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Criminal Dimensions of Forced Sterilization of Romani Women: A Focus on Gender-Based Violence and Deprivation of Liberty

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Abstract

This paper examines the forced sterilization of Romani women as a serious violation of human rights and a fundamental denial of personal liberty. Drawing on legal, sociological, and feminist frameworks, the analysis demonstrates how this practice reflects intersecting forms of racial and gender-based discrimination within healthcare systems and state institutions. Romani women in vulnerable socio-economic circumstances have been systematically denied autonomy over their reproductive choices, highlighting broader patterns of structural exclusion. The findings emphasize the need to address forced sterilization not only as a criminal offense but also as a form of institutionalized violence that requires urgent legal, policy, and institutional reforms to protect personal liberty and advance reproductive justice.

Keywords

Discrimination; Liberty; Roma; Gender Based Violence; Systemic Racism; Romani Women; Antigypsyism

INTRODUCTION

In 2021, the world woke up to news that captured everyone's attention: Slovakia issued an official apology for the forced sterilization of Romani women.¹ According to the government, these sterilizations took place between 1966 and 1989, intending to limit the number of children born to the Roma minority. This analysis is framed within the broader context of post-socialist legal and political transitions in Central and Eastern Europe. It focuses particularly on the transitional justice processes in countries such as Slovakia and the Czech Republic, covering the period from 1966 (when the forced sterilizations were first documented) to 2023 (the most recent reports by the OSCE and ERRC). The research is situated geographically in jurisdictions where systemic antigypsyism continues to influence public policy and judicial responses. Violations of human rights on this scale deserve the highest condemnation, which should lead not only to compensation for the victims but also to a clear message to the public that such hate crimes will not be tolerated or go unpunished.

In medical terms, sterilization is a surgical intervention that permanently removes an individual's ability to reproduce (Ťápalová 2011, 197-201). Medical experts, along with human

¹For more information, please visit: <https://nezavisen.mk/slovachka-se-izvini-za-prisilnata-sterilizacija-na-zhenite-romki/>

rights experts, noted in the manual of the International Federation of Gynecology and Obstetrics that sterilization is never a life-saving operation that should be performed on an emergency basis and without full and informed consent (Figo 2021).

Involuntary sterilization is any sterilization that takes place against the will or without the knowledge of the person concerned, that is, without informed consent. Any person who will undergo this operation should be fully aware of its nature, possible consequences and alternative methods of contraception. If these conditions are not present, sterilization is involuntary. Forced sterilization occurs when a person is sterilized after explicitly refusing the procedure, without their knowledge or when they are not allowed to give informed consent (Coercive and cruel, report by the European Roma Rights Centre 2016).

Gender-based violence and violence against women are terms often used interchangeably, as it is well established that the majority of gender-based violence is inflicted on women and girls. However, the use of the term “gender” is important, as it underscores that many forms of violence against women are rooted in power imbalances between women and men.²

LITERATURE REVIEW

The concept of antigypsyism, as defined by Rostas and Kostka (2014), refers to a specific form of racism directed against Roma communities, characterized by systemic discrimination and exclusion. The issue of forced sterilization, particularly as it affects Romani women, has been extensively discussed within the fields of human rights, gender studies, and criminal law. Various scholars have highlighted the complex intersection of race, gender, and ethnicity, which makes Romani women especially vulnerable to reproductive coercion and violence.

This article examines the forced sterilization of Romani women from different angles (legal, historical, gender-based, and human rights perspectives). Throughout history, forced sterilizations have often been justified by medical personnel as necessary for public health. At the beginning of the 20th century, medical personnel claimed that they were needed to solve hereditary and genetic defects. In the late 20th century, forced sterilizations were deemed necessary to address overpopulation (Stern 2005) and in more recent times, these interventions made on Romani women were justified as essential for them, ruthlessly exploiting their vulnerable position in society. Their position as woman in the community made them an easier target for the institutions in carrying out their immoral actions.

