pointed out that, in connection with the changes to the education system introduced from 1 September 2017, in one-third of schools (34%), teaching conditions had significantly deteriorated and in more than half of establishments (56%), they had not improved. For the two parallel secondary education systems, two different baccalaureate exams were planned. Those who completed their education in the school year 2021/22 took the exam under the old rules. From the 2022/23 school year, the baccalaureate will be conducted according to the new rules, in line with the changes to the core curriculum introduced in 2017. The educational community, parents and students are full of concern about these changes. The exam guidebooks have been published with a significant delay. The first cohort that will be taking the baccalaureate exam in the new formula spent a significant part of the 20/21 school year studying remotely at home (from mid-October 2020 to mid-May 2021). In addition, according to teachers, the new exam is more complicated and more difficult to pass (Suchecka, 2020).

The implementation of the education reform was further complicated and hampered by decisions related to the state of pandemic. The baccalaureate examinations in

2020 – due to the pandemic – were postponed by one month and were held in June. A total of 259,300 secondary school graduates took the exam, 62.1% of whom graduated from general secondary school. In the 2020/21 school year, due to the COVID-19 pandemic, there was no oral baccalaureate examination neither in compulsory nor additional subjects. The pass rate for the baccalaureate examination was then at 81.8%. Graduates of general secondary schools succeeded better in the exam conducted under the post-pandemic conditions than graduates of technical schools (respectively, 87.1% and 73.1%). The eighth-grade exam was also postponed due to the state of the epidemic. In 2020, it was conducted in June. From 2021 onwards, the eighth-grade examinations are now held in May.

A significant event for the education system, and strictly speaking for the teaching staff, was the teachers' strike undertaken in 2019. It ended, formally and factually, with the signing of an agreement by the National Education Section of the Solidarity trade union with the then Prime Minister Beata Szydło. The strike, according to the overwhelming majority of striking teachers, was unsuccessful and, for some of them, became one of many reasons to consider leaving the profession (see the "Teacher changes job" [Nauczyciel zmienia pracę] Facebook group). The current staffing situation in education is indeed difficult, with the number of vacancies reaching several thousand nationwide during the school year. Estimating the actual number for the whole country is difficult, as the regional boards of education have stopped publishing data on the total number of teachers needed in each voivodship.

Among the numerous changes we are witnessing in the legal and organisational environment of education, two more are worth mentioning – a change in the professional promotion of teachers and attempts to strengthen the role of the school superintendents. As of 1 September 2022, changes to the professional promotion of teachers are in force. According to them, the first degree of professional promotion of a teacher will become the degree of appointed teacher. It will be possible to apply for it after four years of service. Before that, for 3 years and 9 months, a teacher will no longer serve an internship – as was the case previously – but a preparation for the profession (Ministerstwo

Edukacji i Nauki [MEiN], 2022). This will therefore lengthen the professional development pathway, as well as freeze the possibility for teachers to apply for higher salaries resulting directly from the spreads provided for the different levels of professional promotion. It is estimated that these changes will not contribute to an increased interest in the teaching profession among graduates of pedagogical and teaching courses. Moreover, at the time of preparation of this chapter, the fate of the draft "Lex Czarnek" act is pending in the Polish Parliament. The act would limit the role of parents at schools in deciding how to implement the education and prevention programme and reduce the teachers' autonomy in choosing among the offers to enrich classes implementing the core curriculum (Suchacka, 2022). The draft amendments also limit the competences of the local authorities responsible for the school by introducing a possibility to suspend the headmaster of an institution in the event of an alleged abuse of power, even before disciplinary proceedings are officially initiated. The draft also includes solutions unfavourable to home schooling. In addition, the proposal includes solutions to strengthen the role of the school superintendents. Although these proposed changes were vetoed on 2 March 2022 by the President of Poland, Andrzej Duda, they were presented in the Parliament again, this time as a parliamentary draft, and – despite the earlier veto – on 4 November 2022 they were referred for further procedure by the Senate and the President.

## School in the pandemic

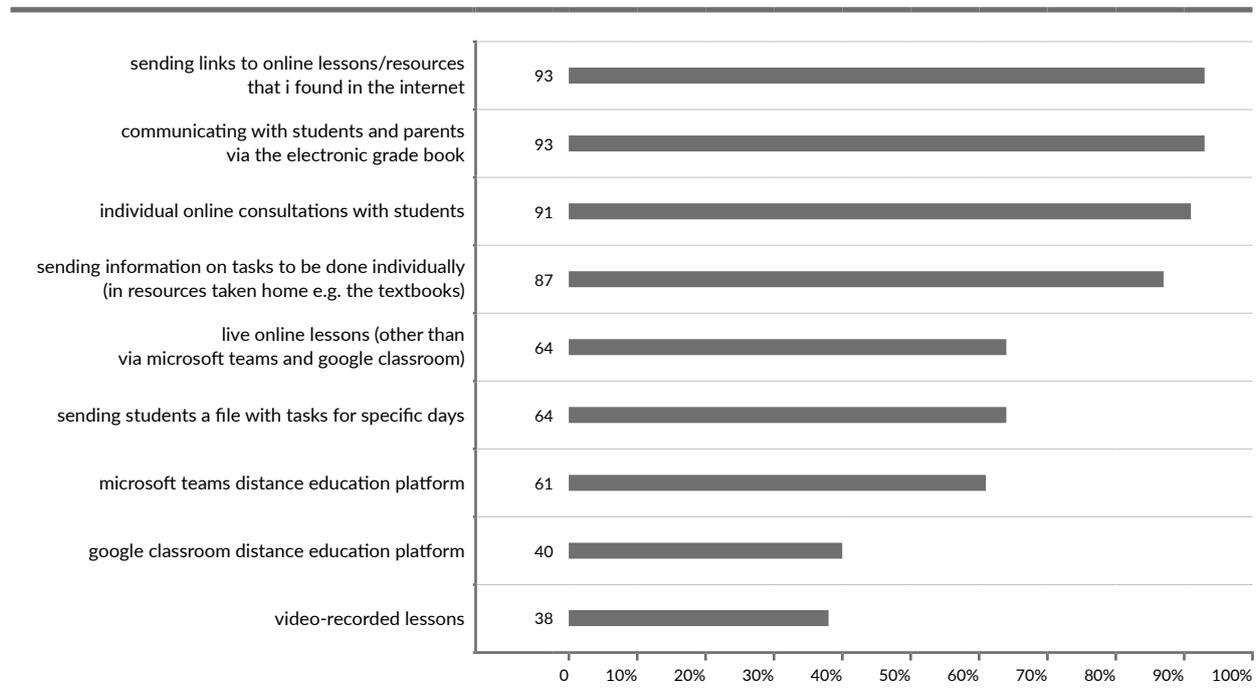
Schools in Poland, like in every other country, were not prepared for any aspect of the COVID19 pandemic. In the first stage, educational institutions were simply closed and then gradually resumed and suspended work. Preschool education and that provided in grades 1–3 of primary school were the least affected in terms of day-to-day functioning. Preschool and early school-age children simply attended classes. This does not mean that the solution adopted was right from the point of view of the epidemic development. Leaving kindergartens and grades 1–3 running basically throughout the pandemic was dictated

by economic realities. Reducing this part of education would have simply required paying benefits to parents and would have had a negative impact on the labour market. In the case of grades 4–8, the situation was different. Ministers of education – as indicated by the NIK – in cooperation with the Minister of Health, the Chief Sanitary Inspector and school superintendents, proposed successive solutions to enable educational establishments to work on site or remotely, but these were not sufficient for a number of reasons. The recommendations and proposals were ad hoc, and often did not take into account the realities of the work of the establishments (maintaining a social distance in kindergartens is simply impossible, as is maintaining a distance of 1.5 metres in the cloakroom of a school with several hundred students). However, it was not the nature of the pandemic-related changes to regulations and guidelines that was most troublesome, but their frequency. According to the NIK, between March 2020 and the end of June 2021, the Ministry of Education drafted 58 regulations, including two key ones – on restricting the operation of educational institutions and specifying the organisation of distance learning. The latter regulation had been amended 28 times by the time the NIK audit was completed (NIK, 2021).

In the first period of the pandemic – which is also confirmed by the findings of the NIK – learning was based on materials transmitted via an electronic grade book – a service provided to schools by commercial entities. In the following months of the pandemic, the diversity of forms and methods of work was greater. It should be noted that, although 85.4% of the teachers surveyed had no experience with any form of distance learning prior to the outbreak of the pandemic, 48% did not have much difficulty in using digital tools. However, 47% of teachers, indicated that preparing lessons in distance education was time-consuming and that this was their main problem in teaching online (Buchner et al., 2020).

At the end of the pandemic, teachers were able to evaluate the methods they used in terms of effectiveness (Figure 2). This assessment is important, as it indicates the directions in which changes in working methods of schools should evolve.

**Figure 2.** Teachers' responses to the question "In retrospect, which of the following forms and methods of distance education that you used, do you consider effective? (primary schools, general secondary schools, technical secondary schools)"



Source: Buchner et al., 2020.

The Supreme Audit Office indicated that training organised for teachers at central level was insufficient. Although a programme entitled *Support for teacher training centres and pedagogical libraries in the fulfilment of tasks related to the preparation and support of teachers in providing distance learning* was launched and 50.5 million PLN was allocated for its implementation, according to the NIK, no teacher was covered by it from August 2020 to April 2021. Trainings for teachers also proved ineffective. Under the project called *Lesson. Enter* it was planned to train by 20 May 2021 75,000 teachers of early primary education, humanities, mathematics and science, arts and IT. Only 11,000 teachers had been successfully trained; 12,000 were in the process of training at the time of the audit (NIK, 2021).

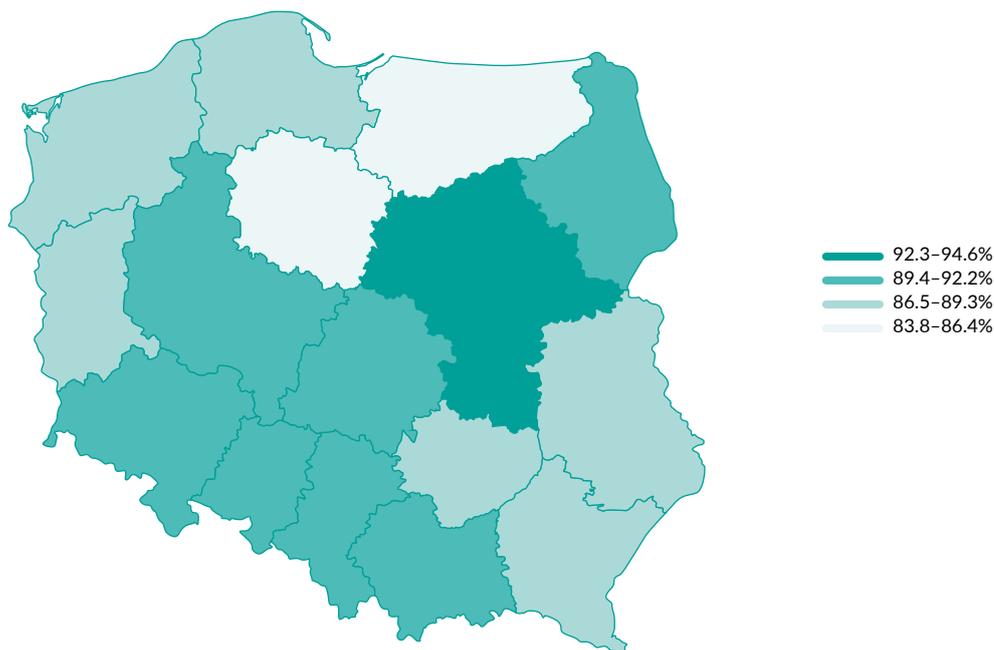
## Preschool education

The 2019 recommendations of the Council of the European Union state that early childhood education and care are essential in laying solid foundations for learning at school and throughout life (Council Recommendation of 22 May 2019 on High-Quality Early Childhood Education and Care Systems [2019/C 189/02]). High quality preschool education is an essential factor to equalise educational opportunities and prepare children for further stages of education. This position is also expressed in the introductory part of the core curriculum for preschool education. Early childhood education is also a proactive measure to improve the functioning and quality of life of the society as a whole. A quality preschool education translates to improved educational attainment and a fewer educational interventions and thus a more economically efficient labour market and a lower cost of subsequent social interventions (European Commission et al., 2018). Research shows that investment

in early childhood education brings real and observable benefits. Children who participated in early childhood education for at least one year scored better in science and mathematics in the PIRLS tests, and the longer they received preschool education, the better their score on the test (Jakubowski and Gajderowicz, 2020).

In 2002 the Council of the European Union set targets for the organisation and provision of childcare. According to these, by 2010, at least 90% of children in the EU between 3 years old and the mandatory school age and at least 33% of children under 3 years of age should have had access to various forms of formal childcare (European Commission, 2002). This target has not been achieved in many countries within the specified timeframe. However, the rate of children's participation in preschool education is increasing dynamically and Poland can be considered to have achieved the goal of a high share of children in preschool education (Figure 3). This is a direct result of changes to the education law, according to which local authorities are obliged to provide a place for every child whose parents express a desire to participate in preschool education.

**Figure 3.** Preschool education in the 2020/21 school year (as at 30 September 2020 r.). Children aged 3–6 years attending a preschool education establishment as percentage of the total population of children of the same age



Source: GUS, 2021.

The level of children's participation in preschool education from the age of 4 in 2020 was as follows: France had 100% of children in the education system, Spain 97.7% and Norway 97.3%. During the study period, 10 countries ranked higher than Poland in terms of preschool enrolment and 15 had a lower rate (Eurostat, 2022).

Preschool education is the stage in a child's individual educational pathway in which he or she acquires competences related to future learning. Thus, among the kindergarten tasks described in

the core curriculum are the following: supporting the multidirectional activity of the child, creating conditions enabling free development and play in a sense of security, ensuring conditions in which the child will acquire new experiences, supporting the child's independent exploration of the world, strengthening the child's self-esteem, sense of individuality and originality, strengthening independence, preparing the child to understand emotions, their own feelings and the emotions of others, providing opportunities to develop the child's sensitivity, introduction to norms and values, creation of functional networks of cooperation with parents and the environment in which the kindergarten functions, systematic support of the child's learning mechanisms leading to the attainment of a level enabling the child to start school education, introducing the child to the knowledge of the cultural heritage of the country and region, nurturing sensitivity to nature (Regulation of the Minister of National Education of 14 February 2017 on the Core Curriculum for Preschool Education and the Core Curriculum for General Education in Primary Schools, Including for Students with Moderate or Severe Intellectual Disabilities, General Education in 1<sup>st</sup> Degree Vocational Secondary Schools, General Education in Special Vocational Schools and General Education in Post-Secondary Schools [Dz.U. 2017, item 356]). The core curriculum for preschool education is implemented in the areas of physical, emotional, social and cognitive development. All the specific requirements described therein should be achieved by the child by the time they finish the preschool stage of education. It seems, therefore, that the very content of the core curriculum provides a sufficient basis to ensure that life-long learning begins already in kindergarten. However, work practice in kindergartens is often based on the use of pre-packaged worksheets, which encourage rather reproductive work in the kindergarten classroom. Outdoor activities are limited and do not provide opportunities for free exploration. Activities with children outside the kindergarten building have a negligible share in the work plans of the institutions. The project method, which could be successfully used to implement the core curriculum of preschool education, is used to a limited extent. We are therefore faced with a fairly good background in the form of legislation, nevertheless the degree and quality of its implementation remain a challenge<sup>1</sup> (Table 2).

**Table 2.** Number of children attending preschool establishments

School year	Establishments	Total number of children	Of which children with disabilities	Per class
2018/2019	12,535	1,111,595	21,648	20
2019/2020	12,911	1,127,701	-	20
2020/2021	13,214	1,154,430	27,514	20

Source: Own analysis based on: GUS, 2021.

There are still significant differences between urban and rural settings in terms of participation in preschool education (Tables 3 and 4). However, this difference is natural and is due to differences in the size of localities. A much greater differentiation is observed in aggregate figures and in comparisons between voivodships. It is therefore advisable – especially where the level of preschool education is insufficient – to focus on informational and educational activities aimed at children's families.

<sup>1</sup> This assessment is based on the author's many years of experience working with preschool establishments, as well as her work in carrying out and organising internships. There is a lack of authoritative research in this area.

**Table 3.** Number of children attending preschool establishments in urban settings

School year	Establishments	Total number of children	Of which children with disabilities	Per class
2018/2019	8,479	840,263	18,108	20
2019/2020	8,756	849,215	-	20
2020/2021	8,979	866,577	23,051	20

Source: Own analysis based on: GUS, 2021.

**Table 4.** Number of children attending preschool establishments in rural areas

School year	Establishments	Total number of children	Of which children with disabilities	Per class
2018/2019	4,056	271,332	3,540	20
2019/2020	4,155	278,486	-	20
2020/2021	4,235	287,873	4,463	19

Source: Own analysis based on: GUS, 2021.

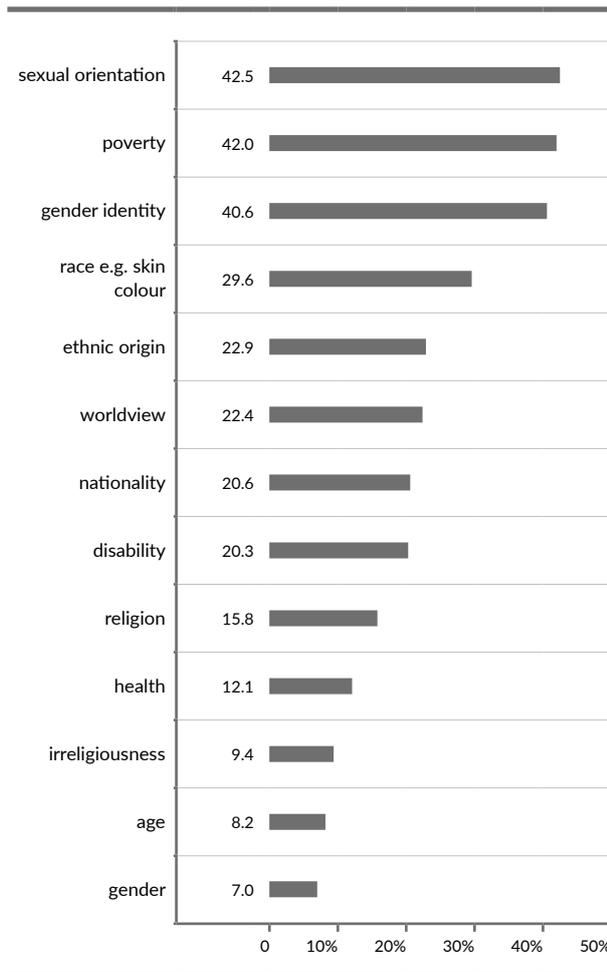
## Acceptance of violence/discrimination – teachers' attitudes

It is important to help students at this stage [the primary school stage – author's note] develop a positive attitude towards learning a modern foreign language and to build an attitude of openness and respect towards the diversity of languages, cultures and nationalities, while supporting the student in building self-esteem and self-confidence. (Dz.U. 2017 item 356, p. 56)

This is an excerpt from the introduction to the core curriculum. According to the Ombudsman for Human Rights (RPO; 2021a), it follows from this and other provisions in the core curriculum that anti-discrimination classes should be an integral part of both the implementation of the core curriculum itself and the education and prevention programmes prepared by the schools. The Ombudsman considers that anti-discrimination education is a school's obligation, which can be derived from the Convention on the Rights of the Child (Dz.U. 1991 No. 120 item 526). Although the Ombudsman refers here to Article 29 of the Convention, it seems, however, that Articles 14, 16 and 17 are also pertinent and that the obligation of schools to carry out anti-discrimination activities also stems from them. In response to the Ombudsman's request to the Minister of Education on this issue, it was assured that the school conducts anti-discrimination education and the Ministry does not see any major difficulties in this area. However, 81% of students are of the opinion that anti-discrimination education should be provided at school and that content related to it should be present both in lessons and in dedicated workshops (RPO, 2021b). It seems, therefore, that contrary to what the Ministry reported, the offer of schools in this respect is insufficient. Also almost 90% of teachers believe that anti-discrimination education should be a compulsory subject in schools. Unfortunately, as the RPO's analysis emphasises, this is currently rather wishful thinking, as there is much to be done also in terms of the preparation of teachers themselves to work on anti-discrimination topics. The vast majority of those surveyed

have never attended any anti-discrimination workshops and only 20% have had the opportunity to take part in a training on equality in the past 5 years (RPO, 2021b).

**Figure 4.** Percentage of respondents who felt that a particular social group is frequently or very frequently at risk of discrimination in Polish schools



Source: RPO, 2021b.

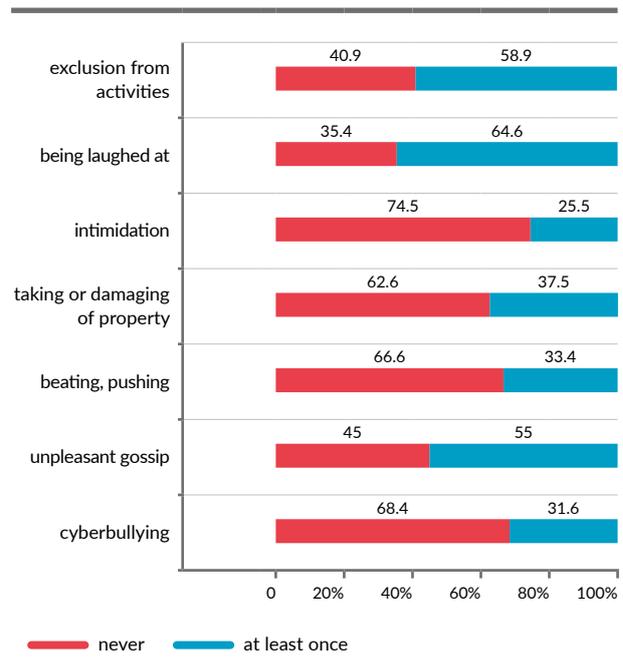
Although anti-discrimination education is considered important by the majority of teachers surveyed, only one in three had attended such workshops during their vocational preparation and in-service training (RPO, 2021b).

What does the readiness to overcome and accept cultural differences in a Polish school actually look like? This was also the subject of an analysis undertaken by the RPO. It turns out that the surveyed students (eighth

grade, representative sample) are definitely willing to accept Ukrainians, Muslims, homosexuals and people with disabilities as fellow students, classmates and members of the school community. Here, however, there are noticeable differences. Homosexuals, followed by Muslims would receive relatively least acceptance by Polish students. In contrast, the highest degree of acceptance was found in the survey towards Ukrainians and people with disabilities (RPO, 2021b).

Contrary to appearances, anti-discrimination and anti-violence education are not separate activities with different goals and content. On the contrary, consciously and directionally conducted activities aimed at reducing discrimination mechanisms contribute to reducing the scale of peer violence at school.

**Figure 5.** Experiences of bullying and cyberbullying



Source: RPO, 2021.

Surveyed students who felt that teachers at their school had more positive attitudes towards different cultures – that is, in practice expressed an attitude of tolerance, acceptance and understanding – were less likely to report bullying by their peers. Students who stated in

the survey that many teachers at their school had a negative attitude towards diversity were more likely to admit that they were sometimes bullied by their colleagues. It is therefore quite clear from the research that an educational environment built on dialogue, understanding and acceptance guarantees a reduced risk of peer victimisation. A factor that influences the reduction of the risk of experiencing peer violence is also the truly functioning school democracy. Students who feel that they have a say in the organisation of school life are less likely to experience bullying and cyberbullying (RPO, 2021b).

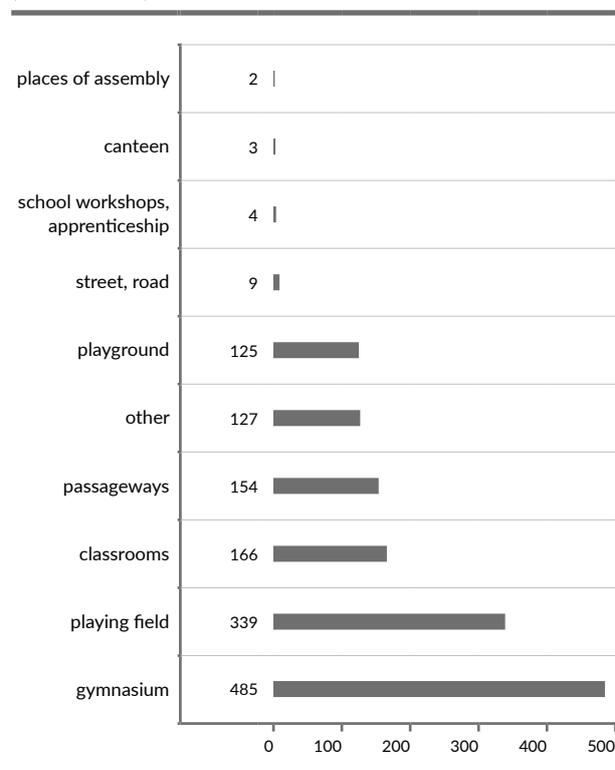
However, according to the author of this chapter and experts from education-related circles (cf. Ogólnopolskie Stowarzyszenie Kadry Kierowniczej Oświaty, 2021; Skura, 2021; [www.wolnaskola.org](http://www.wolnaskola.org)), the current actions by the Ministry of Education are aimed at radically limiting the implementation of anti-discrimination classes and cooperation in this field with experts from social organisations.

## Safety in schools (accidents, peer victimisation, staff violence)

Safety rules at school are regulated by the provisions of the Act on the Educational System (Dz.U. 1991, No. 95, item 425), the Education Law and – in particular – the Regulation of the Minister of National Education and Sport of 31 December 2002 on Health and Safety in Public and Non-Public Schools and Institutions (Dz.U. 2020, items 1166 and 1386). The headmaster shall immediately notify of any accident that occurs at the school: the parents (caregivers) of the injured person, the occupational health and safety officer, the social labour inspector, the authority in charge of the school or institution and the parents' council. In case of fatal, serious and collective accidents the headmaster immediately notifies the public prosecutor and the school superintendent (Figure 6).

Outreach activities of the Ministry of Education and Science (MEiN) capture the issue of violence in a much broader context than simply arising from the conditions of the physical space and the risks associated with its improper design, construction and operation. School safety is a much broader area – it involves responding to external

Figure 6: Accidents in schools – breakdown by location (2020–2021)



Source: Own analysis based on [otwartedane.gov](http://otwartedane.gov).

threats (such as fires, attacks, explosives, chemical contamination, epidemics and disasters), but also aggressive behaviour, substance use, theft, pornography, inappropriate psychosexual behaviour and criminal acts. MEiN's outreach activities also focus on cybersecurity: access to harmful content, excessive use of multimedia, disinformation, cyberbullying, sexting, image use, copyright infringement and cyberbullying.

On the one hand, the Ministry recognises these threats (MEiN, 2021), on the other – the organisation of additional classes at school, especially those related to the sphere of psychosexual behaviour, is very difficult, and very often simply impossible (Cieślak, 2021). The actual limitations in organising classes also apply to topics such as equality and anti-discrimination education, which help children and young people develop their ability to set boundaries and understand the mechanisms of exclusion and stereotyping processes. Over the years, schools have cooperated in the implementation of their education and prevention

programmes with social organisations specialising in education related to counteracting all forms of abuse to which children and young people can become exposed. These organisations – with adequate expertise and knowledge – together with the headmasters, parents and students helped to implement preventive measures in school establishments. Teachers – no matter how experienced they are – are very often not competent to run activities oriented towards teaching children and young people skills that will help them cope with violence or react quickly to it and ask adults for help.

Incidents at school are thoroughly reported and recorded. The phenomenon of peer victimisation, very often hidden or hardly noticeable, is nevertheless visible at school, but not accompanied by any real and functional systemic solutions or proposals to counteract the problem. Violence is experienced in Poland by 57% of children aged 11–17. Of the five forms of peer victimisation, the largest number of children (42%) have experienced physical assault from other children, 29% have experienced psychological violence, 18% have been involved as a victim in a gang assault, 14% have been a victim of prolonged bullying and 6% have experienced dating violence. Those who experienced peer victimisation were more than three times more likely to self-harm and seven times more likely to attempt suicide (Włodarczyk and Wójcik, 2019). Previous research on violence experienced by children has also indicated that more likely

to experience violence are those children who can not count on much social support and do not have a peer group to stand up for them. These children also tend to have less support from their peers' families and their parents usually have poor contact with teachers and with the school (Instytut Badań Edukacyjnych, 2014). Other studies show that 27.4% of teenagers surveyed had participated in, and 23.5% had experienced, peer victimisation at school at least once in the two months preceding the survey. Boys are more likely to take part in peer bullying than girls. Among the boys surveyed, 33% had used violence against peers at school at least once. Among girls, this percentage was 21.8% (Malinowska-Cieślak and Małkowska-Szcutnik, 2018).

Cyberbullying is becoming a particularly important issue in educational work. This phenomenon can be particularly difficult to record and therefore to overcome and to prevent. The perpetrator(s) may act anonymously and victims of cyberbullying experience the same consequences in terms of health and psychological wellbeing as victims of bullying. Cyberbullying is usually defined as a series of deliberate aggressive actions against a person who feels they cannot defend themselves. In addition, it is characterised by regularity – the same victim experiences attacks over an extended period of time – and is based on an imbalance of power, perpetrators may be anonymous, act out of surprise and realise that they will harm the victim (Pyżalski, 2019).

**Table 5.** Number of students who have experienced violence at school

Age group			I was bullied at school in the last two months				
			not at all	once or twice	2–3 times a month	once a week	several times a week
Sex	Boys	N	1,843	461	115	53	74
		%	72.4%	18.1%	4.5%	2.1%	2.9%
	Girls	N	2,118	368	70	35	42
		%	80.4%	14.0%	2.7%	1.3%	1.6%
Total		N	3,961	829	185	88	116
		%	76.5%	16.0%	3.6%	1.7%	2.2%

Source: Malinowska-Cieślak i Małkowska-Szcutnik, 2018.

## Curriculum, sex education

Sex education in the form recommended by the WHO is not provided in Poland. The WHO standards assume that classes conducted in accordance with a programme adapted to the age group allow to develop respect for others and oneself, and shape valuable relations and relationships. Contrary to popular belief – as underlined by the WHO – sex education classes do not result in earlier sexual initiation or increase sexual contact. Rather, they help to develop appropriate attitudes and raise awareness about the emotional, physical and social aspects of sexual life. Sex education also has an impact on reducing risky sexual behaviour and, among other things, on reducing the rate of unplanned pregnancies. Furthermore, WHO recognises that adequate preparation in the area of awareness of one's own sexuality is essential to prepare a young person for adulthood so that they understand emotions, feelings, attitudes and values related to reproductive issues (WHO, 2016). The recommendations also state that only schools have the capacity to reach children and young people from all social backgrounds – meaning that schools as institutions, and not the family environment, should be responsible for properly delivered sex education. In addition, the WHO states unequivocally that school headmasters and those responsible for institutional management have a responsibility to ensure that proper sex education is provided before students become sexually active (WHO, 2017).

The Ombudsman for Human Rights intervened in 2019 on the issue of sex education, or rather the lack of it in the Polish education system, stressing that:

the right to receive reliable sex education derives first and foremost from the right to education and also, as the WHO points out, from the right to health protection and access to health-related information. Parents cannot expect all content taught to their children at school to be in line with their worldview (as also confirmed by the Constitutional Court and the European Court of Human Rights. In the case of sex education, it is the rights of children that should be prioritised. (RPO, 2019)

Currently, however, sex education in Polish schools is not present in the form of generally accessible classes for children and adolescents, and local authorities that decide to introduce it in line with WHO standards face open criticism from those in power. We also see endeavours to remove sex education from schools altogether through attempts to tighten control over schools (Kazimierczuk, 2022).

Research shows that the percentage of boys and girls who started their sexual life extremely early is decreasing. In 2014, 50% of surveyed boys and 37.8% of girls had had first intercourse at or before the age of 14. In 2018, it was 42.2% of boys and 27.7% of girls. When asked about the age at which they had their first intercourse, girls and boys answered similarly, with girls at 14.2 years and boys at 14.6 years (Izdebski and Wąż, 2018).

## Psychological and pedagogical support

Mood disorders and depression account for about 40% of diagnosed mental disorders in children and adolescents. The others are attention deficits, hyperactivity, behavioural disorders, intellectual disability, bipolar disorder, eating disorders, autism spectrum disorders, schizophrenia and personality disorders. According to a UNICEF analysis, the prevalence of mental disorders in children aged 10–19 in Poland is 10.8%. This amounts to more than 409,000 adolescents (181,000 girls and 228,000 boys). However, these figures are underestimated. This is due to limited access to proper and effective diagnosis of needs and disorders in this matter (UNICEF, 2021). The psycho-physical condition of children and adolescents is deteriorating and this is not a phenomenon observed only in Poland (Twenge, 2019).

In the last two years, an additional trigger for stress, anxiety and mood deterioration was the pandemic and its consequences. For 73% of students, returning to school was associated with additional stress, and 52% communicated only negative emotions in relation to going back to school. Furthermore, 25% of students and 53% of teachers admitted that they expected psychological support (Centrum Edukacji Obywatelskiej, 2021).

As can be seen from the data, already at the beginning of the pandemic the need to participate in activities developing emotional and social skills increased significantly compared to previous years. At the time of preparing the report, we do not yet have access to the most recent data, however, by following the growth dynamics and other studies on the psycho-physical condition of students, we can assume that the need for organising additional classes to strengthen students' emotional competences will continue to grow (Table 6).

**Table 6.** Students receiving other forms of assistance through psychological and pedagogical classes in primary schools for children and adolescents (excluding special schools)

School year	Therapeutic classes	Didactic-educational classes	Corrective-compensatory classes	Speech therapy classes	Classes developing emotional and social competences
2017/2018	1,117	348,167	196,791	201,552	20,111
2018/2019	1,377	389,290	238,293	214,311	17,935
2019/2020	1,349	263,745	173,185	126,729	46,696
2020/2021	1,223	327,493	218,233	160,554	68,509

Source: Own analysis based on the data of GUS.

In order to meet this challenge, the Ministry of Education and Science introduced new standards for the employment of psychological and pedagogical assistance specialists in Polish schools (Regulation of the Minister of National Education of 9 August 2017 on the Principles of Organising and Providing Psychological and Pedagogical Assistance in Public Kindergartens, Schools and Establishments [Dz.U. 2017 item 1591]; Regulation of the Minister of Education and Science of 22 July 2022 on the List of Classes Conducted Directly with or for Students or Children in Care by Teachers of Psychological and Pedagogical Counselling Centres and Educators, Special Educators, Psychologists, Speech Therapists, Pedagogical Therapists and Career Counsellors [Dz.U. 2022 item 1610]). However, their implementation was postponed, as the timetable for the implementation of the changes seemed impossible from

the very beginning. Unfortunately, the change in standards of the employment of specialists, which was and is necessary, will not solve the problem of the lack of assistance and support for children and adolescents. The working conditions and salaries offered to specialists are not attractive. Already, vacancies for psychologists and educators are the ones that appear more and more frequently in the offer banks at the boards of education.

## Foreign children in schools, including current refugees from Ukraine

A child who does not speak Polish, who comes from a different cultural or religious background or who returns to Poland is also a child who falls into a fairly wide category of students with special educational needs.

Before the war in Ukraine, Polish education system did not commonly face the educational challenge of working with students speaking other languages than Polish and

coming from other cultural backgrounds. Of course, this does not mean that schools have not faced such a task at all. Establishments located at refugee centres or in places where a particular minority resides have had experience of working with culturally and linguistically diverse groups for many years. This has made it possible to define the tasks of an intercultural assistant. The assistants do not need to have a university or pedagogical background, but must speak the language of the child's country of origin. The legislation does not specify the working hours of assistants or the minimum or maximum number of children that would justify the creation of such a position in a school. The employment of an assistant is decided by the school headmaster in agreement with the local authorities in charge of the school.

When analysing the situation of students from minorities, it should be noted that they are not treated equally by the Polish system. Students who have Polish nationality and come from one of the Polish minority groups are provided with their minority language classes (Tables 7 and 8).

**Table 7.** Teaching national and ethnic minority languages and a regional language in primary schools and in inter-school groups for children and adolescents

School year	Total	Belarusian	Kashubian	Lithuanian	German	Ukrainian	Lemko	Slovak
2017/2018	64,772	1,762	16,052	304	44,710	1,237	181	172
2018/2019	70,664	1,757	17,048	363	49,402	1,355	208	164
2019/2020	73,642	1,983	18,868	360	50,267	1,426	232	170
2020/2021	72,933	1,989	18,750	403	48,975	1,948	273	185

Source: GUS, 2021.

**Table 8.** Teaching national and ethnic minority languages and a regional language in secondary schools for adolescents

School year	Total	Belarusian	Kashubian	Lithuanian	German	Ukrainian
2017/2018	2,019	454	1,075	69	139	272
2018/2019	1,909	445	962	67	157	265
2019/2020	2,401	590	1,151	98	171	364
2020/2021	2,417	580	1,149	118	191	324

Source: GUS, 2021.

Compared to previous years, there is a clear trend towards increasing participation in minority language classes. In 2010, there were 1403 participants in such classes in secondary schools, and in 2020/2021 school year already 2,417 participants. A similar upward trend is observed in primary schools. In 2010, regional language classes were attended by 32,372 students, and in 2020 – already 72,933. The increase in the number of students attending classes organised for national and ethnic minorities does not mean that these groups are dynamically growing in numbers – this trend is explained by an increased awareness of children's families and a growing sense of cultural and ethnic identity.

Students who were educated in schools operating in the educational systems of other countries, do not speak the Polish language or speak it at a level insufficient to benefit fully from education in the Polish system, exhibit difficulties in communication and adaptation related to cultural differences or to a change of educational environment, may be educated in preparatory classes, which may also be established between schools. Students from other countries can also join general classes, especially that the limits on the total number of students have been changed. In kindergartens, the maximum group size has been increased by 3 places for children from Ukraine. In grades 1 to 3 of primary school, a class may be enlarged to a maximum of 29 students (§ 7–10, § 11a(1–2) of the Regulation of the Minister of Education and Science of 21 March 2022 on the Organisation of Education, Upbringing and Care for Children and Adolescents who are Citizens of Ukraine [Dz.U. 2022, items 645 and 795]. However, no additional solutions have been introduced in the area of intercultural assistants, nor have any additional funds been allocated for their employment.

The number of Ukrainian students who stay in Poland or study in Polish schools is difficult to estimate. Firstly, a student may fulfil their compulsory education outside Poland, in a Ukrainian school through participation in distance learning. Approximately 200,000 children and young people choose this way of continuing their education. Some local authorities decide to create special learning centres for such students (e.g. Warsaw's Centrum Nauki

i Rozwoju), where it is possible to participate in distance classes while having access to Polish-speaking teachers and educators and – what is equally important – to have contact with peers. Secondly, the number of people who study in Polish schools is variable. Conservative estimates indicate that around 200,000 Ukrainian children and adolescents are permanently enrolled in Polish schools.

The vast majority of teachers who currently face the education of students from Ukraine have had little or no experience of working with young people from that country or with other foreigners. More than 55% of them note that all or most Polish students seek contact with children who have come from Ukraine, and almost 60% of teachers note that many students help their new colleagues (Fundacja Szkoła z Klasą, 2022). However, a high willingness to support will not persist indefinitely, with time it can give way to confrontation, defence and hostility/separation. Hence the need for intercultural and anti-discrimination education to be addressed as soon as possible.

The presence of Ukrainian students is a huge challenge for the entire Polish education system. The challenge consists in the obstruction of the systems according to which schools work. This results in particular groups of students having to face additional obstacles, making their education more difficult and limiting their educational opportunities. One of such challenges was the eighth-grade examination taking place in the 2021/22 school year. Ukrainian students who decided to take it were after only a few months of studying in a Polish school. Another challenge is also the lack of work planning possibilities for headmasters related to the variable number of persons entering and leaving the system. Teachers and school communities are also burdened by the work in overcrowded – in line with the regulations – pre-school classes and grades 1–3 and the lack of systemic support in the implementation of educational tasks for Ukrainian students.

## Home schooling

Home education is one of the means of implementing compulsory schooling and preschooling for children and adolescents from 6 to 18 years of age. An application for

pursuing compulsory education in form of homeschooling shall be submitted to the headmaster of the establishment which the child or student attends. The headmaster of the establishment may agree to home education in a given school year. There is no single template of an application for consent to homeschooling, but guidance and supporting documents are available from organisations that support families in carrying out compulsory education in this way. The application should also include a commitment for the child to take end-of-school examinations. A student pursuing compulsory education outside school obtains – just as a student studying at school – annual classification grades on the basis of annual classification examinations covering the part of the core curriculum applicable at a given educational stage. Classification examinations are conducted by the school whose headmaster has authorised the fulfilment of compulsory education outside the school. Such students are not assessed for conduct (Article 37 of the Education Law).

By virtue of the Act of 17 March 2021 amending the Education Law (Dz.U. 2021, item 762), subsections (2)(1) and (2)(2)(a) were deleted from Article 37. This marks a huge change in access to homeschooling. Namely, the change in the legislation removed the requirement to attach to the application an opinion from a psychological and pedagogical counselling centre and levied the division into catchment areas. As at 31 December 2020, homeschooling was pursued by 12,060 students, on 21 March 2021 – 19,966, and on 6 February 2022 – 19,427 students. Thus, it can be seen that the number is clearly increasing, which is probably driven by two factors – the real need for more flexible compulsory education arrangements and the change in legislation that has made it easier to start homeschooling. At the time of writing this chapter, however, the fate of some of the regulations relating to home education is being contested. A group of MPs has submitted, in fact, the government's draft amendments to the Education Law with the intention to restrict and shorten the time during which a transition into home education mode would be possible, setting specific start and end dates (Sejm RP, 2022).

## Student empowerment

The issue of the empowerment of students is one of the most important topics in research in the field of pedagogy. In this chapter, however, we will not focus on analysing the meaning of the notion itself, nor will we reflect on how these meanings are translated into the practice of work in schools and kindergartens. Instead, we will examine the level of empowerment guaranteed to students under the Education Law.

The main document guaranteeing children and adolescents empowerment at school is the Convention on the Rights of the Child. It stipulates the rights of the child, in particular concerning the child's right to respect, to his or her own opinion, to a world view, to fair treatment, and to freedom of expression.

Another document guaranteeing children and young people's right to subjective treatment is the core curriculum, which states that "the school shall provide safe conditions and a friendly atmosphere for learning, taking into account the individual capabilities and educational needs of the student. The most important aim of primary school education is to nurture the integral biological, cognitive, emotional, social and moral development of the student".

Student autonomy is also regulated in the school statutes, a document that is an internal source of law for each establishment. Under Article 98(1)(17) of the Education Law, the statutes detail the rights

and duties of pupils. Although in theory the school statutes may not violate the students' rights, it nevertheless appears that in practice the empowerment of students is often compromised<sup>2</sup>.

The institution that guarantees the realisation of the students' rights at school is the student board (Article 85 of the Education Law). The student board is made of all students of the school who elect representatives from among themselves. Each student should be able to propose and implement their ideas for activities or events within the student board (if, of course, they do not conflict with the school statutes or the law). The student council is not obliged to carry out any tasks assigned by the school management, but this does not mean that it functions ,alongside' or ,against' the management or the teaching staff. The student council is autonomous in the school, and one of its main tasks should be to identify the needs of the school's students and to meet them – according to the possibilities and resources.

## Summary

What should be emphasised in conclusion of this chapter is the great success of Polish preschool education. As far as the rate of children's participation in this form of education is concerned, the assumptions of dynamic growth have been realised, and the core curriculum itself is the basis for conducting early childhood education at a high quality level. What remains a challenge though is the working style and the way teachers are trained. Appropriately prepared strategies and solutions at the level of education and vocational training of preschool teachers would certainly allow early childhood education to become an effective element in the policy of equalising educational opportunities.

It seems that the Polish education system – like education systems all over the world – is in a situation where a higher necessity is not so much to maintain the system itself, but to look for solutions to its growing problems and challenges. The main areas of intervention and reform should be aspects related to the psycho-physical condition of students and the need to transform the model and the way schools work (here the pandemic proved to be a critical test). Unfortunately, the attempts at reform made by those in power in recent years have not addressed any of these problems, and what is more, they contribute to deepening of crisis in another area of Polish education, namely the shortage of teachers.

---

2 Cf. <https://umarlestatuty.pl/> and <https://kogutorium.org/>.

## References

- Buchner, A., Majchrzak, M., Wierzbicka, M. (2020). *Edukacja zdalna w czasie pandemii. Edycja I*. Centrum Cyfrowe. Pobrane z: [https://centrumcyfrowe.pl/wp-content/uploads/sites/16/2020/05/Edukacja\\_zdalna\\_w\\_czasie\\_pandemii.pptx-2.pdf](https://centrumcyfrowe.pl/wp-content/uploads/sites/16/2020/05/Edukacja_zdalna_w_czasie_pandemii.pptx-2.pdf)
- Centrum Edukacji Obywatelskiej. (2021). *Szkoła ponownie, czy szkoła od nowa. Jak wygląda powrót do edukacji stacjonarnej*. Centrum Edukacji Obywatelskiej.
- Cieślak, A. (2021, 26 listopada). "Będziemy się temu sprzeciwiać". Czarnek o programie Zdrowe Love. *Interia*. <https://wydarzenia.interia.pl/kraj/news-bedziemy-sie-temu-sprzeciwiac-czarnek-o-programie-zdrowe-lov,nld,5669970>
- European Commission, Directorate-General for Education, Youth, Sport and Culture, Lenaerts, K., Vandembroeck, M., Beblavý, M. (2018). *Benefits of early childhood education and care and the conditions for obtaining them*. Publications Office. Pobrane z: <https://data.europa.eu/doi/10.2766/20810>
- European Commission. (2002). *Presidency conclusions Barcelona European Council 15 and 16 March 2002*. European Commission. Press and Communication Service. Pobrane z: [https://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/ec/69871.pdf](https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/ec/69871.pdf)
- Eurostat. (2022). *Pupils from age 4 to the starting age of compulsory education at primary level, by sex – as % of the population of the corresponding age group*. [https://ec.europa.eu/eurostat/databrowser/view/EDUC\\_UOE\\_ENRA10\\_\\_custom\\_868517/bookmark/map?lang=en&bookmarkId=103e5ce9-ef18-4d3d-8f-fa-f7d8570c16f1](https://ec.europa.eu/eurostat/databrowser/view/EDUC_UOE_ENRA10__custom_868517/bookmark/map?lang=en&bookmarkId=103e5ce9-ef18-4d3d-8f-fa-f7d8570c16f1)
- Fundacja Szkoła z Klasą. (2022). *Razem w klasie. Dzieci z Ukrainy w polskich szkołach*. Fundacja Szkoła z Klasą. Pobrane z: [https://www.szkolazklasa.org.pl/?smd\\_process\\_download=1&download\\_id=11878](https://www.szkolazklasa.org.pl/?smd_process_download=1&download_id=11878)
- GUS. (2018). *Oświata i wychowanie w roku szkolnym 2017/2018*. Główny Urząd Statystyczny.
- GUS. (2019). *Oświata i wychowanie w roku szkolnym 2018/2019*. Główny Urząd Statystyczny.
- GUS. (2020). *Oświata i wychowanie w roku szkolnym 2019/2020*. Główny Urząd Statystyczny.
- GUS. (2021). *Oświata i wychowanie w roku szkolnym 2020/21*. Główny Urząd Statystyczny.
- Instytut Badań Edukacyjnych. (2014). *Przemoc w polskiej szkole – jak naprawdę wygląda*. <https://www.ibe.edu.pl/pl/babel/11-media/aktualnosci-prasowe/381-przemoc-w-polskiej-szkole-jak-naprawde-wyglada>
- Izdebski, Z., Wąż, K. (2018). Aktywność seksualna młodzieży 15-letniej. In: J. Mazur, A. Małkowska-Szcutnik (ed.), *Zdrowie uczniów w 2018 roku na tle nowego modelu badań HBSC* (p. 143–149). Instytut Matki i Dziecka.
- Jakubowski, M., Gajderowicz, T. (2020). *Co potrafią polscy czwartoklasiści. Wyniki badania TIMMS 2019*. Evidence Institute. Pobrane z: <https://www.evidin.pl/wp-content/uploads/2020/12/POLICY-NOTE-1-2020-TIMSS-1.pdf>
- Kazimierzczuk, A. (2022, 17 stycznia). Przemysław Czarnek: W szkole jest już edukacja seksualna. *Rzeczpospolita*. <https://edukacja.rp.pl/edukacja/art19295401-przemyslaw-czarnek-w-szkole-jest-juz-edukacja-seksualna>
- Malinowska-Cieślak, M., Małkowska-Szcutnik, A. (2018). Przemoc w szkole (bullying). In: J. Mazur, A. Małkowska-Szcutnik (ed.), *Zdrowie uczniów w 2018 roku na tle nowego modelu badań HBSC* (p. 150–155). Instytut Matki i Dziecka.

- MEiN. (2021). *Bezpieczna szkoła. Zagrożenia i zalecane działania profilaktyczne w zakresie bezpieczeństwa fizycznego i cyfrowego uczniów – poradnik MEN*. Ministerstwo Edukacji i Nauki. <https://www.gov.pl/web/edukacja-i-nauka/bezpieczenstwo-fizyczne-i-cyfrowe-uczniow--poradnik-men>
- MEiN. (2022). *Wdrażanie nowego systemu awansu zawodowego nauczycieli w świetle przepisów przejściowych*. Ministerstwo Edukacji i Nauki. <https://www.gov.pl/web/edukacja-i-nauka/wdrazanie-nowego-systemu-awansu-zawodowego-nauczycieli-w-swietle-przepisow-przejscyjnych>
- NIK. (2019). *Zmiany w systemie oświaty. Informacja o wynikach kontroli*. Najwyższa Izba Kontroli.
- NIK. (2021). *O organizacji pracy nauczycieli w szkołach publicznych – część I*. Najwyższa Izba Kontroli. <https://www.nik.gov.pl/aktualnosci/nik-o-organizacji-pracy-nauczycieli-w-szkolach-publicznych-czesc-i.html>
- Ogólnopolskie Stowarzyszenie Kadry Kierowniczej Oświaty. (2021). *Stanowisko OSKKO ws. rządowych założeń zmian w prawie oświatowym*. <https://www.oskko.edu.pl/stanowisko-ws-zmian-prawa-oswiatowego/index.html>
- Pyżalski, J. (2019). Elektroniczna przemoc rówieśnicza (cyberprzemoc). In: J. Pyżalski, A. Zdrodowska, Ł. Tomczyk, K. Abramczuk, *Polskie badanie EU Kids Online 2018* (p. 101–118). Wydawnictwo Naukowe UAM.
- RPO. (2019). *Mity i fakty na temat edukacji seksualnej z perspektywy RPO*. Biuletyn Informacji Publicznej RPO. <https://bip.brpo.gov.pl/pl/content/mity-i-fakty-na-temat-edukacji-seksualnej-z-perspektywy-rpo>
- RPO. (2021a). *Stanowisko RPO z dnia 1 marca 2021 r.* <https://bip.brpo.gov.pl/pl/content/rpo-do-mein-o-koniecznosci-edukacji-antydiskryminacyjnej>
- RPO. (2021b). *Równe traktowanie w szkole. Raport z badania w szkołach oraz analiza ilościowa programów wychowawczo-profilaktycznych*. Biuro Rzecznika Praw Obywatelskich.
- Sejm RP. (2022). Projekt z dnia 20 października 2022 r. Pobrane z: [https://orka.sejm.gov.pl/Druki9ka.nsf/Projekty/9-020-1049-2022/\\$file/9-020-1049-2022.pdf](https://orka.sejm.gov.pl/Druki9ka.nsf/Projekty/9-020-1049-2022/$file/9-020-1049-2022.pdf)
- Skura, P. (2021, 18 sierpnia). ZNP: “Lex Czarnek” narusza obecny ustrój szkolny. Opinia negatywna! *Głos Nauczycielski*. <https://glos.pl/zn-p-lex-czarnek-narusza-obecny-ustroj-szkolny>
- Suchecka, J. (2020, 12 lutego). Matura będzie trudniejsza. “Istotne podniesienie poprzeczki”. *TVN24.pl*. <https://tvn24.pl/polska/matura-w-2023-roku-bedzie-trudniejsza-3967606>
- Suchecka, J. (2022). Czarnek znowu w Sejmie. “Ten projekt powinien splanąć ze wstydu”. *TVN24.pl*. <https://tvn24.pl/polska/lex-czarnek-znowu-w-sejmie-ten-projekt-powinien-splanac-ze-wstydu-5590044>
- Twenge, J. (2019). *iGen. Dlaczego dzieciaki dorastające w sieci są mniej zbuntowane, bardziej tolerancyjne i mniej szczęśliwe – oraz zupełnie nieprzygotowane do dorosłości – i co to oznacza dla nas wszystkich*. Smak Słowa.
- UNICEF. (2021). *The State of the World’s Children 2021: On My Mind – Promoting, protecting and caring for children’s mental health*. United Nations Children’s Fund.
- WHO. (2016). *Sexuality Education: What it its impact. Policy brief, No 2*. World Health Organization. Pobrane z: [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/379045/Sexuality\\_education\\_Policy\\_brief\\_No\\_2.pdf](https://www.euro.who.int/__data/assets/pdf_file/0010/379045/Sexuality_education_Policy_brief_No_2.pdf)
- WHO. (2017). *Why should sexuality education be delivered in school-based settings. Policy brief, No 4*. World Health Organization. Pobrane z: [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/379050/BZgA\\_Policy\\_Brief\\_4\\_FINAL\\_EN.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/379050/BZgA_Policy_Brief_4_FINAL_EN.pdf)
- Włodarczyk, J., Wójcik, S. (2019). Skala i uwarunkowania przemocy rówieśniczej. Wyniki Ogólnopolskiej diagnozy krzywdzenia dzieci w Polsce. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(3), 9–35.

## Legal references

- Konwencja o prawach dziecka przyjęta przez Zgromadzenie Ogólne Narodów Zjednoczonych dnia 20 listopada 1989 r. (Dz.U. z 1991 r. Nr 120 poz. 526). (Convention on the rights of the child)
- Obwieszczenie Ministra Edukacji Narodowej z dnia 9 lipca 2020 r. w sprawie ogłoszenia jednolitego tekstu rozporządzenia Ministra Edukacji Narodowej w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży niepełnosprawnych, niedostosowanych społecznie i zagrożonych niedostosowaniem społecznym (Dz.U. 2017 poz. 1578). (Announcement of the Minister of National Education on the publication of a consolidated text of the Regulation of the Minister of National Education on the conditions for organising education, upbringing and care for children and young people with disabilities, socially maladjusted and at risk of social maladjustment)
- Rozporządzeniu Ministra Edukacji Narodowej i Sportu z dnia 31 grudnia 2002 r. w sprawie bezpieczeństwa i higieny w publicznych i niepublicznych szkołach i placówkach (Dz.U. z 2020 r. poz. 1166 i 1386). (Regulation of the Minister of National Education and Sport on safety and hygiene in public and non-public schools and other educational institutions)
- Rozporządzenie Ministra Edukacji Narodowej z dnia 14 lutego 2017 r. w sprawie podstawy programowej wychowania przedszkolnego oraz podstawy programowej kształcenia ogólnego dla szkoły podstawowej, w tym dla uczniów z niepełnosprawnością intelektualną w stopniu umiarkowanym lub znacznym, kształcenia ogólnego dla branżowej szkoły I stopnia, kształcenia ogólnego dla szkoły specjalnej przysposabiającej do pracy oraz kształcenia ogólnego dla szkoły policealnej (Dz.U. z 2017 r. poz. 356). (Regulation of the Minister of National Education on the core curriculum for preschool education and the core curriculum for general education in primary schools, including for pupils with a moderate or severe intellectual disability, general education in stage I sectoral vocational schools, general education in special schools preparing for employment, and general education in post-secondary schools)
- Rozporządzenie Ministra Edukacji Narodowej z dnia 9 sierpnia 2017 r. w sprawie zasad organizacji i udzielania pomocy psychologiczno-pedagogicznej w publicznych przedszkolach, szkołach i placówkach (Dz.U. z 2017 r. poz. 1591). (Regulation of the Minister of National Education on the organisation and provision of psychological and educational support in public nursery schools, schools and other educational institutions)
- Rozporządzenie Ministra Edukacji Narodowej z dnia 30 stycznia 2018 r. w sprawie podstawy programowej kształcenia ogólnego dla liceum ogólnokształcącego, technikum oraz branżowej szkoły II stopnia (Dz.U. z 2017 r. poz. 59, 949 i 2203) (Regulation of the Minister of National Education on the core curriculum for general education for general upper secondary schools, technical secondary schools and stage II sectoral vocational schools)
- Rozporządzenie Ministra Edukacji i Nauki z dnia 21 marca 2022 r. w sprawie organizacji kształcenia, wychowania i opieki dzieci i młodzieży będących obywatelami Ukrainy (Dz.U. z 2022 r.; poz. 645 i 795) (Regulation of the Minister of Education and Science on the organisation of education, upbringing and care of children and youth who are citizens of Ukraine)
- Rozporządzenie Ministra Edukacji i Nauki z dnia 22 lipca 2022 r. w sprawie wykazu zajęć prowadzonych bezpośrednio z uczniami lub wychowankami albo na ich rzecz przez nauczycieli poradni psychologiczno-pedagogicznych oraz nauczycieli: pedagogów, pedagogów specjalnych, psychologów,

logopedów, terapeutów pedagogicznych i doradców zawodowych (Dz.U. z 2022 r. poz. 1610) (Regulation of the Minister of Education and Science on the list of classes conducted directly with pupils by teachers from counselling and guidance centres and teachers: pedagogues, special educators, psychologists, speech therapists, pedagogical therapists and career counsellors)

Ustawa z dnia 7 września 1991 r. o systemie oświaty (Dz.U. 1991 Nr 95 poz. 425). (Act on school education)

Ustawa z dnia 14 grudnia 2016 r. Przepisy wprowadzającej ustawę – Prawo oświatowe (Dz.U. z 2016 r. poz. 60 ze zm.) (Act on provisions introducing the Law on School Education)

EU Council Recommendation of 22 May 2019 on High-Quality Early Childhood Education and Care Systems (2019/C 189/02).

#### Citation:

Kazmierczyk, I. (2022). Education of children in Poland – selected aspects. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 216–237). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Child Abuse and Neglect

Joanna Włodarczyk – Empowering Children Foundation

## List of issues

---

- 239 Definitions
- 240 Prevalence and dynamics of abuse  
(physical and emotional abuse, witnessing violence)
- 241 Official data
- 243 Data from social surveys
- 248 Societal attitudes towards corporal punishment
- 251 Consequences of child abuse
- 252 Conclusion
- 254 References

**M**altreatment at the hands of loved ones, parents or caregivers, is one of the greatest risks to a child's safety and development. Child maltreatment may take the form of abuse or neglect (WHO, 2018). Child abuse may be physical, sexual, or emotional. Neglect can also be divided into several categories: physical (lack of appropriate care or the failure to provide physical conditions necessary for the child's development), emotional (lack of a healthy bond and emotional nurturing), but also medical (lack of appropriate care in times of illness, the failure to immunize the child, etc.), legal (the failure to register the child after birth), and even educational (the failure to provide schooling for the child). To sum up, abuse involves acts of commission, while neglect involves acts of omission.

Child maltreatment leads to measurable negative consequences at the individual and societal levels. Many of them involve victims' health, both in childhood and adolescence, and later in life (WHO, 2006).

All children have the right to live without abuse – not only because of its negative consequences for their safety and development, but, above all, because children should be protected from violence and abuse just like every other citizen. The importance of protecting children from maltreatment is reflected by the fact that this area is regulated both by international conventions, primarily the Convention on the Rights of the Child, and by the Polish law, particularly the Act on Counteracting Family Violence.

This chapter presents data on physical and emotional abuse and neglect, whereas sexual abuse is discussed in Chapter *Child sexual abuse*.

## Definitions

The World Health Organization defines **physical abuse** of a child as acts or behaviours that lead to actual or potential physical harm from an interaction, which is reasonably within the control of a parent or another person in a position of responsibility, power or trust. Child physical abuse may involve single or repeated incidents (WHO, 1999).

In its definition of child physical abuse, the United Nations emphasises the intentional use of physical force or power, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity. Among behaviours classified as physical abuse the UN lists hitting, kicking, shaking, beating, bites, burns, strangulation, poisoning, and suffocation by members of the child's family (Pinheiro, 2006). Physical abuse of children by their parents or caregivers often takes the form of corporal punishment (WHO, 2006). The Committee on the Rights of the Child defines corporal or physical punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. It mostly involves hitting ("smacking", "slapping", "spanking") children, with the hand or with an implement – a whip, stick, belt,

shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (Committee on the Rights of the Child, 2006). According to the Committee, any corporal punishment is degrading. These forms of punishment were commonly used in the past, in many different societies. Today they are illegal in a growing number of countries, including in Poland since 2010 (Global Partnership to End Violence Against Children, 2016).

**Psychological or emotional abuse** of a child is more difficult to define than physical abuse, because there is no one clear moment of violating the child's boundaries, such as, for example, when he or she is hit by the abuser. Psychological abuse is "more like a spectrum: some acts, considered to be relatively benign, occur only occasionally, while others can be severe and extremely destructive" (Iwaniec, 2012, p. 31). Additionally, the definition of emotional abuse depends largely on the cultural context and social norms about parenting and the role of caregivers. One of the most popular definitions of emotional abuse is the one proposed by the WHO, which defines this category of abuse as the failure to provide a developmentally appropriate and supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potential and social context. Abusive acts towards the child cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. Emotional abuse occurs within the child's relationship with a parent or another person in a position of responsibility, trust or power. Abusive acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment (WHO, 1999).

