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RESEARCH ARTICLE

Policing Abortion in Poland

The Role of Street-Level Law Enforcement Bureaucrats in Shaping Anti-Abortion Policy

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Abstract

The criminalization of abortion inevitably involves law enforcement agencies in the implementation of reproductive health policy. It entails the policing of certain aspects of abortion care services, their providers, and their clients. Frontline law enforcement officials involved in policing illegal abortions (*i.e.*, police officers and prosecutors), as any other street-level bureaucrats (SLBs), possess discretionary power which can be used with either beneficial or detrimental outcomes to policy clients. As several reported incidents in Poland indicate, law enforcement SLBs may use their discretion to impose restrictions and sanctions on abortion that go beyond the provisions contained in the anti-abortion policy's design. This paper presents a qualitative case study of two real-life examples of the use of discretion by law enforcement SLBs in implementing anti-abortion policy in Poland. Drawing on theoretical frameworks of street-level bureaucracy and reproductive justice, it aims to demonstrate that law enforcement SLBs' use of discretion may not only enforce anti-abortion policies, but also reinforce their restrictiveness and punitiveness. The research contributes to the scholarship advocating the decriminalization of abortion.

Keywords: Discretion; Implementation; Reproductive justice; Street-level bureaucracy; Human rights

Introduction

In the aftermath of the 2020 Constitutional Tribunal ruling that led to the tightening of Polish abortion law, several contentious incidents involving street-level law enforcement bureaucrats (law enforcement SLBs) have occurred. These included the use of unjustified and disproportionate measures, unsubstantiated investigations, and possible violations of fundamental rights. During the protests against the Tribunal's decision, numerous instances of police brutality were reported. Subsequently, in several high-profile cases, law enforcement SLBs showed a notable disregard for legal, procedural, and ethical standards in policing alleged abortion-related crimes. These cases raise questions about the role of law enforcement SLBs in implementing policies that criminalize abortion.

Extensive research has been conducted on physicians, particularly obstetrician-gynecologists (ob-gyns), as primary implementers of abortion policy (Aniteye & Mayhew, 2013; Jibat et al., 2024; Krajewska, 2022; Meredith, 2005; De Zordo & Mishtal, 2011; Mishtal, 2009; Pullan, forthcoming). By contrast, the role of law enforcement SLBs in implementing anti-abortion policy remains understudied. This paper addresses this gap through a case study from Poland.

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Utilizing Michael Lipsky's (1980) concept of bureaucratic discretion at the street level, the paper argues that the discretionary actions of law enforcement SLBs may serve not only to enforce, but also to reinforce, anti-abortion policies. To center the lived experiences of individuals affected by such regulations, the study also draws on the reproductive justice framework, which provides critical insights into the discriminatory nature of these policies (Roberts, 2015; Ross & Solinger, 2017), often overlooked by alternative theoretical approaches.

This study adopts a qualitative research strategy, using an illustrative case study based on document analysis. The considerable media attention and public scrutiny surrounding both incidents ensured the availability of relevant data and documents for examination.

The case study comprises two incidents from 2023. The first concerns an ob-gyn in Szczecin whose private medical office was raided by a specialized government agency in pursuit of alleged abortion-related crimes. The second involves a female patient in Krakow who reported a recent abortion and was mistreated by police during a medical intervention. These incidents raise questions about how law enforcement SLBs exercise discretion in implementing anti-abortion regulations, their accountability, the consequences of their actions for abortion seekers and providers, and their impact on how restrictive and punitive policies function on the ground.

This work contributes to existing knowledge in several ways. First, it examines law enforcement SLBs' discretion in implementing anti-abortion policy, broadening the policy implementation research field. Second, it contributes to feminist scholarship on abortion and pregnancy policing by highlighting the significance of individual SLBs' decisions. Third, it explores abortion policing in Poland, which remains understudied despite extensive scholarship on other aspects of Polish abortion policy. Finally, this study is intended as a scholarly contribution to debates in support of abortion decriminalization.

The paper consists of five parts. Following the introduction, the first section provides a literature review on abortion policing and street-level bureaucratic discretion. The second outlines the methodology. The third presents the cases within their legal and political contexts. The fourth offers results and discussion, and the final section draws conclusions.

Literature review

The problem of restricting access to abortion through its criminalization—and the involvement of criminal justice institutions such as the police, prosecution service, and courts—has received considerable attention from feminist scholars across a variety of disciplines and approaches (Berer, 2017; Casas et al., 2019; Chesney-Lind & Hadi, 2017; Cosgrove & Vaswani, 2020; Dellinger & Pell, 2024; Flavin, 2009; Grzyb, 2023; Meredith, 2005). Although Poland has had one of the most restrictive abortion laws in the world, with some significant regression in recent years (Ertan & Yaman, 2025), the enforcement of these laws—particularly through the policing of illegal abortions—remains an underexplored area in the otherwise extensive Polish scholarship on reproductive rights. This may be due, in part, to the relatively infrequent prosecution of abortion-related offenses, with anywhere from several dozen to several hundred cases per year (Więcek-Durańska, 2023).

From a global perspective, a restrictive approach to regulating pregnancy termination—including the criminalization of illegal abortions—remains widespread (Berer, 2017; Singh et al., 2018), despite evidence showing that such policies are counterproductive and irrational from both legal and public health perspectives (Berer, 2017, p. 24). There are at least three main reasons for their persistence.

First, restrictive abortion regulations are designed to gain and maintain state control over reproduction and fertility, as these matters are of vital interest to the state. Since such laws disproportionately affect women (and other persons with the capacity for pregnancy), they

are inherently discriminatory (Douglas, 1991). The tension between the state's interest and the pregnant individual's autonomy gives rise to a conflict that involves various actors, including politicians, policymakers, advocates, and medical personnel—with physicians playing a crucial role as gatekeepers to abortion access (Aniteye & Mayhew, 2013; De Zordo & Mishtal, 2011; Douglas, 1991; Gannon & Pullan, 2025; Jibat et al., 2024; Krajewska, 2022; Meredith, 2005; Mishtal, 2009).