The forced sterilization of Romani women represents a clear manifestation of antigypsyism intersecting with gender-based violence, where women are targeted based on both their ethnicity and gender. Scholars such as Poposka and Jovevski (2024) emphasize the need to consider gender-based violence within the broader framework of hate crimes and systemic racism. In exploring this subject, a novel legal perspective is aimed to be introduced by analyzing the forced sterilization of Romani women not only as a human rights violation or form of gender-based violence, but as a hate crime rooted in systemic antigypsyism and racial prejudice.

²For more information, visit: https://eige.europa.eu/publications-resources/thesaurus/terms/1113?language_content_entity=en

METHODOLOGY

This paper employs a qualitative and interdisciplinary approach to analyse the criminal aspects of forced sterilization of Romani women, with a specific focus on gender-based violence (GBV) and deprivation of liberty. The research is guided by the central question: To what extent can the forced sterilization of Romani women be legally qualified as a hate crime and gender-based violence that deprives them of their liberty, considering its systemic, racial, and gendered dimensions?

The main hypotheses developed throughout this paper are as follows:

H1: The practice of forced sterilization of Romani women constitutes a form of hate crime rooted in antigypsyism.

H2: Forced sterilization represents gender-based violence and results in the deprivation of liberty.

H3: Legal frameworks at the European level inadequately address the intersectionality of gender, race, and systemic discrimination.

The research integrates doctrinal legal analysis, literature review, comparative analysis, case law review, and intersectional analysis to provide a comprehensive understanding of the issue. The paper includes a thorough review of academic literature, reports, and legal documents related to forced sterilization, antigypsyism, and gender-based violence, aiming to contextualize the practice within broader patterns of systemic discrimination and human rights violations.

Through legal and comparative analysis, this paper explores the legal framework surrounding these issues within European Union legislation. It also examines key international conventions, including the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights, the Convention on the Rights of Persons with Disabilities, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, in order to identify the rights of individuals and the obligations of states in preventing such violations. Furthermore, the study reviews reports from human rights organizations that document incidents of hate crimes, particularly those targeting Romani people. These reports are critically analyzed to identify recurring patterns over the years in specific countries, with a focus on the intensity and nature of these violations.

The paper then conducts a case law review by analyzing the merits of a judgment issued by the European Court of Human Rights, with a particular focus on the landmark ruling in *V.C. v. Slovakia* (2012), which addressed the issue of forced sterilization as a violation of fundamental rights, specifically concerning Romani women. A comprehensive analysis of the case and the Court's judgment is provided, including a focused examination of one of the presiding judges and his individual opinion.

Through this methodology, the paper offers an in-depth legal analysis of forced sterilization, shedding light on the intersection of criminal law, human rights, liberty, and gender-based violence. It concludes by offering recommendations aimed at strengthening legal protections for Romani women and ensuring accountability for acts of forced sterilization.

DEFINING ANTIGYPSYISM AS A DISTINCT FORM OF RACISM

Antigypsyism is a distinct form of racism directed against individuals who are stigmatized in the social worldview under labels such as “gypsies,” “tsigane,” “țigan,” “Zigeuner,” “Tatars,” “zingari,” or other related terms, all of which are rooted in assumptions that they belong to an inferior and deviant group. For those reasons, the domination over them and their oppression are justified (Rostas and Kostka 2014, 268-281). According to Rostas and Kostka (2014), manifestations of antigypsyism are visible through these mechanisms:

- The passivity of state institutions in protecting the rights of the Roma often violates the European Convention on Human Rights, regarding the doctrine of positive obligations of the state.
- Lack of information about Roma in regular educational programs.
- Denial of equal protection of Roma before the law.
- Ignorance of the Roma history of oppression.
- Lack of gender sensitivity and intersectionality.
- Selective enforcement of laws and policies (pp. 268-281).

As one of the manifestations of antigypsyism, the forced sterilization of Romani women distinctly reveals the gendered dimension of this form of discrimination. In recent years, populist politicians have exploited specific demographic indicators, such as birth rates, to incite fear that the Roma population might eventually outnumber the majority population. Notably, such rhetoric and policies have disproportionately targeted Romani women while largely ignoring Romani men (Poposka and Jovevski 2024).

