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ANTIGYPSYISM AND INSTITUTIONAL MISTRUST: ROMA EXPERIENCES WITH PUBLIC INSTITUTIONS IN SLOVAKIA

Zuzana Budayová,

doc. PhDr. Mgr. PhD., M.Ed.,

Catholic University in Ružomberok, Faculty of Theology, Theological Institute, Slovakia

<https://orcid.org/0000-0002-6171-3384>

zuzana.budayova@ku.sk

Summary. Anti-Roma racism is a persistent social and institutional problem in Slovakia that goes beyond individual manifestations of discrimination. The aim of the study is to analyze how Roma people's everyday experiences with public institutions can influence institutional trust and strategies for using or avoiding services.

The study is a theoretical-analytical synthesis of Slovak and international scientific literature focused on anti-Roma racism, institutional discrimination, public services, institutional trust and system avoidance. The analysis shows that anti-Roma racism can be reproduced through segregation, organizational practices, stereotypical expectations and everyday interactions. Slovak research points to unequal experiences, especially in healthcare, education and access to public services. Negative institutional experiences can weaken trust and encourage limiting contact with institutions. The proposed analytical framework links anti-Roma racism, negative institutional experience, weakening of trust and avoidance of the system. For social work and public policies, this implies the need to focus not only on the formal availability of services, but also on the fairness, quality and dignity of everyday institutional contact.

Keywords: Roma, anti-Roma racism, discrimination, institutional trust, public institutions, social exclusion, Slovakia.

Introduction

Despite decades of integration policies, legislative guarantees of equal treatment and the implementation of European strategies, the position of Roma in Slovakia remains one of the most prominent areas of social inequality. Inequalities are manifested in education, employment, housing, health status, access to health and social care, as well as in everyday contact of Roma with public institutions. However, explaining them solely through poverty, low education, unemployment or spatial segregation does not provide a sufficient analytical framework. Current research increasingly points to the need to understand the marginalization of Roma as a consequence of historically embedded and institutionally reproduced processes of racialization, stigmatization and anti-Roma racism (McGarry, 2017; Picker, 2017; van Baar et al., 2019; Belak et al., 2024).

The Slovak environment is particularly relevant from this perspective. On the one hand, there is a formal system of universally accessible public services and anti-discrimination legislation, on the other hand, empirical research repeatedly points to differences in the real access of Roma to services and in the quality of their contact with institutions. The research by Bobaková et al. (2015), based on data from the Slovak HepaMeta study, for example, showed that Roma respondents were more than three times more likely than non-Roma to report problems with access to healthcare. The authors point out the importance of institutional and interpersonal discrimination in creating barriers to access to healthcare (Bobakova et al., 2015).

Qualitative research from Slovakia further challenges this picture. Belak et al. (2020), based on interviews and observations of 43 frontline workers in five Slovak locations, identified practices including insufficient communication, lower levels of engagement in providing care, but also overt ethnic discrimination against segregated Roma. A significant finding was that unequal treatment cannot be explained solely by individual prejudices of individual healthcare workers. It was also influenced by organizational conditions, insufficient support for workers in managing interethnic situations, and the absence of systematic reflection on racism and equality within the institutions themselves (Belak et al., 2020).

This insight is essential for the conceptualization of anti-Roma racism. If discrimination is reduced to the conscious hostile behavior of a specific individual, a significant part of the mechanisms reproducing inequality remains analytically invisible. Anti-Roma racism can manifest itself through routine

organizational procedures, different communication, paternalism, stereotypical expectations, increased control, lower quality of services provided, or practices that the actors themselves may not interpret as discriminatory at all (Alliance against Antigypsyism, 2017; McGarry, 2017; Picker, 2017; Belak et al., 2020).

The latest Slovak research documents this mechanism extremely convincingly. Cichová et al. (2026) conducted ethnographic research in three private pediatric clinics in the Bratislava region and identified nine types of discriminatory practices against Romani parents and caregivers. They included, among others, ridicule, belittling, biased clinical decision-making, and informal access restrictions. It was noteworthy that healthcare providers often did not perceive their own practices as discriminatory. They interpreted them as pragmatic, caring, or situationally appropriate early reactions to the alleged specificities of Roma patients and their families (Cichová et al., 2026).

Such findings shift the discussion from explicit discrimination to the issue of everyday anti-Roma racism. This does not have to take the form of an open rejection of Roma because of their ethnicity. It can be embedded in everyday interactions, organizational culture, and routine decision-making of workers in public or publicly available services. Individual situations may appear insignificant or ethnically neutral; however, their repetition and accumulation can create a stable experience of unequal social status (Crețan et al., 2022; Belak et al., 2024; Cichová et al., 2026).

A similar mechanism cannot be limited to the health sector. Institutional contacts of Roma take place in schools, social service facilities, employment offices, local government, police, health facilities and other institutions. It is in these everyday interactions that the abstract principle of equality is transformed – or not transformed – into the real experience of a citizen. In Slovak education, a particularly serious manifestation of this issue is the persistent segregation of Roma children. The problem of segregation cannot be interpreted only as the spatial separation of children, but as an institutional mechanism affecting the quality and conditions of their educational experience. From an analytical point of view, it is therefore necessary to shift attention from the question of whether Roma experience discrimination to the question of what consequences repeated experiences of unequal treatment have on their relationship with institutions. This shift is significant because a negative institutional experience does not have to end with a discriminatory incident itself. It can influence an individual's expectations of future contact with an institution, their belief in the fairness of the system, their willingness to seek help, and ultimately their decision whether to contact the institution at all (Hagan et al., 2022; Mitchell & La Parra-Casado, 2024).

