



Joint NGO submission to the Committee on the Elimination of Discrimination against Women concerning shortcomings in the implementation of the Convention in Slovakia

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Background

Fenestra¹, Women's Circles² and Center for Civil and Human Rights (Poradňa)³ – Slovak independent NGOs focusing on the protection of human rights of women - presents its joint submission to the Committee on the Elimination of Discrimination against Women (Committee) for its consideration in the context of its examination of Slovakia's 7th periodic report on compliance with Convention on the Elimination of All Forms of Discrimination against Women (Convention) at the upcoming 85th session.

The submission results particularly from ongoing human rights monitoring and advocacy efforts of our NGOs and outlines the selected issues of high concern regarding the protection of women's rights in Slovakia:

- Violence against women, intimate partner violence, and issues in the area of comprehensive measures to address violence against women, specialist support services for women, child custody proceedings and protection of women from violence.

¹ Fenestra, founded in 1996, is a grass-roots women's NGO. Our vision is a society, in which every woman is free to make decisions about her life and fully exercise her rights and freedoms without violence and discrimination. Apart from providing direct help and support to women – survivors of intimate partner violence in our counselling centre, Fenestra has had a long history of advocating for women's rights, awareness raising and campaigning, training of professionals and developing multi-agency cooperation in the field of preventing and eliminating violence against women. Fenestra is a member of the European network Women Against Violence Europe (WAVE). For more information, please go to: <https://fenestra.sk>

² Women's Circles (Ženské kruhy) founded in 2011 by women is an independent civic association focusing on the field of maternity care and the rights therein. One of the goals is that respect, dignity, and the freedom of choice for women in pregnancy and childbirth would become self-evident. For more information, please visit: <https://zenskekruhy.sk/category/english/>

³ The Center for Civil and Human Rights (Poradňa pre občianske a ľudské práva, "Poradňa") from 2002 has addressed discrimination against Roma minority in Slovakia in various areas of public life. It has been particularly active in the protection of reproductive rights of Roma women. Poradňa pursues its mission by human rights monitoring, strategic litigation as well advocacy activities. It closely links its work with extensive cooperation with many local Roma women activists. For more information, please visit: <https://www.poradna-prava.sk/en/>

- Pregnancy, childbirth, and postpartum-related healthcare services with focus on ill-treatment of women and new-borns in facility-based childbirth, COVID-19 pandemic impact on reproductive healthcare, access to reproductive healthcare and information for women from Ukraine with temporary shelter status and absent services for women in the postpartum period.
- Intersectional discrimination against Roma women with particular focus on their discrimination in reproductive and maternal health care and ongoing lack of access to justice for Roma women survivors of forced sterilizations.

We are concerned that Slovak government authorities have fallen short of addressing them effectively over recent years and that progress in implementing the Convention in this regard is insufficient.

1. Gender based violence against women including intimate partner violence

Even though we recognize some of the positive (even if partial) developments the Slovak Government has listed in its 7th periodic report to CEDAW Committee, in our submission, we want to specifically address the absence of recognition, at the policy level in Slovakia, of violence against women as a violation of women's human rights, a form of discrimination and a violence that affects women disproportionately as a consequence of gender inequalities. In our submission to the Committee, we also intend to describe the impact of such a development based on our long-term experience and advocacy work in the field of violence against women.

a) *Legislation and strategic framework on violence against women*

Slovakia has been repeatedly⁴ prompted by the Committee to make efforts to adopt comprehensive measures to address all forms of violence against women (hereinafter VAW), including intimate partner violence against women (hereinafter IPV).

Even though the debate on a comprehensive legislation was raised by NGOs, Slovakia still does not have a comprehensive legislation on VAW.

In 2019, Slovakia refused to become a party to Istanbul Convention. It resulted from an anti-Istanbul Convention campaign, in which various actors representing different conservative groups claimed the convention was a part of the so called 'gender ideology' and posed a threat to 'traditional family'. The anti-campaign obliterated the fact that the purpose of the convention was to provide a comprehensive framework to effectively prevent and combat VAW and domestic violence. Thus, **the discourse on comprehensive measures to address VAW has been practically brought to halt and has been replaced by a reluctance and, in certain areas such as prevention, a strong opposition to such measures at the political level.**

As a result, most legal measures concerning women – survivors of VAW taken in the past few years focus on the broader issue of domestic or family violence while VAW as a serious violation of women's human rights, a form of discrimination and gender-based violence that affects women disproportionately is almost completely absent in public policies and legal measures taken in this field.

⁴ Concluding Observations of the Committee on the Elimination of Discrimination against Women: Slovakia, CEDAW /C/SVK/CO/4, 2008 and CEDAW /C/SVK/CO/5-6, 2015

For example, the new **National Action Plan on Prevention and Elimination of Violence against Women for years 2022-2027 adopted in 2021 does not address all forms of VAW and lacks the definition of VAW in line with international human rights standards.**

Several NGOs addressed this issue and proposed specific inputs to include also other forms of VAW and to make the NAP comply with the definitions and scope set forth in General Recommendations no. 19 and no. 35 to CEDAW convention in a process of drafting the document and afterwards, in the inter-departmental commenting procedure⁵.

