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Armenia's Compliance with the Convention on the Elimination of All Forms of Discrimination Against Women

Submitted by The Coalition to Stop Violence Against Women

a registered non-governmental organization in Armenia that unites 10 local organizations working on women, LGBT, disability rights, and intersecting gender issues

For the 83rd Session of the Committee on the Elimination of All Forms of Discrimination Against Women, 10 October 2022 - 28 October 2022

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The Coalition to Stop Violence Against Women (CSVW) was founded in 2010 following the death of 20-year-old Zaruhi Petrosyan, who died as a result of intimate partner violence. The CSVW acts as a platform for joint advocacy of several local non-governmental organizations in their fight against violence against women in Armenia. For over a decade, we have united our efforts to push for legislative amendments, policy changes, nation-wide awareness raising and campaigning. The CSVW members include: Women's Support Center, Women's Resource Center, Sexual Assault Crisis Center, Pink Armenia, Women's Rights House, Human Rights Power, Agate Rights Defense Center for Women with Disabilities, Real World Real People, Society Without Violence, and Spitak Helsinki Group.

Executive Summary

While some legislative advances were made during the reporting period, the situation of women in Armenia has not improved significantly. There is widespread discrimination against women in the economic, political, and social spheres of Armenian society, which is reflected by various indices.

Stereotypes

Limited progress in combating stereotypes

It is laudable that the new RA Criminal Code that will go into effect in July 2022 has provisions to prevent and combat violence against women. Yet, there has been limited progress in combating the harmful gender norms and stereotypes that not only contribute to violence against women but also high rates of sex-selective abortion, gender bias in education, low participation of women in the labor market, women's disproportionate burden of unpaid domestic and care work, and limited sexual and reproductive choices.

LBTI women are still subjected to violence and discrimination in various sphere of life.¹ To our knowledge, no measures have been taken to counter stereotypical attitudes towards women and girls who experience intersecting forms of discrimination on the basis of their ethnicity, age, disability, or sexual orientation and gender identity. Moreover, substantial measures have not been taken to criminalize hate speech and gender-based violence against LBTI women and ensure that victims have access to justice.

In 2020, there were 23 incidents of anti-LGBTI violent hate crimes not reported to the police, 10 gender-based hate crimes, 1 disability hate crime, and 1 racist and xenophobic hate crime.² In 2021, there were 35 registered cases of human rights violations against people in the LGBTI community and, of these individuals, only 10 reported violations to the police due to fear of harassment and abuse by the police.³ There was also one case in which a gay man was told he was unfit to join the military after he disclosed his sexual orientation.⁴ Members of the LGBTI community who face societal discrimination based on their gender identity and sexual orientation experience negative impacts on employment, housing, family relations, and access to education and health care.⁵

Amendments to the Criminal Code in 2020 provide for criminal liability for public calls for violence, public justification, or propaganda of violence (Article 226.2).⁶ Yet, in 2020, registered cases of violence based on sexual orientation and gender identity did not receive a proper response from the law enforcement agencies: While no case has been filed based on the reports submitted against the LBTI

¹ https://www.pinkarmenia.org/wp-content/uploads/2022/05/lgbtreport2021_en.pdf

² <https://hatecrime.osce.org/armenia?year=2020>

³ https://www.pinkarmenia.org/wp-content/uploads/2022/05/lgbtreport2021_en.pdf

⁴ Ibid

⁵ *Armenia 2019 Human Rights Report* [Country Reports on Human Rights Practices for 2019]. Armenia.

⁶ <https://www.arlis.am/ DocumentView.aspx?docid=141919>

community, criminal cases have been initiated in cases when the target of calls for violence are representatives of political forces.⁷

The new Criminal Code will provide for more inclusive regulation for hate crimes. According to the new wording, crimes committed with hatred, intolerance or hostility based on race, nationality, ethnic or social origin, religion, political or other views, or other social or personal circumstances will result in more severe punishment. While the best option would be to directly envisage sexual orientation and gender identity as a basis for aggravating circumstances, these changes reflect progress that will enable a proper qualification and substantive investigation of crimes based on SOGI in legal practice.⁸

Gender-Based Violence Against Women

High prevalence of domestic violence

In a large-scale nation-wide study carried out by the Republic of Armenia Statistical Service in 2021, nearly a third of women (31.8%) reported having been subjected to psychological violence by an intimate partner, one out of seven (14.8%) reported physical violence, one out of fifteen (6.6%) reported sexual violence, and nearly a third (29.2%) reported economic violence.⁹ DV in Armenia has thus remained widespread—and is likely more prevalent than the figures shown by household surveys—despite the growing societal awareness around gender-based violence.¹⁰ Marginalized women, including women with disabilities, LGBTI women, and others continue facing multiple and intersecting forms of violence, discrimination and exclusion. For instance, mainstream services are not accessible and reasonable accommodation is not provided to women and girls with psychosocial and/or intellectual disabilities.¹¹ Support services across Armenia that are funded by the State are located in inaccessible offices, and staff have no communication skills to interact with women and girls with different types of disabilities.¹² As a result, women with disabilities have no way of accessing information on different forms of violence and state protection mechanisms.¹³ Moreover, women with disabilities and representative organizations of women with disabilities are not involved in the development, implementation, and monitoring of service provision programs.¹⁴