Second, these regulations aim to protect fetal life, effectively prioritizing it over women's lives (Berer, 2017). In the United States, this legal logic has paved the way for prosecuting pregnant people not only for having abortions, but also for causing any actual or potential harm to the fetus gestating in their bodies (Cosgrove & Vaswani, 2020; Howard, 2020; Meredith, 2005). It has also enabled the use of preventive state measures such as surveillance, control, and coercion of pregnant people (Dellinger & Pell, 2024; Flavin, 2009). Howard (2020) refers to this phenomenon as "pregnancy exceptionalism", which she defines as policies that "legally define pregnant people as a class with diminished rights relative to other, similarly situated people" (p. 350).

Third, as Berer (2017) states, restrictive abortion laws are enacted to serve "punitive and deterrent purposes" (p. 14). They are designed to punish transgressors and discourage others from violating the law for fear of legal sanctions, which can result in a so-called "chilling effect" (Canes-Wrone & Dorf, 2015; Grzyb, 2023; Krajewska, 2022). Significantly, this chilling effect can extend beyond unlawful behavior. It may deter individuals from exercising their abortion rights and hinder institutions or professional communities—such as obgyns—from facilitating access to those rights (Canes-Wrone & Dorf, 2015). Additionally, the criminalization of abortion contributes to the stigma that surrounds it (Kwiatkowska et al., 2024; Norris et al., 2011). Abortion stigma positions individuals who have terminated their pregnancies as having made poor moral, personal, or medical choices (Kumar et al., 2009). It portrays them as irresponsible and promiscuous, as criminals, or even as "murderers" who killed an "unborn child", engendering feelings of guilt and shame (Cockrill & Nack, 2013; Norris et al., 2011). Its punitive and deterrent effects extend beyond those who have terminated their pregnancies and also affect their supporters—including partners, friends, family members, and pro-choice advocates—as well as abortion care providers (Norris et al., 2011).

Systemic factors such as social inequality can further exacerbate the discriminatory nature of restrictive abortion regulations. The reproductive justice approach addresses this phenomenon. Drawing on the human rights framework, it offers a more comprehensive and intersectional perspective on reproductive rights. It examines how the interplay of social identities—such as race, gender, sexuality, and class—conditions individuals' ability to exercise these rights and shapes the attitudes of various institutional actors toward the recipients of reproductive policies (Roberts, 2015; Ross & Solinger, 2017).

While abortion policing has been the subject of considerable feminist research, only a limited number of studies have adopted the street-level bureaucracy approach (for exceptions, see Aniteye & Mayhew, 2013; Jibat et al., 2024; Tønnessen & Al-Nagar, 2019). Notably, none of the identified studies have examined the role of law enforcement SLBs in implementing abortion policy.

The concept of street-level bureaucrats refers to public employees whose work involves direct interaction with policy recipients (Brodkin, 2012; Lipsky, 1980; Musheno & Maynard-Moody, 2015) and who apply policy rewards and sanctions to individuals (Keiser, 2010; Stensöta, 2012). This category includes frontline law enforcement officials, such as police officers (Holmberg, 2000; Koven, 2019; Lipsky, 1980; Maynard-Moody & Musheno, 2010). Like other SLBs, law enforcement officials possess significant discretionary power, which enables them to adapt formal policy to the realities of day-to-day work and perform their duties

more efficiently (Koven, 2019; Lipsky, 1980; Maynard-Moody & Musheno, 2010; Musheno & Maynard-Moody, 2015; Tummers & Bekkers, 2014). Consequently, they are not only policy implementers but also policy makers (Koven, 2019; Lipsky, 1980; Musheno & Maynard-Moody, 2015; Wagenaar et al., 2017).

Although discretion is indispensable, as Lipsky (1980) argued, it can occasionally extend to the point where SLBs act contrary to policy intentions. Numerous studies show that discretion may result in policy divergence, impediment, or outright failure (Koven, 2019; Parashar et al., 2021; Wagenaar et al., 2017). The use of discretion against policy intentions may have twofold consequences. On the one hand, discretionary non-compliance can be used to the advantage of citizens (Lipsky, 1980; Tummers & Bekkers, 2014). In the context of restrictive abortion policy, the study by Tønnessen and Al-Nagar (2019) on doctors' civil disobedience in Islamist Sudan illustrates this phenomenon. The researchers found that although Sudanese doctors are legally obliged to report terminations of pregnancy outside marriage to the authorities, they often refrain from doing so in order to protect their patients' interests, invoking the Hippocratic oath.

On the other hand, SLBs may possess biases and preconceptions that impact their decisions and interactions with the individuals they serve. SLBs may favor some clients or. in contrast, limit access to public services or even refuse their provision (Koven, 2019; Prendergast, 2007; Trochymiak, 2018). The motivations behind such conduct include weak monetary incentives (Prendergast, 2007) and personal worldviews, such as beliefs, values, and political preferences (Parashar et al., 2021). Additionally, decisions made by SLBs can be influenced by client assessment and attitudes toward a given policy's goals (Keiser, 2010), as well as external factors, including supervisors' expectations (Musheno & Maynard-Moody, 2015; Prendergast, 2007), institutional culture (Alcadipani et al., 2024; Brown & van Eijk, 2021), recruitment policy (Prendergast, 2007), and political and social context (Keiser, 2010; Stensöta, 2012). For instance, evidence shows that the motivations of ob-gyns to restrict or block access to abortion can range from the financial benefits of underground abortions (Chełstowska, 2011), to religious beliefs (Mishtal, 2009), to more favourable working conditions (Pullan, forthcoming), to conformity driven by fear of ostracism and stigma (De Zordo & Mishtal, 2011; Gannon & Pullan, 2025; Mishtal, 2009), or legal sanctions (Casas et al., 2019: De Zordo & Mishtal, 2011).

