

## **Khodyreva. Gender violence and cost of social-psychological rehabilitation and legal assistance. Russian Federation**

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Gender violence and cost of social-psychological rehabilitation and legal assistance/Sheltering Trafficked Women,  
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### **1. History of St.Petersburg Crisis Centre for Women**

The Crisis Centre for Women took its origin from the idea of rendering psychological help to abused women, which happened in 1988. We are one among three oldest crisis centres in Russia organised by women's NGOs.

Crisis Center is an independent public organization that has been working for 15 years without any governmental assistance. We have an office in the centre of the city with hotline and rooms to run individual consultation, workshops and support groups. We have implemented more than 40 projects on human rights and women health and safety.

### **2. History of anti-trafficking projects**

In 1995 the Crisis Centre for Women got hold of information about the first cases of trafficking in Russian women. In 1996 the German women's organisations informed us about Russian women who suffered from trafficking in the German brothels.

\* Crisis Center has been working on human trafficking since 1997.

\* From 1999 it has started the activity against human trafficking: there have been organized the first hotline for women suffered from trafficking, and also conducted the first research on illegal labor migration and prostitution.

\* In 2000 Crisis Center opened the first Russian shelter for women suffered from human trafficking.

\* In 2001 the first preventive film "Zapadnya" ("A Trap") was made.

\* In 2001 Crisis Center participated in first Russian action against human trafficking.

During 9 years Crisis Center has implemented 10 projects on human trafficking in 5 main directions:

- Human trafficking prevention
- Assistance for women suffered from human trafficking
- Work and cooperation with state structures and public organizations
- Researches and publications
- Provision of education for specialists, working with women suffered from human trafficking

### **3. First shelter for trafficked women in Russia**

The Shelter was one of the projects implemented by Crisis center for women. The shelter had been operating in St. Petersburg since 2000, it was the first shelter for trafficked women in Russia. This experience has been used in the Protocol on shelters in Russia.

In 1999 we entered the "Angel" International Coalition. In 2000 Angel Coalition has opened 9 shelters in Russia.

Since it is rather difficult for public organizations to get quarters for the shelter, we have decided to choose the most effective though expensive way – to rent private apartments. Still, the financial instability and private apartment conditions have led to the interruptions in shelter activity. We have changed 5 apartments during 7 years. Our last shelter was the most convenient one because it had a playground and it was located near metro station. We are also very thankful to the host of the apartment for supporting the idea of the shelter.

### **4. Shelter terms and difficulties:**

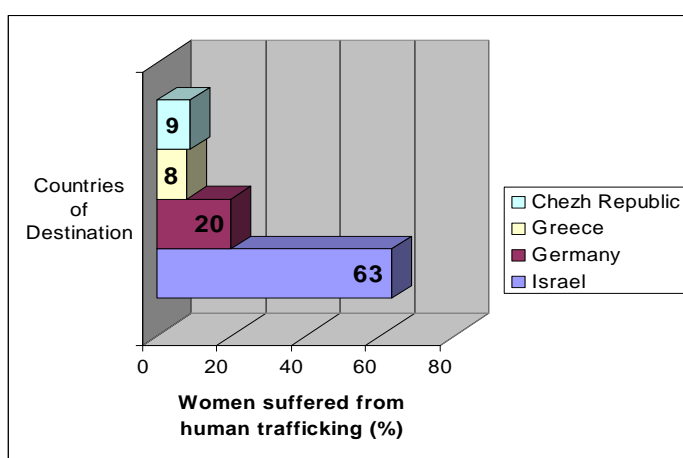
- Women sign the agreement of cooperation with Crisis Center, containing all rights and responsibilities

- Crisis Center does not provide shelter for women taking drugs and alcohol. We offer women to pass the medical and psychological treatment from drug abuse before coming to our shelter.
- Women are not obliged to give evidences in police in case of human trafficking. Women are not allowed to work in prostitution while staying in shelter

During shelter working period we had to break the agreement of cooperation with 4 women who continued to take drugs and work as prostitutes, and also with 2 women suffered from domestic violence who invited their husband/relatives in the shelter.