According to the Polish Act on Counteracting **Family Violence** (amended in 2010), family violence should be understood as "isolated or repeated deliberate acts of commission or omission that violate the rights or personal interests of family members, particularly ones that put these persons at risk of losing their life or health, violate their dignity, bodily integrity, and freedom (including sexual freedom), cause harm to their physical or mental health, and lead to suffering and moral harm in the victims. Since the 1st of August 2010, an amendment to the Polish Family and Guardianship Code (Journal of Laws [Dz.U.] No. 9, item 59 with amendments) has been in force, which introduced, in Article 96, a legal ban on the use of corporal punishment by persons exercising parental authority or providing care for children.

According to the World Health Organization, **neglect** includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so. It may concern such areas as health, education, emotional development, shelter and safe living conditions. The parents of neglected children are not necessarily poor. They may equally be financially well-off (WHO, 2006).

## **Prevalence and dynamics of abuse (physical and emotional abuse, witnessing violence)**

There are two sources of information about the prevalence of child abuse in Poland: official statistics and social surveys. Different kinds of statistical data about child abuse are gathered by the police and courts, but also by multidisciplinary teams dealing with family violence or support and crisis

intervention centres. It should be emphasised that police and court statistics reflect just a part of the reality; usually, they provide information about criminal offences committed, so they do not include some forms of abuse, which are not criminalized, and they only include cases that have been reported to law enforcement agencies. This is particularly important when it comes to child abuse by parents or caregivers, as children have a limited capability to report such incidents. That said, official statistics can be a very good indicator of trends and tendencies.

Social surveys reveal much more broadly defined abuse, including behaviours that have not been described in legal codes. Moreover, they show a larger scale of abuse, as they may include not only experiences that have not been reported to the police, but also ones that the child has not previously disclosed to anyone.

## Official data

The main statistics on child abuse are those collected within the Blue Card procedure, which was introduced in 1998. It is an integrated system of support and monitoring for families in which cases of violence have been reported. In recent years, there has been a decrease in the number of forms drawn up: from 97,000 in 2016 to 82,000 in 2021. The Blue Card procedure may be initiated by the police, social services, health care professionals, or members of the communal committees for solving alcohol abuse problems. In practice, in the vast majority of cases the procedure is started by the police (78%, according to 2021 data). In 13% of cases it is initiated by social services, in 4% – by representatives of the educational system, in 3% – by communal committees for solving alcohol abuse problems, and in just 1% of cases – by health care professionals (MRPiPS, 2022; Table 1).

**Table 1.** The numbers of “Blue Card A” forms completed by representatives of each of the services that initiated the procedure between 2016 and 2021

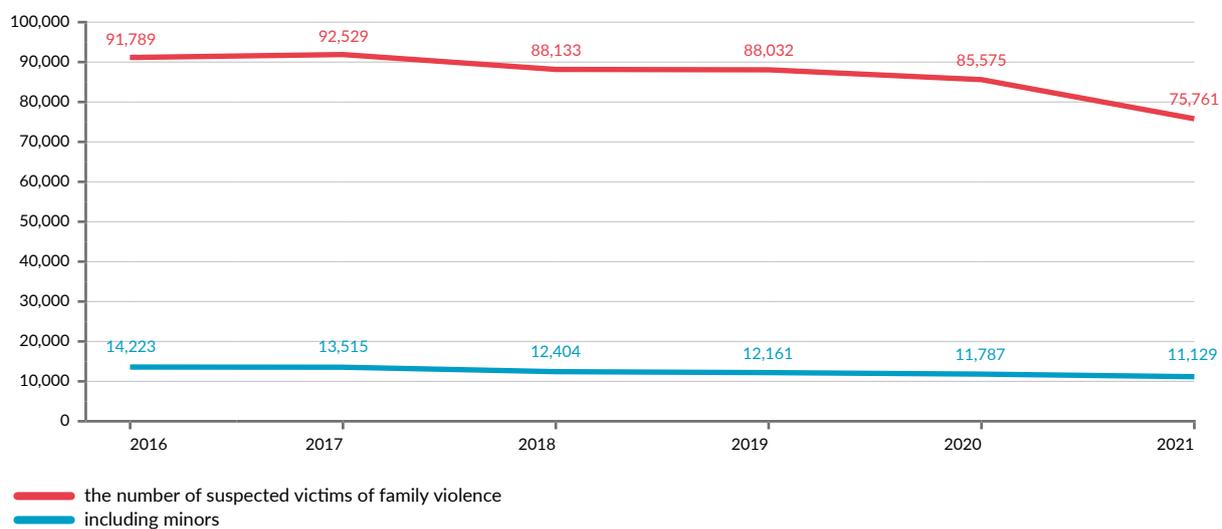
Year	2016	2017	2018	2019	2020	2021
Social services	11,789	13,667	11 177	12,083	10,065	10,907
Police	73,531	75,662	73,153	74,313	72,601	64,250
Education	5,547	4,184	4,431	4,849	5,307	3,231
Health care	607	713	623	658	1,039	1,138
Communal committees for solving alcohol abuse problems	5,736	4,081	3,927	2,813	2,369	2,566
Total	97,210	98,307	93,311	94,716	91,381	82,092

Source: MRPiPS, 2022.

Importantly, the categories of abuse reported within the Blue Card procedure, include not only physical, but also emotional and sexual abuse. Therefore, we should bear in mind that the data cited in this section refers to all categories of violence and abuse and to all kinds of interventions taken, not only those where the victims were children. At the same time, we need to remember that most of these families have children, for whom witnessing violence between the parents or caregivers is a form of emotional abuse.

In 2021 the number of suspected victims of family violence was 75,761, including 11,129 (15%) children and young people under 18. The number decreased from 2017 – by about 17% for all suspected victims, and by 22% for children. However, between the 2020 and 2021 data, there is a significantly larger decrease in the total number of persons (by 15%) than in the case of minors (by 6%). The share of boys and girls in the overall number did not change over time; it remained equal and was 5,545 (50%) and 5,584 (50%) in 2021 (Figure 1).

**Figure 1.** The number of persons, including minors, who were suspected victims of family violence between 2016 and 2021



Source: Own analysis, based on MRPiPS data of 2017–2022.

In 2021, the number of children who were removed from their families due to imminent risk to their life or health, was 1335. The figure remained more or less stable since 2016 (Table 2).

**Table 2.** The number of children removed from their families under Article 12a of the Act on Counteracting Family Violence

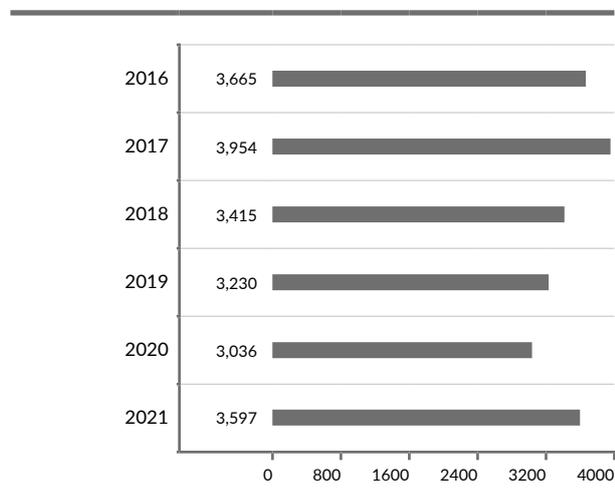
Year	2016	2017	2018	2019	2020	2021
Number of children removed by social workers	1,214	1,123	1,130	1,303	1,217	1,335

Source: MRPiPS, 2022.

Particularly drastic instances of child abuse are registered in police statistics as offences under Article 207 of the Penal Code (PC). This article concerns physical or psychological maltreatment of an immediate family member or another person being in permanent or temporary relation of dependence to the perpetrator, or a person who is helpless due to their age or mental or physical condition. Between three and nearly four thousand minors fall victim to this crime every year (Figure 2).

There are also other criminal offences that may be considered forms of physical or psychological abuse of children. These are discussed in detail in chapter *Children in legal procedures*.

**Figure 2.** The number of minor victims of the criminal offence under Article 207 § 1 of PC in 2016–2021



Source: Own analysis, based on data collected by the Ministry of Justice.

As already mentioned, cases when children are physically abused by their parents, are not easily reported to law enforcement authorities. Reporting requires a person who knows about the abuse and is willing to notify the authorities, which may be difficult when the perpetrator is the child's parent. It is particularly problematic for very young children, who do not go to kindergarten or school, and do not have regular contact with adults outside the family, who could notice that something wrong is going on in the child's home and respond to it. Young children are at a higher risk of abuse and neglect, because they need constant care. Hence the crucial role of healthcare professionals in monitoring the child's situation. They should be and often are in regular contact with young children, and are able to report suspected child abuse. However, healthcare professionals initiate just 1% of all Blue Card procedures, even though in 2020 the number of procedures started by them increased significantly (to 1,039, from 658 in the previous year; MRPiPS, 2021). Physicians have their own system for reporting cases of children whose injuries may suggest abuse: they can use the ICD-10 code T74 – Adult and child abuse, neglect and other maltreatment, confirmed – in their diagnoses. Importantly, this code includes different categories of child maltreatment: not just physical abuse, but also

psychological and sexual abuse and neglect. In Poland only 30 diagnoses with this code are reported annually; half of these cases involve girls (Table 3).

**Table 3.** The number of ICD-10: T74 codes in 2016–2020, by gender

Year	2016	2017	2018	2019	2020
Total	21	33	32	29	25
Boys	9	13	12	11	8
Girls	12	20	20	18	17

Source: Own analysis, based on data from the National Institute of Public Health: National Institute of Hygiene.

These statistics do not reflect the actual prevalence of the problem, as the code referring to the cause (in this case, child maltreatment), is an optional addition to the basic code describing the immediate reason for seeking medical care, i.e., an injury of bone fracture.

## Data from social surveys

A much larger scale of child abuse than is suggested by official statistics, emerges from surveys conducted both among children (asking about their personal experiences) and among adults (retrospective studies focused on adult respondents' own childhood experiences or surveys asking parents about their use of violence against their children).

When it comes to children's experiences of abuse in Poland, the scale of the problem was examined by two studies conducted in 2017 and 2018 by the Empowering Children Foundation (ECF).

The first one was a retrospective survey conducted on a sample of university students at five universities in different parts of Poland. The study used the Adverse Childhood Experiences (ACEs) Questionnaire and its methodology focused on analysing the relationship between ACEs (including child abuse) and health outcomes. This kind of study is conducted on a sample of adults, asking them about their childhood experiences, to be able to observe health outcomes, which may often develop in adulthood.

The other survey was conducted in 2018 on a sample of children and adolescents aged 11–17. Thus, it is more

up-to-date than the first one, as it reflects the situation in 2018, rather than at least a few years earlier, as was the case with the retrospective survey. The methodology of the 2018 study was based on the Juvenile Victimization Questionnaire (JVQ), which focuses on examining the prevalence of different categories of child abuse and maltreatment.

The results of both studies with respect to physical and emotional abuse and neglect by adults in close relationships, are presented in Table 4. As can be easily noticed, there are considerable differences between the two studies. For example, the 2017 survey of university students found that 47% of the respondents had experienced physical abuse, whereas in the 2018 survey of children the figure was 22%. These discrepancies are largely accounted by differences in methodology: different questionnaires, different questions, different numbers of questions (the survey of university students used many more questions, so more situations could qualify as abuse), different populations. It does not mean we do not know the actual scale of abuse, but rather demonstrates how important it is to know exactly what we are asking about. Each of the two studies answers a slightly different question.

For example, according to the 2018 *National Survey of Child Maltreatment*, 41% of children aged 11–17 experienced abuse by a familiar adult in their lifetime, and 27% were victimized in the year preceding the study. Physical abuse by a close adult was experienced by one third of the respondents (33%), and emotional abuse – by one fifth (20%). In 2018 physical abuse by a close adult was measured with two questions: one involving hitting, kicking or another form of physical violence, and the other asked about spanking. Physical abuse was defined as being hit or kicked any time in their lifetime (similar to other questions), or getting spanked at least a few times a year (the respondents who were spanked once a year or less frequently, were excluded from the analyses). One fifth of the children and adolescents surveyed (19%) were ever hit by an adult, and 10% experienced this form of abuse in the year preceding the study. Nearly half of the respondents (48%) were spanked in their lifetime, although the figure was only 4% in the year preceding the study. When it

comes to the frequency of spanking, 24% reported they were spanked regularly, i.e. at least a few times a year. The same proportion of children (24%) were spanked once a year or less frequently (Włodarczyk et al., 2018).

The 2017 survey of university students found that nearly half of the respondents (45.93%) had experienced childhood physical abuse by their parents or caregivers. Among the respondents, 16.68% were pushed, grabbed, shoved, slapped, or thrown something at by their parents/caregivers. A small proportion of the respondents (5.11%) were hit so hard that they had marks or injuries. One of the most common types of abuse experienced by the respondents was corporal punishment in the form of spanking: 41.26% of them reported they had been spanked at least a few times a year (Makaruk et al., 2018).

”

*My parents criticise me all the time, they point out every mistake I make. They snipe at me and are mean to me. Maybe I'm oversensitive, but I cry at night and I can't calm down for hours. I feel good at school, I can be myself there. How can I learn to ignore my parents' mean words and become resistant to them?*

*15-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

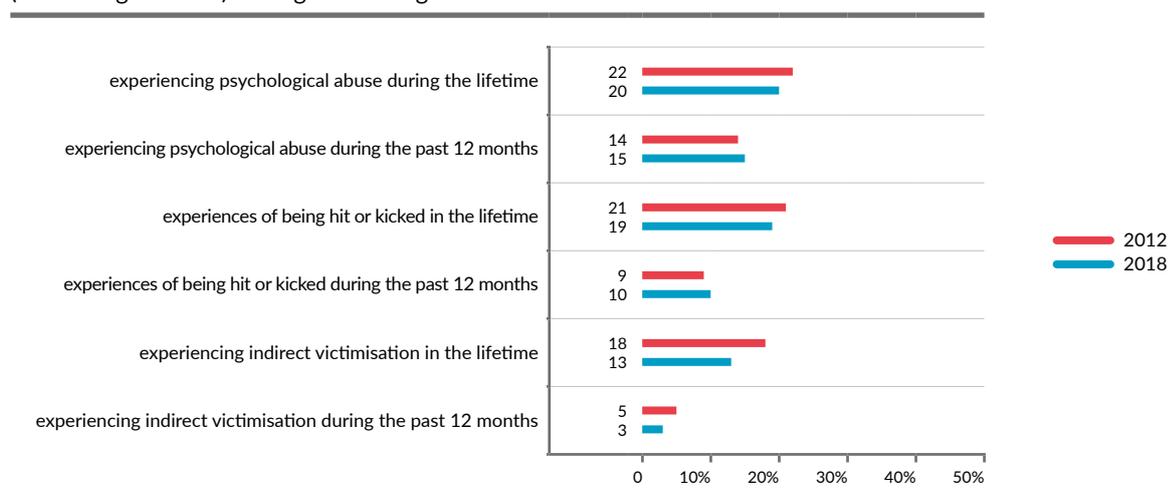
**Table 4.** Findings from social surveys concerning child abuse and neglect, and witnessing domestic violence

	Year	Study	Method	Sample	Questions	%
Physical abuse	2017	Adverse childhood experiences and related health risk behaviours among Polish university students	PAPI	1,722 students (18–25 y.o.)	<i>During the first 18 years of your life, did your parent, stepparent or another adult living in your home push you, grab, shove, slap you, or throw things at you? (rarely, sometimes, often, very often); or hit you so hard that you had marks or were injured? (rarely, sometimes, often, very often); or: How often were you spanked? (a few times a year; many times a year; at least once a week)</i>	46
	2018	National Survey of the Prevalence and Determinants of Child Maltreatment	(Audio) CASI	1,155 children and adolescents (11–17 y.o.)	<i>At any time in your life, did any grown-up family member or another known adult hit you, kick you or physically hurt you in any other way? (yes); or: How often are you / were you spanked? (a few times a year, a few times a month, at least once a week)</i>	22
Psychological/emotional abuse	2017	Adverse childhood experiences and related health risk behaviours among Polish university students	PAPI	1,722 students (18–25 y.o.)	<i>People in your family called you things like “lazy” or “ugly”. (sometimes, often, very often); or: People in your family said hurtful or insulting things to you. (sometimes, often, very often); or: You believe you were emotionally abused. (sometimes, often, very often); or: Did your parent, stepparent, or adult living in your home swear at you, insult you, or put you down? (sometimes, often, very often); or Act in a way that made you afraid that you might be physically hurt? (sometimes, often, very often)</i>	42
	2018	National Survey of the Prevalence and Determinants of Child Maltreatment	(Audio) CASI	1,155 children and adolescents (11–17 y.o.)	<i>At any time in your life, did any grown-up you know ever call you names, say mean things about you, or say they don't want you? (Yes)</i>	20
Witnessing domestic violence	2017	Adverse childhood experiences and related health risk behaviours among Polish university students	PAPI	1,722 students (18–25 y.o.)	<i>Did your parent/caregiver do any of these things to the other parent/caregiver: Push, grab, slap or throw something at them? (sometimes, often, very often); or: Kick, bite, hit them with a fist, or hit them with something hard? (sometimes, often, very often); or: Repeatedly hit them over at least a few minutes? (sometimes, often, very often); or: Threaten them with a knife or gun, or use a knife or gun to hurt them? (sometimes, often, very often)</i>	8
	2018	National Survey of the Prevalence and Determinants of Child Maltreatment	(Audio) CASI	1,155 children and adolescents (11–17 y.o.)	<i>At any time in your life, did you see one of your parents/caregivers get hit by the other parent/caregiver? (Yes); or: At any time in your life, did you see you parent/caregiver hit or beat your siblings or other children in the family (e.g., cousins), not including spanking on the bottom? (Yes)</i>	13
Physical neglect	2017	Adverse childhood experiences and related health risk behaviours among Polish university students	PAPI	1,722 students (18–25 y.o.)	<i>You were hungry and you didn't have enough to eat. (sometimes, often, very often); or: You knew there was someone to take care of you and protect you. (never, rarely); or: Your parents were too drunk or high to take care of the family. (sometimes, often, very often); or: You had to wear dirty clothes. (sometimes, often, very often); or: There was someone to take you to the doctor if you needed it. (never, rarely)</i>	12
	2018	National Survey of the Prevalence and Determinants of Child Maltreatment	(Audio) CASI	1,155 children and adolescents (21–17 y.o.)	<i>When you were under 12, did you ever come to school wearing dirty clothes, because you had no clean ones to put on? (Yes); or: When you were under 12, did it ever happen that no one looked after you when you were sick? (Yes)</i>	6
Emotional neglect	2017	Adverse childhood experiences and related health risk behaviours among Polish university students	PAPI	1,722 students (18–25 y.o.)	<i>There was someone in your family who helped you feel important or special. (never, rarely); or: You thought your parents wished you had never been born. (sometimes, often, very often); or: People in your family looked out for each other. (never, rarely); or: You felt that someone in your family hated you. (sometimes, often, very often); or: People in your family felt close to each other (never, rarely); or: Your family was a source of strength and support. (never, rarely); or: You felt loved. (never, rarely)</i>	25
	2018	National Survey of the Prevalence and Determinants of Child Maltreatment	(Audio) CASI	1,155 children and adolescents (11–17 y.o.)	<i>You have someone you can turn to in times of difficulty. (I have no such person)</i>	7

Source: Own analysis, based on: Makaruk et al., 2018; Włodarczyk et al., 2018.

One important advantage of social surveys is that they can be repeated (using the same methodology). As such, they enable the observation of trends and social change, although the change process is relatively slow. The ECF survey of 2018 was the second edition of the study (the first one was conducted in 2012). Thus, we can compare the results of the two editions (Figure 3).

**Figure 3.** Experiences of psychological abuse, physical abuse, and indirect victimisation (witnessing violence) among children aged 11–17 in 2012 and 2018

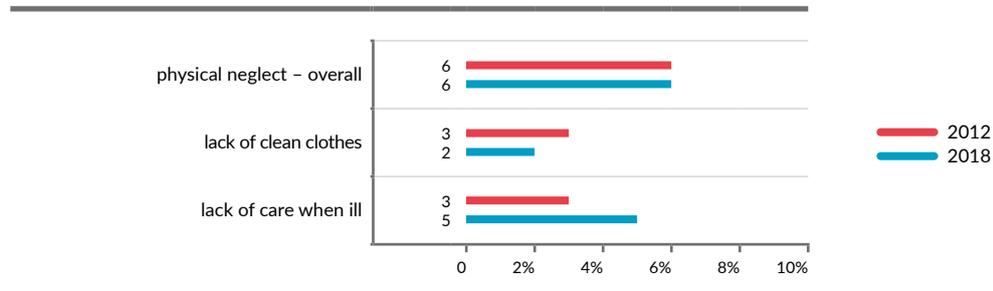


Source: Own analysis, based on: Szredzińska & Włodarczyk, 2019.

The results concerning physical and psychological abuse in 2018 are not significantly different than those obtained in the 2012 edition of the study, when 22% of the respondents reported being psychologically abused in their lifetime and 15% – during 12 months prior to the survey (Wójcik, 2013). In contrast to physical abuse, the trend for psychological abuse did not change when it comes to gender. Both in 2012 and in 2018 girls were more likely than boys to experience this type of abuse. The percentage of adolescents who reported experiences of indirect victimisation any time in their lifetime decreased: from 18% in 2012 to 13% in 2018. Similarly, a slight decrease was found with respect to indirect victimisation during 12 months preceding the study (Szredzińska & Włodarczyk, 2019).

When it comes to neglect, there was a slight increase in the percentage of adolescents who were not provided with care when they were ill. In 2012 such experiences were reported by 3% of the respondents. However, the overall proportion of children and young people who had any of those experiences, did not change (Szredzińska & Włodarczyk, 2019; Figure 4).

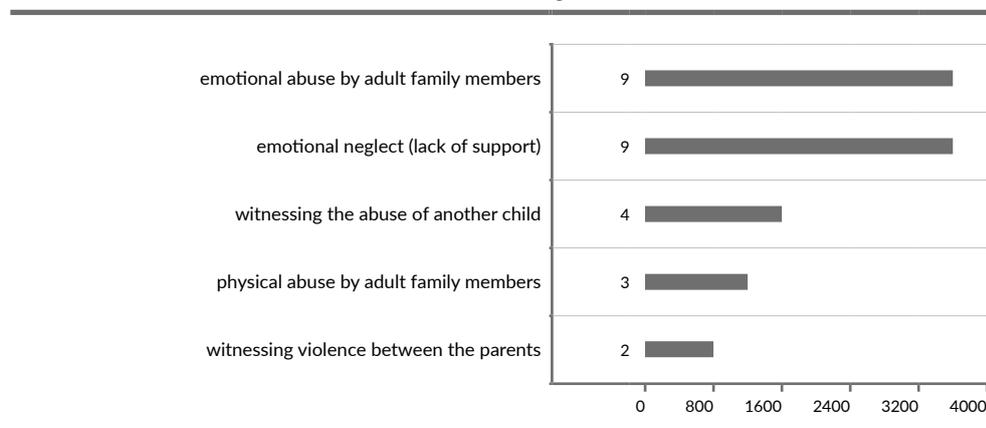
**Figure 4.** Experiences of neglect among children and adolescents aged 11–17 in 2012 and 2018



Source: Own analysis, based on: Szredzińska & Włodarczyk, 2019.

More recent findings concerning children's and adolescents' experiences of abuse and neglect by their loved ones come from 2020, when the ECF asked questions similar to those used in the 2012 and 2018 studies, but only with respect to the initial period of the COVID-19 pandemics – from mid-March to the end of June 2020. Additionally, the survey used a different method (CAWI) and was conducted among adolescents aged 13–17, so it cannot be compared with the previous study waves. Importantly, however, it demonstrated that in the initial period of the pandemics, when leaving home and contacts with people outside the close family context were severely restricted, and schools moved their classes online, children still experienced abuse. It was mostly psychological abuse by adult family members (9%), but just as many children can be regarded as emotionally neglected: although they were at home with their family, they had no one to talk to about their problems or difficulties (Figure 5).

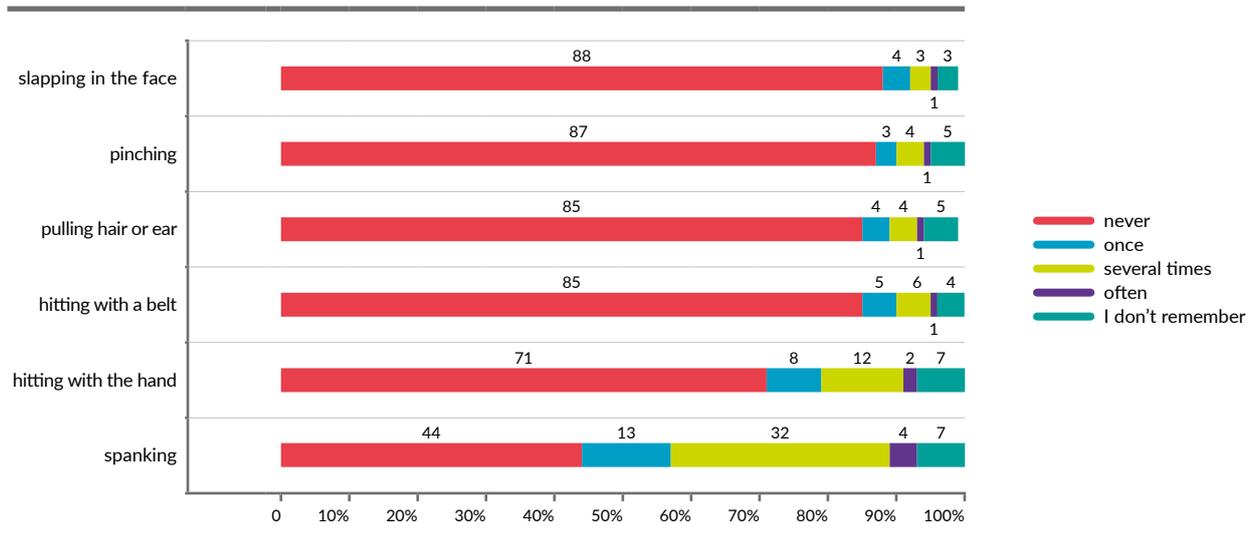
**Figure 5.** Experiences of physical abuse, psychological abuse, neglect, and witnessing domestic violence in the initial period of the COVID-19 pandemics (from mid-March to the end of June 2020; CAWI, N = 500 adolescents aged 13–17)



Source: Own analysis, based on: Szredzińska & Włodarczyk, 2021.

The prevalence of child abuse can be examined not only by surveying victims of such behaviours, but also by asking questions to (potential) abusers, i.e., parents. Based on a CAWI survey conducted for the ECF on a sample of Polish parents, we know how often they report using physical violence against their children in the form of corporal punishment. The vast majority of parents in Poland say they have never slapped their children in the face, pinched them, pulled their hair, or hit them with a belt. Only 1% of the respondents admitted they often used those punishments. More parents admit they hit their children with the hand – 2% do it often and 22% has done it at least once. The largest proportion of parents report they use corporal punishment in the form of spanking – half of the respondents (49%) have spanked their child at least once. In this group, 32% have done it a few times, and 4% do it often (Figure 6).

Figure 6. Parents' answers to the question: How often have you used the following measures to discipline your child? N = 911, CAWI, 2022



Source: own analysis, based on Makaruk and Drabarek, 2022.

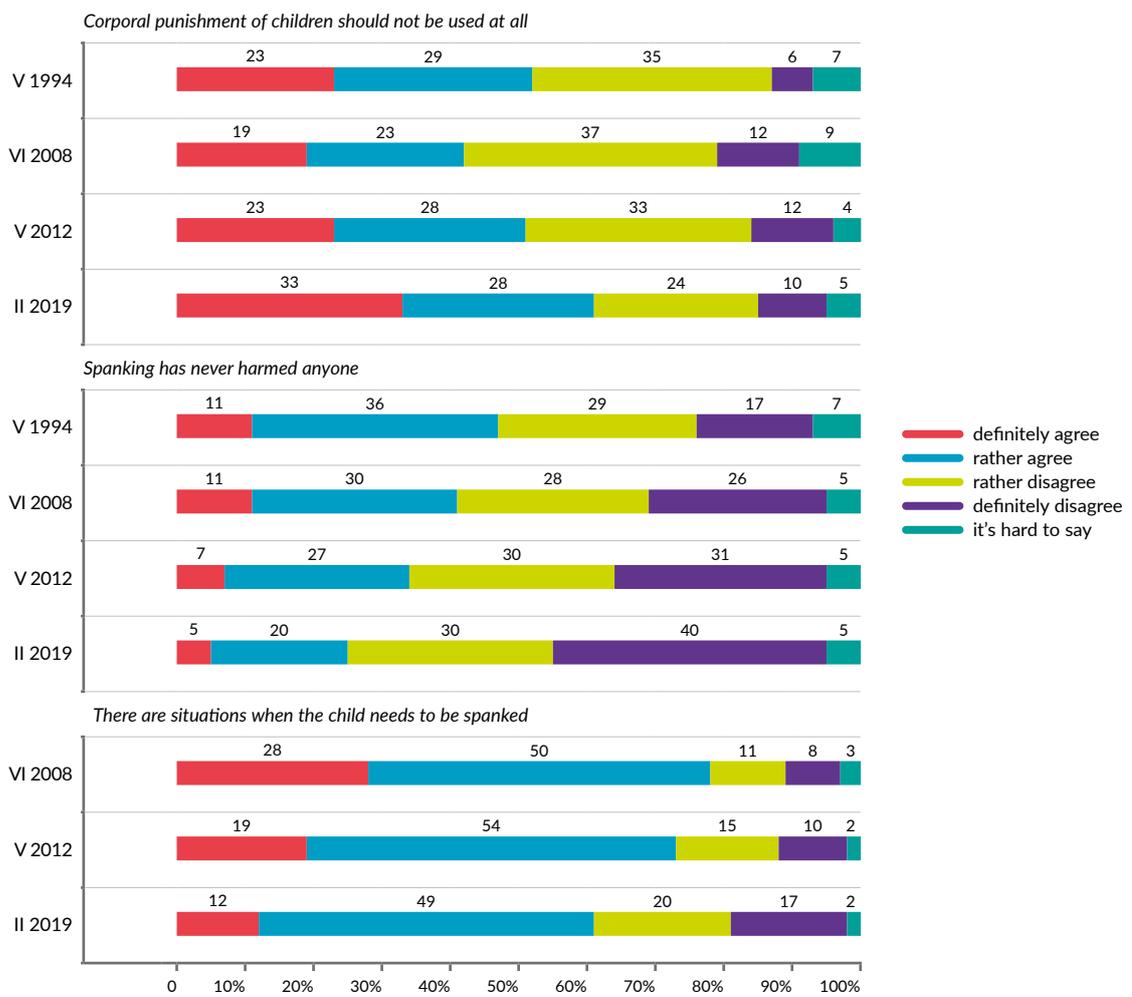
These results can be summarised as follows: only a small proportion of parents use corporal punishment to discipline their children, except for spanking, which is still used by half of Polish parents. Many people do not regard spanking as abuse or corporal punishment, so the Polish society continues to show quite high acceptance of this kind of abusive behaviour.

## Societal attitudes towards corporal punishment

In 2010 an amendment was passed to the Polish Act on Counteracting Family Violence, which added Article 96 to the Family and Guardianship Code, prohibiting parents and caregivers from using corporal punishment of children. For many years social campaigns have also been carried out to emphasise the negative consequences of corporal punishment, including spanking. Metanalyses of studies conducted over many years, have clearly demonstrated that corporal punishment – especially when used regularly, as the main disciplinary measure – may have as negative consequences for children's development and wellbeing as more severe forms of abuse (Durrant, 2012; Gershoff, 2002; Gershoff

et al., 2018; Paolucci & Violato, 2004). All those efforts have contributed to a gradual decrease in the acceptance of corporal punishment of children in recent years. The longest term research into the subject has been conducted by the Public Opinion Research Centre (CBOS), which has been asking the same questions since the 1990s, which makes it possible to observe social change. In 1994, 51% of Poles thought corporal punishment of children should not be used at all; by 2019 the figure grew to 61%. A similar trend can be seen for all the questions about corporal punishment. Although it is a positive tendency, the majority of Poles (61%) still believe that “there are situations when the child needs to be spanked” (Figure 7).

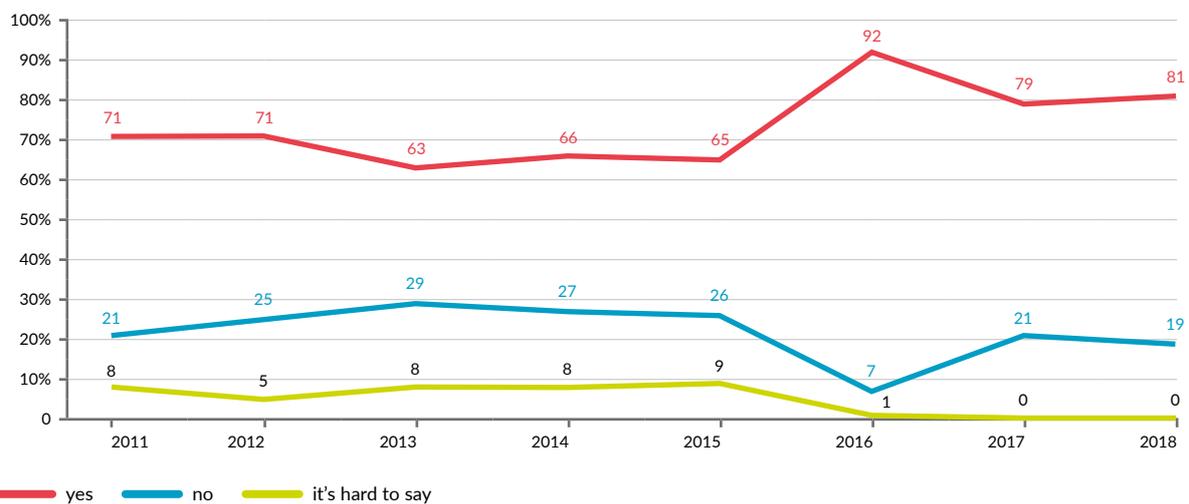
**Figure 7.** Answers to the question: “Do you agree or disagree with the following statements?”, among adult Poles in 1994, 2008, 2012, and 2019



Source: CBOS, 2019, p. 2.

Similar trends can be seen in long-term research by Marek Michalak (the Ombudsman for Children) and Prof. Ewa Jarosz. Figure 8 shows the respondents' answers to the question about their perception of corporal punishment as an effective discipline measure. Between 2011 and 2018 the proportion of people disapproving of this parenting method increased by 10% (from 71% to 81%). At the same time, the percentage of those who approved beating children as a discipline technique did not really change (21% and 19%, respectively), whereas the percentage of hesitant respondents (those choosing the "hard to say" answer) decreased from 8% to 0%.

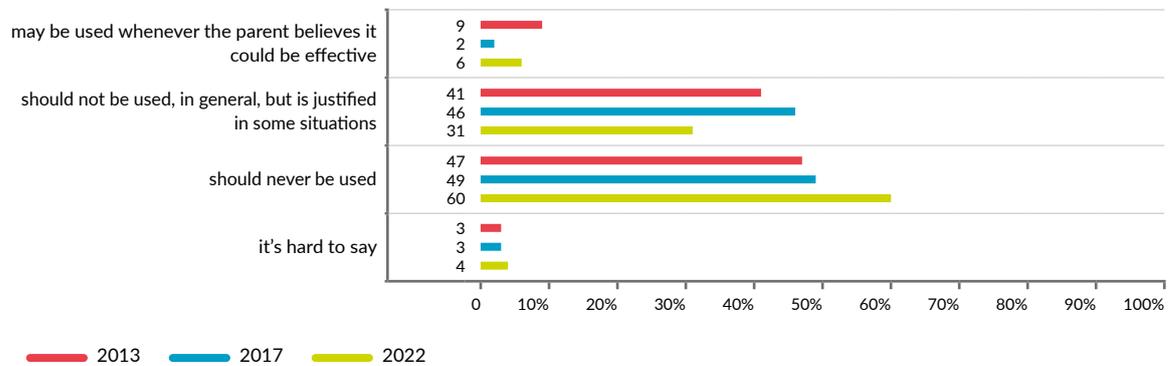
**Figure 8.** Answers to the question: "Do you agree with the following statement: In some situations beating a child is the most effective discipline measure?", in 2011–2018



Source: Own analysis, based on: Jarosz, 2018.

Many years of research carried out by the ECF have shown a similar trend: the percentage of opponents of corporal punishment as a parenting method, regardless of the circumstances, has been growing (from 47% in 2012 to 60% in 2022), while the proportion of those who justify its use in some situations is decreasing (from 41% in 2012 to 31% in 2022). The percentage of respondents who believe parents have the right to beat their children to discipline them, was 9% in 2012 and 6% in 2022 (Figure 9).

**Figure 9.** Adult Poles' attitudes toward corporal punishment of children in 2012, 2017, and 2022, based on their answers to the question: "Do you think beating children as a punishment is a discipline method which..."



Source: Own analysis, based on: Włodarczyk, 2017, and Makaruk & Drabarek, 2022.

”

*I never got any support from my parents. The punishments they used affected my mental health: I have depression and suicidal thought, and I cut myself. When I was a little boy, my parents sometimes didn't let me eat or use the toilet as punishment. I was called names and beaten by them.*

16-year-old boy

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

Women are significantly more likely than men to think beating children as a punishment should never be used, whereas men are more likely than women to believe that corporal punishment should not be used, in general, but is justified in some situations. Respondents over 60 are significantly more likely to say that beating children as a punishment can be used whenever parents consider it effective (Makaruk & Drabarek, 2022).

## Consequences of child abuse

The relationship between ACEs and health behaviours was examined by a study conducted in the US on a sample of 13,494 respondents. The results demonstrated that childhood abuse and family dysfunction contributed to health problems in adulthood. That survey and many other studies found a strong relationship between ACEs and smoking, substance abuse, depression, suicidal attempts, and violence perpetration (Bellis et al., 2014b; Felitti et al., 1998; WHO, 2006).

The association between health-risky behaviours and adverse childhood experiences is most probably mediated by ACEs' effect on the developing mind. Early traumas may lead to structural and functional changes in the brain and in its stress systems. This, in turn, affects such functions as emotional regulation or fear response, which may increase these individuals' tendency to engage in risky behaviours later in life (Anda et al., 2006).

ACEs have been found to be associated with changes in the nervous, hormonal, and immune systems. Research suggests that stressful childhood experiences may lead to significant biological responses, and consequently have an effect on physiological stress responses in adulthood (Danese & McEwen, 2012).

A 2017 survey, conducted by the ECF on a sample of Polish university students, found a relationship between sexual abuse and risky health behaviours, such as smoking, early (under the age of 15) smoking initiation, alcohol abuse, risky drinking, using psychoactive substances, early (under the age of 16) sexual initiation, having more than three sex partners, self-injury, low physical activity, missing work or university classes due to psychological malaise, missing work or university classes due to illness, and the lack of close relationships (Makaruk et al., 2018).

Among all the relationships examined, the strongest were the ones between emotional abuse and neglect and suicide attempts (OR = 7.92 and 10.77, respectively), and self-injury (OR = 3.85 and 3.92, respectively). Respondents who, as children, were physically neglected, witnessed domestic violence, or were physically abused by close adults, were also more likely to attempt suicide and engage in self-injury (Makaruk et al., 2018; Table 5).

**Table 5.** The relationship between abuse, neglect and witnessing violence, and increased occurrence of suicide attempts and self-injury, 2017

	Suicide attempts	Self-injury
Emotional neglect	11 ×	4 ×
Emotional abuse	8 ×	4 ×
Physical neglect	3 ×	2 ×
Witnessing domestic violence	3 ×	2 ×
Physical abuse	2 ×	2 ×

Source: Own analysis, based on: Makaruk et al., 2018.

Additionally, the study found the following relationships between ACEs and health-harming behaviours:

- physical abuse → risky drinking and substance use,
- emotional abuse → missing work or university classes due to psychological malaise,
- emotional neglect → missing work or university classes due to psychological malaise,
- witnessing domestic violence → early smoking initiation, more sex partners, early sexual initiation, missing work or university classes due to malaise, substance use (Makaruk et al., 2018).

## Conclusion

The World Health Organization offers a four-step approach to public health issues, such as child maltreatment (WHO, 2007, p. 23):

- **Step 1:** Collecting data on the magnitude, characteristics, extent and consequences of the problem at the local, national and international levels.
- **Step 2:** Identifying causes of the problem, as well as factors increasing or decreasing individual susceptibility to the problem, and examining how these factors might be modified.
- **Step 3:** Designing, implementing, monitoring and evaluating interventions aimed at preventing the problem, based on the information gathered in steps 1 and 2.

- **Step 4:** Disseminating information on the effectiveness of interventions; implementing effective interventions on a larger scale; and evaluating the cost-effectiveness of larger-scale implementation.

As you can see, collecting appropriate data is of crucial importance in the process. In Poland available official data provide very limited information about the prevalence of child abuse, let alone its characteristics, scope or consequences. Things are slightly better when it comes to social surveys. We should remember, however, that the ultimate goal of collecting and analysing data is to develop effective interventions and evaluate the existing ones. Only in this way we can systematically protect children from abuse and neglect.

## References

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, Ch, Perry, B. D. i in. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. <https://doi.org/10.1007/s00406-005-0624-4>.
- Bellis, M. A., Hughes, K., Leckenby, N., Perkins, C., Lowey, H. (2014). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Medicine*, 12, 72. <https://doi.org/10.1186/1741-7015-12-72>.
- CBOS. (2019). *Przemoc domowa wobec dzieci. Komunikat z badań Nr 49/2019*. Fundacja Centrum Badania Opinii Społecznej.
- Danese, A., McEwen, B. S. (2012). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & Behavior*, 106(1), 29–39. <https://doi.org/10.1016/j.physbeh.2011.08.019>
- Durrant, J. (2012). Physical punishment of children: lessons from 20 years of research. *Canadian Medical Association Journal*, 184(12), 1373–1377.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. i in. (1998) The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14, 245–258.
- Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539–579. <https://doi.org/10.1037/0033-2909.128.4.539>
- Gershoff, E. T., Godman, G. S., Miller-Perrin, C. L., Holden, G. W., Jackson Y., Kazdin, A. E. (2018). The strength of the casual evidence against physical punishment of children and its implications for parents, psychologists and policymakers. *American Psychologist*, 73(5), 626–638.
- Global Partnership to End Violence Against Children. (2016). *Ending legalised violence against children: Global progress to December 2016*. Global Initiative to End All Corporal Punishment of Children & Save the Children Sweden.
- Iwaniec, D. (2012). Emocjonalne krzywdzenie dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 11(2), 29–47.
- Jaros, E. (2018). *Postawy wobec przemocy w wychowaniu – czy dobra zmiana?* Biuro Rzecznika Praw Dziecka. Komitet Praw Dziecka (2006). Komentarz Ogólny nr 8. W: P. J. Jaros, M. Michalak (ed.), *Prawa dziecka. Dokumenty Organizacji Narodów Zjednoczonych*. Rzecznik Praw Dziecka.
- Makaruk, K., Drabarek, K. (2022). *Postawy wobec kar fizycznych i ich stosowanie. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Makaruk, K., Włodarczyk, J., Sethi, D., Michalski, P., Szredzińska, R., Karwowska, P. (2018). Negatywne doświadczenia w dzieciństwie i związane z nimi zachowania szkodliwe dla zdrowia wśród polskich studentów. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 17(2), 58–97.
- MRPiPS. (2018). *Sprawozdanie z realizacji Krajowego Programu Przeciwdziałania Przemocy w Rodzinie na lata 2014–2020 za okres od 1 stycznia do 31 grudnia 2017 r.* Ministerstwo Pracy i Polityki Społecznej.
- MRPiPS. (2019). *Sprawozdanie z realizacji Krajowego Programu Przeciwdziałania Przemocy w Rodzinie na lata 2014–2020 za okres od 1 stycznia do 31 grudnia 2018 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.

- MRPiPS. (2020). *Sprawozdanie z realizacji Krajowego Programu Przeciwdziałania Przemocy w Rodzinie na lata 2014–2020 za okres od 1 stycznia do 31 grudnia 2019 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- MRPiPS. (2021). *Sprawozdanie z realizacji Krajowego Programu Przeciwdziałania Przemocy w Rodzinie na lata 2014–2020 za okres od 1 stycznia do 31 grudnia 2020 r.* Ministerstwo Rodziny, Pracy i Polityki Społecznej.
- Paolucci, E., Violato, C. (2004). A meta-analysis of the published research on the affective, cognitive, and behavioral effects of corporal punishment. *The Journal of Psychology*, 138(3), 197–222.
- Pinheiro, P. S. (2006). *World Report on Violence against Children*. United Nations.
- Szredzińska, R., Włodarczyk, J. (2019). Przemoc w rodzinie. Wyniki Ogólnopolskiej diagnozy skali i uwarunkowań krzywdzenia dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(3), 36–67.
- Szredzińska, R., Włodarczyk, J. (2021). Doświadczenia krzywdzenia oraz dobrostan psychiczny polskich nastolatków w pierwszym okresie pandemii. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 20(2), 38–62.
- WHO. (1999). *Report on Consultation on Child Abuse Prevention*. World Health Organisation.
- WHO. (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. World Health Organization and International Society for Prevention of Child Abuse and Neglect. World Health Organization.
- WHO. (2007). *Preventing injuries and violence : a guide for ministries of health*. World Health Organization. Pobrane z: <https://apps.who.int/iris/handle/10665/43628>
- WHO. (2018). *Survey of adverse childhood experiences and associated health-harming behaviours among Polish students*. World Health Organization
- Włodarczyk, J. (2017). Klaps za karę. Wyniki badania postaw i stosowania kar fizycznych w Polsce. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 16(4), 81–107.
- Włodarczyk, J., Makaruk, K., Michalski, P., Sajkowska, M. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci. Raport z badania*. Fundacja Dajemy Dzieciom Siłę.
- Wójcik, S. (2013). Przemoc w rodzinie, zaniedbanie, wiktyimizacja pośrednia. Wyniki Ogólnopolskiej diagnozy problemu przemocy wobec dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 12(3), 40–62.

#### Citation:

Włodarczyk, J. (2022). Child Abuse and Neglect. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 238–255). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Peer Victimisation

Katarzyna Makaruk – Empowering Children Foundation

## List of issues

---

- 257 Definitions
- 258 Determinants
- 258 Prevalence of peer victimisation
- 269 Consequences of peer victimisation
- 270 Summary
- 271 References

**T**his chapter addresses the problem of peer victimisation, which is the most common category of victimisation experienced by children and young people in Poland (Włodarczyk & Makaruk, 2013; Włodarczyk et al., 2018). It may occur in schools, on the way to and from school, on the internet or through cell phones (Komendant-Brodowska, 2014), but also outside the school context, when the perpetrators may be siblings or strangers.

One distinctive feature of peer victimisation or bullying is that there are often witnesses involved (Salmivalli, 2010), who may play different roles in the process: assistants of bullies, reinforcers of bullies, onlookers watching the incident, potential defenders of the victim, who empathise with him or her but do not take any action, defenders who stand up for the victim, and uninvolved bystanders (Komendant-Brodowska, 2009). Witnesses' reactions may influence the behaviour of the bully and the situation of those who are victimised. Research shows that most incidents of school bullying take place in the presence of witnesses. When they are just passive onlookers, victimisation tends to continue, but when they oppose the abusive behaviour, it may stop (Rigby, 2007). This chapter will present key definitions of peer victimisation, its determinants, the latest research evidence on the prevalence of victimisation and perpetration in Poland (including in comparison to international evidence), opinions about the problem, and its consequences.

## Definitions

There are many definitions of peer victimisation and many different terms used to refer to the problem. Differences in definitions and methodologies may affect the analyses of the problem. Most studies focus on bullying in the school environment and do not include peers in other contexts, such as neighbours and children in the family.

Terms such as aggression, violence, and bullying are used interchangeably, even though the relationships between them are hierarchical (Pyżalski, 2012). The most general term is aggression, which refers to any intentional behaviour meant to do harm to another person (Aronson et al., 2006). Violence is a slightly narrower term. It occurs when the aggressor uses his or her advantage over the victim, whether it is numbers, physical, psychological, or formal advantage (Komendant-Brodowska, 2014). Bullying takes place when someone's behaviour is meant to cause harm or discomfort to another person (intentionality) and occurs systematically (repeatedness), and when the victim is weaker than the perpetrator or perpetrators (imbalance of power; Olweus, 2003). The English term "bullying" is translated into Polish as "school aggression", "peer aggression", "school violence" and "peer violence", which makes it a very broad concept (Pyżalski, 2012). Polish studies use other terms, too, to refer to

this phenomenon, meaning “tormenting”, “harassing”, “intimidating” or “persecuting”.

There are different classifications of bullying or, more widely, peer victimisation. One of them, adopted by the Institute of Educational Research (Instytut Badań Edukacyjnych; Przewłocka, 2015), covers the following categories: verbal (e.g., calling names, sniping, ridiculing), relational (e.g., exclusion from the group, ignoring, turning others against the person), physical (e.g., hitting, kicking, pushing, and jerking), material (e.g., theft, personal property damage), and electronic or cyberbullying (e.g., offensive emails or text messages, posts in social media, sharing images or videos that ridicule or humiliate the victim).

The Empowering Children Foundation’s (ECF) repeated *National Survey of the Prevalence and Determinants of Child Maltreatment (Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci; Włodarczyk et al., 2018)* uses categories of peer victimisation based on the American *Juvenile Victimization Questionnaire*. These include: gang or group assault, physical assault by familiar peers or siblings, bullying, psychological (emotional) bullying, and dating violence. There is also a question about touching of private parts and sexual coercion by a peer, which is considered a form of sexual abuse.

Violence experienced by students at school or in the school environment as a result of gender-related norms and stereotypes and unequal power relations, is referred to as *school-related gender-based violence (SRGBV; UNESCO, UN Women, 2016)*.

## Determinants

Peer victimisation is determined by many different factors, including individual characteristics of the victimised child and of the perpetrator, as well as the characteristics of the family environment. School bullying is more likely to affect children from low socioeconomic status (SES) families, those differing from others in terms of ethnic or cultural background, children from immigrant families, children with disabilities or physical differences (e.g., over- or underweight), and children whose sexual orientation, identity or expression is not consistent

with traditional sexual norms (UNESCO, 2017), as well as those with poor social skills or a low status in their peer group (Cook et al., 2010). Furthermore, a higher risk of bullying has been reported for children whose parents do not show interest in school life (Przewłocka, 2015), children from troubled families, and those who have been abused by their parents or witnessed violence in the family (Tucker et al., 2020).

Literature on bullying (Ostaszewski, 2012; Przewłocka, 2015) emphasises the significant role of the school climate, i.e., the quality of relations among students, teachers, and parents, the characteristics of the learning and educational environment, physical and emotional safety in the school, and the physical school environment. The problem of bullying is less serious in schools where teachers are perceived as kind, helpful, and showing interest in their students (Przewłocka, 2015), and those that take appropriate preventative measures (Pyżalski, 2012).

## Prevalence of peer victimisation

### Police statistics

There is a shortage of official data on peer victimisation. Police statistics are limited to incidents occurring in schools and other educational facilities. The most frequently reported offences in police statistics in 2021 were: theft of personal property (664 cases), theft with burglary (275), and bodily injury (260). An analysis of available data shows a sharp decline in the number of all kinds of offences in schools and facilities (Table 1). The greatest (four-fold) decrease has been reported for robbery, theft, and extortion (from 750 cases in 2016 to 176 in 2021). Such comparisons, however, should be made with caution, as during the COVID-19 pandemics in both 2020 and 2021, schools moved their classes online and students spent most of the time at home.

**Table 1.** Offences reported in 2016–2021 in schools and educational facilities

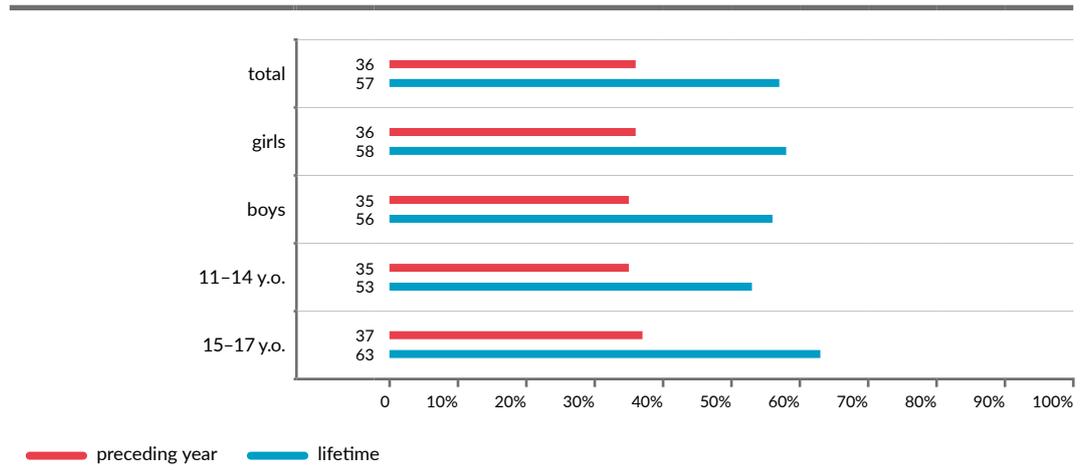
	2016	2017	2018	2019	2020	2021
Bodily injury	648	680	665	553	411	260
Simple affray or battery	309	264	236	192	154	107
Rape	31	29	37	29	9	10
Theft with burglary	524	474	451	340	279	275
Theft of personal property	1,743	1,553	1,366	1,241	662	664
Robbery, theft, and extortion	750	792	664	397	223	176

Source: National Police Headquarters, 2022.

### Prevalence of peer victimisation in Poland: Data from research

The problem of peer victimisation in a broader sense, going beyond the school context, is presented in the *National Survey of the Prevalence and Determinants of Child Maltreatment* (Włodarczyk et al., 2018), a study conducted repeatedly by the ECF on a national sample of children and young people aged 11–17.

The results of the survey suggest that peer victimisation is the most common form of victimisation experienced by children and adolescents. More than half of the respondents (57%) have experienced it in their lifetime, whereas one third (36%) were victimised by peers in the year preceding the survey (Figure 1).

**Figure 1.** Experiences of peer victimisation by gender and age in the lifetime and in 12 months preceding the survey (% , N = 1,155)

Source: Włodarczyk et al., 2018.

The most common form of peer victimisation was physical assault (42% of the respondents experienced it at least once in their lifetime, and 23% – in the year preceding the study), followed by emotional bullying (29% and 14%, respectively), group or gang assault (18% and 8%), bullying (14% and 7%), and dating violence (6% and 2%). The percentage of respondents who were sexually abused by a peer (by touching private parts) was 4% in the lifetime and 2% in the year preceding the survey.

**Table 2.** Experiences of different forms of peer victimisation and sexual abuse by a peer, by gender during the lifetime (% , N = 1,155)

	Girls	Boys	11–14 y.o.	15–17 y.o.	Total
Physical assault by a peer	41%	43%	40%	44%	42%
Emotional bullying	36%	22%	27%	31%	29%
Group assault	17%	19%	15%	21%	18%
Bullying	16%	11%	12%	16%	14%
Dating violence*	4%	8%	4%	7%	6%
Unwanted touch by a peer*	6%	1%	2%	5%	4%

\* Questions asked to respondents aged 13–17.

Source: Włodarczyk et al., 2018.

**Table 3.** Experiences of different forms of peer victimisation and sexual abuse by a peer, by gender in 12 months preceding the survey (% , N = 1,155)

	Girls	Boys	11–14 y.o.	15–17 y.o.	Total
Physical assault by a peer	22%	25%	25%	22%	23%
Emotional bullying	19%	10%	15%	14%	14%
Group assault	7%	8%	7%	9%	8%
Bullying	8%	7%	9%	6%	7%
Dating violence*	1%	3%	1%	4%	2%
Unwanted touch by a peer*	3%	0%	1%	2%	2%

\* Questions asked to respondents aged 13–17.

Source: Włodarczyk et al., 2018.

There are gender differences in the prevalence of peer victimisation, but only for some of its categories. Girls were significantly more likely than boys to experience emotional bullying both in their lifetime (36% vs 22%), and in the year preceding the survey (19% vs 10%), whereas for bullying the difference was significant only in the preceding 12 months (16% vs 11%).

Adolescents aged 15–17 were more likely to report experiences of peer victimisation during their lifetime than younger respondents aged 11–14 (63% vs 53%). When it comes to the year preceding the study, however, there

were no significant differences between these age groups, except for dating violence, which was more likely to be reported by older adolescents than by younger children, both in their lifetime (7% vs 4%), and in the preceding year (4% vs 1%).

Pain, bruises, cuts or bone fractures were the most likely to be reported by those who had experienced physical assault by a peer (31%) and dating violence (32%), followed by victims of bullying (20%), group assault (18%) and sexual abuse by a peer (13%). Injuries caused by dating violence were more likely to be reported by girls than by boys (69% vs 13%).

**Table 4.** Perpetrators of peer victimisation and sexual abuse by a peer

	Brother	Sister	Another relative	Girlfriend, boyfriend, ex-girlfriend, ex-boyfriend	Another familiar peer	I don't want to answer this question
Physical assault (N = 480)	22%	13%	4%	4%	66%	6%
Bullying (N = 332)	7%	5%	7%	5%	81%	7%
Emotional bullying (N = 159)	2%	2%	2%	3%	89%	8%
Touching of private parts by a peer (N = 32)	6%		3%	41%	63%	9%

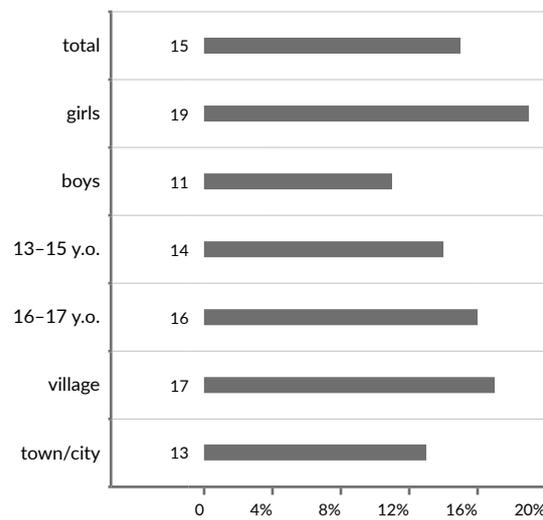
Source: Włodarczyk et al., 2018.

The majority of perpetrators of physical assault, emotional bullying, bullying, and sexual abuse by a peer were familiar peers unrelated to the victim (Table 4; Włodarczyk et al., 2018).

In 2020 the Empowering Children Foundation used an uncomplete version of the Survey questionnaire to study the victimisation and functioning of persons aged 13–17 in the initial period of the COVID-19 pandemics<sup>1</sup> (Makaruk et al., 2020). Just like in 2018, peer victimisation turned out to be the most common category of victimisation. Emotional bullying or physical assault by children or adolescents were experienced by 15% of the respondents, with girls being more likely to report such experiences than boys (19% vs 11%; Figure 2). One in 10 respondents (11%) reported to have been intentionally hit by a peer, and one in 16 (6%) experienced emotional abuse by another child or adolescent. Additionally, 1% of the respondents reported to have been sexually abused by a peer in the form of unwanted touch.

1 From mid-March to the end of June 2020.

**Figure 2.** Experiences of peer victimisation in the initial period of the COVID-19 pandemics, by gender, age, and place of residence (N = 500)



Source: Own analysis, based on: Makaruk et al., 2020.

Unlike the *National Survey*, most studies into peer victimisation focus predominantly on the school environment. In the last two waves of the *Youth survey* (Bożewicz, 2019; Kalka, 2016), a repeated study conducted by the Polish Public Opinion Research Centre (CBOS), older adolescents (students of the senior year of secondary school) were asked about their experiences of victimisation by other students. The survey covered different forms of peer victimisation, including the frequency of such incidents.

Relational violence (exclusion) turned out to be the most common form of peer victimisation. In the year preceding the survey it was experienced by one fourth of the respondents (24%), with half of them (12% of the sample) reporting at least several such incidents. One in 10 respondents (10%) received an offensive text message or email from a schoolmate. The same proportion of the respondents said that a schoolmate had shared online unwanted information, images or videos about them. Physical violence was reported by 7% of the respondents, while 3% were sexually harassed by another student. One in 8 teenagers (12%) had their property stolen in the school, 4% reported they had been forced to buy cigarettes, beer, or other things for another student, and 2% were violently robbed, i.e., someone used or threatened to use force to take their property or money (Table 5).

No significant differences were found between the last two waves of the survey (in 2016 and 2018) in terms of the percentages of respondents reporting each form of victimisation.

