



# Punitive Psychiatry Against Orphans in Russia Revisited



*Report by the Citizens Commission on Human Rights Russia*

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## Introduction

The Citizen's Commission on Human Rights in Russia has for years regularly received complaints from orphans, former pupils of the orphanages, relatives or staff members reporting the cases of the implementation of psychiatry as a tool of punishment of the orphan population of the child institutions of Russia.

Due to the closed character of the system, there are no overall data available in order to fully estimate the scale of the problem. However, the media reports and cases encountered by Citizen's Commission on Human Rights in Russia allow to conclude that the problem is of systemic character and present all over the nation.

Childrens' rights are being neglected or violated. This is an infringement of the Convention on the Rights of the Child articles: 2, 3, 4, 5, 6, 9, 13, 15, 16, 17, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, and 29 and more could easily be considered.

Analysis of the problem and proposals for a long-term solution are elaborated below.

## Orphans – A background and overview

In December 1998, a major observation of the situation of Russian orphanages headed *Abandoned to the State: Cruelty and Neglect in Russian Orphanages* was published by the Human Rights Watch.

The report described the scene as follows:

“The abuse in orphanages cannot simply be attributed to Russia's economic crisis.... The problem of scarce resources does not justify the appalling treatment children receive at the hands of the State. It wouldn't take more money for Russia to change these policies immediately.”

Kathleen Hunt, author of the Human Rights Watch report stated that many of these children do not need to be institutionalized at all, but could be better cared for at home, or in foster homes, at considerably less expense. “The population of these orphanages is far too high and it's growing,” said Hunt, noting that about 200,000 children live in state institutions in Russia.

Beginning with infancy, orphans classified as disabled are segregated into “lying down” rooms in the nation's 252 “baby houses,” where they are changed and fed but are bereft of stimulation and lacking in medical care and other rights.

Those who are labeled retarded or “oligophrenic” (small-brained), face another grave and consequential violation of their rights around the age of four. At that time, a state commission diagnoses them as “ineducable,” and they are then warehoused for life in “psycho-neurological internats.” Having been labeled with such a diagnosis, it is virtually impossible for an orphan to appeal the decision. According to official statistics, some 30,000 children are confined to these locked and isolated institutions, which are only little better than Russian prisons.

The orphans may be restrained in cloth sacks, tethered to furniture, denied stimulation and are sometimes left to lie half-naked in their own filth. In both “baby houses” and “internats,” children may be administered powerful sedatives without medical orders.

In a throwback to the abhorrent abuse in Soviet psychiatric institutions, orphans and institution staff also told Human Rights Watch of cases when children who tried to run away were sent to a psychiatric hospital for punishment or treatment”.

Since then, the issue of the practice of punishing orphans through psychiatric hospitalization was raised by several Russian public figures, including Federal legislators, journalists, psychologists, child ombudsmen and others.

At a press conference in February 2011 the Child Ombudsman of Russia, Mr. Pavel Astakhov stated that the number of orphan children in Russia has reaches 650 thousands persons.

This huge population is specifically vulnerable to the implementation or continued use of psychiatric measures with the actual intent being disciplinary means.

In May 2009 the “Rossiyskaya Gazeta” newspaper reported on a parliamentary investigation by the Chairman of the State Duma Committee on Security, Mr. Vladimir Vasilyev, of the orphanage in Kimovsk, Tulsкая region. Several orphans had run away from this institution, to their spiritual counselor, a Russian Orthodox priest. The children informed him that they were sent to a psychiatric institution after several threats expressed by the principal of the institution. One of these adolescents, being twice sent to the institution, reported that tutors explained him that he was sent to the mental hospital “for non-compliant behavior and as a warning to others”.

The expert evaluation of children performed in the Serbsky Center of Forensic Psychiatry, showed them to be “mentally healthy”. The criminal investigation of the case started by local law enforcement was twice terminated by the Tulsкая region prosecutor's office.