Forced Sterilization of Romani Women as Antigypsyism

According to the “Female Sterilization: A Guide to Provision of Services” published by the World Health Organization (2014), sterilization should be performed based on the principle of autonomy, as expressed through full, free, and informed decision-making (p. 9). This principle requires that “any counselling or information given by health care providers, other support staff or family members should be non-intrusive, allowing individuals to make decisions that are best for them, knowing that sterilization is a permanent procedure and that other, less permanent methods of fertility control are available” (World Health Organization 2014, 9).

Moreover, coercion in forced sterilization takes the following forms:

- The woman’s consent was obtained under duress. In such cases, women are asked to sign consent forms while in labour/on their way to the operating room/or told that in order to receive another medical procedure, such as an abortion or caesarean section, they must consent to sterilization.
- The consent was invalid because the women were asked to sign a sterilization consent form without being provided with full and accurate information about the sterilization procedure.
- The women’s consent was not obtained. In such cases, the women were never asked if they wanted to be sterilized, but were informed of their sterilization after undergoing a caesarean section (Open Society Foundations 2011, 1-12).

Forced sterilization in the 20th and early 21st centuries was often based on ethnicity, targeting unwed mothers, pregnant women who attempted abortions, and poor populations. The most prominent forced sterilization policies in Europe were implemented in Austria, the Czech Republic, Denmark, Finland, France, Germany, Norway, Slovakia, Sweden and Switzerland. Of these, Austria, Germany, Sweden, Norway and Switzerland have taken responsibility for those policies and introduced special legal remedies for victims.

The forced sterilization of Romani women is an act where the victims are selected because of their ethnicity, an act of the state, which is carried out at a very vulnerable moment for the person herself, the moment of childbirth. Without her consent, her future and the future of her family were decided—the future of an entire generation and an entire community.

DEFINING HATE CRIMES AND THEIR INITIAL CHARACTERISTICS

By the term hate crime, criminal acts are meant in which the perpetrator is motivated by prejudice against the victim's group membership, in other words, against the victim's racial, ethnic, religious, or similar identity. The motive to commit the crime does not always include personal hatred towards the person or group; it may be based on a prejudice, an attitude that the person/group is "harmful" to society (Poposka and Jovevski 2017, 23). For an act to be characterized as a hate crime, it must contain the following two elements:

- Hate crime is always based on a committed crime that imposes some form of punishment for prohibited behaviour.
- The crime is motivated by bias or prejudice. At the same time, it is important to note that the perpetrator chooses the victim based on the bias and prejudice surrounding the group to which the victim belongs. It can be manifested as an act of intimidation, threats, material damage, assault, murder or any other crime (OSCE 2015, 23).

By targeting a person's identity, hate crimes cause more harm than ordinary crimes. Unlike victims of other crimes, victims of hate crimes are targeted for who they are. Accordingly, the perpetrator's actions can be experienced as an attack on the very core of a person's identity, which is devalued and denigrated. As a result, the immediate victim may experience greater psychological harm and increased feelings of vulnerability because they are unable to change the characteristic that victimized them (OSCE/ODIHR 2022).

Social acceptance of discrimination against certain groups is an important factor in increasing the incidence of hate crimes. This social acceptance has been shown to correlate with an increase in hate crimes, particularly in contexts where political rhetoric or media narratives reinforce stereotypes and dehumanization.

For example, the European Union Agency for Fundamental Rights (FRA) has documented that widespread societal prejudice contributes to the underreporting of hate crimes and the normalization of patterns of violence. According to FRA's 2018 report on hate crime recording and data collection in the EU, the lack of effective investigation and prosecution of hate crimes can foster a perception of impunity. This perception may embolden individuals who might otherwise refrain from such acts, leading them to believe that hate crimes are unlikely to have consequences (OSCE/ODIHR 2022). Hate crimes range from vandalism to severe physical

violence, including murder, with the most severe cases often characterized by extreme levels of brutality and cruelty.