”

*I changed schools after my friends turned on me and started sending out screenshots of conversations which humiliated me. Although I am now at a different school, I still feel bad about what happened.*

*14-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

**Table 5.** Categories of peer victimisation experienced by students of the senior year of secondary school in 2016 ( $N = 1,724$ ) and 2018 ( $N = 1,609$ ; %)

In the preceding year, have you personally had the experience of:	No, never		Once		Several times		Many times	
	2016	2018	2016	2018	2016	2018	2016	2018
Being excluded or rejected by other students	79	76	11	12	8	9	3	3
Money or personal property being stolen from you	89	88	8	9	1	2	1	1
Receiving an offensive text message or email from a schoolmate	92	90	4	4	3	4	1	2
Unwanted information about you or your images/videos being shared online by a schoolmate	92	90	5	6	3	3	1	1
Being hit or beaten by any of your classmates or schoolmates	94	93	3	3	1	2	1	2
Being forced by a schoolmate to buy him or her cigarettes, beer or other things	96	96	1	2	1	1	2	1
Being sexually harassed by a schoolmate (e.g., someone trying to touch or undress you)	97	97	1	1	1	1	1	1
A schoolmate using or threatening to use force to take your money or personal property	98	98	1	1	1	0	0	0

Source: Own analysis based on: Bożewicz, 2019; Kalka, 2016.

The Ombudsman for Children in Poland has also looked into the topic of equal treatment in schools (Bulska et al., 2021). More than one third of eighth-graders participating in a survey felt they were treated worse than others, while one in eight students (12%) said they were treated better than others. 22% of the respondents reported that when they proposed something, their peers were more critical about their ideas than about other students' ideas. Fourteen percent of the participants said their proposals were more appreciated than other students' ideas. Respondents who reported their parents were highly involved in school life, were less likely to say their ideas were negatively assessed by their peers.

### Gender- and sexuality-based violence

There are only few studies that have gathered systematic data on gender- and sexuality-based violence and discrimination. In Poland this subject has been explored by Chmurka-Rutkowska (2019) in a sample of students aged 13–15. More than half of the respondents observed or experienced the following forms of victimisation as

perpetrators, victims or witnesses: verbal abuse (76%), offensive comments by use of non-verbal sounds (63%), physical abuse with a comment or insult concerning gender or sexuality (62%), sexual gestures or innuendos (59%), comments about one's body (59%), taking one's clothes (55%), personal space violation (53%), peeping (53%), and simulating sex acts (51%; Table 6).

Female students were more likely than males to regularly observe or experience as perpetrators, victims or witnesses such behaviours as verbal abuse (60% vs 51%), personal space violation (39% vs 31%), offensive comments by use of non-verbal sounds (38% vs 31%), comments about body (35% vs 25%), and spreading harmful lies about their behaviour or intimate relationships with a boyfriend/girlfriend (17% vs 11%). Boys were more likely than girls to regularly observe or experience as perpetrators, victims or witnesses behaviours including taking off their clothes (17% vs 13%), persistent staring and following (17% vs 13%), taking personal items from their bags and showing them to others (16% vs 12%), taking and hiding their clothes (23% vs 6%), physical violence resulting from girlfriend-boyfriend

**Table 6.** Gender- and sexuality-based abusive behaviours that were observed by the respondents or experienced by them as perpetrators, victims, or witnesses (%)

	Girls		Boys		Total	
	often	occasionally	often	occasionally	often	occasionally
Using vulgar language referring to gender or sex, ridiculing, sexual stigmatisation, scornful or vulgar comments about the opposite sex or in reference to gender, insulting or obscene jokes about gender and sexuality	60	19	51	21	56	20
Personal space violation by unwanted touching, hugging, tickling, patting, pinching, pressing, rubbing, or blocking	39	19	31	16	35	18
Whistling, smacking lips, making kissing or "animal" sounds as comments about a person	38	29	31	26	35	28
Showing or sending sexual and/or obscene pictures, videos, drawings, and pornographic materials to persons who do not want that; watching pornography in other persons' presence without their consent	35	10	32	8	33	9
Making sexual gestures and innuendos	29	29	36	24	32	27
Hitting, pushing, or kicking with a comment or insult referring to gender or sexuality	30	35	34	25	32	30
Public (loud and blunt) expression of mocking or denigrating comments about one's body, movement, or private parts	35	28	25	29	30	29
Simulating (pretending) sex acts	23	27	27	25	25	26
"Accidental" touching of private parts, through clothing	15	27	17	18	16	23
Taking off someone's clothes, tugging, lifting up or pulling down a person's shirt or skirt, pulling bra straps or a blouse	13	30	17	18	15	25
Persistent staring, following	13	27	17	24	15	26
Abusive comments about someone's profile or picture, insulting social media posts about gender and sexuality	16	29	13	24	15	27
Spreading harmful lies about someone's behaviour or intimate relationships with a boyfriend/girlfriend	17	30	11	20	14	26
Taking someone's personal items, such as pictures, trifles, personal hygiene products, or underwear, from their bag or backpack and showing them to others	12	25	16	13	14	20
Taking and hiding a person's clothes, when they are in a locker room, dressing room, etc.	6	45	23	35	14	41
Hitting, nudging, pushing, physically attacking due to girlfriend-boyfriend conflicts (cheating, rejection, etc.)	9	23	13	18	11	21
Posting obscene, sexual comments and drawings about girls and boys on boards, walls, etc.	9	27	10	17	9	23
Taking one's unwanted photos and recording videos and sharing them online	8	28	11	25	9	27
Sending obscene or vulgar text messages, emails, letters, and social media messages	7	24	9	17	8	20
Peeping in a locker room, bathroom, dressing room, etc.	4	50	10	41	7	46
Exposing one's private parts in the presence of others and sexual harassment	5	23	8	19	6	21
Sexual harassment, forcing a person to sexual activity	2	12	8	10	5	11

Source: Chmura-Rutkowska, 2019.

conflicts (13% vs 9%), peeping (10% vs 4%), and sexual harassment and being forced to sexual acts (8% vs 2%).

According to the respondents, girls are more likely than boys to experience gender- and sexuality-based violence. Boys were twice as likely as girls to admit to being its perpetrators. Violence against girls was committed by both other girls and boys, while boys were mainly victimised by other boys.

A study into the situation of LGBTQA persons in Poland, conducted by the Campaign Against Homophobia and the Lambda Warszawa Association (Mulak, 2021), found that one fourth (25%) of transgender persons remaining in the Polish education system experienced negative comments after disclosing their gender identity to their schoolmates or fellow university students. Moreover, in one third of those cases (30%), transgender persons' peers addressed them using inappropriate names or linguistic forms. School youth were more likely to be discriminated against than young adults, which may suggest – according to the authors of the report – that discrimination is more common in schools than at universities and other educational facilities.

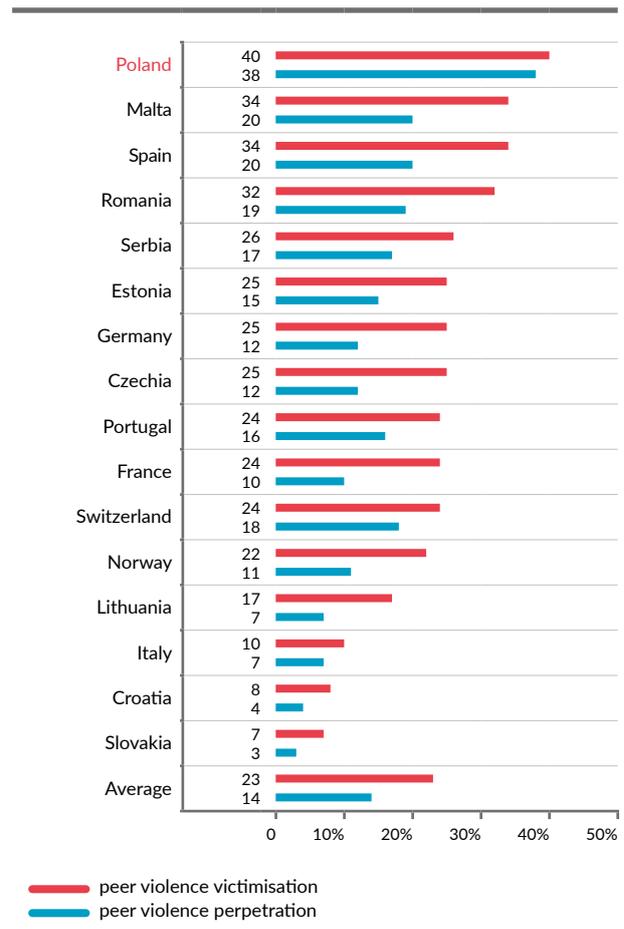
### Peer victimisation in Poland as compared to other countries

*EU Kids Online* (Smahel et al., 2020) is an international study conducted in a broad age group (9–16), which addresses the problem of peer victimisation, enabling comparisons among European countries. Questions in the survey ask about topics including children and young people's experiences of peer victimisation, as victims or perpetrators.

In all participant countries the percentages of respondents who were victimised by their peers in the year preceding the survey were higher than the percentages of perpetrators. In Poland the difference was quite small, and the prevalence of peer victimisation was the highest among all 16 countries. Our country ranked first in terms of both victimisation (40%) and perpetration (38%) of peer violence. The country at the bottom of the ranking was Slovakia (7% and 3%, respectively; Figure 3). In most countries there were no gender differences between the perpetrators and victims of peer violence. In Poland, however,

boys were more likely than girls (41% and 33%, respectively) to victimise their peers. Furthermore, in Poland there was a marked increase with age, both in victimisation (9–11: 33%, 12–14: 44%, 15–16: 49%), and in perpetration (27%, 41%, and 53%, respectively).

Figure 3. Peer violence victimisation and perpetration among persons aged 9–16 (%)



Source: Smahel et al., 2020.

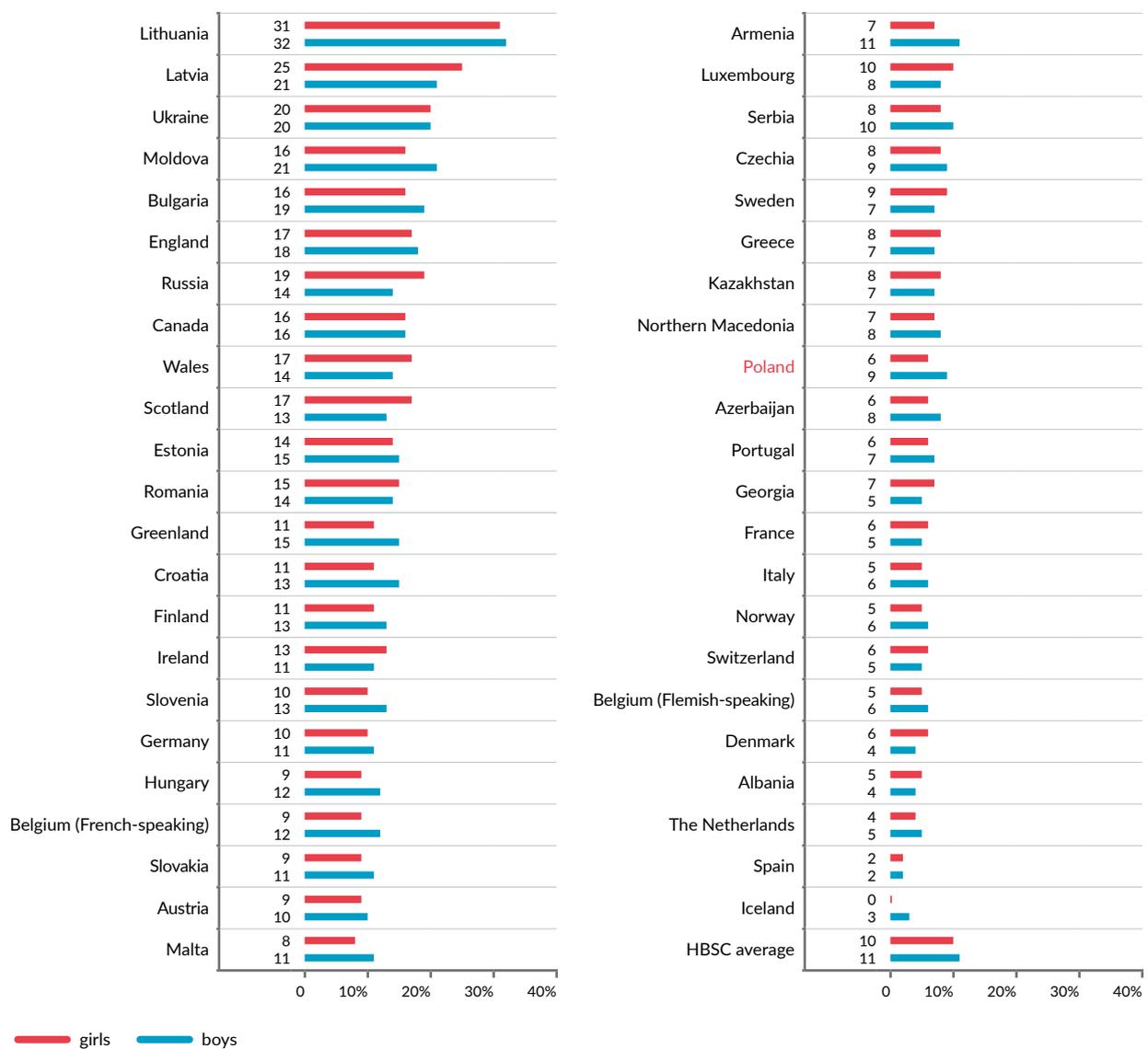
One study that is conducted on a large enough scale to enable international comparisons of health behaviour among school-aged youth is *Health Behaviour in School-aged Children* (HBSC; Inchley et al., 2020; Małkowska-Szcutnik & Malinowska-Cieślak, 2018). It examines the problem of school bullying victimisation and perpetration among students aged 11–15.

The reports of 13-year-old respondents from all participant countries suggest that 10% of girls, and 11% of

boys, on average, experienced school bullying at least 2 or 3 times a month. It was perpetrated, with the same frequency, by 5% of girls and 8% of boys. Poland ranked slightly below the average in terms of bullying victimisation, and slightly above the average, when it comes to per-  
petration: 6% of the female respondents and 9% of males

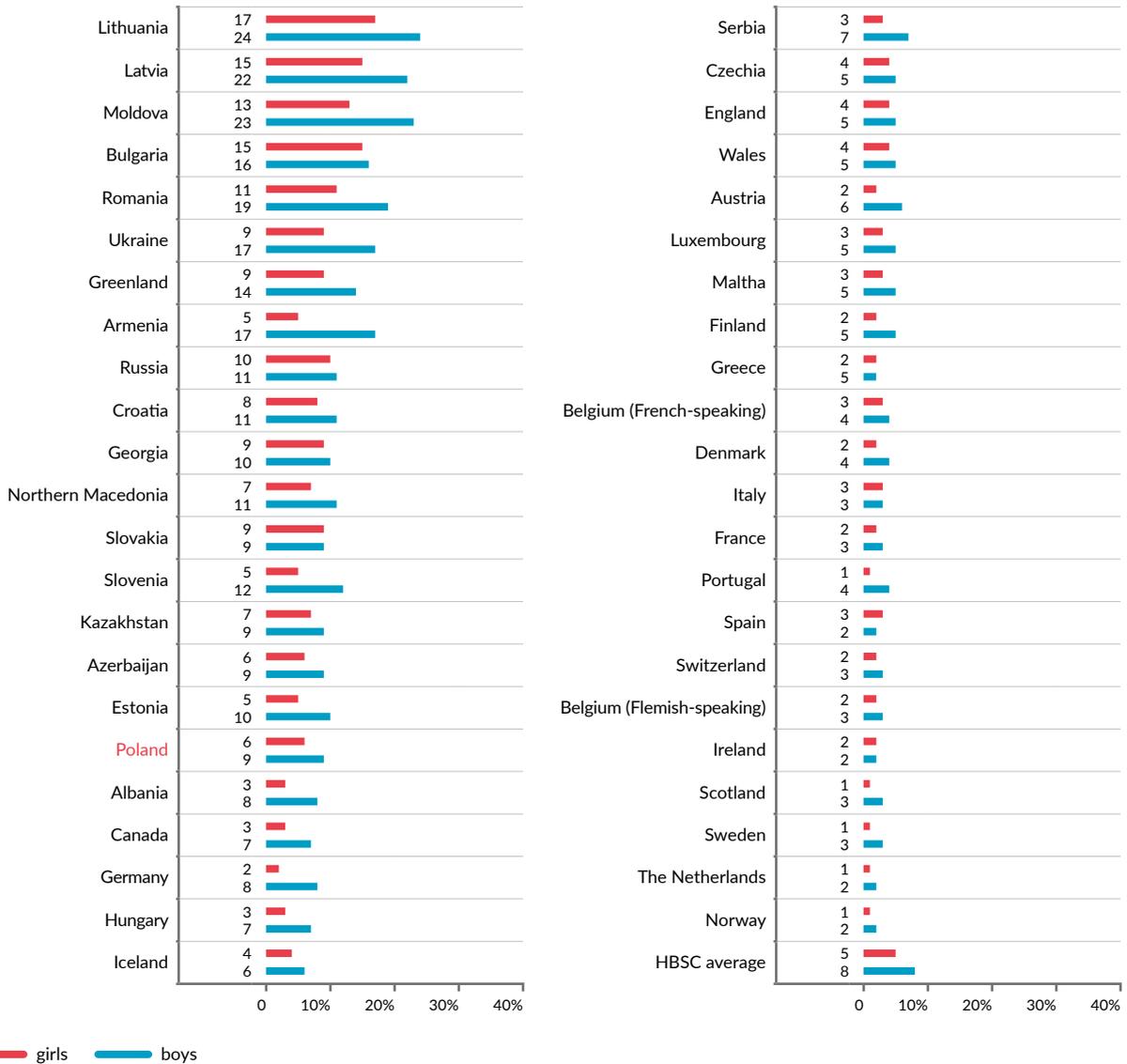
bullied others at least 2 or 3 times a month. The same percentages of students were bullied at school. Latvia and Lithuania were at the top of both rankings, whereas Spain and Iceland had the lowest levels of bullying victimisation, and the Netherlands and Norway – of bullying perpetration among 13-year-olds (Figures 4 & 5).

Figure 4. School bullying victimisation at least twice during 2 months preceding the survey among 13-year-olds (%)



Source: Inchley et al., 2020.

Figure 5. School bullying perpetration at least twice during 2 months preceding the survey among 13-year-olds (%)



Source: Inchley et al., 2020.

Among all the Polish respondents in the 11-15 age group, 23.5% were victimised at least once during 2 months preceding the survey, and 27.4% reported to have bullied their peers. Boys were more likely than girls to be both victims (27.6% vs 19.6%) and perpetrators (33.1% vs 21.8%) of bullying. In the sample surveyed,

bullying perpetration was the most likely to be reported by 13-year-olds (30.8%), whereas bullying victimisation was the highest among 11-year-olds (29.4%, Table 7). In most cases, such incidents occurred once or twice during the period covered in the study (Table 8).

**Table 7.** School bullying victimisation and perpetration among students aged 11–15 during 2 months preceding the survey (N = 5,225; %)

	Victimisation			Perpetration		
	Total	Boys	Girls	Total	Boys	Girls
Total	23.5	27.6	19.6	27.4	33.1	21.8
11 y.o.	29.4	35.7	22.7	24.3	30.4	17.9
13 y.o.	23.5	26.5	20.7	30.8	36.6	25.4
15 y.o.	17.9	20.4	15.6	27.0	32.4	22.0

Source: Own analysis, based on: Małkowska-Szkutnik & Malinowska-Cieślak, 2019.

**Table 8.** Frequency of school bullying victimisation and perpetration among students aged 11–15, N=5,225, in %

	Victimisation	Perpetration
Once or twice	16.0	20.2
2–3 times a month	3.6	3.7
Once a month	1.7	1.5
A few Times a month	2.2	1.9

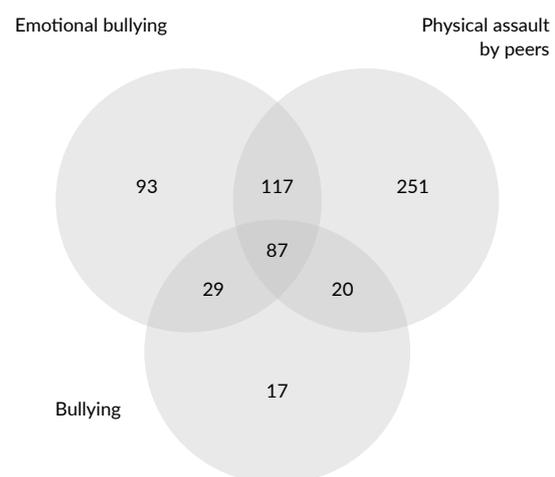
Source: Own analysis, based on: Małkowska-Szkutnik & Malinowska-Cieślak, 2019.

### Co-occurrence of various forms of peer victimisation

Analyses suggest that various forms of peer victimisation tend to co-occur. Half of the respondents (51%) of the National Survey of Child Maltreatment (Włodarczyk & Wójcik, 2019), who were victimised by their peers, experienced more than one type of victimisation (27% experienced 2 types, 16% – 3 types, 7% – 4 types, and 1.4% – 5 types). Among those who experienced at least one of three categories of peer victimisation – physical assault, emotional bullying, and bullying – 19% were physically assaulted and emotionally bullied, and 14% experienced all three categories. The respondents who were bullied were also most likely to experience the other two forms of peer victimisation (Figure 6).

The *EU Kids Online* survey (Pyżalski, 2019) suggests that cyberbullying overlaps with traditional bullying (i.e., bullying without the use of technology). In most cases those who are victims or perpetrators of cyberbullying, are also involved in traditional bullying. Two thirds of

**Figure 6.** Co-occurrence of different categories of peer victimisation



Source: Włodarczyk & Wójcik, 2019.

the respondents (62.5%) who experienced traditional peer violence at least once a week, fell victim to cyberbullying with the same frequency. Similarly, the majority (68%) of those who perpetrated traditional peer violence at least once a week, were just as likely to use electronic violence.

### Attitudes and opinions concerning bullying and discrimination in schools

A survey conducted in schools by the Empowering Children Foundation (Makaruk et al., 2019) asked representatives of parent boards and teaching staff about their knowledge concerning peer victimisation in their facilities. Parents were more likely than teachers to say that such behaviours

are present among students, but they were also more likely to admit they did not have enough information about the problem. Both groups considered emotional bullying as the most common category. More than half of both the parents (59%) and the teachers (53%) believed that insults and name calling were frequent or very frequent among students. The least common category of peer victimisation, according to the adult respondents, was physical assault. Half of the teachers (49%) and one third of the parents (33%) believed it occurred very rarely.

The previously mentioned study of equal treatment in schools (Bulska et al., 2021) found negative attitudes towards peer victimisation among school-aged youth. Girls and persons with more knowledge about the problem of unequal treatment were more negative about peer victimisation. Interestingly, attitudes toward the problem were not related to personal experiences of peer victimisation.

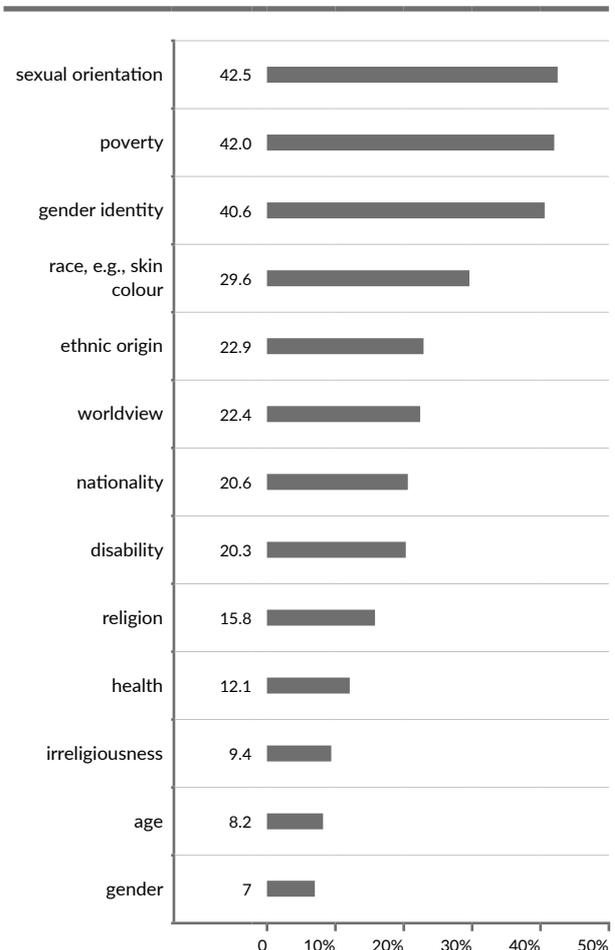
The respondents were also asked about their attitudes towards minority groups, which turned out to be positive. The majority of the participants said they would welcome young people from Ukraine, homosexual persons, students with disabilities, and Muslims as their classmates or schoolmates. While their attitudes were generally positive, homosexual persons were relatively less accepted than other minorities.

The analyses found a relationship between attitudes toward peer violence and attitudes toward minorities. Those opposing violence reported higher acceptance of members of the minority groups listed in the survey.

The vast majority of young people (over 80%) thought schools should provide anti-discrimination education. Similarly, the vast majority of teachers (89%) believed such education should be obligatory in schools, and three out of four agreed that it would prevent school violence. Teachers with more knowledge about equal treatment were more likely than others to support obligatory anti-discrimination education.

According to the teachers participating in the survey, the highest risk of discrimination in Polish schools is related to sexual orientation, poverty, and gender identity, followed by race, ethnic origin, worldview, nationality, and disability (Figure 7).

**Figure 7.** Social groups at risk<sup>a</sup> of discrimination in Polish schools according to teachers (N = 1,037; %)



a the sum of frequently and very frequently answers.

Source: Bulska, 2021.

## Consequences of peer victimisation

Peer victimisation has negative consequences not only for the victims, but also for its perpetrators and witnesses. These effects can be divided into three categories: health consequences in childhood, educational consequences in childhood, and consequences in adulthood (Armitage, 2021).

Research has found an association between repeated peer victimisation and mental health issues: anxiety and depression (Zwierzynska et al., 2013), feelings of loneliness (Nansel, 2001), low self-esteem (Pyżalski, 2012), and

suicidal ideation (Klomek, 2008). Furthermore, peer victimisation increases the risk of self-harming behaviour: self-injury and attempted suicide (Włodarczyk et al., 2018). Victims of bullying are more likely to have difficulty falling asleep and to suffer from dizziness (Hansson et al., 2020) and pains in the neck, shoulders, head, stomach or back (Garmy et al., 2019). The likelihood of increased psychosomatic symptoms grows with the frequency of incidents of violence (Due et al., 2005).

The experience of bullying may be linked to social exclusion, which may lead to withdrawal from social life and have a negative effect on the development of social skills (Due et al., 2005). Moreover, bullying victimisation has been associated with poorer functioning at school (Harel-Fisch et al., 2011). Individuals who had more frequent experiences of peer victimisation felt less secure at school (Glew et al., 2008) and had a lower sense of belonging (Bulska et al., 2021).

The severity of psychological effects may depend on the relationship with the perpetrator. Although sibling victimisation is associated with serious emotional problems, such as low self-esteem, depression, and self-harm (Wolke et al., 2015), young people who were victimised by non-related peers demonstrated more severe mental health issues than those who were only abused by their siblings (Tucker et al., 2014).

The negative effects of peer victimisation may last into adulthood (Copeland et al., 2013; deLara, 2019; Vassallo et al., 2014). UK studies found that individuals who had experienced victimisation in childhood, almost four decades later still struggled with its negative social, health and economic effects (Takizawa et al., 2014).

Individuals involved in peer victimisation in a double role – both as victims and as perpetrators – were more

likely than others to show mental health issues and had lower academic achievement (Kowalski & Limber, 2013). US studies found that adults with a history of bullying perpetration were at increased risk for antisocial personality disorder (Copeland et al., 2013).

Even observing bullying, without being actively involved, may have negative consequences for mental health. Witnesses of violence are more likely to have suicidal ideation (Rivers i Noret, 2013).

## Summary

Peer victimisation affects a substantial proportion of children and adolescents in Poland, and its serious consequences may last into adulthood. Inter-study differences in methodology and definitions, make it difficult to determine the prevalence of the problem, but findings from an international survey, EU Kids Online, suggest that Poland has the highest level of peer victimisation among the 16 participant European countries.

According to the School Violence and Bullying report published by UNESCO (2017), the development of an effective strategy to counteract peer victimisation requires reliable data on its prevalence, nature, and causes. Such data is also necessary to determine the cost of peer victimisation and evaluate the effectiveness of preventative measures. Special emphasis should be placed on improving the quality of data on peer victimisation by systematic monitoring of the problem and developing a consistent data collection methodology to be able to report cases and make international comparisons.

## References

- Armitage, R. (2021). Bullying in children: impact on child health. *BMJ Paediatrics*, 5, e000939. <https://doi.org/10.1136/bmjpo-2020-000939>
- Aronson, E., Wilson, T. D., Akert, R. M. (2006). *Psychologia społeczna*. Wydawnictwo Zysk i S-ka.
- Bożewicz, M. (2019). Relacje szkolne. In: M. Grabowska, M. Gwiazda (ed.), *Młodzież 2018* (p. 44–70). Fundacja Centrum Badania Opinii Społecznej.
- Bulska, D., Skrodzka, M., Smulczyk, M., Wiśniewski, M., Kuruś, M., Szczerba, A. (2021). *Równe traktowanie w szkole: raport z badania w szkołach oraz analiza ilościowa programów wychowawczo-profilaktycznych*. Biuro Rzecznika Praw Obywatelskich.
- Chmura-Rutkowska, I. (2019). *Być dziewczyną, być chłopakiem i przetrwać. Płeć i przemoc w szkole w narracji młodzieży*. Wydawnictwo Naukowe.
- Cook, C. R., Williams, K. R., Guerra, N. G., Kim, T. E., Sadek, S. (2010). Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*, 25(2), 65–83.
- Copeland, W. E., Wolke, D., Angold, A., Costello, E. J. (2013). Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence. *JAMA Psychiatry*, 70(4), 419–426.
- Due, P., Holstein, B. E., Lynch, J., Diderichsen, F., Gabhain, S. N., Scheidt, P., Currie, C. (2005). Bullying and symptoms among school-aged children: international comparative cross-sectional study in 28 countries. *European Journal of Public Health*, 15(2) 128–132.
- Garmy, P., Hansson, E., Vilhjálmsdóttir, R., Kristjánsdóttir, G. (2019). Bullying and pain in school-aged children and adolescents: A cross-sectional study. *SAGE Open Nursing*, 5, 2377960819887556.
- Glew, G. M., Fan, M. Y., Katon, W., Rivara, F. P. (2008). Bullying and school safety. *The Journal of pediatrics*, 152(1), 123–128.
- Hansson, E., Garmy, P., Vilhjálmsdóttir, R., Kristjánsdóttir, G. (2020). Bullying, health complaints, and self-rated health among school-aged children and adolescents. *Journal of International Medical Research*, 48(2), 300060519895355. <https://doi.org/10.1177/0300060519895355>
- Harel-Fisch, Y., Walsh S. D., Fogel-Grinvald, H., Amitai, G., Pickett, W., Molcho, M., Due, P., de Matos, M. G., Craig, W. (2011). Negative school perceptions and involvement in school bullying: A universal relationship across 40 countries. *Journal of Adolescence*; 34(4), 639–652.
- Inchley, J., Curriem D., Budisavljevic, S., Torsheim, T., Jåstad, A., Cosma, A. (2020). Spotlight on adolescent health and wellbeing: findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report: Key findings. WHO Regional Office for Europe.
- Kalka, J. (2016). Szkolne relacje. In: CBOS, *Młodzież 2016* (p. 27–51). Fundacja Centrum Badania Opinii Społecznej.
- Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I. S., Gould, M. S. (2008) Peer victimization, depression, and suicidality in adolescents. *Suicide and Life-Threatening Behavior*, 38(2), 166–180.
- Komendant-Brodowska, A. (2009). Grzech zaniechania. Świadkowie przemocy szkolnej w perspektywie teorii gier. *Decyzje*, 11, 5–47.
- Komendant-Brodowska, A. (2014). *Agresja i przemoc szkolna. Raport o stanie badań*. Instytut Badań Edukacyjnych.

- deLara, E. W. (2019). Consequences of childhood bullying on mental health and relationships for young adults. *Journal of Child and Family Studies*, 28, 2379–2389.
- Komenda Główna Policji. (2022). *Przestępstwa stwierdzone w latach 2016–2021 na terenie szkół i placówek oświatowych*. Komenda Główna Policji.
- Kowalski, R. M., Limber, S. P. (2013). Psychological, physical, and academic correlates of cyberbullying and traditional bullying. *Journal of Adolescent Health*, 53(1 Suppl), 13–20.
- Makaruk, K., Włodarczyk, J., Skoneczna, P. (2019). *Problematyczne używanie internetu przez młodzież. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Makaruk, K., Włodarczyk, J., Szredzińska, R. (2020). *Negatywne doświadczenia młodzieży w trakcie pandemii. Raport z badań ilościowych*. Fundacja Dajemy Dzieciom Siłę.
- Małkowska-Szcutnik, A., Malinowska-Cieślak, M. (2018). Przemoc w szkole. In: J. Mazur, A. Małkowska-Szcutnik (ed.), *Zdrowie uczniów w 2018 roku na tle nowego modelu badań HBSC*. Instytut Matki i Dziecka.
- Mulak, A. (2021). Osoby transpłciowe In: M. Winiewski, M. Świder (ed.), *Sytuacja społeczna osób LGBT w Polsce. Raport za lata 2019–2020*. Kampania Przeciw Homofobii, Stowarzyszenie Lambda Warszawa.
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., Scheidt, P. (2001). Bullying behavior among U.S. youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285, 2094–2100.
- Olweus, D. (2003). A profile of bullying at school. *Educational Leadership*, 60(6), 12–17.
- Ostaszewski, K. (2012). Pojęcie klimatu szkoły w badaniach zachowań ryzykownych młodzieży. *Edukacja*, 4(120), 22–38.
- Przewłocka, J. (2015). *Bezpieczeństwo uczniów i klimat społeczny w polskich szkołach. Raport z badań*. Instytut Badań Edukacyjnych.
- Pyżalski, J. (2012). *Agresja elektroniczna i cyberbullying jako nowe ryzykowne zachowania młodzieży*. Oficyna Wydawnicza Impuls.
- Pyżalski, J. (2019). Elektroniczna przemoc rówieśnicza (cyberprzemoc). In: J. Pyżalski, A. Zdrodowska, Ł. Tomczyk, K. Abramczuk, *Polskie badanie EU Kids Online 2018. Najważniejsze wyniki i wnioski* (p. 101–118). Wydawnictwo Naukowe UAM.
- Rigby, K. (2007). *Bullying in schools: and what to do about it*. ACER Press, Victoria
- Rivers, I., Noret, N. (2013). Potential suicide ideation and its association with observing bullying at school. *Journal of Adolescent Health*, 53(1), S32–S36.
- Salmivalli, C. (2010). Bullying and the peer group: A review. *Aggression and Violent Behavior*, 15, 112–120.
- Smahel, D., Machackova, H., Mascheroni, G., Dedkova, L., Staksrud, E., Ólafsson, K., Livingstone, S., Hasebrink, U. (2020). *EU Kids Online 2020: Survey results from 19 countries*. EU Kids Online.
- Tucker, J. C., Finkelhor, D., Turner, H., Shattuck, A.M. (2014). Sibling and peer victimization in childhood and adolescence. *Child Abuse & Neglect*, 38(10), 1599–1606.
- Tucker, C. J., Finkelhor, D., Turner, H. (2020). Family predictors of sibling versus peer victimization. *Journal of Family Psychology*, 34(2), 186–195.
- Takizawa, R., Maughan, B., Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: evidence from a five-decade longitudinal British birth cohort. *American Journal of Psychiatry*, 171(7), 777–784.

- Vassallo, S., Sanson, A., Olsson, C.A. (2014). 30 years on: some key insights from the Australian Temperament Project. *Family Matters*, 94, 29–34.
- UNESCO, UN Women (2016). *Global guidance on addressing school-related gender-based violence*. United Nations Educational, Scientific and Cultural Organization.
- UNESCO (2017). *School violence and bullying. Global status report*. United Nations Educational, Scientific and Cultural Organization.
- Włodarczyk, J., Makaruk, K. (2013). *Ogólnopolska diagnoza problemu przemocy wobec dzieci. Wyniki badania*. Fundacja Dzieci Niczyje.
- Włodarczyk, J., Makaruk, K., Michalski, P., Sajkowska, M. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Włodarczyk, J., Wójcik, Sz. (2019). Skala i uwarunkowania przemocy rówieśniczej. Wyniki Ogólnopolskiej diagnozy skali i uwarunkowań krzywdzenia dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(3), 9–35.
- Wolke, D., Tippet, N., Dantchev, S. (2015). Bullying in the family: sibling bullying. *Lancet Psychiatry*, 2, 917–929.
- Zwierzynska, K., Wolke, D., Lereya, T. S. (2013). Peer victimization in childhood and internalizing problems in adolescence: a prospective longitudinal study. *Journal of Abnormal Child Psychology*, 41, 309–323.

#### Citation:

Makaruk, K. (2022). Peer Victimization. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 256–273). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Internet Safety Risks

## to Children and Young People

Szymon Wójcik – Empowering Children Foundation

### List of issues

---

- 275 Introduction
- 276 How do children and adolescents use the internet?
- 278 Children's and adolescents' exposure to harmful content
- 280 Online child sexual abuse materials
- 282 Online grooming
- 284 Sexting
- 285 Cyberbullying
- 287 Problematic internet use
- 289 Keeping children and adolescents safe online:  
Parents' opinions and attitudes
- 290 Summary
- 291 References

## Introduction

**O**ne important area where children and adolescents may face the risk of abuse is the internet. The important role of the online environment in young people's lives has been emphasised for many years, but during the COVID-19 pandemics, with schools closed for over a year, for many of them the internet became the only area of social activity (see the chapter: *Children and Adolescents' Experiences of COVID-19 Pandemics*). This, in turn, led to parents', teachers' and the general public's increased interest in potential risks related to long-term functioning in the online environment.

Internet safety is a complex and multifaceted problem, as online risks are related to the content available on the internet, dangerous contacts, and interactions within the peer group. The most popular classification was developed for the largest European research project concerning online risks to children, *EU Kids Online* (Livingstone et al., 2011), and later adapted by Polish authors (see Pyżalski, 2012; Włodarczyk, 2013). It is based, on the one hand, on three levels of online interaction (content, contact, and conduct), and on the other hand – on three thematic risk categories: sexual, aggressive, and violating other values (such as health or respect for another person). After ten years of studies the original 3Cs classification was updated to a 4Cs version, by adding the contract dimension that refers to the risks of exploitation (mostly commercial) by institutional actors, such as global corporations (Livingstone & Stoilova, 2021). That was related to how the internet itself had been changing in recent years, becoming increasingly monopolised by a small number of global players, with individual users more and more closely controlled. This fourth dimension has been rarely discussed in Polish literature and, with few exceptions, no exhaustive works are available about the subject.

**Table 1.** The 4Cs classification of online risks

	Sexual	Aggressive	Other values
<b>Content</b> (the child as a recipient of content)	Pornographic or sexualised content, body oppression	Violent, racist, hateful content	Disinformation, fake news, age-inappropriate content, etc.
<b>Contact</b> (the child as a target of adults' actions)	Grooming, sexual abuse	Harassment, stalking, excessive control	Ideological persuasion, manipulation, etc.
<b>Conduct</b> (the child as a participants in peer-to-peer interactions)	Sexting, sextortion, sexual aggression	Electronic aggression, cyberbullying	Participation in harmful groups online, e.g., self-harming, etc.
<b>Contract</b> (the child as a party to unfair contracts)	Sexual streaming services	Scams, phishing, identity theft, hacking	Gambling, unfair marketing, etc.

Source: Own analysis based on: Livingstone & Stoilova, 2021.

This paper discusses online risks to children and young people that are of particular interest to both practitioners and theorists. Though overlapping with the areas identified in the above mentioned classification, they go beyond it and include:

- exposure to harmful content (pornography, violence, etc.),
- child sexual abuse materials, CSAM<sup>1</sup>,
- online grooming,
- sexting (sending sexually explicit photographs or videos),
- peer victimisation online (cyberbullying),
- problematic internet use.

The goal of this article is to present the latest findings on each of these phenomena, especially data that helps to estimate their prevalence (whenever possible, in comparison to international data). The paper cites the latest available research to present up-to-date knowledge on each of the subjects. The discussion of individual risk categories is preceded by a section about general digital device usage among children and adolescents. The last section provides data on parents' attitudes and behaviours related to children's safety online.

## How do children and adolescents use the internet?

According to Eurostat, in 2021 92% of Polish households (the European average) had access to the internet (Eurostat, 2022a). Statistics Poland (GUS) data show that among households with children under 15 the level of internet access was even higher and amounted to 99.5%. Thus, the internet can be seen as the most "democratic" medium, available to young people of all social groups and classes. Furthermore, it is high quality internet, as according to the same sources, 99% of households with children uses high-speed broadband internet connections (GUS, 2020).

Public statistics also confirm that young people are the group with the highest internet use intensity (99.2% report to use it regularly) and the best digital skills, relative to older groups (GUS, 2020). In the past ten years the availability of mobile internet (mainly through smartphones) has dramatically increased. According to Eurostat, in 2019 mobile internet usage in Poland in the youngest age group included in the study, was 93% (the EU average was 94%), an increase from 46% in 2012 (Eurostat, 2022b). What emerges from these findings is a picture of young people who, with very few exceptions, have access to the internet both at home and through their mobile devices. According to a 2018 survey conducted among children aged 12–17 (Makaruk et al., 2019), more than 97% of the population used the internet on their smartphones and cell phones (76.5% used it on laptops). Researchers have also identified a subgroup of "purely mobile" users, who only occasionally use fixed-line internet connections (Pyżalski et al., 2019).

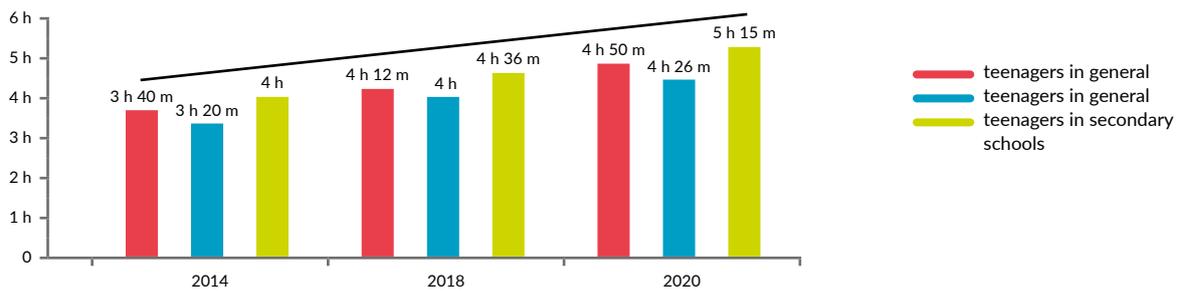
For methodological reasons, it is difficult to determine exactly the average time internet users spend online, but the authors of the *Nastolatki 3.0* (Teenagers 3.0) study, the 2020 edition, estimated it was 4 hours 50 minutes daily on weekdays and 6 hours 10 minutes during weekends. Importantly,

---

1 Child sexual abuse materials have been identified as a separate category due their particular harmfulness to children, in terms of both exposure to such content and the risk of using children for production of such materials.

a significant growth trend was observed as compared to 2014 (Figure 1). To complete the picture, one in nine teenagers (11.5%) reported they were active online more than 8 hours a day, and one in six (16.9%) used the internet intensely after 10 p.m. (Lange, 2021).

**Figure 1.** Adolescents' estimated daily time budget for online activity in 2014, 2018, and 2020



Source: Lange, 2021, p. 11.

When describing young people's screen device usage, we tend to apply the criterion of overall screen time. However, it is worth taking a closer look at specific, popular categories of screen device uses, in terms of both risks and benefits.

- 1. Watching videos.** Watching videos online is one of young people's most common activities in the internet. Seventy two percent of adolescents do it every day or almost every day, while 92% do it at least once a week (Makaruk et al., 2019). Eighty eight percent of teenagers point to YouTube as the most popular service used by them online. The videos they watch there include both amateur clips and professional, commercial videos. Materials shared on YouTube by popular content creators (youtubers) enjoy the greatest popularity among children and adolescents.
- 2. Social media and messaging apps.** These services are also used by nearly all teenagers. A 2021 study conducted for the ECF found that 96% of adolescents use social sites at least once a day (23% reported to use them *all the time* and 40% said they did it *more than ten times a day*). The most popular site was Facebook (89%), followed by Instagram (68%), TikTok (64%), and Snapchat (51%; FDDS, 2021). We should bear in mind, however, that social media popularity trends are changing quite dynamically. Moreover, despite the age limit set by most services at 13, they are commonly used by younger children, too.
- 3. Online gaming.** Gaming is one of the most attractive and, consequently, most popular forms of screen device usage among young people. It is true for younger and younger children. Games are available on smartphones, tablets, computers, and game consoles, such as PlayStation or Xbox. Many games are available free of charge, which makes this form of entertainment more accessible. Most popular games can be played online and involve competition or cooperation with other players. According to the previously mentioned 2019 survey, multiplayer games are played every day or almost every day by 29% of teenagers, and at least once a month by 48%. Notably, there are big differences between girls, who play considerably less, and boys, among whom this form of entertainment is much more popular.

## Children's and adolescents' exposure to harmful content

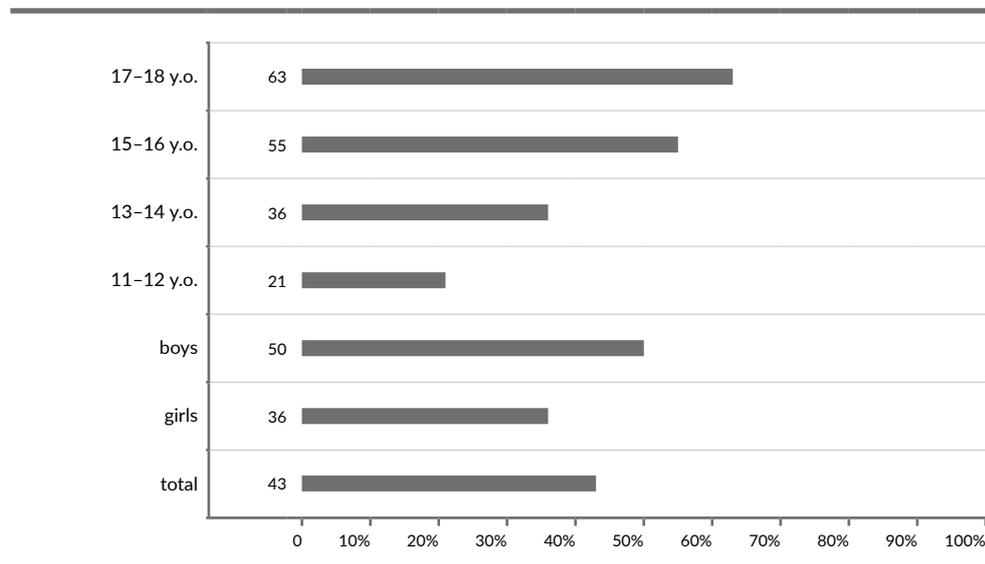
The oldest and best-known risk related to internet use by children and adolescents is their exposure to inappropriate content, which is harmful in that it provokes negative emotions or promotes dangerous behaviours (Polak, 2014). Key examples of such content include pornography and materials that show violence or promote health risk behaviours (e.g., substance use) or self-harming behaviours (e.g., self-injury, suicide, etc.). All these materials may have a negative effect on children's emotional, cognitive, and social development (see Livingstone & Smith, 2014; Valkenburg et al., 2016; Villani, 2001). In particular, exposure to pornographic content may lead to early sexual initiation and higher acceptance of casual sex, and increase the likelihood of other risky sexual behaviours, such as having a high number of sex partners, substance use during sexual activity, or engaging in anal sex. Moreover, intense pornography watching has been found to be related to increased sexual violence (Lim et al., 2016).

In legal terms, presenting pornographic content to a minor under 15 is forbidden by law in Poland (Article 200, section 3 of the Penal Code [PC]). In most cases, however, the legal ban is not enforceable, because many pornographic websites are located outside Poland. In practice, children's access to such content is either unsecured, or the only safeguard applied is the adult content warning. The situation is even worse when it comes to materials presenting brutal violence and other harmful content. Although large platforms, such as YouTube, have rules that oblige them to block such content, in practice the responsibility for marking it rests with users rather than the service.

Research data from various sources makes it clear that children and adolescents in Poland are quite frequently exposed to harmful content. It is difficult to measure the exact prevalence of the problem, for a number of reasons. First, some children and young people participating in surveys may be reluctant or embarrassed to admit they had contact with such materials. Second, different studies use different definitions of harmful content (see Jones et al., 2012; Livingstone et al., 2011).

In 2017, the Empowering Children Foundation, at the request of the Ministry of Health, conducted a survey on a national sample of children and adolescents ( $N=3,943$ ), titled *Kontakt dzieci i młodzieży z pornografią* (Children's and Adolescents' Exposure to Pornography; Makaruk et al., 2017). It demonstrated that 43% of children and adolescents aged 11–18 had some contact with pornography and sexualised material. Exposure to pornography increased with age: among adolescents aged 15–16, 55% had contact with such material, and in the oldest group (17–18) the percentage was 63%, i.e., nearly two thirds of the population (Figure 2). Additionally, 55% of the oldest adolescents who had contact with pornography, watched it at least once a week (so they could be considered regular users). Furthermore, 22% of all young internet users aged 13–18 watched pornographic materials that involved verbal and physical violence. The figure was similar for girls and boys. Research evidence confirms that viewing pornography may have negative psychosocial consequences and encourage young people to engage in risky sexual behaviours. Individuals who have ever had contact with pornography, are three times more likely to receive nude and semi-nude photos (sexting) and five times more likely to send them. It has been also found that young internet users who access pornography every day, are twice as likely to report early sexual initiation (before the age of 15).

**Figure 2.** Exposure to pornography and sexualised material in the preceding year by gender and age (11–17 y.o.)



Source: Makaruk et al., 2017, p. 11.

Another survey, conducted by the ECF in 2018 (Makaruk et al., 2019), collected data on self-reported exposure to seven categories of harmful content among children aged 12–17 in the year preceding the study. More than half of the respondents (54.4%) admitted they had contact with such materials. Nearly one third (31.8%) viewed content involving real-life scenes of violence and cruelty. About one fourth (26.1%) had contact with materials about self-injury, pornography (25.2%), and hate speech (23.9%)<sup>2</sup>. These were followed by content promoting eating disorders (19.0%), showing different ways to commit suicide (15.8%), and promoting substance use (8.0%). Importantly, there were huge gender differences. Boys were more likely to encounter pornography, while girls had more contact with the remaining six categories of harmful content. The difference was the largest for self-harming behaviours (self-injury, suicide, and eating disorders).

The *EU Kids Online Polska 2018* survey had a closer look at young people's exposure to hate speech, which involves attributing particularly negative characteristics to some social groups, most often natural ones rather than those people belong to by choice, or inciting to discrimination against those groups (Nijakowski, 2008). Among the adolescent respondents aged 11–17, almost one third (31%) reported to have seen hateful comments online "against specific people or groups, such as Muslims, immigrants, Jews,

”

*A stranger is sending out my nude photos to my friends. I sent them to him myself, but now he is blackmailing me and wants more. I'm getting very stressed about it, I can't sleep at night and I feel it's all my fault. I'm afraid to tell my parents about it.*

*16-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

<sup>2</sup> It is a significantly lower percentage than in the previously cited study (Makaruk et al., 2017), which can be explained by the fact that in this survey the respondents were asked about "pornographic materials" in general, whereas Makaruk, Włodarczyk, & Michalski (2017) described to them in detail what kinds of materials they meant.

**Table 2.** Adolescents' (aged 12–17) exposure to harmful content in the preceding 12 months (%)

	Violence and cruelty	Self-injury	Pornography	Promoting hate speech and discrimination	Promoting eating disorders	Ways to commit suicide	Promoting substance use
Total	31.8	26.1	25.2	23.9	19.0	15.8	8.0
Girls	33.9	35.9	19.8	26.0	29.4	21.6	9.6
Boys	29.2	14.0	31.8	21.4	6.2	8.7	6.0

Source: Makaruk, Włodarczyk, & Skoneczna, 2019.

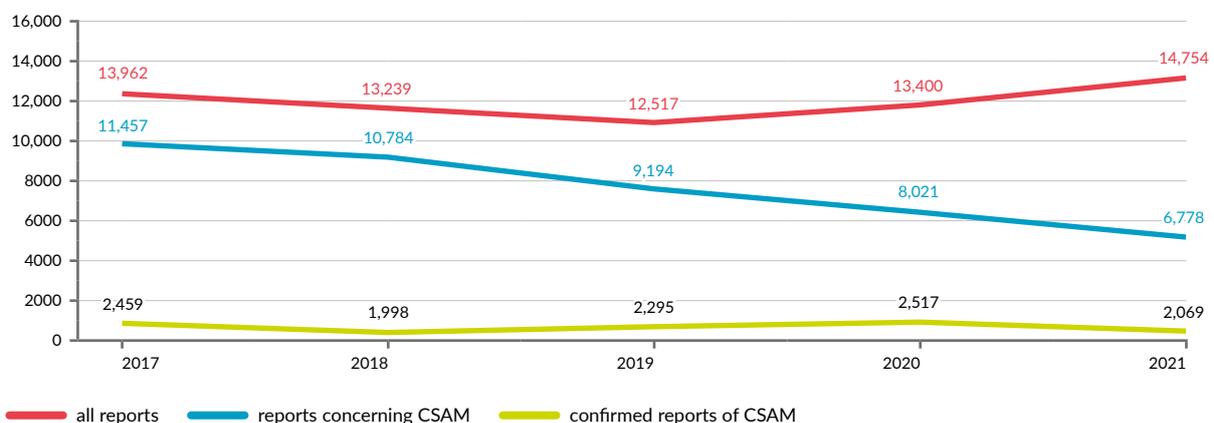
and Roma” in the preceding 12 months, 29% could not answer the question, and only 40% reported they had no contact with that kind of content. In the same study, 8.7% of the respondents reported to have been victimised themselves by hateful comments related to nationality, language, colour, religion, or appearance (the survey did not ask about sexual orientation, but the respondents could choose “other reasons”; Pyżalski et al., 2019).

## Online child sexual abuse materials

Production and distribution of child sexual abuse materials (CSAM) is a global criminal practice prosecuted in most countries in the world. In Poland, it is illegal to produce, record, import, distribute, present, store, access, and possess CSAM (Article 202, sections 3–4 of the Penal Code).

Although child pornography is not clearly defined in the Polish law, the European Union defines it as “any material that visually depicts a child engaged in real or simulated sexually explicit conduct; or any depiction of the sexual organs of a child for primarily sexual purposes” (Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011). This definition was later acknowledged by the Polish Supreme Court (Supreme Court’s Decision of January 15, 2020, No. V KK 655/19).

According to experts in the field, the term “child pornography”, commonly used in the public debate, should be replaced with “child sexual abuse materials” (CSAM) – to emphasise that such materials are actually photographs or video recordings of acts of sexual violence against children. There are two key risks related to online child sexual abuse materials – exploiting children in the production of pornographic videos and photographs, and children’s exposure to such content.

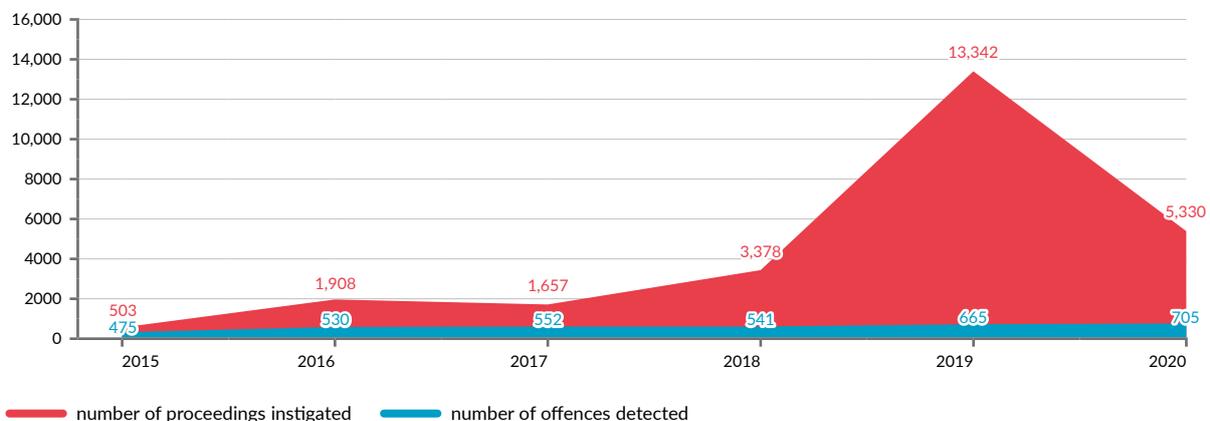
**Figure 3.** Reported and confirmed incidents of CSAM at Dyżurnet.pl between 2017 and 2021

Source: Dyżurnet.pl, 2022a.

In 2015 the Dyżurnet.pl project, carried out by the Scientific and Academic Computer Network, received nearly 15 thousand reports about illegal content from internet users, including 6,778 reports concerning CSAM. Out of this number, 2,069 reports were actually confirmed as illegal content. The Dyżurnet.pl contact point has observed relatively stable figures in terms of both reported and confirmed cases of child sexual abuse materials (although the share of this category in the overall number of reports has been declining; Figure 3). In recent years, there have been growing problems with illegal content safeguarded by the use of onion sites or TOR networks (referred to as the *darknet*). When undertaking legal interventions in such cases, the Dyżurnet.pl team always locates the server with illegal content. Most often such servers are located in Russia, the Netherlands, and the US, and hardly ever in Poland (only 2%). When the illegal content is found on Polish servers or involves Polish citizens, the Dyżurnet.pl team reports the incidents to the Cybercrime Bureau of the National Police Headquarters (245 cases in 2021). In other cases, illegal content may be reported to a competent agency within the international INHOPE network, which Dyżurnet.pl belongs to (1,975 incidents), or the team may directly contact the administrators or moderators (281 incidents), or hosting services (51 incidents; Dyżurnet.pl., 2022a).

Police statistics show that the number of pornography-related offences has been increasing year by year. In 2020 the number of crimes detected under Article 202 of the Penal Code (which concerns not only the production and distribution of CSAM, but also the production of pornography involving violence or animals, and sharing pornographic materials with minors or persons who do not want it) was 5,330. It is a lot, but in 2019 the number was even higher, i.e., 13,342. With the additional 3,378 offences detected in 2018, the overall number of offences under Article 202 of PC in 2018–2020 was higher than in the preceding 19 years, i.e., between 1999 and 2017 (KGP, 2022a; Figure 4). In-depth analyses would be needed to explain such a dramatic growth in statistics, but we can presume that it is largely related to increased detectability of those offences. A question also arises whether the 2020 decline could have resulted from law enforcement agencies' impaired functioning during the COVID-19 pandemics.

Figure 4. The numbers of proceedings instigated and offences detected under Article 202 of PC in 2015–2020



Source: Own analysis, based on: KGP, 2022a.

## Online grooming

Online grooming can be defined as a special kind of an online relationship between an adult and a child, established for the purpose of sexual abuse. It can take many different forms – from forcing a child to watch pornography, to tricking children into sharing their intimate images or forcing them to record such images or videos, to making them engage in physical sexual activity during real-life meetings (Wojtas, 2013).

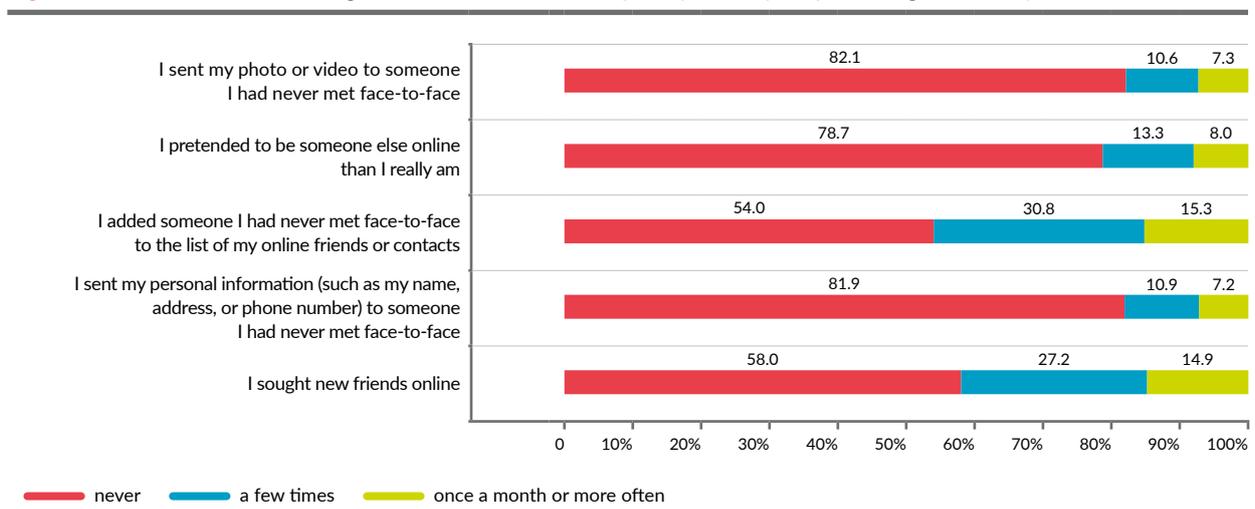
Online grooming is one of the most serious risks, feared by many parents. According to the Polish Public Opinion Research Center (CBOS, 2018), 43% of parents are concerned about dangerous contacts online, including grooming by paedophiles or inciting prostitution (this is the most frequently mentioned online risk to children). The easiness of online communication and the possibility to make a connection with a child while maintaining his or her illusory sense of security, put almost every child user at risk of such offender behaviours.