Although all SLBs have considerable power over citizens (Stensöta, 2012), this is especially true of law enforcement SLBs, who have the legal right to stop, search, and identify individuals (Brown & van Eijk, 2021). They can also detain and use force against citizens (Alcadipani et al., 2024; Rahr & Rice, 2015; Wright & Headley, 2020), making their discretionary decisions especially consequential. Research on SLBs in policing identifies several influencing factors, including race, gender, institutional norms, situational dynamics, individual predispositions (such as acting out of spite), and a lack of accountability (Alcadipani et al., 2024; Koven, 2019; Wagenaar et al., 2017). As Prendergast (2007) notes, law enforcement agencies are among bureaucracies marked by notoriously indifferent or hostile attitudes toward clients' expectations (p. 180). Holmberg's (2000) study on proactive policing strategies, such as stop-and-search, shows that such practices are shaped by stereotypes and often result in unequal, harsher treatment of certain demographic groups.

In the Polish context, Żuk (2024) examined prejudice against pro-choice protesters among police after the 2020 Constitutional Tribunal ruling, focusing on gender and sexual orientation. He asserts that misogyny is "a permanent element of the police subculture directed against women in general" (p. 296). Szczepaniak's (2022) interviews with police officers showed that most were critical of the Tribunal's decision and supportive of the protests, yet notably lenient toward police brutality against demonstrators.

Discussions in the broader fields of criminology and legal studies point to the prevalence of the notion that police officers should be "warriors" fighting crime (McLean et al., 2020; Rahr & Rice, 2015). This culture promotes aggressive policing, fosters public distrust, and encourages the use of force even when it is not necessary (Alcadipani et al., 2024; Rahr & Rice, 2015). It also leads to abuses of authority and violations of procedural justice, which encompasses a set of procedures and standards that law enforcement SLBs may or may not meet, as well as rectification mechanisms (Rahr & Rice, 2015). As Rahr and Rice (2015) define it, procedural justice "focuses on perceived impartiality during interactions between police and the communities they serve... fairness, and consistency of treatment. Fairness relates to the protection of human rights... equal treatment, nondiscrimination, and nonpartisanship" (p. 3).

Method

This study employed a qualitative, multiple-case study, design, guided by selected theoretical frameworks and aimed at corroborating their key concepts (Yin, 2018). The focus was on understanding how street-level bureaucrats (SLBs) exercise discretion in the implementation of anti-abortion policy in Poland.

The following research questions structured the inquiry:

- 1. What discretionary decisions were made by law enforcement SLBs in the studied cases of anti-abortion policy implementation in Poland?
- 2. Were these decisions consistent with current abortion laws?
- 3. Did these decisions comply with procedural law and other relevant legal standards?
- 4. What was the context in which these decisions were made?

To address these questions, the study relied on document analysis (Bowen, 2009; Rapley, 2013) as its primary method. Each case was reconstructed through detailed examination of available sources, with a focus on the SLBs' decisions, their contexts, and their legal or procedural justifications. The within-case analysis was followed by a cross-case comparison (Yin, 2018), enabling broader insights into patterns of discretionary decision-making and policy implementation.

Case selection followed a purposeful sampling strategy. Cases were chosen based on:

- 1. their extreme or paradigmatic nature, clearly illustrating the issue under discussion (Flyvbjerg, 2004);
- 2. the availability of diverse and triangulable documentary materials; and
- 3. institutional confirmation of SLB misconduct.

Data collection occurred in two stages. The first stage (July-December 2023) focused on gathering documents contemporaneous with the events. The second stage (2024–2025) included assessments of SLB actions produced by oversight institutions. Sources included media reports, legal documents, and audiovisual materials. The use of multiple source types enabled data triangulation, enhancing the reliability and credibility of the findings.

Data analysis was conducted through thematic coding conducted manually. Key analytical themes included:

- 1. legal (non)compliance.
- 2. on-the-spot decision-making,
- 3. professional and ethical standards.
- 4. accountability and oversight, and
- 5. rights violations affecting policy clients.

Cases and Contexts

Poland's abortion legislation has not always been restrictive. For most of the communist era, it was relatively liberal compared to Western liberal democracies. Termination of

pregnancy was legal on broad social grounds, effectively allowing elective abortions. The political transition of 1989 brought significant changes to Polish abortion law, despite strong public opposition (Kocemba & Stambulski, 2023). The Act of 7 January 1993 on Family Planning, Protection of the Human Fetus and Conditions for Permissibility of Abortion delegalized abortion except in three cases: threats to the woman's life or health, severe fetal impairment, or pregnancy resulting from a criminal act. Any abortion performed or assisted outside these exceptions became criminal under Article 152 §§1–3 of the Penal Code (1997). The law provides penalties of up to three years' imprisonment, or up to eight years if the fetus is viable. Notably, self-induced abortion is not criminalized.

Poland's anti-abortion policy in the postcommunist era proved resilient, despite several attempts to either tighten or liberalize the law. Between 1993 and 2020, it was significantly modified only once through parliamentary means: in 1996, a left-wing government briefly introduced a social indication for legal abortion. However, the Constitutional Tribunal (TK), dominated by right-leaning justices, overturned the amendment within months (Kocemba & Stambulski, 2023).

Prior to 2020, the constitutionality of various abortion-related laws had been challenged multiple times, with the TK's rulings consistently detrimental to women's rights (Kocemba, 2023; Kocemba & Stambulski, 2023). Nonetheless, the 2020 ruling marked a significant change in abortion legislation.

The law was brought before the TK after the ruling coalition, led by the Law and Justice Party (PiS), failed to tighten it through parliament. On October 22, 2020, the TK ruled the "embryopathological" indication (i.e., abortion in cases of fetal defect or disease) unconstitutional (*Trybunał Konstytucyjny*, 2020), significantly narrowing the legal grounds for abortion—from a three-indication to a two-indication model. The impact of this decision became evident when several women died in Polish hospitals due to the lack of necessary, life-saving abortion care (Ogólnopolski Strajk Kobiet, 2023).

The legislative shift was accompanied by an increasingly hostile political climate toward abortion. Political rhetoric from both ruling coalition politicians and anti-choice advocates became particularly aggressive during the mass protests that erupted immediately after the TK's ruling. The police brutality used to suppress demonstrations became emblematic of the PiS state's disregard for human and civil rights. This atmosphere may also have contributed to law enforcement's leniency toward potential offences against pro-choice advocacy groups and its zeal in pursuing alleged abortion-related crimes, as illustrated by the incidents examined in the present study.

