

Women's Reproductive Rights of Young Girls and Adolescents in Russia: A Shadow Report

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**WOMEN'S REPRODUCTIVE RIGHTS OF YOUNG GIRLS AND
ADOLESCENTS IN RUSSIA: A SHADOW REPORT**

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Introduction

The purpose of this report is to supplement, or “shadow,” the report of the government of the Russian Federation to the Committee on the Rights of the Child (hereinafter the Committee) during its 22nd session. It has been compiled and written by the Center for Reproductive Law and Policy (CRLP) in New York and the Open Dialogue for Reproductive Rights (ODRR) in Moscow.

Non-governmental organizations such as CRLP and ORDD can play an essential role in supplying the Committee with information that is credible, accurate, and independent concerning the legal status and the real-life situation of young girls and adolescents, as well as the efforts being made by the governments that ratified the Convention on the Rights of the Child (hereinafter the Children’s Convention). Furthermore, if the Committee’s recommendations can be firmly based on the real-life experience of young girls and adolescents in the Russian Federation, then NGOs can use them as a means of pressuring their governments to promulgate or implement legal and policy changes.

Discrimination against girls and women is widespread in all societies. Clearly, this discrimination violates numerous human rights and requires urgent action. Nonetheless, this report is primarily concerned with the reproductive health and rights of young girls and adolescents, the laws and policies linked to these rights, and the realities that affect these rights in the Russian Federation. Under the terms of Article 1 of the Children’s Convention, its provisions apply to any person under 18. Young girls and adolescents face questions about sexuality, gender equality, and reproductive health on a daily basis. Their reproductive health and rights are therefore an integral part of the Committee’s mandate.

“Reproductive rights embrace certain human rights already recognized in national laws, international human rights documents, and other consensus documents,” including the Children’s Convention. This principle was articulated during the International Conference on Population and Development held in Cairo in 1994, as well as the Fourth World Conference on Women held in Beijing in 1995. Paragraph 746 of the Cairo Programme of Action states that “[c]ountries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care.” Reproductive rights are fundamental to the health and equality of young girls and adolescents, and it is therefore essential that States Parties’ commitment to ensuring these rights receive serious attention.

This report links various fundamental reproductive rights issues to the relevant provisions of the Children’s Convention. Discussion of each issue is divided into two distinct sections. The first, shaded section deals with the relevant laws and policies of the Russian Federation, linking them to the corresponding provisions of the Children’s Convention under discussion. The information in the first section is primarily drawn from the chapter on the Russian Federation in the forthcoming report entitled *Women of the World: Laws and Policies Affecting their Reproductive Lives—East Central Europe/Former Soviet Union*. This report is one in a series of reports covering various regions of the world, and is currently being compiled by CRLP in collaboration with national-level NGOs. The ODRR drafted the chapter on the Russian Federation, which CRLP edited. The second section focuses on implementation and enforcement of laws and policies—in other words, on the reality of

the lives of young girls and adolescents. ODRR supplied most of the information in this section.

This report was coordinated and edited by Katherine Hall Martinez and Mindy Jane Roseman of CRLP, with the assistance of Sophie Lescure and Danka Rasic, and by Elena Dmitrieva of the Open Dialogue for Reproductive Rights.

September 1999

Principal Points of Concern

1. Family Planning, Teen Pregnancy and Abortion (Articles 6 and 24 of the Children's Convention)

Adolescent access to health services and information is insufficient and does not meet the needs of young people who are increasingly sexually active. The lack of information about modern contraceptive methods among adolescents is reflected in the high rate of pregnancy of women under the age of 20. In the last 30 years the rate has increased from 28.4% to 47.8%. It is estimated that two-thirds of all pregnancies among adolescents end in abortion. Additionally, adolescent girls account for 36.6% of all late-term abortions in the Russian Federation. Adolescents' need for access to family planning services and information, including post-abortion counseling, must be met.