OSCE participating countries recognized the danger of ethnic hatred against Roma and Sinti as early as 1990. Anti-Roma rhetoric, including that which focuses on “Gypsy crime,” can be continued in the media and by political actors. EU enlargement, together with the marginalization of Roma, has led many Roma individuals and families to seek better conditions and opportunities elsewhere through migration, often encountering adverse reactions within countries or areas. ODIHR’s annual report on hate crimes presented a large number of hate crimes targeting the Roma. Assaults, property damage and homicides, including the use of explosives, firearms or Molotov cocktails, are included in these reports. Among the particularly worrying incidents reported to the BDIHR were fires set on Roma homes (Anti-Roma hate crime 2023).

Table 1: Statistical Overview of Hate Crimes Against Roma in European Countries (2014–2023) (Source: Anti-Roma hate crime 2023)

Violent Attacks on Individuals	Threats	Attacks Targeting Property	In Total	Year	States That Have Reported Hate Crimes Against Roma
25	4	2	31	2023	15
16	9	1	26	2022	13
35	16	6	57	2021	16
48	18	18	84	2020	18
41	34	21	96	2019	22
43	8	16	67	2018	14
30	15	8	53	2017	17
17	8	18	43	2016	10
27	18	18	63	2015	10
44	14	29	87	2014	13

From the presented statistics and the data available to us, it can be concluded that hate crimes against the Roma in Europe were most prevalent in 2014, 2019, and 2020, both in terms of the number of incidents and the number of countries affected. What is particularly encouraging is the decline in reported cases in recent years across all three forms of this crime: violent attacks on people, threats, and attacks targeting property.

ANALYSIS OF THE STATUTORY LEGAL FRAMEWORK OF THE EU

The right to health is guaranteed by the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child (UN 1976; UN 2008; UN 1990). Bodily autonomy is an integral component of the right to health. The Committee on Economic, Social and Cultural Rights, tasked with determining the content and scope of the rights guaranteed by the International Covenant on Economic, Social and Cultural Rights, noted that the right to health includes “the right to control one’s health and body, including sexual and reproductive freedom and the right



to be free from interference, such as the right to be free from torture, forced medical treatment and experimentation” (Committee on Economic, Social, and Cultural Rights 2000).

Based on the above, the legal regulations that protect the rights of victims of forced sterilization should be emphasized, specifying where and how these rights are upheld:

- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) also guarantees women’s right to adequate maternal health services. It protects a woman’s right to reproductive choice under Article 16. The Committee for the Elimination of Discrimination against Women, tasked with determining the content and scope of the rights guaranteed by the Convention, noted that the right to quality health services includes the obligation of states to ensure that health services are accessible and affordable. Acceptable services are services that enable reproductive choice and are delivered in a way that ensures that the woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives (Committee on the Elimination of Discrimination against Women 1999).
- The right to be free from cruel, inhuman and degrading treatment is guaranteed under the International Covenant on Civil and Political Rights, the Convention on the Rights of Persons with Disabilities and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Forced sterilization is a clear violation of this right. The Human Rights Committee, tasked with determining the content and scope of the rights guaranteed by the International Covenant on Civil and Political Rights, noted that the purpose of the right is to protect both the dignity and the physical and mental integrity of the individual from actions that cause not only physical, but also mental suffering. It further noted that the law protects individuals from cruel, inhuman or degrading treatment in “medical facilities” (Human Rights Committee 1992).

Gender-Based Violence Through the Prism of the Istanbul Convention

Acting within its leading role in the protection of human rights, the Council of Europe adopted the Convention on Preventing and Combating Violence against Women and Domestic Violence (known as the “Istanbul Convention”). The Istanbul Convention is generally accepted as the most far-reaching legal instrument in preventing and fighting violence against women and domestic violence, as one of the forms of human rights violations. Since its opening for signature in 2011, it has received significant support at all levels, both national and regional, with the European Union having acceded to and signed the Convention itself (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence 2011).

What is significant in the Convention is that it defines violence against women as a “violation of human rights,” and domestic violence means “all acts of physical, sexual, psychological or economic violence that occur within the family or household.” The Convention emphasizes the aspiration to create a Europe free from violence against women and from domestic violence, and the Member States of the Council of Europe and other signatories agree and emphasize that the Convention has the following objectives:

- Protect women from all forms of violence and prevent, prosecute, and eliminate violence against women and domestic violence.