One of our main concerns was the **absence of definition of violence against women** in the NAP that would be **in line with relevant international treaties**. Still, **the definition of VAW is listed only as Annex 3 to the NAP and the current version of the document on the Ministry of Labour, Social Affairs and Family website has no such Annex**⁶. Anyhow, majority of our concerns were not considered by the responsible state authorities.

The process of drafting the current NAP or the reluctance to include a definition of violence against women in line with international standards illustrates the **departure from the human rights and gendered framework for understanding and addressing violence against women**. This is also the case of other policy documents and legislative proposals.

Proposed recommendations:

- To take measures to develop a comprehensive legislation and policies on VAW in line with the framework set forth in CEDAW Convention and its General Recommendations no. 19 and 35.
- To seek consultation from women's NGOs having expertise in the field of gender based VAW when preparing such legislation and strategic policy documents.

b) Specialist support services for women – survivors of IPV

It is true that in the past ten years, the number of specialist support services has increased, they are more evenly geographically distributed, and the National Helpline for Women has been established.

Yet, it is also true the **specialist support services have been funded on project basis** for years. This illustrates **there is no state funding mechanism at a system level that would guarantee adequate, systematic, and stable funding**. The project-based funding puts constant pressure on the support services as they often do not know if and what kind of funding there will be in a couple of years. Moreover, the bureaucratic burden contributes to continuous exhaustion of NGOs providing specialist support services.

Specialist support services for women – survivors of IPV and their children are not defined by the law. Many of them need two or three different accreditations⁷ to cover the scope of support services they want to provide to women and their children to meet their specific needs. That also means different ways of data collection and data processing, different ways of reporting to the relevant authority and

⁵ Legislative process LP/2021/676 National Action Plan on Prevention and Elimination of Violence against Women for years 2022-2027, <https://www.slov-lex.sk/legislativne-procesy/SK/LP/2021/676/pripomienky/zobraz>

⁶ National Action Plan on Prevention and Elimination of Violence against Women for years 2022-2027, <https://www.employment.gov.sk/files/sk/ministerstvo/spolocny-sekretariat-vyborov/vybor-rodovu-rovnost/dokumenty-udalosti/nap-eliminacia-nasilia-zenach.pdf>

⁷ Accreditations under Act no. 448/2008 Coll. on social services – provision of specialised social counselling, Act no. 274/2017 Coll. on the protection of crime victims – legal, social, and psychological support for crime victims and operation of intervention centres for victims of domestic violence, Act no. 305/2005 Coll. on social and legal child protection – help and support for children.

different qualifications requirements when they are hiring new staff. This contributes to **loss of autonomy of women's NGOs and their capacity to advocate for women's rights**.

Proposed recommendations:

- To establish a comprehensive and adequate funding mechanism for specialist support services for women – survivors of intimate partner violence and their children and other forms of VAW.
- To take steps to develop a comprehensive policy and legislation on VAW that would define and recognize specialist support services for women – survivors of VAW as a specific type of service in line with Council of Europe Minimum standards for support services.

c) *Child custody and visitation rights proceedings*

In the recent years, the Ministry of Justice of the Slovak Republic has made efforts to achieve more effective child custody proceedings. A so called 'unified multi-agency approach' has been introduced. It is based on the idea that parents should be encouraged to reach an agreement on child custody and visitation rights. Apart from other measures, it also entails various measures to improve communication between parents. Moreover, the relevant law⁸ says the court of justice should lead the parents to 'reconciliatory solutions'.

While **these measures** may be generally beneficial, in cases where there is suspicion or evidence of intimate partner violence, they **expose women experiencing IPV and their children to a risk of further violence and secondary victimisation**. In our experience, the courts **mostly do not take into consideration IPV in the child custody and visitation rights proceedings**, even in cases, where there is a conviction for acts of such violence in criminal proceedings in the past. This happens even though the relevant law⁹, under the list of **factors for assessing the child's best interest**, states that 'threats to the development of a child caused by a violation of his/her dignity and threats to the development of a child caused by a violation of psychological, physical and emotional dignity of a person who is the child's close person' should be considered.

In addition, if a woman – survivor of IPV, out of fear, refuses to undergo joint sessions with her abusive (ex)partner on improving their communication and reaching an agreement, or raises objections to proposed joint custody as she does not believe it to be in the best interest of her child, she is then declared 'the parent who refuses to cooperate' and her parenting skills and competencies are questioned by the child protection authority and the court.

We therefore believe that, in its current practice, **the state party fails to recognize IPV as a violation of human dignity, it fails to take into account violence against women and their children in child custody and visitation rights proceedings and fails to protect women (and their children) from violence as set forth by General Recommendation no. 35¹⁰**.

