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Abstract

This article reconsiders children's mobilities through the relationship between care and control in the context of Russia's disability orphanages. Drawing upon the lens of carceral mobilities, the article challenges the dominant conceptualisations of children's mobilities as 'independent' or necessarily intertwined with notions of 'wellbeing'. Instead this piece draws upon ethnographic research into the Russian disability orphanage system to present three typologies of multi-scalar carceral mobilities which children experience in this context; firstly as a form of spatial segregation and containment, secondly as a form of punishment and finally enforced stillness and restraint as a form of care. In doing so it provides new insights into the nature of the everyday for children in restricted institutional environments, largely absent from the wider geographical literature. Through the lens of carceral mobility this article provides a more nuanced geographical reading of the orphanage beyond an environment variously understood to harm or problematically to provide shelter, but as an institution enmeshed in biopolitical processes of power and control.

'It struck me that the conjoined rooms that the children essentially live in are deeply associated by the children with discipline and passivity. Walking past any of these rooms down the long corridors it is always possible to see the children sitting in there, in silence, often rocking back and forth. The dorms and living rooms are very much disciplinary/supervised spaces where most activities (bar sitting quietly, eating, going to the toilet, sleeping) are not allowed.' (Fieldwork Diary)

Life in the orphanage for children with severe intellectual disabilities (*Detskii Dom Internat* [DDI]) in Russia, where I conducted my fieldwork, is presented as an environment of care yet was a complex institutional space that frequently lapsed into control, discipline and, at times, punishment. The daily routines of the resident children were highly regulated and their

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movements strongly linked to other actors frequenting this institutional space such as the orphanage staff but also volunteers who provided daily activities, and thus facilitating children's mobility. The children could however spend considerable lengths of time sitting in their conjoined day and bedrooms, experiencing only embodied micro-mobilities such as the rocking back and forth described in the excerpt from my field diary above. At other moments there were complex coercive and punitive mobilities present within the DDI, and as I would later learn these were also present throughout the wider web of institutional spaces for orphaned children in Russia.

This article reconsiders children's mobilities through the relationship between care and control in the context of Russia's disability orphanages drawing upon the lens of carceral mobility. In doing so it reveals the disciplinary operation of orphanages, institutions which have remained curiously absent from geography (although see Disney, 2015a, 2015b, 2017; Franklin, 2014). This ethnography is concerned with spaces where control appears to have gradually eroded the primary aims of care, and elements of punishment have become a part of the everyday for children in this environment. Movement into and within the DDI and wider orphanage system in Russia is complex, and although often intentioned as a form of care these mobilities are also often controlling and at times punitive. Drawing upon the lens of carceral mobilities this paper drives forward conceptualisations of childhood mobility, which is too often couched in terms of well-being or independence and thus makes absent from the literature children and young people who experience mobility as a form of coercion or punishment in institutions such as orphanages, young offenders institutes, secure care settings or psychiatric units. Children's geographers have often endeavoured to represent and explore the *everyday* spaces of childhood (Horton and Kraftl, 2006), however focus on institutionalised childhoods have remained largely focused on the school (Disney, 2015a). While the vast majority of children perhaps do not experience institutional settings such as the DDI, for the children within such spaces, these environments are very much their *everyday*. Finally, in applying theories of carcerality to settings beyond that of the prison or migrant detention, this article illustrates that other spaces might be considered 'carceral' environments, meaning spaces that encompass punitive processes and practices of control, imprisonment without consent and various disciplinary techniques (see Foucault, 1991; Moran, 2015). Just as carceral geographers have explored that the similarities between migrant detention and practices of imprisonment, institutions of 'care' such as the orphanage also encompass punitive practices and involuntary confinement, albeit ostensibly for different purposes.

