Organization and Arrangement of Social Centers for Women in Challenging Situations

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Abstract
The purpose of this research is to justify the necessity of multidimensional women crisis center arrangement. Women in modern society are the most vulnerable to challenging situations in life. This situation is supported by the cultural patterns in the society, financial and legal insecurity of married women. The analysis of the current situation in Russia showed that there is public awareness is low and the number of crisis centers that help overcome life challenges is small in the country. Currently, there is no uniform statistical database of all persons suffering from domestic violence, no correlations found between the crisis center arrangement standards and the population size of cities. This research states and solves the following problems: studying the medical and psychological aspects of architectural solution impacts on people's health, analyzing crisis center arrangement from the point of view of sociology, studying the experience of Russian and foreign crisis center designs, inspecting the existing center premises, determining their pluses and minuses in operation, analyzing various social center layout options. Based on the performed analysis of the experimental project, the authors formulated the basic principles for crisis center design. First of all, it is necessary to determine the current demand for the center's services in the city, as well as center funding opportunities. The preferred option shall be multidimensional centers with temporary accommodation functions. The center territory must be divided into private rest zones and public areas, and the visitors must be classified depending on the purpose of their visit, e.g. consultations or classes. There must be separate rooms for center residents and the employees. Creating a positive living environment - the architecture of center buildings must be in harmony with the surrounding area, and the interiors must use balanced, non-aggressive forms and green plants to reduce visitors' stress levels. Mobility-impaired people must have easy access to the crisis center premises by installing special equipment for visitors with disabilities. The research confirmed that it is necessary to establish multidimensional help centers for women in challenging situations and demonstrated the importance of developing universal principles for architectural and planning solutions used in such centers. This article is the first one in a series of crisis center research aimed at the study of the impact of architectural solutions on the health and psychological state of women in challenging situations.
1. Introduction
According to the data from the Interior Ministry of Russia, 85% of the domestic violence victims are women. [1]. The causes of domestic violence are studied by sociologists, psychologists, forensic experts, and lawyers. They work on the elimination of domestic violence and help to prevent it [2]. There is a stereotype that domestic violence only happens in disadvantaged families but that is not always the case. Violence stands for physical, sexual, psychological, or economic actions towards the victims. Russian legislation does not have a law on the prevention of domestic violence, so women have to thoroughly plot crisis strategies themselves. Victims have to file a police report, record beatings at a hospital, and complete the paperwork correctly. As a rule, women in such situations have no money for lawyers or accommodation. Women trying to get out of crises, especially those with children, often face problems with money, accommodation, and law. Therefore, the only place where women can get qualified and prompt help is free and 24-hour crisis centers that aim to help women in challenging situations. Taking into account all of the above, we see that women require some help. Apart from considering this problem at the legislative level, it is necessary to design and build modern emergency centers for women in challenging situations.

The purpose of the research is to develop and suggest the principles of architectural and planning solutions for multidimensional emergency centers for women in challenging situations. To that end, we formulated the following objectives.

2. Research objectives
1. Study the Russian and foreign experience of designing emergency centers for women, as well as the existing design regulations.
2. Inspect the existing and operational crisis centers, identify positive and negative features of the existing building projects;
3. Analyze the problems identified, suggest ways of their solution, and present various layout options for multidimensional crisis centers;
4. Design a pilot crisis center using the suggested solutions and design principles developed based on the analysis.

3. Subject-matter of the research
The subject-matter of this research is women crisis centers. “Crisis centers are rehabilitation organizations that provide psychological, social, medical, and legal help to under-age pregnant girls and mothers if they face conflicts in families, and to women who suffered from violence (physical, psychological, and sexual)” [3].

This research dwells upon the principles of building design for multidimensional emergency centers for women in challenging situations.

4. Methods
To study the problem of crisis center arrangement and operation, we used the systemic approach: we gathered photographic evidence, collected and analyzed the data from the existing research concerning buildings and designs, classified legal documents, recommendations, and guidelines, and collected statistics. We developed the principles of architectural and planning solutions and designed a pilot crisis center building.

The novelty of this research resides in the analysis and classification of architectural and planning solutions used in the existing crisis centers, women emergency centers, and the improvement of scientific knowledge on the comprehensive work with women in challenging situations.

The practical value of this research is in the development of the architectural and planning principles for multidimensional women emergency centers that would help design such centers.
5. Analysis of the current situation

Currently, “60 countries of the world lack laws on the prevention of violence in families, marital rape is a crime in about 50 countries, and only 16 countries feature legal documents that classify sexual aggression crimes separately, and only 3 (the USA, Sweden, and Bangladesh) classify violence against women as a special type of crime” [4].