Given the sensitivity of the topic and the relatively small scale of the problem, most surveys conducted among young internet users do not ask directly about their grooming experiences. Instead, they focus on children's face-to-face meetings with someone they met online, which illustrates how dangerous grooming can be. In the latest *Nastolatki 3.0* (Teenagers 3.0) survey (Lange,

2021), conducted on a sample of primary (7<sup>th</sup> grade) and secondary (9<sup>th</sup> grade) students, almost one sixth of the respondents (14.1%) reported to have met face-to-face with an adult known from the internet (there was a decline in comparison to similar studies in 2014 and 2016). Those who did were asked a follow-up question about whom they told about the meeting. Thirty eight percent told their parents, 25% – their friends, 5% – their siblings, 4% – another adult, and as many as 24% did not tell anyone. This means that about 3.4% of Polish teenagers met face-to-face with adults known from the internet without telling anyone.

More categories of risky behaviours related to meeting strangers online were included in the Polish edition of *EU Kids Online 2018* (conducted on a sample of children and adolescents aged 9–17). The largest proportion of the respondents reported they had looked for new friends online; fewer of them admitted to sending their photos, videos, or personal data to someone they met online (Figure 5). In the same survey, 44% of the participants reported contacts with strangers online, and 52% of them (i.e., 23% of all the respondents) ultimately met the person face-to-face. Among those who had such meetings, 30% found the experience unpleasant. A similar scale of the phenomenon was reported by the parents surveyed by CBOS in 2018: 21% of them knew about their children's face-to-face meetings with someone known from the internet.

Figure 5. Interactions with strangers online (behaviour frequency in the year preceding the survey)

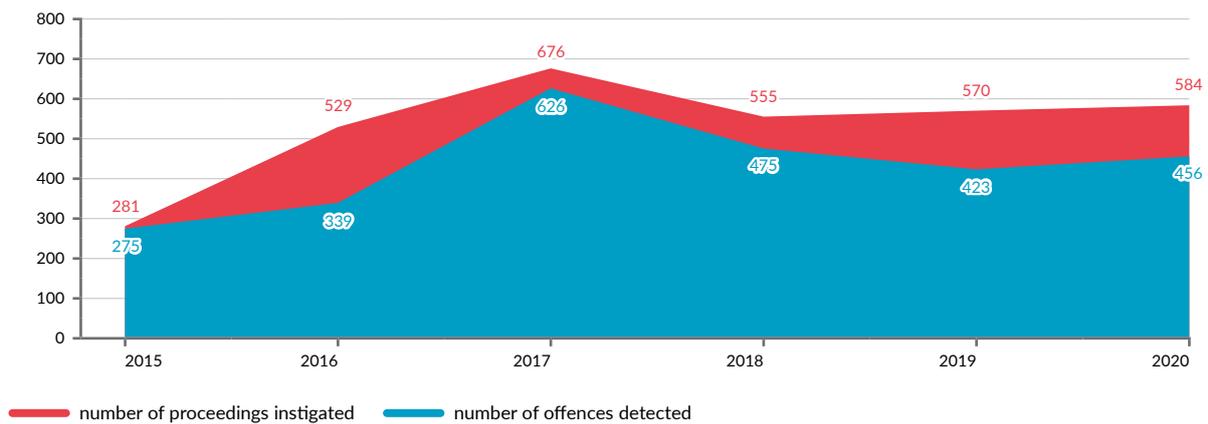


Source: Pyżalski et al., 2019, p. 85.

Although there are relatively few studies addressing directly the subject of online grooming, a question about it was included in the *National Survey of the Prevalence and Determinants of Child Maltreatment*, conducted in 2018 by the Empowering Children Foundation on a representative sample of children and adolescents aged 13–17 (CAPI,  $N = 882$ ). Nine percent of the respondents answered “yes” to the question: “Have you ever made friends on the internet with someone who later tried to persuade you to engage in some sexual activity?”, and 5% reported that had happened in the year preceding the survey. The problem was significantly more common among girls than boys (ever: 13% vs 4%; preceding year: 7% vs 3%), and among older adolescents than younger ones. The perpetrator was more likely to be male than female (Włodarczyk et al., 2018). These findings are very valuable, because that was the second edition of the 2013 study, using the same methodology as the first one. It found a significant increase in the prevalence of the problem: in 2013 the experience was reported by 5.1% of the respondents in the lifetime, and by 3.3% in the year preceding the survey (Izdebska & Pilarczyk, 2019). These figures may be under-reported due to the complexity of the problem. Perpetrators of online grooming tend to use sophisticated strategies of manipulation and deception, e.g., they pretend to be recruiters for modelling agencies, the movies, etc., or they simulate a deep friendly or romantic relationship (see Dyzurnet.pl, 2022a). These kinds of contact are not always (and not at every stage) perceived by children as “persuading to engage in sexual activity”.

Since the 8<sup>th</sup> of June 2010, making sexual proposals to children online and using deception to lure them into a face-to-face meeting to abuse them sexually or produce child sexual abuse materials, has been a criminal offence in Poland (Article 200a of PC). After that the number of offences under this Article was gradually increasing to reach 676 in 2017. Between 2018 and 2020 about 500 such offences were detected every year (Figure 6).

**Figure 6.** The numbers of proceedings instigated and offences detected under Article 200 of PC in 2015–2020



Source: Own analysis, based on: KGP, 2022b.

## Sexting

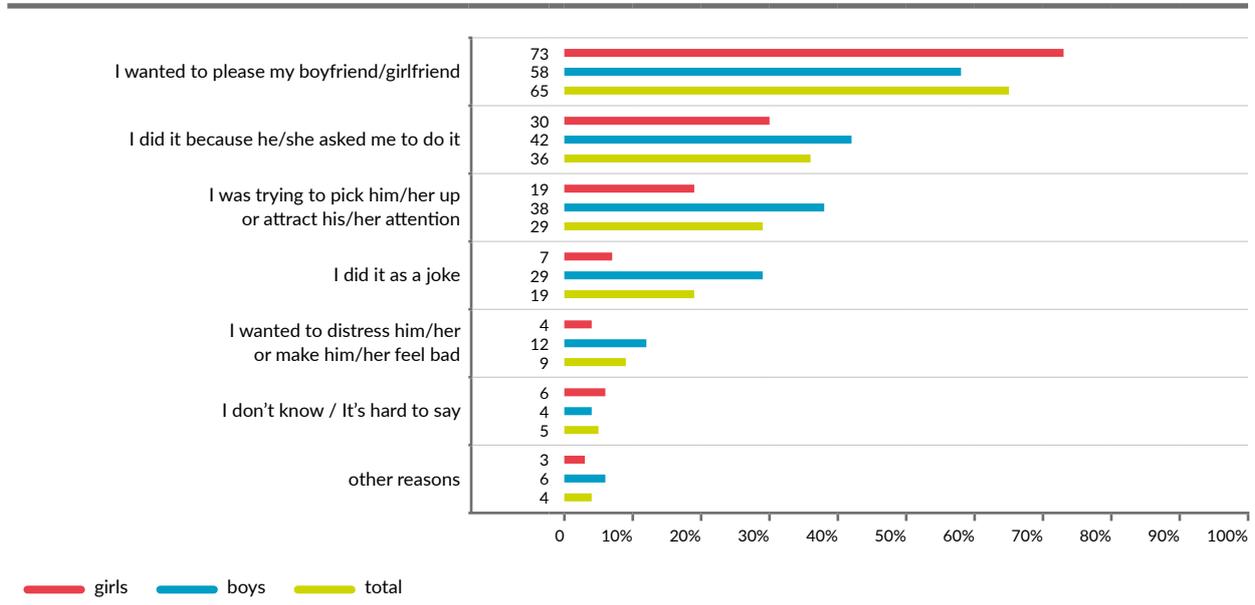
Sexting can be defined as sending or publishing intimate images or videos via the internet or mobile phones. Such materials can be sent as a love proof in relationships or to arouse a boy's or girls' romantic interest in the sender. Although sexting is often consensual, it may sometimes be a part of sexual violence or grooming. Moreover, intimate images or videos may be obtained by use of deception or pressure.

Regardless of our evaluation of specific manifestations of this phenomenon, sexting is always a risky behaviour, because once sent, a photo or a video can never be fully controlled. Such materials can be forwarded, stolen, or used to blackmail or discredit the person featuring in them (Wojtasik, 2014). In English-speaking countries there is a new colloquial term, *revenge porn*, which refers to intimate or sexually explicit images or videos posted on the internet, typically by a former partner, as a form of revenge or punishment. For children and adolescents, the risk is significantly higher. Apart from being discredited or losing their reputation, sexting materials can also be used as child pornography. Although it is a legally complex issue, young people recording themselves in intimate situations, are, in a way, producing materials that may be classified as child pornography or *self-generated sexual content* (Dyżurnet.pl, 2022b; Katana, 2020).

The most recent data on the prevalence of sexting comes from the latest edition of the previously mentioned *Nastolatki 3.0* (Teenagers 3.0) survey (Lange, 2021), conducted among students of primary (7<sup>th</sup> grade) and secondary (9<sup>th</sup> grade) schools. When asked about the experience of receiving "nude or semi-nude photos", 8.3% of the respondents answered "yes", and 2.2% of the adolescents admitted they had sent such materials. These figures are much lower than those found in the 2014 edition of the same study (25.6% and 4.4%, respectively) (Lange & Osiecki, 2014). Even higher figures (42% and 13%) were obtained by the ECF survey conducted in 2017 on a sample of young people aged 14–18, which asked about the reasons for sending such images. The most common reason reported by them was a wish to please their boyfriend or girlfriend (65% of those sending such materials), followed by responding to the other person's request (36%), a form of "pickup" (29%), a joke (19%), or wanting to distress the recipient or make them feel bad (9%). This demonstrates that sexting is a multifaceted phenomenon, not limited to existing romantic relationships (Makaruk et al., 2017). The latest edition of *EU Kids Online* (mentioned earlier in this chapter), conducted in 2018, also asked about sexting and found slightly lower figures: 15% of the respondents received sexting materials, and 5% reported to have sent them (Pyżalski et al., 2019). However, that survey was conducted on a younger sample (11–17 y.o.) and used questions that could be unclear to young respondents<sup>3</sup>. What can explain such large discrepancies in the prevalence of sexting? Certainly, factors playing a significant role include the respondents' age (sexting is more common among older adolescents) and question wording. We should also bear in mind that it is a sensitive topic, so the way the survey is conducted may also be important. Notably, the study that found the highest rate of sexting (Makaruk et al., 2017), used a method that ensured maximum privacy and anonymity to the respondents, by providing them with electronic tablets and asking them to complete the questionnaire on their own, whereas the remaining studies used the auditorium questionnaire method.

3 The Polish version of the question was: "Have you ever received any sex-related messages?" Some adolescents, especially younger ones, may not have interpreted nude photos as "sex-related messages".

Figure 7. Reasons for sending nude images and videos by adolescents aged 15–18



Source: Makaruk et al., 2017, p. 24.

## Cyberbullying

Publishing intimate images of a person without his or her knowledge and consent, or blackmailing the person by threatening to publish such materials, may be a form of cyberbullying (online peer victimisation). It can be a serious problem for adolescents, which, however, gets less public attention than, for instance, children's access to pornography. Although cyberbullying is typically discussed in relation to extreme cases (e.g., teenagers who were unable to deal with online bullying and attempted suicide), it is disturbingly common and, although usually it does not lead to such tragic consequences, it has a powerful negative effect on many young people's psychological wellbeing.

This phenomenon is so complex that it is difficult to clearly define it or determine its scope. Although the English term *cyberbullying* is commonly used in Poland, there are other terms, too, such as *cyberprzemoc* (cyberviolence), i.e., violence by use of information and communication technologies (the internet and mobile phones). Pyżalski (2012), who has researched the problem extensively, follows some international authors and identifies *electronic aggression* – single acts of violence online, and *cyberbullying* – intentional, persistent behaviours perpetrated against victims who are unable to defend themselves.

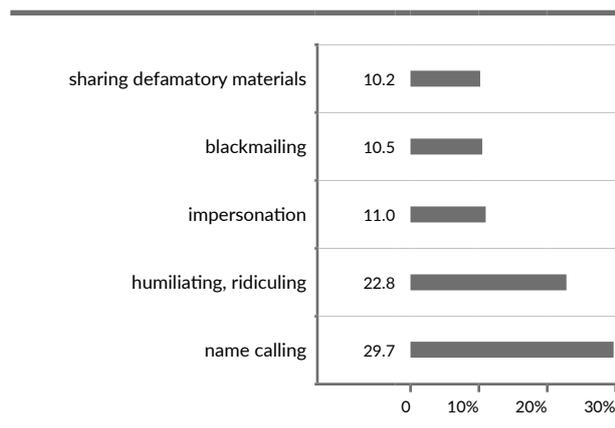
Victims of cyberbullying may experience serious mental health consequences. They are more likely to develop depression, abuse drugs or alcohol, receive poor grades at school, and have suicidal thoughts or attempt suicide (UNICEF, 2018). Other consequences of cyberbullying include social anxiety, low self-esteem, and psychosomatic symptoms (eating or sleep problems; Pyżalski, 2014).

The Polish law does not provide a specific definition of cyberbullying or peer victimisation online, but its different forms are regarded as criminal or civil offenses. These include: insult (Article 216 of PC), defamation (Article 212 of PC), hacking (articles 267 & 268a of PC), threats (Articles

190 & 191 of PC), harassment (Article 190a of PC), and violation of a child's image rights (Articles 23 & 24 of the Civil Code).

There are huge discrepancies between the results of studies into cyberbullying. The prevalence of the problem depends largely on what forms of violence were included in the survey and whether it asked about one-time or persistent bullying. The *Nastolatki 3.0* (Teenagers 3.0) study of 2020 found that almost one third of the respondents (29.7%) experienced name calling or insults online, one fifth (22.8%) were humiliated or ridiculed, one ninth (11%) experienced online impersonation, and one tenth (10.5%) were blackmailed. Nearly as many (10.2%) respondents reported that someone had posted defamatory material about them on the internet (Figure 9). In another recent study, conducted in 2020 among primary school students (grades 4 to 8;  $N = 500$ ), even higher figures were obtained – almost one third of the respondents (32.8%) experienced offensive comments or online hate, and 36% received offensive messages (Poszwa & Myślińska, 2020).

**Figure 8.** Cyberbullying: Experiences of Polish adolescents



Source: Lange, 2021.

International research projects were also carried out to measure online peer victimisation in comparative perspective. The *EU Kids Online* survey of 2018 found the cyberbullying victimisation and perpetration rates in Poland at 40% and 38%, respectively. With those

extremely high figures, Poland took the infamous first place among the 16 European countries participating in the survey, and was much above the average (amounting to 14% and 23%, respectively; Smahel et al., 2020). Since the 2013/2014 edition, the topic of cyberbullying has been also addressed in the international WHO survey, *Health Behaviour in School-aged Children* (HBSC), which already included questions about physical forms of peer victimisation. The most recent edition, conducted in 2018 (HBSC, 2020), measured the percentages of girls and boys aged 11, 13, and 15, who experienced cyberbullying (defined as sending offensive comments or posting offensive content about a person) at least 2–3 times a month. In other words, it measured repeated, persistent cyberbullying. In Poland, such experiences were reported by 17% of 11-year-olds, 19% of 13-year-olds, and 20% of 15-year-olds. Comparing to other countries, those figures were relatively high, particularly for the 15-year-old population, where Poland ranked third among the 44 participating countries. It should be emphasised that the most recent editions of both studies: *EU Kids Online* and HBSC, showed a significant increase in the prevalence of cyberbullying in Poland. As these are highly reliable, meticulously conducted research projects using stable methods, their findings strongly suggest that the problem of cyberbullying in Poland has been increasing.

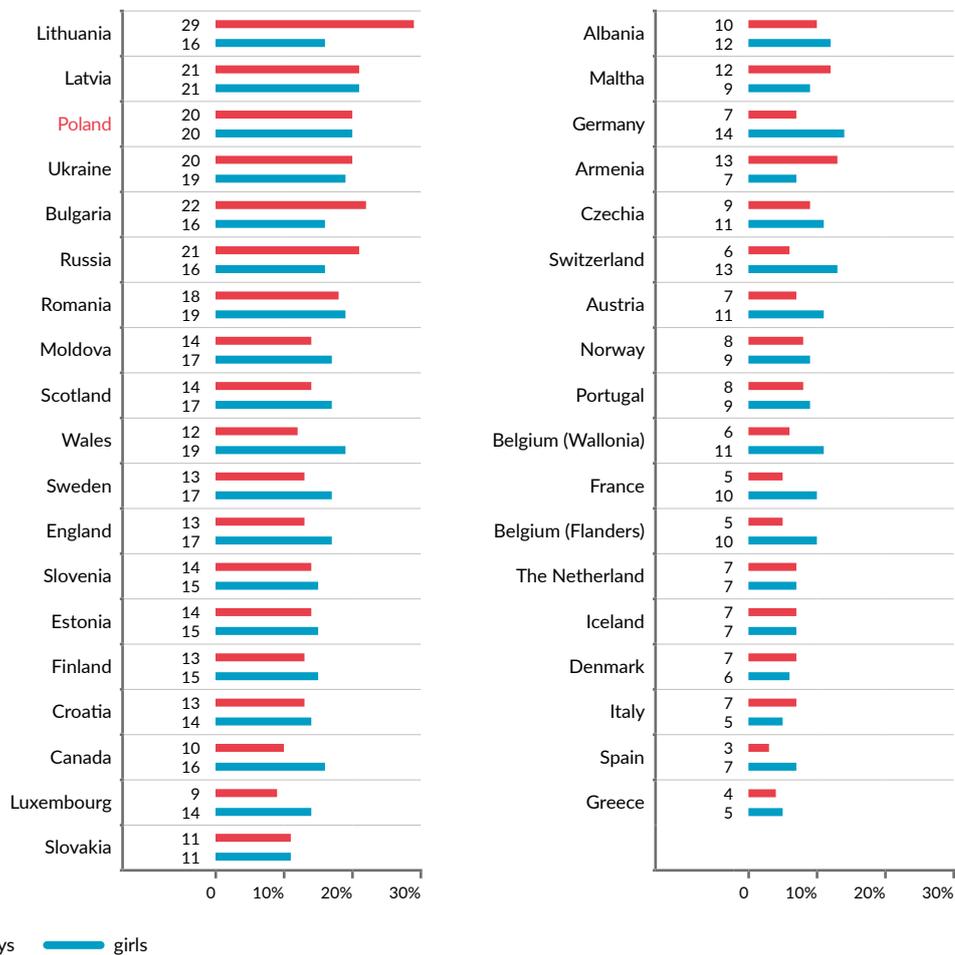
”

*Someone writes untrue things about me on the internet. The whole school has access to it and people believe it. I'm scared to go to school.*

*15-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

Figure 9. The proportion of 15-year-olds who experienced cyberbullying in selected countries in 2017–2018 (%)



Source: HBSC, 2020.

## Problematic internet use

Another issue related to internet use by children and adolescents involves its problematic use. The fact that children use the medium more frequently and intensively than their parents' generation (though the differences have been narrowing in recent years), causes many concerns about the harmfulness of internet abuse.

It is difficult to define internet abuse or addiction, since researchers studying the problem are not in agreement about its nature. It is usually explored within the broader framework of behavioural addictions (compulsion to engage in rewarding behaviour), even though both

the detailed psychological characteristics of the problem and the terminology used to describe it, have been a subject of debate. For example, many researchers avoid the term *addiction*, as they believe it should be reserved for chemical substances. For that reason, the present report will use a more general category of problematic internet use (PIU), a term considered to be more neutral and less stigmatizing, which is particularly important for young people, whose problems are often temporary (Poprawa, 2012).

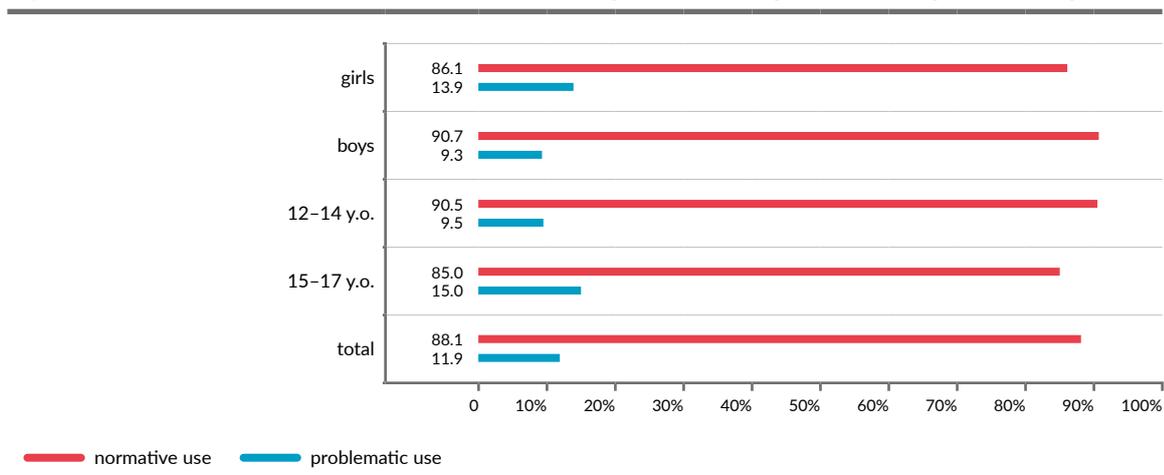
The difficulty in defining PIU makes it difficult to measure. Unlike with other online risks, it is not enough to ask whether certain situations have taken place or not. The criterion of time spent online is also insufficient. Usually, it

is necessary to use a special psychological scale that includes numerous questions about different symptoms of internet abuse, such as neglecting one's academic or family obligations, withdrawal symptoms, spending more time online than intended, recurring thoughts about the internet, etc. (see Makaruk & Wójcik, 2013; Rowicka, 2018).

One of the larger research projects concerning this issue, the 2012 European EU NET ADB survey, used an adapted version of Young's (2016) *Internet Addiction Test* (IAT), in which respondents answer a large number of questions about their use of the internet, and may obtain from 0 to 100 points. Respondents with scores  $\geq 70$  points were classified as manifesting symptoms of abuse, whereas those with 40–69 points were considered a risk group. In Poland the study was conducted on a representative sample of junior secondary school students (9<sup>th</sup> grade;  $N = 1,978$ ). The results placed Poland in the middle of the ranking, close to the European average: 1.3% of the students showed symptoms of internet addiction, and 12% were in the risk group. The addiction rate was slightly higher among boys than among girls, but the difference was not significant (Makaruk & Wójcik, 2013).

Similar methodology (the same scale and criteria) was used in a repeated study, conducted in 2018 for the Fund for Solving Gambling Problems (Makaruk et al., 2019) on a representative sample of 1,017 students aged 12–17. This time signs of addiction were found in 0.5% of the respondents, while 11.4% were in the risk group. It should be noted here that the sample included younger adolescents, too, and PIU is more common among older youth (Figure 10).

Figure 10. Normative and problematic internet use among adolescents aged 12–17, by gender and age



Source: Makaruk et al., 2019, p. 31.

Problematic internet use was also addressed by the *Nastolatki 3.0* (Teenagers 3.0) study, conducted in 2020 on a sample of 1,733 children of

school age (Lange, 2021). The survey used the E-SAPS18 scale and found high PIU measures for one third of Polish adolescents, and very high measures for 3.2%. Moderate increases were found as compared to 2018. Interestingly, as much as 64% of the adolescents agreed with the statement: “I think I should use my smartphone less”; half of them admitted they sometimes used screen devices longer than they intended; and 32% agreed with the sentence: “My life would be empty without my smartphone”.

The Polish edition of *EU Kids Online 2018* (Pyżalski et al., 2019) found the following daily signs of PIU in children and adolescents aged 11–17:

- 7.0% – using the internet when they do not need to,
- 6.4% – feeling bored when they have no access to the internet,
- 4.4% – neglecting their friends and family,
- 3.4% – admitting that the amount of time they spend online may be a problem,
- 3.1% – making unsuccessful attempts to reduce time spent online,
- 1.8% – skipping meals or not getting enough sleep in order to spend more time online,
- 1.4% – conflicts with family or friends over the amount of time spent online.

## Keeping children and adolescents safe online: Parents’ opinions and attitudes

As much as 80% of parents who have children aged 6–18 are worried about the risks their children may face online. Interestingly, the figure increased from 58% in 2008 to 74% in 2015. Thus, we may conclude that the growth of the internet and the general increase in digital skills that occurred in that period, did not ease parents’ worries, but rather made them aware of numerous risks. Parents are mostly afraid of dangerous contacts online (grooming; 54%) and their children’s exposure to harmful contact (37%), but they are also concerned about fraud and data theft (25%), online hate and harassment (14%), and internet addiction (8%; CBOS, 2018).

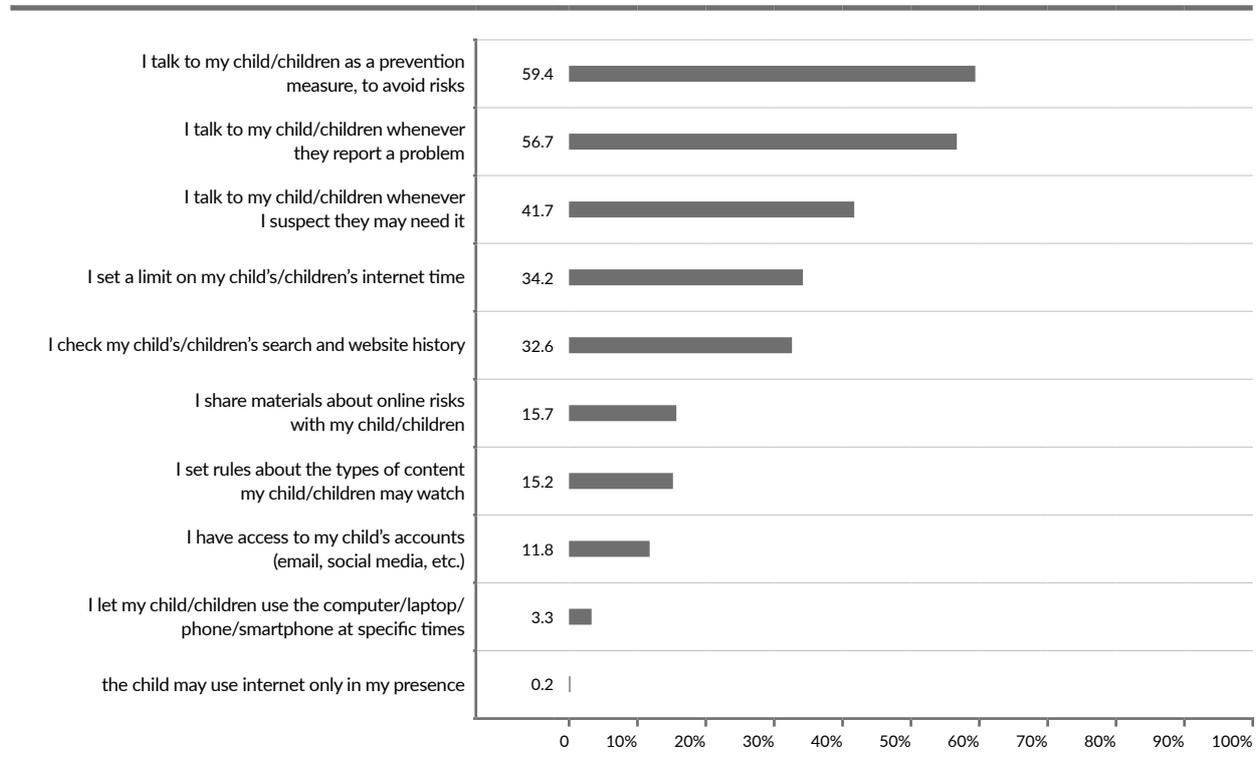
What can parents do to protect their children from risks? They can adopt a technological approach, i.e., use

parental control tools, and/or an educational approach, i.e. talk to their children and establish house internet rules. Contrary to what might be expected, determining how frequently caregivers use each of these approaches is not easy due to participants’ tendency to provide socially desirable responses.

In the 2020 *Nastolatki 3.0* (Teenagers 3.0) study (Lange, 2021), in the section addressed to parents, the respondents were asked about their use of filters and parental control software. Parental use of such tools was reported by 26.8% of the parents and only 8.7% of the adolescents (another 22.3% of the young people answered “It’s hard to say”). In a 2017 survey by the Office of Electronic Communication, 34.3% of the respondents reported to have used such tools. The available evidence suggests that the majority of parents do not use them. We should bear in mind, however, that these tools are effective mainly with younger children.

When it comes to educational measures, parents are most likely to report to talk to their children as a prevention measure (59.4%) and in response to problems (56.7%). About one third of parents (34.2%) report they have set limits on their children’s internet time, and 32.6% admit they check their children’s search and website history (which, by the way, is controversial in light of children’s right to privacy). Only 15.2% of the respondents have developed rules with their children, to determine what kind of content they may watch (Figure 12). Disturbingly, 30.5% of the parents reported they did not use any rules or regulations (and, consequently, did not have any conversations with their children about the topic). Similarly, 39.9% of the children report there are no internet rules in their families (Lange, 2021). These findings are consistent with the results of the 2018 survey, in which only 53% of the adolescents aged 12–17 reported there were any internet rules adopted in their homes. One fourth of the young people (25.5%) reported their parents had never talked to them about internet safety, and 23.5% said their parents had never asked them about what they did online or what websites they visited (Makaruk et al., 2019).

Figure 11. Internet safety strategies applied by parents



Source: Lange, 2021, p. 106.

## Summary

Children and adolescents have such widespread and easy access to the internet today, that there are hardly any young people not using it. During the COVID-19 pandemic the internet became the main, if not the only area of social activity, which makes it even more important to protect children and adolescents from online risks. These risks involve dangerous content that may be found online, dangerous contacts children can make there, and risky behaviours they may engage in.

This chapter reviewed the latest research findings concerning the problem. Analyses show that exposure to harmful content, especially pornography, is one of the most common online risks to children and adolescents. What is particularly alarming, is the presence of pornographic materials involving children (child sexual abuse materials) on the internet, a problem that has remained

constant (at best) in recent years. Moreover, available evidence reveals a growing problem of online grooming. Another disturbing phenomenon is children's and adolescents' tendency to meet face-to-face with someone they met online. Cyberbullying is also a common problem. Repeated international studies show that it is growing over time in Poland and is higher than in most European countries. Problematic internet use is an issue that affects directly a tiny percentage of internet users, but poses a serious threat to their social functioning.

Finally, evidence shows that many parents do not have sufficient knowledge about online risks to children and fail to take any educational measures in this area. All that leads to the conclusion that the internet remains a potentially dangerous space for children and adolescents. Educational and prevention efforts need to address all the different areas of online dangers in order to minimise the risk related to children's activity on the internet.

## References

- CBOS. (2018). *Dzieci i młodzież w internecie – korzystanie i zagrożenia z perspektywy opiekunów. Komunikat z badań nr 129/2018*. Fundacja Centrum Badania Opinii Społecznej.
- Dyżurnet.pl. (2022a). *Raport Dyżurnet.pl 2021*. NASK, Zespół Dyżurnet.pl.
- Dyżurnet.pl. (2022b). *Analiza wyników badania dotyczącego treści intymnych publikowanych przez młodzież*. NASK, Zespół Dyżurnet.pl.
- Eurostat (2022a). *Households – level of internet access*. <https://ec.europa.eu/eurostat/databrowser/view/tin00134/default/table?lang=en>
- Eurostat (2022a). *Individuals using mobile devices to access the internet on the move*. <https://ec.europa.eu/eurostat/databrowser/view/tin00083/default/table?lang=en>
- FDDS. (2021). *Wpływ korzystania z social mediów na postrzeganie swojego ciała przez nastolatki\_ków*. Fundacja Dajemy Dzieciom Siłę.
- GUS. (2020). *Społeczeństwo informacyjne w Polsce 2020*. Główny Urząd Statystyczny, Urząd Statystyczny w Szczecinie.
- HBSC. (2020). *Spotlight on adolescent health and well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report volume 1. Key findings*. World Health Organisation.
- Izdębska, A., Pilarczyk, K. (2019). Wykorzystanie seksualne dziecka. Wyniki Ogólnopolskiej diagnozy skali i uwarunkowań krzywdzenia dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(3), 68–97.
- Jones, L. M., Mitchell, K. J., Finkelhor, D. (2012). Trends in youth internet victimization: findings from three youth internet safety surveys 2000–2010. *Journal of Adolescent Health*, 50(2), 179–186.
- Katana, K. (2020). Prawne aspekty dobrowolnej aktywności seksualnej online podejmowanej przez małoletnich. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 19(4), 126–144.
- KGP. (2022a). *Pornografia (art. 202)*. <http://statystyka.policja.pl/st/kodeks-karny/przestepstwa-przeciwno-6/63503,Pornografia-art-202.html>
- KGP. (2022b). *Uwodzenie małoletniego poniżej lat 15 z wykorzystaniem systemu teleinformatycznego lub sieci telekomunikacyjnej (art. 200a)*. <http://statystyka.policja.pl/st/kodeks-karny/przestepstwa-przeciwno-6/64005,uwodzenie-maloletniego-ponizej-lat-15-z-wykorzystaniem-systemu-teleinformatyczne.html>
- Lim, M. S., Carrotte, E. R., Hellard, M. E. (2016). The impact of pornography on gender-based violence, sexual health and well-being: what do we know? *Journal of Epidemiology and Community Health*, 70(1), 3–5.
- Livingstone, S., Haddon, L., Görzig, A., Olafsson, K. (2011). *Final report, EU kids online II*. London School of Economics.
- Livingstone, S., Stoilova, M. (2021). *The 4Cs: Classifying Online Risk to Children*. Leibniz-Institut für Medienforschung, Hans-Bredow-Institut (HBI); CO:RE – Children Online: Research and Evidence. <https://doi.org/10.21241/ssoar.71817>
- Livingstone, S., Smith, P. K. (2014). Annual Research Review: Harms experienced by child users of online and mobile technologies: the nature, prevalence and management of sexual and aggressive risks in the digital age. *Journal of Child Psychology and Psychiatry*, 55(6), 635–654.
- Lange, R. (2021). *Nastolatki 3.0. Raport z ogólnopolskiego badania uczniów*. NASK Państwowy Instytut Badawczy.

- Makaruk, K., Włodarczyk, J., Michalski, P. (2017). *Kontakt dzieci i młodzieży z pornografią. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Makaruk, K., Włodarczyk, J., Skoneczna, P. (2019). *Problematyczne używanie internetu przez młodzież. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Makaruk, K., Włodarczyk, J., Szredzińska, R. (2020). *Negatywne doświadczenia młodzieży w trakcie pandemii*. Fundacja Dajemy Dzieciom Siłę.
- Makaruk, K., Wójcik S. (2013). Nadużywanie internetu przez młodzież. Wyniki badania EU NET ADB. *Dziecko krzywdzone. Teoria, badania, praktyka*, 12(1), 35–48.
- NASK. (2016). *Nastolatki 3.0. Wybrane wyniki ogólnopolskiego badania uczniów w szkołach*. Instytut Badawczy NASK.
- Nijakowski, L. M. (2008). Mowa nienawiści w świetle teorii dyskursu. In: A. Horolets (ed.), *Analiza dyskursu w socjologii i dla socjologii* (p. 113–133). Wydawnictwo Adam Marszałek.
- Lange, R., Osiecki, J. (2014). *Nastolatki wobec Internetu. Ogólnopolskie badanie realizowane na zlecenie Rzecznika Praw Dziecka i NASK przez Pedagogium WSNS w okresie maj–czerwiec 2014 r.* Pedagogium – Wyższa Szkoła Nauk Społecznych w Warszawie.
- Polak, Z. (2014). Szkodliwe treści. In: A. Wrzesień (ed.), *Bezpieczeństwo dzieci online. Kompendium dla rodziców i profesjonalistów* (p. 96–100). Fundacja Dzieci Niczyje, NASK.
- Poprawa, R. (2012). Problematyczne używanie internetu – symptomy i metoda diagnozy. Badanie wśród dorastającej młodzieży. *Psychologia Jakości Życia*, 1, 57–82.
- Poszwa, K., Myślińska, D. (2020). Analiza zjawiska przemocy rówieśniczej–teoria i badania własne. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 19(4), 12–25.
- Pyżalski, J. (2012). *Agresja elektroniczna i cyberbullying jako nowe ryzykowne zachowania młodzieży*. Oficyna Wydawnicza "Impuls".
- Pyżalski, J. (2014). Elektroniczna agresja rówieśnicza – ustalenia empiryczne ostatniej dekady. In: J. Jarczyńska (ed.), *Uzależnienia behawioralne i zachowania problemowe młodzieży*. Wydawnictwo Uniwersytetu Kazimierza Wielkiego.
- Pyżalski, J., Zdrodowska, A., Tomczyk, Ł., Abramczuk, K. (2019). *Polskie badanie EU Kids Online 2018*. Wydawnictwo Naukowe UAM. [https://fundacja.orange.pl/files/user\\_files/EU\\_Kids\\_Online\\_2019\\_v2.pdf](https://fundacja.orange.pl/files/user_files/EU_Kids_Online_2019_v2.pdf)
- Rowicka, M. (2018). *Przegląd i analiza badań z zakresu e-uzależnień wśród dzieci i młodzieży w Polsce wraz z wnioskami i rekomendacjami w zakresie profilaktyki e-uzależnień*. Fundacja Praesterno.
- Smahel, D., Machackova, H., Mascheroni, G., Dedkova, L., Staksrud, E., Ólafsson, K., Livingstone, S., Hasebrink, U. (2020). *EU Kids Online 2020: Survey results from 19 countries*. EU Kids Online. <https://doi.org/10.21953/lse.47fdeqj01ofo>
- Valkenburg, P. M., Peter, J., Walther, J. B. (2016). Media effects: Theory and research. *Annual Review of Psychology*, 67, 315–338.
- Villani, S. (2001). Impact of media on children and adolescents: a 10-year review of the research. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(4), 392–401.
- UNICEF. (2018). *The State of the World's Children 2017: Children in a digital world*. UNICEF.
- Włodarczyk, J., Makaruk, K., Michalski, P., Sajkowska, M. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Włodarczyk, J., Sajkowska, M. (2013). Wykorzystywanie seksualne dzieci. Wyniki Ogólnopolskiej diagnozy problemu przemocy wobec dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 12(3), 63–100.

- Wojtas, M. (2013). Uwodzenie dzieci w internecie i inne niebezpieczne kontakty. In: A. Wrzesień (ed.), *Bezpieczeństwo dzieci online. Kompedium dla rodziców i profesjonalistów* (p. 96–100). Fundacja Dzieci Niczyje, NASK.
- Wojtasik, Ł. (2014). Seksting wśród dzieci i młodzieży. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 13(2), 79–98.

**Citation:**

Wójcik, Sz. (2022). Internet Safety Risks to Children and Young People. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 274–293). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Children in legal procedures

Katarzyna Katana, Paulina Małowska – Empowering Children Foundation

## List of issues

---

- 295 Introduction
- 296 The child in criminal procedure
- 316 Children in the Blue Card procedure
- 319 Participation of the child in civil procedure – hearing
- 320 Summary
- 321 References
- 322 Legal references

## Introduction

**T**he Republic of Poland has committed itself under a number of international legal instruments to attaching particular importance to the protection of children's rights. This commitment is all the more important in view of the involvement of thousands of children every day in legal procedures before courts or other authorised bodies. Children become parties to legal proceedings, very often without their will, as victims of offences committed to their detriment.

Since the last *Children Count* report was issued, the legislator has made some progress in protecting children's rights. In 2016, the Sexual Offenders Register (hereafter referred to as the Register; Act of 13 May 2016 on Counteracting the Threat of Sexual Offences [Dz.U. (Journal of Laws) 2020, item 152, consolidated text]) was introduced and an obligation was imposed on employers to first verify against the Register all those to be employed in activities related to the upbringing, education, leisure, treatment or care of minors.

In 2019, there has been a reform of the provisions of the Family and Guardianship Code (krio), in which the requirements for guardians ad litem representing children have been increased (Act of 16 May 2019 amending the Acts: Family and Guardianship Code and the Code of Civil Procedure [Dz.U. 2019, item 1146]). As of September 2019, a child who cannot be represented by his or her parents in legal procedures (due, for example, to the fact that the case concerns one of them or another child) is to be represented exclusively by a guardian ad litem who is a professional attorney (advocate or legal advisor).

Also in 2019, the State Commission for Investigating Acts Directed Against Sexual Freedom and Decency of Minors under 15 Years of Age was established (Act of 30 August 2019 on the State Commission for Investigating Acts Directed Against Sexual Freedom and Decency of Minors under 15 Years of Age [Dz.U. 2020, item 2219, consolidated text]), whose task is – in addition to keeping the Register of time-barred cases – to examine the way the justice system functions in response to offences of a sexual nature committed against children.

In practice, however, children remain invisible in procedures which, by definition, should be geared towards their protection. This is particularly worrying when it happens in cases that children in Poland are most often affected by, such as criminal non-support. Moreover, the potential of the Blue Card procedure, which seems to be the most adequate in the context of domestic violence (given the high statistics of corrective and educational measures) – despite a dozen years of its existence – still does not seem to be fully used. To date, many indirect preventive measures have not been implemented, such as the introduction of the Serious Case Review procedure into the Polish legal system, which the Empowering Children Foundation has been advocating for years (FDDS, 2019).

This chapter attempts to comprehensively describe the situation of children in Poland in terms of the legal conditions of their participation in criminal and civil cases, as well as in juvenile justice proceedings and the Blue Card procedure. The chapter presents statistics on offences against children – by both other children (minors) and adults, and analyses the issue of the social cost of crime victimisation. The functioning of the hearing of the child under civil procedure and the interview under the Code of Criminal Procedure is also discussed. The chapter concludes with a presentation of recommendations.

## The child in criminal procedure

### Definitions

The following are definitions of terms used in this chapter. They have been prepared on the basis of generally applicable legislation.

**Child** – human being below the age of 18 (Article 1 of the Convention on the Rights of the Child adopted by the United Nations General Assembly on 20 November 1989 [Dz.U. 1991 No. 120 item 526 as amended], Article 2 of the Act of 6 January 2000 on the Ombudsman for Children [Dz.U. 2020 item 141, consolidated text]).

**Minor** – a person under the age of 18, the opposite of an adult. It is a term used in civil law and associated with full capacity for acts in law, i.e. a characteristic granted by the law to a given subject that enables him or her to acquire rights and incur obligations independently and on his or her own behalf, i.e. to perform all legal acts considered permissible by the applicable system (Balwicka-Szczyrba and Sylwestrzak, 2022).

**Juvenile** – a person who is legally liable – previously (i.e. between 2015 and 2021, covered by this study), based on the provisions of the Juvenile Justice Act (the Juvenile Justice Act of 26 October 1982 [Dz.U. 2018, item 969 consolidated text]), now under the Juvenile Support and Rehabilitation Act (the Act of 9 June 2022 on the Juvenile Support and Rehabilitation [Dz.U. 2022, item 1700]) – for punishable acts (applicable to a person above 13 and below

17 years of age) or for demoralisation not constituting a criminal act (currently applicable to a person above 10 and below 18 years of age).

**Young offender** – an offender who, at the time of committing a prohibited act, has not attained 21 years of age or 24 years of age at the time of being tried before the first-instance court (Article 115 § 10 of the Act of 6 June 1997 – Penal Code [PC; Dz.U. 2022 item 1138, consolidated text]).

**Offence** – a prohibited act punishable under the law in force at the time of its commission, culpable and socially harmful to a degree greater than negligible. A person's conduct is an offence when it meets all the elements set forth in the criminal law (Article 1 PC). The fulfilment of the elements is assessed by the authority conducting preparatory proceedings (public prosecutor) at the stage of the decision to initiate and conduct proceedings and by the court at the stage of passing a sentence.

**Punishable act by a minor** – this term should be understood as the conduct of a minor that meets the elements of an offence, a fiscal offence, a petty offence or a petty fiscal offence (Article 1(2)(2) of the Act on the Juvenile Support and Rehabilitation).

**Aggrieved party** – either a natural or a legal person, whose legal interest was infringed or threatened by an offence (Article 49 of the Act of 6 June 1997 – Code of Criminal Procedure [CCP; Dz.U. 2022 item 1375, consolidated text]).

**Legal interests** – values that are essential to the existence of a society organised into a state and that are protected by legal means of coercion (e.g. human life and health, personal inviolability; Gruszecka, 2008).

**Witness** – in the factual sense, it is a person who has knowledge of the event and has information relevant to the case (Dudka, 2020). In the criminal procedure sense, it is a person who has been summoned to appear and testify (Article 177 CCP).

**Perpetrator** – a linguistic, rather than legal, concept meaning “the one who caused something, did something, was the cause of something” (Słownik Języka Polskiego PWN, 2022). It does not designate

a person's procedural status, only his or her relationship to the prohibited act.

**Suspect** – a person, with regard to whom a decision presenting charges was issued in the preparatory proceedings, or who was informed about the charges in connection with his or her interrogation (Article 71 § 1 CCP). From the moment of presenting charges, that person becomes a passive party to the preparatory proceedings which from there on proceed against that person. The suspect – like the accused – may, but need not, act actively in his or her defence.

**Accused** – a person against whom, following the preparatory proceedings in which he or she had the status of a suspect, an indictment is submitted to a court, a request for sentencing without trial or a request for a conditional discontinuation of proceedings is filed (Article 71 § 2 CCP).

**Criminal liability** – a legally regulated duty to incur liability for a prohibited act.

**Juvenile liability for punishable acts** – a procedure, different from criminal liability, which, under the provisions of the Juvenile Justice Act, takes place in relation to a juvenile whose conduct – if it was committed by a person over 17 years of age – would be considered an offence or a petty offence.

**Offences against life and health** – the offences set out in Chapter XIX (Articles 148–162) PC. They are designed to protect human health and life. These include neonaticide, homicide, inciting or assisting suicide and causing bodily harm.

**Homicide** – the offence stipulated in Article 148 PC. The object of protection is human life from birth to death. This offence may be committed by both action and omission and results in the death of a human.

**Neonaticide** – the offence stipulated in Article 149 PC. The object of protection is the life of the born child. This offence may be committed by both action and omission, and its effect is the death of a neonate. The offence may be committed by the mother under the influence of delivery, i.e. as a result of a set of psychophysical, psychological, physiological and social

factors related to both delivery and the mother's life situation.

**Exposure to danger** – the offence stipulated in Article 160 PC. The object of protection is human life and health. This Article criminalises the exposure of a person to an imminent danger of loss of life or a grievous bodily harm. Exposure to danger may take the form of an action (active behaviour) and, in the case of perpetrators having the status of guarantor of the person's safety, who have a specific legal duty to prevent a negative effect from occurring, also the form of an omission.

**Offences against sexual freedom and decency** – offences set forth in Chapter XXV (Articles 197–204) PC. They are designed to protect the right of the individual to freely dispose of his or her sexual life and the freedom of the individual from coercion, violence and other unlawful behaviours in the area of sexual life. These offences include rape, sexual abuse, grooming, incest and child pornography.

**Rape** – the offence stipulated in Article 197 PC. Paragraph 3 thereof provides for aggravated types of rape, point 3 of which criminalises rape committed against a minor under the age of 15. The elements of this type of offence are realised by causing a minor under 15 years of age by force, unlawful threat or deceit to engage in a sexual intercourse or to submit themselves to, or to perform another sexual activity. Minors over 15 years of age enjoy the protection provided for in Article 197 § 1. § 2, § 3 (1) and (3) and § 4 PC.

**Taking sexual advantage of vulnerability or diminished capacity** – the offence stipulated in Article 198 PC. It criminalises causing a person to engage in a sexual intercourse, or to submit themselves to, or to perform another sexual activity by taking advantage of the vulnerability of another person, or their diminished capacity to recognise the significance of the act or ability to control their conduct, as a result of a mental disability or disorder. As a result of the state of vulnerability, the aggrieved party is incapable of expressing their will, and the perpetrator takes advantage of

the state of lack of free will in the sphere of sexual freedom by vulnerable or incapable persons.

**Sexual abuse of a relationship of dependency or taking advantage of a critical situation** – the offence stipulated in Article 199 PC. This Article sanctions three types of prohibited acts. The first type consists in causing another person to engage in a sexual intercourse or to submit themselves to, or to perform another sexual activity, by abusing a relationship of dependency or taking advantage of a critical situation of that person (§ 1). The aggravated types consist in committing the act specified in § 1 to the detriment of a minor (§ 2) or engaging in a sexual intercourse or another sexual activity with a minor or causing a minor to submit to or to perform same, by an abuse of trust or by giving or promising him or her a financial or personal benefit in exchange (§ 3).

**Sexual abuse of a minor** – the offence stipulated in Article 200 PC. Paragraph 1 provides for criminal liability for engaging in a sexual intercourse or another sexual activity with a minor under the age of 15, or causing the same to submit to or to perform such activity. It must be emphasised that the possible consent of a minor under 15 years of age is legally ineffective and does not lead to the exclusion of criminal liability of the perpetrator. This provision sets an absolute protection of minors under 15 years of age from any sexual activity. Paragraph 3 criminalises the presentation of pornographic content to a minor under the age of 15 or providing him or her with objects of such nature or disseminating pornographic material in a manner allowing such a minor to become familiar with it. Paragraph 4 prohibits the presentation to a minor under the age of 15 of a sexual activity for the purpose of obtaining by the perpetrator his or her own sexual gratification or that of another person. Paragraph 5 provides for liability for advertising or promoting the act of disseminating pornographic material in a manner allowing a minor under the age of 15 to become familiar with it.

**Grooming** – the offence stipulated in Article 200a PC. The aim of the perpetrator is to befriend and establish

an emotional bond with a minor under 15 years of age in order to exploit this bond and lead to sexual activity. The perpetrator take advantage of the minor's incapacity to properly understand the situation or mislead him or her by depicting a false image of themselves. Paragraph 1 prohibits the establishment of contact via an information system or telecommunication network with a minor under the age of 15 with the purpose of committing the offence specified in Article 197 § 3 (2) or Article 200 PC, as well as the production or preservation of pornographic materials. Paragraph 2 prohibits offering a minor under the age of 15 to engage in a sexual intercourse, to submit to or to perform another sexual activity, or to participate in the creation or preservation of pornographic material.

**Propagation of paedophilic behaviour** – the offence stipulated in Article 200b PC. This provision prohibits the public propagation or approval of paedophilic behaviour. To propagate is to present the behaviour in question and to encourage it, and to approve means to formulate positive judgments with regard to the behaviour in question.

**Incest** – the offence stipulated in Article 201 PC. It consists in engaging in a sexual intercourse with an ascendant, descendant, or a person being an adoptee, adopter, brother or sister.

**Pornography involving children** – the offence stipulated in Article 202 PC. "Pornographic material is content inherent to an informational message, taking a material or dematerialised form, and is characterised by the fact that it depicts, in any form, authentic or only imagined manifestations of human sexual life in a dimension limited to physiological functions. The informational message may be recorded (fixed), e.g. in the form of a film, photographs, a book, an audio recording or not (live shows, a lecture)" (Warylewski 2011). The Article 202 PC implies the following prohibitions: publicly displaying pornographic material in such a manner that it is imposed upon a person against their wish; producing, recording, importing, storing or possessing for the purpose of disseminating,

distributing or presenting pornographic material involving a minor; recording pornographic material involving a minor; storing, possessing or procuring pornographic material involving a minor; producing, distributing, presenting, storing or possessing pornographic material presenting a produced or processed image of a minor involved in a sexual activity and participating in presentation of pornographic material involving a minor.

**Forcing into prostitution** – the offence stipulated in Article 203 PC. The object of protection is the sexual freedom of the person forced into prostitution. It is prohibited to cause another person to practice prostitution by force, unlawful threat or deceit, or by abusing a relationship of dependence or by taking advantage of a critical situation.

**Inducing and facilitating prostitution** – the offence stipulated in Article 204 PC. The object of protection is morality and the proper moral and physical development of a minor. Pursuant to § 1, punishable is the conduct of a perpetrator who, for the purpose of obtaining a financial benefit, induces another person to practice prostitution (proxenetism), or facilitates prostitution (procuring). Paragraph 2 refers to deriving material benefits from prostitution practiced by another person (pandering), and § 3 defines the aggravated type, i.e. pandering or procuring in relation to a minor (i.e. a person under 18 years of age).

**Offences against family and guardianship** – the offences stipulated in Chapter XXVI (Articles 206–211a) PC. Their objective is to protect the welfare and safety of family members, as well as the effectiveness of care for the vulnerable and helpless.

**Maltreatment** – the offence stipulated in Article 207 PC. In order for it to occur, it is not necessary to cause any specific effects (e.g. injuries to the aggrieved party). It is a formal offence – i.e. in order to commit it, it is sufficient for a behaviour to meet the criteria of maltreatment. Maltreatment is any activity of the perpetrator or failure to act (omission) amounting to the infliction of serious physical pain or severe moral suffering. Maltreatment is usually a collection

of several behaviours which are in themselves examples of other offences. Behaviours amounting to maltreatment are usually extended in time. It can also be a one-off behaviour if it is characterised by a highly intensive intrusion into the interests of another person.

**Inducing a minor to drink habitually** – the offence stipulated in Article 208 PC. The provision is intended to protect young people from the habit of drinking alcohol which is dangerous to their physical and mental health and moral development. It is prohibited to cause a minor to drink habitually, by supplying him or her with alcoholic beverages, or by facilitating or inciting him or her to drink. The name of the offence in Polish implies a multiplicity of behaviours by the offender for its realisation. Pursuant to Article 46(1) of the Act on Upbringing in Sobriety, an alcoholic beverage is a product intended for consumption containing ethyl alcohol of agricultural origin in a concentration exceeding 0.5% by volume.

**Criminal non support** – the offence stipulated in Article 209 PC. The object of protection is the family and the institution of care, as well as the endeavour to secure the material basis of existence for the closest persons, whose rights in this respect derive from a court decision or the law. It is forbidden to evade compliance with an obligation to provide support whose amount has been specified in a court decision, a settlement agreement concluded before a court or another authority, or in another agreement, if the total outstanding amount due equals at least 3 periodic payments or if the payment of the outstanding amount other than a periodic payment is delayed by at least 3 months.

**Abandonment** – the offence stipulated in Article 210 PC. The provision protects the health and safety of a minor or a vulnerable person. It prohibits the abandonment of persons who are incapable of taking care of themselves and securing their interests on their own, and who require the assistance of others for this purpose. The perpetrator of the offence under Article 210 § 1 PC. can only be the person who is

obliged to provide care. The source of such an obligation may be a law, a court decision or an agreement.

**Abduction** – the offence stipulated in Article 211 PC. The provision criminalises the abduction or detention of a minor under the age of 15, or a person who is vulnerable because of his or her mental or physical condition, against the will of the person appointed to take care or supervise him or her. The parents of an abducted or detained child may commit this offence if parental authority has been taken away from them, suspended or restricted (Supreme Court resolution of 21 November 1979, VI KZP 15/79, OSNKW 1980/1-2, item 2). When parents exercise parental authority jointly and one of them, against the will of the other, takes or retains the child, the elements of abduction are not fulfilled.

**Unlawful adoption arrangement** – the offence stipulated in Article 211a PC. The provision protects the welfare of the child and public order expressed in the need to comply with the procedures prescribed by law. According to § 1, it is prohibited to arrange the adoption of children in violation of the provisions of the Family and Guardianship Code. Paragraph 2 provides for the prohibition of consenting to the adoption by persons vested with parental authority over a child: 1) for the purpose of obtaining a financial or personal benefit, while concealing that purpose before the court hearing an adoption case, and, in the case of a parent consenting to the adoption of a child in the future without identifying an adoptive parent – before the court accepting a statement granting such consent; and 2) without an adoption case being initiated.

**Offences against liberty** – the criminal law protects the most important aspects of human liberty. Offences against liberty are included in Chapter XXIII PC. These include unlawful deprivation of liberty, punishable threats, stalking and human trafficking.

**Human trafficking** – the offence stipulated in Article 189 PC. Human trafficking includes the recruitment, transport, supply, transfer, harbouring or receipt of a person, by means of violence or unlawful threats, abduction, deceit, misrepresentation or exploitation of a mistake or incapacity to comprehend the act, abuse of a position of dependence, exploitation of a critical situation or helplessness, giving or receiving financial or personal benefit or the promise thereof to a person vested with the care or supervision of another person, for the purpose of exploitation of that person, even with that person's consent, in particular in prostitution, pornography or other forms of sexual exploitation, in forced labour or services, begging, slavery or other forms of exploitation degrading human dignity or for the purpose of the procurement of cells, tissues or organs in breach of a law. If the perpetrator's conduct involves a minor, it constitutes human trafficking, even if the listed methods are not used.

**Punishable threat** – the offence stipulated in Article 190 PC. The object of protection is the liberty of a person understood as the freedom from the fear of committing a crime to his or her detriment or to the detriment of his or her closest persons. A threat may take an explicit or implicit form. A threat may be made by word, gesture or other behaviour which is intended by the threatener to be understood as a threat to commit an offence and may in fact be so understood.

**Stalking** – the offence stipulated in Article 190 PC. The object of protection is the freedom from the feeling of threat and from the intrusion of others into the sphere of privacy of a person. Pursuant to § 1, it is prohibited to persistently harass another person or another person's family or household member, i.e. to undertake actions which create in a given person a justified sense

of danger, humiliation or anguish or significantly violate the person's privacy. The perpetrator may engage in behaviour such as phone calls, text messages, e-mail contacts, intruding, soliciting at home, watching or imposing themselves with gifts. Pursuant to § 2, it is prohibited to personate another person or to use his or her image or other personal data on the basis of which that person is publicly identifiable, for the purpose of causing property or personal damage.

**Recording a naked person's image without consent** – the offence stipulated in Article 191a PC. It describes two types of prohibited acts. The first type involves recording the image of a naked person or a person engaged in a sexual activity, using violence, unlawful threat or deceit. Type two is the distribution of the image of a naked person or a person engaged in a sexual activity without his or her consent.

## Victimisation

### Adult perpetrators

Offences by adults against children show uneven dynamics. Most cases, counted in thousands, concern criminal non-support and maltreatment. Particularly noteworthy are cases under Article 207 § 1 PC, since, as practice shows (Burdziej et al., 2022), a child aggrieved by maltreatment goes unnoticed by the justice system. Despite the separation in 2017 of § 1a within Article 207 PC. concerning maltreatment of a person who is vulnerable because of his or her age (with an increased criminal sanction), this norm remains practically unused, as highlighted by the Court Watch Foundation (Burdziej et al., 2022) in its report. In the cases studied thereunder, children were often not even identified as aggrieved by maltreatment, although they lived together with the aggrieved adult and the perpetrator.

It is noteworthy that the number of criminal cases ending in a conviction in which children were identified as aggrieved by maltreatment is almost four times smaller compared to the number of cases pending under the Blue Card procedure in which children were identified as potentially aggrieved by domestic violence.

The other offences against children observed in significant numbers are acts against sexual freedom (in particular sexual intercourse with a person under 15 years of age). Cases involving traffic accidents, punishable threats and offences against property with the use of force (armed robbery) count in hundreds.

Table 1 shows both acts that have been designated by the legislator as those that can only be committed against a minor and the age of the aggrieved party is one of the elements of the act explicitly stated in the legislation, and other offences committed against minors, the number of which is significant each year.

**Table 1.** Number of minors aggrieved in cases involving selected offences with a conviction at first instance

Type of prohibited act	Years						
	2016	2017	2018	2019	2020	2021	
148 § 1 PC (homicide)	11	17	15	11	16	14	
149 PC (infanticide)	1	0	1	0	1	1	
177 § 1 PC (causing an accident)	219	260	266	268	222	206	
190 PC (punishable threat)	265	244	245	299	244	274	
190a § 1 PC (stalking)	65	69	64	77	82	96	
197 § 1 PC (rape)	49	65	47	36	48	54	
197 § 3 PC (aggravated rape)	111	120	98	124	88	100	
199 PC (sexual abuse of a relationship of dependency or taking advantage of a critical situation)	11	14	19	28	14	17	
200 PC (sexual abuse of a minor)	200 § 1 PC	636	699	607	614	590	652
	200 § 2 PC	13	4	3	9	0	1
	200 § 3 PC	39	48	61	56	40	80
	200 § 4 PC	43	45	43	42	58	19
	200 § 5 PC	0	0	0	0	0	0
200a PC (grooming)	200a § 1 PC	16	13	14	17	16	27
	200a § 2 PC	58	91	77	82	56	63
201 PC (incest)	2	2	3	6	3	14	
202 PC (child pornography)	202 § 3 PC	11	13	12	9	9	26
	202 § 4 PC	9	12	20	13	8	11
	202 § 4a PC	14	15	72	44	25	28
	202 § 4b PC	9	8	1	0	1	0
207 PC (maltreatment)	207 § 1 PC	3,656	3,943	3,403	3,214	3,028	3,580
208 PC (inducing a minor to drink habitually)		38	42	55	69	74	56
209 PC (criminal non-support)	209 § 1 PC	8,475	8,240	45,526	48,195	21,425	14,405
	209 § 1a PC	-	-	-	-	13,665	19,978
278 § 1 PC (theft)		35	57	40	67	52	80
280 § 1 PC (armed robbery)		140	116	89	94	70	76
286 PC (fraud)		54	42	56	99	42	91

Source: Own analysis based on data provided by the Ministry of Justice.