The article begins with an overview of the carceral lens of mobility, before reviewing the literature on children's mobilities with a specific focus on the ways in which the notion of wellbeing and independence has been emphasised. These two sub-disciplines are noted as remaining relatively distinct from one another, despite a number of conceptual overlaps. The research context and methodology is then discussed to provide an overview and to explain where and how this study was conducted. Finally the ethnographic data is presented with the children's mobilities in the orphanage system represented in three typologies of movement, each encompassing various forms of coercion and discipline across a number of scales, tracing the macro-scale movements of orphans into and between these institutions and the micro-scale mobilities within corridors and rooms of the DDI where I worked. First, the article traces the ways in which the children experience mobility as a form of containment, on one level through their segregation from wider society, and on the micro-scale within the institution so that their spatially disorderly behaviour does not disrupt the rhythms of the DDI and thus create more work for the staff. Secondly, the article shows how mobility can be experienced as a form of punishment for

perceived unruly behaviour, and such punishments occur in various forms within the DDI, or through movement between other institutional environments. Thirdly, and perhaps the most complex, this article argues that mobility is also experienced as a form of enforced corporeal *stillness*, which while likely to be read as a form of discipline or even punishment, was intended as a form 'care'.

Children's carceral mobilities

While spaces of detention and imprisonment have traditionally been conceptualised as environments of fixity and stability (Turner and Peters, 2016), carceral geographers have increasingly begun to consider the scalar mobilities involved in incarceration (see Gill, 2009; Moran et al., 2012, 2013; Peters and Turner, 2015; Stoller, 2003; Turner and Peters, 2016), and that movement can indeed be a form of control (Foucault, 1991). As Moran (2015) notes the focus of the early empirical work in geography examined mobility in terms of *access to* or *exclusion from* it, and that such an approach presents mobility as an ontological object, rather than a characteristic. Of greater interest to carceral geographers is the ways in which mobility might be understood to be an *instrument of power*, and might be experienced as 'involuntary' or 'disciplined'. Analysing the transport of prisoners in the context of the Russian *etap*, Moran et al. (2012: 456) developed a Foucauldian framework for understanding this movement as encompassing dual disciplinarity, inclusive of both the limitation of agency and the disciplinary power 'in which travel time facilitates the acclimatisation of the prisoners to the institution of the prison', essentially a form of governmentality. Beyond disciplined movement into the prison as Turner and Peters (2016: 5) note there are a range of (im)mobilities evident within carceral environments themselves; from the macro-scale restrictions 'of movements around prison space (between the cell, the canteen, the visiting room)' to the micro-scale through the disciplinary lens focussed on the movement of individual bodies where certain regimes aim to engender embodied docility.

As Moran et al. (2012: 449) argue '[m]obility is . . . a constant practical concern in the management of penal systems.' But it is also a constant in the operation of other institutional environments, particularly those involved in the care, management and wellbeing of human beings, and such movement might also be conceptualised as disciplined particularly in biopolitical terms. 'At risk' or 'unhealthy', 'defective' subjects are drawn into care spaces fulfilling the biopolitical objectives of the state in maintaining a healthy populace. Such movement is disciplined in various forms, and at times comparable to the ways in which prisoners unwillingly enter spaces of incarceration. In the case of orphanages, children often similarly involuntarily enter spaces of care following 'crisis' conditions within the family (Fonseca, 1986: 15). While carceral geographers suggest that all movement might be conceptualised as disciplined to varying degrees (see Moran et al., 2012: 457), empirically they have remained largely focused on spaces such as the prison or migrant detention centre, and the children's mobilities explored in the DDI suggest that other spaces might also be conceptualised as 'carceral'.

Mobility has also long been a concern of children's geographers interested in the ways in which children and young people's spatial range and movement are shaped or influenced by specific environments, whether they be urban (Horton et al., 2014; Valentine, 1997), rural (Eriksson, 2015; Matthews et al., 2000) or at times institutional (Barker et al., 2010). As Horton et al. (2014: 95–96) note, much of the literature around children's mobilities has typically been based in minority world, urban contexts, and often draws upon literatures from transport geography and environmental psychology (Mackett et al., 2007;

Matthews, 1992). Youth mobility is often presented as important for children's health, wellbeing and development with access to public space for recreation and play valued from a rights-based perspective (Nansen et al., 2015; United Nations Children Fund (UNICEF), 1989).