2. HIV/AIDS and Sexually Transmissible Infections (STIs) (Article 24 of the Children's Convention)

Despite legal protections, discrimination against HIV/AIDS infected children still occurs. Little has been done by the Russian Government to check syphilis morbidity among adolescents. The situation is very alarming: for example, in 1997, 6% of Russian teenagers between 15 and 17 were infected with syphilis. This rate represents a 70-fold increase from 1990. Urgent measures must be taken by the Russian Government to curb the infection rate. In particular, educational campaigns should be introduced to enable adolescents to protect themselves from infection, and programs to treat infected adolescents should be instituted.

3. Sex Education (Articles 17, 24, 28, and 29 of the Children's Convention)

In Russia, there is no law requiring that sex education be taught in schools. Less than 5% of adolescents have received such education in schools. It is recommended that comprehensive sex education programs be introduced into the curricula.

4. Marriage and Adolescents (Article 2 of the Children's Convention)

It is essential that the government investigate the practice of early marriage in the Caucasus. Where Sharia law and practices have been adopted, the government should enforce the existing minimum legal age for entering marriage, educate the public, and empower local women's and children's rights groups to act.

5. Domestic Violence (Articles 19 and 34 of the Children's Convention)

Children who are victims of violence lack legal protection. The federal law entitled "The Guarantee of Children's Rights" contains mechanisms designed to affirm and protect the rights of children to be free from violence. However, these mechanisms were never put into place. Eighty percent of all violent crime occurs in the home and the victims are overwhelmingly children and women. Even those cases of violence against children that are reported to the police are not investigated or prosecuted because of cultural acceptance of violence within the family. As a result, two thousand children commit suicide annually and fifty thousand run away from home and become easy prey for sexual traffickers. Existing law must be adequately implemented.

**6. Sexual Violence
(Articles 19 and 34 of the Children's Convention)**

It is nearly impossible to evaluate government enforcement of the law on sexual violence. The unreliability of statistics on rape and the general acceptance of violence within the family suggest an alarming situation. Only 5% to 10% of rape survivors report the rape to the police and most of those cases are never prosecuted. Also, sexual trafficking in girls and young women, many of them between the ages of 15 and 18, is increasing and there is some evidence of government complicity in the trafficking of girls and women out of Russia.

Reproductive Rights of Young Girls and Adolescents in Russia

A. Reproductive Rights and Health of Female Adolescents (Articles 6 and 24 of the Children's Convention)

Introduction

Article 6 of the Children's Convention states that every child has an inherent right to life and that the States Parties to the Children's Convention must ensure to the maximum extent the child's survival and development. In recognizing the child's right to enjoy the highest standard of health, Article 24 amplifies the rights set forth in Article 6.

It follows that these provisions impose upon governments the obligation to ensure adolescent girls' access to reproductive health services. Without these services, adolescent girls may experience unwanted pregnancies that are likely to involve death or illness due to their physical immaturity and lack of adequate prenatal and maternal health care.

The Committee has stated its deep concern regarding adolescent girls' access to reproductive health services¹ and noted that governments must provide adequate maternal health care and address the issues related to pregnancy and HIV/AIDS among female adolescents.² Regarding Russia in particular, the Committee has considered high rates of abortion and high numbers of children born out of wedlock to be of serious concern.³ Additionally the Committee expressed concern over access to quality family planning programs and the availability of contraceptive alternatives to abortion.⁴

1. Teen Pregnancy and Access to Reproductive Health Services, Including Family Planning and Maternal Health Care

Laws and Policies

Article 41 of the Constitution guarantees the right to health care and medical assistance.⁵ Additionally, motherhood, childhood, and the family enjoy special state protection under Article 38 of the Constitution.⁶

The Constitution guarantees free health care to all citizens, legal residents, and refugees for services provided by the state and municipal health care system.⁷ "Fundamentals of Russian Federation Legislation on Public Health Care"⁸ is the comprehensive legislation that guarantees health protection to all citizens on the basis of non-discrimination. Pregnant women, nursing women, and children under the age of three are guaranteed complete nutrition, including, when recommended by a doctor, the provision of food.⁹