Domestic violence: Legislative challenges and gaps

There is commendable progress with regards to preventing and combating DV, with the adoption of the law on the Prevention of Domestic Violence, Protection of Victims of Violence and Restoration of Peace in the Family in 2017 as well as the introduction of the concept of intimate partner violence to Armenia's

⁷ http://www.datalex.am/?app=AppCaseSearch&case_id=33495522228654572

⁸ Statement provided by PINK Armenia, August 2022

⁹ National Statistical Service of Armenia, Survey on Domestic Violence Against Women, 2022.

¹⁰ Statement provided by the Women's Support Center, August 2022

¹¹ Statement provided by Agate Rights Defense Center for Women with Disabilities, August 2022

¹² Ibid

¹³ Ibid

¹⁴ Ibid

new Constitutional Court, the establishment of domestic violence support centers in all regions of Armenia, and the launch of a centralized database to register domestic violence cases.

Though the landscape is slowly changing, greater protective measures are needed to break the cycle of impunity and injustice and ensure that victims' rights are protected. The DV law has prevention and protection components, but a punitive component is absent. It also fails to highlight individual rights, instead placing emphasis on reconciliation and traditional values. DV is not criminalized both in Armenia's old and new Constitutional Courts, and attempts to criminalize DV have fallen short. Severe punishments for DV are still not imposed, sending the message to society that DV is not a serious crime.¹⁵

Article 105 of Armenia's Criminal Code mitigates criminal liability based on, inter alia, immoral behavior on the part of the victim and offenses to the dignity or honor of the perpetrator. As a result, in some cases, a woman's sexual history or an accusation of adultery served to justify men being "in a state of insanity" that results in murder. In addition to being based on stereotypical and gendered concepts of "immoral" behavior, the provision remains vague and thus raises issues of legal certainty with respect to its application.

Finally, while the Istanbul Convention was signed in 2017, it has yet to be ratified due to the existence of a strong opposition movement perpetuating the misconception that the Convention is an attack on traditional family values.

Domestic violence: Challenges and gaps in the criminal justice system response

The widespread training of judiciary, prosecutors, police, and other law enforcement officers concerning the strict application of the DV law is commendable, yet much remains to close the gaps in the DV/SV response to adequately provide protections to victims. For instance, victims report that police do not take domestic violence cases seriously: They are discouraged to speak up and file complaints and, in some cases, police refuse to act on cases that are filed.¹⁶ Police officers may also attempt to convince the victim to reconcile with the abuser.¹⁷ In many cases, risk assessments are not carried out properly or in accordance with international standards.¹⁸ Police and service providers have no appropriate skills communicating with women with different types of disabilities, which results discrimination, neglect and exclusion.¹⁹

There are also rampant violations of emergency protective orders (EPO) issued by police and protective orders (PO) issued by courts.²⁰ It is still common practice for police to not report injuries that are not visible (i.e. heavy blows to the head or chest) and to continue issuing warnings to abusers when an EPO should instead be issued.²¹ It is also common for police to not take an immediate response in issuing an

¹⁵ Ibid

¹⁶ *Armenia 2019 Human Rights Report* [Country Reports on Human Rights Practices for 2019]. Armenia.

¹⁷ <https://coalitionagainstviolence.org/en/publication-en/challenges-and-gaps-in-armenias-response-to-domestic-violence/>

¹⁸ Ibid

¹⁹ Statement provided by Agate Rights Defense Center for Women with Disabilities, August 2022

²⁰ Multi-agency response to domestic violence – common challenges and suggestions to improve the response, Council of Europe, 2022

²¹ <https://coalitionagainstviolence.org/en/publication-en/challenges-and-gaps-in-armenias-response-to-domestic-violence/>

EPO or issuing them for less than 20 days despite internal orders.²² Moreover, EPOs exclude children and others under the care of the victim. Police do not always explain to victims that violations of EPOs or recordings and messages can be used as proof of violence in court, and they don't always provide a copy of the EPO to the victim.²³ In addition, a violation of either an EPO or PO is not punishable by law.²⁴