Slovak research in the field of healthcare provides evidence of the existence of such a mechanism. Qualitative research conducted in a marginalized Roma community in eastern Slovakia pointed to experiences with stigmatization and racism, which were accompanied by resignation, feelings of helplessness, and postponement of preventive healthcare (Ort-Mertlová & Jerotijević, 2025; Vorlíček, 2024). Experience with an institution can thus have consequences that go beyond a specific interaction: it can shape future behavioral strategies in relation to the healthcare system.

This interpretive framework is also supported by long-term ethnographic research on marginalized Roma communities in Slovakia. Belak et al. (2018) have pointed to the complex interplay of poverty, segregation, infrastructural conditions, discrimination, racism and dysfunctional forms of support in explaining the health behaviour of segregated Roma. A later synthesis of four ethnographic studies conducted over more than a decade takes this argument further and interprets the societal pervasiveness of anti-Roma racism as one of the underlying mechanisms leading to health inequalities (Belak et al., 2024). The Slovak experience cannot be isolated from the broader European context. Comparative research shows that Roma experiences of discrimination are associated with lower trust in public institutions. Mitchell and La Parra-Casado (2024), who analyzed EU-MIDIS II data from nine European countries, found that Roma's negative experiences with the police are not only related to lower trust in the police themselves, but may have a broader negative relationship with trust in institutions. Both personal experiences with discrimination and the perception of discrimination as a broader social problem were associated with lower institutional trust (Mitchell & La Parra-Casado, 2024). An even more significant theoretical framework is provided by Hagan et al. (2022), who, in analyzing the situation of Roma in twelve Central and Eastern European countries, link marginalization with the concepts of legal cynicism and system avoidance. Their results suggest that discrimination and segregation can contribute to the weakening of beliefs about

the legitimacy and fairness of institutions. The resulting cynicism can then be linked to the avoidance of institutions that could provide individuals with assistance, protection or resources (Hagan et al., 2022).

This concept is particularly relevant for the Slovak context. If Roma people's repeated experience with public institutions is characterised by suspicion, paternalism, segregation, poor communication or varying quality of services, the consequence may not only be an immediate sense of injustice. There may be a gradual loss of trust in a specific institution and subsequently a more general belief that public institutions do not represent a safe, fair or effective source of assistance. Such a process may subsequently lead to limiting contact with institutions, late seeking of services, failure to report discrimination or victimisation or the use of informal alternatives.

This creates a potentially self-reproducing mechanism of social exclusion. Anti-Roma racism can affect the quality of institutional treatment; negative experiences can undermine trust; distrust can reduce willingness to use services and communicate with institutions; and limited contact with institutions can further exacerbate social, health and educational inequalities. The behavior of marginalized Roma, which may be externally interpreted as "disinterest", "passivity", "non-cooperation" or "underuse of services", may thus be at least partly an adaptive response to previous experiences with the institutional environment (Belak et al., 2018, 2024; Hagan et al., 2022). Such an understanding also allows us to overcome the deficient model of interpretation of Roma marginalization. Instead of asking why Roma underuse available services, it is possible to ask what characteristics and practices of institutions influence Roma's willingness to use these services. Instead of explaining low trust through the characteristics of the Roma community, one can examine how institutions themselves create or destroy trust. And instead of individualizing responsibility for social exclusion, one can analyze the relationship between structural conditions, everyday institutional practices, and the responses of marginalized individuals and communities.

On this basis, the article starts from the assumption that everyday anti-Roma racism represents not only an issue of discrimination, but also a significant problem of institutional trust and social inclusion. The article aims to analyze the mechanisms through which Roma experiences of unequal, stigmatizing, or discriminatory treatment in public institutions in Slovakia can contribute to the weakening of institutional trust and to strategies of limiting or avoiding contact with institutions.

The central research question can be formulated as follows:

How do everyday experiences with anti-Roma racism in contact with public institutions shape institutional trust and strategies for using or avoiding institutions among Roma in Slovakia?

The problem formulated in this way allows us to connect three areas of research that are often analyzed separately: research on anti-Roma racism and discrimination, research on the everyday experiences of Roma with public institutions, and research on institutional trust and avoidance of the system. Slovakia does not represent only a local case of application of a general theory, but a relevant environment for investigating the mechanisms through which formally guaranteed equality can be transformed into an unequal experience in everyday institutional practice.

1. Anti-Roma racism as a structural and institutional phenomenon in Slovakia

Anti-Roma racism represents one of the key analytical categories in explaining the persistent social inequalities between the Roma and the majority population in Slovakia. Its importance lies primarily in the fact that it allows us to go beyond the traditional explanation of the marginalization of Roma through poverty, unemployment, lower levels of education, or social exclusion. Although all of these factors significantly influence the living conditions of marginalized Roma communities, they do not in themselves explain the mechanisms by which inequalities are created, maintained, and reproduced. Current research therefore highlights that socio-economic disadvantage needs to be analyzed in relation to historically constructed stereotypes, racialization, spatial segregation, and the everyday functioning of social institutions (McGarry, 2017; Picker, 2017; van Baar et al., 2019; Belak et al., 2024).

Anti-Roma racism cannot be reduced to overt expressions of hostility towards Roma. It is a broader system of social representations, attitudes, institutional practices, and power relations through which persons identified as Roma are constructed as a distinct and often inferior social category. Its manifestations can

range from explicit racist statements and direct discrimination to much less visible forms of unequal treatment that become part of the normal functioning of organizations and everyday contact between members of the majority and Roma (Alliance against Antigypsyism, 2017; McGarry, 2017; Crețan et al., 2022).