The Soviet Union was one of the first countries to provide specialized gynecological care for children and adolescents. Currently, there are special units for youth within health clinics in cities with populations of 300,000-500,000. In 1993, the government adopted a family planning policy under the Presidential program entitled "Children of Russia."¹⁰ This federal program was financed out of the state budget and is no longer being funded. In 1996, family planning centers had been created in 85 administrative districts in Russia.¹¹ Approximately 12 family planning centers are intended to serve adolescents and youth.¹² Contraceptives that have been approved for distribution at these centers

include various hormonal contraceptive pills, IUDs, sterilization, barrier methods, spermicides, and natural methods.¹³

A Presidential order regulates the distribution of information on matters of sexual and reproductive behavior.¹⁴ The Ministry of Health, in conjunction with the Russian Family Planning Association, initiated a mass media campaign to promote the use of modern contraception pursuant to the 1993 family planning policy.

Reality

It is reported that 71% of all Russian adolescents start sexual relations at the age of 15-19 years and 2% at the age of 10-14 years.¹⁵ Available statistics on the reproductive health of adolescent girls in Russia are disturbing: 61.4% have irregular menstrual cycles and 14.6% suffer from infections of the reproductive tract.¹⁶

Pregnancy Rates

The incidence of pregnancy among women under age 20 has increased over the last 30 years from 28.4% to 47.8%. In 1995 it was reported that 1,500 children were born to girls under 15 years, ten thousand to those under 16 years and more than thirty thousand to those under 17 years. Between the years 1984 and 1994, in some Russian cities, the number of pregnancies among adolescents increased 20 times: from 0.5% to 10%.¹⁷

As shown in the table below, women aged 18 to 19 account for 13% of all births. A survey undertaken at the special clinic for pregnant adolescents in St. Petersburg revealed that between 1992 and 1996, 5,815 adolescent girls had registered.¹⁸ Of this figure, 1% to 3% gave birth at the age of 14 years, 11% to 14% at the age of 16 years, and 45% to 57% at 18 years. 53% to 59% of these adolescent girls were married; 41% to 47% were single mothers.¹⁹

The proportion of young mothers who died during childbirth has shown a slight increase from 3.5% in 1994 to 4% in 1995.²⁰

Live birth by age of mother and parity in 1995²¹

Age of mother	Total Live births	First child	Second child	Third child	Fourth child	Fifth child	Not stated
Total pop.	1,363,806	814,141	389,244	103,339	31,685	24,752	645
Women aged 15-17	53,601	52,018	1,541	34	1		7
18-19	184,418	171,161	12,847	523	26	1	40
20-24	561,796	417,000	126,687	14,443	2,261	319	86

Access to Services

While Russian adolescents are increasingly sexually active, their reproductive health services and information are insufficient.

For example, in the city of Ivanovo, 86% of school boys and 78% of school girls aged 15-16 consider their knowledge of contraceptives sufficient; but only 9% could accurately answer a questionnaire on contraception and 50% were unaware of where to obtain family planning information.²² Young women have low levels of awareness of modern contraceptive methods: one third are totally unaware of effective contraceptive methods. Most adolescents use unreliable methods such as a douche, spermicides, and, more rarely, Postinor, a brand of emergency contraception.²³ Primarily as a consequence of inadequate knowledge regarding contraception, 36.6% of adolescents have had late-term abortions.²⁴

There is a discrepancy between the quality of health services in rural regions and those in the cities. Research conducted in rural areas shows that 10% of girls aged 15-17 years had already had an abortion. This proportion rises to 26.5% among girls aged 18-19 and to 30.9% among those aged 20-24 years. These statistics are attributable to the fact that 33.8% of rural women do not use contraceptives. The primary reasons rural women give are insufficient supply of, and lack of money for, contraceptives.²⁵ Additionally, 74.9% of the women in rural regions reported that an abortion was performed on them without anaesthetic.²⁶