This case study includes two incidents. In both, law enforcement SLBs have invoked Article 152 §2 of the *Penal Code* (aiding and abetting abortion). Case A involves an ob-gyn eventually charged with six counts of the crime. Case B concerns a patient who allegedly witnessed this crime and another offense under Article 124 of the *Pharmaceutical Law* (2001), regarding the distribution of unauthorized medical substances. In Case A, special agents and a prosecutor were involved; in Case B, a private citizen interacted with the police.

Case A

On January 9, 2023, officers of the Central Anti-Corruption Bureau (CBA) searched a private gynecological office in Szczecin. A group of armed agents entered the office while patients were in the waiting room and an ob-gyn who practiced there was performing her professional duties. The CBA agents were acting on a prosecutor's warrant, but they did not inform the ob-gyn as to the specific legal grounds for this operation. They requested records for a patient whom the ob-gyn stated she had never treated. They searched the premises and seized the ob-gyn's electronic devices, notebooks, and the complete medical records

of 5999 patients treated between 1996 and 2023. At the time, the ob-gyn was not a suspect in any criminal case.

The medical records were held by the prosecutor's office for almost two months before being returned; the electronic devices and notebooks were held for an extended period with no justification from the prosecutor's office; the ob-gyn's phone was retained for ten months. Nine months following the raid, the ob-gyn's patients began to be called for questioning by the prosecutor's office, and in November 2023, the first formal charges were filed against the ob-gyn. The ob-gyn was not once interviewed during this period. By January 2024, she has been charged with six counts of aiding and abetting abortion under Article 152 §2 of the Polish *Penal Code* (Janik, 2024; Kowalewska, 2023a, 2023b, 2023d, 2024a, 2024b; Kraśnicki, 2023; Rzekiecki, 2023; Theus, 2023a; TVN24, 2023a, 2024a; TVN, 2023; TVP Info Szczecin, 2024).

Case B

On April 27, 2023, a patient from Krakow consulted a psychiatrist due to a mental health crisis. The psychiatrist informed the emergency services that the patient was at risk of suicide following a recent abortion. The emergency dispatch operator notified the police so they would assist the medical emergency team in preventing a potential suicide attempt. An ambulance and a police patrol were sent to the patient's home for an intervention. While the medical team assessed the patient's condition, police officers began interrogating her about the details of her abortion. They also searched her home and demanded access to her electronic devices. Despite the patient's assurances that she posed no threat to herself, she was pressured to go to the hospital. She was transported in an ambulance accompanied by a police vehicle. During her admission and examination, police officers continued the proceedings and seized the patient's laptop. The attending physicians determined that she was not suicidal and did not require hospitalization. She was subsequently transferred to another hospital for a gynecological examination despite no request from her or the attending physicians for such an intervention. Immediately after an ob-gyn at the second hospital examined the patient, female police officers entered the gynecological office and conducted a strip search in the presence of the ob-gyn and demanded that the patient squat and cough (Kijowska, 2023; Rojek-Socha et al., 2023; Theus, 2023b, 2023c; Fakty po Faktach, 2023; TVN24, 2023d; TVP Info, 2023; Wantuch, 2023).

Results

The case study analysis focused on the discretionary aspects of law enforcement SLBs' decision-making in the two examined incidents. Both were evaluated for compliance with Polish law, impact on individual rights, and potential abuse of discretion, as outlined in Tables 1 and 2.

Case A concerns an ob-gyn whose private practice was raided by CBA agents, resulting in the seizure of both her possessions and her patients' medical records without a clear legal basis. Two distinct categories of citizens were implicated: a healthcare provider, whose role as an implementer of anti-abortion policy stemmed from her profession, and patients, as potential recipients of that policy. However, once the ob-gyn became a suspect, she also occupied the position of policy recipient, subject to its criminal enforcement. Two types of street-level bureaucrats were also involved: the CBA agents who conducted the search and the prosecutor¹ overseeing the investigation.

¹ Although he was employed at a regional-level office—a higher tier within the organizational structure—the nature of prosecutorial work involving direct interaction with citizens and decision-making that directly affects them, aligns with the concept of street-level bureaucrats (Lipsky, 1980, Maynard-Moody & Musheno, 2003).

Table 1. CASE A: Potential Abuse of Discretion by Street-Level Bureaucrats

Law		High-Risk	On-the-	Compliant	Individual Rights	Potential
Enforcement		Situation	spot	with Law	Potentially	Abuse of
Action		Decision		Affected ²	Discretion	
1.	Initiation of criminal proceedings.	No	No	Yes	NA	No
2.	Office search.	No	No	Yes	NA	No
3.	Seizure of all medical records.	No	Yes	No	Privacy; medical confidentiality; due process and fair trial.	Yes: exceeded scope
4.	Seizure of original patient documentation.			Partial	Access to medical records and continuity of care.	Yes: no copies provided
5.	Detaining personal or evidentiary items	No	ND	Partial	Property; due process and fair trial.	Yes: no justification
6.	Handling of private or sensitive information	No	No	No	Privacy; data protection.	Yes: of 5999 uninvolved patients
7.	Not specifying legal basis for action.	No	No	No	Liberty and security; fair trial and due process.	Yes
8.	Including unlawfully obtained evidence.	NA	No	Yes	Privacy; medical confidentiality; data protection; fair trial and due process.	Q

Note. Law enforcement SLBs' actions were assessed for the presence of high-risk conditions, on-the-spot decision-making, legal compliance, individual rights concerned, and potential abuse of discretion. Partial = Not fully compliant with the law; NA = Not applicable; Q = Questionable.