There are also other ways in which criminal justice actors do not work effectively or efficiently to protect victims and punish perpetrators. For instance, referrals from the police to the United Social Services or DV support centers may not include vital information about a victim and, due to bureaucratic paperwork, support centers may not learn about a case for over 10 days.²⁵ Victims are asked to visit police stations multiple times to give depositions and victims who visit police stations are not always provided information about available services at domestic violence support centers.²⁶ It is also common practice to have victims and abusers give depositions to the police together in the same room, which can not only be traumatic but also dangerous for the victim, as her safety is not guaranteed once they leave the police station.²⁷ Abusers may also be notified by police when a victim is scheduled to be at the police station, which further jeopardizes her safety.²⁸ Finally, police can remove an abuser from a police record in certain instances, including if he is diagnosed as mentally ill, if he resides outside of Armenia, if the record-registration expired, or if he is doing compulsory military service—leaving the victim in danger of further abuse.²⁹

There are also issues around the police response to DV as it relates to children: Upon entering a crime scene, they do not have designated officers to speak confidentially and separately with children, since the DV law does not have measures for protecting children who are primary or secondary victims.³⁰ Police also tend to enforce the right of the abuser to have child visitation but less often enforce those same rights for the victim when children are abducted by the abuser or his family.³¹ Additionally, police do not have clear mechanisms for how to remove an abuser from his home or retrieve children from the abuser. The lack of a well-functioning child protection agency is a further impediment to ensuring children's rights.³²

It is common practice for other criminal justice actors to also take a biased approach and further victimize the victim. For instance, specialist service providers have reported that in cases when a deposition is carried out without the victim's lawyer present, the victim is manipulated to use words that diminish the gravity of the event, which leads her to drop her claim.³³ The inspector's office also has the jurisdiction to close a case if they determine that there is not sufficient evidence.³⁴ However, it is common practice that

²² Ibid

²³ Multi-agency response to domestic violence – common challenges and suggestions to improve the response, Council of Europe, 2022

²⁴ Ibid

²⁵ Statement from the Coalition of Domestic Violence Support Centers, August 2022

²⁶ Ibid

²⁷ <https://coalitionagainstviolence.org/en/publication-en/challenges-and-gaps-in-armenias-response-to-domestic-violence/>

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid

³¹ Statement from the Coalition of Domestic Violence Support Centers, August 2022

³² Ibid

³³ <https://coalitionagainstviolence.org/en/publication-en/challenges-and-gaps-in-armenias-response-to-domestic-violence/>

³⁴ Ibid

doctors do not report to the police if they encounter injuries due to DV and only report cases of severe injuries like stabbing.³⁵ Forensic examinations, in turn, are described by victims as traumatic and humiliating: Forensic doctors, all of whom are male, do not allow anyone to accompany the victim, and there have been cases documented by specialist service providers in which forensic reports downplayed the causes or severity of injuries, raising questions about systemic corruption.³⁶

There are several impediments to accessing justice in the courtroom: Specialized judges do not oversee hearings; procedures for interviewing victims lack consideration for their protection and safety; prosecutors do not adequately defend the rights of the victims; specialist service providers who work with the victim cannot participate in trials; and there are no mechanisms to compensate victims for the costs of trials, including the cost of additional medical services if they choose not to go to their registered polyclinic for security reasons.³⁷ In practice, a victim has a greater chance of being issued a protective order (PO) by the court if she has an existing EPO.³⁸ The court does not take into consideration evidence provided by specialist service providers, the process of receiving a PO can take up to 30 days, and if a PO is violated the responsibility lies with the victim to press charges.³⁹ A criminal case or child custody case can last for 2-4 years, which leave victims unprotected.⁴⁰ For all of these reasons, victims suffer psychological distress and often drop complaints or lawsuits.

Domestic violence: Challenges and gaps in the ministerial response

The various departments working under the Ministry of Labour and Social Affairs lack clear job descriptions and referral mechanisms, thus the response is not standardized or streamlined. For instance, employees of the United Social Services under the Ministry of Labour and Social Affairs do not understand the intricacies around DV cases and do not have mechanisms in place or the authority to work with cases. The United Social Services in tandem with the police conduct monitoring visits of victims in their homes, yet this can be counterproductive and lead to higher rates of violence. Representatives of the women and children's rights departments of the governors' offices tend to be passive and do not work to ensure the victim's right to child visitation, more often allowing the abuser visitation rights. Similarly, the educational departments of the governors' offices are meant to ensure that all children complete schooling, yet they often do not intervene in domestic violence cases where a child must switch schools for security reasons. Finally, women and girls with disabilities, especially those with psycho-social disabilities, have continued living in closed institutions and face various forms of violence owing to the slow deinstitutionalization process and because the state has failed to develop efficient community-based services.⁴¹

³⁵ Statement provided by the Women's Support Center, August 2022

³⁶ Ibid

³⁷ Ibid

³⁸ Ibid

³⁹ Ibid

⁴⁰ Statement from the Coalition of Domestic Violence Support Centers, August 2022

⁴¹ Statement provided by Agate Rights Defense Center for Women with Disabilities, August 2022