### Children tried as adults

Pursuant to the Criminal Code, criminal liability may be incurred by persons who were over the age of 17 at the time of committing the prohibited act (Article 10 § 1 PC) and therefore remain children in the sense of the legislation. In exceptional cases, a child from the age of 15 who has violated specific

provisions of the criminal law<sup>1</sup> may be criminally liable on the same terms as an adult (Article 10 § 2 PC). However, their liability is modified in comparison to that of an adult person – it is distinguished by the obligation of the court to apply a lower maximum sentence<sup>2</sup>, as well as by its optionality. It depends on the court's assessment whether a minor over 15 years of age will incur criminal liability. The court will only try a juvenile as an adult if it considers that their degree of maturity indicated that they understood the social significance of their act.

Over the past 5 years, the number of children tried under Article 10 § 2 PC has remained low, never exceeding 10 per year. Juveniles have been tried and convicted overwhelmingly for acts against the life, health and sexual freedom of the aggrieved parties (Table 2).

**Table 2.** Number of persons from the age of 15 sentenced on the basis of Article 10 § 2 PC between 2016 and 2021 per type of act

Type of prohibited act	Years					
	2016	2017	2018	2019	2020	2021
Article 134 PC	-	-	-	-	-	-
Article 148 § 1 PC	2	-	-	-	1	1
Article 148 § 2 PC	1	1	1	-	2	-
Article 148 § 3 PC	1	-	-	-	-	-
Article 156 § 1 i 3 PC	-	-	-	1	-	-
Article 163 § 1 i 3 PC	-	-	-	-	-	-
Article 166 § 1 PC	-	-	-	-	-	-
Article 173 § 3 PC	-	-	-	-	-	-
Article 197 § 3 PC	2	1	1	1	1	1
Article 252 PC	-	-	-	-	-	-
Article 280 § 2 PC	3	2	2	1	3	-
TOTAL	9	4	4	3	7	2

Source: Own analysis based on data provided by the Ministry of Justice.

As can be seen from Table 2, it is rare to find cases in which both the severity of the offence committed and the developmental stage of the juvenile offenders support trying them as adults. In no year did their number exceed 10. There is no data on whether these offences were committed against minors or on the possible family relationship between the aggrieved party and the perpetrator.

1 The criminal liability of minors from the age of 15 applies only to very serious offences such as homicide (Article 148 PC), grievous bodily harm (Article 156 § 1 PC), rape jointly with another person against a minor or a close person (Article 197 § 3 (1-3) PC), rape with particular cruelty (Article 197 § 4 PC).

2 Article 10 § 3 PC: "[...] the sentence imposed may not exceed two-thirds of the statutory maximum sentence prescribed for the offence imputed to the offender; the court may also apply an extraordinary mitigation of penalty".

### Juveniles

Children – with the exceptions indicated above – shall be deemed incapable of committing an offence because no guilt can be attributed to them. This is because the legislator recognises that below a certain age a person is not mature enough to be required to behave in a certain way under the threat of criminal liability. Such a person is incapable of recognising the meaning of his or her act and directing his or her conduct (Wróbel and Zoll, 2016), even though in individual cases the degree of maturity of the child would indicate a full understanding of the criminal law meaning of the behaviour in question. The exclusion of criminal liability does not mean that children do not bear legal responsibility for their conduct. This responsibility during the period covered by this study was regulated in the Juvenile Justice Act of 26 October 1982, but 2022 saw the adoption of new legislation in this regard. Currently, the issue of legal responsibility of minors is regulated by the Act of 9 June 2022 on the Juvenile Support and Rehabilitation<sup>3</sup>.

Under the current legislation, juvenile proceedings take place before the family court and are closed to the public. The overriding principle of both the previous and new rules was and is the welfare of the juvenile. The proceedings were not and still are not aimed at inflicting punishment, but seek to bring about “favourable changes in the juvenile’s personality and conduct and aiming, where necessary, at the proper fulfilment by the parents or guardian of their obligations towards the juvenile, taking into account the public interest” (Article 3 (1) of the Juvenile Justice Act). In the new act, the purpose of the proceedings is framed in the same way (Article 3 of the Juvenile Support and Rehabilitation Act). According to the provisions of both the previous and the new acts, the aggrieved is not a party to the proceedings, but the new legislation gives the aggrieved party more rights, such as the possibility to submit evidence requests (Article 58(2) of the Act on the Juvenile Support

and Rehabilitation) and to ask questions at the hearing during the taking of this evidence (Article 69(5) thereof).

### Demoralisation cases

Juveniles under 18 years of age (with no minimum age limit) may be liable for demoralisation. In the previous legal state, there was no minimum limit of liability for demoralisation. The concept of demoralisation includes the commission of a prohibited act. In practice, liability for such acts under the demoralisation procedure applied to children under the age of 13. The new Act on the Juvenile Support and Rehabilitation sets the limit of liability for demoralisation at the juvenile’s completion of 10 years of age. (Article 1(1)(1) of the Act on the Juvenile Support and Rehabilitation).

There is no definition of demoralisation in both the previous and new legislation – the legislation only lists its manifestations<sup>4</sup>. Some (Kruk et al., 2016) argue that in practice the term is unambiguous and means various manifestations of social maladjustment.

The number of juveniles liable for manifestations of demoralisation in 2015–2019 is shown in Table 3.

3 The Act of 9 June 2022 on the Juvenile Support and Rehabilitation entered into force on 1 September 2022. The proceedings described in this study took place between 2015 and 2021 that is only under the previous legislation.

4 Article 4(1) of the Juvenile Justice Act lists as examples of demoralisation, among others, “violating the principles of social co-existence, committing a prohibited act, systematically evading compulsory education or vocational training, using alcohol or other substances for the purpose of intoxication, practising fornication, vagrancy, participation in criminal groups”. Whereas Article 4(1) of the Act on the Juvenile Support and Rehabilitation treats as demoralisation “in particular, committing a prohibited act, violating the principles of social co-existence, evading compulsory education or training, using alcohol, intoxicants, psychotropic substances, their precursors, substitutes or new psychoactive substances, hereinafter referred to as ‘psychoactive substance’, practising fornication”.

**Table 3.** Total number of final rulings in demoralisation cases issued in 2015–2019, by gender

	Years				
	2015	2016	2017	2018	2019
Total	14,599	15,189	13,371	14,414	13,805
Boys	9,767	10,177	8,999	9,655	9,277
Girls	4,832	5,012	4,372	4,759	4,528

Source: Own analysis based on data from the Statistical Database of the Judiciary (<https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie/>).

### *Juveniles liable for prohibited acts*

Children between the ages of 13 and 17 during the period covered by this study were legally liable for the commission of prohibited acts under the Juvenile Justice Act, the procedure for prohibited acts. Reaching the aforementioned age did not exclude liability for demoralisation. Juveniles of this age could also be tried for manifestations of demoralisation, as long as their conduct did not constitute punishable acts. Under both the previous legislation and the new Act, placement in a correctional institution could only be imposed on juveniles who had committed punishable acts. A punishable act under the previously applicable legislation was understood as commission of an offence or a fiscal offence or one of the petty offences listed therein<sup>5</sup>.

The Committee on the Rights of the Child, in its conclusions following Poland's submission of its periodic report on compliance with the Convention on the Rights of the Child (Children Rights Committee, 2021), indicates that the provisions of Polish law on the legal liability of juveniles are contrary to the Convention on the Rights of the Child, as the limit of criminal liability should be absolutely set at 18 years of age and the limit of juvenile liability at 15 years of age.

Furthermore, as the Committee on the Rights of the Child points out in its report, petty offences should be removed from the list of acts for which juveniles can be held

liable. The Committee also calls for the exclusion of juveniles from being listed in the Sexual Offenders Register.

The number of juveniles tried for the commission of selected prohibited acts in 2015–2019 is summarised in Table 4, which shows the acts that have been designated by the legislator as those that can only be committed against a minor and the age of the aggrieved party is one of the elements of the act explicitly stated in the legislation, and other serious acts that have been committed against minors. The analysis of the data shows that against other children, juveniles most frequently commit criminal acts involving violence (causing medium and slight bodily harm, fight and beating, battery, maltreatment, armed robbery and theft by extortion), but not leading in most cases to death or grievous bodily harm. The proportion of acts of a sexual nature is significant – particularly sexual intercourse with a person under 15 years of age, which may, however, result from adolescents entering into peer relationships and engaging in intercourses in which one or both parties are below the so-called age of consent, set at 15 years of age (Article 200 § 1 PC). There is also a noticeable number of rulings concerning punishable threats and recording and distributing of the image of a naked person committed against a minor. The nature of these acts supports the idea that they may relate to peer victimisation. The question remains about the prevention of such acts – through education and appropriate response – within the system of education. For years, the Empowering Children Foundation has been promoting the introduction of child safeguarding policies in educational institutions, i.e. internal procedures regulating, among other things, how to deal with peer abuse.

Out of the total number of children aged 13–17 (1,107,564 while the total number of children in Poland

5 Article 1(2) of the Juvenile Justice Act:  
Whenever the Act refers to:  
[...]  
2) "punishable act" – it shall mean an act prohibited by law as:  
a) an offence or a fiscal offence, or  
b) a petty offence specified in Articles 50a, 51, 69, 74, 76, 85, 87, 119, 122, 124, 133 or 143 of the Code of Petty Offences.

is 7,288,409 [Główny Urząd Statystyczny, 2021]), the so-called juvenile delinquency accounts for less than 1% of cases, as there have been less than 10,000 rulings per year for several years.

It is worth noting also that from the analysis of the statistical data it transpires that boys predominate among juvenile offenders.

Table 4 omits some acts, the share of which in the so-called juvenile delinquency to the detriment of other children is small and fluctuates between a few and a dozen cases per year. The inclusion of these acts would have excessively complicated the data, compromising a clear presentation of the phenomenon. Comprehensive data on juvenile rulings can be found in the Statistical Database of the Judiciary.

**Table 4.** Number of final rulings in criminal cases, taking into account selected types of acts

Type of prohibited act		Years				
		2015	2016	2017	2018	2019
149 PC (infanticide)		-	-	-	-	-
148 § 1 PC (homicide) – aggrieved minor		-	-	-	1	-
151 PC (assisting suicide) – aggrieved minor		1	-	1	1	2
156 PC (grievous bodily harm) – aggrieved minor	156 § 1 (1) PC	3	9	4	4	2
	156 § 1 (2) PC	1	1	1	1	-
157 § 1 PC (medium bodily harm) – aggrieved minor		123	173	163	110	80
157 § 2 PC (slight bodily harm) – aggrieved minor		107	160	156	105	59
158 § 1 PC (fight and beating) – aggrieved minor		183	288	213	1,821	113
160 § 1 PC (exposure to danger) – aggrieved minor		12	15	16	7	71
190 § 1 PC (punishable threats) – aggrieved minor		100	137	139	95	67
191a § 1 PC (recording a naked person's image without consent) – aggrieved minor		15	19	49	25	26
197 PC (rape) – aggrieved minor under 15	197 § 1 PC	1	-	1	-	-
	197 § 2 PC	4	6	-	-	-
	197 § 3 (1) PC	1	1	-	1	-
	197 § 3 (2) PC	10	8	4	10	8
199 § 2 PC (sexual abuse of a relationship of dependency or taking advantage of a critical situation)		-	-	-	-	-
199 § 3 PC (sexual abuse of trust or giving a benefit)		-	-	-	-	-
200 PC (sexual abuse of a minor under 15)	202 § 3 PC	140	153	125	115	125
	202 § 4 PC	1	-	4	1	-
	202 § 4a PC	6	19	17	25	21
	202 § 4b PC	-	-	-	-	-

Type of prohibited act		Years				
		2015	2016	2017	2018	2019
200a PC (grooming)	200a § 1 PC	-	4	4	1	4
	200a § 2 PC	4	19	19	16	11
200b PC (propagation of paedophilic behaviour)		-	-	1	1	1
202 PC (child pornography)	202 § 3 PC	15	19	67	37	54
	202 § 4 PC	-	8	4	3	2
	202 § 4a PC	13	9	13	15	14
	202 § 4b PC	-	6	14	6	13
202 PC (child pornography)	204 § 3 PC	-	-	-	-	-
	204 § 3 read with § 1 PC	-	-	-	-	-
202 PC (child pornography)	207§ 1 PC (aggrieved minor)	55	89	59	25	35
	207§ 1a PC	-	-	-	7	6
208 PC (inducing a minor to drink habitually)		9	7	6	10	11
217 § 1 PC (battery) – aggrieved minor		109	145	120	78	70
280 § 1 PC (armed robbery) – aggrieved minor		78	69	75	28	34
282 PC (theft by extortion) – aggrieved minor		54	65	52	32	34

Source: Own analysis based on data from the Statistical Database of the Judiciary (<https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie/>).

**Table 5.** Total number of final rulings in criminal cases issued in 2015–2019 by gender

	Years				
	2015	2016	2017	2018	2019
Total	12,237	11,355	9,657	9,754	8,920
Boys	9,617	8,735	7,367	7,491	6,681
Girls	2,620	2,620	2,290	2,263	2,239

Source: Own analysis based on data from the Statistical Database of the Judiciary (<https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie/>).

### Victimisation cost

Being aggrieved by an offence has many different types of effects in the life of a child. One of the primary ones is the financial damage that can occur when a child is aggrieved by an offence both directly and indirectly, i.e. when he or she loses one of his or her breadwinners (parent, legal guardian) as a result of the offence.

Damage is understood as a detriment to the aggrieved party's legal interests suffered against his or her will. It is divided into financial damage and non-financial damage, i.e. harm (Balwicka-Szczyrba and Sylwestrzak, 2022).

The award of damages or compensation can take place in both criminal<sup>6</sup> (except for the award of a pension) and civil<sup>7</sup> (except for the award of a pension) and civil<sup>8</sup>.

The legislation provides for the extension of the statute of limitations for a minor's claims to two years from the age of majority, irrespective of the start of the limitation period.

The Ministry of Justice does not collect data to determine how many minors have received damages or compensation in the last five years and what these amounts were.

Where it is not possible to obtain from the perpetrator or from other sources, including insurance or social assistance, coverage for lost earnings, other means of subsistence or medical and rehabilitation costs, it is possible to obtain state compensation for certain prohibited acts, even when the perpetrator(s) of the act have not been identified (Act of 7 July 2005 on State Compensation to Victims of Certain Prohibited Acts [Dz.U. 2016, item 325 consolidated text ]). Compensation is available only to an aggrieved party who has suffered a grievous bodily harm, a physical injury or impairment to health lasting longer than 7 days, or to the next-of-kin if the aggrieved party has suffered death as a result of the offence. A next-of-kin is, inter alia, a descendant of the deceased aggrieved party or their adoptee. Compensation is awarded in a limited amount, up to PLN 25,000, unless the aggrieved party has died, in which case it is up to PLN 60,000. Compensation is awarded by district courts at the request of the aggrieved party or the public prosecutor.

**Table 6.** State compensation decisions made by district courts between 2016 and 2021

Year	Received	Processed							Number of cases processed in which compensation was awarded	Number of cases processed in which compensation was awarded
		total	of which							
			upheld in full or in part	dismissed	returned	rejected	discontinued	other solutions		
2016	100	90	35	18	17	3	4	13	28	197,024
2017	79	86	33	15	18	3	2	15	27	369,694
2018	111	91	34	21	20	2	1	13	34	331,925
2019	117	121	25	27	43	1	4	21	25	378,929
2020	55	75	21	19	19	1	2	13	21	243,995
2021	56	52	21	13	7	2	2	7	21	283,895

Source: Information of the Ministry of Justice.

- 6 The basis for the award of damages and compensation in criminal proceedings is Article 46 PC, which contains a directive for the criminal court to apply the civil law provisions, with the express exclusion of the application of provisions on the possibility of awarding a pension.
- 7 Article 444 of the Act of 23 April 1964 – Civil Code (kc; Dz.U. 2020 item 1740 as amended, consolidated text) with regard to damages for personal injury to compensate for any costs incurred in this respect, Article 445 kc with regard to compensation for harm, and Article 446 §2 kc with regard to claims by a person entitled to support for the provision of maintenance in the event of the death of the person obliged to provide it.
- 8 Although in civil proceedings there is a principle that a civil court is bound by findings made in a conviction, this does not apply to findings of an acquittal. This means that in the case of an acquittal, it is possible to seek damages from the perpetrator before a civil court – Resolution of the Supreme Court (legal principle) of 28.04.1983, III CZP 14/83, OSNC 1983, No. 11, item 168.

The Ministry of Justice does not collect accurate statistics to determine how many minors have received state compensation and in what amount. The small annual number of rulings on state compensation leads to a conclusion that it is possible that no minor has received it.

In the proceedings described in this subsection, the aggrieved is child directly or indirectly represented by a legal representative, unless there is an exception justifying the appointment of a guardian ad litem in the case (more on guardians ad litem and the conditions for their appointment in the following subsections).

A topic that has been neglected in both Polish and European studies, but is quite extensively present in foreign discourse, particularly in the US, is the issue of estimating the social costs of individuals' adverse experiences during childhood. Being exposed in childhood to factors such as domestic violence, among others, has an impact on the entire adult life of the person affected. In particular, it triggers psychiatric disorders and related somatic conditions, increasing the propensity to engage in health-risky behaviours, such as addictions, and consequently – shortening lives. The estimated annual societal cost of adverse childhood experiences for Europe is approximately 581 billion US dollars per year (PLN 2,591,184,470,000), or 2.5% of the gross domestic product of the continent's countries. In Poland, the estimate is US\$ 14.9 billion, or PLN 66,452,063,000, which makes about 2.5 % of the country's GDP (Hughes et al., 2021).

There are no detailed Polish studies in this area.

### Interviewing the aggrieved minor

Article 185a CCP concerning the so-called friendly interviewing of aggrieved minors was introduced into the Polish legal order by the Act of 10 January 2003 amending the Acts: the Code of Criminal Procedure, the Introductory provisions of the Code of Criminal Procedure, the Act on the Crown Witness and the Act on the Protection of Classified Information (Dz.U. 2003, No. 17, item 155). The protection of an aggrieved minor from the point of view of the objective scope of the indicated provision concerned only offences against sexual freedom and decency. The subjective scope was limited to aggrieved parties who were under 15 years of age at the time of the act. In the course of subsequent amendments<sup>9</sup>, the subject and object of protection specified in Article 185a CCP have been extended.

Pursuant to the 2005 amendment, the interviewing under Article 185a CCP was also extended to minors aggrieved by offences against the family and guardianship. The subjective scope was extended to aggrieved minors who were under 15 years of age at the time of the interview. By virtue of the 2013 amendment, which entered into force on 27 January 2014, the legislator in Article 185a § 4 CCP also provided protection for aggrieved minors who have reached the age of 15. Interviewing of minors aged 15–18 is carried out in the so-called friendly mode when there is a fear that an interview under other conditions could have a negative impact on the minor's mental state. Following the 2013 amendment, an interview upon conditions defined in Article 185a CCP is carried out when a minor is aggrieved by an act stipulated in Chapters: XXIII (offences against liberty), XXV (offences against sexual freedom and decency) and XXVI (offences against family and guardianship) and in the case of offences committed with the use of violence or unlawful threats.

9 Pursuant to the Act of 3 June 2005 amending the Act – the Code of Criminal Procedure (Dz.U. 2005, No. 141, item 1181, hereinafter: the 2005 amendment), and the Act of 13 June 2013 amending the Acts: the Penal Code and the Code of Criminal Procedure (Dz.U. 2013, item 849, hereinafter: the 2013 amendment).

Pursuant to Article 185b § 1 CCP, in cases of offences committed with the use of violence or unlawful threats or defined in Chapters XXV and XXVI of the Penal Code, a witness who is under 15 years of age at the time of testifying may be subject to an interview under the conditions specified in Article 185a § 1–3, if his or her testimony may be of vital importance to the case.

The interviewing of a minor in the so-called protective mode takes place in a court session with the active participation of an expert psychologist (Kosior, 2010). It is an evidence procedure under the exclusive competence of the court (Trocha, 2011). The public prosecutor, defence counsel and the aggrieved party's attorney have the right to participate in the interview. A person referred to in Article 51 § 2 CCP or an adult indicated by the aggrieved party also has the right to be present, if this does not limit the freedom of speech of the testifying person. The interview should take place without delay, no later than within 14 days of the receipt of the request. The indicated deadline is intended to reduce the tension suffered by the aggrieved party in connection with waiting for the procedure and, as a result, reduce their traumatic experiences (Mierzwińska-Lorencka, 2011).

The technical conditions of the interview are set forth in Article 185d CCP and in the Regulation of the Minister of Justice of 28 September 2020 on the Manner of Preparation of the Interviews Conducted under Articles 185a-185c of the Code of Criminal Procedure (Dz.U. 2020.1691).

According to the current legislation, a minor shall be interviewed under the so-called protective procedure and only if his or her testimony is material to the outcome of the case. When the premise of the materiality of the testimony is not fulfilled, the interviewing of the minor should be abandoned (Świecki, 2020). As a rule, there shall be a single interview. The legislator has provided for only two exceptions to this rule. An interview may be repeated when new circumstances previously unknown come to light or when requested by the accused who had no defence counsel during the first interview. In the doctrine, it is emphasised that relevant circumstances are those that arise from further evidence carried out and that are

expected to lead to the establishment of the perpetrator or the circumstances of the event (Grzegorzczak, 2014). Much more doubtful is the second premise that can constitute the basis for repeated interview. In line with the viewpoint taking into account the interests of the aggrieved minor, the request of the accused who did not have a defence counsel during the first interview should be assessed in view of prerequisites set out in Article 170 § 1 CCP (Dudka, 2020). This viewpoint balances the interests of the minor and the accused, and also implements the concept of preventing secondary victimisation and aggravating the negative consequences of the offence by causing the minor mental suffering associated with participation in the interview (Koper, 2019). According to a different view, a repeated interview of the minor is necessary when requested by the accused who did not have a defence counsel during the first interview, and the court's refusal thereto would be a violation of the rules of procedure significantly affecting the outcome of the case, which constitutes a relative ground of appeal (Łakomy, 2016).

The issue of re-interviewing an aggrieved minor at the request of the accused who did not have defence counsel during the first interview raises discrepancies in the case law of the Supreme Court (SN). According to the position presented in its older rulings (Supreme Court judgment of 1 February 2008, V KK 231/07, Supreme Court judgment of 22 January 2009, V KK 216/08, Supreme Court judgment of 16 March 2011, III KK 278/10), the request of the accused who did not have a defence counsel during the first interview should be satisfied. The request is absolute in nature and the re-interviewing should take place regardless of the assessment of other circumstances, including the mental state of the aggrieved minor. The mere submission of the request, even without a justification and a proof of evidence, obliges the court to conduct a second interview. The court's prerogative is only to examine whether the accused actually did not have an appointed defence counsel during the first interview. This position is based on the assumption that to do otherwise would constitute a violation of the accused's right to defence. However, in more recent rulings of the Supreme Court (Supreme Court judgment of 16 March 2011, III KK

278/10, Supreme Court judgment of 7 November 2018, II KK 83/18, Supreme Court judgment of 27 September 2016, V KK 246/16, Supreme Court judgment of 4 April 2018, III KK 362/17), the Supreme Court presents a view that the submission of a request for the re-interviewing of a witness does not imply the necessity of interviewing the witness again, because – like any evidentiary motion – this demand is subject to assessment in view of Article 170 CCP. This position is based on the assumption that the purpose of the regulation contained in Article 185a CCP is primarily to protect the aggrieved minor. The Supreme Court rightly points out that the provision of Article 185a CCP is a norm of a guaranteeing nature, but its functioning is not related to securing the procedural interests of the accused, but to the necessity to protect the psyche of aggrieved minors and prevent their secondary victimisation (Supreme Court judgment of 20 January 2016, III KK 187/15).

Statistics collected by the Ministry of Justice show that the number of minors interviewed under Articles 185a and 185b CCP is increasing. In 2016, 7,731 protective interviews of aggrieved minors were held in district courts, while in 2021 the number reached 9,490. An increase in the number of protective interviews was also recorded for minor witnesses. In 2016, there were 1,895 such interviews in district courts, while in 2021, the number of interviews of minor witnesses increased to 2,138. An increase in the number of interviews was also recorded for regional courts. In 2016, they held 7,731 interviews under Article 185a CCP and 1,895 interviews under Article 185b CCP. Whereas, in 2021, there were 9,490 interviews under Article 185a CCP and 2,138 interviews under Article 185b CCP. In line with the increase in the number of interviews, the number of repeat interviews in both district and regional courts has also risen (Tables 7 and 8).

**Table 7.** Interviews under Articles 185a and 185b CCP in district courts in 2016–2021

Year	Interview under Article	Total number	Re-interviewing		
			more than once because relevant circumstances have come to light, the clarification of which required a new interview	upon request of the suspect / accused who had no defence counsel at the time of the first interview	together
2016	185a CCP	7,731	76	71	147
	185b CCP	1,895	11	22	33
2017	185a CCP	8,802	72	71	143
	185b CCP	1,958	7	36	43
2018	185a CCP	8,687	60	67	127
	185b CCP	2,122	4	24	28
2019	185a CCP	9,745	42	68	110
	185b CCP	2,436	8	22	30
2020	185a CCP	8,454	38	4	42
	185b CCP	1,933	95	32	127
2021	185a CCP	9,490	66	99	165
	185b CCP	2,138	15	53	68

Source: Own analysis based on data provided by the Ministry of Justice.

**Table 8.** Interviews under Articles 185a and 185b CCP in regional courts in 2016–2021

Year	Interview under Article	Total number	Re-interviewing		
			more than once because relevant circumstances have come to light, the clarification of which required a new interview	upon request of the suspect / accused who had no defence counsel at the time of the first interview	together
2016	185a CCP	157	7	5	12
	185b CCP	58	0	3	3
2017	185a CCP	170	5	11	16
	185b CCP	62	0	2	2
2018	185a CCP	168	6	10	16
	185b CCP	89	2	6	8
2019	185a CCP	156	4	7	11
	185b CCP	136	2	16	18
2020	185a CCP	147	10	12	22
	185b CCP	68	2	9	11
2021	185a CCP	181	11	6	17
	185b CCP	75	2	4	6

Source: Own analysis based on data provided by the Ministry of Justice.

Pursuant to Article 185d § 1 CCP, interviews under the procedure referred to in Articles 185a-185c shall be conducted in adequately adapted rooms at the seat of the court or outside of it, and according to the Regulation of the Minister of Justice of 28 September 2020 on the Manner of Preparation of the Interviews Conducted under Articles 185a-185c of the Code of Criminal Procedure, the interview room may be located at the seat of the court or outside of the court, in particular in the premises of the public prosecutor's office, the police, a state or local government institution or an entity whose tasks include assistance to minors or victims of rape, or in the premises of another entity, provided that it has an interview room meeting the conditions set out in that regulation.

Data collected by the Ministry of Justice shows that in 2016, 5,165 interviews under Article 185a and 1,220 interviews under Article 185b CCP were held in courts. In the same year, 1,775 interviews under Article 185a and 452 interviews under Article 185b CCP took place out of courts. In the following years, at least 70% of the interviews took place in court (Tables 9 and 10).

**Table 9.** Interviews under Articles 185a and 185b CCP in district courts and out of courts in 2016–2021

Year	Interviews under Article	Total number	Held in courts	Held out of courts
2016	185a CCP	7,731	5,165	1,775
	185b CCP	1,895	1,220	452
2017	185a CCP	8,802	6,162	1,371
	185b CCP	1,958	1,751	371
2018	185a CCP	8,687	6,299	1,493
	185b CCP	2,122	1,492	396
2019	185a CCP	9,745	7,212	1,639
	185b CCP	2,436	1,731	453
2020	185a CCP	8,454	5,956	1,176
	185b CCP	1,933	1,352	305
2021	185a CCP	9,490	6,963	1,542
	185b CCP	2,138	1,162	274

Source: Own analysis based on data provided by the Ministry of Justice.

**Table 10.** Interviews under Articles 185a and 185b CCP in regional courts and out of courts in 2016–2021

Year	Interviews under Article	Total number	Held in courts	Held out of courts
2016	185a CCP	157	102	41
	185b CCP	58	49	9
2017	185a CCP	170	85	60
	185b CCP	62	40	15
2018	185a CCP	168	107	47
	185b CCP	89	65	18
2019	185a CCP	156	118	33
	185b CCP	136	113	18
2020	185a CCP	147	103	29
	185b CCP	68	52	6
2021	185a CCP	181	140	27
	185b CCP	75	60	6

Source: Own analysis based on data provided by the Ministry of Justice.

The conditions to be fulfilled by the room intended for the interviewing are set out in the Regulation of the Minister of Justice of 28 September 2020 on the Manner of Preparation of the Interviews Conducted under Articles 185a-185c of the Code of Criminal Procedure. The place where the meeting with the child should take place is called a child-friendly interview room. In fact it consists of two rooms – an interview room and a technical one. Adjacent to the interview room, there should be a separate waiting room and a toilet.

The waiting room is usually the first place where the child will be invited while waiting for the interview. In this room, the minor should be given the opportunity to spend time actively. The child should feel comfortable there and have access to books, magazines, colouring books and crayons. There should always be drinking water and tissues available.

The design and equipment of an interview room should meet certain criteria:

- It is suited to the age of the child being interviewed, providing a comfortable, stable place to sit;
- It allows the witness to feel safe and intimate in the interaction and promotes freedom of expression;
- It fosters the minor's ability to concentrate attention and to mobilise memory while giving evidence.

The interview of a child should obligatorily be recorded with video and audio recording equipment.

Data collected by the Ministry of Justice shows that in 2016 there were a total of 258 child-friendly interview rooms in district and regional courts. Their number reached a peak (306) in 2020 and dropped the following year to 300 (Table 11).

**Table 11.** Child-friendly interview rooms in district and regional courts in 2016–2021

Year	Interview rooms in district courts	Interview rooms in regional courts	Total
2016	241	17	258
2017	257	22	279
2018	267	26	293
2019	267	28	295
2020	275	31	306
2021	271	29	300

Source: Own analysis based on data provided by the Ministry of Justice.

### Obligation to report offences

On the 17<sup>th</sup> of July 2017, the Act of 23 March 2017 amending the Acts: the Penal Code, the Juvenile Justice Act and the Code of Criminal Procedure, entered into force. The work on this amendment was initiated by the President of the Republic of Poland and the Ombudsman for Children within the System Analysis Team operating at the Chancellery of the President of the Republic of Poland. The justification of the bill of 23 March 2017 makes it clear that the legislator's aim was to "increase the level of protection of minors, with particular attention to minors under 15 years of age, as well as those who are vulnerable due to their mental or physical condition" (Sejm RP, 2016, p. 5). Failure to comply with the obligation to report an offence stipulated in Article 240 PC gives rise to criminal law consequences. This duty to report has the nature of a legal obligation, and for its non-fulfilment the legislator has provided a sanction of imprisonment for a maximum term of 3 years.

The list of prohibited acts added to Article 240 PC by the Act of 23 March 2017 includes prohibited acts directly profiled to protect minors under the age of 15 (Articles 200, 197 § 3 (2) PC), or those oriented to provide protection against the most severe forms of physical or sexual violence without restriction as to the age of the aggrieved party (Articles 156, 197 § 3 (1) and (3), 197 § 4 and 198 PC).

It follows from Article 240 PC that the legal obligation to report a punishable preparation or attempt, or a commission of a prohibited act listed therein, to a law enforcement authority is imposed on anyone who has reliable

information concerning the same. The obligation to report applies to the commission of prohibited acts and to intermediary stages, i.e. punishable preparation and attempt.

It is worth adding that Article 304 CCP provides for the obligation to report offences prosecuted *ex officio*. The citizen's duty (Article 304 § 1 CCP) is incumbent on every citizen and has the character of a moral, ethical obligation. This provision is considered to be the so-called *lex imperfecta* (unfinished law), as its violation is not subject to any criminal sanction (Szewczyk et al., 2020). Article 304 § 2 CCP indicates that public and local government institutions that, in connection with their activities, learn of the perpetration of an offence prosecuted *ex officio* are obliged to immediately report the same to the public prosecutor or the police. The indicated obligation is incumbent on the person in charge of the institution concerned or authorised to represent it. With regard to persons having the status of a public official, failure to comply with this instruction may constitute a breach of official duty and lead to criminal liability under Article 231 PC (Drajewicz, 2020).

Data collected by the Ministry of Justice shows that before the amendment of Article 240, the number of final rulings was 19 in 2016, and in 2017 – seven. After the amendment, this number did not exceed 13. It is not clear from the data collected what acts they referred to and whether the rulings concerned acts covered by Article 240 PC before or after the amendment. However, despite extending the scope of Article 240 to cover more acts, no increase in the number of final rulings has been observed (Table 12).

**Table 12.** Number of final rulings under Article 240 § 1 in 2016–2021

	Years					
	2016	2017	2018	2019	2020	2021
Number of final rulings under Article 240 § 1 PC	19	7	10	5	13	5

Source: Own analysis based on data provided by the Ministry of Justice.

### Representation of an aggrieved minor in the course of criminal proceedings

Pursuant to Article 51 § 2 CCP, if the aggrieved party is a minor, his or her rights are executed by his or her legal representative or by a person, under whose permanent care the aggrieved party remains. Pursuant to Article 98 § 2(2) of the Family and Guardianship Code (FGC), a parent may not represent a child in legal actions between the child and one of the parents or his or her spouse, unless the legal action consists in a gratuitous donation for the benefit of the child or if it concerns means of subsistence and support due to the child from the other parent. A guardian ad litem may be appointed to represent the child. This may be an attorney-at-law or legal advisor who demonstrates special knowledge of matters relating to the child, knowledge of the same or a similar case to the one in which representation of the child is required, or who has completed training on the principles of child representation, the rights or needs of the child (art. 99<sup>1</sup> § 1 FGC).

The legislator has imposed on the guardian ad litem obligation to provide information to the child and the parent who does not participate in the proceedings. The guardian ad litem representing the child in proceedings before a court or other state authority shall provide to the parent of the child who does not participate in the proceedings, at the parent's request, in writing or by means of electronic communication, information necessary for the proper exercise of parental authority concerning the course of the proceedings and the actions taken thereunder, if this is not contrary to the child's best interests. The guardian ad litem shall obtain from that parent information about the child, his or her health, family situation and environment to the extent necessary for the proper representation of the child (Article 992 FGC). The guardian ad litem may also request information about the child from bodies or institutions as well as social associations and organisations to which the child belongs or which provide assistance to the child. When the child's cognitive development, state of health and degree of maturity allow it, the guardian ad litem shall establish contact with the child and inform him or her about the actions taken, the course of the proceedings and the manner of their completion, as well as

the consequences of the actions taken for the child's legal situation, in a manner that is understandable and adapted to the child's level of development.

There is no data on the number of cases in which a guardian ad litem has been appointed for a child aggrieved by an offence.

### Children in the Blue Card procedure

Since 2010 (the Act of 29 July 2005 on Counteracting Domestic Violence [Dz.U. 2021, item 1249 consolidated text ]), in the Polish legal order there has been the Blue Card procedure, the aim of which is to respond to cases of domestic violence, especially those which cannot be qualified as maltreatment under Article 207 PC.

Domestic violence within the meaning of the Act on Counteracting Domestic Violence is distinguished from maltreatment by the gradation of the severity of the perpetrator's behaviour towards the aggrieved party. The concept of maltreatment implies behaviour of a high intensity of intrusion into legal interests (life, health of the person affected by violence, but also into the protection of the family). Some of the behaviours constituting domestic violence within the meaning of the above-mentioned Act also overlap in scope with certain other offences under the Penal Code prosecuted *ex officio* (e.g. grievous bodily harm – Article 156 § 1), as well as with those subject to prosecution on motion (punishable threat – Article 190 § 1) or on a private indictment (insult – Article 216 § 1, battery – Article 217 § 1).

Domestic violence, within the meaning of the Act on Counteracting Domestic Violence, is a single or repeated behaviour, constituting an action or omission (failure to take action, action that the offender should have taken, e.g. depriving the child of a meal), intentional (deliberate), violating the legal interests of persons subjected to the behaviour of the perpetrator. In the definition of violence, the legislator indicated its exemplary effects, which include exposing the person subjected to violence to the danger of loss of life, health, violation of dignity, bodily integrity, liberty, including sexual freedom, causing damage to physical or mental health, causing suffering and moral harm to the persons affected.

The preamble to the Act on Counteracting Domestic Violence emphasises that domestic violence (hereinafter also interchangeably family violence) violates fundamental human rights. This corresponds to the obligations of the Republic of Poland under international law<sup>10</sup>.

The aim of the Blue Card procedure is to prevent domestic violence by:

- diagnosing the problem of domestic violence;
- taking action in the environment threatened by domestic violence;
- initiating interventions in the environment affected by domestic violence;
- disseminating information on institutions, persons and possibilities of providing assistance in the local environment.

It is a procedure based on voluntary cooperation with the family, motivating the perpetrator to change his or her behaviour and ensuring the safety and assistance of those affected by violence. The procedure does not provide for sanctions for non-cooperation.

The Blue Card procedure comes as a reaction to domestic violence as defined by the Act on Counteracting Domestic Violence. It consists in filling in the Blue Card – A (NK-A) form by a representative of one of the services involved in the procedure, namely:

- organisational units of social assistance,
- municipal committees for solving alcohol problem,
- police,
- education,
- health care.

The procedure is initiated (Article 9d(4) of the Act on Counteracting Domestic Violence) whenever there is a reasonable suspicion of violence against family members or as

a result of a report made by a family member. Intervention (initiation of the procedure) does not require the consent of the person subjected to violence nor of the person suspected of violence.

Once the NK-A form has been completed, it is forwarded to the leader of the interdisciplinary team (composed of representatives of the services involved in the procedure), who forwards the form to the interdisciplinary team, which takes action. Actions may include:

- diagnosis of the family situation – the person suspected to be affected by domestic violence and (separately) the person suspected of domestic violence are invited to the team meeting;
- drawing-up an individual assistance plan;
- intervening when the safety of the person affected by violence is at risk, including taking a child out of the family (Article 12a of the Act on Counteracting Domestic Violence).

Domestic violence perpetrators are subjected to corrective-educational interventions and measures stipulated by the law to prevent them from contacting the aggrieved parties.

It should be pointed out that the number of completed NK-A forms has remained at a similar level for years. The total number of Blue Cards oscillates around 100,000 per year and most of them are filled out by the police.

The participation of health care institutions in the procedure is marginal, although their representatives are the professionals with whom a child has the most frequent contact in the first years of life.

There is no qualitative data on the training of health care professionals in preventing, recognising and responding to cases of domestic violence. Between 2016 and 2020, in each annual report on the implementation of the National Programme for Counteracting Domestic Violence for the years 2014–2020, the Ministry of Health only reported the total number of those trained in medical, nursing and midwifery specialties and the number of students in these specialties. The Ministry equates the number of people who have completed these training courses (including specialty trainings) with the number

10 The Convention on the Rights of the Child and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, drawn up in Istanbul on 11 May 2011. (Dz.U. 2015, item 961 as amended), and the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979 (Dz.U. 1982, No. 10, item 71).

of people who have actual knowledge about preventing and responding to domestic violence, and also refers to the training standards for these courses, without specifying whether these issues fall within one or several separate courses, how many hours are devoted to these issues, whether there is an evaluation of the quality of training in this area and, if so, how it is carried out.

There has been a slight, steady decrease of a few per cent in the number of NK-A forms drawn up. The reason for this is not clear. The unequivocal negative assessment of the phenomenon of domestic violence on the part of society (Burdziej et al., 2022), the progressive decrease in acceptance of the use of corporal punishment against children (Centrum Badania Opinii Społecznej, 2019; Włodarczyk, 2017) goes hand in hand with the observed routine of services and institutions in the treatment of violence cases (Burdziej et al., 2022).

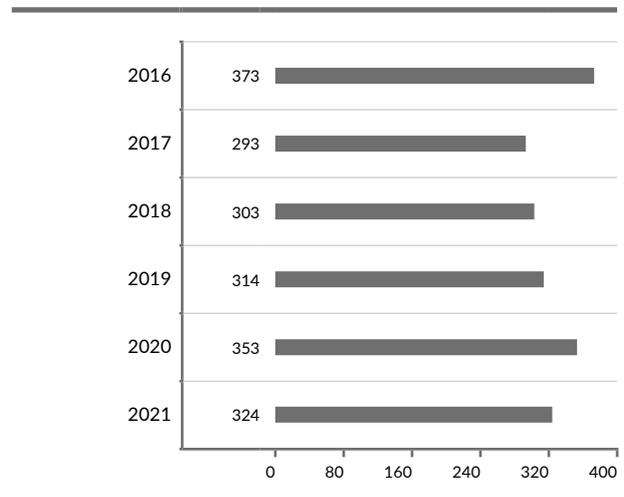
The most frequently recorded type of violence under the procedure was psychological violence. In 2021, 70,611 cases of psychological violence, 50,002 cases of physical violence, 1,548 cases of economic violence, 1,048 cases of sexual violence and 18,200 cases of other types were recorded. Detailed information is presented in the chapter on child abuse.

The annual total number of children suspected of being affected by domestic violence under the Blue Card procedure has remained below 15,000 over the past 5 years, ranging from 14,223 in 2016 to 11,129 in 2021.

In the practice of implementing the Blue Card procedure, minors are also identified as suspects of domestic violence. Over the past 5 years, the number of minors suspected of domestic violence has been flat – below 400, with a one-time drop below 300 (in 2017). The group of minors suspected of domestic violence is made predominantly of boys (figure).

The child is not actively involved in the Blue Card procedure – he or she is not heard or informed about the procedure or its outcome. However, a child may report domestic violence on their own. In such a case, actions with regard to the child (that is, in practice, filling in the NK-A form) should be undertaken in the presence of a psychologist, and in the case where the suspected

Figure. Minors suspected of domestic violence



Source: Own analysis based on annual reports (of 2016–2021) on the implementation of the National Programme for Counteracting Domestic Violence in the years 2014–2020.

perpetrators of violence are parents or caregivers, also in the presence of an adult next-of-kin (Regulation of the Council of Ministers of 13 September 2011 on the “Blue Card” procedure and “Blue Card” form templates [Dz.U. 2011 No. 209, item 1245]).

The Supreme Audit Office (NIK; 2015), in its report on assisting people affected by domestic violence, pointed to the need for reform of the family violence prevention system, in particular the need to quickly isolate the perpetrator from the aggrieved parties in order to stop the violence. At the time of the publication of the NIK report, there was an increasing trend in the use of a preventive measure in the form of an order prohibiting the perpetrator to stay in the apartment occupied jointly with the aggrieved party, but this procedure was still insufficient to ensure the safety of the aggrieved parties.

Between 2016 and 2020, the courts ordered this preventive measure in a small but increasing number of cases (Table 13). This measure was similarly applied in preparatory proceedings.

The demands for changes to improve the situation of aggrieved parties are slowly being implemented. As of December 2020, police officers have been given a new power to improve their efforts to ensure the safety of a person affected by domestic violence (Kotowski, 2021).

**Table 13.** Number of first-time rulings on the application of a preventive measure in the form of an order to leave the premises occupied jointly with the aggrieved party (Article 275a § 1 CCP)

Issuing authority	2016	2017	2018	2019	2020	2021
court	1,868	2,251	2,353	2,695	2,673	3,806
public prosecutor	2,965	3,668	3,776	4,497	4,912	5,694

Source: Own analysis based on annual reports (of 2016–2021) on the implementation of the National Programme for Counteracting Domestic Violence in the years 2014–2020.

During an intervention or on the basis of a report, a police officer assesses the risk to human life and health and can issue to the perpetrator an order to leave the jointly occupied premises or a restraining order. Both orders may be issued jointly or separately (e.g. only a restraining order when the perpetrator just visits the family and does not live in the apartment) and are also immediately enforceable (Police Act of 6 April 1990 [Dz.U. 2021, item 1882 as amended, consolidated text]).

In December 2020, 232 orders of both types were issued, and in 2021 – 3,531 (Rojek-Socha, 2022).

Another measure of intervention in a situation of imminent danger to a child's life or health due to family violence is the possibility of taking the child away from his or her family by a social worker carrying out their official duties and placing with another non-cohabiting relative, in a foster family or in a residential care facility (Article 12a of the Act on Counteracting Domestic Violence). In 2021, the number of children taken away under Article 12a was 1,335, including 660 boys and 675 girls.

## Participation of the child in civil procedure – hearing

According to the European Convention on the Exercise of Children's Rights, drawn up in Strasbourg on 25 January 1996, the child has the right to be informed and to express his or her views in the proceedings. In accordance with Article 3 of the Convention, a child, considered by internal law as having sufficient understanding, in the case of proceedings before a judicial authority affecting him or her, shall be granted, and shall be entitled to request, the following rights:

1. to receive all relevant information;

2. to be consulted and express his or her views;
3. to be informed of the possible consequences of compliance with these views and the possible consequences of any decision.

In Polish legislation, the expression of this principle is the child's right to be heard. Pursuant to Article 216<sup>1</sup> of the Code of Civil Procedure, the court in cases involving a minor shall hear the minor if his or her mental development, health condition and maturity so permit. The hearing shall take place outside the courtroom. Depending on the circumstances, mental development, health condition and maturity of the minor, the court shall take into consideration the minor's opinion and reasonable wishes

Article 576 § 2 Code of Civil Procedure indicates that the court in cases involving the person or property of a child, the court shall hear the child if his or her mental development, health condition and maturity so permit, taking into consideration, if possible, the child's reasonable wishes. A minor shall be heard outside a courtroom.

It is recommended that a hearing be held, in particular in cases for:

- parental authority,
- the relationship with the child's legal guardian,
- contact with the child,
- divorce or separation,
- adoption or dissolution of adoption,
- transfer within different forms or termination of foster care,
- surrender of a child from an unauthorised person.

The hearing shall be conducted by the judge without the presence of the parties to the proceedings. The participation of an expert psychologist is possible at

the hearing, in particular when the child is under 10 years of age, has a health or developmental issue or there is a risk that the hearing might cause disruption to the child's functioning.

There is no data on the actual number of children's hearings and the category of cases in which they are held. Research conducted by the Institute of Justice shows that 506 judges (80.3% of those surveyed) indicated that hearing the child facilitates an accurate decision. The opposite view was presented by 32 judges (5.1% of those surveyed). The majority of the judges participating in the survey, i.e. 544 (86.3%), assessed that the hearings they conducted were held in a child-friendly format. According to the judges, the friendliness of the hearing is evidenced by the manner in which the conversation with the child is conducted. The hearing should be conducted with respect for confidentiality, the dignity of the child, taking into account the child's decisions and considering the child's needs, e.g. when the child wants to stop or end the conversation. The judges also paid attention to the room in which the hearing is conducted. They pointed to so-called "friendly rooms", also used for interviewing children in criminal cases, and judges' offices among the places that ensure the friendliness of the hearing. They considered the ways in which the child is addressed and questions

asked, the tone of voice and the order in which topics are discussed to be relevant (Cieśliński, 2017).

## Summary

In recent years, a number of changes have been introduced in Polish legislation that may help to better protect children and their rights when participating in legal procedures. Unfortunately, the practice of applying the law deviates from its literal provisions. The potential of the existing provisions is not fully used and they still do not create a coherent system of child protection or a consistent procedure for identifying risks. The available official statistics of children victimised by offences or violence certainly do not fully reflect the scale of the phenomenon.

There is also a lack of monitoring and evaluation of the effectiveness of the newly introduced solutions, and some of the recommendations that the UN Committee on the Rights of the Child has been addressing to Poland for years have not been implemented. There is still much to be done to ensure that the child in legal procedures is subjectively treated and all his or her rights are fully executed. The last section of this report provides detailed guidance on the recommended directions of change that could improve this situation.

## References

- Balwicka-Szczyrba, M., Sylwestrzak, A. (ed.). (2022). *Kodeks cywilny. Komentarz*. Wolters Kluwer Polska.
- Burdziej, S., Branicka, Z., Hofman, D. (2022). *Wymiar sprawiedliwości wobec przemocy domowej Raport z badań empirycznych*. Pobrane z: [https://courtwatch.pl/wp-content/uploads/2022/03/RAPORT\\_wymiar\\_spr\\_wobec\\_przemocy\\_domowej.pdf](https://courtwatch.pl/wp-content/uploads/2022/03/RAPORT_wymiar_spr_wobec_przemocy_domowej.pdf)
- Centrum Badania Opinii Społecznej. (2019). *Komunikat z Badań nr 49/2019*. Pobrane z: [https://cbos.pl/SPISKOM.POL/2019/K\\_049\\_19.PDF](https://cbos.pl/SPISKOM.POL/2019/K_049_19.PDF)
- Children Rights Comitee. (2021). *Concluding observations on the combined fifth and sixth periodic reports of Poland numer CRC/C/POL/CO/5-6*. Pobrane z: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G21/361/05/PDF/G2136105.pdf?OpenElement>
- Cieśliński, M. (2017). Stanowisko sędziów na temat wysłuchiwanie małoletnich w postępowaniu cywilnym. *Prawo w Działaniu. Sprawy Cywilne*, 29, 142–149.
- Drajewicz, D. (2020). Komentarz do art. 304. In: D. Drajewicz (ed.), *Kodeks postępowania karnego. Tom I. Komentarz. Art. 1–424*. Wydawnictwo C.H. Beck.
- Dudka, K. (ed.). (2020). *Kodeks postępowania karnego. Komentarz*. Wolters Kluwer Polska.
- FDDS. (2019). *Petycja do Prezydenta Rzeczypospolitej Polskiej*. [https://www.prezydent.pl/storage/file/core\\_files/2021/8/5/031c5f13d3ac91e7cce5d2bd68364b28/dot.\\_wprowadzenia\\_systemowej\\_procedury\\_analizowania\\_przyczyn\\_przypadkow\\_krzywdzenia\\_dzieci.pdf](https://www.prezydent.pl/storage/file/core_files/2021/8/5/031c5f13d3ac91e7cce5d2bd68364b28/dot._wprowadzenia_systemowej_procedury_analizowania_przyczyn_przypadkow_krzywdzenia_dzieci.pdf)
- Główny Urząd Statystyczny. (2021). *Ludność według płci, wieku, województw i powiatów, stan na 31 XII 2021*. <https://demografia.stat.gov.pl/BazaDemografia/Tables.aspx>
- Gruszecka, D. (2008). Pojęcie dobra prawnego w prawie karnym. *Wrocławskie Studia Erazmiańskie. Zeszyty Studenckie*, 136–155. Pobrane z: <https://www.bibliotekacyfrowa.pl/dlibra/doccontent?id=29207>
- Grzegorzczuk, T. (2014). Artykuł 185(a). Przesłuchiwanie małoletniego świadka pokrzywdzonego czynem przeciwko wolności lub seksualnym albo przeciwko rodzinie i opiece. In: T. Grzegorzczuk, *Kodeks postępowania karnego. Komentarz do art. 1–467*. LEX/el.
- Hughes, K., Ford, K., Bellis, M. A., Glendinning, F., Harrison, E., Passmore, J. (2021). Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis. *The Lancet. Public Health*, 6(11), e848–e857. [https://doi.org/10.1016/S2468-2667\(21\)00232-2](https://doi.org/10.1016/S2468-2667(21)00232-2)
- Informator Statystyczny Wymiaru Sprawiedliwości. <https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie/>
- Koper, R. (2019). Przesłuchanie pokrzywdzonego w trybie art. 185c KPK. *Przegląd Sądowy*, 5, 77.
- Kosior, R. (2010). Udział biegłego psychologa w przesłuchaniu dziecka. *Prokuratura i Prawo*, 4, 42–63.
- Kotowski, W. (2021). *Ustawa o Policji. Komentarz*. LEX/el.
- Kruk, E., Skrętowicz E., Bojarski, T. (2016). *Ustawa o postępowaniu w sprawach nieletnich. Komentarz*. Wolters Kluwer Polska.
- Łakomy, A. (2016). Przesłuchanie małoletniego w świetle nowelizacji kodeksu postępowania karnego. *Ius Novum*, 1, 41–49
- Mierzwińska-Lorencka, J. (2011). Przesłuchanie małoletniego pokrzywdzonego w trybie art. 185a CCP. – wybrane wyniki badań aktowych. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 10(2), 56–76.
- NIK. (2015). *Informacja o wynikach kontroli. Pomoc osobom dotkniętym przemocą domową*. Pobrane z: <https://www.nik.gov.pl/plik/id,10943,vp,13290.pdf>

- Rojek-Socha, P. (2022). *Natychmiastowa izolacja sprawców przemocy coraz częściej stosowana*. <https://www.prawo.pl/prawnicy-sady/izolacja-sprawcy-przemocy-domowej-w-statystykach,515188.html>
- Sejm RP. (2016). *Uzasadnienie projektu ustawy o zmianie ustawy – Kodeks karny, ustawy o postępowaniu w sprawach nieletnich oraz ustawy – Kodeks postępowania karnego (druk sejmowy nr 846)*. Sejm RP. <https://www.sejm.gov.pl/Sejm8.nsf/druk.xsp?nr=846>
- Słownik Języka Polskiego PWN. (2022). *Sprawca*. <https://sjp.pwn.pl/slowniki/sprawca.html>
- Szewczyk, M., Wojtaszczyk, A., Zontek, W. (2020). Komentarz do art. 240. In: W. Wróbel, A. Zoll (ed.), *Kodeks karny. Część szczególna. Tom II. Komentarz do art. 117–277 PC*. LEX.
- Świecki, D. (2020). *Kodeks postępowania karnego. Tom I. Komentarz aktualizowany, Komentarz do art. 185a KPK*. System Informacji Prawnej LEX.
- Trocha, O. (2011). Praktyka przesłuchiwanie dzieci w Polsce. Raport z badań aktowych. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 10(2), 35–55.
- Warylewski, J. (2011). *Pornografia – próba definicji*. In: M. Mozgawa (ed.), *Pornografia*. Wolters Kluwer Polska.
- Włodarczyk, J. (2017). Klaps za karę. Wyniki badania postaw i stosowania kar fizycznych w Polsce. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 16(4), 81–107.
- Wróbel, W., Zoll, A. (ed.). (2016). *Kodeks karny. Część ogólna. Tom I. Cześć I. Komentarz do art. 1–52*. Wolters Kluwer Polska.

## Legal references

- Konwencja o prawach dziecka przyjęta przez Zgromadzenie Ogólne Narodów Zjednoczonych dnia 20 listopada 1989 r. (Dz.U. z 1991 r. Nr 120, poz. 526 z późn. zm.). (Convention on the rights of the child)
- Konwencja Rady Europy o zapobieganiu i zwalczaniu przemocy wobec kobiet i przemocy domowej, sporządzona w Stambule dnia 11 maja 2011 r. (Dz.U. z 2015 r. poz. 961 z późn. zm.). (Council of Europe Convention on preventing and combating violence against women and domestic violence)
- Konwencja w sprawie likwidacji wszelkich form dyskryminacji kobiet, przyjęta przez Zgromadzenie Ogólne Narodów Zjednoczonych dnia 18 grudnia 1979 r. (Dz.U. z 1982 r. Nr 10, poz. 71). (Convention on the Elimination of All Forms of Discrimination against Women, adopted by the General Assembly of the United Nations)
- Rozporządzenie Rady Ministrów z dnia 13 września 2011 r. w sprawie procedury “Niebieskie Karty” oraz wzorów formularzy “Niebieska Karta” (Dz.U. Nr 209, poz. 1245). (Regulation of the Council of Ministers on the “Blue Card” procedure and the “Blue Card” model forms)
- Uchwała Sądu Najwyższego (zasada prawna) z 28.04. kwietnia 1983 r., III CZP 14/83, OSNC 1983, nr 11, poz. 168.
- Ustawa z dnia 23 kwietnia 1964 r. – Kodeks cywilny (t.j. Dz.U. z 2020 r. poz. 1740 z późn. zm. t.j.) (Act on civil code)
- Ustawa z dnia 20 maja 1971 r. – Kodeks wykroczeń (t.j. Dz.U. z 2021 r. poz. 2008 z późn. zm. t.j.). (Code of offences)

- Ustawa z dnia 26 października 1982 r. o postępowaniu w sprawach nieletnich (t.j. Dz.U. z 2018 r. poz. 969 t.j.). (Act on Juvenile Proceedings)
- Ustawa z dnia 6 kwietnia 1990 r. o Policji (t.j. Dz.U. z 2021 r. poz. 1882 z późn. zm. t.j.). (Act on police)
- Ustawa z dnia 6 czerwca 1997 r. – Kodeks karny (t.j. Dz.U. z 2022 r. poz. 1138 t.j.). (Penal code)
- Ustawa z dnia 6 czerwca 1997 r. – Kodeks postępowania karnego (t.j. Dz.U. z 2022 r. poz. 1375 t.j.). (Criminal proceeding code)
- Ustawa z dnia 6 stycznia 2000 r. o Rzeczniku Praw Dziecka (t.j. Dz.U. z 2020 r. poz. 141). (Act on Ombudsman for children)
- Ustawa z dnia 7 lipca 2005 r. o państwowej kompensacie przysługującej ofiarom niektórych czynów zabronionych (t.j. Dz.U. z 2016 r. poz. 325 t.j.). (Act on State compensation to be granted to victims of certain offences)
- Ustawa z dnia 29 lipca 2005 r. o przeciwdziałaniu przemocy w rodzinie (t.j. Dz.U. z 2021 r. poz. 1249 t.j.). (Act on counteracting domestic violence)
- Ustawa z dnia 13 maja 2016 r. o przeciwdziałaniu zagrożeniom przestępczością na tle seksualnym (t.j. Dz.U. z 2020 r. poz. 152 t.j.). (Act on counteracting threats of sexual crime)
- Ustawa z dnia 30 sierpnia 2019 r. o Państwowej Komisji do spraw wyjaśniania przypadków czynności skierowanych przeciwko wolności seksualnej i obyczajności wobec małoletniego poniżej lat 15 (t.j. Dz.U. z 2020 r. poz. 2219 t.j.). (Act on the State Commission for the Investigation of Cases of Acts Against Sexual Freedom and Morality against a Minor under the age of 15)
- Ustawa z dnia 9 czerwca 2022 r. o wspieraniu i resocjalizacji nieletnich (Dz.U. z 2022 r. poz. 1700). (Act on the Support and Rehabilitation of Minors).

#### Citation:

Katana, K., Masłowska, P. (2022). Children in legal procedures. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 294–323). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Finansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Child Sexual Abuse\*

Joanna Włodarczyk – Empowering Children Foundation

## List of issues

---

- 326 Definitions
- 327 Prevalence and dynamics of csa
- 332 Societal attitudes toward sexual exploitation of children
- 334 Consequences of sexual victimisation
- 334 Sex education
- 337 Conclusion
- 338 References

\* Parts of this chapter are based on the previous edition of the report (Sajkowska, 2017) and have been used with the author's consent.

**F**or a child, sexual contact with an adult is an experience that may often have lifelong negative consequences. Their persistence and severity depend on a range of factors, such as the child's developmental stage at the time of the abuse, his or her relationship with the perpetrator, the duration of the abuse, and the child's disclosure and support received (Beisert & Izdebska, 2012).

Child sexual abuse (CSA) is in conflict with the norms and laws of nearly all cultures and societies in the world, and yet it was not until the 1980s that it became acknowledged as a major social problem. That was also the time when cases of CSA started to be recorded and when researchers began to explore the prevalence and mechanisms of the problem. Child sexual abuse turned out to be very difficult to describe, as only a small percentage of all cases are disclosed and reported. The difficulty is also related to the dynamically changing picture of the problem. These changes are determined by a variety of factors that influence the scope of the CSA definition and the possibility to identify behaviours regarded as sexual abuse. For example, the development of new technologies created broad opportunities to target potential child victims, to engage in sexual contact online, and to distribute pornographic content (photos and videos) involving children. Not only perpetrators' *modi operandi* have been expanding, but also new areas of children's traumatic sexual experiences are being discovered. In recent years, the public in many countries has been shocked by a wave of disclosures of clergy abuse and cases of child sexual abuse by staff members of different care institutions, which are disclosed by the victims after many years, in adulthood (historical abuse). Additionally, the humanitarian crisis caused by the war in Ukraine has heightened the risk of child sexual abuse. At the same time, increased public awareness and changes in legislation (e.g., mandatory reporting of sexual abuse) are potentially reducing the dark figure of CSA cases. Those numerous overlapping processes make it difficult to get a freeze frame image of the problem.

In 2014 Poland ratified the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, also known as the Lanzarote Convention. Preventive programmes, education, systemic therapeutic assistance for victims of sexual abuse, and child-friendly justice – these are the challenges faced by the Polish government after signing the Convention. Its signatories are also obliged to collect data about child sexual abuse. The goal of this chapter is to gather and review up-to-date available data on CSA in Poland.

## Definitions

The World Health Organization defines child sexual abuse as:

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

Child sexual abuse includes both situations involving physical contact between the child and the perpetrator (*contact sexual abuse*), and interactions that are sexual despite the lack of such physical contact (*non-contact sexual abuse*). The perpetrator may make the child engage in such activities by use of coercion or by abusing his or her position of power, control, and authority. Such power may be based on family relationships or on the child's relationships with adults who hold a position of control or authority in a range of institutions. Strategies used by perpetrators to sexually abuse children include coercion, manipulation, and grooming. It should be emphasised, however, that for children below the age of consent, any sexual contact with the child is considered sexual abuse, regardless of whether the offender used or did not use any coercion (ECPAT, 2016).

Non-contact child sexual abuse includes all forms of verbal harassment and exposing children to pornographic content. Non-contact abuse is increasingly occurring by use of new technologies (the internet, smartphones).