It is precisely the distinction between individual and institutional levels of racism that is crucial for the Slovak environment. If discrimination is understood only as the conscious action of an individual motivated by a negative attitude towards Roma, the organizational and systemic conditions that can enable or reproduce unequal treatment are analytically lost. Institutional discrimination may not be the result of an explicit decision to harm a specific Roma. It can also arise through routine administrative procedures, the way services are organised, different communication, lack of information, segregation or applying the same rules to groups in significantly different social conditions (Belak et al., 2020, 2024).

Empirical evidence from Slovakia supports this assumption. Belak et al. (2020) examined the practices of healthcare professionals providing care to segregated Roma in five locations in Slovakia. Based on interviews and observations of 43 healthcare professionals, they identified insufficient communication, lower levels of engagement in providing care and, in some cases, overt ethnic discrimination. However, it was particularly important to find that these practices were not only conditioned by the individual attitudes of healthcare professionals. Organisational conditions, residential segregation, negative previous experiences of healthcare professionals and insufficient systemic support in addressing racism and structural vulnerability of patients played a significant role (Belak et al., 2020).

This perspective changes the way in which inequalities in Roma contact with public services can be interpreted. The issue is no longer simply whether a particular worker is “racist”, but whether the organizational environment can prevent stereotypes and unequal power relations from influencing service provision. Institutional anti-Roma racism can therefore be particularly resilient. It may not be recognised as racism by actors and may be rationalised as a practical, effective or even professional solution to a problem situation. This mechanism is documented particularly convincingly by Cichová and Belak (2026) in their ethnographic research of three private paediatric clinics in the Bratislava region. The research showed that unequal treatment of Roma families can also occur in economically prosperous environments, i.e. outside the stereotypical association of anti-Roma racism exclusively with marginalised settlements. The authors identified several discriminatory practices, including mockery, underestimation, biased clinical decision-making, and informal access restrictions. Crucially, providers themselves often did not perceive their actions as discrimination, but interpreted them as pragmatic or caring actions responding to the alleged specificities of Roma patients (Cichová & Belak, 2026). The above finding points to one of the most significant characteristics of everyday institutional racism: its normalization. A practice does not have to be understood as discriminatory by its practitioners in order to have discriminatory character or unequal consequences. Through repetition, it can become part of an organizational routine and subsequently act as a natural way of treating a certain group of clients. It is this normalization that complicates the identification of anti-Roma racism and shifts attention from individual incidents to broader patterns of institutional behavior (Belak et al., 2020; Belak et al., 2024; Cichová & Belak, 2026).

Similar processes can also be identified outside the health sector. Škobla et al. (2025) in their research on the access of marginalized Roma to public services in Slovakia point out that the availability of a service cannot be assessed solely by its formal existence. Based on a combination of qualitative and quantitative data collected in three locations in eastern Slovakia, they analyze barriers to the use of social and employment services, healthcare, education, municipal infrastructure and other services of everyday life. Thus, a formal right to a service does not automatically mean an equal opportunity to actually use this service.

A particularly important area is the Slovak education system. An educational institution represents one of the first systematic contacts for a child with the state and its authority, and therefore can significantly influence the formation of the experience of equality, recognition and social belonging. Research from the Slovak environment continues to identify discrimination and segregation of Roma children as a persistent problem. Qualitative research by Danielová and Orliková (2024), based on interviews with people with experience of the Slovak education system, pointed to the persistence of manifestations of racism and discrimination, which can negatively affect the educational experience of Roma pupils.

School segregation also has a broader meaning than the mere physical separation of Roma and non-Roma children. It can create an environment of different expectations, opportunities and quality of education, and thus reproduce inequalities that later manifest themselves in the labor market and in other areas of life. The institution of school can thus simultaneously fulfill an integration function and reproduce ethnic and social boundaries. Anti-Roma racism therefore needs to be examined not only through explicit discriminatory incidents, but also through organizational mechanisms that lead to the long-term unequal position of Roma children. An important feature of institutional anti-Roma racism is its cumulative character. A single negative experience at a doctor's office, at school or in contact with the police may not fundamentally change a person's attitude towards public institutions. However, if similar experiences occur repeatedly, at different times in life and in different institutional settings, they can create broader beliefs about how society treats Roma. Crețan et al. (2022) in this context draw attention to the importance of everyday racialized encounters, in which historical stereotypes and collective experiences of stigmatization are transformed into concrete everyday social realities.

Slovak research on health inequalities provides significant evidence that such experiences can also have behavioral consequences. Belak et al. (2024), based on a synthesis of four ethnographic studies conducted over more than ten years and involving 260 participants, conclude that anti-Roma racism can be considered one of the underlying causes of the mechanisms supporting the poor health status of marginalized Roma in Slovakia. According to the authors, racism affects not only the practices of the health system, but also the reactions of the Roma themselves to this system.

A similar trend is indicated by qualitative research conducted in the Roma community in eastern Slovakia, according to which experiences of stigmatization and racism were associated with resignation, feelings of helplessness, and postponement of preventive health care (Ort-Mertlová & Jerotijević, 2025; Vorlíček, 2024). At this point, anti-Roma racism ceases to appear as a moral or legal problem of discrimination and becomes a problem of the functioning of public services. If previous negative experiences reduce the likelihood that a person will seek services in a timely manner, the consequence of discrimination may be to further deepen the original social or health inequality.

1.1. From everyday discrimination to institutional mistrust

To understand the long-term consequences of anti-Roma racism, it is therefore necessary to analyze not only discriminatory behavior, but also its impact on institutional trust. Trust in public institutions is not an immutable characteristic of an individual or a cultural characteristic of a certain ethnic group. It is formed through experiences with whether institutions act predictably, fairly, competently and with respect. In the case of marginalized groups, the experience of procedural justice takes on particular importance – that is, not only the outcome of contact with an institution, but also the way in which a person is treated during this contact.