Proposed recommendations:

- To develop mandatory training, and guidelines on VAW, procedures, and protocols, in cooperation with women's NGOs, for all relevant actors to ensure due identification and examination of the history of violence, risk assessment and safety management within child custody and visitation rights proceedings.

⁸ Act no. 161/2015 Coll. Civil Proceedings Code for Non-adversarial Proceedings, Section 118

⁹ Act no. 36/2005 Coll. On Family, Article 5, (e)

¹⁰ General Recommendation no. 35 to CEDAW Convention, IV. Recommendations, C. Protection, para.31 (a) (ii)

- To take measures to ensure intimate partner violence against women and their children is taken into the account in child custody and visitation rights proceedings and these cases are exempt from reconciliatory solutions.
- To introduce the term ‘child witness of intimate partner violence’ to all relevant legal provisions to ensure effective protection of children witnessing IPV.

d) *Protection of women from violence*

Protection is another area where the state, in our experience, falls short of effectively protecting women from violence by enforcing gender neutral policies and failing to recognize violence against women as a gender-based violence and a violation of women’s human rights.

Education and training

The law enforcement agencies do not receive adequate education and training on VAW¹¹. The training that is available focuses on crime victims in general and on domestic or family violence. The result is that **the police and other law enforcement agencies often lack relevant knowledge and understanding of the gendered nature of and human rights perspective on VAW, as well as on the power and control dynamic of IPV**. They also lack sensitisation trainings and often harbour common myths and false beliefs about VAW. This results in secondary victimisation and in ineffective protection of women from IPV.

Guidelines, procedures, and protocols

In the area of guidelines for investigating and prosecuting cases of VAW, the police has a guideline for investigating domestic violence. However, the guideline¹² is **not mandatory and provides very little insight into power and control dynamics of IPV and risks related to this dynamic**. The same applies to **risk assessment in cases of IPV that is not mandatory**. In addition to non-mandatory and non-specific guidelines and procedures, the police investigation **lacks protocols** that would provide a clear record on the procedures applied in the process of investigation. As a result, the procedures implemented by the police vary from district to district and monitoring and evaluation of VAW cases investigation cannot be carried out. This often results in **ineffective and inconsistent protection** of women from VAW and **prosecution** of perpetrators, and thus non-compliance with the recommendations in this area laid out in General Recommendation no. 35.

Proposed recommendations:

- To develop, in cooperation with women’s NGOs, systematic education and training for law-enforcement agencies on VAW as gender-based violence and a violation of human rights, including the power and control dynamics.
- To develop and implement clear and mandatory guidelines, procedures, and protocols in investigating VAW cases.

¹¹ For example, according to a study on procedures and attitudes of the police to VAW, only 16% of respondents had some training on VAW. Z. Očenášová, K. Murdza, L. Vajzer, I. Sabolová: Mapovanie postupov a postojov vyšetrovateľov PZ v prípadoch násilia na ženách (Mapping of procedures and attitudes of police investigators in cases of violence against women), Bratislava, 2017, p. 18

¹² Metodika postupu polície v prípadoch domáceho násilia (Guideline for the police procedure in cases of domestic violence), Bratislava, 2015

- To develop a complex system of regular monitoring and evaluation of the law-enforcement procedures and interventions effectiveness in investigating cases of VAW.
- To take steps to establish specialised police units, prosecutors and courts or similar mechanisms to ensure effective protection of women – survivors of VAW and due prosecution of perpetrators.

2. Pregnancy, childbirth, and postpartum-related healthcare services

a.) *Ill-treatment of women and new-borns in facility-based childbirth*

During the last decade, several reports from NGOs^{13,14,15,16} and other monitoring activities in Slovakia reveal severe violations of the human rights of women and new-borns during pregnancy, childbirth, and postpartum. Also, in 2021 the office of the Slovak Public Defender of Rights conducted a survey on violations of women's rights in childbirth¹⁷, which was submitted by 3.164 women. These reports found out that violations are widespread and of systemic nature, including the failure to get a fully-informed consent, gross violations of privacy, routine performance of medically unnecessary or harmful interventions (e.g., forced birth positions, routine episiotomies, Kristeller manoeuvre), painful suturing of vaginal tearing without adequate anaesthesia, barriers to the choice and ability to have birth-companionship, separating new-born babies from mothers against their will and without medical reasons (especially during the very first hours following birth), discrimination and segregation of Roma women.

