

Chapter 4

Intimate Partner Violence in Russia



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4.1 Introducing Ourselves to You

I, Tatiana, am a couple and family therapist, supervisor, educator, and researcher residing and working in the USA. I was born and grew up in the then Soviet Union, present-day Russia. I was educated in family counseling in Russia and then moved to the USA in 1998 for a doctoral program in family therapy. I consider myself a bicultural person, having lived in the USA for more than 20 years and staying connected with Russia personally and professionally. I am acutely aware of the high prevalence of intimate partner violence (IPV) in Russia across social classes and ethnic groups. Currently, I work clinically with Russian-speaking immigrant families, some of them experiencing IPV or domestic violence. We (Natalia K., Natalia B., and I) met in the early 2000s through our work with the organization “Children of Russia,” which was helping to develop a program of psychosocial rehabilitation for children with cancer and their families in Vladivostok, the regional capital of the Russian Far East. I (Tatiana) joined this project because I wanted to help families in Russia, especially in the region with fewer resources due to its remoteness from the Russia’s economically dominating European region (particularly its capital, Moscow). From my personal experience as a Muscovite, I knew how privileged Russia’s capital and its dwellers were in having access to resources—including intellectual ones, such as connections to European and American institutions—that most other Russian locations lacked.

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I, Natalia K., am an educator, psychotherapist, researcher, and head of the Department of Clinical Psychology, Pacific State Medical University, in Vladivostok. Originally trained as an MD general practitioner, during my clinical practice, I have realized the importance of the quality of life in childhood for the health of adults as well as that of healthy family relationships for children's mental and physical development. After professional retraining in psychiatry and postgraduate psychological education, I embarked on the career of a clinical psychologist and systemic family psychotherapist. In the 1990s, I participated, as part of a volunteer group, in opening the Regional Center for the Protection of the Psychosomatic Health of Children and Teenagers in Khabarovsk in the Russian Far East and then became its director. Education about family relations became both a profession and a life passion for me. I provided various educational programs for parents through radio and school presentations. There was a significant shortage, and a need for training, of qualified mental health professionals in the region at that time. My main goal was to give proper training to future psychologists and to shape systemic thinking. I have been working at the only Department of Clinical Psychology in the Russian Far East since 2000. There, the topic of domestic violence is a part of courses of family and forensic evaluation, as well as practicum for pathopsychological assessment and evaluation. In my clinical practice, I see individuals and couples with the primary focus on intimate relationship issues, which often include IPV.

I, Natalia B., am an educator, a lecturer at the Department of Clinical Psychology, Pacific State Medical University, and a psychotherapist. A psychiatrist by education, in the beginning of the 2000s, I worked with children and their parents at the Oncological Division of the Vladivostok Children's Hospital. I sought additional training in psychodrama, psychoanalysis, and family therapy. One of my strongest interests is the process of transgenerational trauma, including domestic violence and IPV. I have been working clinically with individuals, mostly women, couples, and families for 20 years. My clinical practice provided me with the evidence that not just the intrapersonal issues but also the broader socioeconomic context has a huge impact on the well-being of my clients.

The three of us, despite our very different professional experiences and backgrounds, share common interest and passion to support families facing various struggles. We see the training of competent professionals as a venue for that. Our common professional interests became the foundation of many professional collaborations including this chapter. IPV and domestic violence have been critical problems in Russia. Our chapter will provide an overview of the situation, its legal aspects, and the existing system of help across the country.

4.2 Country Overview

Russia (officially the Russian Federation, a successor state of the former Soviet Union since 1991) is the largest country in the world by territory (spans 11 time zones) and the ninth most populous (almost 147 million people) with a ratio of

about seven women for every six men (Federal State Statistics Service, 2017). Although 81% of the population are ethnically Russian, over 160 other ethnic groups and indigenous peoples compose the country's population. According to the Constitution (Art. 1), the Russian Federation is a democratic federative law-governed state with a republican form of government. The dominant religion is Russian Orthodox with the state alliance supporting conservative views. While legal and social equality of men and women was proclaimed after the Bolshevik Revolution in 1917, Russia still is ranked #53 (out of 189 countries) on the Gender Inequality Index (United Nations Development Programme, 2017). The divorce rate is around 60% (Federal State Statistics Service, 2017), mostly due to drug or alcohol use.

4.3 Intimate Partner Violence in Russia

Violent behavior within the family has a long history in European societies including Russia. Spousal violence was present across all social groups, from peasantry to nobility, with men being the absolute majority of offenders for centuries (Muravyeva, 2013). Specific gender roles and power inequality characterized the patriarchal social system that supported victimization of women during tsarist times. The 1917 Revolution brought profound social changes, including the emancipation of women. The 1936 Union of Soviet Socialist Republics (USSR) Constitution (Art. 35) proclaimed gender equality. However, IPV against women continued to be widespread in the USSR (Sperling, 1990). After the collapse of the Soviet Union in 1991, Russia has experienced drastic economic and social changes, which resulted in a profound crisis of the institution of the family (Mustaefa, 2010). While the current Constitution of the Russian Federation declares gender equality (Art. 19.3), gender inequality has increased in all spheres of life (Rimashevskaja, 2011).