The insufficient number of family planning centers and financial difficulties are the primary obstacles faced by adolescents in accessing contraceptive information and services. The price for oral contraceptives varies from 90 rubles to 200 rubles; the current minimum monthly wage in Russia is 83.52 rubles (USD 3.30).²⁷

In principal, pregnant teens have access to maternal health care, although there are very few specialized clinics for them. There is only one clinic dedicated to adolescent prenatal, childbirth, and postnatal care in St. Petersburg.²⁸

2. Abortion

Laws and Policies

All women have the right to "decide independently the question of motherhood."²⁹ Abortion is available upon request up to the twelfth week of gestation; for social reasons up to 22 weeks, and at any stage of pregnancy whenever medically indicated and with the women's consent.³⁰ The list of medical indications is determined by the Russian Federation Ministry of Health and the list of social indications is set by Federal Statute.³¹ Abortions must be performed in licensed clinics, and only by medical practitioners with special training.³²

In 1998, the Ministry of Health in Russia granted permission to commercial, private clinics to perform abortions.³³ The Ministry regulates these private clinics and has a financing scheme for those patients who use private services but cannot afford the fees.

The Russian Federation Criminal Code outlaws abortions performed by those without medical training.³⁴ Criminal liability increases if there are aggravating circumstances, for example if the illegal abortion leads to death or serious injury.

Adolescents over 15 years have the right to give their informed consent in case of surgery, which would include abortion. Adolescents under 15 years must obtain the consent of their parents.³⁵

Reality

Official statistics on abortion are known to be incomplete and unreliable. The abortion rate among adolescent girls has been estimated at 31.5 abortions for every one thousand adolescent girls. Furthermore, it is also estimated that two thirds of all pregnancies among adolescents are terminated by abortion.³⁶ Broken down by age category, statistics on the number of abortions, provided by the State Statistical Bureau, are as follows:

- **Girls 15 years and younger:** 4,800 abortions in 1991; 4,000 in 1992; 5,100 in 1993; 3,100 in 1994; 2,800 in 1995; and 1,800 in 1996.
- **Girls between 15-19 years:** 350,400 abortions in 1991; 346,000 in 1992; 343,000 in 1993; 332,000 in 1994; 279,800 in 1995; 207,500 in 1996; and 239,000 in 1997.³⁷

These statistics indicate an overall decrease in abortion rates among adolescents, but it is not known whether these numbers accurately reflect reality.

In 1997, 0.1% of all abortions were performed on adolescent girls under age 15; 10.2% were performed on girls aged 15-19 years. The majority of abortions were performed on women 20-34 years old (68.9%).³⁸

According to data reported from the Ivanovo region, mini-abortions (uterine evacuations done up to 8 weeks from the last menstrual period) were performed on 0.4% of girls under 15 years, 21% of girls aged 15-18 years, and 45% of girls aged 19-25 years.³⁹

There is no routine post-abortion counseling. Women and adolescent girls generally receive no advice on contraception after they undergo an abortion.⁴⁰

3. HIV/AIDS and Sexually Transmissible Infections (STIs)

Laws and Policies

The “Law on the Prevention of the Spread in the Federation of the Disease Caused by the Human Immunodeficiency Virus (HIV)” was passed in 1995.⁴¹ It guarantees respect for the rights and freedoms of HIV-infected Russian citizens. It also places certain obligations upon them. The law requires compulsory testing of blood, tissue and organ donors, and persons working in certain professions or in certain activities. It requires foreigners and stateless persons residing in the Russian Federation for more than three months to present a certificate confirming they are not HIV-infected. Finally, it guarantees the right of HIV-infected individuals to medical care, and to financial compensation if infected with HIV while undergoing medical treatment. An earlier law, “On the Prevention of AIDS morbidity,” guarantees the right to anonymous and confidential diagnostic testing.⁴²