From this perspective, it is problematic to interpret the distrust of marginalized Roma towards public institutions as a manifestation of cultural difference or insufficient integration. Mistrust may represent an experience-shaped reaction to previous contacts with institutions. If individuals repeatedly experience less respectful communication, less serious treatment of their problems, or different expectations and rules, a decline in trust may be a rational response to the experience of the system.

Comparative European research supports this mechanism. Mitchell and La Parra-Casado (2024) showed, in their analysis of EU-MIDIS II data, that Roma experiences of discrimination and negative contacts with state institutions are associated with lower levels of political and institutional trust. Negative experiences with the police were particularly significant. The authors also showed that the effect of institutional contact may not be limited to a specific institution: a negative experience can influence a broader evaluation of public institutions.

The concept of legal cynicism and system avoidance, which was applied to Roma in Central and Eastern Europe by Hagan et al. (2022), goes even further. Based on data from twelve countries, the authors show the connection between the marginalization of Roma, discrimination, segregation and a skeptical attitude towards legal and social institutions. Legal cynicism is not just an abstract attitude. It can be related to the decision to limit contact with institutions that could provide an individual with help or resources (Hagan et al., 2022).

For the Slovak environment, this gives rise to an analytically significant sequence:

anti-Roma racism → negative everyday institutional experience → weakening of the perceived justice and legitimacy of the institution → institutional distrust → limiting contact or avoiding the institution → further deepening of inequalities.

This is not to say that every experience of discrimination automatically leads to distrust or that every distrust leads to avoidance of the system. Several mediating factors may operate between these phenomena – the severity and frequency of negative experiences, the type of institution, the existence of alternative sources of assistance, social support, previous family and community experiences or individual socio-economic status. However, this is a mechanism that offers a significantly more comprehensive explanation of social exclusion than deficient interpretations based on the alleged passivity or “non-cooperation” of the Roma.

Of particular importance in this context is the difference between formal accessibility and real accessibility of a public service. The existence of an ambulance, school, employment office or social service does not mean that all citizens have the same opportunity to use the service. Real accessibility is influenced by geographical distance, transport, administrative requirements, awareness, economic resources, communication barriers, but also the expectation of the way in which a person will be accepted in the institution. Research on the access of marginalized Roma to public services in Slovakia therefore points to the need to examine the availability of services as a multidimensional problem, not just as a question of their physical existence (Škobla et al., 2025).

This perspective is particularly relevant for social work. Social workers, community workers, employment office workers and other professionals in helping professions are located at the interface between the marginalized person and the institutional system. Their role can be ambivalent. On the one hand, they represent the institution and its rules, on the other hand, they can act as intermediaries who reduce barriers, explain administrative procedures and strengthen the client's ability to exercise their rights. The quality of interpersonal contact can therefore determine whether the existing distrust continues to be reproduced or begins to gradually weaken. For this reason, the fight against anti-Roma racism cannot be limited to changing the attitudes of individuals. It is necessary to reflect on the organizational processes and institutional conditions that create space for unequal treatment. Research from the Slovak healthcare system convincingly shows that even professionals who may not consciously intend to discriminate can work in an environment that supports the reproduction of unequal practices (Belak et al., 2020; Cichová & Belak, 2026). A similar analytical question needs to be asked in relation to education, social services, local government, police and other public institutions.

Anti-Roma racism can therefore be understood in the Slovak environment as a relational and cumulative process. At the structural level, it creates unequal conditions; at the institutional level, it can be reproduced through rules and organizational practices; at the interpersonal level, it becomes a concrete everyday experience; and at the individual level it can influence trust, expectations and subsequent behavioral strategies. It is the connection of these levels that allows us to explain why social inequalities can persist despite the existence of formal anti-discrimination rules and social inclusion programs.

2. The everyday experience of Roma with public institutions in Slovakia

Analysis of anti-Roma racism in Slovakia requires a shift in focus from general attitudes of the majority to specific situations in which Roma encounter public institutions. A health facility, school, employment office, municipal office, social service or police do not only represent providers of individual services. From the citizen's perspective, they are also concrete representations of the state and social order. The everyday experience with the workers of these institutions can therefore shape broader beliefs about whether the institutional system is fair, predictable and accessible also for members of a marginalized group (Hagan et al., 2022; Mitchell & La Parra-Casado, 2024).

2.1. Healthcare as a space of institutional experience

The most convincing empirical evidence on the everyday contact of marginalized Roma with institutions in Slovakia comes from the field of healthcare. The significance of these studies goes beyond the health issue itself, as they document mechanisms that may also occur in other types of public services.

Based on qualitative research of frontline workers providing healthcare to segregated Roma in Slovakia, Belak et al. (2020) identified insufficient communication, lower engagement in providing care, and also manifestations of overt ethnic discrimination. The unequal practices were not explained solely by the personal prejudices of individual healthcare workers. Their emergence was supported by a combination of individual, organizational, and broader structural factors (Belak et al., 2020).

From the perspective of a Roma, it may not be decisive whether the worker acted with conscious discriminatory intent. What is decisive is the experience of the way of treatment. Insufficient explanation of the health condition, less respectful communication, underestimation of the patient or the assumption that the patient will not follow recommendations can create an experience of a different status even when the provider does not consider his actions to be discriminatory (Belak et al., 2020).