Much of the focus on children's mobilities has centred on the 'independent' nature of such movement, with many often lamenting the seemingly decreasing spatial range of young people today (Kytta et al., 2015). Children's geographers have explored this 'decreasing spatial range' through a number of contexts and situations, such as the ways in which adults facilitate or constrain youth mobility (Matthews, 1992), or changes in the built environment and transportation policy (see Carver et al., 2008) or societal and cultural norms (Malone, 2007) all shape children's movement.

While children's mobility is often explored with reference to 'independence', what constitutes 'independent' mobility is not always clear, except that it is understood to privilege individual agency and autonomy to move free from adult constraints (Mikkelsen and Christensen, 2009). While children's geographers have challenged this concept, with some suggesting instead that children's mobility exists on a continuum of interdependence (see Nansen et al., 2015), mobility is still problematically considered something that is necessarily intertwined with youth wellbeing. Such conceptualisations of mobility present it as a desirable, indeed integral, experience of childhood, reflecting conceptualisations of mobility as emblematic of 'freedom' and 'progress' (Cresswell, 2010: 21). But children's mobilities might also be understood to encompass coercion, and rather than being necessarily indicative of freedom or wellbeing, children and young people might also experience movement as a form of discipline and punishment. Less attention has also been paid to the spaces and places where children are drawn into against their will or the environments that see young people's spatial ranges not only constrained but see children's bodies immobilised at the micro-scale (although see Philo, 2014; Schliehe, 2014). This also has implications for children's geographers' aims to explore the 'everydayness' of childhood (Horton and Kraftl, 2006: 71), which have provided rich empirical data and attention to the often overlooked aspects of childhood, but has largely remained focused on environments such as 'the home', 'the school' or 'the urban neighbourhood' as the 'everyday' of (often western) childhood. Certain other environments such as young offender institutes, secure care units, hospitals and orphanages appear to have been overlooked in this respect. While at first glance such spaces do not perhaps appear 'everyday' given that the majority of children do not experience such spaces, these environments represent banal and everyday for those children inhabiting them. It is here that children's geographers could draw upon the lens of carceral mobility to explore the ways in which children's movements and journeys might be understood to be not simply constrained but also disciplined, coerced and at times even punitive, but at the same time a part of the *everyday* lived experience of these spaces. There is arguably an ethical imperative for children's geographers to give voice to children inhabiting such institutional environments, who have remained somewhat absent within the literature so far. This article begins this task and initiates a call for children's geographers to consider such spaces.

In drawing upon the lens of carceral mobility to trace the various everyday movements into, between and throughout this institution and the wider system, this article provides nuance to our understanding of orphanages as institutions that have variously been seen problematically to provide salvation (Freundlich, 2005) or cause physiological and psychological harm (see Johnson et al., 2006; Rutter et al., 2001). Before presenting the empirical data, this article first provides some contextual information and an overview of the methodological techniques employed in this study.

Research context and methodology

This article draws upon research conducted between 2011 and 2015 into the spaces of care for orphaned children in the Russian Federation, and involved a multi-sited ethnography of three different locations, although only data from two of these locations are drawn upon in this article. As might be assumed, institutions of care for orphaned children are rightly difficult to access, and attempting to research such spaces presented a number of practical difficulties. Not least is the scale of the institutional network; the Russian orphanage system is vast with various institutions providing specific spaces for different 'types' of children (see Disney, 2015b and Holm-Hansen et al., 2003 for descriptions of the system). It is hard to estimate the exact numbers of children within these disability orphanages because not all of the children resident in such institutions will necessarily be counted legally as 'orphans', as they have not been legally refused by their parents (Biryukova and Sinyavskaya, 2017; Disney, 2015c). Some parents will use these institutions initially as a temporary placement for their child, but such placements can become permanent as the will or ability to visit these institutions lapses (Disney, 2015b). Biryukova and Sinyavskaya (2017), drawing upon data from the Russian Federal State Statistics Service (Rosstat), note an ongoing process of deinstitutionalisation in Russia with a trend in the statistics showing a decrease in the overall number of children out of parental care being institutionalised. Despite this, these populations remain significant; in 2014 Russia had 633,900 children out of parental care, 11.5% of who were in institutional care (Biryukova and Sinyavskaya, 2017; Rosstat, 2015). For these children this web of institutional spaces represents their *everyday*.