A presidential decree provides for social aid to children being raised by single mothers, the exact amount of which is dependent upon the age of the child and situation of the mother; an additional amount is allocated to children suffering from AIDS.⁴³

A federal program to prevent the spread of AIDS in the Russian Federation (AIDS Control) takes preventative steps to address “sexual and blood transmission of AIDS; diagnosis, treatment, and screening; legal and social safeguards; refinement of the epidemiological oversight system; research on the AIDS problem and furnishing of information and personnel.”⁴⁴

In 1996, another federal program was adopted to further slow the spread of AIDS/HIV, for the period 1996 to 2000.⁴⁵ Major provisions of this program deal with: legal support for measures for the

prevention and control of HIV-infection; development of a system of information for the population on available measures for the prevention of HIV; improved epidemiological oversight; improved technical handling of blood and tissue preparations; improved diagnosis and treatment of HIV; training in matters concerning diagnosis, treatment, and prevention of HIV; social protection for HIV-infected persons, their family members, and individuals subject to the risk of infection during the performance of their duties; and international cooperation. The program stresses the need to improve sex education, and target high-risk groups, accommodate the needs of infected children, ensure adequate health insurance, and sponsor more research.

Recently, the Russian Ministry of Health has issued an order on instituting special centers for pregnant women and children who are HIV positive. These centers are to be set up in different cities and will help children and women monitor their health and train professionals to address the needs of those who are HIV positive.⁴⁶

Reality

As of January 1, 1999, there were 10,758 reported cases of HIV in Russia, including 449 children. Among the 345 individuals reportedly diagnosed with AIDS to date, 115 are children and 225 are adults; 92 children have died of AIDS. Experts estimate that the actual number of HIV-positive individuals is somewhere between 12,000 and 60,000.⁴⁷

The most serious situation in Russia concerns syphilis morbidity among adolescents. In 1990, 38 children under the age of 14 years were reported to have syphilis, compared with 338 in 1997; 350 teens aged 15-17 had syphilis in 1990, compared to 24,669 in 1997; 658 teens aged 18-19 had syphilis in 1990, compared to 37,365 in 1997. Proportionally, it has been estimated that in 1997, 0.8% of children under 14 years, 6% of teenagers aged 15-17 years, and 9.2% of young adults aged 18-19 years had syphilis (44.5% of 20-29 years old, 24.2% of 30-39 years old, 15.3% of those 40 years and older).⁴⁸

Despite existing legal protections, discrimination involving children, due to HIV/AIDS, has been known to occur. One case involved a young girl whose mother had died of AIDS; the child was not infected. When the children's social services was informed of the cause of the child's mother's death, the child was not permitted to enter kindergarten. The mother's sister was asked to leave her school and the grandmother was asked to leave her job. Another example occurred in Chechnya. There, a boy was infected with HIV in the hospital. The neighbors learned of this and caused the entire community to shun the family.⁴⁹

B. Marriage and Adolescents (Article 2 of the Children's Convention)

Introduction

Article 2 guarantees all children the rights set forth in the Convention, without discrimination. Nevertheless, in many countries, the minimum age for entering into marriage is too low and thereby violates their rights under the Convention. The Committee has therefore declared its concern that the marriage of young girls discriminates against them and jeopardizes their rights under Articles 6, 17, 24, 28, and 29.⁵⁰ It has recommended that the minimum age for entering into marriage be raised in countries where it is too low, and that it be the same for males and females.