Sexual violence: Gaps and challenges in the criminal justice system response

Sexual violence (SV) against women and girls remains an important concern in Armenia, as there still exists a culture of silence.⁴² Cases of neglect, violence, restraint and seclusion, as well as the sexual abuse of women with disabilities persists, but there is no official disaggregated state statistics on those cases.⁴³

Gender stereotyping, secondary victimization, victim-blaming, and disbelief in survivors' testimonies are serious problems when it comes to investigation and prosecution of cases.⁴⁴ Most survivors of SV avoid unveiling details of the violence committed against them, owing to fear of the violator and a lack of confidence towards law enforcement authorities.⁴⁵ Law enforcement officials often do not correctly evaluate rape cases, despite the fact that rape is a criminal offense with a maximum sentence of 15 years.⁴⁶ An example of this is a 30-year-old survivor of sexual violence who was told that "nothing major happened, there is no point to start a case" when she submitted a report on attempted rape to the police.⁴⁷

The use of the survivor's sexual history plays into stereotypes and victim-blaming, where male aggression and sexual violence are normalized. As a result, survivors are discredited, considered to have bad moral character, and shamed if they had previously engaged in sexual activity.⁴⁸ For instance, law enforcement bodies and the judiciary often ask a victim what clothes she wore at the time of the attack, her behavior and even her hairstyle and make-up, or confront them with victim-blaming questions.⁴⁹ An example of this is a 33-year-old survivor of sexual violence, who reported to the Sexual Assault Crisis Center (hereafter SACC) that, while in the investigator's room, the investigator said loudly to his colleague in the presence of the survivor: "Do you know what rape means? It is doing good by force".⁵⁰ During the trial, the prosecutor asked the survivor: "Didn't you know that if you stay alone with a man in a room, he can get excited?"⁵¹

Privacy of survivors is also not respected: During questioning, investigators commonly assess a victim's sexual history and interview former partners during a case, and these details are made publicly available and shared with journalists.⁵² An example of this is a 25-year-old survivor who was raped and whose case and personal data appeared on in the news after details of the incident were revealed by the police, which caused great psychological harm to her.⁵³

Because of the complexity of criminal processes, survivors often do not make a complaint or withdraw their complaints.⁵⁴ Many legal procedures, such as intrusive interviewing practices of survivors,

⁴² <http://www.saccarmenia.org/files/uploads/ReportEng.pdf>

⁴³ Statement provided by Agate Rights Defense Center for Women with Disabilities, August 2022

⁴⁴ <http://www.saccarmenia.org/files/uploads/ReportEng.pdf>

⁴⁵ Statement provided by the SACC, August 2022

⁴⁶ *Armenia 2019 Human Rights Report* [Country Reports on Human Rights Practices for 2019]. Armenia.

⁴⁷ Statement provided by the SACC, August 2022

⁴⁸ Ibid

⁴⁹ Ibid

⁵⁰ Ibid

⁵¹ Ibid

⁵² Ibid

⁵³ <https://shamshyan.com/hy/article/2022/05/30/1214552/?fbclid=IwAR3Xyn1G-MOBenofGMoPioQRQhhytZ5d9eF27ILGBz7eagIB6hGpk5mLkOc>

⁵⁴ Ibid

organizing a confrontation between the survivor and the accused, and detrimental and inadequate forensic examinations are routinely performed and fail to take into consideration the psychological state and needs of the survivor and result in secondary victimization.⁵⁵ Some victims have also reported being given virginity tests by officials and their cases dismissed when found not to be virgins.⁵⁶

The issue of child marriages is also not adequately addressed, even while 5.2 percent of women ages 20-24 are married before the age of 18.⁵⁷ A joint study revealed a case when parents or legal representatives knew of their child's relationship with individuals over the age of 18, had given their conscious consent for the marriage, and also frequently hid the actual age of the marrying party, yet these parents or legal guardians have not been indicted.⁵⁸ The SACC has also dealt with cases of girls as young as 14 forced by their families to marry their rapists after it became known that she was pregnant.⁵⁹

Sexual violence: Challenges and gaps in the medical system response

Armenian legislation and practice create legal and practical obstacles to the realization of the right of sexually abused persons to receive medical care and services when they decide not to contact law enforcement authorities. According to an Order⁶⁰ of the Ministry of Health, a medical professional must report any suspicion of violence in cases involving emergency services; in all other instances, mandatory reporting is not prescribed by law. Reporting of cases by medical professionals has led to survivors of SV refraining from seeking medical assistance owing to the fear of being reported and dealing with the police.⁶¹ There are also documented cases in which doctors refused to provide medical support because they did not want to deal with law enforcement. For instance, one 36-year-old survivor, who had been raped by her former boyfriend and his two friends and who had sustained other injuries in the attack, refused to be examined by her gynecologist after being informed that the rape would have to be reported and chose instead to see another doctor who would not report her case.⁶² It is for this reason that SV crimes go undetected, as there is a lack of documented evidence of rape.