The closed nature of the system meant that selecting field sites was heavily reliant on where access was actually available; essentially a form of 'convenience sampling' (see Marshall, 1996), common in studies of closed institutional spaces. The first field site was selected through Russian colleagues and friends who put me in touch with an NGO operating within the confines of an orphanage, specifically a DDI, with this particular institution home to just over 400 children. I worked in this institution for two months as volunteer on a daily basis for an NGO operating in the DDI, conducting interviews and keeping an ethnographic field diary. During this time I was assigned to a group of 10 boys known collectively as Group 27 and as a volunteer I was tasked with providing some basic socio-emotional contact, which mostly involved providing them with one-to-one attention to play games or do artwork.

The second field site was located in a large Russian city and involved three months working with, visiting and interviewing various NGOs involved in orphan care or working with the state system. I also used this time to interview Russians with expertise in the orphanage system to help me make sense of the various processes taking place, these included a lawyer specialising in domestic adoption from the state sector, a paediatrician and her mother who had adopted from the state system and a child psychiatrist, among others.

All interviews were conducted by myself, either in Russian, or in English depending on which language participants felt more comfortable using. Certain secondary documents such as NGO reports and Russian media articles are also included with my own translations from Russian to English. In total 35 interviews were conducted for this research, and over 30,000 words of ethnographic field notes were generated in the process of conducting participant observation in these two field sites.

All data has also been anonymised, so that the participants are either referred to by their profession or a pseudonym; similarly, I do not reveal the names of any of the locations or organisations I visited in order to protect the identities of those involved in this research. The children of Group 27 and those elsewhere in the institution are included in the research, but

only from an observational point of view in the written reflections upon my time as a volunteer. I recognise that this is not an ideal position, given that childhood scholars strive not to see children as mere objects of research and participatory research is often deemed ethically preferable since it includes children in the research process as active participants (Christensen and Prout, 2002). However many of the children were unable to speak and I was unsure if I could genuinely explain the implications of my research to them. Ultimately I did not feel comfortable relying solely on the guarantees of the adults working in the institution, or my own ability to obtain some sort of non-verbal, 'informed' consent from the children. Therefore, the children in Group 27 and those elsewhere in the institution are included in the research, but only from an observational point of view in the written reflections upon my time as a volunteer.

The orphanage as an institution of coerced mobility

Mobilities within the orphanage system in Russia are multi-scalar, and the children drawn into the system experience multiple forms of complex movement that complicate conceptualisations of children's movement as necessarily denoting wellbeing, independence or freedom. Firstly movement into these institutions can be read as a form of *containment*; on one level children are moved away from the rest of society as a form of segregation having been identified by state biopolitical instruments as 'defective' elements of society that risk the overall health of the nation and are thus in need of correction and containment. Similarly they experience (im)-mobility as a form of containment within the institution, as overly mobile children are seen as spatially disorderly disrupting the rhythms of the institution and thus creating more work for staff. Secondly, children within the disability orphanage system experience movement as a form of *punishment* for perceived unruly behaviour, which can result in transport to different institutional spaces such as other orphanages or psychiatric institutions or physical restraint within the orphanage itself. Thirdly and finally, micro-scale embodied movements represented a complex phenomenon for the orphanage staff and volunteers; many children moved in unexpected or even erratic ways, for some this could be simply rocking back and forth, for others this could mean violent self-harming. Such movement was perceived as unruly and dangerous by the orphanage staff who attempted to curtail such movement, intentioned as a form of *care*.