Laws and Policies

The Family Code provides that each married partner must be 18 years old.⁵¹ The law provides exceptions for those who are 16 years old. Parental consent must normally be given when marriage occurs under the age of 18, but local authorities have the power to lower the minimum age of marriage without the consent of the parents.⁵²

Reality

The issue of early marriage generally does not constitute a problem in most of Russia. However, there are reasons to be concerned, particularly in the Caucasus, that the practice of early marriage may be widespread. Sharia law has been adopted in Chechnya and there has been a report that the President of Ingushetia issued a decree permitting polygamy.⁵³

C. Right to Education

(Articles 17, 24(e), 28, and 29 of the Children's Convention)

Introduction

Article 28 recognizes the child's right to education on the basis of equal opportunity and Article 29 provides that education must include several factors that favor the development of the child's full potential. Article 24(2) guarantees the rights of the child to be informed and to have access to education regarding health issues. Moreover, Article 17 recognizes the importance of the function fulfilled by the media and stipulates that the child should have access to information and materials from various sources. Hence, these articles link education, the right to be free from discrimination based on sex, and the right to reproductive health.

The Committee considers education to be an indispensable tool to improve the future prospects of girls, and has recommended that governments adopt and implement laws and policies to reduce barriers to the education of girls.⁵⁴ Moreover the Committee has stated that governments, under the Convention, are obligated to ensure that young girls and adolescents have access to primary education and to sex education.⁵⁵ Sex education programs should be available to young girls and adolescents to enable them to exercise their sexual and reproductive rights.

1. Access to Education Without Discrimination

Laws and Policies

The Federal Law on Education guarantees the right to free access to education to all citizens of the Russian Federation regardless of sex, race, nationality, language, origin, place of residence, religious belief, age, health, or social or economic status.⁵⁶ Both primary and secondary education are compulsory.

Reality

In the higher education establishments of the former Soviet Union, women traditionally consti-

tuted the majority of students. From the beginning of the 1990s, however, there has been a marked fall in the absolute numbers of female students—from 1,427,300 in 1990 to 1,331,400 in 1992. In specialized secondary educational establishments, the number of women also fell from 1,327,100 to 1,236,000 in the same period. In 1985–86, the proportion of female students was 56%; in 1990–91, it was 51%; and in 1992–93, it was 50%. This pattern is even more marked in technical higher educational establishments: in the academic year 1985–86, the proportion of women in such institutions was 44%, whereas in 1990–91, it had fallen by 9% to just 35%.⁵⁷

2. Access to Sexual Education

Laws and Policies

The Federal Program “Children of Russia”, which governs family planning programs, also regulates sex education for adolescents.⁵⁸ This program is designed to:

- Create programs to provide information on sex education;
- Elaborate new approaches for teaching adolescents and their parents about sexual and reproductive matters;
- Strengthen family and school responsibility for the sexual education of adolescents;
- Create a system of family planning and training specialists;
- Provide family planning facilities with modern equipment and methods of contraception; and
- Conduct scientific inquiries into family planning usage, with respect to regional and national peculiarities.

In 1999, the Ministry of Health adopted an order aimed at practical implementation of the federal law entitled “On the Main Guarantees of Children’s Rights in the Russian Federation” which provides that sex education should be provided in health clinics for children under 17 years.⁵⁹

Reality

Currently, there is no requirement that sex education be taught at schools; courses on biology and hygiene do not cover sex education and socialization of young people.⁶⁰ Although an experimental sex education program was launched in seven Russian regions in 1995,⁶¹ in 1997 the introduction of sex education programs in schools was halted.⁶² Less than 5% of adolescents have received sex education from schools, and less than 5% from medical professionals; 20% received information on sex from parents and 70% from their peers.⁶³

There is opposition to sex education in contemporary Russian society. Surveys show that negative attitudes towards the inclusion of sex education in schools is highly correlated to levels of education, with those having low levels of formal education mostly opposed to sex education in schools.⁶⁴ In addition, the lower the level of urbanization, the less likely women are to approve of sexual health courses for teenagers: there is a 65% approval rate in Moscow and in St. Petersburg and only 37% in rural areas.⁶⁵

D. Physical and Sexual Violence against Female Adolescents (Articles 19 and 34 of the Children's Convention)

Introduction

Article 19 provides that States Parties to the Convention must take all appropriate measures to protect the child against any form of abuse and violence. Likewise, under Article 34, States Parties to the Convention pledge to take all appropriate measures to protect the child against all forms of sexual exploitation and violence. When girls are victims of sexual abuse, domestic violence, and commercial and sexual exploitation, their rights under these provisions are violated. Moreover, these acts contravene the right of young girls and adolescents to health, pursuant to Article 24.