The SLBs' interactions with the ob-gyn differed from those with the patients. She had direct contact with the CBA agents during the search, while the patients in the waiting room were

² The rights protected under the Constitution of the Republic of Poland (1997) (Const.), the European Convention on Human Rights (1950) (ECHR), the Charter of Fundamental Rights of the European Union (2012) (EU Charter), the International Covenant on Civil and Political Rights (1966) (ICCPR), the General Data Protection Regulation (2016) (GDPR), and the Act of 6 November 2008 on Patients' Rights and Patients' Rights Ombudsman (2008) (Act on Patients' Rights) that may have been affected by the actions analyzed: Right to dignity (Const., Art. 30); privacy (Const., Art. 47; ECHR, Art. 8; EU Charter, Art. 7); property (Const., Art. 64; ECHR, Protocol No. 1, Art. 1); liberty and security (ECHR, Art. 5); fair trial and due process (Const., Art. 45; ECHR, Art. 6; ICCPR, Art. 14); bodily autonomy and protection from degrading treatment (ECHR, Art. 3; EU Charter, Art. 3); informed consent and dignified medical care (Act on Patients' Rights, Arts. 6, 20, 22); medical confidentiality (Act on Patients' Rights, Art. 13); access one's medical records and continuity of care (Act on Patients' Rights, Art. 23; EU Charter, Art., 35); freedom from arbitrary interference and discrimination (Const., Art. 32; ICCPR, Art. 17; ECHR, Art. 14); data protection (GDPR; EU Charter, Art. 8).

asked to leave. Later, the prosecutor's office contacted nine patients as potential witnesses. Nonetheless, nearly six thousand were indirectly affected by the seizure and review of their medical records. As shown in Table 1, neither category of law enforcement SLBs involved in Case A was placed in a high-risk situation during their interactions with the ob-gyn or the patients. Since this was not the CBA's first visit to the ob-gyn's office (Rogowska, 2023, Staszak, 2023), they could assess any potential risks in advance. The agents carried out a planned search, and no aggressive behavior was reported from citizens. There was no indication that the ob-gyn posed a flight risk or intended to destroy evidence that would justify urgent action.

Neither the decision to initiate criminal proceedings nor the decision to conduct the search was made on the spot; both were taken in advance by the overseeing prosecutor and were within his authority, as confirmed by the court ruling (Kowalewska, 2023c; TVN24, 2023e). According to a statement from the spokesperson for the Regional Prosecutor's Office in Szczecin, the seizure of documents was related to an investigation into aiding an abortion and assisting in obtaining an unapproved abortion drug, uncovered during a separate, undisclosed investigation conducted by the CBA (TVN24, 2023a). Nonetheless, the decision to deploy CBA agents instead of conventional police may be regarded as an extraordinary measure. Notably, the ob-gyn's office had been under the scrutiny of various law enforcement agencies for some time (Staszak, 2023), and at the time of the proceedings, the prosecutor's office in question was known to be used for "special tasks"—politically sensitive cases redirected there from across Poland under the PiS government (Kowalewska, 2023b, 2024b).

In several instances, the law enforcement SLBs—namely the CBA agents—did not comply with Polish law or procedural standards. They failed to provide specific legal grounds for their actions and exceeded the scope of the warrant by seizing medical records of patients unrelated to the investigation (Kowalewska, 2023c). The agents also violated patient rights regulations by removing original records without providing the required copies (*Act of 6 November 2008 on Patients' Rights and Patients' Rights Ombudsman*, 2008). The overseeing prosecutor—also a law enforcement SLB in this context—held and accessed the unlawfully obtained records to build a case against the ob-gyn. In doing so, he violated provisions of the Personal Data Protection Act by processing personal and sensitive data, including health information and intimate photographs, without authorization, as confirmed by the Personal Data Protection Office (2024).

The criminal proceedings conducted by law enforcement SLBs in Case A potentially affected multiple civil, human, and patient rights of the individuals involved, as protected under both Polish and international legal frameworks (see Table 1). The lack of a clear legal basis for the proceedings may have compromised the ob-gyn's rights to liberty, security, a fair trial, and due process. Although the inclusion of unlawfully obtained evidence is not prohibited under Polish law (Lewandowski, 2013), the prosecutor's decision to use such evidence in this case, given the sensitive nature of the information involved, might be questioned in terms of ethical standards and human rights protections.

As for the patients, the CBA agents may have violated their rights to privacy and medical confidentiality, with some violations confirmed by legal authorities (Michałowski, 2023; Personal Data Protection Office, 2024; Kowalewska, 2023c). The two-month seizure of medical records without providing legally required copies also impeded patients' access to their medical information and continuity of care, in violation of protections guaranteed by the *Act on Patients' Rights* (Art. 23) and the *EU Charter* (Art. 35). The prosecutor's office maintained that the search was legal, as confirmed by the court ruling; however, notably, they admitted that the proceedings were carried out incorrectly and without due restraint (TVN24, 2023e).

In Case B, a female patient came into contact with law enforcement SLBs—specifically, police officers—after emergency services were alerted to a possible suicide risk following a self-managed medication abortion. Within the anti-abortion policy context, she was positioned as a patient and policy recipient, while the police officers acted as its implementers.

Table 2. CASE B: Potential Abuse of Discretion by Street-Level Bureaucrats

Law		High-	On-the-	Compliance	Individual Rights	Potential
Enforcement		Risk	spot	with Law	Potentially	Abuse of
Action		Situation	Decision		Affected ²	Discretion
1.	Initiation of criminal proceedings.	Yes	ND	Partial	Liberty and security; fair trial and due process; freedom from arbitrary action.	Yes: no reasonable grounds
2.	Home search.	Q	ND	Q	Privacy; property; fair trial and due process.	Yes: no probable cause
3.	Seizure of electronic devices.	No	ND	No	Privacy; property; fair trial and due process.	Yes: no formal procedure
4.	Criminal proceedings during medical examination.	No	ND	No ³	Multiple patient rights.	Yes: no suspect status
5.	Gynecological examination.	Q	ND	ND	ND	Q
6.	Strip-search.	No	ND	No	Privacy; dignity, bodily autonomy and freedom from degrading treatment; equal treatment; patient rights.	Yes: no probable cause
7.	Not specifying legal basis for action.	No	ND	No	Liberty and security; fair trial and due process.	Yes
8.	Detaining personal items.	No	ND	No	Property; fair trial and due process; protection from arbitrary interference.	Yes: no legal basis (provided)

Note. Law enforcement SLBs' actions were assessed for the presence of high-risk conditions, on-the-spot decision-making, legal compliance, individual rights concerned, and potential abuse of discretion. Partial = Not fully compliant with the law; ND = Not determined; Q = Questionable.