Mobility as spatial segregation from society

Children can be contained within these spaces of institutional care through a number of different means that illustrate some of the biopolitical forces at work in Russian orphan care. Many of the children in the orphanage enter the system due to significant pressure placed upon parents by the medical establishment, sometimes directly after the birth of their child, to place him or her into state care following a diagnosis of some form of disability. The biopolitical power of the Russian state is notable in such instances, and reveals discourses surrounding disability operating such through institutions as hospitals and medical professionals. Alongside disciplinary institutions such as prisons and psychiatric hospitals, the orphanage system manages individual bodies across a number of scales, on one level the state's norms are administered to the population as a whole as it seeks out defective elements and seeks to maintain a healthy populace (Taylor, 2011: 44–45), in particular in relation to issues such as birth rates, death rates and the general health of the population. I was told of instances of parents being led to believe that their child had either died at birth or informed that the child would die soon and thus persuaded to give up the child to specialist care.

A volunteer informed me of such an instance at the orphanage, with parents convinced that their child had died, when in reality she had survived and was sent into state care:

'So there is also a story that one mother…she was told her daughter died at birth…or she was told that she would die some hours after birth…and she was given papers to sign…but actually her daughter survived…she knew nothing for 14 years about her child'. (Volunteer)

Such stories appeared relatively often during the course of my research, and this particular volunteer knew of other such instances in this institution. Children identified as differing from the 'norm' are often moved onto a predetermined path into the networks of state institutions that provides 'care' to children without parents. Such a move into these institutions can be conceptualised as a form of coerced mobility such as that experienced by prisoners; they are unable to influence their movement into this system and, as will be discussed, once inside as they find regulation of their mobility is a form of control.

If a child is refused at this early age, they are placed in a general baby home among other abandoned, rejected or forcibly removed children who are not necessarily disabled. The only segregated group of children in baby homes are children suspected of being HIV positive, at least in some regions.[1]

All children are later assessed by the state run Psychological-Medical-Pedagogical-Commission (PMPC), a collection of specialists who try to ascertain a child's developmental level or detect any disabilities (see Human Rights Watch, 2014). A diagnosis of impairment leads to categorisation and placement into one of eight different specialised orphanage environments that are theoretically designed to cater for these specific needs. Although potentially a positive and constructive force, the PMPC can also be a tool to segregate specific children, operating as an instrument of disciplined or coerced mobility.

During my time researching orphan care in Russia, I did not manage to witness the PMPC in action, and its processes remain mysterious, taking place behind closed doors. However, many of my participants expressed a sense of unease about the PMPC's practices. Human Rights Watch (2014: 61) recently concluded a study into the institutionalisation of disabled children in Russia, and similarly noted the rigid, inflexible nature of the PMPC:

'[T]he commission uses children's prior diagnoses and their failure to pass the exam as evidence that a child is unable to live outside of an institution.'
…
'The PMPC exam discriminates against children on the basis of their disability in at least two areas. The exam is administered in the form of an interview and those administering it do not make accommodations for children who are unable to speak and may have developmental disabilities that prevent them from engaging in conversation, understanding questions of the type administered on the exam, or other disabilities.'

The PMPC exam and movement into one of the eight different disability orphanages not only marks another stage of coerced mobility of the child through institutionalisation and containment, but also augments it through the lack of follow-up examinations, as this paediatrician and her mother who had adopted from the state system described:

Researcher: 'So there's no reassessment after that initial commission?'
Mother: 'It's…if there is it's very formal.'
Paediatrician: 'Very formal. There's just nobody who is interested in bringing them back.'

Discourses about the 'abnormality' of disabled children also filter into the general population and initiate children's coerced mobility into these systems, as demonstrated by the pressure placed upon new parents to relinquish control of their child to state control.

Mental health geographers have noted the ways in which a variety of systems, not necessarily designed with the aim of explicitly segregating certain populations (such as orphans) somehow become implicated in institutionalising these individuals (McGeachan and Philo, 2017, see also Wolch and Philo, 2000). In Russia, the PMPC is one such system that facilitates the institutionalisation and macro-scale coerced mobility of children with 'mind-body differences' into the complex web of the disability orphanages.