Despite these reports, the government bodies failed to take adequate action. On many occasions, the state authorities publicly claimed that The Baby-friendly Hospital Initiative (BFHI) is a solution to the ill-treatment and to violations of human rights during childbirth, including the recent 7th periodic Slovak submission to the CEDAW report. BFHI is a global effort launched by WHO and UNICEF with the aim to implement practices that protect, promote and support breastfeeding. It was launched in 1991 in response to the Innocenti Declaration and Slovakia has the responsibility to implement this program on the national level. BFHI doesn't include obstetric care as such, e.g., obtaining informed consent, evidence-based obstetric practices, prevention of obstetric violence and mistreatment during

¹³ Debrecéniová, J. (ed.), Babiaková, K., Debrecéniová, J., Hlinčíková, M., Krišková, Z., Sekulová, M., Šumšalová, S. (2015). *Ženy – Matky – Telá: Ľudské práva žien pri pôrodnej starostlivosti v zdravotníckych zariadeniach na Slovensku*. Bratislava : *Občan, demokracia a zodpovednosť*. English summary: https://zenskekruhy.sk/wp-content/uploads/2023/04/Women-Mothers-Bodies_summ_EN.pdf

¹⁴ Debrecéniová, J. (ed.), Debrecéniová, J., Hlinčíková, M., Hrešanová, E., Lafféřsová, Z., Krišková, Z., Sekulová, M. (2016). *Ženy – Matky – Telá II: Systémové aspekty porušovania ľudských práv žien pri pôrodnej starostlivosti v zdravotníckych zariadeniach na Slovensku*. Bratislava: *Občan, demokracia a zodpovednosť, Ženské kruhy*. English summary: https://zenskekruhy.sk/wp-content/uploads/2023/04/ZMT2_SUMMARY_EN_final.pdf

¹⁵ Debrecéniová, J. (ed.); Debrecéniová, J., Kotříková Rašmanová, M., Marošiová, L. (2021). *Childbirth-Rights-Pandemic: Monitoring Report on Violations of the Human Rights of Women in the Provision of Childbirth Care in Healthcare Facilities in Slovakia During the COVID-19 Pandemic* Bratislava: *Občan, demokracia a zodpovednosť, Ženské kruhy*. Available in English at https://zenskekruhy.sk/wp-content/uploads/2023/01/childbirth_rights_pandemic_EN.pdf

¹⁶ Center for Reproductive Rights, Poradňa pre občianske a ľudské práva. (2017). *Vakeras Zorales – Speaking Out: Roma Women's Experience in Reproductive Health Care in Slovakia*. Available in English at <https://poradna-prava.sk/en/publications/vakeras-zorales-speaking-out-roma-womens-experience-in-reproductive-health-care-in-slovakia/>

¹⁷ Public Defender of Rights (2021). *Let's talk about childbirth: a human rights-based approach in the context of childbirth*. Available in English at https://vop.gov.sk/wp-content/uploads/2021/06/Sprava_porody_ENG_FINAL.pdf

childbirth. It is exclusively focused on evidence-based breastfeeding support practices. Currently, there is not a single Baby Friendly Hospital (BFH) in Slovakia and monitoring of NGOs reveals that in all hospitals, there are practices that are harmful to women and children and in breach of BFHI principles.¹⁸ In the implementation of BFHI, the Ministry of Health is not transparent and refuses to provide any factual information about the methodology and results of clinical audits in the hospitals.¹⁹ Yet publicly claims that the results of audits are showing improvements in breastfeeding support.²⁰

Proposed recommendation:

- Take a series of effective measures to ensure that the human rights of women giving birth in Slovakia are respected and protected. The measures should include adequate training of the current and future obstetricians and midwives on international medical standards and human rights.

b.) COVID-19 pandemic worsened the access to reproductive healthcare and deepened the violation of the human rights of women

The systemic nature of the violation of women's rights concerning reproductive healthcare fully showed from the beginning of the pandemic of COVID-19. In July 2021, Women's Circles submitted a report to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health as a submission to the call *The right of everyone to sexual and reproductive health – challenges and opportunities during COVID-19*.²¹ In this submission more detailed information can be found.

Abortion and Miscarriages

In Slovakia, several healthcare providers (entire institutions) refuse to provide abortions (including for medical reasons) based on conscious objection.²² During the state of emergency, other healthcare providers refused to provide abortions as well. Several civil societies²³ and The Public Defender of Rights²⁴ appealed to the Ministry of Health to ensure that women have access to safe and legal abortion services. The Ministry of Health refused to act and argued that the reason for stopping providing abortions during the pandemic is to protect women's health and lives.²⁵ This decision also affected women with miscarriages, especially women with the diagnosis of "missed abort".²⁶ Since medical abortion is not legal in Slovakia, the result is that women have to undergo curettage for abortion or, in many cases, also for miscarriages. Women cannot make informed decisions about their

¹⁸ MAMILA, Ženské kruhy. (2022) Podpora dojčenia v nemocniciach sa nezlepšuje: Správa z prieskumu o podpore dojčenia v nemocniciach na Slovensku v rokoch 2018-2021. Available at <https://zenskekruhy.sk/podpora-dojceniav-nemocniciach-sa-nezlepsuje/>

¹⁹ In 2022 NGO's Ženské kruhy and MAMILA requested information about progress in implementation of BFHI from the Ministry of Health and this request was denied.