The initial action, initiated by the police dispatcher, who sent a patrol to the patient's home to assist medical personnel in preventing a potential suicide attempt, was lawful as a result

³ Violation of patient rights (Act of 6 November 2008 on Patients' Rights and Patients' Rights Ombudsman, 2008, Arts. 5, 6, 20-22); procedural protections under Art. 192 (Code of Criminal Procedure, 1997).

of the attending psychiatrist's alert (Sitnicka, 2023). However, once the officers arrived, the intervention resembled a criminal investigation. As shown in Table 2, the law enforcement SLBs initially operated in a high-risk situation due to the suicide alert, but as the intervention progressed, it became evident that the patient did not pose a self-harm risk, and further police involvement was no longer necessary.

Most decisions in Case B appear to have been made on the spot by the SLBs present at the scene. However, a press conference held by the chief of police (TVP Info, 2023) following the patient's media interviews (Kijowska, 2023, Theus, 2023c, TVN24, 2023b) suggested otherwise. A published recording of the police dispatcher's call to the attending psychiatrist, presented at the conference (TVP Info, 2023), and police statements (TVN24, 2023c), indicated the dispatcher's involvement in the decision-making process.

This circumstance does not render the SLB discretion framework inapplicable, as direct contact with citizens is not a prerequisite (Keiser, 2010; Stensöta, 2012). Therefore, it is irrelevant whether the decisions analyzed were made by the SLBs at the scene or by the dispatcher. However, as shown in Table 2, whether any of them were made on the spot remains unclear.

Multiple rights of the patient were potentially affected in Case B. First, the initiation of criminal proceedings raises concern, as there was no indication that any crime had been committed in connection with the patient's abortion. Police reportedly acted under Article 152 §2 of the *Penal Code* (aiding and abetting abortion) and Article 124 of the *Pharmaceutical Law* (2001) (unauthorized distribution of substances), yet no probable cause for initiating proceedings existed. The patient had not broken the law, as self-managed abortion is not criminalized in Poland. While police initially stated that she might be a witness to an unspecified abortion-related crime, the patient consistently claimed that no one had assisted her in obtaining abortion pills (Kijowska, 2023; Theus, 2023c; TVN24, 2023b), undermining the rationale for conducting a home search and seizing her belongings.

Officers obstructed a medical examination at the first hospital, possibly violating the patient's right to access medical care. They seized her laptop in her absence and without informing her, violating criminal procedure law under Article 229 §§1–2 of the *Code of Criminal Procedure* (1997). In a subsequent attempt to access her phone and check for unauthorized substances or objects allegedly hidden in her body, officers conducted an invasive strip-search—again, without probable cause or a specified legal basis.

Table 3. CASE A vs CASE B: SLB Conduct in Relation to Anti-Abortion Policy Enforcement

Category	Case A: CBA Raid	Case B: Police Intervention	Procedural Patterns
 Proceedings based on probable cause 	Yes	No	Discrepancy
Compliance with abortion law	Yes	No	Discrepancy
Compliance with procedural law	No	No	Consistency
 Discriminatory/unequal treatment 	Yes	Yes	Consistency
5. Individual rights affected	Yes	Yes	Consistency

Note. Comparison of SLBs' conduct in terms of alignment with legal norms and principles of procedural justice. Consistency = Similar conduct or outcomes in both cases. Discrepancy = Clear difference in conduct or outcomes.

Although the police claimed that the patient's condition was serious at the time (TVN24, 2023b, TVP Info, 2023), they did not refrain from continuously intrusive proceedings that

possibly increased her distress. These actions also indicate several instances of discretionary authority abuse, which resulted in violations of fundamental human rights, such as the right to privacy, dignity, bodily autonomy, and protection from degrading treatment, and numerous others, as listed in Table 2.

In both cases, multiple discretionary decisions were inconsistent with Polish law—including abortion-related criminal provisions, procedural regulations, and protections under data and patient rights legislation—as well as with ethical and professional standards. Despite these similarities, there are noteworthy discrepancies between the cases in terms of the parties involved, the dynamics of their interactions, and the sequencing of events.

Most notably, Case A involved two categories of law enforcement SLBs and two categories of citizens subject to anti-abortion policy measures. In contrast, Case B involved a single category of SLBs engaging with a single individual. Since the 5,999 patients indirectly affected in Case A had no direct contact with SLBs and their socio-demographic characteristics are unknown, it can only be assumed that the majority identified as female.

The citizens who directly interacted with SLBs during the initial proceedings in both cases are women, but differ in relative age, with the ob-gyn being older. They also differ substantially in profession and in the institutional authority that comes with it. Importantly, the ob-gyn engaged with SLBs enforcing anti-abortion policy in a dual role: as both an implementer and a recipient under its criminal provisions. The patient in Case B was situated solely as a recipient.

Finally, their legal status differs significantly. The patient is not subject to criminal liability, as self-managed abortion is not criminalized. The ob-gyn, however, may be held criminally liable if it is proven that she aided abortions in the cases cited in the charges against her.

A comparative analysis of the SLBs' conduct during the implementation of the Polish antiabortion policy reveals areas of consistency, as well as two significant differences in their actions (see Table 3). In both cases, law enforcement SLBs demonstrated a disregard for procedural safeguards and the individual rights of the persons involved. Their actions reflected discriminatory and unequal treatment, as the involvement of the patients appears to have been based primarily on their gender—or, more precisely, on their capacity for pregnancy.

The two key discrepancies identified were: the absence of probable cause or a clear legal basis for initiating criminal proceedings, and non-compliance with abortion law in Case B, where SLBs attempted to apply legal provisions that were not applicable.