On 6 of May 2010 “Rossiyskaya Gazeta” reported on a case of 20 out of 72 orphans living in the orphanage # 1 of the Komsomolsk-na-Amure city. The treatment included injection with neuroleptic drugs. The Prosecutors office of the City inspected the case and found that all these kids were hospitalized “due to emotional disorders”, however, without inspection by the commission of psychiatrists or a court decision as foreseen by the Russian national law.

While, according to media including the “Rossiyskaya Gazeta”, the children themselves stated that “they are being sent to the mental hospital for misbehavior, as a punishment” and that in the case of misbehavior they are warned about the 'mental hospital' as a punishment tool, the prosecution stated, “the administration did not explain children the nature of psychiatric diagnoses they had which led them to assume erroneous impression that they are sent to mental hospital as a punishment for misbehavior”.

It should be noted that according to “Rossiyskaya Gazeta”, the above referred 20 children living in the orphanage had undergone psychiatric hospitalization during the period 2007-2009., i.e. 28 per cent.

In a similar case, which was disclosed in the Sophyino village of Moscow region, according to media reports, 50 per cent (23 of 46) children of this orphanage were subject to psychiatric hospitalization and treatment during 2008-2011.<sup>1</sup>

The office of the Child Ombudsman of Russia acknowledged 10 cases of the children were subject to psychiatric hospitalization.

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<sup>1</sup> “Versia” newspaper, 13 Aug 2012 [[http://versia.ru/articles/2012/aug/13/shlut\\_po\\_matushke](http://versia.ru/articles/2012/aug/13/shlut_po_matushke)]; TV channel “Podmoskovye” report [http://www.podmoskovie.tv/?an=news\\_page&uid=22868](http://www.podmoskovie.tv/?an=news_page&uid=22868)

It was also stated that children were brought to the psychiatric institution or subject to psychotropic drugging inside the orphanage itself, solely based on the decision of the orphanage staff members.<sup>2</sup>

In March 2011, the Child Ombudsman of Saint Petersburg city Ms. Svetlana Agapitova reported on the coerced commitment of 4 orphan kids from Krasnogvardeisky district orphanage # 19, as a punishment for misbehavior that took place in December 2010. Having intervened in the case of a boy who had jumped out of the second floor window when the brigade of nurses arrived to commit him, the Ombudsman was informed by the principal that “the boy has a rough character and, as result, bad grades”. The orphan promised to show better behavior and study, as a prerequisite of never sending him to the psychiatric facility again. The boy showed better results and was attested in 6 out of seven disciplines and with excellent behavior as well. Nevertheless, he was routinely hospitalized in the mental hospital # 3 of Saint Petersburg. Three days later Child Ombudsman Agapitova visited the orphanage and found out that the principal “does not know” about the hospitalization of a boy, and that psychiatric hospitalization is considered by children as the most customary disciplinary measure. She reported that medical papers of children in the orphanage indeed contained no records about psychiatric hospitalizations that took place.<sup>3</sup>

In the end of June 2011 the Russian Child Ombudsman Pavel Astakhov inspected the child ward of the Hakassia psychiatric republican hospital. He went on to say: “I was amazed that inside the hospital, they could not name me the exact number of children from orphanages and orphan boarding schools. We checked documents and found out that among 34 kids in the ward for children, 19 were from institutions for orphans and 12 of them from the Askiz correction boarding school” ....<sup>4</sup>

An inspection of the descriptions given to kids by boarding schools, according to the Russian Child Ombudsman Astakhov, “... basically says: often violates the school regiment, leaves the institution”. In other words, the principal of the school admits that educational and rehabilitation work is not done, that children are left for themselves. Is this a proper reason to direct them to a psychiatric hospital?” Mr. Astakhov commented.<sup>5</sup>

Thus the problem seems to be recognized by relevant officials. Nevertheless, spontaneous reports about being “send for misbehavior to the psychiatric hospital” continued to appear throughout the last year in among others the Kemerovo region of Siberia and the Chelyabinsk region in the Urals.