A separate category used in this context is commercial sexual contact with children, referred to as child sexual exploitation. A child is a victim of sexual exploitation when he or she takes part in sexual activities in exchange for something (e.g., a gain or benefit, or even the promise of such) from a third party, the perpetrator, or by the child her/himself (ECPAT, 2016).

Child sexual abuse is not explicitly defined in Polish legislation. The answer to the question of what kinds of behaviours are considered sexual abuse by the Polish law, can be found in appropriate articles of Chapter XXV of the Penal Code (PC), "Offences against Sexual Freedom and Decency". Those articles can be divided into provisions that protect all citizens (including minors) from specific sexual acts, such as rape (Article 197), abusing a relationship of dependence to coerce another person to sexual intercourse or another sexual act (Article 199), or incest (Article 201), and ones that regulate specifically sex crimes against minors: sexual intercourse with a minor under

”

*I told my parents what happened, but they didn't believe me. They said my uncle only wanted to hug me. I'm afraid the police won't believe me, either.*

*16-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

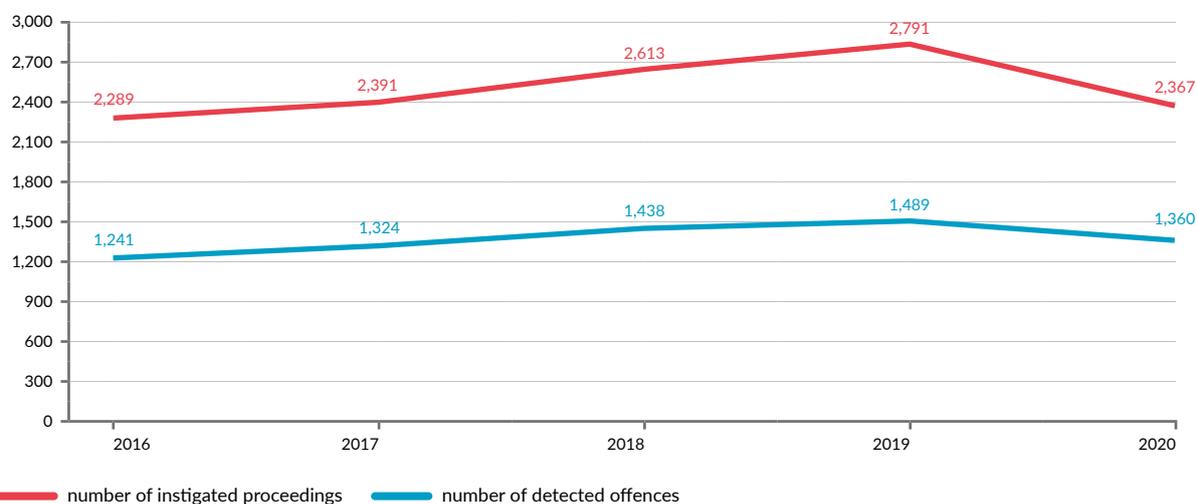
the age of 15 (Article 200) or exposing a minor to pornographic content (Article 202). A key element of legal definitions is the age of consent, which is 15 in Poland (Article 200 of the Penal Code). Sexual offences against children are discussed in more detail in another chapter of this report, “Children in legal procedures”.

The present chapter focuses on child sexual abuse by adults. Detailed information on abuse, including sexual abuse, by peers is provided in the chapter titled “Peer Victimization”.

## Prevalence and dynamics of csa

Official data reveals the prevalence of sexual offences, which can be also committed against child victims. Police statistics concerning Article 200 of the Penal Code (sexual abuse of a minor) show that more than 2000 proceedings are instigated each year, and the annual number of offences detected under this article is 1200–1400 (Figure 1).

**Figure 1.** The numbers of proceedings instigated and offences detected under Article 200 of the Penal Code (sexual abuse of a minor) in 2016–2020



Source: Own analysis based on: <https://statystyka.policja.pl/st/kodeks-karny/przestepstwa-przeciwko-6/63501,Seksualne-wykorzystanie-maloletniego-art-200.html>.

Table 1 presents the numbers of minor victims of sexual abuse offences based on first-instance convictions between 2016 and 2021.

Among the offences listed in the table, the highest number of child victims were reported under Article 200 § 1 of the Penal Code – more than 600 child victims annually – followed by Article 197 § 3 of PC – about 100 minors each year. The majority of victims of sexual offences are females; in many cases they constitute more than 80% of all victims (colour-marked).

**Table 1.** The numbers of child victims of crimes related to sexual abuse, based on first-instance convictions between 2016 and 2021

		2016	2017	2018	2019	2020	2021
Art. 191a PC	Recording and publishing the image of a naked person without their consent	11	8	19	11	18	16
Art. 197 § 1 PC	Rape (sexual intercourse)	49	65	47	36	48	54
Art. 197 § 2 PC	Rape (another sexual act)	20	35	27	23	26	32
Art. 197 § 3 PC	Rape 1) together with another person, 2) against a minor under 15, 3) against an ascendant, descendant, or adopted child, or a brother or sister	111	120	98	124	88	100
Art. 197 § 4 PC	Rape with particular cruelty	0	9	5	2	12	1
Art. 198 PC	Sexual abuse by taking advantage of mental disability or helplessness	10	10	13	15	17	18
Art. 199 PC	Sexual abuse by taking advantage of a dependence relationship or a critical position	11	14	19	28	14	17
Art. 200 § 1 PC	Sexual intercourse with a minor under 15	636	699	607	614	590	652
Art. 200 § 3 PC	Presenting pornographic material to a minor under 15	39	48	61	56	40	80
Art. 200 § 4 PC	Presenting sexual acts to a minor under 15	43	45	43	42	58	19
Art. 200a § 1 PC	Grooming (intention to meet with a minor under 15 for sexual purposes)	16	13	14	17	16	27
Art. 200a § 2 PC	Grooming (proposing sexual contact to a minor under 15)	58	91	77	82	56	63
Art. 201 PC	Incest	2	2	3	6	3	14
Art. 202 § 1 PC	Public presentation of pornographic content	3	11	4	2	3	6
Art. 202 § 3 PC	Producing, possessing, and presenting pornographic material that involves a minor or is related to displaying violence or using an animal	11	13	12	9	9	26
Art. 202 § 4 PC	Recording pornographic material that involves a minor	9	12	20	13	8	11
Art. 202 § 4a PC	Storing, possessing, or accessing pornographic content that involves a minor	14	15	72	44	25	28
Art. 202 § 4b PC	Producing, publishing, presenting or possessing pornographic material that features an image of a minor involved in sexual acts	9	8	1	0	1	0
Art. 202 § 4c PC	Participating in a presentation of pornographic content involving a minor to achieve sexual gratification	0	0	0	1	3	0
Art. 203 PC	Coercing another person to prostitution	0	14	1	1	3	0

Source: Own analysis, based on the Ministry of Justice data.

According to data from the Ministry of Justice, there are about 600 convictions annually under Article 200, section 1 of the Penal Code (sexual intercourse with a minor under the age of 15) (Table 2).

**Table 2.** Numbers of persons convicted under Article 200 § 1 of the Penal Code between 2016 and 2021

	2016	2017	2018	2019	2020	2021
First-instance convictions	582	597	592	571	517	639

Source: Own analysis, based on the Ministry of Justice data.

Unfortunately, it cannot be concluded that – as the above data might suggest – sexual abuse affects several hundred children in Poland annually. The prevalence of the problem is definitely much bigger. The data presented above is limited to the incidents that were disclosed and then substantiated through a legal procedure, which is particularly difficult for children who may be sexually abused by adult family members and friends. Another element which is important for disclosing child sexual abuse and, consequently, for how accurately the problem is reflected in official data, is societal willingness to disclose the problem (Włodarczyk, 2014). According to researchers, although law enforcement statistics provide a valuable picture of the current reportability of the problem, they are not a reliable source of information about the prevalence and characteristics of the phenomenon itself (Izdebska & Pilarczyk, 2019).

A much more complete picture of the prevalence of sexual abuse emerges from social surveys conducted among both children (asking about their own experiences) and adults (retrospective studies asking about the respondents' childhood experiences). Data about the prevalence of childhood abuse can be found in two surveys conducted by the Empowering Children's Foundation (ECF) in 2017 and 2018.

The first one was a retrospective study conducted on a sample of students at five universities in different parts of Poland. The survey used the *Adverse Childhood Experiences (ACE) Questionnaire*. Its methodology focused on studying the relationship between adverse childhood experiences (including abuse) and health outcomes.

The survey found that 4.8% of the respondents had been sexually abused in childhood by persons 5 years older or by adults. Women were significantly more likely than men to report such experiences (6.6% vs 2.5%). Among the four categories of sexual abuse that were included in the study (unwanted touch by an adult, being forced to touch

the other person's body, attempted sexual intercourse, and actual sexual intercourse), the biggest proportion of the respondents (3.57%) were sexually touched by an adult or a person 5 at least years older. For all four categories of sexual abuse, the analysis included experiences below the age of 15 or between the ages of 15 and 18, if they were against the respondent's will (Makaruk et al., 2018).

The other survey was conducted in 2018 on a sample of children and young people aged 11–17 (questions about sexual abuse were asked to adolescents in the 13–17 age group). Thus, it is the most recent study that reflects the situation in 2018, rather than at least dozen years earlier, as was the case with the retrospective study. The methodology of the 2018 survey was based on the *Juvenile Victimization Questionnaire (JVQ)*, which focuses on examining the prevalence of different forms of violence and abuse against children.

The following categories of child sexual abuse were included in the study:

1. Non-contact sexual abuse:
  - verbal sexual harassment, referring to the experience of someone hurting the child's feelings by writing or saying sexual things about him or her,
  - online grooming, defined as making friends on the internet with someone who later tried to persuade the child to engage in some sexual activity,
  - sexual exposure, understood as showing a child one's private parts without his or her consent.
2. Contact sexual abuse:
  - unwanted touch by a peer, i.e., touching a child against his or her will, forcing a child to touch another person or to engage in other sexual acts,
  - sexual contact under the age of 15 with an adult, understood as sexual contact between a child under 15 and a person over 18, even if it was wanted by both of them;

- unwanted touch by a familiar adult, i.e., an adult family member or another known person touching the child's private parts when it is inappropriate, or making the child touch his or her private parts or engage in other sexual acts;
- unwanted touch by an adult stranger, i.e., an unfamiliar adult touching the child's private parts when it is inappropriate, or making the child touch his or her private parts or engage in other sexual acts;
- commercial sexual exploitation, understood as sexual contact in exchange for money or other gains (Izdebska & Pilarczyk, 2019).

The largest number of adolescents have experienced sexual abuse by a peer (4%), followed by sexual contact under the age of 15 with an adult (2%), unwanted touch by a familiar adult (2%), and unwanted touch by an adult stranger (2%). The smallest proportion of the respondents experienced commercial sexual exploitation: 0.5% (Table 3).

**Table 3.** Experiences of different forms of contact sexual abuse – overall and by gender and age, in the lifetime (%; N = 822; 2018)

Contact sexual abuse	Total	Girls	Boys	<i>p</i> *	13–14 y.o.	15–17 y.o.	<i>p</i> *
Unwanted touch by a peer	4	6	1	0.000	2	5	0.050
Sexual contact under 15 with an adult	2	2	3	0.599	1	3	0.000
Unwanted touch by a familiar adult	2	3	0	0.002	1	2	0.182
Unwanted touch by an adult stranger	2	2	1	0.064	1	2	0.246
Commercial sexual exploitation	0	0	1	0.280	1	0	0.648

\*  $p < 0,05$  indicates a statically significant difference.

Source: Włodarczyk et al., 2018.

When it comes to gender, girls are more likely than boys to report unwanted touch by a peer and by a familiar adult. No significant gender differences have been found for the remaining categories. In the vast majority of cases, sexual abuse by a peer (81%) or by an adult (familiar: 64%, stranger: 92%) was perpetrated by males (Włodarczyk et al., 2018).

Non-contact sexual abuse is the most likely to take the form of verbal abuse (10%), followed by online grooming (9%) and sexual exposure (9%; Table 4).

**Table 4.** Experiences of different forms of non-contact sexual abuse – overall and by gender and age, in the lifetime (% , N = 822, 2018)<sup>a</sup>

Non-contact sexual abuse	Total	Girls	Boys	p*	13–14 y.o.	15–17 y.o.	p*
Verbal sexual abuse	10	17	4	0.000	6	13	0.002
Online grooming	9	13	4	0.000	4	11	0.000
Sexual exposure	9	11	8	0.067	8	11	0.160

\*  $p < 0,05$  reflects a statistically significant difference.

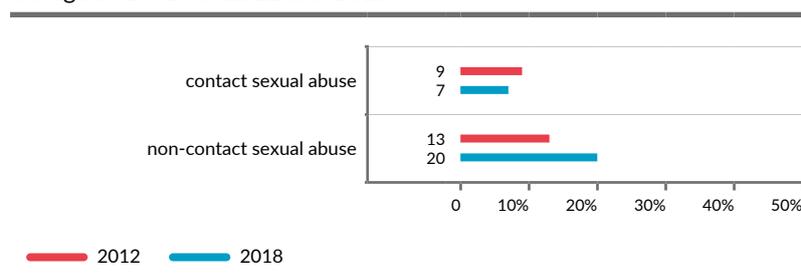
<sup>a</sup> The 2018 report uses the term "abusive sexual experiences", but it refers to the same experiences.

Source: Włodarczyk et al., 2018.

Girls were significantly more likely than boys to experience verbal sexual abuse and online grooming. In the vast majority of cases, the perpetrators of verbal sexual abuse (72%), online grooming (76%), and sexual exposure (88%) were males. Adolescents were the most likely to be verbally abused by familiar adults who were not family members (60%), followed by strangers (33%), and their intimate partners (14%). Similarly, the perpetrators of sexual exposure were more often familiar persons (56%) than strangers (35%; Włodarczyk et al., 2018).

Overall, 7% of the adolescents participating in the study experienced contact sexual abuse, while 20% reported non-contact abuse. Comparing to the first edition of the study in 2012, the proportion of children reporting sexual abuse was slightly lower (by 2 percentage points), while the proportion of adolescents experiencing non-contact sexual abuse increased (from 13% to 20%; Figure 2). This finding does not necessarily mean that the prevalence of sexual victimisation increased; instead, it may reflect a higher tendency to disclose abusive experiences (Izdebska & Pilarczyk, 2019).

**Figure 2.** Experiences of contact and non-contact child sexual abuse at the age of 13–17 in 2012 and 2018<sup>1</sup>



Source: Own analysis based on a database of 2012 and Włodarczyk et al., 2018.

Even more recent data on the prevalence of children's experiences of abuse and neglect by their loved ones, comes from 2020, when the ECF used questions similar to those that were asked in 2012 and 2018, but limited to the initial stage of the COVID-19 pandemics, the period from mid-March to the end of June 2020.

<sup>1</sup> A report by Włodarczyk and Makaruk (2013), which analyses data collected in the 2012 study, provides the results of all the children surveyed, aged 11–17. Since in 2018 questions about sexual abuse were only asked to respondents over the age of 13, the above figure presents the 2012 data for children in the 13–17 age group. Thus, the data is different than in Włodarczyk and Makaruk (2013) or Włodarczyk and Sajkowska (2013).

That study used a different methodology (CAWI) and was conducted among respondents aged 13–17, so its results are not comparable with findings from the first two waves of the survey. Importantly, however, it demonstrated that in the initial period of the pandemics, when leaving home and contacts with people outside the close family context were severely restricted, and schools, closed under the lockdown measures, moved their classes online, children were still sexually abused.

Contact sexual abuse was reported by 2.6% of the respondents, and non-contact abuse – by 9.2%. Non-contact sexual abuse occurred in the form of receiving unwanted nude photos (5.2%), verbal sexual abuse (4.6%), and online grooming (3.4%). Contact sexual abuse took the form of unwanted sexual contact with an adult (1.8%) or a peer (1.2%), or sexual contact between a person under 15 (i.e., under the age of consent) and an adult (1.0%) (Szredzińska & Włodarczyk, 2021).

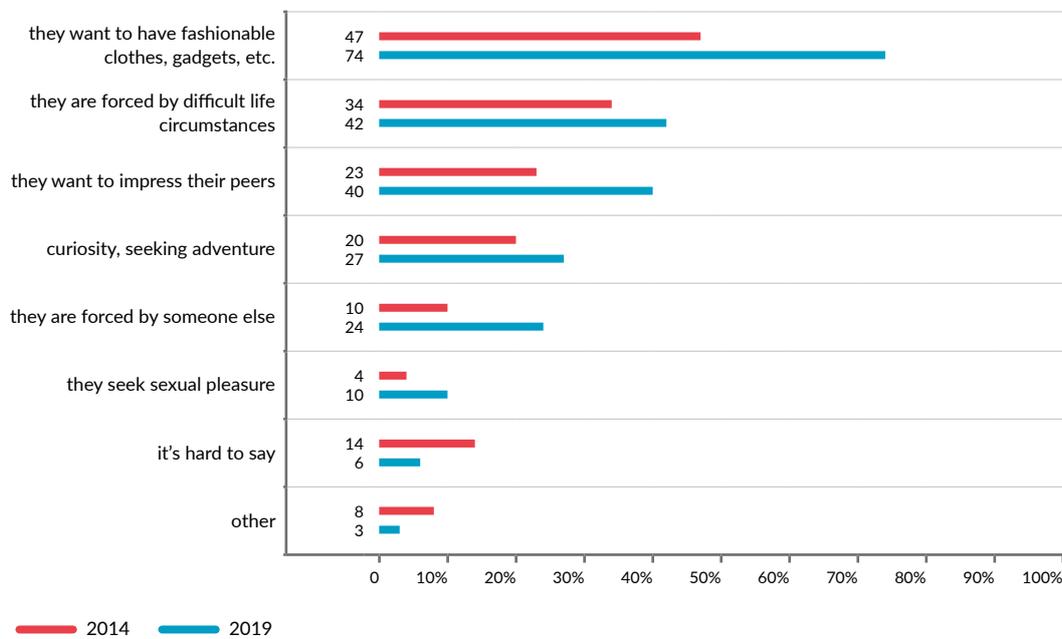
## Societal attitudes toward sexual exploitation of children

As already mentioned, what is of key importance for dealing with child sexual abuse is the public perception of the problem, which may foster or hinder reporting, intervention, and prevention. It is particularly important when it comes to commercial sexual exploitation of children, referring to a child taking part in sexual activities in exchange for a gain or just a promise of it, from a third party or the perpetrator. Importantly, we should not use the term *child pornography*, as it may imply that the phenomenon is a legitimate form of sex work or that the child has given an informed consent to prostitute him- or herself (ECPAT, 2016).

The need to emphasise this terminology concern may suggest, however, that such attitudes toward sexual exploitation of children are present in the society. Indeed, their presence has been confirmed by research. In a 2019 survey 74% of Poles believed that one of the reasons why children and young people engaged in sexual contact with adults, was their desire to have fashionable clothes or gadgets. In 2014 the same answer was chosen by 47% of the respondents. The remaining reasons indicated by the participants in the 2019 survey included difficult life circumstances (42%), young people's desire to impress their peers (40%), and being forced or coerced by another person (24%). In comparison to the 2014 survey, the percentages of all specific answers were significantly higher, while the proportion of the “hard to say” and “other” responses decreased (FDDS, 2019; Figure 3).

At the same time, more than half of Poles think that sexual exploitation of children in Poland is a real problem that affects many people. Sixty three percent of the respondents expressed such an opinion about young people sharing their nude photos in exchange for money or other benefits, 61% – about engaging in sexual activities in exchange for means of subsistence, and 60% – about exchanging sex for regular financial support. In comparison to 2014, in 2019 more respondents considered all those phenomena to be real problems in Poland. What did not change was the participants' opinion about young people engaging in sexual activity in exchange for gifts (51% in 2014, 50% in 2018; Figure 4).

**Figure 3.** Poles' opinions about reasons why children and young people under 18 engage in sexual activity in exchange for money or other benefits, in 2014 and 2019 (% , multiple choice)



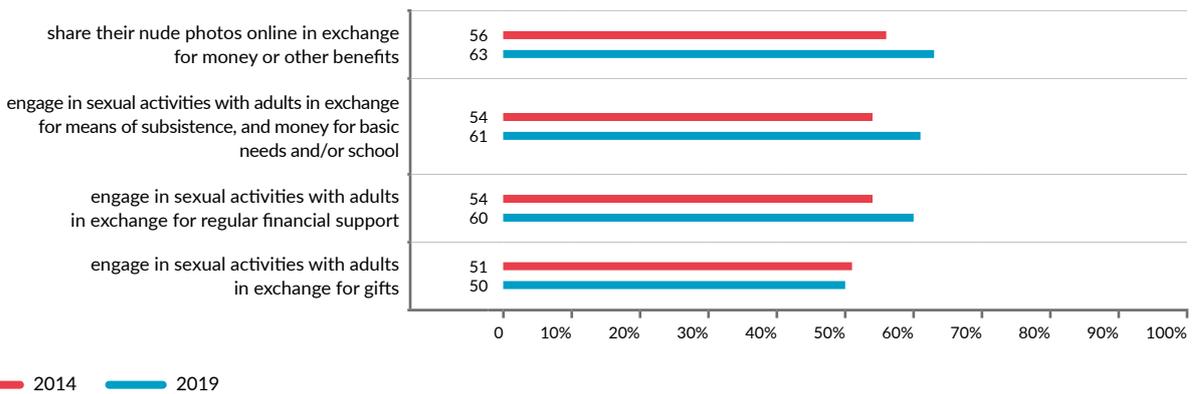
The 2014 survey: CAPI, representative sample N=988 persons under 15; The 2019 survey: CAWI, representative sample N=1001 persons under 15.

Source: own analysis, based on: FDDS, 2019.

**Figure 4.** Poles' opinions about different forms of sexual exploitation of children in Poland in 2014 and 2019 (%)

A boy or girl aged 16-17...

Responses: It is a real problem that affects many people in Poland



The 2014 survey: CAPI, representative sample N=988 persons under 15; The 2019 survey: CAWI, representative sample N=1001 persons under 15).

Source: own analysis, based on: FDDS, 2019.

## Consequences of sexual victimisation

The relationship between adverse childhood experiences (ACEs) and health-risk behaviours was examined by a US survey conducted on a sample of 13,494 respondents. The results demonstrated that childhood abuse and family dysfunction contributed to health problems in adulthood. That survey and many other studies found a strong relationship between ACEs and smoking, substance abuse, depression, suicide attempts, and violence perpetration (Bellis et al., 2014b; Felitti et al., 1998; WHO, 2006).

The association between health-risky behaviours and adverse childhood experiences is most probably mediated by ACEs' effect on the developing mind. Early traumas may lead to structural and functional changes in the brain and in its stress systems. This, in turn, affects such functions as emotional regulation or fear response, which may increase these individuals' tendency to engage in risky behaviours later in life (Anda et al., 2006).

ACEs have also been found to be associated with changes in the nervous, hormonal, and immune systems. Research suggests that stressful childhood experiences may lead to significant biological responses, and consequently have an effect on physiological stress responses in adulthood (Danese & McEwen, 2012).

A 2017 survey, conducted by the ECF on a sample of Polish university students, found a relationship between sexual abuse and health-risky behaviours. The odds ratio (OR) – the ratio of the odds of an event in one group and the odds of the same event in a comparison group – was calculated for each of several risky behaviours. In comparison to those who were not sexually abused in childhood, survivors of child sexual abuse were six times more likely to have more than three sex partners (OR = 6.27), over four times more prone to substance abuse (OR = 4.26), 3.5 times more likely to engage in self-harm (OR = 3.50) and to attempt suicide (OR = 3.41), three times more likely to report early smoking initiation (OR = 3.08), early sexual initiation (OR = 2.85) and risky drinking (OR = 2.57), twice as likely to have smoked a hundred or more cigarettes in their lifetime (OR = 2.38), abuse alcohol (OR = 2.18) and miss work or university classes because of stress (OR = 1.83; Makaruk et al., 2018).

However, not all sexually abused children develop some kinds of symptoms. Various studies have found that between 30% and 50% children do not show any symptoms of psychopathology after sexual victimisation (Kendall-Tackett et al., 1993; Williams & Nelson-Gardell, 2012).

The main factors that increase the likelihood of long-term consequences of sexual abuse include (Włodarczyk, 2016):

- factors at the microsystem (family) level:
  - early adverse family experiences (such as parental conflict);
  - experiencing other forms of violence or abuse, acceptance of violent behaviours and alcohol abuse in the family;
  - perpetrator proximity (both relational, such as kinship or friendship, and physical – living in the same household);
- factors at the exosystem level (social environment):
  - low socioeconomic status;
  - lack of alternatives related to lack of family and social support;
- factors at the macrosystem level:
  - societal victim-blaming;
  - patriarchy.

Protective factors include support from social services, including access to psychological help, emotional support in the family, and positive bonds with the family and peers (Włodarczyk, 2016).

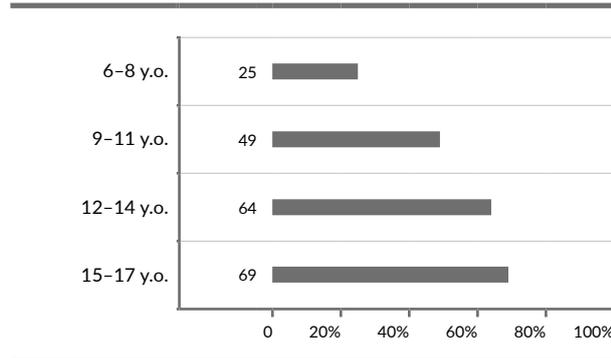
## Sex education

Analyses of the effectiveness of prevention efforts point to sex education as an important form of preventing sexual victimisation (Izdebska & Ruchel, 2011). A review of existing research suggests that parents play a vital role in protecting children from sexual abuse (Rudolph et al., 2020).

A 2015 survey by the Institute of Educational Studies (Instytut Badań Edukacyjnych, IBE) asked parents of children aged 6–17 whether they or other close family members had talked to their children about the risks of sexual

victimisation. The respondents' reports varied depending on children's age. Parents discussed that topic with nearly half of the children aged 9–11 (49%). For older children – secondary school students (aged 15–17) – the percentage was higher and amounted to 69% (Figure 5). The survey found that a significant proportion of children were not educated by their family members about the risks related to sexual abuse until late school age, while for one third of the children no one in the family had ever raised the topic.

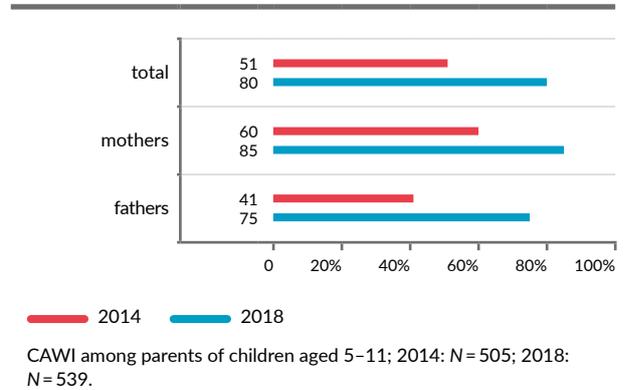
**Figure 5.** Children's age at the time when close family members talked to them about the risks of sexual victimisation (cyberbullying, rape, harassment), based on self-reports of parents of children aged 6–17 (N = 2526; %)



Source: Own analysis, based on: IBE, 2015.

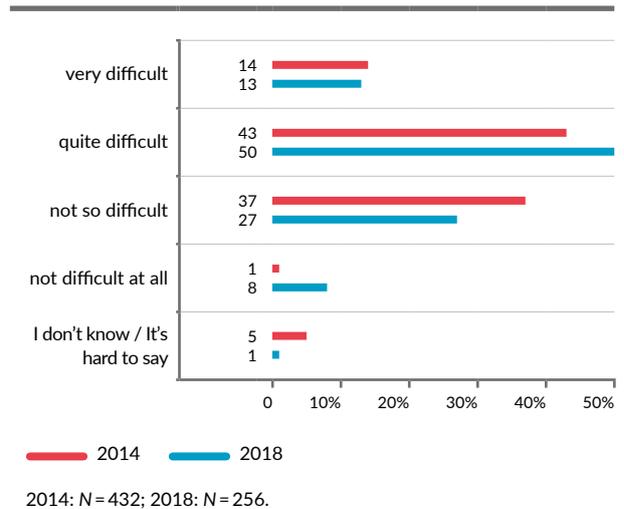
In the 2018 survey conducted by the ECF, 80% of Polish parents of children aged 5–11 reported they had talked to their children about the risks related to sexual abuse. Mothers were more likely than fathers to have such conversations with their children (85% and 75%, respectively). As compared to the previous wave of the study, there was a huge increase in the percentage of parents who talked to their children about child abuse risks: from 51% in 2014 to 80% in 2018 (Figure 6). The first conversation, on average, took place when the child was about 7 years old, but 24% of the parents talked about it with their five-year-olds. In their conversations with children parents are more likely to focus on the stranger danger than to teach about the risks posed by familiar adults. More than half of the parents (63%) described the conversation as difficult (Figure 7).

**Figure 6.** Percentages of parents who talked to their children about CSA (%; 2014 and 2018)



Source: FDDS, 2018.

**Figure 7.** Perceived difficulty of the conversation, rated by the parents who talked to their children about CSA (%; 2014 and 2018)



Source: FDDS, 2018.

Parents who talk to their children about the risks of CSA, most frequently tell them not to talk to strangers, that private parts can only be shown to a parent or a physician, and that the child should not trust anyone (Table 5).

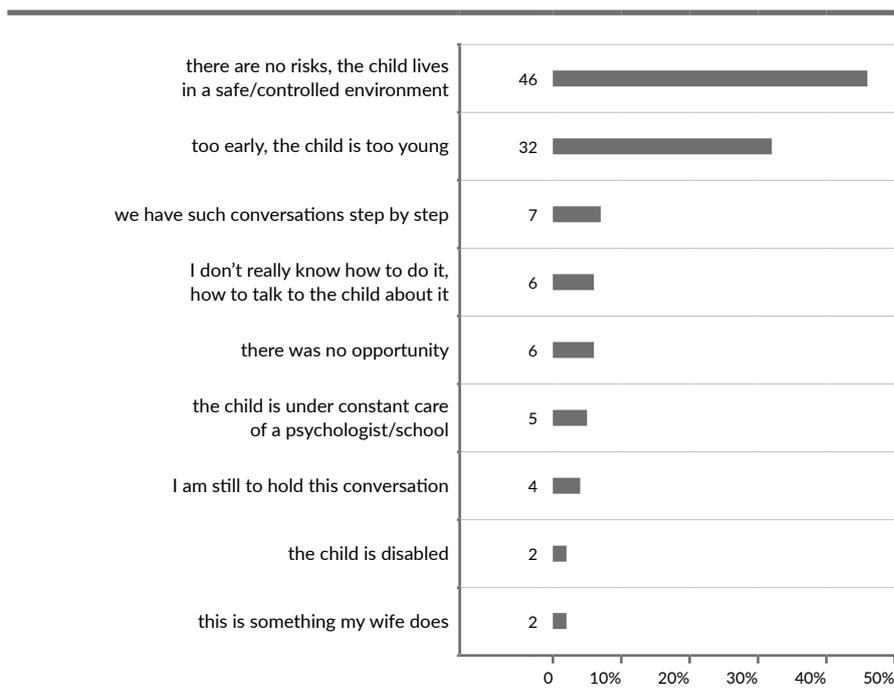
Parents who do not talk to their children about the danger of sexual abuse, mention the lack of CSA risks and their child's age – their belief that the child is too young for such conversations – as the main reasons for not talking to them (Figure 8). As a reminder, the study was conducted among parents of children aged 5–11.

**Table 5.** Topics most frequently discussed by the parents who talked to their children about CSA (2014 and 2018)

Most frequently discussed topics	
2014 r. (N = 256)	2018 r. (N = 431)
Don't trust anyone	Don't talk to strangers
Bad touch (private parts can only be shown to a parent/physician)	Bad touch (private parts can only be shown to a parent/physician)
Don't talk to strangers	Paedophilia, sexual abuse
Tell parents about everything	Risks in general
Risks in general	Don't trust anyone

CAWI among parents of children aged 5–11; 2014: N = 505; 2018: N = 539.

Source: FDDS, 2018.

**Figure 8.** Self-reported reasons why parents did not talk to their children aged 5–11 about child sexual abuse (%; N = 539, 2018)

Source: FDDS, 2018.

In recent years, researchers have increasingly emphasised that the protective role of parents is not limited to talking to their children about dangerous situations that may lead to sexual abuse. Instead, it should be performed through the overall parenting approach. It is recommended that protective behaviours are not taught in isolation, but rather become an integral part of the existing evidence-based parenting programmes. One way to address the first aspect of the protective role of parents is to develop a module about CSA prevention and to embed it in general positive parenting programmes (Rudolph et al., 2020).

## Conclusion

Knowledge about child sexual abuse is necessary for effective prevention. Researchers emphasise the growing need for “research programmes focusing on individual, environmental, and situational factors related to the onset of perpetrators’ offending behaviours, as well as on risk and protective factors related to the consequences of abuse for children” (Sajkowska and Skierkowska, 2020, p. 39). It is particularly important in light of a growing body of evidence suggesting that universal (or primary) prevention (aimed at the entire population) is not effective enough, and therefore more resources should be

allocated to secondary (selective) prevention, targeted at high-risk individuals, groups, and locations, and tertiary (indicated) prevention, targeted at individuals, groups, and locations where abuse has already occurred, in order to prevent further abuse or secondary victimisation. Smallbone, Marshall and Wortley developed an integrated model of child sexual abuse prevention, adding four areas of intervention – offenders, victims, situations, and communities – to those three levels (Sajkowska and Skierkowska, 2020; Table 6).

In order to be effective, prevention of child sexual abuse has to be evidence-based and subject to continuous evaluation.

**Table 6.** The integrated model of child sexual abuse prevention according to Smallbone, Marshall and Wortley

	Primary (universal) prevention	Secondary (selective) prevention	Tertiary (indicated) prevention
Offenders	General prevention Developmental prevention	Helplines Counselling for high risk individuals Developmental prevention	Early detection Specific prevention Selective incapacitation Offender treatment
Victims	Personal safety plans Building resilience	Counselling and support for children at risk of CSA	Early detection Harm reduction Preventing secondary victimisation
Situations	Extended guardianship Situational prevention in public spaces, institutions, and home environments	Situational interventions in in high risk places and organisations	Safety plans Prevention of reoffending Situational interventions in institutions where CSA has already occurred
Communities	Public education Community support services Community skill building	Supporting high risk families Interventions in high risk communities	Interventions in communities with high rates of CSA

Source: Sajkowska and Skierkowska, 2020, p. 18.

## References

- Anda R. F., Felitti V. J., Bremner J. D., Walker J. D., Whitfield Ch, Perry B. D. i in. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–86. <https://doi.org/10.1007/s00406-005-0624-4>
- Bellis M. A., Hughes K, Leckenby N, Perkins C, Lowey H (2014b). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Medicine*, 12,72. <https://doi.org/10.1186/1741-7015-12-72>
- Beisert, M., Izdebska, A. (2012). Wykorzystanie seksualne dzieci. *Dziecko krzywdzone. Teoria, badania, praktyka*, 11(2), 48–66.
- Danese, A., McEwen, B. S. (2012). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & Behavior*, 106(1), 29–39. <https://doi.org/10.1016/j.physbeh.2011.08.019>
- ECPAT. (2016). *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*. Pobrane z: [https://www.ohchr.org/sites/default/files/TerminologyGuidelines\\_en.pdf](https://www.ohchr.org/sites/default/files/TerminologyGuidelines_en.pdf)
- FDDS. (2018). *Ewaluacja PANT-sów. Badanie rodziców dzieci w wieku 5–11 lat*. Niepublikowany komunikat z badań Fundacji Dajemy Dzieciom Siłę.
- FDDS. (2019). *Komercyjne wykorzystywanie seksualne dzieci i młodzieży. Porównanie postaw wobec problemu w Polsce 2014–2019*. Niepublikowany raport z badań Fundacji Dajemy Dzieciom Siłę.
- Felitti, V. J., Anda, R. F., Nordenberg, D, Williamson, D. F., Spitz, A. M., Edwards, V. i in. (1998) The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14, 245–258.
- IBE. (2015). *Opinie i oczekiwania młodych dorosłych (osiemnastoletków) oraz rodziców dzieci w wieku szkolnym wobec edukacji dotyczącej rozwoju psychoseksualnego i seksualności. Raport z badania*. Instytut Badań Edukacyjnych.
- Izdebska, A., Pilarczyk, K. (2019). Wykorzystanie seksualne dziecka. Wyniki Ogólnopolskiej diagnozy skali i uwarunkowań krzywdzenia dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 18(3), 68–97.
- Izdebska, A., Ruchel, A. (2011). Profilaktyka wykorzystania seksualnego dziecka. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 10(1), 54–67.
- Kendall-Tackett, K. A., Williams, L. M., Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(1), 164–180. <https://doi.org/10.1037/0033-2909.113.1.164>
- Makaruk, K., Włodarczyk, J., Sethi, D., Michalski, P., Szredzińska, R., Karwowska, P. (2018). Negatywne doświadczenia w dzieciństwie i związane z nimi zachowania szkodliwe dla zdrowia wśród polskich studentów. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 17(2), 58–97.
- Policja. (2021). *Seksualne wykorzystanie małoletniego (art. 200)*. <https://statystyka.policja.pl/st/kodeks-karny/przestępstwa-przeciwko-6/63501,Seksualne-wykorzystanie-małoletniego-art-200.html>
- Rudolph, J., Zimmer-Gembeck, M. J., Shanley, D. C., Hawkins, R. (2020). Profilaktyka wykorzystywania seksualnego dzieci – rodzicielstwo, programy i zmniejszanie ryzyka. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 19(2), 125–154.
- Sajkowska, M. (2002). Wykorzystywanie seksualne dzieci. Ustalenia terminologiczne, skala zjawiska, oblicza problemu społecznego. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 1(1), 5–28.

- Sajkowska, M. (2017). Wykorzystywanie seksualne dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 16(1), 230–249.
- Sajkowska, M., Skierkowska, M. (2020). Zintegrowany model profilaktyki wykorzystywania seksualnego dzieci według Smallbone'a, Marshalla i Wortleya. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 19(2), 11–44.
- Szredzińska, R., Włodarczyk, J. (2021). Doświadczenia krzywdzenia oraz dobrostan psychiczny polskich nastolatków w pierwszym okresie pandemii. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 20(2), 38–62.
- WHO. (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. World Health Organization i International Society for Prevention of Child Abuse and Neglect.
- Williams, J., Nelson-Gardell, D. (2012). Predicting resilience in sexually abused adolescents. *Child Abuse & Neglect*, 36(1), 53–63. <https://doi.org/10.1016/j.chiabu.2011.07.004>
- Włodarczyk, J. (2014). Rola backlashu w instytucjonalizacji problemu wykorzystywania seksualnego dzieci. Analiza przypadku Stanów Zjednoczonych pod koniec XX wieku. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 13(1), 33–50.
- Włodarczyk, J. (2016). *Wykorzystywanie seksualne w dzieciństwie a konsekwencje w życiu dorosłym. Raport z badań*. Fundacja Dajemy Dzieciom Siłę.
- Włodarczyk, J., Makaruk, K. (2013). *Ogólnopolska diagnoza problemu przemocy wobec dzieci. Wyniki badania*. Warszawa: Fundacja Dzieci Niczyje.
- Włodarczyk, J., Makaruk, K., Michalski, P., Sajkowska, M. (2018). *Ogólnopolska diagnoza skali i uwarunkowań krzywdzenia dzieci. Raport z badania*. Fundacja Dajemy Dzieciom Siłę.
- Włodarczyk, J., Sajkowska, M. (2013). Wykorzystywanie seksualne dzieci. Wyniki Ogólnopolskiej diagnozy problemu przemocy wobec dzieci. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 12(3), 63–100.

#### Citation:

Włodarczyk, J. (2022). Child sexual abuse. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 324–339). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Children and adolescents' experiences of COVID-19 pandemics

Jacek Pyżalski – Faculty of Educational Studies, Adam Mickiewicz University in Poznań

## List of issues

---

- 343 Physical and mental health
- 344 Social relationships
- 345 Relationships with adults (teachers and family members)
- 346 Relationships with peers
- 347 Domestic violence and peer victimisation
- 347 The context of distance education
- 348 Patterns of ICT usage
- 349 Pandemic-related support for young people
- 351 References

**T**he COVID-19 pandemic should definitely be seen as a time of crisis, which in many different ways affected everyone, especially young people. It changed the functioning of the school system (it was a time of what is referred to as “emergency remote teaching” or ERT; Pyżalski, 2020a) and shaped the nature of young people’s social relationships, both with adults (their teachers and parents) and with peers. Throughout the pandemic, all those changes were accompanied by intensive, but also partly modified, use of new media, which – apart from educational purposes – served as a basic tool for satisfying, in more or less constructive ways, young persons’ developmental needs. We may even say that, especially in the initial phase of emergency remote teaching, the online environment became the main platform of activity, both for young persons and for many significant persons in their lives.

In Poland the experiences of the COVID-19 crisis (which may or may not be definitely over, given the uncertainty about the future development of the pandemic) overlapped with the war in Ukraine, close to the Polish border, and the related problems of migration, with Ukrainian women, men, and their children fleeing the war. A comprehensive study of such crises and their effect on education and young people was published in 2020 by the late professor Janusz Morbitzer, who emphasised that an analysis of young people’s experiences and education should take into account

the numerous modern crises that affect education directly or indirectly, but are sometimes deliberately ignored or overlooked as too distant from education. In fact, the modern world is a system of communicating vessels, where everything is linked to everything else, so we need to see those connections. The contemporary world is affected by many different crises, including: environmental, demographic, cultural, social, intellectual, educational (including the crisis of universities), energy, and the very likely economic crisis. It is also necessary to mention the most recent global crisis related to the spreading of SARS-Cov-2, the coronavirus causing COVID-19.” (Morbitzer, 2020, p. 8).

On the one hand, these words emphasise the need to include crisis-related factors in analyses of young people’s situation. Thus, it is a good decision to address this issue in the current report. On the other hand, they demonstrate that life and education in a peaceful, normal reality, with no crises, is most likely over, at least for the predictable (or rather unpredictable) future. Consequently, crises should remain a stable reference point in such analyses, necessary for an accurate and adequate interpretation of the reality.

There have been numerous media messages suggesting that the COVID-19 crisis was a serious negative generational experience that is going to affect the functioning and mental health of young people faced with lockdowns and distance learning (e.g. Przybysz, 2021). It was often argued that the problems associated with those experiences would be long-lasting rather than go away with the pandemic. The picture of the situation and its interpretations were often oversimplified not only in journalistic texts, but also, at least partly, in research reports and scientific analyses.

It is worth taking a critical look at the results and methods of studies into how the COVID-19 pandemic affected various areas of young people's lives. Only such a thorough approach may result in a reliable assessment and valid conclusions about how this unprecedented experience in children and adolescents' lives may have affected the area of education, including health education and promotion in Poland, particularly in the context of the organisation of support (Pyżalski, 2021b).

The current chapter presents an analytical review of selected areas important for young people's functioning and clearly affected by the pandemic. This discussion is based on studies that were conducted in Poland during the pandemic, concerning both the general population, and specific subgroups of young people. This is related to an observation that not all young people suffered losses during the pandemic. Some of them – which was less frequent, but also less studied by researchers (see Ellis et al., 2020, Ptaszek et al., 2020) – benefited from it. Many researchers engaged in projects focusing on specific sub-populations of young people, those particularly prone to the negative effects of the pandemic, such as children and adolescents with special education needs (Buchnat and Wojciechowska, 2020; Domagała-Zyśk, 2020; Plichta, 2020). The summary at the end offers recommendations based on the issues discussed in this chapter. These largely concern the post-pandemic period.

Before moving on to the main part of this chapter, please remember that the researchers who studied all those problems, worked during a special period, when access to many solutions and methodological procedures

”

*The quarantine [restrictions related to the epidemic] means to me a very long time of no contact with a psychologist. I don't know how to talk to my parents. So it seems that I have to deal with everything on my own. I am out of power. I take medication for depression, but it doesn't work. I no longer see any hope of improvement. It has been better, but the suicidal thoughts are back again. Staying at home all the time is bad for my mood. Nothing makes me happy anymore. I would like to fall asleep already and never wake up.*

*15-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

was very difficult (e.g., sampling, communicating with participants, obtaining ethical approvals). That required various kinds of procedural compromises, not always described in detail in papers and reports, which obviously had an effect on the quality of research material and the possibility to offer its valid interpretations, and in particular, to develop practical solutions based on research findings. It is important for readers to keep this limitation in mind (Pyżalski, 2021b). Moreover, those studies were carried out in different phases of the pandemic, which was not always possible to determine based on the time of publication. What is more, those were largely not longitudinal studies, which makes it difficult to follow trends and changes during the pandemic. Finally, we know much more about how the pandemic affected adolescents and young adults (university students) than about its effect on younger children, because the first two groups were more studies by researchers.

As the current chapter is a literature review, there is no space in it for discussing the strengths and limitations of individual studies. However, I would like to refer the readers to the original source texts, which provide more information about the topic (Pyżalski, 2021b).

## Physical and mental health

Physical and mental health during the pandemic, sometimes defined more broadly as psychophysical wellbeing, was most often examined using self-report measures, frequently relative to pre-pandemic values. In other words, child and adolescent respondents were asked whether the indicators of those variables increased, remained the same, or declined during emergency remote teaching (Pyżalski, 2021b).

Three months after the schools were closed, nearly half of Polish teenagers felt worse or much worse than before distance learning. The proportion of those who felt better or much better was considerably lower (17%; Dębski and Bigaj, 2020).

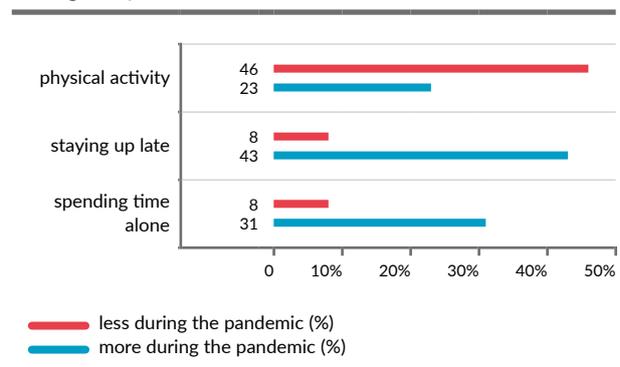
A similar picture emerges from a study conducted on a representative sample of Polish adolescents at a later stage of the COVID-19 crisis (Makaruk et al., 2020). Almost one third of older adolescents participating in the survey reported that their psychological wellbeing had declined during the pandemic, and only 18% reported positive changes.

Another indicator of mental health problems was depressive mood, which was experienced with high intensity by 25% of girls and 8% of boys. The respondents were also likely to report severe psychosomatic problems, such as headaches (16%), abdominal pain (9%), difficulty falling asleep (20%), and a lack of energy (30%; Bigaj and Dębski, 2020).

Young people's health was correlated with their lifestyle, which became more health-risky for a substantial part of the population (Pyżalski, 2020b). Comparing to the time before COVID-19, during the pandemic 46% of the respondents spent less time on physical activity, and 43% had a disrupted circadian rhythm as a result of staying up late. Notably, there is a group of young people whose lifestyle became more health-promoting during

the pandemic. It is much smaller, though: 23% of the respondents engaged in physical activity more often than before COVID-19 and 8% stayed up late less frequently than before. Finally, nearly one third started spending time alone, disconnected from their surroundings (e.g., putting on their headphones and listening to music; Figure 1).

**Figure 1.** Changes in young people's health behaviours during the pandemic



Source: own analysis, based on: Pyżalski, 2020b.

When analysing the results of the above studies, it is important to highlight a few points. First, the considerable decline in self-reported health (both physical and psychological) and wellbeing was not universal and affected just a part – though a significant one – of the youth population. Thus, there are no signs of a common and disastrous decline in young people's wellbeing, which was often described by journalists. Second, there is a considerable group of young people, for whom the period of emergency remote teaching was a time of improved health and wellbeing. Similarly, a significant proportion of young people perceived the conditions of lockdown and ERT as beneficial for their functioning – for instance those who experienced bullying in educational facilities (Pyżalski and Walter, 2021), but also other subgroups that will be discussed later in this chapter. Finally, we should bear in mind that the intensity of some feelings and perceived problems was very high at the beginning, when isolation and other pandemic-related factors came as a shock to children and adolescents (Bilicki, 2020). Two processes occurred at later stages of the pandemic: the relaxation of lockdown restrictions and the resulting increase in face-to-face interaction,

but also adaptation processes, whereby many young people worked out constructive coping strategies. Those adaptive mechanisms, though obviously present and beneficial, were often entirely or partly ignored in analyses of the effects of prolonged distance learning.

One obvious problem that requires professional attention, is a large percentage of respondents who engaged in more health-risky behaviours in many areas of life. And since behaviours of this kind can easily become habitual and difficult to change, this will be a challenge for post-pandemic preventive programmes. Finally, it is important to bear in mind that there are many gaps in our knowledge in this area. For example, little is known about the dynamics of substance use among young people during the pandemic.

For all the above issues, it is difficult to say how durable the negative changes will be and whether they are going to last or even increase in the current post-pandemic period, especially given the already mentioned new crises that we are dealing with. Undoubtedly, however, these issues should be regularly monitored, ideally using the same measures that were applied during the pandemic, to ensure a methodological basis for comparing results and identifying tendencies.

Finally, it should be stressed that the health and wellbeing of young people need to be seen as associated with the health and wellbeing of their significant adults: parents and teachers. Assessments carried out during the COVID-19 crisis show that members of those groups were also likely to experience the negative effects of the pandemic, which resulted in their lower perceived health and wellbeing (Bigaj and Dębski, 2020; Pisula et al., 2020). Those findings are significant when considering the limitations of support provided for young people by adults before the pandemic and in the post-pandemic period. The fundamental question is: Can adults who have mental health problems themselves, provide effective support for the young generation? The problems with those groups' wellbeing cannot be considered separately (see Pyżalski and Poleszak, in press).

## Social relationships

Human relationships are based on communication, so the quality of communication determines the quality of relationships. Thus, the popular motto: "Education equals relationships" can be easily transformed into: "Relationships equal communication". The problems of relationships can be clearly seen in studies of education and young people's development (see Pyżalski, 2021a).

During distance learning young people's communication – both in education and in other areas of life – became largely technology mediated, using a range of digital tools, such as video chats, internet forums, texting apps, and, finally, social networking sites, which combine a number of those tools. From the first days of the pandemic, it was suggested (also in Poland) that changes in social relationships may be negative and have a detrimental effect on mental health, especially in young people. It was emphasised that especially in the education context, creating favourable conditions for building relationships both with adults and with peers should be a priority (Pyżalski, 2020c; Pyżalski and Poleszak, 2020). Relationships, just like wellbeing and health, were most often studied using self-report surveys, including measures of perceived changes in relationship quality, comparing to the time before the pandemic (Jaskulska et al., 2021; Pyżalski, 2020d).

Interestingly, qualitative research has also confirmed those problems. In sentence completion tests young people revealed what they missed most. Very often they mentioned other people, mostly their peers (Stunża, 2020).

It should be emphasised here that the importance of relationships and difficulties in maintaining them during remote teaching were confirmed not only by studies of young people, but also by surveys conducted among teachers (Buchner et al., 2020; Jaskulska and Jankowiak, 2020).

From yet another perspective, when trying to capture the whole picture, we cannot overlook those young people, for whom the time of mediated communication turned out to be beneficial. That was a time when they started to function better than before and build quality bonds with other people (both adults and peers). That was true for shy students, for whom the mediated communication

”

*After the pandemic I am somehow different. I used to be talkative, confident, I liked interacting with people. Now, when I have to talk to someone, I don't know what to say and I start to get stressed and scared. I'm curious, what happened. During the quarantine [epidemic] I stayed practically all the time at home.*

*17-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

environment (e.g. communicating with their webcam switched off) turned out to be safer and more favourable. Those were also persons who had an established negative reputation in the group (e.g., as a poor or lazy student). Mediated communication made it easy to change it. Finally, remote communication was beneficial for some students with special educational needs, e.g., those with ASD, who could now work at their own pace and with fewer distractions. Research evidence suggests that the proportion of students who benefited during that difficult time can be safely estimated at 5% (Pyżalski and Walter, 2021). Importantly, for those students it was the return to traditional education, when the special conditions of remote teaching, beneficial for their functioning and development, disappeared, that could have been a high-risk time.

For analytical purposes, research findings concerning young people's relationships with adults (teachers and adult family members) and with peers (mainly schoolmates) are discussed separately later in this chapter. The last part focuses on relationship pathologies in the context of abuse or victimisation.

## Relationships with adults (teachers and family members)

When it comes to young people's relationships with teachers, findings from a large-scale online survey conducted by Jaskulska et al. (2021), do not seem alarming. Nearly 70% of the respondents (aged 9–20) reported that their relationship with their class teacher was good before the pandemic and remained so during the COVID-19 crisis. Their responses concerning other teachers were very similar. Deteriorated relationships or continued poor relationships with the class teacher or other teachers were reported by 11% and 9.5% of the respondents, respectively. At the same time, 3% of the young people said that their relationship with the class teacher had been bad before and improved during the pandemic (for other teachers, the percentage was 4.5%). 8.5% and 7.5% of the respondents, respectively, assessed their pre-pandemic relationships with the class teacher and other teachers as good, and reported further improvement during the pandemic. These findings suggest that relationships with teachers in the period of emergency remote teaching largely reflected the pre-lockdown quality of those relationships (Jaskulska et al., 2021).

Similar findings came from another survey, which found that the largest proportion of young people (about 70%) did not notice any change in their relationship with the class teacher, whereas 23% reported its deterioration during the pandemic. There was also a group of respondents (4%) who reported that their relationships with teachers had improved during the pandemic (Pyżalski, 2020b).

It needs to be stressed here that mediated communication in itself is not necessarily less beneficial or equally less beneficial across situations. Wiśniewska and Łukasiewicz-Wieleba (2021) explored teacher-student relationships in the first years of primary school and found that the quality of those mediated relationships depended on teachers' digital skills (defined more broadly than just in technical terms) and on their motivation to go beyond teaching and communicate with their students about more general care-related and relational topics. Some of the teachers surveyed by Wiśniewska and Łukasiewicz-Wieleba (2021) not only emphasised that good relationships were of key

importance during ERT, but also provided examples of communication activities used by them to support those relationships, such as individual online conversations outside the regular class time, talking to children about their feelings, and being particularly sensitive to signs of problems experienced by their students. This finding, though seemingly obvious, is very important, as it demonstrates that digital skills of school staff (not just teachers) should be understood in a modern and holistic way, and actively supported. In fact, during the pandemic teachers themselves explicitly communicated their need for such support (Plebańska et al., 2021).

In the context of distance learning, it was not only about promoting social presence online, but also about understanding and taking account of students' mental state and feelings, which were often indicators of their experience of the crisis, especially in the initial phase of the pandemic (Bilicki, 2020, Pyżalski and Poleszak, 2020a).

Findings concerning home or family relationships are also interesting. About 12% of older adolescents reported that their relationships with parents and caregivers had improved during the pandemic. Almost the same number (13%) said the relationships had deteriorated (Pyżalski, 2020b).

Summing up, although deteriorated relationships with significant adults were reported by the minority of students, no one should really feel reassured, as those relationships, particularly in the home environment, were of key importance and had unique, pandemic-related characteristics. For instance, young people who experienced negative relationships with adults at home, could not easily seek help or support, or even leave home, e.g., go to school, to stop experiencing them at least for some time.

## Relationships with peers

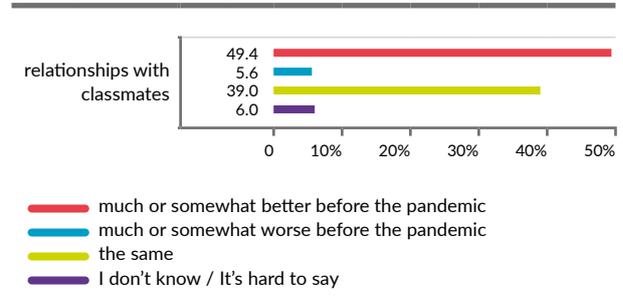
The survey by Jaskulska et al. (2021), conducted on a sample of children and young persons aged 9–20, found that a large proportion of them, i.e., 25%, assessed their pre-ERT relationships with peers as poor. One fifth of the respondents reported that their poor relationships with peers had further deteriorated or remained as bad as

before during the pandemic, and one in 20 experienced some improvement.

At the same time, one fifth of the young people participating in the survey reported some deterioration of relationships that were good before the pandemic, while one out of nine respondents said their good pre-ERT relationships became even better (Jaskulska et al., 2021).

In yet another survey, half of young people rated their peer relationships during the pandemic as worse than before COVID-19, 39% could see no difference, and one

**Figure 2.** Pandemic-related changes in the perceived quality of relationships with classmates



Source: Own analysis, based on: Pyżalski, 2020d.

in 20 reported that their peer relationships had improved (Pyżalski, 2020d; Figure 2).

Similarly to teacher-student relationships, as discussed earlier, the survey by Wiśniewska and Łukasiewicz-Wieleba (2021) found that the influence of mediated remote teaching on peer relationships depended largely on teachers' skills and motivation. Some of the integrated curriculum teachers (the first three years of primary school) surveyed by the researchers, provided several online solutions that allowed them to promote class integration and cooperation. Those included rotating team work, encouraging peer interaction outside school, group rituals, or group projects (e.g., creating books together).

We can see now that the picture of the pandemic's effect on social relationships is more complex than was often presented. It is also clear that when teachers have appropriate knowledge and skills, and are motivated to apply them, mediated communication may provide a good basis for children and adolescents' strong relationships both with adults and with peers.

## Domestic violence and peer victimisation

Violence and aggression in relationships are serious risks, and the pandemic made them even more severe by limiting access to support and external interventions.

It turns out that although both education and a large part of peer interactions were carried out online, as much as 15% of young people experienced peer victimisation when schools were closed during the pandemic. It occurred in different forms, including physical bullying, and girls were victimised more often than boys (Makaruk et al., 2020).

It is obvious, however, that the most common category of peer victimization in that period was cyberbullying, which gained a new dimension with mass usage of information and communication technologies in education. Cyberbullying could occur during classes, when a significant proportion of students simultaneously used technologies for personal communication

(Bigaj and Dębski, 2020). It was also easy to exclude someone from class and other online groups. In other words, it was easy to use relational violence which has as serious consequences as other types of violence and victimization (see Pyżalski, 2022).

At the same time, every ninth respondent experienced violence or abuse at home (Makaruk et al., 2020). That was not always violence as it is usually defined; some of those problems were less intense. For example, 17% of Polish teenagers reported more frequent arguments with family members. Moreover, during the time of school closure many respondents were less likely to engage in activities that are important for positive relationships, such as discussions and conversations with family members (11%) or helping with household chores (11%; Pyżalski, 2020d).

Unfortunately, victimisation during the pandemic, though definitely a problem with potentially serious consequences, was rarely a focus of research attention.

”

*During the epidemic we can't go out, we study remotely. I don't know if I can stand it. My parents abuse alcohol, there are often arguments at home. There is physical and psychological violence against me and my siblings, various dangerous situations happen. On top of that, they blame me for all this.*

*14-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

## The context of distance education

Before analysing the quality of education during the COVID-19 pandemic, it is important to note that one significant obstacle to effective distance education, especially in the initial phase of school closure, was digital inequalities among students and their environments (Buchner et al., 2020; Ptaszek et al., 2020). Basically, those included a lack of equipment or technical conditions necessary to take part in distance learning, or their insufficient quality (e.g., slow internet connection). In some cases, the equipment was there, but young people could not use it, because it was used by adults or other children at home. Those problems were the most common in groups that had been disadvantaged already before the pandemic, e.g. in families with children with special educational needs (Buchnat and Wojciechowska, 2020; Plichta, 2020), or in residential facilities. In some cases, the main problem was that the teaching software and methods were not adapted to the needs of children and adolescents with disability, such as sensory processing issues (see Gulati, 2020; Lewandowska, 2020). Those shortcomings were largely resolved by local governments at later stages of ERT. Even then, however, a considerable proportion of teachers

(about one third) identified young people's lack of equipment as a serious obstacle to distance education (Buchner and Wierzbicka, 2020). Those basic problems resulted in many young people being excluded or, even worse, dropping out of the education system. What is more, there is no reliable data to demonstrate the scale of this phenomenon.

Polish studies consistently show that the quality of education, measured both with objective indicators and as student satisfaction, decreased during ERT (Plebańska et al., 2020; Ptaszek, 2020; Pyżalski and Walter, 2020).

When asked: "What is your general evaluation of classes during pandemic-related school closure?", half of the respondents (50%) answered classes were less interesting than before the pandemic, and only one fifth (20%) thought they were as interesting as before the pandemic (Ptaszek, 2020).

Many young people complained about serious difficulties with concentration and understanding, as well as insufficient time for task completion (Ptaszek, 2020). There were also problems related to checking and assessing students' knowledge online (Pyżalski and Walter, 2021).

Those problems were partly caused, especially at the beginning, by the chaotic use of remote teaching tools and by many teachers' low digital skills, which had to improve fast (Pyżalski and Walter, 2021; Walter, 2020).

Online learning was quite a heavy burden for students: 75% of them reported they had to devote more time to prepare for classes, and 62% said they had to spend more time studying, in general (Ptaszek, 2020).