Employment

Women face workplace violations

The 2019-23 RA Gender strategy⁶³ does not address changing attitudes, norms, and perceptions about gender roles that prevent women from gaining full rights.⁶⁴

⁵⁵ Ibid

⁵⁶ *Armenia 2019 Human Rights Report* [Country Reports on Human Rights Practices for 2019]. Armenia.

⁵⁷ <https://dhsprogram.com/what-we-do/survey/survey-display-492.cfm>

⁵⁸ <http://www.saccarmenia.org/files/uploads/ReportE.pdf>

⁵⁹ Statement provided by the SACC, August 2022

⁶⁰ <https://www.arlis.am/DocumentView.aspx?docid=85065>

⁶¹ Statement provided by the SACC, August 2022

⁶² Ibid

⁶³ <http://lori.mtad.am/files/docs/43296.pdf>

⁶⁴ <https://www.adb.org/sites/default/files/institutional-document/546716/armenia-country-gender-assessment-2019.pdf>

Policies in Armenia consistently fail to protect the rights of women—especially those most marginalized—to a safe and healthy workplace, a living wage, and benefits.⁶⁵ For instance, though the annual employment program for those who are not competitive in the labor market includes special programs to promote the employment of persons with disabilities, including women with disabilities, they last only one year, are not efficient and have no specific targets to promote the employment of women with disabilities.⁶⁶ Employers hire women with disabilities only in order to get state benefits (i.e. salary compensation and a fixed amount to make their workplace accessible), and often violate the rights of women with disabilities to a healthy working environment once the state assistance program ends. Moreover, within the context of this program women with minor disabilities are hired while those with significant disabilities remain unemployed, and those who are hired face discrimination and abuse both by employers and co-workers.

Bullying, discrimination, and exploitation in the workplace has been exacerbated by the COVID-19 pandemic.⁶⁷ One study revealed that during the COVID-19 pandemic, women in large numbers were subjected to employment scams; forced to work overtime; not paid, paid less than required, or paid late; had limited or no annual leave; forced to take paid or unpaid leave; failed to be provided by safe work conditions; discriminated against based on age and sex; had contracts wrongfully terminated; and not provided with compensations for illegal dismissals.⁶⁸ In addition, the rights of pregnant women are technically protected by law, but there have been cases in which women were unlawfully fired when pregnant with no justification provided.⁶⁹

Sexual harassment in the workplace is commonplace and there are many contributing factors to this issue, including legislative gaps, the lack of quick protection measures for women, gender stereotypes, and society's permissive attitude towards sexual harassment.⁷⁰ In its List of issues and questions, the Committee requested the State to provide information on the remedies available to women to lodge complaints about labour discrimination and sexual harassments in the workplace in both public and private sectors. In its response, the State referred to Article 9 of the Draft Law of the RA “On Ensuring Equality”.⁷¹ This draft law was circulated for 5 years and did not reach Parliament. The last publicly available version of the draft was published in July 2019, and the State has not met its deadlines for adopting the draft law.

In March 2022, the Ministry of Labor and Social Affairs published a package of major amendments to the Labor Code for public discussions.⁷² Regulations of workplace sexual harassment were not included in this draft despite the fact that this issue was raised by international human rights bodies including CEDAW and ILO several times. Women's rights organizations made comments to the draft and provided a package of recommendations to include the definition of the sexual harassment at workplace and

⁶⁵ Statement provided by Women's Rights House, August 2022

⁶⁶ Statement provided by Agate Rights Defense Center for Women with Disabilities, August 2022

⁶⁷ https://womensrightshouse.org/en/niran_portfolio/research-on-violations-of-womens-labor-and-other-rights-during-covid-19-pandemic/

⁶⁸ Ibid

⁶⁹ <https://oxygen.org.am/en/projects/strengthening-womens-participation-in-the-workforce/nane-asatryan-i-did-not-think-that-i-would-ever-be-forced-to-defend-my-labor-rights/>

⁷⁰ https://cbe.aua.am/files/2021/09/Grigoryan-Khachatryan_Gender-dimension-of-employment-under-COVID-lockdown-20.09.pdf

⁷¹ <https://www.e-draft.am/projects/1801/about>

⁷² <https://www.e-draft.am/projects/4129>

remedies for the victims of sexual harassment at workplace in the Labour code. The issue was raised also during the public discussions organized by civil society organizations and the Ministry of Labor and Social Affairs. More than 50 civil society organizations mobilized and rallied for a gender sensitive labor code and to include regulations on workplace sexual harassment.⁷³