### **“Punitive” or “Educational” Use of Psychiatry Long Tradition**

The “punitive” or “educational” use of psychiatry inside orphanages is considered to be a long, well-entrenched and lasting tradition. It should be noted that the first systemic report entitled “Ways of Despair” was issued by several NGOs in the 1990s, 20 years ago.

There are several factors that make the tradition on educational psychiatry so consistent in Russia:

1. A tendency to approach any difficulty with the behavior and education of a child, specifically an orphan child, as a medical problem, rather than an educational one.

This approach is rooted in the practice of Soviet punitive psychiatry when Soviet leader Nikita Khrushchev in his famous statement noted that the nation of victorious socialism by

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2 Source: Report of the Council of Journalists of Russia of the 13 July 2012. <http://jourdom.ru/news/18846>

3 Source: website of the Child Ombudsman of Saint Petersburg city <http://www.spbdeti.org/id1161>

4 <http://allnews.ya1.ru/news.php?id=294068>

5 ditto



definition cannot contain those who disagree or are dissatisfied, these persons can be mentally ill persons just in need of psychiatric treatment. While the implementation of punitive psychiatry to political adult enemies of the communist regime was condemned throughout the world, and later in Russia as well, the practice of disciplinary psychiatry use behind the walls of orphanages has received much less publicity.

The explanation of the difficulties of teaching a child or bringing him up as a “disease” manifestation, seems to be very convenient for a lazy tutor or principal of the institution. If it is all just an illness, then one is obligated to do nothing for a child, not even try to resolve his problems, due to untreatable character of the “mental retardation”. Thus tantrums, aggression, unruly behavior, rejection of education and learning problems all this can be claimed to be the results of an illness, and not of the faults in the system of tutoring, education, lack of the skills and professionalism in staff members of the institution.

In other words children are considered “diseased beyond hope”, that can be only temporarily “neutralized” with drugs. Meanwhile, visiting relatives, volunteers, sponsoring persons who communicate with them personally and in a responsible manner, often express a common language in describing the very same children, who they see receive good results and handle the unwanted behavior without any drugs. In case these children are adopted into a family, their “diagnoses beyond any hope” appear to be out of reality, as the children show abilities to study and develop. The symptoms of hysteria, aggression, auto-aggression, depressive conditions disappear in these kids just because of the change of the situation. Adopted parents, as a rule, wean them off any drugs prescribed by psychiatrists and the condition of these kids improve.

Practice shows that the majority of these children, when they manifest “psycho-pathological reactions”, these are caused not by organic damage of the brain, but by intolerable circumstances: coercion by constant presence in a group of people one did not select to be with, obligation to follow strict, sometimes rather absurd rules, absence of any right for private space, no possibility to command oneself, lack of support of relatives and loved ones.

## 2. The existing mechanism of responsibility and decisions performed in the system, tend to work against the child.

If a staff member encounters an adolescent who, going hysterical, shouts “Rather than this sort of life, it's better to die, leave me alone!” (which, as shown above, can be totally explained by intolerable circumstances), then he has to consider possible legal consequences of the decisions he makes. Sometimes, adolescents who grow in families, surrounded by love and cared for, nevertheless do manifest similar reactions. Generally, parents know their kids well and can differentiate between just a hysterical cry of an adolescent from a statement of deep despair. However, for a staff member of the institution, this situation is much more difficult. The main point is, what happens if he or she makes a mistake? This depends on what will be the direction of a mistake.

If the action of the child was just a hysterical fit and yet the tutor (principal) decides to “show a bit more vigilance” then the child will undergo coerced psychiatric treatment in relation to his or her “suicidal intentions”. How would such a decision threaten the principal? In no way. The suffering, the damage of side effects from drugs, and/or the experience of helplessness and humiliation, will just add upon the child. No responsibility for unsubstantiated placement of an orphan in the psychiatric hospital will be laid upon the tutor. Nobody will try to prove the unsubstantiated character of the hospitalization as well.