²⁰ For example <https://www.teraz.sk/slovensko/mz-podpora-dojceniav-nemocniciach-sa/623563-clanok.html>

²¹ See <https://zenskekruhy.sk/wp-content/uploads/2023/01/Submission-Womens-Circles.pdf>

²² For example hospitals in Ružomberok and Bardejov. See <http://www.uvn.sk/pracoviskosub/pracoviska/6/47/Umele-prerusenietehotenstva>
<http://www.nsp-bardejov.sk/oznamenie/>

²³ Statement of Civil Society, 20 April 2020. Available at <https://zenskekruhy.sk/vyhlasenie-obcianskej-spolocnosti/>

²⁴ See https://www.vop.gov.sk/files/2020_19_TS_VOP_ziada_garanciu_pristupu_k_interrupciam_pocas_pandemie.pdf

²⁵ See <https://dennikn.sk/1873861/krajci-nesuhlasi-s-ombudsmankou-ze-interrupcie-by-sa-mali-robot-aj-pocas-epidemie-neodporuca-ich/>

²⁶ See <https://zenskekruhy.sk/nekonecne-cakanie-na-kyretaz-po-zamlknutom-potraste/>

health and in accordance with the evidence-based standards. Medical experts repeatedly expressed their concern that women are pushed to the underground and illegal sources or in other cases, women seek abortion services abroad (Austria and Czech Republic)²⁷; however, this was not an option during the pandemic because of border crossing restrictions.

Pregnancy and breastfeeding

The Ministry of Health and other state authorities did not publish clear and unambiguous guidance on the pregnancy and childbirth care during the COVID-19 pandemic that would follow human rights requirements and recommendations of professional international health bodies such as WHO. This situation resulted in several healthcare providers withdrawing or reducing the number of routine prenatal check-ups, for example CTG monitoring, testing for gestational diabetes, foetal screening, and regular check-ups concerning hematology treatment or high-risk pregnancy related care²⁸; hospitals cancelled prenatal courses that previously in many cases functioned as the only source of information about the given hospital's practices and did not provide any alternative source of information (e.g., by putting the information on the hospital's websites)²⁹; hospitals banned birth companions³⁰; women with a positive test for COVID-19 received inappropriate care, such as caesarean sections or instrumental vaginal births for non-medical reasons³¹; providers refused to provide pain relief (including epidural analgesia) during childbirth³²; and vaccine centres refused to vaccinate pregnant or breastfeeding women (some of them were healthcare workers in higher risk of infection by COVID-19)³³.

Separation of women from their new-borns in hospitals

In Slovakia, separating women from their new-borns in hospitals is common. During the pandemic, the hospitals used new excuses for this practice. Such separation harms both new-borns and women and has long-lasting implications for breastfeeding. The long-lasting and systemic separation of mothers from their premature babies while in intensive care units started when hospitals misinterpreted the general ban on hospital visits issued on 6 March 2020.³⁴ Hospitals did not allow any contact between babies and their parents. Many women contacted Women's Circles after giving birth prematurely who had no chance to see, hold and care for their new-borns. There was, for example, an alarming case of a woman who was (together with other women) forcibly released from the hospital in order to vacate hospital beds for potential COVID-19 patients. By the time she contacted Women's Circles, she had not

²⁷ For example <https://dennikn.sk/1130817/gynekolog-interrupcie-sa-deju-nelegalne-pomohla-by-dostupna-antikoncepcia-a-rozumna-sexualna-vychova/>
<https://www1.pluska.sk/spravy/z-domova/tema-dna-dalsie-pochybne-rozhodnutie-krajciho-odbornici-svorne-posielaju-tvrdy-odkaz/3>
<https://domov.sme.sk/c/22500931/dobre-rano-interrupcnu-tabletku-nemame-kvoli-ideologii-podcast.html>

²⁸ Debrecéniová, J. (ed.); Debrecéniová, J., Kotríková Rašmanová, M., Marošiová, L. (2021). Childbirth-Rights-Pandemic: Monitoring Report on Violations of the Human Rights of Women in the Provision of Childbirth Care in Healthcare Facilities in Slovakia During the COVID-19 Pandemic Bratislava: *Občan, demokracia a zodpovednosť, Ženské kruhy*. https://zenskekruhy.sk/wp-content/uploads/2023/01/childbirth_rights_pandemic_EN.pdf

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ See for example interview with Dr. Erik Dosedla, head of obstetrician department in hospital Košice <https://open.spotify.com/episode/5lD3RuQCD0yYnyhrslrmG> and the preliminary report from semi structured interviews with midwives conducted during July and August 2020, that are on file with Women's Circles

³² Communication with clients of Women's Circles (on file with Women's Circles).