Meanwhile, the last available draft of the amendments to Labour code⁷⁴ published in July 2022, does not contain either the definition of workplace sexual harassment nor any remedies for the victims. According to international standards set by ILO Convention No. 111⁷⁵ and further recommendations, definitions of sexual harassment should contain the elements of quid pro quo or hostile work environment conducts. Thus, there remains a lack of an institutionalized and coordinated mechanism to combat sexism and discrimination against women in the labor market and, given that the issue is taboo in society, cases of sexual harassment in the workplace generally remain underreported and go unpunished in the majority of cases.⁷⁶

Health

Lack of access to sexual and reproductive healthcare services

In Armenia's reply to the list of issues and questions in relation to its seventh periodic report, the lack of a separate line in the state budget for the purchase of contraceptives was stated to be due to the scarcity of a budget allocated to the health sector (para. 79). However, since 2018 the state budget allocations for healthcare have been significantly increased. In 2021 the Ministry of Health's budget exceeded 27 billion AMD (approximately 667,513,434.48 USD).⁷⁷ The high cost and lack of access to family planning services in rural areas de facto deprives women of the right to access family planning services.⁷⁸ The state does not ensure the availability of contraceptives and free access to family planning services and methods. Due also to the general absence of comprehensive sexuality education in Armenia, the awareness of women living in rural areas concerning issues of contraception, family planning, and prevention of STIs remains a problem.⁷⁹

In the state report, it was noted that employees in the healthcare sector are regularly trained on sexual and reproductive health. Yet, studies show that health care providers, especially those working in rural areas, are not sufficiently informed on contraception, STIs, other topics in reproductive health: For instance, only 41% of medical professionals correctly identified all infections classified as STIs, and only 32% correctly identified HPV as the cause of cervical cancer.⁸⁰ Marginalized groups are particularly affected by the lack of access to appropriate sexual and reproductive healthcare services. The state does not ensure

⁷³ Հայտարարություն ՀՀ աշխատանքային օրենսգրքի նախագծի վերաբերյալ - WRCAS (womenofarmenia.org)

⁷⁴ https://www.mlsa.am/?page_id=1355&fbclid=IwAR22boq568bCYySwH0o67k5cfRI_yxlz-Dal2r4r_YoFI98kWWtWWZJqHN8

⁷⁵ Convention ratified by the RA in 1994

⁷⁶ Statement provided by Women's Rights House, August 2022

⁷⁷ https://finport.am/full_news.php?id=45020&lang=3

⁷⁸ Assessment of Reproductive and Sexual Health Literacy of Women in Armenia. *International Journal of Women's Health and Wellness*, 5(4). 10.23937/2474-1353/1510107

⁷⁹ Statement provided by the Women's Resource Center, August 2022

⁸⁰ Assessment of Reproductive and Sexual Health Literacy of Women in Armenia. *International Journal of Women's Health and Wellness*, 5(4). 10.23937/2474-1353/1510107

the accessibility of health services for remote rural areas, including emergency gynecological care and does not guarantee that health workers receive adequate and continual trainings on SRHR issues with special attention to marginalized groups of women including LBT women, women with HIV, and women with disabilities.⁸¹

Though abortion is legal upon a woman's request up to 12 weeks of pregnancy, the State inhibits women's rights to seeking abortions by requiring a three day waiting period from the moment the woman first approaches the doctor requesting an abortion and also defines several preconditions for termination of pregnancy, including receiving free-of-charge counselling by the doctor concerning possible negative effects of the termination of the pregnancy.⁸² Regardless of international and national principles that regulate the realization of secure and accessible abortion rights of women, in Armenia there are still various impediments to women's access to safe and legal abortion services, particularly for women living in rural areas who have difficulty accessing medical services due to a lack of medical institutions and transport facilities in those areas.⁸³ For instance, the cost of obtaining an abortion⁸⁴ from a doctor can prove burdensome for many rural women. Conscientious objection to abortion among health workers in rural areas is another reality which many women face while seeking abortion services and the State does not regulate this harmful practice.⁸⁵

During the COVID-19 pandemic, access to abortion was a particular challenge, as women faced a lack of access to transportation to reach abortion services. During the state of emergency from the period of April 1 to May 17, public transportation was not operating and many women had difficulties reaching health facilities. Women from rural communities were especially affected by this decision, as most abortion services are provided in the capital. The State did not introduce any sufficient measures during the COVID-19 pandemic to ensure wide access to abortion services for the most marginalized groups of women, and the mandatory waiting period was not been removed during the pandemic.⁸⁶

In 2016, amendments were made to the Law on Human Reproductive Health and Reproductive Rights to ban sex-selective abortions. According to the State report Paragraph 156 "...With regard to the concern expressed by the Committee on results of implementation of the Law in 2016-2020, Armenian Ministry of Health informs that thanks to the sanctions implemented by the Law on Human Reproductive Health and Reproductive Rights and Code of Administrative Offences, as well as thanks to the large-scale propaganda, 100-120 abortion rate in 2016 has been reduced to 100-110 ratio."⁸⁷ Though the restriction banning sex-selective abortion may be well-intended, it has the potential to violate women's rights to life, health, and bodily integrity, as banning sex-selective abortion services may have led women to carry unwanted pregnancies to term or conduct clandestine abortions at a higher rate, which carries higher risks as they are often unsafe.⁸⁸