Discussion

The present study's findings corroborate several assumptions of the street-level bureaucracy framework. First, SLBs' discretion, when diverging from the legal provisions directly expressed in policy design, can be used to the detriment of policy recipients (Koven, 2019), especially in the absence of rectification mechanisms that ensure accountability on their part (Koven, 2019). Second, several factors—including the institutional culture of organizations employing SLBs, personal biases, their assessments of recipients, and the expectations of their political and administrative supervisors—may influence whether and which sanctions (or rewards) are applied to policy recipients (Brown & van Eijk, 2021; Keiser, 2010; Koven, 2019; Musheno & Maynard-Moody, 2015; Parashar et al., 2021; Prendergast, 2007; Wright & Headley, 2020). Third, SLBs may shape policy in a significant way through their implementation practices (Lipsky, 1980).

The findings also align with key assumptions of the reproductive justice framework, demonstrating how the social identities of reproductive policy recipients, on the one hand, and both personally and institutionally held biases and stereotypes about those identities, on the other, influence how individuals are affected by such policies (Roberts, 2015; Ross &

Solinger, 2017). Furthermore, they are consistent with Berer's (2020) claim that regulations criminalizing abortion serve both punitive and deterrent purposes. The analyzed cases illustrate the relevance of this argument even when individuals did not commit an abortion-related offense under the law and thus could not be legally prosecuted. This dynamic may significantly contribute to the chilling effect generated by anti-abortion policy.

Finally, the results highlight a vicious cycle of abortion stigma: one of the reasons for abortion stigmatization is its criminalization (Norris et al., 2011). The stigma, in turn, intensifies the oppressive nature of abortion-related prosecutions.

Of the two incidents analyzed, SLBs' actions were compliant with abortion law only in Case A. The ob-gyn, if proven guilty, could be held criminally liable under Article 152 §2 of the Polish *Penal Code*. In contrast, the patient in Case B, despite admitting to a self-managed abortion, could not have been prosecuted for it, as it is not a crime under Polish law. Consequently, it can be argued that the police officers who initiated criminal proceedings against her diverged from the provisions directly expressed in the Polish anti-abortion policy design. However, the question remains whether they diverged from the policy in terms of its intent.

Apart from the question of policy divergence, in both cases, law enforcement SLBs failed to comply with several other legal obligations. They violated Polish procedural law and protections guaranteed by national and international legal frameworks. Their actions also contradicted the principles of procedural justice as defined by Rahr and Rice (2015). The SLBs' conduct during the proceedings did not meet the criteria of fairness, impartiality, or consistency of treatment. The principle of fairness requires respect for civil and human rights (Rahr & Rice, 2015), which was not upheld in either case; Polish ombudsman institutions (Commissioner for Human Rights, 2023, Commissioner for Patients' Rights, 2023; 2024, Starzewski, 2023; 2024) and other legal authorities (Ferenc, 2025; Kowalewska, 2023c; Personal Data Protection Office, 2024) confirmed multiple rights violations.

In addition, the SLBs' actions in both of the analyzed cases cannot be regarded as impartial or consistent in their treatment of citizens. For instance, the unprecedented decision of the overseeing prosecutor to involve employees of an agency mandated to combat corruption and protect the state's economic interests in the pursuit of an abortion-related crime in Case A can be viewed as unjustified and arbitrary. Similarly, the use of invasive and harsh measures toward a citizen who was not a suspect during the investigation of an alleged abortion-related crime in Case B also appears arbitrary, unjustified, and excessive, as confirmed by the court ruling (Ferenc, 2025).

Due to the arbitrary nature of SLBs' decision-making in the two cases, the actions analyzed did not comply with the principle of transparency—another dimension of procedural justice (Rahr & Rice, 2015)—since clear legal grounds for the proceedings were not provided in either case. In Case A, the prosecutor's direct refusal to justify his decision to retain the obgyn's belongings for an extended period (Kraśnicki, 2023) illustrates this issue. In Case B, the police officers conducting the proceedings repeatedly used the term "offence" when interacting with the patient, but they did not specify either the alleged crime or the potential suspect (Theus, 2023a). Notably, neither she nor any other person was ever charged with any crime in connection with these events (Theus, 2023b).

The institutional culture of law enforcement agencies may have also played a detrimental role in both cases (Alcadipani et al., 2024). Several aspects of this culture likely shaped the dynamics during SLBs' interaction with the patient in Case B. First, as Prendergast (2007) noted, law enforcement SLBs often display indifference or hostility toward policy recipients. Second, police culture frequently embraces the notion that officers should act as "warriors" fighting crime rather than "guardians" protecting citizens, fostering general distrust toward the public, acceptance of aggressive policing, and disregard for procedural justice

(Alcadipani et al., 2024; Rahr & Rice, 2015). Szczepaniak's (2022) findings on the leniency toward police brutality against pro-choice protesters, as acknowledged by the interviewed officers, corroborate the existence of this dynamic in the Polish context. Third, sexist and misogynistic attitudes—described by Żuk (2024) as embedded in the institutional culture of the Polish police—may have reinforced distrust and hostility toward recipients of antiabortion policy, contributing to their harsh and discriminatory treatment (Holmberg, 2000).

Additionally, the systemic reluctance to hold SLBs accountable for abuses of authority, non-compliance with procedural norms, and human rights violations is deeply rooted in the law enforcement institutional culture. As statistics show, up to 88% of complaints about police actions in Poland are dismissed as unfounded. The negligible number of cases that are pursued are usually resolved in favor of the police (Jędrzejczyk, 2023; Wentkowska, 2017). In Case B, this phenomenon is illustrated by the chief of police's conference (TVP Info, 2023) and the conclusions of the police internal investigation, which did not find any misconduct on the part of the officers. Instead, all responsibility for the course of events during the intervention was placed on the patient in mental crisis. The prosecutor's office and the court also did not find any misconduct on the part of the police (TVN24, 2024b). This systemic leniency fosters a sense of impunity, where SLBs believe they can misuse their authority without facing repercussions.