³³ For example <https://dennikn.sk/2468574/jeden-lekar-je-za-druhy-proti-hladame-studie-na-internete-buduce-a-cerstve-matky-opisuju-skusenosti-s-ockovanim/>

³⁴ Decision of the Public Health Authority of the Slovak Republic No OLP/2405/2020 of 06 March 2020. Available at <https://www.ruvzpp.sk/aktuality-a-novinky/uvz-sr-verejna-vyhlaska-vo-veci-nariadenia-opatrenia-na-predchadzanie-vzniku-a-sireniu-prenosneho-ochorenia-covid-19/>

been able to see her premature baby for six weeks.³⁵ Another situation when hospitals violated the human rights of women and children and applied harmful practices was the separation of babies from their mothers in case they tested positive for COVID-19.³⁶

Proposed recommendations:

- At the national level, ensure that essential reproductive healthcare services are available even during crises.
- In times of crises, provide evidence-based information in accordance with WHO recommendations and human rights principles. Coordinate and control the process of application of these recommendations in practice.

c.) Poor access to reproductive healthcare and information for women from Ukraine with temporary shelter status

Since the beginning of the war in Ukraine, many women and children have fled to Slovakia. They received temporary shelter status, enabling them to access essential healthcare services, including pregnancy and childbirth-related healthcare. Based on a questionnaire that was created by Women's Circles and distributed among women with temporary shelter status³⁷, in practice the provision of essential health care services varied case to case. Some clients had to pay out-of-pocket money for essential care or were denied it completely by the healthcare provider. Providers with whom Women's Circles consulted about the situation complained about the bureaucracy burden, insufficient information from state authorities and significantly lower payment for treating Ukraine patients compared to Slovak patients. Women's Circles contacted state authorities regarding information about the organization of access to healthcare for women from Ukraine. Responses received from different state authorities were inconsistent and conflicting with each other.³⁸

Proposed recommendations:

- Create clear, comprehensive information available in Slovak and foreign languages for people with temporary shelter status that will help them to navigate within the healthcare system.
- Eliminate barriers to healthcare, such as low payment for providers of healthcare services for patients with temporary shelter status.

d.) Absence of services for women in the postpartum period

In Slovakia, there is only one regular postpartum gynaecology check-up visit covered by insurance after women leave the hospital (at six weeks postpartum). There are no prevention programs for pelvic floor health or mental health problems and in general, there are no breastfeeding support services covered

³⁵ See <https://www.theguardian.com/global-development/2020/may/28/denied-beds-pain-relief-and-contact-with-newborns-the-women-giving-birth-covid-19-coronavirus>

³⁶ See for example hospitals Revúca and Kežmarok

<https://nsprevuca.sk/nspra/wp-content/uploads/2020/03/CoV19.pdf>

<https://nemocnicakezmarok.agel.sk/o-nemocnici/novinky/200423-simulovany-porod.html>

³⁷ 107 women filled the questionnaire, all with temporary shelter status, and was focused on reproductive healthcare and healthcare for children. Results will be published in 2023.

³⁸ On file with Women's Circles.

by insurance. For women with mental health problems, such as postpartum depression or PTSD related to childbirth, regular psychotherapy covered by insurance is not available.³⁹

Proposed recommendations:

- Create preventive programs for pregnant and postpartum women with a focus on mental health and include psychotherapy services among essential care covered by insurance.
- Broaden postpartum services for women, including regular home visits, prevention programs for pelvic floor health, and breastfeeding support.

3. Intersectional discrimination of Roma women

Ongoing field monitoring of NGO Poradňa in socially excluded Roma communities confirms that Roma women still remain one of the most marginalized groups in Slovakia, experiencing severe multiple, and intersecting, forms of gender and racial discrimination.

We would like to bring to the attention of the Committee a comparative research report of Poradňa (co-author for Slovakia) from November 2022, which comprehensively describes manifold and complex inequalities that marginalised Roma minority in Slovakia still faces practically in every aspect of life. While also including references to other recent research sources, this report essentially concludes that: i./ residential segregation, inadequate housing, and lack of access to safe drinking water, electricity, sanitation still prevails in many Roma communities. ii./ Many Roma children face widespread discrimination in access to education by being disproportionately and wrongly placed in special education and segregated primary schools and classes iii./ Discrimination of Roma in access to employment remains widespread iv./ Marginalised Roma face various problems with public medical services, including discrimination. These inequalities are driven by persistent negative attitudes among the majority population towards Roma minority.⁴⁰ We argue that the Slovak government's efforts to effectively address these issues have been insufficient and did not lead to significant tangible improvements that would be markedly visible in marginalised Roma communities and in everyday lives of marginalised Roma women.

Moreover, we are convinced that existing discrimination against Roma in a number of forms increasingly affects Roma women due to its intersectional contexts. Specifically, we note that the Slovak legislation contains a range of legislative provisions in the area of social security disproportionately impacting Roma women and children. Despite the UN Committee on the Rights of the Child in 2016 already expressed concern over these provisions, they are still in force and the Government rejects to amend them.⁴¹ We urge the Committee to raise discriminatory nature of these legal provisions and their negative impact on socio-economic well-being and right to social security of marginalized Roma women and their children in dialogue with the Government and to recommend their amendment.