Qualitative research conducted in the Roma community in eastern Slovakia also shows the other side of this relationship – the way in which Roma themselves interpret experiences with the healthcare system. Kačmárová et al. (2024) identified experiences with multidimensional stigmatization and racism, which were reflected in strategies for coping with adverse experiences. Their consequences included resignation, feelings of helplessness, and postponement of preventive health care. According to the authors, distrust of institutions did not arise without prior experience, but was formed in the context of longer-term negative contacts.

At this point, one of the central mechanisms analyzed in this article can be identified. Negative treatment in an institution may not only have an immediate consequence. The experience can be transferred to the expectation of future interactions. A person who assumes that he will be subjected to humiliation, suspicion, or insufficiently respectful communication during his next visit may postpone the visit or try to avoid it. The institutional experience can thus gradually change the use of the service itself (Belak et al., 2020; Ort-Mertlová & Jerotijević, 2025 and Vorlíček, 2024).

2.2. Education: segregation as an institutional experience

The second fundamental area is education. In the Slovak context, the experience of Roma children with school cannot be separated from the issue of segregation. School segregation is not just a matter of the physical division of pupils according to ethnicity or social status. It represents the environment in which children gain everyday experience of their place in society.

Based on ethnographic research of a segregated primary school in eastern Slovakia, Kováčová (2024) shows that segregated education can have a negative impact on the quality of teaching and future opportunities for Roma children. The research points, among other things, to the insufficient material equipment of the school and the conditions affecting the quality of the educational process. Segregation is thus associated not only with the separation of children, but also with the different conditions in which education takes place.

This mechanism is fundamental to the concept of everyday anti-Roma racism. If a Romani parent is perceived as someone who is “not interested in their children’s education” before entering into an interaction, their actions can be interpreted through this stereotype. Similarly, the behavior of a Romani child can be evaluated in the context of lower expectations. The stereotype may thus not remain just an attitude; it can influence specific communication, decision-making, and opportunities provided to the student. Moreover, the educational institution plays a special role in the process of forming trust. For a child, the school system represents one of the first long-term experiences with a formal institution. If the experience of school is associated with segregation, stigmatization or low expectations, it can create an early experience of institutional inequality. In this sense, school segregation cannot be understood only as a problem of educational outcomes, but also as a problem of civic inclusion and the individual's relationship to social institutions.

2.3. Social services, public administration and access to services

The contact of marginalized Roma with social services, employment offices, local government and other administrative institutions deserves special attention. For people living in conditions of material deprivation, the frequency of contact with these institutions may be higher than in the case of the economically secure population. Thus, paradoxically, a public institution acquires the greatest importance in the lives of people who may also have the lowest trust in its fair functioning.

Škobla et al. (2025) analyzed the access of marginalized Roma to public services in three locations in eastern Slovakia using a combination of focus groups, individual interviews and questionnaire research. They understood public services broadly – including social and employment services, healthcare, education, municipal infrastructure and other services of everyday life. Their research points out that there can be a significant difference between the formal existence of a service and its real accessibility for marginalized Roma (Škobla et al., 2025).

This distinction is of fundamental importance. A formally universal service may not be equally accessible in substance. Access may be limited by geographical distance, transport, lack of financial resources, administrative complexity, information inequality or the nature of contact with service workers. In addition, individual barriers may accumulate.

The quality of interpersonal contact is particularly important for social work. A social worker is not just a professional providing assistance to the client; in a specific situation, he or she represents an institution. The manner of communication, willingness to explain procedures, respect for client autonomy and predictability of decision-making can therefore influence trust in the wider system.

This assumption is supported by Mitchell and La Parra-Casado (2024). Their comparative research of Roma in European countries, including Slovakia, showed that positive experiences with targeted assistance were associated with higher trust, with a significant effect being particularly evident in relation to local government. Institutional contact therefore does not only have to undermine trust. Under certain conditions, it can also create it.

This result is extremely important for Slovak social policy. If a negative experience with an institution can foster distrust, a positive experience based on respect, procedural justice and real assistance can have the opposite effect. Roma clients should therefore not be conceptualized as a group inherently distrustful of the state. Trust is created in the relationship between a citizen and an institution and is influenced by the quality of their previous interactions (Mitchell & La Parra-Casado, 2024).

2.4. Police and the Experience of State Authority

Contact with the police represents a specific type of institutional experience because the police exercise the legitimate coercive power of the state. Unequal or degrading treatment in this context may therefore have a more substantial impact on perceptions of the legitimacy of public institutions than a negative experience with an ordinary administrative service.

Mitchell and La Parra-Casado (2024) found that negative encounters between Roma and the police were among the strongest predictors of lower levels of trust in the police. Importantly, however, this negative effect was not confined to the police alone. Experiences of being stopped by the police or subjected to police violence were also associated with lower levels of trust in other institutions. Similarly, both personal experiences of discrimination and the perception that discrimination is widespread within a country were associated with lower levels of institutional trust.

These findings point to a potential spillover of institutional mistrust. Individuals do not necessarily evaluate each institution entirely in isolation. A particularly negative experience with one state authority may influence broader perceptions of the state and its capacity to ensure equal treatment.

In the Slovak context, it is particularly relevant that Slovakia was directly included in the dataset analysed by Mitchell and La Parra-Casado (2024). Their findings therefore do not merely provide a distant Western European comparative framework; rather, they identify a mechanism that is also relevant to the Roma population in Slovakia.

2.5. From Individual Encounters to Cumulative Institutional Experience

Healthcare, education, social services, public administration, and the police should not be analysed as entirely separate institutional domains. From an individual perspective, experiences across these settings may accumulate over time. During the course of their life, a Roma citizen may experience segregated education, subsequently encounter difficulties when dealing with an employment office, face discrimination when seeking housing, experience undignified communication in a healthcare facility, and later have a problematic encounter with the police. Although each of these situations occurs within a distinct institutional context, taken together they may contribute to a broader perception of the position of Roma in relation to public institutions.