⁸¹ Statement provided by the Women's Resource Center, August 2022

⁸² <https://abortion-policies.srhr.org/country/armenia/>

⁸³ Statement provided by the Women's Resource Center, August 2022

⁸⁴ The average price for medical abortion is 30-40 USD, and 100-150 USD for surgical abortion. The average salary in Armenia is 200-300 USD.

⁸⁵ Statement provided by the Women's Resource Center, August 2022

⁸⁶ Ibid

⁸⁷ 2016, amendments were made to the Law on Human Reproductive Health and Reproductive Rights

⁸⁸ Statement provided by the Women's Resource Center, August 2022

Sexual and reproductive health and rights of women with disabilities

The State did not provide information on whether they have addressed barriers that women with disabilities face in gaining access to adequate health care, yet many barriers remain. Women with disabilities continue facing systemic barriers accessing healthcare services, including physical barriers, a lack of accessible information and communication, inaccessible training or treatment equipment, and a dearth of trained health-care professionals who work off of a social model of disability.⁸⁹ All these factors limit the access of women with disabilities—especially those in the rural areas—to mainstream health services, including sexual and reproductive health care services.⁹⁰

Sexual and reproductive health and rights of women living with HIV/AIDS

People living with HIV/AIDS face discriminatory treatment primarily by medical institutions. For instance, while article 4 of the Law of the Republic of Armenia “On Reproductive Health and Reproductive Human Rights” of December 11, 2002, guarantees the right of a person to independently manage his sexual and reproductive life, “if it does not threaten the interests of others”, Article 16 of the Law “On the Prevention of Disease Caused by the Human Immunodeficiency Virus” of 03.02.1997 establishes the obligation of a person with HIV or his (her) legal representative to “comply with measures of prophylaxis that prevent the spread of HIV, which are approved by an authorized governmental body”. Thus, after an HIV diagnosis, legislative and regulatory compliance practices partly incapacitate people with HIV to manage their sexual lives: People diagnosed with HIV are obliged to reveal their HIV status in certain scenarios and this creates additional risks for human rights violations, blackmail, and disclosure of the HIV status by the third party. This regulation disproportionately affects women given the greater stigma against women living with HIV and they are often forced to “justify from where they got infected”,⁹¹ despite the fact that women are largely infected with sexually transmitted infections and HIV by male partners who engage in casual sex.

Moreover, Articles 177 and 178 of the Criminal Code of Armenia stipulate that people living with HIV notify their sexual partners of their HIV status under the threat of criminal prosecution. As a result, those at higher risk of exposure to HIV are demotivated to be tested for HIV and without an HIV status they cannot access antiretroviral therapy, which causes suppression of the virus and eliminates the risk of transmitting it to others. In total, there have only been 2 cases registered in which Article 123 of the Criminal Code (valid until 01.07.2022) was applied, and in both cases the perpetrators were female.⁹²

Article 5 (a) of CEDAW states that States Parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority. This norm is not fully implemented by Armenia as regards women living with HIV/AIDS. Paragraphs (d), (f) and (g) of Article 2 of CEDAW are also not implemented by Armenia in regards to the women living with HIV/AIDS.

⁸⁹ Statement provided by Agate Rights Defense Center for Women with Disabilities, August 2022

⁹⁰ Ibid

⁹¹ <https://coalitionagainstviolence.org/hy/5278/>

⁹² <http://datalex.am/?app=AppSmartSearch&page=default>

The dire situation around access to healthcare among women with HIV/AIDS is exacerbated by the fact that there is a concerning lack of knowledge and understanding of HIV/AIDS amongst medical personnel and medical personnel regularly violate the confidentiality of their patients by revealing their HIV status or create further challenges and obstacles for their patients.⁹³

Health and rights of women intravenous drug users

Article 16 of the Constitution of the Republic of Armenia, which guarantees the right to personal liberty and security, states that the law can provide for deprivation of liberty for the purposes of preventing social dangers posed by persons addicted to drugs. The State's policy in the field of prevention of illicit trafficking of drugs and psychotropic substances is provided by the Law "On Drugs and Psychotropic Substances" of the Republic of Armenia. Yet, discrimination and stigmatization against women intravenous drug users, in particular, remains an issue. Women who use and inject drugs remain underrepresented in many drug trials, studies, and hence in systematic reviews. Women are more likely to experience their first drug injection with an intimate partner and to have that partner inject them. Refusal to share needles often symbolizes distrust and a denial of intimacy in a relationship, which can lead to domestic violence or intimate partner violence. Women who use drugs are stigmatized more than men because of cultural stereotypes that hold women to different expectations and roles. Women who use drugs are often portrayed as "bad" and "unfit" as mothers. Both stigma and criminalization of drug use drives women to hide their addiction from healthcare providers, keeping them from accessing harm reduction and HIV prevention. Stigma contributes to poor mental and physical health and interferes with drug treatment and recovery.⁹⁴