- Contribute to eliminating all forms of discrimination against women and promote substantive gender equality, including through women's empowerment.
- Establish a comprehensive framework, policies, and measures to protect and assist all victims of violence against women and domestic violence.
- Promote international cooperation to eliminate violence against women and domestic violence, and support organizations and law enforcement for effective, coordinated action (Academic 2017).

Concerning the hate crime of forced sterilization of Romani women, this aspect of the Convention provides an answer to the question: Why are only Romani women subjected to forced sterilization, and not Romani men? Gender inequality, combined with the vulnerable position of women, particularly during the sensitive moment of childbirth, leads to a discriminatory approach toward the victim: the Romani woman. Her powerless status in a society that seeks to punish and marginalize her solely for being both Roma and a woman is one of the core reasons behind the adoption of the Convention. The realization of both *de jure* and *de facto* equality between women and men is a key element in the prevention of violence against women.

The Istanbul Convention is already showing a positive impact on the lives of women across Europe. Asking governments to prevent violence against women, protect and support victims, and punish perpetrators in a comprehensive effort to end this type of violence means restoring the dignity of women victims.

GENDER-BASED DISCRIMINATION AMONG ROMANI WOMEN COMBINED WITH WIDESPREAD RACIAL DISCRIMINATION AGAINST ROMA

To fully understand the scope of this criminal phenomenon, it is essential to analyze the underlying concepts comprehensively. Forced sterilization is not an isolated act; it is the product of intersecting forces: antigypsyism (structural racism), gender-based violence (patriarchal power imbalance), and systemic legal and medical discrimination. These forces function simultaneously, where antigypsyism creates the target group, gender-based violence determines the method, and systemic racism enables impunity.

The Concept of Gender-Based Violence

The term gender-based violence is used to describe any harmful act committed against a person based on socially ascribed/gendered differences between men and women. It includes acts of causing physical, sexual or mental harm or suffering, or threats of such acts and other deprivations of liberty. While sexual violence can affect both women and men, women and girls are disproportionately affected. Certain groups are more vulnerable to violence, including girls and young women from poor, rural or marginalized communities, those who are or identify as LGBT+, those living with disabilities and girls and women who speak out on political, social and cultural issues and gender inequality (Gender-Based Violence Information Pack n.d.).

Gender-based violence can take other forms, such as denial of opportunities and access to education, health system and economic resources, etc. Some forms of sexual violence are

more noticeable, such as physical violence. At the same time, other forms are more challenging to recognize due to the presence of harmful social norms that are physically evident. These include banning girls/women from seeing a doctor, attending school, working or handling money, as well as early marriage, marital rape, female genital mutilation, sexual comments, etc.

Understanding the consequences of sexual violence can also help us recognize its presence. There is no doubt that not only do women and girls suffer from the consequences of sexual violence, but also their families and children:

- Physical consequences range from relatively minor injuries to severe injuries that lead to death or permanent disabilities; unintended pregnancy or adverse pregnancy outcomes; sterility, sexually transmitted infections, urinary tract infections, etc..
- Psychological consequences include anxiety, nervousness, difficulty sleeping and concentrating, lack of appetite, anger and irritability, depression, self-harm and suicidal thoughts, and
- Social consequences include distancing the person from their friends and family, loss of job or income, dropping out of school, social isolation, and marginalization (Frederick et al. 2019).

The cause-effect relationship between systemic antigypsyism and forced sterilization is evident in how state institutions label Romani women as “excessively reproductive” and dangerous to demographic balance. This perception leads to targeted medical interventions that result in irreversible consequences, such as infertility, psychological trauma, social rejection, and community exclusion. These effects further reinforce marginalization and perpetuate cycles of oppression.

Analysis of the Case *V.C. v. Slovakia* (Application No. 18968/07)

In the case of *V.C. v. Slovakia*, the ECtHR unanimously determined that V.C. was a victim of forced sterilization in violation of Articles 3 and 8 of the European Convention on Human Rights. V.C. is a Romani woman who was sterilized in 2000 during a caesarean section of her second child (European Court of Human Rights 2012). When she was already in advanced stages of labour, the health staff told her that the subsequent pregnancy would be risky for her or her third child. Frightened by the information she received, V.C. signed the delivery note with a note stating that she had requested sterilization. In determining a violation of Article 3, the court noted that sterilization constitutes a significant interference with a person’s reproductive health status and involves many aspects of personal integrity, including physical, psychological, emotional, spiritual and family well-being. When establishing a violation of Article 8, the court added that Slovakia did not fulfil its obligation to respect V.C.’s private and family life, that is, her reproductive health as a Romani woman.