In the course of my interview with a lawyer who specialised in domestic adoptions, she recalled an instance where a pregnant woman attended one of her workshops on adoption where such discourses around disabled children were notably influential:

> 'During the break the psychologist from the group, he took me aside in the room and he said to me: "I'd really like your advice. This particular person, she's expecting a child and her doctor told her definitely that the child will have some kind of disability and it is better if she just gives him away immediately. Now she is getting together papers to adopt the same day, so she can present to her family this is the one I gave birth to." And you could see on her face that this was a terrible decision [for her to make] but she just decided and the doctor told her you should definitely do this and her husband as well . . . I sort of noticed them because of the husband, you know you see the face of a person who drinks a lot but obviously is not used to drinking. Obviously the whole family is torn but they decided they should do it and that this is the solution. So then I asked the psychologist to suggest to her to keep the child and to "have twins". Because if he is destined to die, it is better that he dies in her hands.' (Lawyer)

Placement following diagnosis from the PMPC or the medical establishment should be understood as a form of coerced mobility; obviously the children do not choose their diagnosis and their subsequent placement within one of the disability institutions. They also have very limited opportunities to challenge these placements and diagnoses.

Mobility as containment inside the institution

Within the DDI the children are subject to range of techniques to render them docile and restrict mobility. The children within the institution have specific places to be depending on their disability, for some this is lying in cots or sat at a desk in their conjoined day and bedrooms, thus rendered docile and often largely immobile, however the volunteers' involvement can disrupt this 'order'; moving them out of these spaces often meant they were 'out of place', jarring against the rhythms of the institution. This reflects Cresswell's work on the discourses of deviancy in mobilities, in particular his work describing Gypsies in the UK, who are to be prevented from travelling where they want to (Cresswell, 1996), and a women's protest camp transgressing normative geographical assumptions of a 'woman's place' (Cresswell, 1994). The children are seen to have specific places in the orphanage, and the volunteers' movement of them or encouraging the children's movement is seen as spatially disorderly, reflecting that life and movement within such institutions is 'a daily lived *and* deliberately managed experience' (Philo, 2001: 475, emphasis in the original).

Staff employed a number of methods in order to constrain the mobility of the children; these included social, physical and medical forms of control, restraint and immobilisation.

On my first visit to the orphanage, several months before I actually began volunteering, I was guided around the building in which I would later be working. During this visit I first encountered the forms of social control frequently utilised by staff members:

> 'One moment in particular stood out for me: when walking past some of the children sitting on a sofa, one of them reached out [to me] and was scolded by the sanitarka [orderly] who said "eto

nye dlya tebya'' (''that is not for you''), at which point the child stopped attempting to gain my attention.' (Field Diary)

Shouting at the children represents one of the most common and more minor elements of control used to regulate mobility and encourage docility. Staff also occasionally utilised similar language in order to constrain the agency of volunteers whose task is to facilitate the children's mobilities through providing the opportunity to walk other spaces inside the institution. Volunteers had their own perspectives on the children's mobilities, and felt that certain movements such as even simply walking through the corridors of the building might provide relief from the stillness enforced by the *sanitarki*. This could lead to conflict with staff who prioritised the children sitting still in their conjoined day and bedrooms (for further volunteer–staff interactions see Disney, 2015b). Some members of staff considered that even engaging with certain children was pointless, which they would tell volunteers in front of a child that they felt was beyond hope:

> 'Kiril [has] been told by the staff not to bother with one of the children; that working with him would be pointless. For me this confirms my suspicions that some of the staff see some of the children as beyond hope, and that the only thing to do for them is to keep them alive.' (Field Diary)

The desire to constrain the agency of the young Russian volunteers is also an indirect attempt to immobilise the children; the volunteers' attempts to engage with the children is seen as creating more work for the institution, interrupting the much desired docility and stillness that the orphanage seeks to instil in the children. When the children did move in perceived unruly ways, such as running around, or were even simply considered likely to do so, they risked being physically restrained. Sasha particularly liked to run around the sports hall inside the DDI, but his running also at times irritated the staff, who preferred for him to sit still. On one occasion this frustration with his running resulted in his physical restraint: '[W]hen I returned Sasha to his chair, he was literally tied to it with the kind of belt you see on dressing gowns.' (Field Diary).