³⁹ Rašmanová, M. K., Kaščáková, N., Hašto, J., & Tavel, P. (2022). Risk Factors for Posttraumatic Stress Disorder: A Review Article. *Ceskoslovenska Psychologie*, 66(4), 365–382. <https://doi.org/10.51561/cspsych.66.4.365>

⁴⁰ Center for Civil and Human Rights, Minority Rights Group Europe, EPEKA Slovenia. Equality and justice on the sidelines: Comparative report on discrimination against Roma and their access to justice in Slovakia and Slovenia, November 2022, available at: <https://bit.ly/3Gku9oR>

⁴¹ For further details about these discriminatory legislative provisions, their nature and the government's standpoint to them - see Poradna individual submission to UN Committee on the Elimination of Racial Discrimination from July 2022, p. 6.: <https://bit.ly/3ZK9vp1> For further reference see Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Slovakia, CRC/C/SVK/CO/3-5, 20 July 2016, para. 42-43.

Manifestation of intersectional discrimination Roma women face in Slovakia remains especially widespread and pronounced in the area of reproductive health care. Roma women in Slovakia were subject to forced sterilisations documented till 2004. Survivors of this grave practice have not been effectively compensated till now. As well, our ongoing field monitoring confirms that Roma women continue experiencing severe discrimination in maternity wards. We would like to particularly highlight these two issues in detail. They both require immediate action from the Government to ensure compliance with the Convention:

a.) *Shortcomings in ensuring full access to justice including financial compensation for Roma women survivors of forced sterilizations*

The widespread practice of forced sterilization was reported in Slovakia in the past, suggesting that significant proportions of predominantly Roma women in Slovakia had been subject to forced sterilization.⁴² Since then this practice has been repeatedly condemned by international human rights mechanisms including the Committee itself, which gave it particular attention in its recent concluding observations, as well as by judgements of the European Court of Human Rights.⁴³ The Slovak Government has been repeatedly called upon to provide effective remedies, including reparation, for the human rights violations involved.⁴⁴

In March 2023, Poradňa described the progress in resolving this issue by the Slovak government in its individual submission to the UN Committee against Torture.⁴⁵ This joint NGO submission wants to reiterate information in this regard as the situation to this date remain unchanged and thus still unsatisfactory.

In close collaboration with a group of Roma women activists, Poradňa for more than two decades intensively advocated towards the Slovak Government to take responsibility for this practice and provide effective justice for its survivors. We appreciate that in recent years the Slovak authorities including the Government made notable efforts to address this issue in line with its international human rights obligations. In particular, the Slovak Parliamentary Committee for Human Rights in July 2021 discussed this issue in presence of representatives of NGO Poradňa and two affected Roma women and recommended to take decisive measures that would ensure justice for survivors. Following its recommendations, in November 2021 the Slovak Government adopted a resolution in which it apologized to Roma women for forced sterilizations and condemned the practice.⁴⁶

Afterwards, the Ministry of Justice assessed possible solutions to financially compensate the affected women and developed legislative material - intent ("legislatívny zámer"), which contains basic principles of the planned compensation law. In February 2023 the Ministry of Justice made this legislative material available for comments within government interdepartmental comments procedure - thus available for comments from other government resorts, domestic human rights

⁴² See Center for Civil and Human Rights & Center for Reproductive Rights (2003). *Body and Soul: Forced Sterilization and Other Assaults on Roma Reproductive Freedom in Slovakia*. Available in English at <https://www.poradna-prava.sk/en/documents/body-and-soul-forced-sterilization-and-other-assaults-on-roma-reproductive-freedom-in-slovakia/>

⁴³ V.C. v. Slovakia, no. 18968/07. ECtHR (2011); N.B. v. Slovakia, no. 29518/10. ECtHR (2012); I.G. and Others v. Slovakia, no. 15966/04. ECtHR (2013).

⁴⁴ Most recently, in September 2022, the Committee on the Elimination of Racial Discrimination in its concluding observations reiterated to the Slovak Government to ensure that Roma women who were victims of sterilization without their informed consent have access to effective remedies and adequate compensation. CERD/C/SVK/CO/13, para. 30-31.

⁴⁵ Poradna submission to the Committee against Torture is available at: <https://bit.ly/3nWQked>

⁴⁶ Resolution no. 674/2021 to the apology of the Government of the Slovak republic for sterilizations in conflict with law. Adopted on 22 November 2021. Available at <https://rokovania.gov.sk/RVL/Material/26642/1> See also our press release in English in this regard <https://bit.ly/3cduQ79>

bodies, NGOs or public.⁴⁷ Poradňa and also key domestic human rights institutions - Slovak National Centre for Human Rights (equality body) and Office of the Public Defender of Rights (Ombudsman) submitted their comments, so that this legislation effectively brings justice to all survivors of forced sterilizations. Although the comment procedure was closed on 7 March 2023 to this date the comments are reportedly still being evaluated by the Ministry of Justice, while follow-up government steps and their timeline are unclear.

The Ministry of Justice suggested that once its legislative intent is adopted by the Slovak Government, the Minister of Justice shall be tasked to submit the proposal of the act till 30 June 2023, which should later be approved by the Slovak Parliament. However, the next parliamentary elections in Slovakia are scheduled for September 2023. Given that we are seriously concerned that the compensation law may not be adopted by the current Government soon enough, so that the act subsequently is adopted by the current Slovak Parliament. There is a serious risk that the development after the parliamentary elections may eventually result in slowdown or even discontinuation of the current legislative process initiated under the current gestion of the Ministry of Justice.