It should be emphasised, however, that the picture of ERT quality is not entirely gloomy. In many cases teachers took part in intense self-education and introduced many engaging teaching solutions that were well-received by students (Marchlik et al., 2021). Another problem was a lack of systemic methodological support for teachers, which was gradually resolved at later stages of ERT, largely thanks to NGOs that provided support for educational facilities.

Importantly, the quality of digital teaching methodology during distance education was related to other issues discussed in this chapter, including conditions favourable for building and maintaining relationships. As an illustration, in the first year of school closure, only one in 10

teachers frequently used digital methods based on team work. Thus, it can be concluded that many young people did not experience any teaching methods supporting the relational aspect of their lives.

When it comes to the situation of children and adolescents, the research findings reviewed in this chapter can be analysed in at least two ways.

First, one serious problem is that the quality of education declined during the pandemic. That means less knowledge and understanding, and more failures, especially for young people from disadvantaged groups, who were additionally less likely to receive support at home, as well as more worries about their future education (Pyżalski and Walter, 2021).

Second, difficult educational experiences obviously contributed to lower psychological wellbeing. Distance learning consumed much of young people's time, so if it was unsatisfactory and caused negative feelings, its negative consequences were also experienced in that area.

## Patterns of ICT usage

Certainly, information and communication technologies became the centre of life during the time of distance education and lockdown. They were commonly used for many hours a day both as online learning tools and as the main social interaction platform.

Half of Polish teenagers reported that their weekday internet usage time was more than 6 hours a day, and nearly 30% used the internet for the same amount of time on weekends. The percentages of respondents using the internet for so many hours a day were much higher than before school closure (Bigaj and Dębski, 2020).

In general, students spent more time on activities involving simultaneous use of websites, devices or apps (referred to as media multitasking). Not surprisingly, before the pandemic a considerable proportion of youth (35%) spent *rather less or definitely less time* using their smartphones during classes or simultaneously using other websites, services, and apps (not related to classwork) on a computer (Ptaszek, 2020). At the same time, during the pandemic an increased number of respondents

devoted more time to learning, acquiring new knowledge, and self-study (Ptaszek, 2020). Young people were also slightly more likely to use apps or websites of art galleries, museums, theatres, etc. Also, during distance education a larger number of respondents spent more time communicating through messaging apps, texting with friends and family, or sending them photos, videos or other content (nearly 37% of the young respondents spent less time on such activities before the pandemic; Ptaszek, 2020).

Time spent on online entertainment increased, too. Almost half of the students devoted more time to watching movies and TV series (also online), nearly one third (28%) spent more time on computer games or individual e-sports, and one in five respondents reported increased time spent on playing team games online (Ptaszek, 2020). However, an in-depth analysis suggests that there was no qualitative revolution in young people ICT use during the pandemic (Ptaszek, 2020). Most of them used ICTs for entertainment, and were less likely to use them for education, which was also the most prevalent pattern before COVID-19 (Pyżalski et al., 2019).

One significant issue was problematic internet use, which was regarded as a serious problem already before the pandemic, though at that time it affected a smaller part of the population (Tomczyk et al., 2020). During the pandemic, the problem increased, attracting the attention of researchers and public health experts all over the world (see Sultana et al., 2020).

Assessments of those problems reveal a marked increase in their prevalence (Bigaj and Dębski, 2020). For example, during the pandemic, more than 66% of young people *very often* or *often* used screen devices before bed, and half of the respondents felt overloaded with information. Additionally, one third of students often felt sleepy as a result of using screen devices, and one fourth frequently stayed up all night for that reason. Interestingly, those problems affected adults: parents and teachers, in a similar or even higher degree (depending on the measures applied; Bigaj and Dębski, 2020). That means, that a significant number of adults did not model positive behaviours for young people, and some of them did not have a healthy reference line to be able to see their children's behaviour as risky.

”

*I stay at home all the time and I really miss meeting people. My parents don't want me to go out and take the bus, they're afraid I might contract coronavirus. I know my friends get together and I envy them a lot. I can only talk to them from a distance.*

*17-year-old boy*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

## Pandemic-related support for young people

An analysis of the research findings cited in this chapter helps to put forward a number of recommendations concerning post-pandemic support for young people, mainly support provided within the broadly understood public health system and in education.

1. It is important that actions taken by professionals are based on credible research assessments, rather than on simplistic media messages, which are often very expressive and uncritically accepted, also by professionals, who should take them with caution.
2. It is worth monitoring young people's (or rather their families') access to computer equipment and internet connection, because a lack of such access may often lead to exclusion. It is especially true for young people from disadvantaged groups.
3. It is important to think broadly about teachers' digital skills and to improve these skills among both current and future teachers. It may be helpful to use the experiences of countries that have applied technology-mediated distance education for a long time (Tomczyk, 2020). This is required for providing high quality education using ICT technologies, that will address students' needs and build their engagement. It is important both

at present, when this type of education complements traditional teaching, and, potentially, in the future, if another crisis makes it necessary to move classes online.

4. We should revise our thinking about relationships based on mediated communication. What happens between people online is full-fledged interaction, which may form a basis for valuable relationships, if skilfully used. It means that teachers should be trained to use information and communication technologies not only for teaching, but also to healthy relationships.
5. In order to effectively support young people's mental health during the pandemic and in the post-pandemic period, it is important to take care of the mental health of adults who should provide such support – most of all, education professionals. This aspect is seriously neglected in Poland, and teachers' social and economic situation is very poor.
6. The main concern for universal prevention and the key element in assessments should be problematic internet use, which markedly increased during the pandemic.
7. During both future crises and the current one related to the war in Ukraine, it is worth carrying out well-planned, integrated research assessments, mostly longitudinal studies (which enable systematic monitoring of changes over time).
8. What is also important is early identification of mental health problems in schools and quick referral of at-risk students for professional support. Unfortunately, as we know, the mental health care system, especially child and adolescent psychiatry, is in crisis in Poland.
9. Special care and support should be provided for students for whom the experience of distance education turned out to be beneficial, so that the positive effects could last after returning to traditional education.
10. It is important to devote particular attention to young people from disadvantaged groups, who were the most severely affected by the pandemic.

## References

- Bigaj, M., Dębski, M. (2020). Subiektywny dobrostan i higiena cyfrowa w czasie edukacji zdalnej. In: G. Ptaszek, G. D. Stunża, J. Pyżalski, M. Dębski, M. Bigaj (ed.), *Edukacja zdalna: co stało się z uczniami ich rodzicami i nauczycielami?* Gdańskie Wydawnictwo Psychologiczne.
- Bilicki, T. (2020). Jak pracować z uczniem w kryzysie w czasie pandemii COVID-19? In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 16–19). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Buchnat, M., Wojciechowska, A. (2020). Rodzeństwo osób z niepełnosprawnością w sytuacji kryzysowej wywołanej pandemią wirusa COVID-19. *Studia Edukacyjne*, 57, 33–46.
- Buchner, A., Majchrzak, M., Wierzbicka, M. (2020). *Edukacja zdalna w czasie pandemii. Raport z badań*. Centrum Cyfrowe. Pobrane z: <https://centrumcyfrowe.pl/edukacja-zdalna/>
- Buchner, A., Wierzbicka, M. (2020). *Edukacja zdalna w czasie pandemii. Raport z badań. Edycja II*. Centrum Cyfrowe. Pobrane z: <https://centrumcyfrowe.pl/edukacja-zdalna/>
- Domagała-Zyśk, E. (ed.). (2020). *Zdalne uczenie się i nauczanie a specjalne potrzeby edukacyjne. Z doświadczeń pandemii COVID-19*. Wydawnictwo Episteme.
- Ellis, W. E., Dumas, T. M., Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 52(3), 177–187.
- Gulati, B. (2020). Organizacja edukacji zdalnej dla studentów z niepełnosprawnościami – rekomendacje. In: E. Domagała-Zyśk (ed.), *Zdalne uczenie się i nauczanie a specjalne potrzeby edukacyjne. Z doświadczeń pandemii COVID-19* (p. 165–194). Wydawnictwo Episteme.
- Jaskulska, S., Jankowiak, B. (2020). Postawy nauczycielek i nauczycieli wobec kształcenia na odległość w czasie pandemii COVID-19. *Studia Edukacyjne*, 57, 47–65.
- Jaskulska, S., Jankowiak, B., Marciniak, M., Klichowski, M. (2021). Edukacja zdalna w czasie pandemii COVID-19 w doświadczeniach uczniów i uczennic: Ocena relacji szkolnych i jej uwarunkowania. *Wychowanie w Rodzinie*, 2, 133–146.
- Lewandowska, P. (2020). Dostępność edukacji zdalnej dla uczniów z niepełnosprawnością słuchową w klasach IV–VIII. In: E. Domagała-Zyśk (ed.), *Zdalne uczenie się i nauczanie a specjalne potrzeby edukacyjne. Z doświadczeń pandemii COVID-19* (p. 11–40). Wydawnictwo Episteme.
- Marchlik, P., Wichrowska, K., Zubala, E. (2021). The use of ICT by ESL teachers working with young learners during the early COVID-19 pandemic in Poland. *Education and Information Technologies*, 6, 7107–7131. <https://doi.org/10.1007/s10639-021-10556-6>
- Morbitzer, J. (2020). Edukacja w epoce współczesnych kryzysów. *Studia Edukacyjne*, 56, 7–26.
- Pisula, E., Pankowski, D., Nowakowska, I., Banasiak, A., Wytrychiewicz-Pankowska, K., Markiewicz, M., Jórczak, A. (2020). *Nauczyciele w sytuacji powrotu do szkół w czasie pandemii SARS-CoV-2. Raport z badań przeprowadzonych od 10 września do 10 października 2020*. Open Science Framework. <https://doi.org/10.17605/OSF.IO/6ZNCE>
- Plebańska, M., Szyller, A., Sieńczewska, M. (2020). *Edukacja zdalna w czasach COVID-19. Raport z badania*. Wydział Pedagogiczny Uniwersytetu Warszawskiego. Pobrane z: [https://files.librus.pl/articles/00pic/20/07/09/librus/a\\_nauczanie\\_zdalne\\_oczami\\_nauczycieli\\_i\\_uczniow\\_RAPORT.pdf](https://files.librus.pl/articles/00pic/20/07/09/librus/a_nauczanie_zdalne_oczami_nauczycieli_i_uczniow_RAPORT.pdf)

- Plebańska, M., Sieńczewska, M., Szyller, A. (2021). *Raport – co zmieniło się w edukacji zdalnej podczas trwania pandemii? Podsumowanie wyników badania Wydziału Pedagogicznego Uniwersytetu Warszawskiego*. Warszawa, marzec 2021. Wydział Pedagogiczny Uniwersytetu Warszawskiego.
- Plichta, P. (2020). Różne konteksty nierówności cyfrowych a wyzwania dla zdalnej edukacji – propozycje rozwiązań. In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 70–80). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Poleszak, W., Pyżalski, J. (2020a). Psychologiczna sytuacja dzieci i młodzieży w dobie pandemii. In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 7–15). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Poleszak, W., Pyżalski, J. (2020b). Relacje przed wszystkim – nawet jeśli obecnie jedynie zapośredniczone. In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 28–36). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Przybysz, M. (2021). Młodzież w sieci w czasie pandemii. Diagnoza, problemy i wyzwania. *Media Biznes Kultura*, 2(11), 97–108.
- Ptaszek, G. (2020). Realizacja edukacji zdalnej – ocena przygotowania, przebieg, trudności, korzyści. In: G. Ptaszek, G. D. Stunża, J. Pyżalski, M. Dębski, M. Bigaj, *Edukacja zdalna: co stało się z uczniami ich rodzicami i nauczycielami?* Gdańskie Wydawnictwo Psychologiczne.
- Ptaszek, G., Stunża, G. D., Pyżalski, J., Dębski, M. Bigaj, M. (2020). *Edukacja zdalna: co się stało z uczniami, ich rodzicami i nauczycielami?* Gdańskie Wydawnictwo Psychologiczne.
- Pyżalski, J. (ed.). (2020a) *Edukacja w czasach pandemii. Z dystansem o tym, co robimy obecnie jako nauczyciele*. EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Pyżalski, J. (2020b). Zmiany w zakresie czasu poświęcanego wybranym aktywnościom w czasie pandemii. In: G. Ptaszek, G. D. Stunża, J. Pyżalski, M. Dębski, M. Bigaj, *Edukacja zdalna: co stało się z uczniami ich rodzicami i nauczycielami?* Gdańskie Wydawnictwo Psychologiczne.
- Pyżalski, J. (2020c). Co jest obecnie ważne, a co mniej w działaniach szkół i nauczycieli? In: J. Pyżalski (ed.), *Edukacja w czasach pandemii. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 25–27). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Pyżalski, J. (2020d). Ważne relacje uczniów i nauczycieli w czasie edukacji zdalnej. In: G. Ptaszek, G. D. Stunża, J. Pyżalski, M. Dębski, M. Bigaj, *Edukacja zdalna: co stało się z uczniami ich rodzicami i nauczycielami?* Gdańskie Wydawnictwo Psychologiczne.
- Pyżalski, J. (2021a). W jaki sposób możliwe były główne edukacyjne relacje w edukacji zdalnej? How were possible main educational relations possible in distance education? *Studia z Teorii Wychowania*, 3(36), 71–82.
- Pyżalski, J. (2021b). Zdrowie psychiczne i dobrostan młodych ludzi w czasie pandemii COVID-19 – przegląd najistotniejszych problemów. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 20(2), 92–115.
- Pyżalski, J. (2022). Electronic aggression. In: Z. Yan (ed.), *The Cambridge handbook of cyber behavior (Cambridge handbooks in psychology)*. Cambridge University Press.
- Pyżalski, J., Poleszak, W. (2020). Relacje przede wszystkim – nawet jeśli obecnie tylko zapośredniczone. In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 28–36). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Pyżalski, J., Poleszak, W. (w druku). Polish teachers' stress, well-being and health during COVID-19 emergency remote-education – review of the empirical data. *Lubelski Rocznik Pedagogiczny*.

- Pyżalski, J., Walter, N. (2021). *Edukacja zdalna w czasie pandemii COVID-19 w Polsce – mapa głównych szans i zagrożeń. Przegląd i omówienie wyników najważniejszych badań związanych z kryzysową edukacją zdalną w Polsce. Raport dla Rady Dialogu Społecznego w Gdańsku*. Operon.
- Pyżalski, J., Zdrodowska, A., Tomczyk, Ł., Abramczuk, K. (2019). *Polskie badanie EU Kids Online 2018. Najważniejsze wyniki i wnioski*. Wydawnictwo Naukowe UAM.
- Stunża, G. (2020). Zdania (nie)dokończone. Edukacja zdalna wypowiedziach uczniów, rodziców i nauczycieli. Jakościowy moduł badawczy. In: G. Ptaszek, G. D. Stunża, J. Pyżalski, M. Dębski, M. Bigaj, *Edukacja zdalna: co stało się z uczniami ich rodzicami i nauczycielami?* Gdańskie Wydawnictwo Psychologiczne.
- Sultana, A., Tasnim, S., Hossain, M. M., Bhattacharya, S., Purohit, N. (2021). Digital screen time during the COVID-19 pandemic: A public health concern. *F1000Research*, 10(81), 81.
- Tomczyk, Ł. (2020). Czego możemy nauczyć się od tych, którzy prowadzą zdalną edukację od dawna? In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 93–97). Warszawa: EduAkcja.
- Tomczyk, Ł., Szyszka, M., Stożić, L. (2020). Problematic Internet use among youths. *Education Sciences*, 10(6), 161. <https://doi.org/10.3390/educsci10060161>
- Walter, N. (2020). Mamy (za) duży wybór – czyli jak nie zgubić się wśród narzędzi cyfrowych. In: J. Pyżalski (ed.), *Edukacja w czasach pandemii wirusa COVID-19. Z dystansem o tym, co robimy obecnie jako nauczyciele* (p. 51–58). EduAkcja. Pobrane z: <https://zdalnie.edu-akcja.pl>
- Wiśniewska, J., Łukasiewicz-Wieleba J. (2021). Budowanie i wzmacnianie relacji w edukacji zdalnej przez nauczycieli młodszych klas szkoły podstawowej. *E-mentor*, 1(88), 37–46, <https://doi.org/10.15219/em88.1501>

#### Citation:

Pyżalski, J. (2022). Children and adolescents' experiences of COVID-19 pandemics. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 340–353). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Situation of Ukrainian children in Poland

Anna Krawczak – Empowering Children Foundation

## List of issues

---

- 356 Education
- 360 Unaccompanied children, separated children and children from institutional care
- 367 Memorandum or Political Declaration?
- 368 Psychological wellbeing of refugee children and adolescents
- 370 Summary
- 372 References
- 374 Legal references

**O**n the twenty-fourth of February 2022, refugees fleeing Russian aggression began crossing the Ukrainian-Polish border. The vast majority of them were families and individuals with children, as well as children from various forms of group care arriving on the territory of Poland with institutional guardians. Less than three weeks later, on 12 March 2022, the Polish legislator adopted the Act on Assistance to Ukrainian Citizens in Connection with the Armed Conflict on the Territory of Ukraine granting the group designated in the title of the Act many rights applicable on the territory of Poland. These include a broad catalogue of rights, ranging from the granting of a residence permit and a PESEL number, through the possibility to take up legal employment and gain access to medical and social benefits, to the opening of Polish care and educational facilities for Ukrainian students.

According to estimates by the United Nations High Commissioner for Refugees (UNHCR), 3,097 million Ukrainian refugees arrived in Poland by 2 May 2022, of which 43.3% were children under 17 years of age (UNHCR, 2022). In contrast, UNICEF's estimate, one month later, shows that the proportion of children among those arriving in Poland from Ukraine was 50%<sup>1</sup>.

**Table 1.** Percentage of refugees from Ukraine arriving in Poland between 24 February and 2 May 2022, by age and gender

Breakdown by age	Boys/men	Girls/women	Total
0–4 years	3.4%	3.3%	6.7%
5–12 years	10.1%	9.9%	20.0%
12–17 years	8.1%	8.5%	16.6%
17+	6.8%	49.9%	56.7%

Source: Own analysis based on UNHCR, Protection Analysis, May 2022.

The object of this chapter is to attempt to systematise the available knowledge about the experiences, condition and situation of Ukrainian children fleeing the war who found themselves in Poland, and to reflect on why, three months on, our knowledge of this group is relatively poor.

<sup>1</sup> Data presented by Milena Harizanova on 7 June 2022 at the conference of the Empowering Children Foundation entitled *Ostrożnie – dziecko!*, session Standards of child protection in the face of humanitarian crisis, title of speech *How to protect children during a humanitarian crisis*.

## Education

Until 21 March 2022, children arriving in Poland in the first period after the start of the war in Ukraine and subject to compulsory schooling were entitled to start or continue their education under the general regulation concerning persons who received education in schools functioning in the educational systems of other countries, regardless of their citizenship (Dz.U. [Journal of Laws] 2020, item 1283). On 21 March 2022, the Regulation of the Minister of Education and Science on the Organisation of Education, Upbringing and Care of Children and Adolescents who are Citizens of Ukraine came into force, thus carving out this category of children from the previous general group of persons from outside the Polish educational system receiving education in schools. This regulation was followed two weeks later by another one (Dz.U. 2022, item 795) introducing further changes, inter alia increasing the number of hours of additional Polish language learning from at least two to at least six and making it possible not to subject students attending preparatory classes to final classification. It should be noted that both regulations of the Minister of Education and Science did not apply to all children fleeing Ukraine after 24 February 2022 and at the same time subject to compulsory education, but only to those with Ukrainian citizenship. This means that a certain group of children from Ukraine in a similar situation to those with Ukrainian citizenship did not receive additional educational facilities, although they needed them to the same extent and were in an analogous situation caused by the war.

### Education – general information

Education is the area of the functioning of Ukrainian students in Poland about which the most hard data has been made available. The Ministry of Education and Science (MEiN) released the first set of data containing the number of Ukrainian children attending Polish kindergartens and primary and secondary schools by district on 29 March 2022 and has been releasing them regularly at weekly intervals since then. Similarly, information on the number of Ukrainian students receiving additional Polish language lessons is published and updated by the MEiN. This makes it possible to trace a trend that was upward until 16 May 2022, after which it reversed and the number of Ukrainian refugee students began to decrease. Between 16 May (the highest recorded number of students – 198,291) and 6 June 2022 (the last measurement at the time of chapter submission – 190,618), 7,673 children from Ukraine left the Polish school system. In turn, the data obtained and analysed by REACH2 shows that from the beginning of the humanitarian crisis, there were groups among Ukrainian persons registering for temporary protection whose intention to remain in Poland was wavering: while 51% of respondents declared that they planned to stay in Poland until the end of the war, 33% reported that their plans were not yet crystallised, while other two groups declared that they planned to stay in Poland “between one week and one month” (6%) and “longer than one month” (6%; REACH, 2022a). It is also known that among those who crossed the Ukrainian border in search of refuge after the Russian aggression began and then decided to return to Ukraine, as many as 37% travelled with children aged 0–18 (REACH, 2022b). This

---

2 REACH is a joint humanitarian initiative of IMPACT, ACTED and the UNOSAT Operational Programme providing detailed data and in-depth analysis on emergencies, disasters and displacement.

may explain the outflow of Ukrainian schoolchildren in Poland, which at the moment peaks in June 2022, with the possibility that observed in the longer term it will turn out to have a fluctuating nature marked by returns to Ukraine and re-entries to Poland.

**Table 2.** Ukrainian children benefiting from education in Polish schools and kindergartens from March to June 2022

Date	Number of students - refugees from Ukraine
29 March	147,340
4 April	160,686
11 April	177,897
18 April	186,159
25 April	191,733
2 May	195,900
9 May	197,413
16 May	198,291
23 May	196,245
30 May	194,262
6 June	190,618

Source: Own analysis based on the data of MEiN "Refugee students from Ukraine by type of school, class and district".

Ukrainian children receiving education in Polish educational institutions started or continued their education in a total of 10,330 establishments, of which 7,172 were primary schools, 1,257 – general secondary schools, 999 – kindergartens, 137 – day cares, 449 – technical secondary schools, 167 – 1<sup>st</sup> and 2<sup>nd</sup> degree vocational schools, 47 – post-secondary schools, 60 – music schools, 13 – ballet schools, 17 – special schools and 12 – schools of other types.

### Additional Polish language classes

Out of 190,892 children attending all types of institutions in June 2022 (as of 6 June), 41% (i.e. 76,547 students) were receiving additional Polish language classes, with the percentage of children taking advantage of such classes differing significantly between voivodeships. The data presented in Table 3 should not, however, be read as data differentiating voivodeships in terms of the availability of additional Polish language classes, because children attending kindergartens and day cares were not, by definition, covered by such classes. This follows from the already cited Regulation of the Minister of National Education of 2020 (Dz.U. 2020, item 1283), according to which the right to additional Polish language classes is granted to children under

compulsory education who attend preparatory classes. Pursuant to Article 35(2) of the Education Law (Dz.U. 2018, item 996, as amended), compulsory education begins at the beginning of the school year in the calendar year in which the child turns seven years old, so by definition it does not apply to children attending kindergartens and day cares, as they have not yet reached school age.

**Table 3.** Additional Polish language classes by voivodship (as of June 2022)

Voivodship	Total number of students – refugees from Ukraine	Number of students – refugees from Ukraine attending additional Polish language classes
dolnośląskie	19,736	7,924
kujawsko-pomorskie	7,707	3,685
lubelskie	6,993	3,189
lubuskie	6,579	1,833
łódzkie	12,164	5,550
małopolskie	17,201	5,975
mazowieckie	35,041	12,713
opolskie	4,517	2,179
podkarpackie	4,726	1,825
podlaskie	3,386	1,508
pomorskie	14,529	7,237
śląskie	21,401	8,631
świętokrzyskie	3,070	1,016
warmińsko-mazurskie	4,376	1,420
wielkopolskie	19,711	7,824
zachodniopomorskie	29,433	11,862

Source: Own analysis based on the data of MEiN "Refugee students from Ukraine by type of school, class and district".

### Gaps in data on the education of Ukrainian children

The cited data does not include children in crèche care, university students or children who arrived from Ukraine after 24 February 2022 but do not have Ukrainian citizenship. This is because, according to the instructions for the entry of data in the Educational Information System (SIO) prepared by the Informatics Centre for Education and Science (ICEiN), the database on students – refugees from Ukraine had to include only data of those children who have Ukrainian citizenship (ICEiN, 2022). The remaining children – even if they arrived in Poland from Ukraine after the Russian aggression – were and are registered in the SIO as foreigners according to the previous rules, i.e. by indicating their country of origin. This means that the total number of pupils arriving from Ukraine under humanitarian crisis conditions is reduced by this group of children.

It is not only this circumstance that makes it problematic to treat the database provided by the MEiN as a source of complete data on Ukrainian refugee children receiving education in Poland: the group of university students from Ukraine certainly includes minors, as in Ukraine the age of

entry into higher education is 16–17 years. According to Polish law, such persons still fulfil the definition of a child, but are not included in the database provided by the MEiN. On the other hand, according to data from the POLon system, 373 students with Ukrainian citizenship registered at Polish universities between 24 February and 4 April 2022, but it is not known at what age these persons are.

It is also worth bearing in mind that a certain group of Ukrainian children of compulsory school age have not been enrolled in Polish schools due to continuing their education in the Ukrainian school system remotely – and it is not known how large this group is. These children are by definition invisible to the Polish education system and their numbers cannot be estimated. However, from the data provided to the Empowering Children Foundation by the Ministry of Family and Social Policy (MRiPS) in response to a request for public information, it follows that by 30 April 2022, 229,905 applications for the “Family 500+” child-support benefit were registered after submission by Ukrainian citizens entitled to the benefit under the Act on Assistance to Ukrainian Citizens in Connection with Armed Conflict on the Territory of Ukraine, also known as the Special Act (Dz.U. 2022, item 583). Thus, in principle, these are applications submitted by persons arriving from Ukraine after 24 February 2022. Comparing this number with the number of children reported in the database provided by the MEiN (190,733 students [as at 25 April]) during the same period, it follows that on the territory of Poland were then present 39,172 children from Ukraine who did not attend Polish educational institutions. This number therefore included children who belonged to at least one of the following categories:

- children under preschool age attending a crèche or staying under the care of a parent/caregiver;
- children over 16 years of age receiving education in a public or non-public higher education institution;
- children subject to compulsory schooling or compulsory education, but who continued their education in the form of distance learning within the framework of Ukrainian education system;
- children who have interrupted (or completed) their education within the Ukrainian education system and have not resumed their education in Poland;
- children with disabilities whose disability certificates have not been recognised in Poland, and the procedures related to the local evaluation (visits to specialists, translation of medical documentation, deadlines to appear before the evaluation board, etc.) have taken or are taking so long that these children have been left without real access to special education in Poland.

Of the five groups mentioned, two deserve special attention. The first are children continuing their education remotely, which may contribute to their further social isolation, and raise concerns about time organisation, contacts with peers and security of care if their parents or caregivers work outside the home. The second are children with disabilities who, upon arrival in Poland, find themselves in an exceptionally vulnerable situation in terms of education, but also rehabilitation and treatment. In the case of these children, the basis for their admission to a special school or referral to remedial classes is a certificate of the need for special education issued by the evaluation teams at psychological and pedagogical counselling centres. Certificates issued in Ukraine are not taken into account in Poland (Dąbłaż, 2022) and the medical documentation of these children has often not been taken from Ukraine or requires a sworn translation into Polish, which entails costs for the parents or caregivers, who are generally in a difficult financial situation as refugees. In many situations, this amounts to a necessity to go through the whole evaluation pathway from the beginning, including visits to specialists, which can be a very time-consuming process. The scale of exclusion or inclusion of Ukrainian students with disabilities in the Polish schooling framework is not known, but it can be assumed that children with disabilities make up a significant share of the total number of 39,172 children who are not registered in the Polish education system. It is also worth noting that all children from the five groups mentioned above experience systemic invisibility, in this case illustrated by their absence from the education system,

and confirmed by the number of applications for the “500 plus” child-support benefit. This may involve an inability to provide support to these children, ranging from psychological support to material and intervention support, since they have no contact with educators, psychologists and social workers. For a certain proportion of these children, this may mean exposure to various forms of abuse from relatives or people in their environment, which the system will not stand a chance to detect or respond to, since it has no contact with this group of children and therefore no knowledge of their real experiences. Relevant data to interpret the quoted figures in a fuller context could be provided by the Ministry of Health, through the release of information on the number of Ukrainian children who received health services between 24 February and 6 June. Unfortunately, we have not received such figures from the Ministry of Health.

In addition to the above-mentioned groups of children whose parents or guardians have applied for the “500 plus” child-support benefit, thus indirectly confirming the presence of the child on the territory of Poland, there are also groups of children – it is not known how many – whose presence has not been recorded either in the databases of the MEiN or in the applications for the “500 plus” child-support benefit. These are children of parents/guardians who, for various reasons, resigned from applying for additional benefits and at the same time did not enrol their children in any educational institution on the territory of Poland.

## Unaccompanied children, separated children and children from institutional care

The categories of unaccompanied children, separated children and children in institutional care refer to the three life situations of children highlighted by the European Parliament (EP) which stated in its Resolution adopted on 7 April 2022 regarding child refugees from Ukraine:

[The European Parliament]

E. whereas with such high figures, children, especially when unaccompanied, are at increased risk

of violence, abuse and exploitation and there is an increased risk for children of going missing and falling victim to trafficking, especially when moving across borders;

[...]

16. calls for unaccompanied and separated children and children from institutional care settings in Ukraine to be immediately included in the monitoring systems for the social and child protection services in the Member States of reception in order to facilitate family reunification when this is in their best interests in the future and to oversee the provision of their care in order to ensure their safety and protection (2022/2618(RSP))

The humanitarian crisis situation of war-induced mass movements of population is inextricably linked to the emergence of unaccompanied children, separated children and children in institutional care (hereafter referred to as *children in group care*) in host countries. These are groups considered to be extremely vulnerable to the risk of abuse due to the conjunction of two factors – the disconnection from existing social networks in which they found themselves when fleeing war, and the lack of the presence of a close adult who would take on the role of a so-called gatekeeper towards the child, blocking third parties' access to them (e.g. FRA, 2021; Schippers, 2021). This is not to say that the refugee situation itself is not associated with an increased risk of a child experiencing violence, as the tension, stress and often traumatic experiences suffered by close adults can result in lowering their parenting competences and engaging in violent behaviour towards children (Fegert et al., 2018). Although up to 65% of child refugees may become victimized by violence, it is unaccompanied children who are particularly vulnerable to abuse, including sexual (Jud et al. 2020).

For this reason, since the beginning of the Russian invasion of Ukraine, the situation of unaccompanied children, children separated from their relatives and children in group care has been the subject of particular European interest and concern, as reflected, inter alia, in the EP resolution cited above, but also in specific initiatives

taken by national and international humanitarian organisations. The first Blue Dots<sup>3</sup> hub organised by UNICEF was opened in Warsaw in April 2022, and currently (as of June 2022) there are six such facilities in operation, including in Medyka, Przemyśl and Krakow<sup>4</sup>, while activities for Ukrainian children from groups particularly vulnerable to the risk of abuse are carried out by hundreds of Polish NGOs, including the Empowering Children Foundation, the SOS Children's Villages Association or the Polish Migration Forum.

Despite this, there is a lack of detailed data on children from these three groups who came to Poland after 24 February 2022.

### General figures and definitions

The full number of unaccompanied and separated children who crossed the border of Poland between 24 February and 6 June 2022 is unknown, as is the number of children who stayed in Poland or had already left. At least one of these groups, children separated from relatives, may have been highly mobile and travelled between European countries due to the high percentage of Ukrainian nationals working outside Ukraine. According to Kids in Need of Defense Europe (KIND), approximately 230,000 Ukrainians work legally in Italy, a large proportion of whom are women employed in the care sector, so it is highly likely that the group of separated children included those travelling under the care of relatives to be reunited with a parent residing abroad (KIND, 2022). Such children thus had the status of being "separated from their parents" only during the period in which they travelled between Ukraine and the destination country where their parents or the other parent were waiting for them, but they were not necessarily unaccompanied during this period if they

travelled with the formal permission of their parents or state institutions, e.g. with a grandfather, grandmother, adult sibling or other family member, or even with an authorised third party (e.g. a neighbour to whom the child's parents had given formalised permission). Unaccompanied children, on the other hand, may include, but are not limited to, children separated from their parents. Indeed, according to the definition of the term *unaccompanied child* in the EU Directive (2011/95/EU), such a child is considered to be a minor who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her whether by law or by the practice of the Member State concerned. The term also includes a child who is left unaccompanied after arriving in the territory of the Member States, for example when crossing the border with a parent or relative who subsequently leaves the child. This means that the category of unaccompanied child is narrower than that of a child separated from his or her parents, as shown in Table 4 compiled to sort out, by way of example, the possible options for the situation of children in these three groups.

While at the beginning of the war, when there was still information chaos and many actions were taken spontaneously, among unaccompanied and separated children successfully crossing the Ukrainian-Polish border there could be children of different ages, on 12 March 2022 this was regulated on the Ukrainian side. Children over 16 years of age could leave the territory of Ukraine even without the relevant consents of their parents/guardians (which did not mean that, at the moment of crossing the border, the laws of the host country did not apply to such minors), while children under 16 years of age, whose parents/guardians had not given the relevant consents or authorisations to the relatives accompanying the children, could not leave the territory of Ukraine (Resolution of the Cabinet of Ministers of Ukraine no. 264). The same restriction was also imposed on children in Ukrainian group care if the departure was not agreed with the regional military administrations (Information Letter of the Notarial Chamber of Ukraine 2022). Table 4 sets out the potential measures that could be taken by the Polish side in the event that any such child managed

3 *Blue Dots* are safe spaces that offer basic support, provide key information to travelling families, help identify unaccompanied and separated children and ensure they are protected from exploitation.

4 Data presented by Milena Harizanova on 7 June 2022 at the conference of the Empowering Children Foundation entitled *Ostrożnie - dziecko!*, session Standards of child protection in the face of humanitarian crisis, title of speech *How to protect children during a humanitarian crisis*.

Table 4. Examples of situations faced by children at highest risk

Situation of a child crossing the Ukrainian-Polish border	Unaccompanied child	Child separated from parents	Child in group care (institutional care)	Age of the child	Actions that Poland will take or may take
A child is travelling with a neighbour and their parent(s) has(have) given written permission certified by the guardianship authority	no	yes	no	0-18	The neighbour caring for the child will need to apply for temporary guardianship status
A child is travelling with a neighbour, but the parent(s) has(have) not given written permission certified by the guardianship authority	yes	yes	no	0-16	The child may be returned from the border or transferred by the Polish Border Guard to an appropriate care facility (the decision is taken individually)
A child is travelling with a neighbour, but the parent(s) has(have) not given written permission certified by the	yes	yes	no	16-18	The child may cross the border because he/she is over 16 years of age and be referred to an intervention/care facility or remain in the care of the neighbour who applies for temporary guardianship status (the decision is taken individually)
A child is travelling alone	yes	yes	no	0-16	The child will be returned from the border or, if already crossed, will be transferred by the Polish Border Guard to an appropriate intervention/care facility.
A child is travelling alone	yes	yes	no	16-18	The child may cross the border because he/she is over 16 years of age and be referred by the Polish Border Guard to an intervention/care facility (the decision is taken individually)
A child is travelling with parent(s)	no	no	no	0-18	The family may cross the border
A child is travelling with relatives (grandfather, grandmother, older sibling) and the parents have given written permission certified by the guardianship authority	no	yes	no	0-18	The relative(s) caring for the child will need to apply for temporary guardianship status
A child is travelling with relatives (grandfather, grandmother, older sibling) but the parents have not given written permission certified by the guardianship authority	no	yes	no	0-16	The child may be transferred by the Polish Border Guard to an appropriate intervention/care facility or the child's relatives may apply for temporary guardianship status (the decision is taken individually)
A child is travelling with relatives (grandfather, grandmother, older sibling) but the parents have not given written permission certified by the guardianship authority	no	yes	no	16-18	The child may be transferred by the Polish Border Guard to an appropriate intervention/care facility or the child's relatives may apply for temporary guardianship status (the decision is taken individually)
A child is traveling in a group of children under institutional care with an educator/guardian, and the group has permission from the Ukrainian side to leave the country	no	yes/no*	yes	0-18	The group can cross the border and head to its final destination
A child is traveling in a group of children under institutional care with an educator/guardian, but the group does not have permission from the Ukrainian side to leave the country	no	yes/no*	yes	0-18	The group will be stopped at the border
A child or group of children is travelling under the care of (a) foster parent(s) who have (has) legal custody or guardianship of the child(ren)	no	no	no	0-18	The family may cross the border

\* Whether a child is considered to be separated from his or her parents depends on whether the biological parents have been deprived of their authority or have died and the educator/guardian has legal custody or guardianship of the child.

Source: Own analysis based on the Ukrainian Civil Code, the PE Resolutions (97/C 221/03) and (2022/2618(RSP)), as well as Resolution of the Cabinet of Ministers of Ukraine of 12 March 2022 No. 264.

to enter the territory of Poland. It is also worth noting that until the end of May 2022, in Stalowa Wola functioned the so-called respite and coordination hub, established in March by the Ministry of Family and Social Policy and the authorities of this city, whose function was explained by Undersecretary of State Barbara Socha in the following words: “The hub in Stalowa Wola has been set up to coordinate assistance for organised groups of orphans from Ukrainian institutions and children who end up in Poland, who cross the border without actual adult supervision.” (Kancelaria Sejmu, 2022).

The hub was thus designed as a transit site that allowed organised groups of children under the so-called group care, but also children crossing the border without actual adult supervision, to rest. Both of these groups were to be directed by the border guards to Stalowa Wola, so that – in addition to allowing the children to take a rest during their journey – the Polish authorities could coordinate further assistance measures towards these groups, including finding destination accommodation for the children. According to information received from the authorities of the city of Stalowa Wola, “the respite and coordination centre in Stalowa Wola for children and adolescents from Ukraine was closed down at the end of May”<sup>5</sup>.

### Temporary guardianship

Temporary guardianship is a solution regulating the relationship between a child and an adult who has custody of that child and his/her property, but is not a parent of that child. The “temporary guardianship” solution was introduced by the Act of 12 March 2022 on Assistance to Ukrainian Citizens in Connection with Armed Conflict on the Territory of Ukraine, in order to ensure that all Ukrainian children in the custody of persons other than their parents in Poland have the legal representation necessary to, inter alia, enrol the child in

an educational institution or receive medical services<sup>6</sup>. The Act indicates that, although applications for temporary guardianship may be submitted by both Ukrainian and Polish nationals, the preference is for persons who are the child’s relatives and affinities, and only in the second place are those who give the guarantee of proper fulfilment of the duties of such a guardian. Temporary guardianship by definition concerns children from the highest risk groups described above, namely unaccompanied children, children separated from their parents and children in group care.

Although there is no data indicating how many Ukrainian unaccompanied and/or separated children are in Poland, it is known, however, that according to the Ministry of Justice, by 22 May 2022, the number of applications for the appointment of a temporary guardian amounted to 20,351 such cases and concerned 23,783 minors. This does not mean that on 22 May 2022 there were exactly that many unaccompanied and/or separated children. For it is possible – and this is confirmed by interviews with NGO activists working in the communities of refugees from Ukraine – that a certain proportion of relatives and affinities having custody of grandchildren, younger siblings or stepchildren do not wish to file such an application or are not aware of the legal obligation to regulate this custodial relationship in Poland. It is not known how numerous such cases are, nor how homogeneous this group is. Among the justifications for such attitudes provided by activists are arguments relating to the law (e.g. the child’s guardian fears that applying for temporary guardianship status may affect the scope of parental authority of the child’s parent – limiting or depriving it), finances (e.g. child’s guardian fears that applying for the status of a temporary guardian and thus obtaining due

5 Internal correspondence of the Empowering Children Foundation with Marcin Uszyński, Secretary of the City of Stalowa Wola, dated 13 July 2022.

6 When applying for a PESEL number for a minor, the status of a temporary guardian is not necessary. According to Article 4(3) of the Law on Assistance to Citizens of Ukraine in Connection with Armed Conflict on the Territory of Ukraine, the application “shall be submitted by one of the parents, guardian, custodian, temporary guardian referred to in Article 25, or the person having actual custody of the child, and in the absence of such persons, a PESEL number may be assigned ex officio”.

benefits will result in the necessity to return these benefits upon return to Ukraine) and fears of surveillance by the Polish state (e.g. the child's guardian fears that obtaining the status of a temporary guardian will result in the social services taking the child away). I cite these arguments not to argue with them – obviously none of them is substantiated – but only to point out the possible problem or ineffectiveness of the information activities directed by Polish authorities, NGOs or individuals to Ukrainian communities.

The second group of unaccompanied and/or separated children, which could not be evidenced at the level of the number of initiated cases reported by the Ministry of Justice, are children between the ages of sixteen and eighteen who have managed to come to Poland – especially children of this age who crossed the border before 12 March 2022, the date of the announcement of the resolution by the Cabinet of Ministers of Ukraine – and who are leading independent lives, e.g. have taken up employment here, rent a flat with a group of other Ukrainians or are in a situation of homelessness. Some of these children do not know that under Polish law a 16-year-old person is not considered an adult and therefore must have a temporary guardian representing them in legal actions. Some, however, are aware of this and that is why they avoid contacting the authorities and those who could inform the family court of their situation, which for such an unaccompanied child would mean placement in one of the forms of institutional care in Poland.

### Children in group care

I use the term *children in group care* instead of the term *children from institutional care settings* applied in the documents of the European Parliament, because in the Polish reality institutional care settings are unambiguously associated with institutional alternative care in the form of residential care facilities (commonly called *children's homes*). This path of association was particularly evident at the beginning of the war, when the Polish media reported on successive groups of “children from Ukrainian orphanages”, whose evacuation was planned and collections of food, clothes, diapers etc. were organised for that purpose. In reality, however, the institutional care system in Ukraine differs significantly from the Polish one, which means that some of the children “from Ukrainian orphanages” arriving in Poland were neither orphans, nor were they in children's homes or even in alternative care as it is understood under Polish law. The variety of Ukrainian forms of institutional residential care is shown in Table 5.

According to a report prepared by *Hope and Homes for Children* (2015), there were almost 100,000 children in the Ukrainian residential institutional care system, of whom only less than 10% were actual biological orphans. Although the report dates from 2015, the situation did not change significantly until 2022, when the number of Ukrainian children in institutions is still estimated at 100,000, with 81.7% of children having been placed in institutions at the request of their parents or guardians (Hope and Homes for Children, 2015; Save the Children, 2022). This situation is totally incompatible with the Polish reality and also demonstrates an important difference in the understanding of the term alternative care between the two countries. While in Poland *alternative care* (both of the institutional and family type) automatically implies the restriction, suspension or deprivation of parental authority of parents, the opposite is true for children in Ukrainian forms of institutional care.

According to the data provided by the Ministry of Family and Social Policy (MRiPS), on 30 April 2022, there were 2,084 children from Ukrainian alternative care in Poland who were placed in group placements, such as holiday centres, hotels, hostels, pilgrim houses, sanatoriums, etc. These are children

**Table 5.** Group and institutional residential facilities in Ukraine in 2015

Type of residential facility	For whom?	Number of facilities	Number of children in care
Childcare home	–*	50	4,095
Early childhood home	For healthy infants and those requiring specialised care – all groups	38	2,790
Boarding school	For children in need of social assistance, for orphans and for children deprived of parental care	96	16,671
Sanatorium-type boarding schools	For children with health problems: diabetes, scoliosis, tuberculosis, malnutrition, respiratory or circulatory diseases	56	13,165
Special boarding schools	For children who are deaf, hard of hearing, visually impaired, with cerebral palsy, with speech disorders, with intellectual disabilities, with special educational needs	218	27,142
Specialised boarding schools	General secondary schools and general lower secondary schools, secondary schools and lower secondary schools for talented young people from rural areas, military secondary schools and lower secondary schools, specialist secondary schools and lower secondary schools and specialised schools for lower grades	75	20,339
Educational complexes	–*	28	7,140
Education and rehabilitation centres	–*	57	1,081
Children's homes	–*	45	1,491

\* The source report published by *Hope and Homes for Children* (2015) and used in compiling the table gives no description of who the institution is for.

Source: Own analysis based on *Hope and Homes for Children*, 2015.

who have not been included in the Polish alternative care system, but are staying outside it, which also results from the provisions of the so-called “Special Act”. It can only be presumed that these children are formally in the Ukrainian care system, despite their physical presence in Poland. In this sense, they are simultaneously children “out of the system” (Polish) and “in the system” (Ukrainian).

At the same time, it should be noted that the figure given by the MRiPS raises some consternation. This is because, according to statements by representatives of the two Polish NGOs that evacuated the largest number of children from Ukrainian group care, the Happy Kids Foundation and Caritas Polska, the total number of children evacuated to Poland was higher than 2,084. Maciej Dubicki of Caritas Polska, in a statement to *Radio Szczecin* in March, confirmed the evacuation of 2,000 “orphans from eastern Ukraine” (Dubicki, 2022), and Aleksander Kartasiński of the Happy Kids Foundation, in a statement to *Dzień Dobry TVN* in May, cited a figure of 1,500 “children together with their carers” evacuated from Ukrainian orphanages (Oleksik, 2022). Even if we include in the official figures another group of 172 Ukrainian children in Polish institutional and family-based alternative care, which number was given by the MRiPS in relation to children who arrived from Ukraine with their foster parents (or were secured from their biological families to Polish institutional facilities or foster families only in Poland), the figures do not add up. Additionally, although Caritas Poland and the Happy Kids Foundation evacuated the most numerous groups of children from group care in Ukraine, they were not the only entities organising such evacuations. In addition to them, at least two other initiatives are known about – the evacuation of 120 children with disabilities from an institution

in Bila Tserkva, organised by the Warsaw Club of Catholic Intelligentsia, and the evacuation of 63 children from an orphanage in Mariupol, organised by the US organisation *Loving Homes and Families for Orphans* and by people gathered around the New Covenant Church in Lublin (Buczek, 2022; Kozłowski, 2022).

This raises important questions on the total number of children from Ukrainian group care who came to Poland and on what happened to them next: are they still in Poland (and if so, which institution collects data on them?) or have they left the territory of Poland? And if they have left, in which country are they currently located, who took the decision on their departure, are their whereabouts monitored in any way, and why is such data not publicly available, given that it concerns a group of children defined as one of the three groups most at risk? In the case of the children from Mariupol who were staying in Kazimierz Dolny, it is already known that, despite a decision by the Polish family court prohibiting them from leaving Poland, the whole group – with the consent of Artem Walach, acting Consul General of Ukraine, and after consultation with the director of the Mariupol orphanage Natalia Lashchevska, who was in charge of the children – left for Switzerland (Press, 2022). This event, and above all its finale, may indirectly confirm the accuracy of the above interpretation regarding the actual formal-legal situation of the Ukrainian children in group care who came to Poland – since the children were allowed to leave Poland in defiance of the Polish court's decision, this may have meant that the Polish jurisdiction and its decisions had no formal force, and that the issuance of the order by the Polish family court may have had only a symbolic function and served to reassure public opinion. The children were allowed to leave the territory of Poland because it was decided by the persons actually authorised to do so by Ukrainian legislation (i.e. the director of the orphanage and the consul general of Ukraine), to which the children were still subject. Indeed, they had never been included in the Polish alternative care system, and so the Polish authorities could not enforce any decision related to the mobility or further whereabouts of children from Ukrainian group care.

The monitoring of the number of children at risk crossing the Ukrainian-Polish border was to be handled by the MRiPS, in accordance with the provisions introduced by the Special Act. It imposed an obligation on the Minister of Family and Social Policy to keep a registry of all Ukrainian minors who arrived unaccompanied on the territory of Poland after 24 February 2022, or who were in Ukrainian alternative care before coming to Poland (Article 25a (1)). Despite the fact that the Act on Assistance to Ukrainian Citizens in Connection with Armed Conflict on the Territory of Ukraine has been in force since 24 February, as late as in May, the registry of minors had not yet started to function<sup>7</sup>. However, it should be noted that the registry is, by definition, unfit for collecting complete data on Ukrainian children who fall into the groups of unaccompanied children, separated children and children in group care, i.e. high-risk groups. This is evident from the very provisions of the Special Act, which in Article 25a(1) indicates that the registry of minors shall include data of children unaccompanied by the person having actual custody of them and data of children who were placed in alternative care in Ukraine prior to their arrival in the territory of the Republic of Poland. What does this mean in practice? According to this provision, the registry of minors is designed as a data set that does not include information on:

- Children who meet the European definition of unaccompanied or separated children, because although they are in the care of a person with actual custody (e.g. a neighbour, cousin, acquaintance of the parents, etc.), the adult with actual custody does not have a formal title in the form of written parental consent certified by the guardianship authority (cf. Table 4). In fact, these children are therefore in a high-risk group, since it is suspected that they may have been removed from Ukraine without the knowledge or consent of their legal guardians or parents.
- Children who arrived in Poland after 24 February 2022 from the territory of Ukraine, but are not Ukrainian

<sup>7</sup> According to the response to the request for public information from the MRiPS to the Empowering Children Foundation on 16 May 2022, response no. DSR-III.0130.6.2022.EI.

citizens, although they may be unaccompanied or separated from their parents.

This paradoxical situation and confusion of definition arose in connection with the use of the phrase “under the care of a person exercising actual custody”, whereas in Polish law there are two definitions of an *actual guardian*<sup>8</sup> (and neither of them refers to the situation of unaccompanied children or children separated from their parents), but nowhere is *actual custody* defined. The legislator probably had in mind the colloquial understanding of actual custody as de facto guardianship – a situation in which a child arrives in the territory under the care of an adult. However, as I noted earlier, having actual custody of a child does not at all imply that the child is not an unaccompanied child or a child separated from his or her parents and therefore at risk of being in the custody of an unauthorised person or one with bad intentions towards the child. In essence, therefore, Article 25a(1) of the Special Act imposes an obligation on the MRiPS to include in the registry of minors only those children who arrived on the territory of Poland completely alone (were not accompanied by any adult) or who came to Poland from Ukrainian group care. As a result, the two aforementioned groups of children, i.e. children with Ukrainian citizenship arriving in Poland under the care of unauthorised adults and children without Ukrainian citizenship arriving in Poland from Ukraine in any circumstances, even the most risky ones, will by definition not be registered by the Polish state, as the legal formula for the registry of minors did not provide for that.

8 The Act of 6 November 2008 on Patients’ Rights and Patients’ Ombudsman in Article 3(1)(1) defines an actual guardian as a person who, without a statutory obligation, provides permanent care for a patient who, due to age, health or mental state, requires such care. In turn, according to the Act on Family Benefits of 28 November 2003 and its Article 3(14), the notion of actual guardian means a person who actually cares for a child and has applied to the family court for their adoption.

## Memorandum or Political Declaration?

Finally, it is also worth mentioning a document prepared by the Ministry of Social Policy of Ukraine in early March 2022, entitled *Memorandum of Understanding*, the purpose of which was to agree between Ukraine and the signatory state on rules for the treatment of Ukrainian children located on the territory of another country, including regulating arrangements for unaccompanied children, children separated from their parents and children in group care. On 30 June 2022 Poland signed the Political Declaration, which – during a press conference organised on the same day by the MRiPS – Minister Marlena Maląg called a *memorandum*. The Declaration states that:

1. Poland and Ukraine declare mutual cooperation to facilitate the voluntary return of Ukrainian children to their homeland after the end of hostilities and stabilisation of the situation.
2. Poland and Ukraine declare to exchange experience and information on national legislation and procedures.
3. Poland and Ukraine aim to have unaccompanied children and children in group care located on the territory of Poland registered in the ICT system operated by the MRiPS.
4. Both countries declare that no adoptions of Ukrainian minors will be carried out during the ongoing armed conflict.
5. Poland undertakes to provide free legal assistance to all Ukrainian children enjoying temporary protection.
6. In the case of unaccompanied and separated children, Poland undertakes to provide them with information on their rights, available services and other information in a language they understand, including access to an interpreter.
7. Poland pledges to provide quality care to children in Ukrainian group care, including, if an organised group of children is not in direct contact, the possibility for them to maintain close contact.

In fact, the text of the original Memorandum and the text of the Political Declaration have many similarities, primarily in their references to agreements and

instruments of international law and in their coverage of each of the seven points mentioned, while there are two important differences between them. The Memorandum, in Articles 1(1) and 2(4), stipulates that the return of Ukrainian children to their homeland after the end of armed conflict falls within the scope of unconditional guarantees given to Ukraine by the host state (in the case of the Political Declaration, this unconditionality is absent, instead the return is qualified as “voluntary” on the part of the child, which is in line with the Convention on the Rights of the Child); moreover, in Article 3(3), the Memorandum requires the host state to “take all possible measures” to prevent the separation of groups of children from Ukrainian group care (in the Political Declaration, this expectation on the Ukrainian side is softened to an obligation to ensure that children from one facility are able to have close contact if a large group is separated into smaller ones)<sup>9</sup>.

## Psychological wellbeing of refugee children and adolescents

This subsection contains general findings from the research and observations of refugee children from areas of armed conflict, while it does not refer to data specifically on Ukrainian children residing in Poland, as such data is not available at the moment. However, it seems reasonable to include this section in the chapter on children and adolescents from Ukraine in order to highlight risk factors as well as opportunities related to their mental wellbeing, which may facilitate the design of better programmes, projects and activities aimed at this group of children. While there is no unified “refugee trajectory” (Ventevogel and Song, 2020), some data and models are available to facilitate capturing risk factors related to the mental health of refugee children and adolescents. We know about them from the experiences of other countries

hosting minor refugees. In the following section, I will discuss some of them.

Although children in a war-induced refugee situation are often referred to using the terms *trauma* and *post-traumatic stress disorder* (PTSD), this subsection focuses on a different approach, i.e. the resilience paradigm. It does not imply a negation of PTSD, which is defined as a disorder that occurs under the influence of experiencing or witnessing a traumatic event, such as a natural disaster, abuse (murder, rape, serious injury, torture, etc.), armed conflict, terrorist attack, combat, etc., which can contribute to the emergence of psychological disorders, often occurring after a so-called latency period, i.e. not immediately after experiencing the trauma, but after several weeks or months (Ghumman et al. 2016). It is known from research that PTSD in child refugees is characterised by a prevalence rate of 25–45%, also deeply affects somatic symptoms such as experiencing pain, often occurs many years after leaving the war zones and is associated with a number of disorders such as depression, chronic anxiety disorders or emotional disturbances, hindering daily functioning (Soykoek et al., 2017; Şirin and Rogers-Şirin, 2015). The paradigm of resilience, however, implies thinking about forms of interventions aimed at children in a refugee situation that may have the potential to be supportive and protective, thus partly constituting a prevention of PTSD and partly, if post-traumatic stress occurs, easing its effects and thus making it easier for the child to cope with the situation.

### Real actions and symbolic gestures at central and societal level

In the early days of the war in Ukraine, many Polish cities and towns became full of blue and yellow flags, stickers with Ukrainian emblems, signs in Ukrainian expressing solidarity with the Ukrainian people, collections of essential goods and other expressions of spontaneous support by Poles. These actions – questioned by many as insignificant in the face of such a great tragedy as war – nevertheless have a measurable impact on refugees arriving in a country, in this case Poland. Research suggests that the way young people and their communities, as well as

<sup>9</sup> I am using here references to the text *Memorandum of Cooperation Between The Ministry of Social Policy of Ukraine and... on Ensuring the Social Protection of Children Affected by Hostilities and Armed Conflicts*, which was made available to the Empowering Children Foundation by courtesy of a local Ukrainian organisation *Right to Protection*.

their host communities, understand armed conflict plays a significant role in their subsequent psychological wellbeing (Betancourt et al, 2010; Betancourt and Khan, 2008; Stark, 2006). The more the host society shows symbolic solidarity, also linked to patriotic support, the more strongly refugees feel empowered as newcomers facing new challenges in a new country. A study by Correa-Veleza et al. (2010) found that the level of reception and acceptance by the local community towards refugee families and children was an accurate predictor of children's subsequent psychological wellbeing: the more acceptance, friendliness and inclusiveness the local communities showed, the better the children coped emotionally and psychologically and the more successfully they integrated the traumatic events preceding their refugeehood. Thus, the research suggests that although the systemic measures adopted in the face of a humanitarian crisis, such as the Special Act and the mechanisms it introduced to open up the labour market, the health sector or education system to people from Ukraine, are not generally thought of as measures that support resilience mechanisms in children, they in fact also play such a role and can be seen as an important element supporting mental health in this group. However, it is important that these activities are present simultaneously at the central level (i.e. specific legal solutions and facilities designed by the host country), at the local level (i.e. initiatives of local authorities and NGOs) as well as at the individual or relational level (i.e. the reactions of the immediate environment and peers). In this sense, an example of a coherent activity fostering resilience would be a situation in which the host country, through the implementation of a legal act, opens schools for children from Ukraine and guarantees them Polish language education in a specific number of hours (central level), the headmaster of a local school takes care to organise integration classes with Polish and Ukrainian pupils during school time, a local NGO organises leisure activities for children from Ukraine and Poland (local level: local authorities and NGOs), and volunteers or staff employed for these activities and integration classes will take care of positive relations between children, include cultural elements (e.g. Ukrainian-Polish cooking workshops) and

involve Polish and Ukrainian parents (individual and relational level). What is important, and what the pro-resilient approach allows to consider at the level of central and local government policy-making, is that these activities must not be one-off or incidental, but should be permanent and integrated into, for example, the organisation of the school year and summer breaks.

### Individual and relational level

In addition to the social factors that support resilience in refugee children, individual and relational factors also play an important role. This level includes the child's family and the relationships he or she will form with peers. According to a study by Barthold (2000) in a group of Khmer refugees, the strength and quality of children's and their mothers' relationships was an important protective factor for children, as was the level of acceptance and quality of children's relationships with peers at school. These findings have also been corroborated in other studies of refugee children focusing on identifying the resilience factors (e.g. Montgomery, 2010). What relevance can this have for the design of Polish actions and social policy in relation to Ukrainian refugee children? First and foremost, it confirms the relevance of investing in family strengthening projects, including psycho-educational projects aimed at increasing resilience and deepening emotional bonds between refugee family members. It also points to the importance of projects addressing local and peer integration, including school and preschool programmes aimed at strengthening bonds and relationships between children from the host country and children from the country of armed conflict. However, it also confirms the validity of placing children from group care in foster families, with a strong preference for Ukrainian foster families or Polish foster families after additional cultural training. In this latter context, the research of Geltman et al. (2005) on a group of several hundred child refugees from Sudan, 20% of whom were diagnosed with PTSD, offers valuable insights. After a year in the new country, it was found that children placed in an environment from the same cultural background – including Sudanese foster families living in the United States – coped better

with facilitating the emotional effects of refugeehood and adaptation in the new country than children placed in families without Sudanese roots (Geltman et al. 2005). In this case, the relational factor (support within the family) and the individual factor (understanding of the cultural context from which the child was arriving) overlapped, in effect raising the child's overall rate of resilience and protecting them from worsening their mental health condition. These findings are also supported by other research conducted with refugee children placed in foster families from the same and different cultural backgrounds (Rip et al., 2020; Wade, 2019).

All the pro-resilience measures and strategies described do not mean to exempt central and local authorities, NGOs and local communities from providing psychological and psychiatric support to refugee families and children, nor from designing national and local programmes that will be directed towards this goal. I include this brief and simplified summary of findings from research in other countries only to indicate that the support of the psychological wellbeing of child refugees (or rather the fostering of their resilience mechanisms, which do not in themselves erase the traumatic experience, but only, and as much as, help to better integrate it) can and should be an important element to be included in policy planning. It is complemented by the simultaneous provision of access to specialised public services addressing mental health crisis.

## Summary

It is impossible to predict when the armed conflict in Ukraine will finish and, consequently, for how long the temporary solutions provided by Poland for children from Ukraine will fulfil the definition of temporariness understood as "being intended for a limited time". We are also unable to estimate whether the dynamics of arrivals in Poland of families with children, adults with children and the children alone will slowly enter a phase of weakening with an increase in the proportion of returns to Ukraine (which would be indirectly indicated by the MEiN data), will have a wave-like dynamics or will perhaps increase abruptly under the influence of an as yet

unknown external factor. However, it is possible and desirable to make active use of the information, knowledge and data already collected on children and adolescents from Ukraine in order to – through the implementation of specific solutions – make their stay in Poland an easier experience.

Of the solutions which seem particularly important to adopt, the following deserve to be mentioned:

1. Extending the entitlements given to children being Ukrainian citizens to all children fleeing Ukraine after 24 February 2022, regardless of their citizenship.
2. Launching the MRiPS registry and making it public (in the part containing non-confidential data, i.e. the number of children, their age and gender, the date of entry and exit from Poland, the type of place of stay and the number of other children staying in the same place), which will allow to plan targeted solutions adapted to the needs of this group.
3. Collection of data on children currently outside the Polish education system and providing them with activating initiatives, integrating them with their Polish peers and local community, e.g. through the offer of extracurricular classes, leisure activities and day care.
4. Facilitating the inclusion of Ukrainian children with disabilities in the Polish education system by simplifying the evaluation pathway (e.g. giving priority to specialist appointments) or recognition of Ukrainian disability certificates by the Polish evaluation system. This is a group of children in a particularly difficult situation and their continued exclusion from the Polish special education system seems highly risky for a number of reasons, including social and child safety ones.
5. Making available and updating information from the Ministry of Health on the number and type of medical services provided to Ukrainian minors, which will allow to get an idea of the scale and type of needs, and thus better design the support provided to Ukrainian refugee children by central and local authorities and NGOs.