Article 12 of CEDAW is not fully implemented by Armenia in regards to access to opioid substitution therapy for women who use drugs. In 2008, the illegal use of narcotic drugs and psychotropic substances without a medical prescription was decriminalized and, shortly after that, with the support of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the methadone substitution treatment was introduced to patients suffering from opioid abuse. Currently, the number of patients undergoing treatment remains relatively low, especially for women drug users. From 2008-2022, only 6 women were involved in the state methadone substitution treatment program.⁹⁵

Sexual and reproductive health and rights of sex workers

There are numerous factors that make female sex workers more vulnerable and prone to human rights abuses, such as physical and psychological violence, loss of physical integrity, breach of confidentiality, interference with the private life, discrimination, etc. The above-mentioned factors are often influenced by state attitudes and policy issues, legislative and regulatory issues, a lack of human rights reporting, and little public awareness and education. There are numerous cases on violations of human dignity of women sex workers, including but not limited to deprivation of liberty, discriminatory treatment, verbal insults, etc.

The RA Police is mandated to fine women for sex work, and in many occasions, this contact results in negative consequences for women. Additionally, because the national legislation stipulates compulsory

⁹³ <https://www.adb.org/sites/default/files/institutional-document/546716/armenia-country-gender-assessment-2019.pdf>

⁹⁴ Statement provided by Real World, Real People, August 2022

⁹⁵ https://www.unodc.org/documents/commissions/CND/2019/2019_MINISTERIAL_SEGMENT/15March/Armenia.pdf

testing for infectious diseases among women involved in sex work. As such, the RA “Law on Police” 95 states the right and responsibility of police officers to “bring persons suffering from infectious diseases to medical institutions in order to prevent the spread of infectious diseases”. It presumes that police officers have the right and responsibility to target sex workers who they deem are spreading infectious diseases in society, resulting in adverse consequences for women involved in sex work. Thus, the discretionary power granted to law enforcement institutions has directly contributed to the greater vulnerability of women involved in sex work.

Health concerns of women in prison

Women prisoners have unique needs and vulnerabilities, yet their detention conditions and cells are not designed for women, causing them discomfort and putting their health at risk. The Abovyan penitentiary, the only prison for female prisoners and minors, was designed for juvenile convicts according to general architectural rules, which means that no adapted conditions due to the characteristics of women are provided. This includes serious issues related to storage conditions and proper housing, as well as access to hot water and hygiene.⁹⁶

In 2021, the Group of Public Monitors Implementing Supervision over Criminal-Executive Institutions of RA Ministry of Justice recorded inhumane and degrading conditions in the isolation ward of the Abovyan Penitentiary.⁹⁷ Detained women and women sentenced to prison in a closed correctional institution are allowed to live with their children who are under the age of 3 as well as detained and convicted minors. The group of observers noted that the building intended for people detained and kept in cell conditions is not suitable for living, and keeping people in such conditions is a manifestation of inhumane and degrading treatment, tantamount to torture.⁹⁸ Moreover, a lack of access to hot water at the Abovyan penitentiary creates barriers to personal hygiene. It should be emphasized that according to Rule 19.4 of the European Prison Rules, adequate facilities must be created so that every person deprived of their liberty can shower at an appropriate temperature for the climate, and if possible every day, but at least twice a week. Rule 19.7 of the said rules stipulates that special conditions must be provided for the sanitary needs of women.⁹⁹ It should also be noted that point 73 of the 2016 report on Armenia by the Council of Europe’s Committee for the prevention of torture and inhuman or degrading treatment or punishment stipulates that baths should be provided at least twice a week.¹⁰⁰ These same issues were recorded by the RA Human Rights Defender during her visit to the Abovyan Penitentiary Institution on March 16, 2022.¹⁰¹

⁹⁶ https://www.moj.am/en/page/addresses_of_penitentiaries

⁹⁷ <http://pmg.am/hy/news/successful-cases/2021-12-08-17-50-28>

⁹⁸ Statement provided by the Group of Public Monitors Implementing Supervision over Criminal-Executive Institutions of RA Ministry of Justice, August 2022

⁹⁹ <https://rm.coe.int/european-prison-rules-978-92-871-5982-3/16806ab9ae>

¹⁰⁰ <https://rm.coe.int/16806bf46f>

¹⁰¹ https://ombuds.am/en_us/site/ViewNews/2168