In both cases, as discussed by numerous scholars (Koven, 2019; Musheno & Maynard-Moody, 2015; Prendergast, 2007; Stensöta, 2012), the impact of political pressure and supervisors' expectations should not be underestimated. The hostile political climate surrounding abortion in Poland-prevalent during the PiS government and further intensified following the Constitutional Tribunal's 2020 ruling—may have exerted pressure on law enforcement SLBs to investigate cases involving suspected abortion-related offenses rigorously. In Case A, it is also important to consider the changes to the justice system introduced by the PiS government, which undermined the independence of prosecutors from political influence within an already hierarchical prosecution system. In this context, it may be argued that the investigation of the ob-gyn, conducted by a prosecutor from an office known for handling politically sensitive cases, was initiated not at his own discretion but on direct orders from superiors. The available sources are unclear on this point. However, this study does not focus on the initiation of the proceedings in Case A, but rather on the actions of the CBA agents deployed to conduct the search and the subsequent decisions of the prosecutor following the unlawful confiscation of medical records by those agents.

Building on the influence of recipient assessment on SLBs discretionary decisions (Keiser, 2010, Parashar et al., 2021), it is notable that the patient was treated more harshly than the ob-gyn during her direct interaction with SLBs. Since both individuals are female, gender alone is unlikely to explain the difference in treatment. Other intersecting factors—age, perceived class differences, and power dynamics—may have shaped SLBs' attitudes. The obgyn, a highly trained professional, encountered CBA agents in her workplace while performing her duties. The patient in Case B, by contrast, was a private individual in a state of mental crisis at the time of the police intervention.

If the SLBs' more restrained approach toward the ob-gyn stemmed from such contextual assessments, this would be consistent with findings by Keiser (2010) and Parashar et al. (2021), who argue that SLBs' perceptions of policy recipients influence their discretionary decisions—whether to impose sanctions or extend leniency. However, the available evidence from official documents reflects only a degrading assessment of the patient in Case B (TVN24, 2023d; TVP Info, 2023).

The SLBs' assessment of the patient in Case B may also have been shaped by abortion stigma (Cockrill & Nack, 2013; Kumar et al., 2009; Kwiatkowska et al., 2024; Norris et al., 2011).

While abortion stigma also affects providers (Norris et al., 2011), it is typically the individual who undergoes an abortion who is stigmatized as irresponsible, promiscuous, or incapable of making "good" choices (Kumar et al., 2009). In this case, abortion stigma may have intersected with ableistic bias against individuals with mental health issues, consequently, reinforcing misogynistic tropes, such as the perception of women as irrational, emotionally unstable, and morally suspect. These stereotypes were reflected in public statements by the police spokesperson and later by the chief of police, who emphasized the patient's "serious condition" and susceptibility to manipulation (TVN24, 2023b, 2023c, 2023d; TVP Info, 2023).

This observation aligns with reproductive justice theory, highlighting how multiple social identities—including mental health status—shape how individuals experience reproductive policy (Ross & Solinger, 2017). Furthermore, the mere existence of laws criminalizing unlawful abortions, even if not applicable to the patient in Case B, may have rendered her, if not legally, then morally, suspect in the eyes of law enforcement SLBs.

In both cases, the patients' capacity for pregnancy—whether actual or potential—appeared to be a key factor enabling state intervention. This finding aligns with Howard's (2020) concept of "pregnancy exceptionalism", as the individuals representing this category of citizens were treated by state agents as if they had diminished rights compared to other groups, particularly cisgender men. Moreover, regardless of legal efficacy, the proceedings in both cases could function as disciplinary tools and intimidation tactics. They not only reinforced the punitive and deterrent dimensions of anti-abortion policy by inducing a chilling effect among both potential abortion providers and seekers (Canes-Wrone & Dorf, 2015) but also expanded the policy's reach and severity by affecting individuals to whom its criminal provisions do not formally apply.

The results presented herein underscore how the implementation of anti-abortion policy extends beyond legal boundaries, operating through discriminatory mechanisms embedded in its criminalizing regulations and discretionary authority possessed by law enforcement SLBs in the role of its implementers.

Conclusions

The appropriate conduct of law enforcement SLBs is particularly crucial when enforcing restrictive and punitive policies concerning matters as sensitive as reproductive health and rights. As the Polish examples show, the prosecution of abortion may lead to human, civil, and patient rights violations. However, the ways law enforcement SLBs exercised discretion in the analyzed incidents cannot be regarded merely as discriminatory practices resulting from an inherently discriminatory policy. In both cases, the law enforcement SLBs demonstrated a disregard for ethical and professional standards and principles of procedural justice (Rahr & Rice, 2015).

The involvement of law enforcement agencies in implementing the criminal aspects of an otherwise health-oriented policy raises concerns for the well-being and safety of citizens—particularly in light of their institutional culture, which is often characterized by distrust, a deficiency in empathy toward citizens (Prendergast, 2007), aggressive tactics (Alcadipani et al., 2024; Rahr & Rice, 2015), and embedded biases (Żuk, 2024).

Abortion policing may intensify the discriminatory character of the policy and further suppress individual rights. It may also contribute to the existing stigma surrounding abortion (Norris et al., 2011) as well as to the chilling effect among both abortion providers and abortion seekers (Canes-Wrone & Dorf, 2015). As such, it serves not only to enforce but also to reinforce the existing policy.

Building on the reproductive justice framework (Roberts, 2015; Ross & Solinger, 2017), the involvement of law enforcement SLBs in enforcing anti-abortion policies not only restricts one's right to not have a child but also limits access to other reproductive services. This is

illustrated by Case A, where the ob-gyn's patients were temporarily denied access to their medical records, potentially affecting their gynecological care.

Due to a lack of accountability, law enforcement SLBs who abuse their power are rarely subject to disciplinary measures or dismissal, as confirmed by the fact that, at the time of this writing, none of the SLBs involved in either case had been held accountable. This creates a situation where the only way to assert one's rights may be to pursue them in court.

While this study provides insights into the role of individual law enforcement SLBs and their discretion in implementing anti-abortion policies, it is limited by its reliance on publicly available sources, which may not fully capture the complexity of discretionary decision-making. Future research should explore first-hand perspectives of SLBs and affected individuals, and examine how the discretion of ob-gyns and law enforcement officers intersects in shaping the implementation of abortion policy.

This paper was conceived in support of urgent anti-abortion policy reform, beginning with the decriminalization of pregnancy termination, to prevent further abuse of power and invasive state intervention in matters of health, self-determination, bodily autonomy, and dignity.

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