It is precisely the cumulative nature of these experiences that makes it possible to connect the concept of everyday anti-Roma racism with institutional trust. Negative experiences need not result solely in mistrust of a particular physician, teacher, social worker, or police officer. When they are interpreted as part of a recurring pattern associated with Roma ethnicity, they may foster a more generalised belief that public institutions do not provide Roma with equal treatment (Hagan et al., 2022; Mitchell & La Parra-Casado, 2024).

Hagan et al. (2022) extend this process from attitudes to behaviour through the concept of *system avoidance*. Under conditions of marginalisation and mistrust, one possible strategy is to limit contact with formal institutions. In the short term, this may constitute an understandable response to the expectation of an unpleasant or discriminatory encounter. In the long term, however, such avoidance may restrict access to services, protection, and resources.

In the Slovak context, indications of this mechanism can be observed, for example, in the utilisation of healthcare services. Ort-Mertlová and Jerotijević (2025) show that resignation and the postponement of preventive healthcare may be related to long-term experiences of stigmatisation and racism. Behaviour that may be interpreted by the healthcare system as patient irresponsibility may thus represent, at least in part, a response to previous experiences with that system.

This creates a substantial risk of an institutional vicious cycle. Institutional professionals may interpret limited use of services as evidence of Roma people's lack of interest, passivity, or unwillingness to cooperate. Such interpretations may subsequently reinforce existing stereotypes. These stereotypes may, in turn, affect the quality of subsequent interactions, further increasing mistrust and encouraging system avoidance. The original inequality may thus be reproduced through mutually reinforcing expectations and practices (Belak et al., 2020; Hagan et al., 2022; Ort-Mertlová & Jerotijević, 2025; Vorlíček, 2024).

This conceptual model also changes the way social exclusion is interpreted. Limited use of public services cannot automatically be understood as an individual failure or a cultural characteristic of the Roma population. Instead, it is necessary to examine the extent to which such behaviour constitutes a response to previous experiences concerning the accessibility, quality, and fairness of institutional treatment. The analytical focus consequently shifts from the question, "Why do Roma fail to cooperate with institutions?" to the question, "What kinds of institutional experiences create or undermine the conditions necessary for cooperation and trust?"

This shift can be regarded as one of the most significant contributions of the concept of everyday anti-Roma racism. It enables marginalisation to be analysed not as an inherent characteristic of Roma communities, but as a relational process emerging through interactions between individuals and social and public institutions. Slovak research on healthcare, education, and access to public services, together with comparative European studies, provides a sufficient basis for the proposition that the quality of everyday institutional encounters may significantly shape Roma people's trust in the institutional system (Belak et al., 2020; Mitchell & La Parra-Casado, 2024; Škobla et al., 2025; Vorlíček, 2024).

3. Discussion

The analysis of the available literature indicates that anti-Roma racism in Slovakia cannot be adequately explained solely in terms of individual prejudice or isolated instances of discrimination. Slovak and international research instead supports its conceptualisation as a multi-level process in which historically embedded stereotypes and racialised representations of Roma intersect with social inequalities, spatial segregation, organisational practices, and everyday interactions with representatives of public institutions and publicly accessible services (Belak et al., 2020, 2024; Crețan et al., 2022; McGarry, 2017; van Baar et al., 2019). This perspective shifts the analytical focus away from the question of whether an individual professional consciously discriminates against a Roma client towards the broader question of the conditions under which institutions produce, tolerate, or reproduce unequal treatment.

This shift is particularly important in the Slovak context, where Roma marginalisation is frequently explained through a combination of poverty, unemployment, low educational attainment, inadequate living conditions, and spatial segregation. Although these factors are undoubtedly relevant, problems arise when the relationship between socioeconomic disadvantage and the functioning of institutions is omitted

from the analytical framework. This may result in a deficit-oriented interpretation in which the causes of marginalisation are located primarily within Roma communities and the behaviour of their members. Research conducted in Slovakia, however, demonstrates that the accessibility and quality of services are also shaped by the organisation of service provision, professionals' communication practices, stereotypical expectations, and broader structural conditions (Belak et al., 2018, 2020, 2024; Škobla et al., 2025).

3.1. From a Deficit Model to a Relational Explanation

One of the most significant conclusions emerging from this analysis is therefore the need to move beyond deficit-based interpretations of the behaviour of marginalised Roma. For example, when delayed healthcare seeking is explained exclusively in terms of low health literacy, insufficient individual responsibility, or different cultural practices, the possibility that patients' behaviour may be shaped by their previous experiences with the healthcare system is overlooked. Similarly, low levels of utilisation of certain public services, mistrust of public authorities, or limited engagement with institutions may be interpreted as characteristics of clients themselves without examining the extent to which previous institutional encounters have contributed to these patterns.

Empirical evidence from Slovakia provides substantial support for such a relational interpretation. Belak et al. (2020) demonstrated that unequal practices in healthcare provision for segregated Roma emerge through a complex interaction between individual attitudes, organisational conditions, and broader social relations. Ort-Mertlová and Jerotijević (2025), in turn, identified links between experiences of stigmatisation and racism on the one hand and resignation, feelings of powerlessness, and the postponement of preventive healthcare on the other. The synthesis of ethnographic research by Belak et al. (2024) extends this argument by conceptualising anti-Roma racism as one of the fundamental causes underlying mechanisms that contribute to health inequalities among marginalised Roma in Slovakia.