On the other hand, the court refused to separately examine the violation of Article 14 (Prohibition of discrimination) due to a lack of material evidence.

It is disappointing that the court refused to consider the discriminatory character of forced sterilizations of Romani women. The court ruled that based on the available documents, it could not be established that the doctors involved acted in bad faith, that the sterilizations of

the applicants were part of an organized policy, or that the conduct of the hospital staff was racially motivated.³

Judge Mijović attempted to emphasize to the court the reasons why he voted against the Council's finding that the rest of the applicant's claim for fair compensation should be rejected, as he considered that a violation of Article 14, if established, would necessitate the acceptance of these requirements. The judge immediately warned about the way the victim was seduced - "The patient is of Roma origin." The government explained that the entry in the medical file indicating the ethnic origin of the applicant was necessary because the social and health care of Roma patients was often neglected. Therefore, they required "special attention." This argument was deemed completely unacceptable by the judge, as the "special attention" referred to the applicant's sterilization, which was found to constitute a violation of both Article 3 and Article 8 of the Convention. According to him, the mere violation of Articles 3 and 8 reduces this case to an individual level. At the same time, it is more than evident that there was a general state policy of sterilization of Romani women under the communist regime (The Sterilization Regulation of 1972). He additionally refers to a third report on Slovakia, where ECRN stated that public opinion towards the Roma minority in the country remained negative. The fact that, at the time, other similar cases were pending before the court reinforced his conviction that the sterilizations performed on Romani women were not isolated incidents, but rather the result of a long-standing discriminatory attitude toward the Roma minority in Slovakia. In his view, the applicant had been "marked" and identified as a patient who should be sterilized solely because of her ethnic origin, as there were no medically justified reasons for the procedure. Consequently, this constitutes the most severe form of discrimination and a violation of Article 14, in conjunction with the violations established under Articles 3 and 8 of the Convention.

A Cruel Practice: Analysis of the ERRC Report

The European Roma Rights Centre (ERRC) has been a leading advocate for the rights of Roma communities across Europe, particularly regarding human rights violations such as forced sterilization. The ERRC has published several reports addressing the forced sterilization of Romani women, especially in countries where these practices have been more widespread.

According to the report "Coercive and Cruel: Sterilisation and Its Consequences for Romani Women in the Czech Republic (1966–2016)," Romani women in the Czech Republic were subjected to coercive and involuntary sterilizations, often performed without their free and informed consent. The report provides a comprehensive review of the institutional, legal, and policy contexts in which these sterilizations occurred, while placing particular emphasis on the personal experiences of sterilized Romani women. These accounts were gathered through individual interviews and focus groups with 22 women who had undergone involuntary sterilization (European Roma Rights Centre 2016).

The report highlights the systemic lack of legal remedies for women who were victims of forced sterilization. Despite the apparent violation of reproductive rights and bodily autonomy,

³On February 19, 2016, the District Court in Košice awarded a Romani woman, who was sterilized without her informed consent following the birth of her second child in 1999, compensation amounting to 17,000 euros. The decision was not final, as the hospital filed an appeal. For more details, please visit: http://www.errc.org/uploads/upload_en/file/coercive-and-cruel-28-november-2016.pdf

the legal systems in several affected countries often failed to provide justice or reparations to the victims. Many women were unaware of their legal right to challenge the procedure, and those who were aware often faced significant barriers in bringing cases to court.