One of the leaders in fighting violence against women is Canada where there are over 600 specialized organizations that provide shelter and help to women who experienced violence. Canada initiated the development and approval of a UN Declaration on the elimination of violence against women. This document was approved in 1993 [5].

The main principles of crisis center operation in Canada require the privacy of the information received by the center or the support line service, equal respect to all of the counselees irrespective of their social position and nationality, and the creation of the atmosphere of trust and understanding between the crisis center employees and volunteers. Many centers participate in law-making to complement their awareness-raising and education work. We studied the design experience of Bridgepoint Active Healthcare center, Wellspring Family Resource & Crisis Center [6], and Crisis Pregnancy Center.

In the USA, the law on violence against women came into effect in 1994. The criminal law system, lawyers, and doctors used to view family violence as "family affairs" for many years, and now they cooperate to protect women and children from abusive treatment. In 1994, the US Department of Justice established a special force unit, the Office on Violence Against Women [7]. We must note that each state of the US has its own laws on the prevention of and combating family violence. One of the key measures to protect women in the USA is the legal protection order that is aimed at preventing physical violence. These orders restrict the contact between the aggressor and the victim. The first crisis center for women was opened in March 1972 in Hayward, California. Over the next years, a large number of similar organizations appeared. Eventually, they re-built and expanded their facilities and set up some extra services: legal consulting, instruction and education on safety measures for victims of violence, and pregnancy follow-up. The USA runs a special program by the Washington State Coalition Against Domestic Violence (WSCADV) [8]. Mahlum architectural company entered into a partnership agreement with WSCADV and after some research, formulated design requirements for domestic violence shelters. The results were published on the open-access Internet portal entitled Building Dignity. Design Strategies for Domestic Violence Shelter [9]. This work relies on the design experience of the Presbyterian Night Shelter Morris Foundation Women & Children’s Center in Fort-Worth, Texas [10], Building Dignity. Design Strategies for Domestic Violence Shelter [9]. These centers provide temporary accommodation and professional advice from various specialists, as well as the social adaptation service for women and children experiencing violence.

The research also investigated crisis centers in Fiji: Laura’s Home Women's Crisis Center, Fiji Women's Crisis Centre [11], Violence Against Women Center in Multan, Pakistan [12], Women's Refuge and Crisis Centre for SPAVO in Nikosia, Cyprus [13]. The Equal Opportunity for Women project in Rwanda got the first prize at the World Architecture Festival for Civil and Public Buildings in 2013. The project took into account local culture, traditions, environment, and architecture. Although it does not provide accommodation and shelter to women, it provides opportunities for business activity. [14]

6. The existing regulatory documents in Russia

In Russia, the current penal code does not classify offenses against a person in a family as a separate type of crime. Currently, all non-violent offenses irrespective of the victim are subject to administrative, rather than penal sanctions if committed for the first time [15], [16]. Social support of citizens in challenging situations is covered by the Federal Law on the Bases of Social Services Provided to the Citizens of the Russian Federation. This document determines the key aspects of the government's dealings with the people in challenging situations, including the work of crisis centers. Order N-934 of November 24th, 2014 On the Approval of Guidelines for the Calculation of Social
Service Organization Development Needs in the Regions of Russian Federation sets out recommendations concerning the calculation of the needs of Russian regions for the development of social services network, as well as the regulations for measurement units and quantities for each type of social facilities [17]. According to this document, the number of crisis centers per municipal unit (region of Russia) shall be determined depending on the number of social service consumers that require the services provided by the organization. Order N-940n of the Ministry of Labor and Social Security of Russia dated November 24th, 2014 on the Approval of Activity Regulations for Social Security Organizations and Their Departments determined the procedures for arranging the activities of social service organizations, types of services rendered, the suggested staff sizes, and the list of the required equipment [18]. Some recommendations concerning the design of centers for women in challenging situations have been developed for Moscow, and they are set out in a document by the Government of Moscow entitled Recommendations On Designing Women Crisis Centers [3].

During the analysis of the existing regulatory documents on the problems of designing women emergency centers and the implementation of crisis center projects, we found out that there are little to none academic developments on this topic in Russia. The majority of legal documents and academic publications deal with the sociological aspect of the problem. In 2003, the Mosproekt-4 design institute developed Recommendations on women crisis center design [3]. These recommendations were developed for the city of Moscow. This document requires some adaptation to be used in other cities of Russia. The problem is that apart from the number of residents it is necessary to take into account the filing statistics which is not always labeled as domestic violence.