If the tutor risks to “show too little vigilance”, while the child or adolescent actually tried to end his or her life, the incident would cause numerous inspections, an investigation and punishments. The tutor would be asked why he failed to detect the situation. He also would be expected to prove that he had tried to prevent the accident, and his efforts to establish contact with the child, win his or her confidence, and prove his or her readiness to listen to him. While these interpersonal tools cannot be proved by easily documentable means, thus making them nonexistent for those in charge of any possible investigation (although it could prevent the tragedy in fact), the certificate for mental hospitalization in practice constitutes sufficient proof that “effective preventive measures” were taken in order to save the child from death.

Therefore, children inside the orphanage are often doomed to coerced psychiatric hospitalization for whatever emotional or behavioral expression or problem even if the educator does not consider this as a “disciplinary” measure, and just wants to “ensure the security of a child” thus evading possible criminal responsibility in case something would happen.

Thus interpersonal communication between the adult tutor and the child in reality is being phased out of the system in favor of the more “medicalized” approach, despite professional honesty of dedicated individuals seeking help and care for the children.

The issue of the psychiatric hospital's responsibility for the results of treatment is no less problematic. While in the field of general medicine, the task of a professional is treatment of an illness and restoration of health, and if this is not possible, alleviation of suffering and betterment of the quality of life, and further weighing the unpleasant and painful adverse side effects as justified by the results of the treatment, the situation with psychiatric treatment of a orphan is different. Routinely the child is placed in a psychiatric hospital with a diagnosis and then subjected to treatment for quite a prolonged period of time, lasting up to several months. The typical treatment is injections of Aminazinum or Haloperidol (a so-called anti-psychotic drug), prescribed as a “prophylactic measure”. Both do not alleviate suffering and in certain aspects, is rejected internationally. After the “treatment”, the orphan is returned to the institution with grave side effects caused by the injections, but now suppressed and “quiet”.

While in case such a child would be having parents, the issue of the gains vs damage would be considered, this hardly is taken under consideration for an orphan.

### 3. Anti-integrative system of the education of orphan kids.

While coming into the system of institutionalized upbringing, the child, as a first action, goes through the “grading” system. He or she is directed then either to an institution for “normals”, or a “correction” institution. These are of the several types too: for those with bad hearing, for those with bad visual skills, for those mentally retarded and so on. Those who were not accepted into a “correctional” facility are sent to houses of incapable ones.

The word “correctional” implies “movement to the better”, “doing better”, “going up”, restoration from “incapable” to “normal”. However, practice shows that once inside the system, children are often moved from “normal” to “correction” and even to incapacity, with almost no precedents of the reverse movement.

The “gradation” system works against the possibility of individual development of the child. The child with a real or supposedly minor mental retardation, will not become better developed and more clever because he or she is placed among others with the same level or type of impairment. A deaf child will not learn to communicate with those who speak if he is confined in a group of others who are deaf.

The purpose of grading, therefore, is just the grading itself. The child enters the system not as a person, but as the label of his or her medical papers. The diagnosis being given never means the indication of a problem, with an educational and tutoring solution worked out for him or her. Rather, it serves as an explanation and justification of “why the job is not needed”.

The rehabilitation purpose is significantly distorted in reality by the priorities set through the most important indicators of the success of an institution: these are the quantity of lessons performed and events done, instead of the real dynamics of the achievements of the students. As long as the lack of the child's will to study and whatever difficulties in his development are considered not as an educational task, which is the responsibility of the tutors/institution, but rather as a medical problem of the child him or herself, the escalation of diagnoses to more and more grave conditions will continue. These diagnoses would pave the way for expansion of disciplinary psychiatry.