The individual and group interviews with affected women, according to the report, focused on the circumstances of the sterilization and its consequences for the personal health and physical integrity of the women, but also on their general well-being and family life. The ERRC report underscores that in all cases, the women were not given a real opportunity to understand the nature and the consequences of the intervention that had been or would be performed on them. In the most extreme cases, Romani women were not told by medical professionals that they would undergo sterilization. This is the situation with all the interviewed Romani women from Ostrava, except Filomena, as well as the women from Krnov and Most, who were purposefully misinformed that the procedure had a temporary character. The other women were consulted about what the sterilization procedure entails. However, they were either coerced to undergo it by social workers under the threat of institutionalizing children or cutting their family welfare benefits, or persuaded that it was necessary for their health or to save their lives.⁴ Discovering what had happened to them undoubtedly changed their lives forever.

The report emphasizes the role of the state in these practices, particularly in countries where sterilization was carried out as part of government-run programs. The ERRC calls for governments to take responsibility for these actions, acknowledge the harm caused, and provide reparations to the victims. The report also calls for stronger national and international laws to prevent forced sterilizations from occurring in the future.

CONCLUSION

In 1972, Czechoslovakia introduced a policy that allowed the authorities to encourage the sterilization of Roma and disabled women in mental institutions in order to control their birth rate (Cahn 2014). Although the official policy to encourage sterilization ended in 1991, social workers were reported to be coercing Romani women into sterilization through threats long after that (Albert 2016).

The above extract demonstrates how the Romani were subjected not only to ethnic discrimination but also to serious human rights violations, including gender-based violence and hate crimes. The targeting of Romani women by state authorities with the intent to reduce the Roma birth rate through forced sterilization reflects both racial and gender-based animus embedded in institutional practices.

If we go by the definition of what is gender based and that the victims are defended based on socially ascribed/gendered differences between men and women, we can conclude that in this hate crime, women are deliberately targeted because of their ability to bear children.

In this case, the possibility of reproduction was not limited to Romani men, but specifically to Romani women, bearing in mind their more vulnerable state during childbirth/or after childbirth. These particularly sensitive moments for women were used by medical

⁴ The purpose of the law is to provide compensation to women who underwent involuntary sterilization; however, many of these women signed consent forms without receiving adequate information or did so under pressure, coercion, or misleading circumstances.

personnel to limit their reproductive freedom, leaving them no freedom of choice and thus affecting their family and community. The judgments before the ECtHR indicate that, as a result of their inability to bear children, they were then excluded/expelled from the Roma community.

Of particular importance for the topic addressed in this paper is the following: The Istanbul Convention primarily refers to women because it covers forms of violence that are either experienced exclusively by women due to their gender (such as forced abortion and female genital mutilation) or occur significantly more often against women than men (including sexual violence and rape, stalking, sexual harassment, domestic violence, forced marriage, and forced sterilization).

Gender-based violence against women is defined as violence that is directed at a woman because she is a woman or that disproportionately affects her. It is rooted in and perpetuated by unequal power relations between women and men, which are shaped by societal rather than individual factors.

Obstetric and gynaecological care is often overlooked in laws that address violence against women or gender-based violence. In addition, defining obstetric violence as a subset of gender-based violence emphasizes that it is a form of structural discrimination that requires systemic measures precisely because it limits/takes away women's autonomy and their ability to make decisions about their bodies and sexuality freely (Cohen 2021).

The World Health Organization (WHO) (2015) recognizes that many women around the world face disrespect, abuse or neglect during childbirth in health facilities. Only in the last few years has the global movement for women's human rights attempted to include in its legal framework the recognition of this form of gender-based violence that includes the mistreatment and abuse of pregnant women and mothers.

In 1971, the Communist Party of Czechoslovakia introduced a policy that legalized the offering of financial incentives to Romani women in exchange for sterilization. This discriminatory approach aims to control the Roma birth rate under the guise of promoting a healthy population. While non-Romani women were financially encouraged to have children, Romani women were forced not to give birth (Albert and Szilvasi 2007).

If the information listed above is analyzed in more detail, it can be observed that only the reproduction of Romani women was restricted, while that of Romani men was not. The primary objective was to reduce the Roma birth rate. If a Romani man wanted to have a child with a woman of another nationality, according to the above, they would even receive financial assistance.