Although current statistics on IPV in Russia are difficult to obtain, IPV is a serious social issue in modern Russia. Overall, some type of IPV is estimated to be present in every fourth family; two thirds of pre-conceived murders happen within the family. While men are also victims of IPV, the majority (75%) of IPV victims are women, and each year husbands or other intimate partners kill about 14,000 women (ANNA, 2018). Even less is known about IPV among LBGTQ+ partners. According to the first Russian study of partner violence in LBGT+ relationships (Resource Center, 2019) conducted in Ekaterinburg with a sample of 1539 people, 25.8% participants reported serious physical violence from a partner, and 52% experienced some type of sexual coercion.

4.4 Challenges and Issues in IPV Services in Russia

Russia remains one of only two countries in Europe and Central Asia which does not have a law criminalizing IPV. Currently, the Russian Criminal Code does not recognize IPV as a separate offense. The only applicable criminal provisions are those related to bodily injuries or other crimes against any person regardless of relational status. Nonphysical forms of IPV, such as psychological or economic violence, are not punishable under the current Criminal Code. There are no existing protective measures in case of stalking or harassment. IPV is considered a private family matter by the state and traditional public opinion. This fact is reflected in limited requests for police intervention. Almost 72% of women who turned to the National IPV Helpline never sought help from the police. Of those women who did, 80% were unsatisfied with police response (ANNA, 2015). In 2017, legislation was signed to decriminalize many types of IPV. The new law classifies only repeated instances of battery as a criminal offense, making the situation for victims of IPV in Russia even worse. This was reflected in the drastically increased number of calls for help to social services agencies (Bakin, 2018).

4.5 Therapeutic Response to Victims and Offenders

While psychology and psychotherapy in Russia have a long history going back to the beginning of the twentieth century, seeking professional help for family or couple relational issues is not a well-accepted social practice due to multiple factors, such as past totalitarian regime, religious, and cultural norms. There are existing and growing resources for various types of mental health issues, as well as for various psychology-related educational programs, but they are mostly concentrated in the central urban regions of Russia. Mental health professionals such as psychotherapists and clinical psychologists are trained at medical schools and various universities. Each program is regulated by a relevant state educational body with a unified state educational standard; however, there are no unified curricula or state certification and licensure for most of mental health professionals such as clinical psychologists or family therapists across the country. Practitioners utilize a broad range of approaches such as psychodrama, psychoanalysis, group therapy, family therapy, and many other models that were transplanted from the West. This diversity and eclecticism, on the one hand, provide a wide range of options suitable for diverse consumers. On the other hand, it increases risks of unqualified practitioners, especially because there are no legal regulations of the practice. Within some professional organizations such as Professional Psychotherapeutic League and Organization of Psychoanalytical Psychotherapy (which includes a Department of Couple and Family Therapy), their own ethics committees developed ethical codes for their members.

The state provides some mental health services at hospitals, social security institutions, and schools. For the general public, some services are available via non-profit organizations and private practice that is often not affordable for people with low SES. However, “The availability of this type of care in public institutions and private psychotherapy ...is virtually absent in the medium, small towns and rural areas” (Bebtschuk et al., 2012) since socioeconomic inequalities are exacerbated by huge regional inequalities.

There are no available statistics, but it appears that most of mental health requests are related to child’s or adult’s, mostly women’s, individual issues. Couple therapy is not a very popular modality. In general, there is still “mass psychophobia” (Bebtschuk et al., 2012) rooted in the legacy of punitive psychiatry in the USSR and social stigma. This is especially relevant to therapy specializing in LGBTQ+ individual and relational issues. Nonprofit and private practice resources, as well as some training for professionals, are available, but they are limited. All existing challenges of getting help for heteronormative partners are further exacerbated for LGBTQ+ partners since homophobia is widespread in the Russian society (Podlyzhnyak, 2020) and there is no legal acknowledgement of a LG relationship (marriage). Being aware of this, crisis centers for LGBT, besides the legal and psychological assistance, also offer the so-called social escort (i.e., a person who would be available to accompany one for a visit to a psychologist, a doctor, or police).

The leader in IPV against women advocacy and interventions in Russia is the nonprofit nongovernmental organization (NGO), the ANNA Centre for the Prevention of Violence established in 1993. The center provides legal resources and education, professional trainings, dissemination of best practices, monitoring of violations, and compilation of reports on women’s rights in Russia, including alternative reports to the United Nations. The ANNA Center received 8000 calls for help in 2014 and 26,000 in 2017 (Bakin, 2018).

In 2013, there were 1333 social services providing assistance to women in a “difficult life situation” with only 42 shelters in Russia that offer specialized assistance to IPV victims (ANNA, 2015). In 2018 there were 95 such shelters (Bakin, 2018) for about 147 million people. Services provided by state, nonprofit, or charity organizations vary across the Russian regions and may include crisis consultations, safety recommendations and shelter, legal support, medical referrals, and psychological counseling, as well as phone hotlines. Counseling includes individual and group therapy. There is a growing movement to include psychological counseling not only for victims but also for offenders (men).

There is an increasing awareness of the significance of IPV in Russia among the general public, especially through social media. Nongovernmental shelters work in Moscow, Nizhniy Novgorod, Pskov, and Vologda. Progressive representatives of the Russian Orthodox Church are taking an active stand on the movement against domestic violence and developing an approach aimed at encouraging zero tolerance attitudes toward violence in Christian families. Private companies in Russia in cooperation with the ANNA Center started to provide support to nongovernmental shelters both in kind and financially. New programs aimed at the involvement of

men into the movements on combating violence against women are being launched in different regions of Russia and contribute to gender equality.

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