6. Ensuring that children from group care from Ukraine are supported under the terms of the Polish Act on Family Support and the Alternative Care System of 2011, i.e. that they are included in the alternative care system and placed in alternative care facilities designed for groups of no more than fourteen, while maintaining relationships between children and guaranteeing individual support. It is equally important to maintain the statutory limit of 10 years of age as the age below which children should be placed in family-based care, optimally created by Ukrainian foster families, possibly Polish foster families after cultural training and with the support of Ukrainian communities (maintaining contact with the language, culture and supporting Ukrainian identity).
7. Inclusion of elements fostering resilience in the planning of central and local policies as a programmatic measure with the definition of desired indicators.

## References

- Betancourt, T., Agnew-Blais, J., Gilman, S., Williams, D., Ellis, B. (2010). Past horrors, present struggles: the role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine*, 70(1), 17–26.
- Betancourt, T., Khan K. (2008). The mental health of children affected by armed conflict: protective processes and pathways to resilience. *International Review of Psychiatry*, 20(3), 317–328.
- Berthold, M. (2000). War traumas and community violence: psychological, behavioral, and academic outcomes among khmer refugee adolescents. *Journal of Multicultural Social Work*, 8(1/2), 15–46.
- Buczek, M. (2022, 10 marca). Ewakuacja 120 dzieci z Białej Cerkwi pod Kijowem. *KIK Warszawa*. <https://www.kik.waw.pl/aktualnosci-kik/ewakuacja-120-dzieci-z-bialej-cerkwi-pod-kijowem/>
- Correa-Velez, I., Gifford, S., Barnett, A. (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine*, 71(8), 1399–1408.
- Dzibłaż, B. (2022, 9 kwietnia). Niepełnosprawny uchodźca musi mieć polskie orzeczenie. *Prawo.pl*. <https://www.prawo.pl/samorzad/ukrainskie-orzeczenia-o-niepelnospawnosci-w-polsce,514558.html>
- Dubicki, M. (2022, 2 marca). Caritas sprowadza do kraju dzieci z ukraińskich domów dziecka. *Radio Szczecin*. <https://radioszczecin.pl/6,436434,caritas-sprowadza-do-kraju-dzieci-z-ukrainskich->
- FRA. (2021). *Unaccompanied children outside the child protection system – Case study: Pakistani children in Greece*. European Union Agency for Fundamental Rights.
- Fegert, J. M., Diehl, C., Leyendecker, B., Hahlweg, K., Prayon-Blum, V., Scientific Advisory Council of the Federal Ministry of Family Affairs, Senior, Citizens, Women and Youth. (2018). Psychosocial problems in traumatized refugee families: Overview of risks and some recommendations for support services. *Child and Adolescent Psychiatry and Mental Health*, 12, artykuł 5. <https://doi.org/10.1186/s13034-017-0210-3>
- Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M., Wise, P. H. (2005). The “lost boys of Sudan”: functional and behavioral health of unaccompanied refugee minors re-settled in the United States. *Archives of Pediatrics & Adolescent Medicine*, 159(6), 585–591. <https://doi.org/10.1001/archpedi.159.6.585>
- Ghumman, U., McCord, C. E., Chang, J. E. (2016). Posttraumatic stress disorder in Syrian refugees: A review. *Canadian Psychology/Psychologie Canadienne*, 57(4), 246–253.
- Hope and Homes for Children. (2015). *The Illusion of Protection. An analytical report based on the findings of a comprehensive study of the child protection system in Ukraine*. Hope and Homes for Children. Pobrane z: <http://hopeandhomes.org.ua/blog/the-illusion-of-protection-an-analytical-report-based-on-the-findings-of-a-comprehensive-study-of-the-child-protection-system-in-ukraine/>
- ICEiN. (2022). *Instrukcja wykazywania danych w SIO – uczniowie z terenu Ukrainy*. <https://icein.gov.pl/instrukcja-wykazywania-danych-w-sio-uczniowie-z-terenu-ukrainy/>
- Jud, A., Pfeiffer, E., Jarczok, M. (2020). Epidemiology of violence against children in migration: A systematic literature review. *Child Abuse & Neglect*, 108(6), 104634. <https://doi.org/10.1016/j.chiabu.2020.104634>

- Kancelaria Sejmu. (2022). *Biuro Komisji Sejmowych. Zapis przebiegu posiedzenia Komisji Polityki Społecznej i Rodziny z dnia 22 marca 2022 roku (nr 112)*. Pobrano z: <https://orka.sejm.gov.pl/zapisy9.nsf/0/791E2FF886E1446EC125881A00462E78/%24File/0240509.pdf>
- KIND. (2022). *Note on unaccompanied children fleeing from ukraine*. Kids in Need of Defense. Pobrane z: [https://supportkind.org/wp-content/uploads/2022/03/Note-on-Unaccompanied-Children-Fleeing-from-Ukraine\\_Updated.pdf](https://supportkind.org/wp-content/uploads/2022/03/Note-on-Unaccompanied-Children-Fleeing-from-Ukraine_Updated.pdf)
- Kozłowski, P. (2022, 10 marca). Dzieci z domu dziecka w Mariupolu zamieszkały w Kazimierzu. W sieci burza: Chcą je wywieźć do USA, handel ludźmi. *Gazeta Wyborcza Lublin*. <https://lublin.wyborcza.pl/lublin/7,48724,28206863,dzieci-z-domu-dziecka-w-mariupolu-zamieszkal-y-w-kazimierzu.html>.
- Montgomery, E.(2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development and Psychopathology*, 22(2);, 477–489.
- Oleksik, K. (2022, 1 maja). Fundacja Happy Kids sprowadza do Polski dzieci z Ukrainy. "Teraz pora, żeby ratować ich losy". *Dzień Dobry TVN*. <https://dziendobry.tvn.pl/razem-z-ukraina/fundacja-happy-kids-sprowadza-do-polski-dzieci-z-ukrainskich-domow-dziecka-jak-mozna-im-pomoc-5694491>
- Press. (2022, 2 czerwca). W Domu Dziennikarza w Kazimierzu Dolnym nie ma już sierot z Mariupola. *Press.pl*. <https://www.press.pl/tresc/71081,w-domu-dziennikarza-w-kazimierzu-dolnym-nie-ma-juz-sierot-z-mariupola>
- REACH. (2022a). Refugee arrivals from Ukraine into Poland – Update as of 25.05.2022. <https://reliefweb.int/report/poland/refugee-arrivals-ukraine-poland-update-25052022>
- REACH. (2022b). Situation overview: movement of Ukrainians back into Ukraine from Poland, Slovakia, Hungary, Romania and Moldova – Update as of 28.04.2022. <https://reliefweb.int/report/ukraine/situation-overview-movement-ukrainians-back-ukraine-poland-slovakia-hungary-romania-0>
- Rip, J., Zijlstra, E., Post, W.J., Kalverboer, M.E., Knorth, E. (2020). 'It can never be as perfect as home': An explorative study into the fostering experiences of unaccompanied refugee children, their foster carers and social workers. *Children and Youth Services Review*, 112, 1–10.
- Save the Children. (2022). *Ukraine: Children without caregivers risk being forgotten*. <https://www.savethechildren.net/news/ukraine-children-without-caregivers-risk-being-forgotten>
- Schippers, M. (2021). *Children on the move. A guide to working with unaccompanied children in Europe*. European Guardianship Network.
- Şirin, S. R., Rogers-Şirin, L. (2015). *The educational and mental health needs of Syrian refugee children*. Migration Policy Institute.
- Stark L. (2006). Cleansing the wounds of war: an examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, 4(3), 206–218.
- Soykoek, S., Mall, V., Nehring, I., Henningsen, P., Aberl, S. (2017). Post-traumatic stress disorder in Syrian children of a German refugee camp. *The Lancet*, 389, 903–904.
- Sujoldzić, A., Kulenović, T., Terzić, R., Peternel, L. (2006). Social determinants of health – a comparative study of Bosnian adolescents in different cultural contexts. *Collegium Antropologicum*, 30(4), 703–711.

- Ventevogel, P., Song, S. J. (2020). Bridging the humanitarian, academic, and clinical fields toward the mental health of child and adolescent refugees. In: P. Ventevogel, S. J. Song (ed.), *Child, adolescent and family refugee mental health. A global perspective*. Springer.
- UNHCR. (2022). *Regional refugee response plan for the Ukraine situation, protection analysis*. May 2022.
- UNICEF. (2022). *Ukraine humanitarian situation report no.8. Reporting period: 06 April – 12 April 2022*.
- Wade, J. (2019). Supporting unaccompanied asylum-seeking young people: The experience of foster care. *Child and Family Social Work*, 24(3), 383–390.

## Legal references

- Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted.
- EU Council Resolution of 26 June 1997 on Unaccompanied Minors who are Nationals of Third Countries (97/C 221/03).
- List Informacyjny Izby Notarialnej Ukrainy z dnia 28 marca 2022 r. (Information letter of the Chamber of Notaries of Ukraine of 28 March 2022)
- Deklaracja Polityczna między Ministerstwem Rodziny i Polityki Społecznej Rzeczypospolitej Polskiej a Ministerstwem Polityki Społecznej Ukrainy w sprawie ochrony socjalnej dzieci dotkniętych działaniami wojennymi i konfliktami zbrojnymi, podpisana w dniu 30 czerwca 2022 roku. (Political Declaration between the Ministry of Family and Social Policy of the Republic of Poland and the Ministry of Social Policy of Ukraine on the social protection of children affected by hostilities and armed conflicts, signed on June 30, 2022.)
- European Parliament resolution of 7 April 2022 on the protection in the EU of children and young people fleeing war in Ukraine (2022/2618(RSP)).
- Rozporządzenie Ministra Edukacji Narodowej z dnia 23 sierpnia 2017 r. w sprawie kształcenia osób niebędących obywatelami polskimi oraz osób będących obywatelami polskimi, które pobierały naukę w szkołach funkcjonujących w systemach oświaty innych państw (Dz.U. z 2020 r. poz. 1283 t.j.). (Regulation of the Minister of National Education on the education of non-Polish citizens and persons who are Polish citizens who received education in schools operating in the education systems of other countries)
- Rozporządzenie Ministra Edukacji i Nauki z dnia 21 marca 2022 r. w sprawie organizacji kształcenia, wychowania i opieki dzieci i młodzieży będących obywatelami Ukrainy (Dz.U. 2022 poz. 645). (Regulation of the Minister of Education and Science on the organisation of education, upbringing and care of children and youth who are citizens of Ukraine)
- Rozporządzenie Ministra Edukacji i Nauki z dnia 8 kwietnia 2022 r. zmieniające rozporządzenie w sprawie organizacji kształcenia, wychowania i opieki dzieci i młodzieży będących obywatelami Ukrainy (Dz.U. 2022 poz. 795). (Regulation of the Minister of Education and Science amending the Regulation on the organisation of education, upbringing and care of children and youth who are citizens of Ukraine)

Uchwała Gabinetu Ministrów Ukrainy z dnia 12 marca 2022 r. nr 264. Resolution of the Cabinet of Ministers of Ukraine of 12 March 2022, No. 264.)

Ustawa z dnia 14 grudnia 2016 r. – Prawo oświatowe (Dz.U. z 2018 r. poz. 996 ze zm.). (Act on Education Law)

Ustawa z dnia 12 marca 2022 r. o pomocy obywatelom Ukrainy w związku z konfliktem zbrojnym na terytorium tego państwa (Dz.U. 2022 poz. 583). (Act on assistance to Ukrainian citizens in connection with the armed conflict on the territory of this country)

#### Citation:

Krawczak, A. (2022). Situation of Ukrainian children in Poland. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 354–375). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# The bright side, or on prosocial engagement of children and youth, both off- and on-line

Natalia Walter – Adam Mickiewicz University in Poznań

## List of issues

---

- 377 Introduction
- 378 Research on prosocial activities of children and youth since 2017
- 387 Summary
- 389 References
- 391 Legal references

## Introduction

**W**hen we talk about a young person's positive activity as a social being, we are primarily referring to: firstly, their functioning within the family or among peers; secondly, prosocial behaviour, i.e. voluntary actions aimed at benefiting others (Eisenberg and Mussen, 1989; Morris et al., 2011; Steinbeis, 2018), and thirdly, civic engagement, i.e. the contribution that a person can make to society. Such contributions can be both behavioural (e.g. civic participation) and related to various forms of cognition (e.g. civic knowledge, civic skills) and socio-emotional functioning (e.g. a sense of civic duty or responsibility; Boyd and Dobrow, 2011).

These activities will be the focus of this chapter. We assume here, in line with current theory and research, that young people's functioning nowadays takes place simultaneously on- and offline, and that these worlds intermingle. Therefore, while looking at the different aspects of children and young people's positive functioning in society, we will also be analysing the manifestations of their digital engagement – be it civic, altruistic or voluntary.

### Resilience – prosocial behaviour as a protective factor

Resilience theory helps to understand why some young people who are exposed to multiple risks do not suffer negative health or social consequences and, contrary to expectations, grow up successfully. The concept of resilience encompasses compensatory and protective models that explain how ongoing positive factors help adolescents in overcoming risks. Such factors that are protective and foster resilience in adolescents include a supportive school environment, effective parent-child communication and meaningful extracurricular classes. Constructive use of leisure time during adolescence, such as extracurricular or after-school classes and prosocial activities (also in social media), contribute to positive development. Such activities enable adolescents to acquire psychosocial competences and practice leadership, teamwork and decision-making, develop autonomy and foster discovering their identity (Ostaszewski, 2020). The topic of resilience resulting from positive social engagement of young people was extensively discussed by Pyżalski (2017) in the previous edition of the report *Children count*.

Let us only recall that prosocial behaviour or behaviour that is directed at benefiting others is one of the behaviours that is the most important for the collective goals of coping with a difficult situation (Crone and Achterberg, 2021). Behaviour during the COVID-19 pandemic is a good example of this, as studies have shown that prosocial individuals were less likely to put others at risk during the pandemic – they were more prone to adhere to the physical distance rule, stay at home when feeling ill, or wear face masks (Campos-Mercade et al., 2021). Prosocial behaviour develops and evolves during adolescence, and prosociality is shaped by social experiences (Blakemore and Mills, 2014).

The COVID-19 pandemic is far from being the only crisis that today's generation has to face, others include growing socio-economic inequality, war and climate change. Social ties during adolescence are an important resilience factor that has been shown to reduce stress and fatigue during, for example, the COVID-19 pandemic; in turn, engaging in prosocial acts of kindness can strengthen those ties (Crone, Achterberg, 2021). Research has revealed **a link between prosociality and psychological well-being in adolescents** (Hui, Ng, Berzaghi et al., 2020), which is extremely important in the context of this report.

In children and adolescents, performing acts of kindness is associated with improved well-being, but additionally also – and this distinguishes it from other pleasure activities (e.g. outings) – with increased peer acceptance. This, in turn, is a key educational goal, as it is associated with a variety of important school and social outcomes, including a reduced likelihood of being bullied (Layous et al., 2012). Peer acceptance provides children and young people with a buffer of safety in difficult situations and enhances coping skills.

Padilla-Walker et al. (2015) showed in a longitudinal study of the relationship between prosocial and problem behaviour conducted on a sample of 500 adolescents (mean age: 13 years) between 2009 and 2011 in the United States that the effects of prior prosocial behaviour towards family and strangers were a predictor of fewer problem behaviours two years later, while the results of prosocial behaviour towards friends were more diverse.

### Civic engagement

One form of behaviour benefiting the society and youth activism is civic engagement, which, following UNICEF, we can define as “individual and collective actions in which people participate to improve the well-being of communities or society in general” (UNICEF et al., 2020, p. 6). Traditionally, this has taken the form of activities such as voting, attending meetings or celebrations of the communities concerned, contacting public officials, participating in protests, signing petitions or writing articles about one's community. Currently, there is an ongoing discussion on civic engagement taking

the form of actions in participatory culture. Barrett and Pachi (2019) highlight that, while there has been a decline in civic engagement among young people in typical activities such as participating in elections or political rallies for many years, there is an increase in engagement in another form: young people are engaging in online advocacy actions, such as those initiated by Amnesty International and other such institutions. Developmental theory posits that young people engage in civic life in different ways, patterns of civic development vary across individuals, and experiences in this context can translate both to the stability and change of youth civic engagement (Wray-Lake and Shubert, 2019).

In a study conducted by Ballard et al. (2019) involving more than 20,000 adolescents (data from 13,014 respondents were eventually included in the analyses) showed that in terms of frequency of participation in civic activities, 45.21% of respondents participated in elections/voting, 30.03% engaged in volunteering and 3.62% reported participating in a rally or march.

### Research on prosocial activities of children and youth since 2017

In the following section, we present the results of studies on social participation, civic engagement and social support of young people. Although most of the research focus on people between the ages of 18 and 25–29, there are also some which analysed younger groups (from 10–12 years of age) and therefore it is often difficult to compare results from different bases. Moreover, it is important to remember that social activity changes with age.

### Involvement in civic organisations and social movements off- and online and interest in politics

According to a survey conducted by CBOS (2020), which every two years, starting from 1998, asks Poles whether they devote their free time to social activity in civic organisations such as associations, foundations, unions, chambers, parties, clubs, committees, movements, etc., involvement for the benefit of their community or people in need is declared by as many as 72% of school and

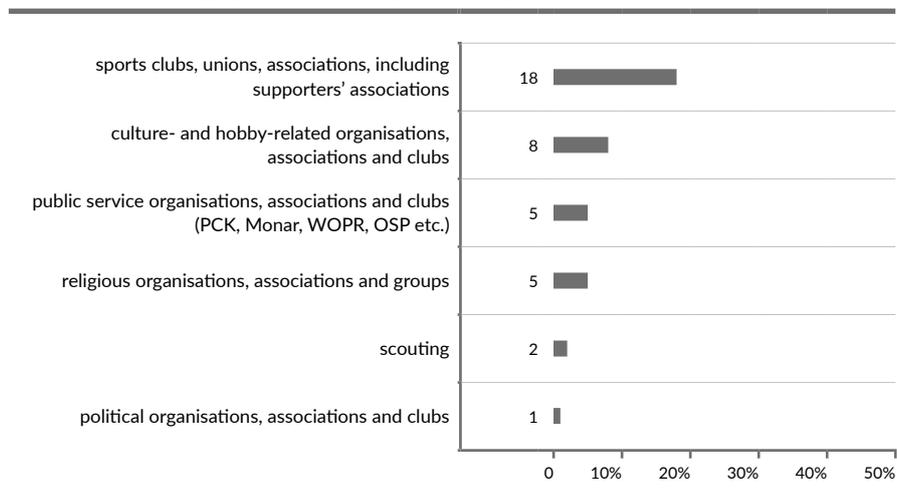
university students (56% of persons aged 18–24). When it comes to the involvement of Poles over 18 in youth organisations, i.e. scouting, youth clubs, unions and student associations, an increase has recently been noted – from 2.7% in 2012 to 5.2% in 2018 and 2020.

It is noteworthy that the researchers asked respondents about active participation in civic organisations and not about mere membership.

The overall rate of social activity within organisations and associations is higher than in 2017, and in the long term, it can be seen that it has increased by 20 percentage points in 20 years. This allows us to conclude that there is an ever-growing interest among Poles in matters beyond their private lives, they try to act for the local community, influence the functioning of specific groups, associations or clubs, and contribute to solving social problems and helping those in need. [...] Engagement in organisations and social activity in general among Poles is favoured by such features as above-average religious commitment, higher education, significant professional position, relatively highest earnings and being a school or university student. (CBOS, 2020, p. 12)

The data collected in 2018 by CBOS and the National Bureau for Drug Prevention are slightly different (Figure 1).

**Figure 1:** Social engagement of young people aged 18–24 in 2018



Source: CBOS/KBPN et al., 2019.

The rates of interest in community organisations here are significantly lower than in the 2020 CBOS survey. This is probably due to the different age ranges – the 2020 survey included 18–24 year olds, whereas the 2018–2019 survey focused on students of junior secondary, secondary and basic vocational schools, i.e. young people aged 16–19.

Among the youth organisations of interest to young Poles, it is worth mentioning those affiliated to the Polish Council of Youth Organisations, which is:

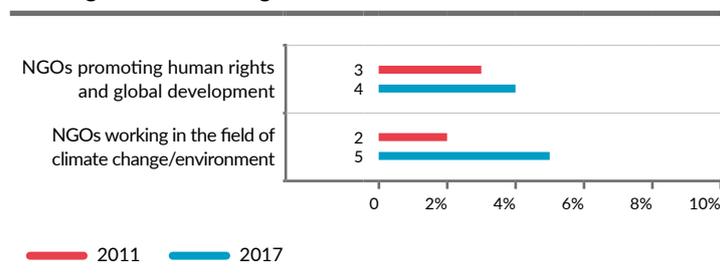
a federation of non-governmental organisations representing the opinions and needs of young people in their dealings with decision-makers at national level. It is additionally the only organisation with the status of a National Youth Council, as defined by European law and international agreements. The federation currently has 30 member organisations gathering over 250,000 young people. (Polska Rada Organizacji Młodzieżowych, 2020)

These include, among others:

- Polish Scouting and Guiding Association (Związek Harcerstwa Polskiego),
- Scouting Association of the Republic (Związek Harcersztwa Rzeczypospolitej),
- Young Democrats Association (Stowarzyszenie Młodzi Demokraci),
- Rural Youth Union (Związek Młodzieży Wiejskiej),
- International Federation of Medical Students Associations (Międzynarodowe Stowarzyszenie Studentów Medycyny),
- European Students' Forum (Europejskie Forum Studentów, AEGEE Kraków),
- Union of the German Minority Youth (Związek Młodzieży Mniejszości Niemieckiej, BJDM)
- Youth Development and Integration Association (Stowarzyszenie Rozwoju i Integracji Młodzieży).

In research at the European level (European Commission et al., 2018), over a period of 6 years there has been a clear increase in interest in organisations promoting human rights and – especially – those working in the field of climate change. In the case of organisations promoting human rights, Poland ranks slightly below the average for the European Union (EU), where the average is 7% (the highest rates were recorded in Scandinavian countries). The situation is similar when it comes to organisations active in the field of climate change: in the EU countries, the average involvement is 5%, while in Poland it is 4% (compared to 9% in Sweden and Spain).

**Figure 2.** Participation of young Europeans (15–30) in non-governmental organisations



Source: European Commission et al., 2018.

When it comes to civic engagement and interest in politics, it often starts with an involvement in school student councils. A study by CBOS/KBPN et al. (2019) shows that in 2018 – just like in previous years – when asked about participation in school council elections, 20% of respondents answered that they took part each time when they were held and 19% answered that they participated, but not every year. There is a correlation between the type of school and participation in school council elections: the highest proportion of participants is recorded among students of general secondary schools and the lowest in basic vocational schools.

Interest in politics can trigger a desire to actively participate and solve common problems with other members of the community, so it is important to look at young people's political engagement. On average, more than half of young Europeans aged 15–24 declared a moderate or high interest in politics in 2016, and this percentage has increased since 2010 (European Commission et al., 2018). Contrary to the claim that young people are increasingly discouraged, the interest in political issues appears to be rising in Europe in recent years.

In Poland, it is worth to mention in this context youth local governments i.e. youth councils existing at the level of communes/cities, districts and provinces. The tasks of youth councils include, among others, giving opinions on draft resolutions concerning youth, participating in the development of strategic activities for youth, monitoring the implementation of strategic documents of a given territorial unit for the benefit of young people, undertaking activities for the benefit of youth, in particular in the field of civic education, in line with the principles defined by the unit's council (Journal of Laws – Dz.U. 2021 item 1038). In 2021, there were approximately 242 youth councils at local government units actively operating in Poland (Wyrzykowska and Zapolski-Downar, 2021). Yet another body is the Children and Youth Council of the Republic of Poland at the Minister of National Education, which has been in operation since 2016. Its main tasks include expressing opinions, including making proposals on issues concerning children and young people in matters covered by the government administration department of

”

*I can't imagine life without scouting. Although I can be exhausted by activities in the troop, I really enjoy being a part of it. I get a lot of support and understanding from its members who understand that it is not easy to combine scouting with school.*

*15-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

education and upbringing, in particular presenting opinions on planned changes, including proposals for solutions. The term of office of the Council is one year (Ministry of Education and Science, 2021).

Young people prefer flexible forms of social participation, such as taking part in projects run by non-governmental organisations (NGOs), participating in community initiatives and joining social movements. A report commissioned by the European Commission's Directorate-General for Education, Youth, Sport and Culture (European Commission et al., 2018) shows young people's preference for being active in NGOs or organisations dealing with local issues rather than political parties. On average, twice as many respondents participated in an organisation working to improve their local community than in a political party. Disillusionment with traditional and institutionalised forms of political participation can also explain why many choose to show interest in politics or express their opinions outside of formal institutions or organisations. To this end, the internet offers a wide range of opportunities for political communication, in which young people are leading the way. Online portals frequented by young people, such as online forums, chat rooms, social media and blogs, can serve the same basic function as institutional forms – a collective interaction

around shared interests. In this sense, they represent a great source of political and social engagement that young people have been quickest to recognise and use. For instance, the internet plays a significant role in facilitating interactions between young citizens and public authorities. New media also serve as a tool for expressing individual opinions on civic and political issues. In 2017, an average of 16% of young Europeans published their views and ideas online. In this comparison, Polish youth are involved a moderate level (about 13%) versus other European countries. The highest activity, above 20%, is recorded by Iceland, the UK or Sweden, and the lowest by Finland, Belgium, Austria and the Czechia (European Commission et al., 2018).

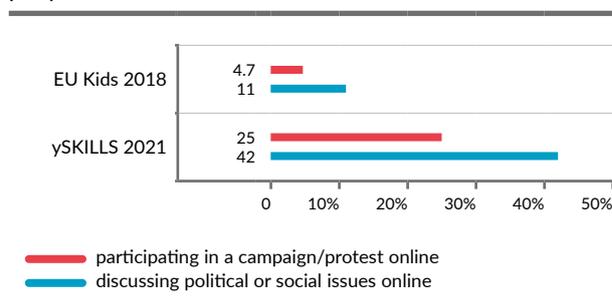
It is therefore worth highlighting that information and communications technology plays an important role in creating civic space for young people. The use of social media for civic engagement enables young people to bypass adults and reach broad audiences. While youth political engagement is often relegated to youth initiatives, such as poster competitions, digital media give more space for youth opinions in wider social movements. It is important to note, however, that while the very existence of digital technologies is a key enabler of youth civic engagement, these very same technologies and platforms can be significant deterrents or barriers to civic engagement (UNICEF et al., 2020).

For young people, the internet is first and foremost a primary source of information on issues of interest to them. The latest report "Teenagers 3.0" (NASK and Lange, 2021) shows that Polish youth is also guided by opinions on civic or social issues heard or read online – 9.5% of respondents rely on information obtained from the internet on social or political choices (in the case of parents, it was 7.4%). From the report "Youth in Central Europe 2020. NDI research project. Survey Results in Poland", prepared by the Institute of Public Affairs as part of the National Democratic Institute project, shows that 78% of respondents aged 16–29 use Facebook quite regularly or very regularly as a source of information on society and politics. This is followed by internet portals (e.g. Onet.pl, Interia.pl etc.) – 55%, private radio (e.g. RMF, Tok FM etc.) – 52%

and private TV stations (e.g. TVN) – 51%. YouTube video blogs are also an important source in this respect – indicated by 48% of respondents (Institute of Public Affairs/NDI, 2020).

However, the internet is not only a source of information, but also a space for civic activity. The Polish part of the EU Kids Online 2018 study (Tomczyk, 2019) showed that online civic activism is not of particular interest to young people. Only 4.7% of respondents joined a campaign/protest or signed an online petition at least once a week (or more often), and 11% discussed social or political issues online with others. The situation changed during the pandemic. The most recent research on this matter, conducted in 2021 as part of the ySKILLS project (Pyżalski et al., 2022), showed an increased interest in online civic participation among young people (aged 12–17). It was found that 28% of those surveyed had added or followed a political group on social media, 25% had participated at least once in protests or campaigns conducted online, and as many as 42% had participated at least once in a discussion or commented on social and political issues online. While there are no differences between genders in the first two categories, in the case of political discussions or online comments it can be indicated that boys did so more often than girls (Figure 3).

Figure 3. Online civic engagement of children and young people from Poland

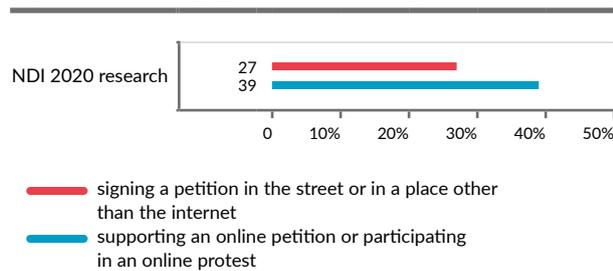


Source: Results from EU Kids Online 2018 and ySKILLS 2021 studies.

Similar data was obtained by the researchers of the aforementioned report "Youth in Central Europe 2020...", although the research sample covered a slightly broader age group (16–29). Signing a petition in the street

or in a place other than the internet was declared by 27% of respondents, while supporting an online petition or participating in an online protest – 39% (Institute of Public Affairs/NDI and Pazderski, 2020; Figure 4).

**Figure 4.** Civic engagement of Poles aged 16–29



Source: Institute of Public Affairs /NDI, 2020.

There is also the other side of this coin – while it is true that the internet makes civic activity possible for young people, on the other hand, it is itself becoming such an attractive space for functioning that it is crowding out other activities. According to the “Teenagers 3.0” study (NASK and Lange, 2021), when asked which activities young people could give up in order to be able to use the internet for longer, the answer concerning giving up social/charitable activities ranked high in eighth place (indicated by 13.2% of respondents), just after giving up sports, going to the cinema or household chores.

### Volunteering and e-volunteering

Another important factor in the development of civil society is volunteering. By getting involved in projects aimed at solving current social problems, young volunteers initiate reforms but also develop a sense of belonging to their community. In addition, volunteering contributes significantly to the development of a young person’s personal capital, for example by enabling non-formal education. The personal benefits of volunteering are numerous. It has been shown in research that volunteering helps discourage young people from dropping out of school and boosts their self-confidence, sense of social responsibility and level of psychological well-being. In addition, peer mentoring (voluntary mentoring by a young person who has lived through similar experiences) has been shown to

be effective in helping young people at risk of exclusion (European Commission et al., 2018).

A report commissioned by the European Commission’s Directorate-General for Education, Youth, Sport and Culture (European Commission et al., 2018) shows that there has been a significant increase in the level of participation in volunteering among Europeans aged 15–29 since 2011. In 2017, approximately 30% of young people aged 15–30 participated in volunteering activities in Europe. There are noticeable differences between countries, with several showing rates close to 40% (Germany, Denmark, Ireland and the Netherlands) while others record participation levels below 20% (Hungary, Finland and Sweden). Since 2011, young people’s participation in volunteering has increased by more than 25% on average. The most significant increase took place in Greece and Poland (by 71% and 83% respectively). The youngest Europeans surveyed were the most likely to get involved, with a percentage of around 35% in the 15–19 age group. The data also shows that in 2017, almost 30% of surveyed young people from Poland declared to have participated in volunteering activities. Most young volunteers chose projects and services aimed at benefiting their local community. Since 2011, the proportion of young Europeans who have undertaken such activities has increased, especially in France, Denmark, Finland, Spain and Poland.

It is worth noting that, by participating in voluntary activities, volunteers can acquire skills and develop their personal or professional competences, but also improve their chances at subsequent levels of education or when applying for a job. In this situation, it is necessary for these activities to be formally recognised (e.g. through a mention on a school certificate or obtaining a separate diploma). The possibility of obtaining formal recognition of the personal and professional experience acquired is considered fundamental in encouraging young people to participate in volunteering. This is especially true for those who join volunteering projects not only because they want to contribute to society, but also because they see it as a way to improve their chances for further education or employment (European Commission et al.,

2018). Polish eighth-grade students receive extra points for their voluntary activities when applying for secondary schools. In the Regulation of the Minister of National Education of 21 August 2019 on the recruitment to public kindergartens, schools, institutions and centres, paragraph 7 explicitly states that: "In the case of converting into points [awarded for achievements in social activity – author's note] the achievements in social activity, including work for the benefit of the school community, in particular in the form of volunteering [...] shall be rewarded with 3 points". This is an important aspect to bear in mind when analysing young people's social engagement. Of course, this does not mean that it is the only reason for young people's voluntary activities.

As Wyrzykowska and Zapolski-Downar (2021) note:

In recent years, one can observe an increasing involvement of young people in the building of civil society or volunteering. This is certainly linked to a greater number of initiatives of a different nature that encourage this participation and can often be a first step towards bolder, broader actions. (p. 12)

An example of this is the olympiad initiated by the Zwolnieni z Teorii Foundation, which encourages school and university students, to carry out social projects in response to social problems of various groups. In the 2019/2020 school year, almost 20,000 students submitted an original social project, 4,285 participants became finalists and carried out a total of 846 projects. These included social campaigns, public events, charity fundraising or technology projects. Due to the pandemic, around 1,000 projects took an online form (Fundacja Zwolnieni z Teorii, 2022)

Volunteering can also take an online form.

E-volunteering refers to a situation where the volunteering activity is based on the use of the internet. In the narrow sense, all stages of online volunteering take place entirely remotely: both the process of recruiting e-volunteers, onboarding them, carrying out tasks, motivating and maintaining the relationship, as well as evaluation and ending. In practice, however, there are a great many intermediate, hybrid forms: part of the activity is carried out remotely, but – as far as possible – the e-volunteer also has direct contact with the organisation for which they are working. (Fundacja Dobra Sieć et al., 2021, p. 6)

Possible e-volunteer activities include: (co-)creating websites, games or applications, editing newsletters, creating graphics, giving advice via

”

*My parents had no idea about my interests, but when they found out about them, they were very angry. They took away my phone and forbade me to contact my friends. After all, there is nothing wrong with what I do – I play games, read comics, write books. My friends are OK, they understand me. I don't know what my parents have in mind.*

13-year-old boy

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

the internet, translating texts, editing and proofreading documents, promotional activities and helping to organise online events (e.g. workshops, webinars). A study of Poland's largest e-volunteering platform TuDu.pl (initiated by the Dobra Sieć Foundation) shows that in 2020, people aged 28–39 years (43.8%) were primarily involved in e-volunteering, but 18–24 year-olds made the second largest group (27.1%; Fundacja Dobra Sieć et al., 2021).

### Relations with the social environment and structural social support network

Social support plays an important role in difficult life situations (Ogińska-Bulik, 2013). One of the first authors to recognise the importance of social functioning (including support) and its impact on the behaviour of individuals in difficult situations was the French sociologist Émile Durkheim (1897). He noted that social bonds have an important protective function for the human psycho-physical condition. Cobb (1976), on the other hand, drew attention to the link between social support and the health consequences of life stress: "Social support can protect people in crisis from a wide variety of pathological states: from low birth weight to death, from arthritis through tuberculosis to depression, alcoholism, and the social breakdown syndrome" (p. 300). In structural terms, social support refers to the existence of available social networks in which a person functions. It can be family, friends, colleagues, neighbours or people belonging to specific social groups. Research on the nature of structural social support has considered the effectiveness of support according to the size of the network, its density, cohesion and accessibility. The latter parameter was considered the most important by those surveyed (Sęk and Cieślak, 2004). Another important factor is the heterogeneity or homogeneity of the network, i.e. similarity or diversity in terms of age, gender, religion or adversity.

Available research identifies support from significant adults as a factor protecting young people from engaging in risky behaviours (Lipowski et al. 2016). The influence of social and family protective factors is reflected in the increased repertoire of personal resources available to adolescents and helps them cope with challenging situations. The previously mentioned resilience represents a process of positive adaptation to stressful conditions (Luthar, 2006).

The ESPAD (2020) survey conducted in 2019 shows that Polish adolescents enjoy spending time with their peers. Among teenagers aged 15–16, 71.7% declared that one of the forms of their leisure time was spending evenings with friends at least once a month. Those in the older group, i.e. aged 17–18, declared the same even more often, with as many as 81.3% of them indicating this form of spending time. Equally popular was going out with friends to a shopping mall (82.2% and 83.7% respectively). Peer

”

*I've been through all sorts of difficult situations in my life and after all of that I would like to have a job myself in the future where I could help children. I already now try to support my younger siblings before stressful tests, for example.*

*17-year-old girl*

*A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

relationships are extremely important for young people, although it is worth noting, on the other hand, that as many as 11.5% of teenagers aged 15–16 and 6.5% of those aged 17–18 have never spent an evening with friends, and 6.2% and 4.6%, respectively, have never hung out with friends in a mall. This may be due to restrictions imposed by parents or choosing other forms of spending time with peers.

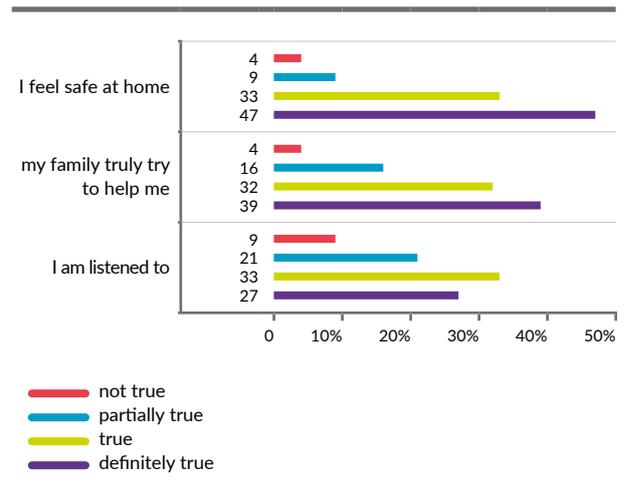
The 2018 CBOS/KBPN survey entitled “Youth” provides us with a little more information on this topic (CBOS/KBPN et al., 2019). The data shows that students were most likely to spend their free time with friends (57%) and with a boyfriend/girlfriend (40%). This was followed by the mother (24%), siblings (18%), classmates (15%) and the father (10%). Partners for conversation and discussion were most often friends (57%). Almost as many people declared that they were most likely to talk and discuss with their mother (31%) as with their boyfriend or girlfriend (29%). This was followed by classmates (18%), father (16%) and siblings (14%). Students answered that they most often seek recognition from their parents (mother: 57%, father: 42%). Less frequently, young people cared about approval from a boyfriend/girlfriend (27%) and friends (21%). The least frequent authority figures are siblings (8%) or classmates (6%).

Extremely interestingly, in 2018, more than half of the students surveyed (54%) reported spending significantly more time with friends offline than online, 17% were slightly more likely to spend time offline than online, and 18% said the shares of both options were equal. A similar scale was pointed out by Iwanicka (2020), who surveyed younger students – at the early school education level. Again, children in this group clearly emphasised that they preferred to spend time with their peers offline rather than online. The COVID-19 pandemic and the resulting lockdown temporarily changed these values, but still the online encounters were primarily a follow-up to peer relationships previously established offline.

The previously mentioned ySKILLS study (Pyżalski et al., 2022) also looked at the structural social support network of children and adolescents aged 12–17. Children answered questions about perceived support received

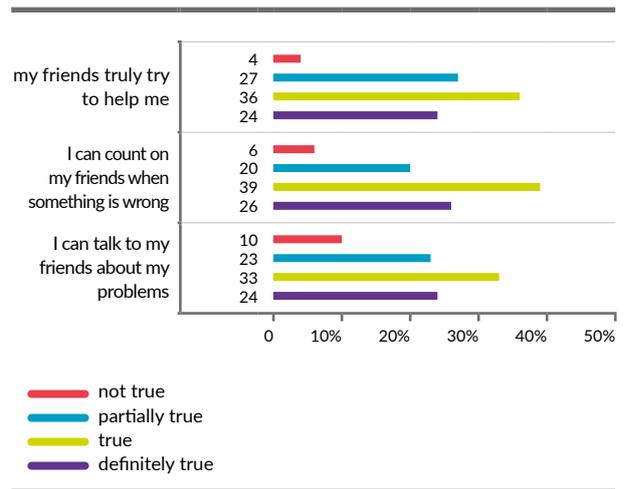
from peers (friends) and from family. Family appeared to be particularly important to the respondents in this respect (Figure 5–6).

Figure 5. Percentage of responses to the question: “To what extent do you agree with the following statements about your family?”



Source: Pyżalski et al. 2022.

Figure 6. Percentage of responses to the question: “To what extent do you agree with the following statements about your friends?”

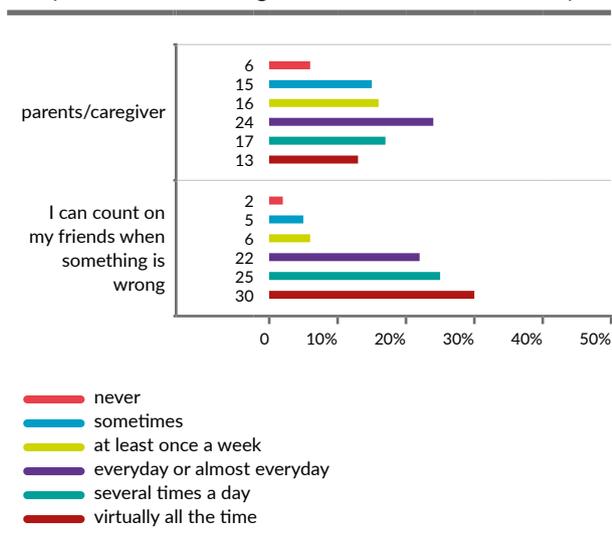


Source: Pyżalski et al. 2022.

It is worth noting in Figure 6 that children and young people have a sense of not being listened to – both within families and in peer groups.

In addition, students were asked about their on-line contacts (via instant messaging services such as Messenger, WhatsApp etc. or via email) with parents or caregivers and peers or friends. While family played an important role in the case of offline social support, peers lead the way in the case of online communication (and thus also online support). The research shows that children and young people are in contact with their peers almost all the time (Figure 7)

**Figure 7.** Online communication with parents/caregivers and peers/friends during the month before the survey



Source: Pyżalski et al. 2022.

This overview clearly shows how modern teenagers function: their online and offline activities strongly intermingle and, in many fields, complement one another.

## Summary

It is difficult to sum up the social and civic participation of young people unequivocally. Although the studies cited in this chapter show a moderate but nevertheless clear increase in interest in such activities, they still rank at a low or very low level. Definitely the growing interest in opportunities for social engagement online is noteworthy. For

this to be possible, it is necessary to develop the digital competences of children and young people. In this context, it is important to avoid restrictive measures (forbidding or limiting the use of digital media) in favour of proactive measures (encouraging their smart use).

Level of education, particularly in the area of digital competences, can be expected to affect young people's ability to make full use of new technologies to engage in social and political interactions. Indeed, research has documented the "digital divide", i.e. inequalities in the skills acquired and the type of activities performed even among those who have equal access to the internet. Nonetheless, new media are considered to lower the threshold for young people's social participation, and this should therefore be taken into account in order to fully recognise the civic and political engagement of today's youth (European Commission et al., 2018).

Among the many different concepts and frameworks of digital competences that a modern (including young) person should possess, in addition to the well-known DIGCOM 2.1 typology, my particular attention was drawn to the breakdown proposed at the World Economic Forum in 2016 by Park. It outlines eight digital competences that today's children should be equipped with: digital identity, digital use, digital safety, digital security, digital emotional intelligence, digital communication, digital literacy and digital rights. All of these make up what is known as digital intelligence (DQ; analogous to IQ – intelligence quotient), that is the social, emotional and cognitive skills which enable individuals to meet the challenges and adapt to the demands of digital life. One of the competencies identified by Park (2016), digital emotional intelligence, meaning the ability to empathise and form good interpersonal relationships online, is central to the considerations in this chapter (Walter, 2017).

In school education, digital media classes are largely limited to their use as tools for human intellectual activity. Curricula focus primarily on the use of devices and familiarity with software and applications. Recently, it has also become increasingly popular to support children's logical thinking and to encourage them to create media messages on their own, if only by familiarising children with coding (early programming). So slowly, the school is starting to

introduce students to activity, creativity and co-creation of digital cultural resources. This, in turn, marks a big step towards shaping responsibility for the global community (also in its digital dimension), which children are entering earlier and earlier today (Walter, 2017). Becoming a conscious part of the community, even if it is partly online, should itself be one of the goals of education and upbringing, all the more so as it is one of the factors of resilience and can prevent risky behaviour.

## References

- Ballard, P. J., Hoyt, L. T., Pachucki, M. C. (2019). Impacts of adolescent and young adult civic engagement on health and socioeconomic status in adulthood. *Child Development*, 90(4), 1138–1154.
- Barrett, M., Pachi, D. (2019). *Youth civic and political engagement*. Routledge.
- Blakemore, S. J., Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology*, 65, 187–207.
- Boyd, M. J., Dobrow, J. (2011). Media literacy and positive youth development. *Advances in Child Development and Behavior*, 41, 251–271.
- Campos-Mercade, P., Meier, A. N., Schneider, F. H., Wengström, E. (2021). Prosociality predicts health behaviors during the COVID-19 pandemic. *Journal of Public Economics*, 195, 104367.
- CBOS. (2020). *Aktywność Polaków w organizacjach obywatelskich. Komunikat z badań, nr 37/2020*. Fundacja Centrum Badania Opinii Społecznej.
- CBOS/KBPN, Grabowska, M., Gwiazda, M. (ed.). (2019). *Młodzież 2018*. Fundacja Centrum Badania Opinii Społecznej, Krajowe Biuro ds. Przeciwdziałania Narkomanii.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5), 300–314.
- Crone, E. A., Achterberg, M. (2022). Prosocial development in adolescence. *Current Opinion in Psychology*, 44, 220–225.
- Durkheim, É. (1897). *Le suicide. Étude de sociologie*. Félix Alcan.
- Eisenberg, N., Mussen, P. H. (1989). *The roots of prosocial behavior in children*. Cambridge University Press.
- ESPAD. (2020). *Używanie alkoholu i narkotyków przez młodzież szkolną. Raport z ogólnopolskich badań ankietowych zrealizowanych w 2019 r.* Krajowe Biuro ds. Przeciwdziałania Narkomanii, Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Instytut Psychiatrii i Neurologii.
- European Commission, Directorate-General for Education, Youth, Sport and Culture, Paolini, G., Motiejūnaitė, A., Horváth, A. (2018). *Situation of young people in the European Union: Commission staff working document*. Publications Office. Pobrane z: <https://data.europa.eu/doi/10.2766/370313>
- Fundacja Dobra Sieć, Belina, A., Sawko, K. (2021). *Diagnoza e-wolontariatu i platformy TuDu.org.pl*. Fundacja Dobra Sieć.
- Fundacja Zwolnieni z Teorii. (2021). *Zrób własny projekt społeczny*. <https://zwolnienizteorii.pl/>
- Hui, B. P., Ng, J. C., Berzaghi, E., Cunningham-Amos, L. A., Kogan, A. (2020). Rewards of kindness? A meta-analysis of the link between prosociality and well-being. *Psychological Bulletin*, 146(12), 1084.
- Instytut Spraw Publicznych/NDI, Pazderski, F. (2020). *Młodzi w Europie Środkowej 2020. Projekt badawczy NDI. Wyniki badania w Polsce, lipiec 2020*. Instytut Spraw Publicznych, National Endowment for Democracy, National Democratic Institute.
- Iwanicka, A. (2020). *Cyfrowy świat dzieci we wczesnym wieku szkolnym. Uwarunkowania korzystania z nowych technologii przez dzieci*. Wydawnictwo Naukowe UAM.
- Layous, K., Nelson, S. K., Oberle, E., Schonert-Reichl, K. A., Lyubomirsky, S. (2012). Kindness counts: Prompting prosocial behavior in preadolescents boosts peer acceptance and well-being. *PLoS one*, 7(12), e51380.

- Lipowski, M., Lipowska, M., Jochimek, M., Krokosz, D. (2016). Resiliency as a factor protecting youths from risky behaviour: Moderating effects of gender and sport. *European Journal of Sport Science*, 16(2), 246–255.
- Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In: D. Cicchetti, D. J. Cohen (ed.), *Developmental psychopathology: Risk, disorder, and adaptation* (tom 3, wyd. 2.). Wiley.
- Ministerstwo Edukacji i Nauki. (2021). *Rada Dzieci i Młodzieży VI kadencji – przedłużamy nabór do 12 listopada*. <https://www.gov.pl/web/edukacja-i-nauka/rada-dzieci-i-mlodziezy-vi--kadencji--przedluzamy-nabor-do-12-listopada>
- Morris, A. S., Eisenberg, N., Houlberg, B. J. (2011). Adolescent moral development. *Encyclopedia of Adolescence*, 48–55.
- NASK, Lange, R. (2021). *Nastolatki 3.0. Raport z ogólnopolskiego badania uczniów*. NASK | Państwowy Instytut Badawczy.
- Ogińska-Bulik, N. (2013). The role of social support in posttraumatic growth in people struggling with cancer. *Health Psychology Report*, 1(1), 1–8.
- Ostaszewski, K. (2020). The importance of resilience in adolescent mental health promotion and risk behaviour prevention. *International Journal of Public Health*, 65(8), 1221–1222.
- Park, Y. (2016). *8 digital skills we must teach our children*. World Economic Forum. Pobrane z: <https://www.weforum.org/agenda/2016/06/8-digital-skills-we-must-teach-our-children/>
- Padilla-Walker, L. M., Carlo, G., Nielson, M. G. (2015). Does helping keep teens protected? Longitudinal bidirectional relations between prosocial behavior and problem behavior. *Child Development*, 86(6), 1759–1772.
- Polska Rada Organizacji Młodzieżowych. (2020). *Czym jest PROM?* <https://prom.info.pl/o-nas/>
- Pyżalski, J. (2017). Jasna strona – partycypacja i zaangażowanie dzieci i młodzieży w korzystne rozwojowo i prospołeczne działania. *Dziecko krzywdzone. Teoria, badania, praktyka*, 16(1), 288–303.
- Pyżalski, J., Walter, N., Bartkowiak, K., Iwanicka, A. (2022). *Wyniki badań ySKILLS 1 runda (2021), Polska*. <https://doi.org/10.5281/zenodo.6376294>.
- Sek, H., Cieslak, R. (2004). Wsparcie społeczne, sposoby definiowania, rodzaje i źródła wsparcia, wybrane koncepcje teoretyczne. In: H. Sęk R. Cieślak (ed.), *Wsparcie społeczne, stres i zdrowie*. Wydawnictwo Naukowe PWN.
- Steinbeis, N. (2018). Neurocognitive mechanisms of prosociality in childhood. *Current Opinion in Psychology*, 20, 30–34.
- Tomczyk, Ł. (2019). Aktywności młodych ludzi w internecie, In: J. Pyżalski, A. Zdrodowska, Ł. Tomczyk., K. Abramczuk (ed.), *Polskie badania EU KIDS ONLINE 2018. Najważniejsze wyniki i wnioski* (p. 31–40). Wydawnictwo Naukowe UAM.
- UNICEF, Cho, A., Byrne, J., Pelter, Z. (2020). *Digital civic engagement by young people*. UNICEF Office of Global Insight and Policy. [https://participationpool.eu/wp-content/uploads/2020/07/UNICEF-Global-Insight-digital-civic-engagement-2020\\_4.pdf](https://participationpool.eu/wp-content/uploads/2020/07/UNICEF-Global-Insight-digital-civic-engagement-2020_4.pdf)
- Walter, N. (2017). Cyfrowa inteligencja emocjonalna: o kształtowaniu empatii i społeczno--emocjonalnej świadomości u współczesnych dzieci. In: A. Iwanicka (ed.), *Edukacyjne i społeczne wyzwania rzeczywistości cyfrowej*, (p. 21–28). Wydawnictwo Naukowe UAM.

- Wray-Lake, L., Shubert, J. (2019). Understanding stability and change in civic engagement across adolescence: A typology approach. *Developmental Psychology*, 55(10), 2169–2180. <https://doi.org/10.1037/dev0000772>
- Wyrzykowska, O., Zapolski-Downar, J. (2021). *Młodzieżowa samorządność w Polsce. Analiza i dalsza perspektywa*. Wydawnictwo Rys.

## Legal references

- Rozporządzenie Ministra Edukacji Narodowej z dnia 21 sierpnia 2019 r. w sprawie przeprowadzania postępowania rekrutacyjnego oraz postępowania uzupełniającego do publicznych przedszkoli, szkół, placówek i centrów (Dz.U. 2019 poz. 1737). (Regulation of the Minister of National Education on recruitment procedure and supplementary proceedings for public nursery schools and schools, establishments and centres).
- Ustawa z dnia 20 kwietnia 2021 r. o zmianie ustawy o samorządzie gminnym, ustawy o samorządzie powiatowym, ustawy o samorządzie województwa oraz ustawy o działalności pożytku publicznego i o wolontariacie (Dz.U. 2021 poz. 1038). (Act amending the Act on Municipal Self-Government, the Act on Local Government, the Act on Voivodship Self-Government and the Act on Public Benefit Activities and about volunteering).

### Citation:

Walter, N. (2022). The bright side, or on prosocial engagement of children and youth, both off- and on-line. In: M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland* (pp. 376–391). Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution–NonCommercial–NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości

# Recommendations



**B**ased on the data collected in the third edition of the *Children Count* report, the Empowering Children Foundation generally upholds its earlier recommendations about the directions of change needed to improve children's physical and psychological wellbeing in Poland. The external challenges of the past few years, in particular the COVID-19 pandemic, the war in Ukraine, or the economic downturn, have directed decision-makers' attention to other areas. However, we need to remember that natural disasters, warfare or economic crises have a special impact on the youngest inhabitants of our country, including those who came to Poland seeking protection from a variety of risks in their home countries.

Again, we emphasise a need for a wide and thorough debate of all interested actors and communities, as a basis for the development of appropriate legislation that will help to implement effective measures to protect children. Below we list a number of areas which should become social policy priorities in Poland. We describe general lines of action which require the development of specific intersectoral solutions based on in-depth analyses of child protection concerns.

These include, in particular:

- 1. Implementing permanent measures to prevent child maltreatment – at both universal and selective measures.** In developing and implementing preventive activities, it is important to:
  - target them at **all groups**: children and adolescents, their parents, professionals, and the general public;
  - use the **existing institutional resources**, engaging more intensely the health care and education sectors as those that have the closest contact with children and their families;
  - implement them **at each stage of children's lives**, from patronage nurse visits targeted at parents with newborns and infants, to parenting programmes, to education for children and young people and for their parents at all stages of parenting and schooling;
  - develop **comprehensive and inclusive social skills programmes for children and adolescents**, promoting positive behaviour and preventing potential risks such as sexual abuse and exploitation, online risks, peer victimisation, family violence, risky behaviours, etc., and target those programmes at the general population of children and young people, with special attention to the needs of vulnerable groups (such as foreign children, LGBTQ youth, children and young people with disabilities);
  - devote special attention to broadly understood **child and adolescent mental health**, enhance factors protecting children's psychological wellbeing in the family, in educational and care facilities, and in the community;

- **systematically monitor situations and areas which may pose particular threats to children's safety**, including the online space, residential care and rehabilitation facilities, centres for foreigners, group accommodation settings, mass events attended by children and young people, etc.;
  - carry out **social campaigns** targeted at the general public and focused on child abuse – explaining the mechanisms and symptoms of abuse, and how to respond to and prevent it.
- 2. Taking further steps to systemically protect children from maltreatment.** In this respect, it is important to:
- create specialised **child protection services** within the social services sector (following the example of many other countries), responsible for preventing child maltreatment and coordinating child protection efforts;
  - introduce a legal obligation to implement **child safeguarding standards** in all settings attended by children, and in all institutions and organisations working for and with children. These standards should include the implementation of a child safeguarding policy (including intervention procedures), staff/recruitment checks, the development of safe interaction rules and intervention paths in cases of suspected child abuse, and staff training;
  - improve **multidisciplinary cooperation** in identifying child maltreatment and responding to such cases; in particular, it is important to increase the engagement of the healthcare sector;
  - continuously improve **skills of professionals** in various institutions and organisations, in particular among those responsible for preventing child maltreatment;
  - in all legal acts concerning children, emphasise their **full human dignity and subjectivity**, regardless of their origin, and their **right to be heard**;
  - evaluate all new legal regulations in terms of their short- and long-term **impact on children**.
- 3. Further development of child-friendly justice.** In this area, it is important to:
- introduce the protection of minor victims and witnesses under 18 in the form of a **uniform interviewing procedure**, regardless of the child's age, in Articles 185a and 185b of the Code of Criminal Procedure;
  - ensure the **full rights of minors** participating in legal procedures, e.g., through mandatory sharing of information about the child's health status with his or her legal representative, for the purpose of assessing the child's capability to be interviewed, regulating legal instruction for minors on their rights and obligations depending on the child's age, ensuring that minor victims receive full information about the course of the proceedings and their rights during the proceedings in a manner appropriate for their age, mental development, and health;
  - introduce **regular checks of the standards of interview rooms for children** and the equipment used there, instructions for creating and equipping a child-friendly interview room, and minimum technical requirements from equipment used in these rooms;
  - take action to improve the **quality of work and working conditions of court-appointed experts** in proceedings involving children, including the specialisation of experts in cases involving children, the development of lists of court-appointed experts with their specialisations marked, higher remuneration for experts, and allowing team work in the development of expert opinions;

- conduct regular activities **to improve judges, court experts, and prosecutors' skills and qualifications** related to children's participation in legal procedures.
4. **Developing assistance services for maltreated children and their families.** In this respect, it is necessary to:
- establish and develop **specialised centres** based on inter-agency, multidisciplinary cooperation, where victimised children and their caregivers could receive comprehensive mental health, legal, medical and social support under one roof;
  - improve **access to professionals** specialised both in physical and mental health care, and in counteracting child maltreatment, by running specialised clinics and establishing national, free of charge, highly specialised helplines;
  - improve the functioning of the **alternative care system**, in the best interest of children, when it is necessary to place a child in an out-of-home setting because his or her life or health is threatened, including the development of family-based forms of alternative care and providing them with comprehensive support;
  - develop and implement **comprehensive programmes for perpetrators** (and potential perpetrators) of child maltreatment, including minor abusers, to minimise the risk of further abuse.
5. **Implementing a family policy based on the best interest of the child.** In this area it is essential to:
- when creating family-supportive policies (including material support, direct cash transfers, and housing policies) and services for children (in such areas as education, health, culture, etc.) – develop solutions that help to **provide equal opportunities for disadvantaged families and children** (such as single-parent families, families of persons with disability, multi-child families, refugee families, and families in rural areas);
  - ensure common access to **various forms of high-quality care and education for young children**, leaving it to the parents to decide if they want to use these services;
  - help parents **reconcile work with parenting**, for example by offering more flexible forms of work and working hours, while increasing the perceived workplace safety;
  - promote fathers' higher involvement in childcare, from birth, through creating an engagement-supportive culture, paternal education, employer education, and promoting and developing parental leaves for fathers;
  - introduce a **national strategy for children and adolescents**, integrating all efforts for children which are now dispersed across several dozen programme documents and legal acts, improving their coordination and giving them a higher priority.
6. **Developing all prevention and assistance activities and legal solutions based on reliable research evidence, and systematically evaluate these activities and solutions.** In this respect it is recommended to:
- ensure that statistics are reliably collected by responsible services, using a **shared methodology** with uniform concepts and definitions, categorised by detailed victimology data on children's age, gender, place of residence, origin, family status, etc.;

- collect statistical data concerning not only risk factors for child maltreatment, but also **protective factors**, to obtain complete understanding of the mechanisms of maltreatment and effective ways to prevent and reduce the problem;
- ensure general **availability of statistics** on risks to children's safety and development;
- conduct **repeated social surveys**, using the same methodology, in order to track trends and tendencies related to child maltreatment, impossible to capture based on official statistics;
- include **children and young people's perspective** in the evaluation of preventive and assistance activities;
- conduct a **thorough, systematic analysis of each case of a child's death** or serious injury as a result of maltreatment or unexplained causes, in order to check the effectiveness of the procedures and solutions in place, and to propose improvements, if necessary.

The above recommendations certainly do not cover the complete range of issues that need to be addressed to improve the safety and wellbeing of children in our country. Introducing comprehensive, thoughtful, and systemic improvements to better protect children from all forms of maltreatment, requires time and a broad public debate involving all actors and stakeholders: children, their parents, professionals, representatives of the national government and local authorities, private entities, non-governmental organisations, and religious organisations, regardless of their political affiliation or views. Only solutions developed cooperatively, based on broad consensus, have a chance to improve the conditions for safety and development of all children in Poland.

#### Citation:

M. Sajkowska, R. Szredzińska (ed.), *Children Count 2022. Report on risks to children's safety and development in Poland*, Empowering Children Foundation.



This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Poland license.

English edition of the Report prepared in partnership with UNICEF



Polish version of the Report prepared with financial support from the Justice Fund, at disposal of the Ministry of Justice



Sfinansowano ze środków Funduszu Sprawiedliwości, którego dysponentem jest Minister Sprawiedliwości











The Empowering Children Foundation for more than thirty years has protected children from violence and sexual abuse. We provide children and their caregivers with support, professional psychological counselling and legal assistance. We teach adults how to react to child abuse and what to do when they suspect a child may be maltreated. We support and engage parents to help them raise their children with love and respect. We influence the Polish law to ensure it protects the best interest of the child. Every child deserves a childhood without abuse!

**Support us!**

[www.fdds.pl/pomoz](http://www.fdds.pl/pomoz)

Bank account : PL47 1240 6218 1111 0010 2833 9365

KRS: 0000 20 44 26