We urge the Committee to raise this particular issue with the Slovak government representatives during the examination and emphasize the absolute necessity to take immediate action.

Proposed recommendation:

- Adopt without delay the legislation that will effectively provide financial reparations for survivors of forced sterilisations through an effective and accessible *ex-gratia* compensation procedure.

b.) Discrimination of Roma women in reproductive and maternal health care

In November 2017 Poradňa in cooperation with an international NGO Center for Reproductive Rights published a research report titled *Vakeras Zorales – Speaking Out: Roma Women’s Experiences in Reproductive Health Care in Slovakia*. The report was based on in-depth interviews with 38 Roma women from marginalized communities and documented a wide range of human rights violations that Roma women experience in reproductive health care in Slovakia. That included practices of segregation in maternity wards, racial harassment and humiliation, neglect, physical restraint and abuse during childbirth and failures related to informed consent and decision making with regard to medical treatment.⁴⁸ The report drew attention of the Slovak public and decision makers to this issue, though these practices have been documenting by Poradňa by its ongoing field monitoring from 2002.

Despite of subsequent advocacy efforts of Poradňa towards the Slovak Government in collaboration with a group of Roma women activists as well as advocacy engagement of previous Slovak Ombudswoman on this issue – no systemic policies and measures that would effectively prevent the given violations have been taken till now. Poradňa reported these issues in its already referred submission to UN CERD Committee in July 2022, and the CERD subsequently called on the Slovak Government to effectively respond. However, we do not monitor any tangible improvements in this area to date.

⁴⁷ The legislative intent and the related documentation is published by the Ministry of Justice in the state legal and information portal Slov-lex: <https://www.slov-lex.sk/legislativne-procesy/-/SK/dokumenty/LP-2023-64>

⁴⁸ Center for Reproductive Rights & Center for Civil and Human Rights (2017). *Vakeras Zorales – Speaking Out: Roma Women’s Experience in Reproductive Health Care in Slovakia*. Available in English at <https://poradna-prava.sk/en/publications/vakeras-zorales-speaking-out-roma-womens-experience-in-reproductive-health-care-in-slovakia/>

Moreover, all efforts to address violations of Roma women`s rights in reproductive and maternal health care by legal means remain largely ineffective due to ongoing shortcomings in the implementation of antidiscrimination legislation as well as in decision making of courts and responsible state administrative bodies.⁴⁹ Poradna from 2013 litigates strategic "actio popularis" lawsuit based on the domestic Anti-discrimination Act targeting segregation of Roma women in a maternity ward of a state-run hospital in a town Prešov. Court proceeding has been pending before the first instance court for more than eight years. In July 2022, the lawsuit was rejected, while the first instanced court completely disregarded the testimonies of Roma women on the segregation practices in the sued hospitals.⁵⁰ The proceeding is currently still pending before the appellate court.

In order to effectively prevent violations of Roma women`s rights in reproductive and maternal health, the State Party has to intensively address behaviour and negative attitude of the medical practitioners towards them by introducing effective measures that have preventive as well as repressive character.

Proposed recommendation:

- Establish effective programs, procedures, and mechanisms to assess, monitor, eliminate, prevent, and sanction the segregation, disrespectful treatment, and abuses of Roma women in maternity care settings and eradicate the harmful consequences of such practices.

Above we referred to overall barriers in access to justice in cases of discrimination in Slovakia. In this context, we would like to specifically inform the Committee of ongoing lack of implementation of its Views in a case D.S. v. Slovakia from 2016 by the Slovak Government.⁵¹

In its Views the Committee considered that the Slovakia violated the Convention and i.a. recommended that Slovak Government to grant the petitioner adequate compensation. As Poradňa has been provided the petitioner a legal aid - we regret to inform that despite intensive advocacy efforts and communication of Poradňa with the Government authorities over previous years – the Government did not compensate the discriminated women at all, while arguing that opinions/views of UN Committees have quasi-judicial, non-binding character. This standpoint seriously weakens the effectiveness of the UN individual communications procedure in Slovakia for discriminated persons, who did not achieve justice domestically. We find it critical that the Slovak government introduces legal mechanism that would enable to effectively provide individual remedies for petitioners in cases when UN treaty monitoring bodies find violations of their guaranteed human rights upon the individual complaints procedures.

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⁴⁹ On actual information about lack of effective access to justice in cases of racial discrimination in Slovakia see chapter f.) of our report for UN CERD from July 2022, pp. 9-10.: <https://bit.ly/3ZK9vp1>

⁵⁰ See our press release in English to the court decision: <https://bit.ly/3Ki5KkY>

⁵¹ Views adopted by the Committee on 7 November 2016. CEDAW/C/65/D/66/2014.

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