7. Design experience
Within this research, we inspected several operating crisis centers [19]. They included: Crisis Center for Women and Children State Budgetary Institution in Moscow. The center works in the following areas: providing help to under-age women with children, and women who experienced domestic violence. The crisis center comprises the reception, consultancy, rehabilitation, and temporary accommodation (shelter) offices, and the departments for organizational, methodological, and educational work, social and legal support, as well as the food unit, service, and amenity rooms, and utility rooms [20,21]. The same services are provided to women in Moscow by two private organizations: the Nadezhda Center for Social, Legal, and Psychological Support (helping women with children who experienced domestic violence and under-age mothers) and specialized baby home No 22 (helping under-age mothers).

In Lipetsk, the crisis center for women and children was opened in March 2001. It provides organizational, consultative, psychological, and pedagogical support services, as well as emergency psychological service over the hotline [22].

In Penza, the crisis center for women and children is a project of church organization, the Pokrov Charitable Foundation for Supporting Families, Motherhood, and Childhood, at it primarily targets pregnant women and young mothers.

We found out that the majority of crisis centers operating in Russia are housed in buildings that were adapted to their needs and they only provide some of the necessary functions, usually the consultancy and temporary accommodation. The current situation calls for the development and construction of specialized buildings that will be suitable for the provision of all necessary functions: shelter, psychological consultancy, legal and lawyer’s support, medical treatment, phone consultations, rehabilitation support, group therapy. Thus, we can conclude that a multidimensional emergency center for women in challenging situations could comprise all of the necessary functions in one building complying with the requirements of the target group.

8. The analysis of crisis center availability to residents
As of today, Russia does not have a uniform database of crisis centers for women in challenging situations. Normally, such organizations are located in larger cities. We analyzed the statistics on the quantity and types of crisis centers. The European Union determined a standard for crisis center
availability to residents: “1 bed must be kept in the shelter per every 10,000 residents” [19]. According to Rosstat, Russia had 146,745,098 residents as of January 1st, 2020. Along with 150 operating centers, it means that 1 of the centers serves 978,301 people on average. We assume that each of these centers must be able to receive up to 98 people to comply with the European availability standards.

To analyze the availability of crisis centers to residents, we selected 5 cities from each of the population size groups (very large - population over 1 million ppl; large - population between 250 thousand and 1 million ppl; larger than medium - 100-250 thousand ppl, medium - 50-100 thousand ppl; small - up to 50 thousand ppl), according to the classification set out in the Regulations on Urban Development. Planning and Building in Cities and Towns [19]. The availability assessment was performed in order to determine the overall number of crisis centers in the cities, the number of beds in the centers, and the required minimum of beds for each of the categories. The analysis of crisis center availability to women in challenging situations in Russia showed that these facilities are insufficient in cities of all size groups. We also determined that there is no dependency between the number of residents and the number of crisis centers or the number of beds in them. This may be due to the different levels of activity of civil society organizations in the cities.

The analysis of Russian experience showed that the existing crisis centers often provide in-person or remote consultancy services only, without any shelter opportunities, or they have a limited number of beds for emergency accommodation of women. The construction and renovation of crisis centers are performed following individual specifications, and their activities are subject to their internal rules. Besides, smaller towns seldom plan the construction of social centers, which increases the load on the centers in the nearest large cities. Therefore, the necessary number of beds in crisis centers for women in large and very large cities must be increased because of the demand caused by the nearest towns.

9. Sociological survey
To determine residents’ awareness level about the opportunities to get professional help in challenging situations, we carried out a sociological survey among the master's degree students of Moscow State University of Civil Engineering. Its results show that 73% of respondents see the problem of domestic violence (both physical and psychological) in Russia as a pressing one.

However, only 8% of the respondents knew where they could ask for support in the city of residence (95% of the female respondents said they would go to a crisis center if necessary, and only 5% of women were not ready to ask for help). Apart from insufficient awareness of the existing centers, there is a problem with their availability, which means it is necessary to open new centers and introduce new functions and services, support women in employment and childcare. The survey also showed that the most sought-for function of such centers is providing temporary accommodation, as stated by 69% of the respondents. Besides, 62% of the respondents mentioned such key functions as help in employment and professional advice (from psychologists, lawyers, or doctors). Phone consultancy was mentioned by 50% of the respondents. Training and awareness- raising events were mentioned 46% of the participants.