From this perspective, categories such as "passivity," "non-cooperation," "lack of interest," or "insufficient motivation," which may appear in professional discourse concerning marginalised clients, also require cautious interpretation. Such labels may individualise a problem that is, at least partly, produced within the relationship between the client and the institutional system. This does not imply a denial of individual agency or responsibility, nor does it suggest that all forms of limited service utilisation are consequences of discrimination. Rather, it highlights the need to understand clients' behaviour in the context of their previous experiences, available opportunities, and expectations regarding how they are likely to be treated in future institutional encounters.

3.2. Everyday Interactions as a Mechanism for the Reproduction of Inequality

A second key finding concerns the importance of the everyday nature of institutional interactions. Anti-Roma racism does not necessarily manifest itself solely through the explicit denial of services or openly racist statements. Research on the everyday stigmatisation of Roma demonstrates that racialised meanings can be reproduced through routine interactions and may be embedded in longer collective histories of stigmatisation (Creţan et al., 2022). Within institutional settings, such processes may be reflected in patterns of communication, the degree of respect shown to clients, the amount and quality of information provided, expressions of suspicion, paternalistic attitudes, lower expectations, or differing levels of professional engagement.

The process of normalisation is particularly important in this context. Research conducted within the Slovak healthcare system suggests that unequal practices may not necessarily be recognised as discriminatory by the professionals involved (Belak et al., 2020; Cichová & Belak, 2026). This may represent a more deeply embedded problem than an isolated incident of explicit discrimination, as normalised practices can become an established component of organisational functioning. When differential treatment is rationalised as a pragmatic response to the perceived "specificities" of Roma clients, ethnic inequality may be reproduced even in the absence of an explicitly racist intent.

This interpretation is also relevant to other institutional settings in Slovakia. In education, for example, segregation cannot be analysed merely as a technical or spatial arrangement of pupils. Segregated education may be associated with unequal material conditions, differences in the quality of educational provision, and differential expectations of pupils, thereby contributing to the institutional reproduction of unequal opportunities (Miškolci et al., 2017; Vorlíček, 2024). Similarly, in the context of social and administrative

services, the formal existence of a service cannot be equated with its actual accessibility to marginalised communities (Škobla et al., 2025).

3.3. Institutional Trust as the Missing Link

One of the most important theoretical insights emerging from this analysis is the identification of institutional trust as a potential mediating mechanism between experiences of discrimination and subsequent behaviour. Much of the discussion surrounding discrimination focuses on the discriminatory incident itself and its immediate consequences. Such an approach, however, does not adequately capture the cumulative effects of repeated institutional experiences.

The comparative study by Mitchell and La Parra-Casado (2024), which included Slovakia, demonstrates that negative experiences of Roma with the police and discrimination are associated with lower levels of institutional trust. At the same time, the authors identify an opposite pattern in relation to positive experiences of receiving assistance. This finding is particularly important because it challenges the assumption that Roma are inherently distrustful of public institutions. Instead, trust appears to be a dynamic outcome of the relationship between citizens and institutions.

This interpretation also has important implications for social work. If trust can be shaped by the quality of institutional encounters, professionals working with marginalised communities are not merely providers of specific services. Through their everyday interactions with clients, they also contribute to shaping perceptions of the broader institutional system. Respectful communication, transparency in decision-making, clear explanations of procedures, and recognition of client autonomy should therefore not be regarded solely as matters of professional ethics; they may also function as mechanisms through which institutional trust is built and sustained.

3.4. From Mistrust to System Avoidance

The concept of legal cynicism and system avoidance provides one of the strongest theoretical explanations for the long-term consequences of negative institutional experiences. Hagan et al. (2022) demonstrate that the marginalisation, discrimination, and segregation experienced by Roma in Central and Eastern European countries are associated with scepticism towards legal and social institutions. The significance of the concept of *system avoidance* lies in its capacity to shift the analysis from attitudes to behaviour. Mistrust may not remain merely a subjective evaluation of an institution; it may also influence an individual's decision about whether to engage with that institution at all.

Based on the literature analysed, the following conceptual mechanism can therefore be proposed as particularly relevant to the Slovak context:

structural and everyday anti-Roma racism → negative institutional experiences → perceived injustice → erosion of institutional trust → legal/institutional cynicism → reduced institutional engagement or system avoidance → reproduction of social inequalities.

This model should not be interpreted as a simple linear causal chain. The relationships between its individual components may be moderated by the type of institution involved, the severity and frequency of discriminatory experiences, socioeconomic status, family and community experiences, and the presence of intermediaries between Roma communities and institutions. Nevertheless, the model provides a useful analytical framework for integrating areas of research that have previously been examined relatively independently.

At the same time, the model highlights the possibility of a self-reinforcing mechanism. Limited engagement of Roma with institutions may be interpreted by professionals as evidence of a lack of interest or unwillingness to cooperate. Such interpretations may reinforce stereotypical expectations, which can subsequently shape the treatment of Roma clients in future encounters. Negative experiences may then further strengthen clients' mistrust. Institutions and clients may thus become caught in a cycle of mutually reinforcing negative expectations (Belak et al., 2020; Hagan et al., 2022; Ort-Mertlová & Jerotijević, 2025; Vorlíček, 2024).

3.5. Specific Features of Research in Slovakia and the Research Gap

The available Slovak literature also reveals an important research gap. Qualitative and ethnographic research provides relatively detailed evidence concerning the experiences of marginalised Roma, particularly within healthcare settings (Belak et al., 2018, 2020, 2024; Cichová & Belak, 2026; Ort-Mertlová &

Jerotijević, 2025). Research in educational settings, in turn, documents segregation, stereotyping, and unequal educational conditions (Miškolci et al., 2017; Vorlíček, 2024), while more recent studies highlight multidimensional barriers to accessing public services (Škobla et al., 2025). However, considerably less is known about how Roma connect and interpret experiences across different institutional settings and how the cumulative effect of these experiences shapes broader institutional trust.