Young girls and adolescents make up the majority of victims of sexual abuse.⁶⁶ Consequently, the Committee has expressed alarm over the prevalence of all forms of sexual violence perpetrated against girls.⁶⁷ The Committee has stated that domestic violence, sexual exploitation, child pornography and violence fall within the definition of sexual abuse.

1. Domestic Violence

Laws and Policies

Acts of domestic violence that do not involve claims of sexual violence are covered under Articles 115 and 116 of the 1996 Criminal Code. Chronic, long-term situations of domestic violence can be prosecuted under Article 113 of the code, which prohibits the “systematic infliction of blows or other acts bearing the nature of torture.”

In 1995, the Duma’s Committee on Women and Youth began drafting Russia’s first law focusing on domestic violence, “On the Fundamentals of Social-Legal Defense Against Violence in the Family.” As of late 1997, the law had gone through 40 drafts and was still being deliberated.⁶⁸ The Resolution of the Ministry of Work and Social Development of the Russian Federation on the establishment of domestic violence crisis centers failed to pass.⁶⁹

There is also a federal law “On the Guarantee of Children’s Rights”⁷⁰ which affirms the right of children to be free from violence.

Reality

There are no official statistics on domestic violence. However, according to the Ministry of the Interior, in 1996, approximately 80% of all violent crime occurred in the home.⁷¹ A 1998 report from the Presidential Commission on Women’s Issues calculated that 30% to 40% of all murders in Russia take place within families; the victims were overwhelmingly children and women.⁷² Nearly two million children are subjected to abuse by their families, and because of the psychological damage inflicted by violence within the home, two thousand children commit suicide annually.⁷³ Fifty thousand run away from home, and become easy prey for sexual traffickers.⁷⁴

Human Rights Watch reports that violence hot-line and crisis-center workers in Moscow and St. Petersburg receive upwards of 70 calls relating to violence against women and children per month, but the callers do not file reports with the police because the police do not help.⁷⁵ Many cases of violence against children and women are rejected or not investigated because of cultural acceptance of violence

within the family.⁷⁶ As a result there are few judicial investigations or actions.

Although there is a federal law guaranteeing a child's right to be free from violence,⁷⁷ the law's implementing mechanisms were never put into place for lack of funding. Thus, there is little recourse to protect the rights of children who are victims of violence.

2. Sexual Violence, Including Trafficking

Laws and Policies

Under the 1996 Criminal Code, there are four types of sexual violence crimes. Article 132 defines the crime of "violent acts of a sexual nature." Such acts are defined as "sodomy, lesbianism or any other acts of a sexual nature." Penalties run from three to six years in prison, with two categories of various aggravating circumstances extending that time to four to 10 years, or eight to 15 years.

Two other categories of sexual violence are "coercion in acts of a sexual nature" as defined by Article 133, and "sexual intercourse or other acts of a sexual nature with persons who have not reached 16 years of age," as defined by Article 134. Article 133 also includes cases of sexual harassment in the workplace.

Finally, rape is defined as "sexual intercourse through the use of force, or through the threat of its use toward the victim or to other persons, or through taking advantage of the helpless state of the victim." The penalty for rape is three to six years in prison, with two categories of various aggravating circumstances extending that time to four to 10 years, or eight to 15 years.