An inspection by an external pedagogue shows all the cases of “inadequate” behavior of children to be the cases of the tutoring staff not able to handle that type of behavior. It thus would be sound to raise the tutor's abilities and skills to handle such behavior instead of “medicating” these children. Relevant professional education should be provided to workers of the institutions if we want children not to fall victim of the helplessness of adults/tutors who, if only in despair, turn to disciplinary psychiatry.

The closed character of the institutions for orphans, the actual concentration of the whole responsibility for these children in the hands of the director of the institution, serves as an additional factor worsening the risk of the use of disciplinary psychiatry.

The use of punitive psychiatry against adults, which has been condemned throughout the world, is still flourishing in child institutions because it is less known and has not been subjected to the same international and domestic exposure and pressure. Orphan children have no voice in Russia, they cannot address media and inform them. The majority of them have been labelled since childhood with official diagnoses such as “Encephalopathy”, “Olygophrenia”, or “Alcohol Syndrome of fetus” which makes their accounts dubious in the eyes of the media and authorities.

The Orphanage constitutes a form of a complete isolation from society for an orphan. Visiting volunteers and patrons often are afraid to disclose information, being worried about the possible termination of their access to the institution in the future as a consequence. Volunteers have no rights whatsoever, and their communication with the child totally depends on the consideration of the administration of the institution. Thus citizen's control of the situation of orphan children inside the facility becomes almost impossible.

The leader of the institution is the only and plenipotentiary representative of every orphan living in the institution. This in reality means, the destiny of 50 to 300 children are totally in his hands. The very large responsibility thus granted through this system is counterproductive, even in a big family there are never more than 15-20 kids. To be in charge of more children, to decide their destinies, and not to escape the risk of professional degradation and burn-out of the so assigned administrative person, is almost impossible. “Power corrupts” – long experience in Russia shows – and “absolute power corrupts absolutely”.

The factors of the development of “absolute power” are evident: the less outside contact and support is available to the child (visits, communication with relatives and patrons), the more he or she is dependent and limited in his or her possibilities, (for example children who are labeled incapable, especially the in-bed ones or those with mental deficiencies), the more abuses are happening there. The more closed the institution is (this depends on the

seriousness of the diagnoses the children are labeled with) the more abuses would happen there. Even if absolutely decent persons were hired they with time have no chance.

## **Recommendations**

1. Openness and differentiation of the duties of the staff members of the institution should be foreseen by national legislation.
2. The rights and obligations of visiting patrons should be defined by law.
3. The possibility of joint guardianship between the principal of the institution and a visiting patron or patrons would constitute a remedy for the situation of the currently existing total control by the principal.
4. Duties related to education and development of an orphan child is to be shared between visiting patrons and the institution. For example, a visiting patron should assume an obligation to regularly bring the child to outside classes or help him or her with school homework. After the agreement on this is concluded, the leadership of the institution should not have power to terminate or sabotage these contacts.
5. The patron where they exist should be urged and made responsible to execute his duties regularly and not only "whenever he likes".
6. A system of special training for patrons would be created.
7. The legal ways of social control over orphanages should be foreseen legally. For example, the board of trustees could constitute the mechanism for this control. The strict rejection of the administration of the institution to allow public representatives to the institution and communicate with them in the interests of the child should serve for media and law enforcement structures as a warning signal, and become a reason for immediate inspection of the institution.
8. Emphasis should be made on adoption of children into families. In the final account, only development of the family-type establishments for adopted children, and preservation of small size institutions and family type ones would serve as the best way to liquidate the possibility to use "disciplinary psychiatry".

## **Citizens Commission on Human Rights**

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology and co-founded by professor of psychiatry, Dr. Thomas Szasz to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 140 chapters in over 31 countries including Russia. Its board of advisers, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

Citizens Commission on Human Rights Russia  
and  
Citizens Commission on Human Rights, European Office  
Store Kongensgade 55  
1264 Copenhagen K  
Denmark  
Email: [cchr.eu@gmail.com](mailto:cchr.eu@gmail.com)