### 5. Women suffered from human trafficking

From 1999 to 2005 we received Russian women deported from various countries. During this period shelter has admitted 46 victims of trafficking. The age of women spreads from 18 to 34. The average age is 23,9 years. 84 % women were from Far East, Ural, Povolzhje, Siberia and Southern region of Russia, 16 % from North-Western part, including Saint-Petersburg and Leningradskaya Oblast. The main countries of destination are Israel (63 %), Germany (20 %), Greece (8 %) and Czech Republic (9%).



### 6. Life conditions and human trafficking consequences

37 % of women suffered from human trafficking has children, with two thirds bringing children up without husbands. 30 % of women have no parents (orphans) or their parents had an annulment because of alcoholism. 16 % of women were married but most of their husbands had financial problems and suffered from alcohol/drug abuse. Every fourth woman has been subjected to domestic or sexual violence before going abroad.

Our clients faced different types of trafficking consequences: heaviest depression, various fears and attempts to hold the memories of trafficking back for years.

### 7. Assistance in the shelter:

According their individual rehabilitation plan, women in shelter received the following assistance:

- Psychological (individual and in groups)
- Medical (diagnostics and treatment)
- Legal (Advocacy in courts, documents re-registration, food and cloths provision)
- Professional orientation and educational course provision
- Entertainment (museums, theatres, excursions etc.)
- Tickets payment
- Meeting clients in airports and railway stations
- Crisis Center help women to cooperate with law-enforcement structures in case they want to provide evidences on traffickers

### 8. Client channels:

- International network of public organizations in Europe, America and Asia, including Moscow office of Angel Coalition and International Organization for Migration

- Addresses on hotline from relatives and friends of women suffered from human trafficking
- Crisis Center e-mail and mail
- Contacts with law-enforcement structures of Russian Federation
- Direct addresses on hotline from women suffered from human trafficking

Despite the addresses from women of St-Petersburg has decreased since 2003, therefore, we can mark a group of new residents who live in Saint-Petersburg less than 10 years and came from other Russian cities. Most of our recent clients who suffered from trafficking (especially in Germany) are from that group.

**9. The research on human trafficking** and interviews with women suffered from trafficking are represented in the book “Contemporary Debates on Prostitution”, Khodyreva N., SPb, Aliteia, 2006.

#### **10. Saint-Petersburg as destination point**

At present time Saint-Petersburg and Moscow has become the destination point for women from Moldova, Belarus, Uzbekistan, Ukraine and also from other Russian cities, especially from Far East, Ural, Siberia and the Southern region of Russia

The majority of women from these regions get into Petersburg brothels; others find themselves on the streets – begging and working as prostitutes. According to the sociological researches (“Stellit”) up to 80% of women working in brothels are nonresidents. From our point of view, most of them were trafficked, as they claimed that they had been invited in Saint-Petersburg to work as a cleaner or babysitter etc.

Recently, we have learnt about very specific trafficking rout – when St-Petersburg was a transit point for an African woman. We also have got information about the case of trafficking to Sweden from Georgia via Finland in 2006.

#### **11. Case of human trafficking in Russia from Moldova**

Story of N. from Moldova, 18 years old

Stayed at the Shelter of INGI/ Crisis Centre for Women from 13 May to 20 November, 2006

##### **Description of the situation**

N. was found in the street by a social worker. We found from her story that she had been sold by gypsies to Petersburg. In Petersburg N. was engaged in begging, but she collected insignificant money, and they decided to kill her. Becoming aware of it, she escaped; several days she wandered round the city till she got acquainted with a woman who offered housing to N. in exchange for her working as a prostitute and giving all the money to her. During the period of prostitution N. got pregnant from a client and gave birth to a daughter. Immediately after N. was placed in our shelter, the first letter to organization La Strada in Moldova was written, informing them of the need to identify the victim and prepare the documents for her deportation to the home place.

It was as late as 13 November when a provisional passport for N. was delivered to Petersburg, and our psychologist took her to Moscow, with a view to move her from there to Kishinev (Moldova). N. reached Kishinev without problems and was placed in the IOM shelter in Kishinev.

Within 6 months of staying at the shelter N. was provided the following help:

**1) Medical treatment** of gynaecologist, infectionist, ophthalmologist, neuropathologist. She had blood tests for HIV, fluorogram and electroencephalogram made, as well as inoculation against hepatitis B and diphtheria, inoculation for pharynx and nose microflora. As far as she was diagnosed for posttraumatic encephalopathy, relevant medical treatment was prescribed and administered.