10. Discussion
The main regulations and requirements for the location, territory, architectural and planning solution, and engineering equipment of emergency centers for women in challenging situations are set out in the Recommendations on Designing Women Crisis Centers in Moscow. The scope of this document comprises both the design and the renovation of the existing center premises. The department of architecture of Moscow State University of Civil Engineering developed a pilot project and massing model for a women crisis center building. It was developed taking into account the design recommendations for Moscow and the regulatory documents for construction in Moscow. One of the key goals of center development was the creation of a space for intellectual and emotional healing. This problem was greatly influenced by the work entitled Building a healing space. Designing shelter for beaten-up women [24].
The project complies with the requirements for the location and territory: it is an enclosed plot within a walking distance to public transport stops (up to 20 minutes by foot). The area of the plot determines the number of beds in the shelter: 80–100 m² per 1 bed. Apart from that, 40–50% of the plot is designated for green spaces, and the entire territory is split into the rest zone and the utility zone. There will be a 1–1.5-meter high fence running along the entire plot perimeter. The building itself will be up to 5 stories tall. Key advantages for the center visitors include the proximity to the public transport stops, grocery stores, healthcare facilities, and the safety inside the building of the center and in its yards.

When designing crisis centers, it is recommended to use architectural solutions, designs, and colors associated with the culture and habits of the women for whom the center is built. Animal shelters can be arranged within crisis center plots. It is necessary to provide the safety of the residents and restrict the visibility of the center from public spaces, arrange green recreational spaces within the center premises.

The pilot center has three functional units:
1. area for all those who come to the center;
2. area for center residents
3. area for center employees.

The rooms reserved for all those who come to the center take into account the needs of two groups of visitors:
1. those who came for urgent support (specialist work) and public event participants (conference rooms, workshop rooms, training offices).
2. Rooms for residents comprise housing units, i.e., rooms for 1 person or 1 family with a separate bathroom. Kitchens, laundry, and recreation rooms are located in close proximity to reception rooms and they shall be used by all residents. If there is no dedicated kitchen unit in the Center, kitchens must be provided in every reception room or every block consisting of no more than 3-4 reception rooms. Each block must have its own entrance.
3. A dedicated kitchen block has a driveway, loading, and utility areas within the center’s premises.

11. Conclusion
This research investigates the Russian and foreign experience of designing crisis centers for women. The authors thoroughly analyzed the legislation and the existing regulatory documents in Russia and abroad concerning the design of such centers. We also studied the problems occurring in the operation of the existing crisis centers, identified the pluses and minuses of the current emergency center projects for women in challenging situations.

1. The existing crisis centers provide various types of support for women but it is vital to solving domestic violence problems comprehensively through providing psychological, social, legal, medical, pedagogical, and household support to women experiencing crises, violence, or exposure to physical and psychological dangers. The number of such multidimensional centers in Russia is insufficient.

2. We discovered that there are not enough regulatory documents and academic publications dedicated to this problem in Russia. This problem is not sufficiently covered in architecture and design, and Moscow is the only city that developed recommendations on designing crisis centers for women.

3. Research results show cities of all size groups have insufficient numbers of crisis centers for women. Emergency centers for women in challenging situations in large and very large cities are distributed quite randomly.

4. There is no direct correlation between the number of residents and the number of such centers, as well as between the number of centers and the number of beds in them.

5. The lack of such facilities and smaller cities and towns leads to an increased load on the emergency centers in large and very large cities.
6. The results of the sociological survey conducted show that the problem of domestic violence is quite pressing, while the awareness of people about the services provided by such centers is low. We also determined that providing shelter is seen as the main function of such centers.

Based on the research results, we suggest designing multidimensional centers in Russia that would combine various functions and thus provide solutions to the existing problems. They shall include all of the departments necessary for the comprehensive under-age pregnancy follow-up, as well as servicing under-age mothers with newborn babies and women who experienced violence or got into a challenging situation. Based on the analysis of the pilot project, we suggested solutions to the problems identified and presented key design principles for emergency centers for women in challenging situations:

1. Investigating the existing demand for the services offered and the funding opportunities in the city.
2. Organizing a multidimensional crisis center, necessarily with accommodation functions.
3. Providing for the functional zoning of the crisis center plot through the allocation of private rest areas and public areas.
4. Separating the functional areas of the center building depending on the purpose of the visit. Arranging consultancy or training rooms for the visitors of the center, reception rooms for residents, and staff rooms for center employees.
5. Creating a positive living environment - the architecture of center buildings must be in harmony with the surrounding area, and the interiors must use balanced, non-aggressive forms and green plants to reduce visitors’ stress levels.
6. Providing easy access to the crisis center for the mobility-impaired people.

The results obtained in this research can be used in designing emergency centers for women in challenging situations in different cities across Russia.

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