This question represents an important direction for future research in Slovakia. Rather than examining healthcare, education, social services, or policing in isolation, future studies should consider individuals' life trajectories and experiences across multiple institutional settings. Such an approach would make it possible to determine whether a negative experience remains associated with a specific organisation or whether it becomes generalised into broader perceptions of the functioning, fairness, and legitimacy of public institutions.

Research is also needed that examines not only the experiences of marginalised Roma but also the organisational processes operating within institutions themselves. Combining interviews with Roma clients, interviews with professionals, and direct observation of everyday institutional interactions could help identify discrepancies between how clients and service providers interpret the same encounters. Slovak research suggests that the gap between a professional's intentions and a client's lived experience may constitute one of the key areas in which unequal treatment becomes normalised and institutionally embedded (Belak et al., 2020; Cichová & Belak, 2026).

Future research should also pay greater attention to the heterogeneity of the Roma population. The experiences of residents of segregated marginalised communities cannot automatically be generalised to all Roma living in Slovakia. Socioeconomic status, educational attainment, gender, age, place of residence, the visibility of ethnic identity, and the intensity of contact with public institutions may all substantially shape the nature and consequences of discriminatory experiences. The study by Cichová and Belak (2026) is particularly important in this respect because it documents unequal practices within an affluent urban context. Anti-Roma racism should therefore not be reduced to a problem associated exclusively with marginalised Roma settlements.

3.6. Implications for Social Work and Public Policy

The findings of this analysis have important practical implications for social work and public policy. If the erosion of institutional trust constitutes one of the mechanisms through which inequalities are reproduced, simply increasing the availability or number of services may not be sufficient. Equally important is the quality of institutional encounters. Inclusion policies should therefore assess not only whether a service is formally available, but also how Roma clients actually experience their interactions with service providers and institutions.

For social work, this requires critical reflection on the power asymmetry between professionals and clients, stereotypical expectations, and the risk of paternalism. Particular attention should be paid to procedural justice: clients need not only an outcome, but also a clear explanation of decisions, an opportunity to express their perspective, and an experience of respectful treatment. Such elements may be particularly important for building trust when clients enter an institution with previous negative experiences.

At the same time, responsibility for addressing anti-Roma racism cannot be placed solely on individual professionals. Research from Slovakia demonstrates the importance of organisational and structural factors in shaping unequal institutional practices (Belak et al., 2020, 2024). Institutional responses should therefore include mechanisms for identifying discriminatory practices, accessible and trustworthy complaint procedures, systematic professional training, critical reflection on organisational culture, and the meaningful involvement of Roma themselves in evaluating the quality and accessibility of services.

This approach also reframes the fundamental question of social inclusion. It is not sufficient to ask how the capacity of marginalised Roma to adapt to the requirements of existing institutions can be increased. It is equally important to examine the extent to which institutions themselves are capable of creating conditions for equal, dignified, and trustworthy treatment.

4. Conclusion

Anti-Roma racism remains a significant factor shaping the social position of Roma in Slovakia. Its effects cannot be reduced to overt expressions of hostility or isolated cases of direct discrimination. Available research indicates that inequality may also be reproduced through everyday institutional practices, patterns of communication, stereotypical expectations, segregation, differences in the quality of service provision, and organisational processes that may not necessarily be recognised as discriminatory by the actors involved (Belak et al., 2020, 2024; Cichová & Belak, 2026; Crețan et al., 2022).

Evidence from Slovakia concerning healthcare, education, and public services further suggests that the consequences of such experiences may extend beyond a particular discriminatory encounter. Negative experiences may shape expectations of future treatment, undermine perceptions of institutional fairness and legitimacy, and contribute to mistrust (Belak et al., 2020; Mitchell & La Parra-Casado, 2024; Ort-Mertlová & Jerotijević, 2025; Vorlíček, 2024). The concepts of legal cynicism and system avoidance subsequently provide a framework for understanding how such mistrust may translate into behaviour, including reduced engagement with formal institutions (Hagan et al., 2022).

The main theoretical contribution of this article is therefore the integration of anti-Roma racism, everyday institutional experiences, institutional trust, and system avoidance within a single analytical framework. This perspective allows certain patterns of limited engagement with public services to be interpreted not automatically as evidence of passivity, cultural difference, or insufficient integration among Roma, but as potential responses to previous experiences with institutional systems.

Nevertheless, the available literature does not yet provide sufficient evidence to establish a clear causal sequence between discrimination, erosion of trust, and system avoidance in Slovakia. This constitutes an important research gap. Future empirical research should examine Roma experiences across multiple institutional settings and investigate the conditions under which negative experiences with a specific institution become generalised into broader mistrust of the public institutional system.

A key implication for social work and public policy follows from this analysis. Social inclusion cannot be based solely on ensuring formal access to services. It also requires institutional conditions in which services are delivered fairly, predictably, and with respect for clients' dignity. Trust is not created merely by the existence of an institution; it is built – or eroded – through everyday encounters with it.

From this perspective, Roma people's everyday experiences with public institutions represent a crucial yet still insufficiently explored dimension of social exclusion in Slovakia. Shifting the question from why marginalised Roma “do not trust institutions” to what kinds of experiences institutions create that enable citizens to trust them may constitute an important step towards both a more accurate scientific understanding of Roma marginalisation and more effective policies of social inclusion.

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