**2) Psychological aid.** N. was regularly provided with emotional support; a plan of further actions in respect of possibility to collect the child was discussed; with detailed discussion of the need to involve the relatives or other possible guardians. The issue of N.'s disability was discussed as well during the consultations. She was not able to master the programme of secondary school, especially at the teenager's age: she could not memorise things, read or write,

she had frequent headaches, faints and convulsions. She deems it possible to cure her father's alcoholism if she stays with him. Her mother died of cancer when N. was a girl. She is planning, upon returning home, to get married, and then return to Petersburg and regain the child.

We made assessment of N.'s intellectual abilities, in order to decide what occupation and area of activity suits her better. In connection with her illiteracy, ensuing possible difficulties in understanding Russian and poor vocabulary, it was decided to use non-verbal tests free from effect of special education.

By test results, N.'s decreased intellectual abilities were confirmed, possibly accounted for by inherited factors and conditions of upbringing and education (the relatives' alcoholism, neglect, few classes at school).

When staying at the our shelter of Crisis Centre for women, N. took part in art therapy classes, painted.

### **3) Social aid**

For the whole period of 6 months N. was continually supervised and supported by social workers of the Crisis Centre. She has daily classes in Russian language for four months (reading and writing). Finally N. learnt al Russian letters, she may read separate syllables independently now. She was trained knitting and pottery and was taught elementary hygienic skills, cooking. She was taken, within the framework of the cultural programme, to the Hermitage, Russian Museum, Chamber of Curiosities, Peter and Paul Fortress; restaurants, cinema, the Zoo; she was taken to a drama “7<sup>th</sup> Kafana” presented by a theatre «Coliseum» from Kishinev where she met her compatriots.

### **4) Actions aimed to return the child**

In April 2006 N. gave birth to a girl. When she recovered after the delivery the medics told her she owed 5500 roubles to them for the medications and service. They inquired what she was going to do with the child. N. felt unwell, was lying all in blood, she was frightened by the fact of debt and the thought that the landlady would not accept her with the child. She signed refusal from the child, affected by the situation at that moment. As soon as she felt better she realized that she wanted to regain the child.

The Crisis Centre applied to the maternity clinic, to the orphanage, the guardianship authorities. It was found out that the columns of the girl's birth certificate had the entries «unknown» for «mother» и «father» (as far as N. had no documents, when at the maternity clinic, her name could not be entered in the certificate). It was possible to regain the child only through court procedures. The court proceedings aimed to regain the mother's status require: 1. Passport 2. DNA test results (to make DNA test, passport is needed as well).

Three weeks after a child is placed in the orphanage, his data are entered in the regional databank approached by people willing to adopt a child. It is not possible to guarantee that the child will not be adopted within the time of re-execution of the mother's passport. According to the birth certificate, the girl's mother and father are not known, and this increases the probability of the girl's being adopted.

Despite the fact that N. is truly willing to return home with the child, so far she has no concrete plans as to where and how she will live with the child.

As far as we finally received the provisional passport for N. (for her to be able to return home) that was issued by the Consul of Moldova as late as on 13 November, the timeframe for regaining the status of mother was not met. Therefore N. will be able to resume (start anew) the process of regaining the child only after returning home and having her passport resumed.

Preliminary Budget

Apartment: 1200

Food and belongings: 1 800

Medical aid: 80

Case Manager, Lawyer, Psychologist, Pedagogue: 2 400

Total :5 480

## **12. Since 2006 shelter started to admit victims of partner's violence.**

We have provided the assistance for 23 women with children during the year

The average age of our residents is 32 years, but the main group of our clients is 22-27 (41%), groups of 31-34 and 45-48 form 23% correspondingly. 2 girls were 16 years old.

47 % has higher education, only 10% has no children; 4 women were nonresidents, 1 was homeless. One was HIV-positive.

## **13. Shelter Case**

Here is one of the cases with the cost for rehabilitation.

**Shelter Case:** mother of two girls were raped by her husband. She was ejected from her home by him. When the woman returned home, she was not let in by her husband. For two and a half years she was homeless, alcoholic, became HIV infected. Seizing the opportunity of her being away from home, her husband filed a suit against her requesting her eviction from her place of residence and deprivation of parental rights.