Statutory rape is defined as sexual relations between a person 18 years or older, and one who has clearly not reached the age of 16. If such relations occur with a person under the age of 14 it is classified as an indecent sexual assault.⁷⁸

Producing, distributing, selling, and advertising child pornography is illegal.⁷⁹ The law of the Russian Federation on mass media regulates the sale of erotic material. It requires that such material be sold in special packaging, and in designated outlets; these requirements are frequently disregarded.⁸⁰ A draft federal law concerning the sale of sexual services, spectacles and products is under consideration; it has a special provision regarding the protection of juveniles against sexual assault in the family.⁸¹

The 1996 Criminal Code outlaws the sale and/or trafficking of children.⁸²

Reality

The official figures relating to sexual violence dramatically under-represent the scope of the problem. Official statistics report 10,888 registered rapes and attempted rapes in 1996, a 13% decline from 1991.⁸³ Research undertaken by members of the Russian Association of Crisis Center Workers reveals, however, that only between 5% and 10% of rape survivors report the crime to the police and many of those reports are not investigated or prosecuted.⁸⁴ Government enforcement of the law is thus woefully inadequate.

Due to the chronic unreliability of statistics on rape and sexual assault, the prevalence of such crimes against children and adolescents is unknown. The general acceptance of violence within the family suggests that the rate may be high. It is estimated that seven thousand children are victims of

sexual violence, and there have been a few reported cases where the girl was as young as 18 months.⁸⁵ In a rare study, of 107 adolescent women who went to a rape crisis center, only nine told their parents about what happened. Of those nine, two were shunned by the family, one was beaten, and the other six girls received support from their family.⁸⁶

There has been some research on sexual violence against children and adolescents. For girls under 12 years of age, the most likely kind of rape is that by a single known adult, but as victims get older (15-17 years), the danger of being raped by peers, including by a group of acquaintances, increases. Indeed, date rape accounts for 13% of rapes and not infrequently girls themselves are accomplices in the rape of a friend, viewing the rape either as “revenge” for a perceived wrong or as part of an “initiation” into a youth gang.⁸⁷ More alarming is that three-quarters of rapes of young girls and adolescents are accompanied by acute suffering; in 80% of cases, physical violence is inflicted on the victims and in 60% of cases they are threatened with death.⁸⁸

Trafficking

As noted in the Resolution of the Russian Federation, sexual trafficking in girls and young women has been increasing.⁸⁹ There are no official statistics, and police and judicial response is lax. Moreover, there is documented proof of government complicity in the trafficking of girls and young women out of Russia.⁹⁰ Most women being trafficked are unwitting participants who respond to advertisements while searching for legitimate work. These exploited women are commonly refused help by Russian Consulate officials abroad.⁹¹ Debt bondage, forced prostitution, illegal confinement, physical and psychological violence, including sexual violence, and threats of reprisals against family members, are just some of the rights violations that sexual traffickers inflict.⁹² In a 1995 study of women and girls trafficked from Eastern Europe and the Newly Independent States (mainly Russia and Ukraine), the International Office for Migration notes that nearly three-quarters of the women were under the age of 25, many between the ages of 15 and 18.⁹³

¹ See, e.g. Concluding observations of the 20th Session of the United Nations Committee on the Rights of the Child: Austria, ¶15 (May 7, 1999), UN Doc CRC/C/15/Add.98 (website visited August 16, 1999) <<http://www.unhchr.ch>>.

² UNICEF Implementation Handbook for the Convention on the Rights of the Child 611, et. seq. (1998) [hereinafter Implementation Handbook].

³ See Concluding observations of the 3rd Session of the United Nations Committee on the Rights of the Child: Russia, ¶¶10, 12. February 19, 1993. UN Doc CRC/C/15/Add.4. (website visited September 14, 1999) <<http://www.unhchr.ch>>.

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³¹ *Id.*

³² *Id.*

³³ Russian Federation, Ministry of Health, order no. 250 of 29 March 1988.

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⁷⁴ *Id*.

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⁷⁹ *Id* at para. 464.

⁸⁰ *Id*

⁸¹ *Id* at para. 466.

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