In conclusion, the forced sterilization of Roma individuals, particularly Romani women, constitutes a clear and severe form of gender-based violence due to its direct attack on reproductive rights and bodily autonomy. The gendered nature of this violence is evident in how Romani women are targeted explicitly by state-sanctioned or medical professionals who use sterilization as a tool of control and marginalization, often under the guise of public health or eugenics. To address this issue, legal systems must recognize forced sterilization as a form of gender-based violence, ensuring justice, accountability, and the protection of reproductive rights for all women, especially those from marginalized communities.

Furthermore, the act of forced sterilization of Romani women constitutes a direct violation of their right to liberty, which encompasses bodily autonomy, personal freedom, and protection from cruel, inhuman, or degrading treatment. The notions of liberty and freedom,

although overlapping, must be conceptually distinguished. Liberty in this context refers to legal and physical autonomy (the right to refuse a medical procedure). At the same time, freedom involves the broader capacity to live with dignity, make reproductive choices, and resist oppressive state policies. The violation of both constitutes a dual breach of legal personhood and existential human dignity.

The right to liberty is enshrined in multiple international human rights instruments, including Article 9 of the International Covenant on Civil and Political Rights (ICCPR) (UN 1967) which guarantees the right to liberty and security of person, and Article 3 of the Universal Declaration of Human Rights (UN, Universal Declaration of Human Rights 1948), which states that “Everyone has the right to life, liberty and security of person.”

Forced sterilization infringes upon the liberty of Romani women by depriving them of their fundamental right to bodily integrity and personal autonomy. The absence of informed consent in such procedures denies women the ability to exercise control over their reproductive health, thereby violating their freedom to make autonomous decisions about their bodies and reproductive futures. Reproductive freedom is a core component of personal liberty. It is further protected under Article 8 of the European Convention on Human Rights (1950), which includes the right to respect for private life, encompassing both physical and psychological integrity.

Additionally, forced sterilization intersects with gender-based violence and structural discrimination, both of which exacerbate the infringement upon the liberty of Romani women. As victims of antigypsyism and gender-based violence, Romani women face compounded violations of their liberty, particularly when legal systems fail to provide adequate protection or compensation. The intersectionality of these violations reveals how racism and sexism operate jointly to restrict the liberty of marginalized groups.

Moreover, forced sterilization may also be seen as a violation of the right to freedom from torture and inhuman or degrading treatment, as protected by Article 3 of the ECHR (1950) and Article 7 of the International Covenant on Civil and Political Rights (ICCPR) (1967). Subjecting individuals to invasive medical procedures without their informed consent is a form of coercion that strips them of their liberty and dignity.

Furthermore, structural discrimination against Romani women limits their freedom to participate equally and freely in social, cultural, and political life. Practices of forced sterilization reflect and reinforce broader systems of oppression that restrict Romani women’s access to justice, health care, and equal protection under the law. This denial of rights perpetuates a cycle of marginalization that severely limits their liberty and opportunities for self-determination.

The recognition of forced sterilization as a violation of the right to liberty is crucial for establishing accountability and promoting justice for the affected individuals. Legal frameworks, including the Istanbul Convention, CEDAW, and the ICCPR, all emphasize the importance of safeguarding individuals from gender-based violence and protecting their bodily autonomy. However, the intersection of antigypsyism and gender-based violence requires a more systematic approach that acknowledges the unique and compounded nature of these violations.

By framing forced sterilization as a violation of the right to liberty, it becomes evident that adequate legal protections must address not only the procedural aspects of obtaining informed consent but also the structural inequalities that continue these practices.

Finally, the analysis presented in this paper supports all three working hypotheses proposed at the outset. Firstly, the practice of forced sterilization of Romani women is not

merely a historical injustice, but a persistent form of hate crime, rooted in systemic antigypsyism and racial discrimination (H1). Secondly, the act itself is inherently gendered; it targets explicitly Romani women and reflects patterns of gender-based violence that violate both bodily autonomy and reproductive rights (H2). Thirdly, the examination of legal frameworks at national and European levels demonstrates a lack of comprehensive legal response that addresses the intersectionality of race, gender, and systemic oppression (H3). As such, forced sterilization must be understood as a manifestation of compounded structural violence, which deprives women of their liberty, violates fundamental human rights, and demands both criminal accountability and institutional reform.

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