**Time resources:** this client lived in the shelter for 6 months in total, she was on rehabilitation treatment program for alcoholics for 2 months, the follow up including legal and psychological counseling has been provided to her for 15 months since her discharge.

**Types of assistance provided and its cost.**

**Shelter admission:** The rent of shelter cost us 1000 Euro.

**Financial and medical assistance:** The cost of meals, clothing, travelling passes and telephone prepaid cards; medical tests and referral to rehabilitation center for alcoholic treatment, recalls and sorting out an invalidity allowance for her in a hospital, surgery: 1230 Euros.

**Legal assistance:** on the basis of wrong interpretation of the Housing and Family Codes the courts issued two erroneous decisions on the woman's eviction. 7 judicial sessions with participation of the lawyers were held during 8 months. The lawyer's fee made up 1100.

**Psychological and social assistance:** cost of consultations provided by psychologists and art – therapy amounted to 300 Euros. For providing the woman with the 24 – hours a day social assistance within the shelter, for her support and relapse prevention after the court hearings social workers were paid 1250 Euros. The total cost of the complex aid during 14 months amounted to 4 880 Euro.

Training courses in the field of accounting and emotional efforts spent by the Crisis Center teams were not assessed, as well as the cost of several supervisions with regard to this case.

The following results could be used as the criteria to measure success of this case:

1) the woman regained her title to the apartment in full and got registered in it. Her passport and employment records book were restored.

2) The woman got employment and has been earning her income since that time, she has been paying alimony to her daughters.

3) The woman has quit drinking, the nourishing diet allowed to considerably restore her immunity - from 250 to 800 units.

4) Psychological status: active, is willing to restore relations with her daughters, took part in 16 days against gender violence TV-program.

It was only through encompassing the resources of 3 projects and using our network contacts with other organizations (there were 5 in total) and specialists involved (13 persons) that we were able to provide such comprehensive assistance to our HIV positive client.

**Lessons to learn:** financial resources available shall be sufficient to provide focused assistance and be flexible; it is necessary to establish contacts between various state and public organizations. At the initial rehabilitation stage and during the first time in the shelter it is necessary to provide clients with 100% advocacy. It will allow to prevent disruption of their legal cases prepared by lawyers by alcoholic relapses of the clients. It was only due to the availability of independent housing and support by the specialists that the woman was able to change her life.

## **14. Perspectives**

*Services for victims of domestic violence*

State-provided support services are insufficient in number to address the majority of victims of domestic violence.

From 1993-1994, the government created a network of institutions devoted to “social services for families and children.” Within this network, the State now operates a small number of “crisis centers for women.” It is important to note, however, that the main focus of the government program remains assistance to children and the family as a whole. Of a total of 3,371 institutions currently operating in Russia, 23 are exclusively “women’s crisis centers.” Additional to the crisis centers, within the large network of social assistance centers, 97 institutions operate separate “crisis departments for women.” In contrast, there are 689 social rehabilitation centers for adolescents and 550 shelters for adolescents and children. There are 582 general “centers for social assistance to families and children,” operating at city and regional levels. The status of such crisis centers, as municipal bodies, may produce bureaucratic hurdles for victims of violence. Namely, services are available only to those who are officially registered (have a *propiska*) in the city where the center is located or requires a referral by the local Committee on Social Protection to stay in the shelter.

For example, very few centers offer temporary shelter for women. Amnesty International estimates that there are eight State-run shelters in Russia for women and their children who are victims of domestic violence. The resulting ratio is approximately one place in a shelter for every nine million inhabitants of Russia.

We can also provide an example of shelter creation in Saint-Petersburg. It was formed by public women organization “Peterburgsky zhensky centr”. It took 4 years for the director of organization Marina Aristova to get over bureaucratic barriers to open the shelter. But it was opened on a governmental basement. After a few years its creator was discharged and the new director was not interested in the initial purposes of shelter activity.

Unfortunately, all shelters opened in regions by Angel Coalition were closed because of financial problems. Our shelter closed in December 2007.

Now we are waiting for resources to resume our activity.

## **15. Address**

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