Sedentary corporeal states notionally appear to be associated with comfort and wellbeing, yet as Bissell (2008: 1703) argues in thinking through sedentary comfort and stillness, that 'corporeal comfort is an embodied contingency forged between the body and the proximate environment.' The body and chair on which it sits act upon each other to generate comfort, a desirable state, however it can just as easily represent discomfort or pain if it is enforced. The children in this institution experienced sedentary, immobile states through restraint that were a means of control and punishment in order to engender docility and preserve the rhythms of the institution and thus the ease of work. Since physical restraint was not always perceived as permissible by higher-level members of staff or the volunteers, more subtle attempts at facilitating stillness and docility in the children were sometimes employed, such as medicating them:

> '[S]omeone who works with the NGO (although this was the first time I had come across her) said that, if we ever sense that one of the children is particularly sleepy or not behaving as usual, then we are to inform her immediately and note down the time and date. The suggestion was that perhaps the staff are giving some of the children medication to alter their behaviour.' (Field Diary)

I discussed this with the mother who had adopted from the state system and the paediatrician about the reasons for the use of sedatives in the DDI:

> Researcher: 'Why would they use it?'
> Paediatrician: 'Because they are strong sedatives.'

Mother: 'Then they sleep a lot and they are slow. They don't cause any trouble, the nurse can just sleep or whatever it is she does.'

Similar instances of medicating children in order to reduce mobility and engender docility were noted by Khlinovskaya Rockhill (2010) in her ethnography of social orphanhood in the Russian Far East, and by Human Rights Watch (2014: 35) in the disability orphanage system, who found sedatives being used openly to immobilise the inhabitants of an institution for children with developmental disabilities in the Sverdlovsk region: 'At least 100 children here receive strong sedatives: five types, three times per day. If the children are not manageable, then we use medication.'

Across these various levels the children experience their mobility restricted and find themselves spatially segregated from wider society and then contained in certain places within the institution itself so as to ensure docility and ease of work. Movement into these institutions is ostensibly conducted in the name of 'care' and yet more closely resembled a form of biopolitical control. Beyond these experiences of segregation and containment, these spaces also employed a form of punitive mobility as a penalty for unruly behaviour.

Mobility as punishment

Alongside the movement, segregation and containment of children into institutions for the purposes of 'health' and 'care', respondents expressed concerns that the PMPC also operated as a disciplinary instrument to move children into certain institutions as a form of punishment. Participants suggested that it operated as a way to deal with troublesome children, as the head of this NGO working in orphan advocacy explains:

'Well, for many children this commission is the route into the institution. And the funny thing is that, for many children who live in the family it is quite the opposite; these commissions . . . you see it when there are concerned parents, and they really help a child . . . and then they really help to define for him the best educational path. But for a child in an institution where there is this problem, the task is to get rid of difficult children; they work quite differently – as sorters [of children]. And it's such a big problem that for some it works positively, for others it is negative, [and] it is not always clear why.' (Oxana, orphan advocacy NGO)

The paediatrician and her mother who I interviewed shared Oxana's concerns, commenting on the PMPC's processes they felt decisions by the commission could be related to so-called 'behavioural issues' rather than specific medical diagnoses:

'. . . there's no quality control so it's often easier than to find the resources to actually do something, it's like "Oh that's it! Behavioural problems and whatever disabilities . . ."' (Paediatrician)

The lawyer I interviewed had been working with a child within the institutional system for some time and similarly claimed that he had been moved against his will not because a certain care environment was designed to meet his needs, but as a means of punishing him:

'My personal acquaintance, he was actually transferred from the normal orphanage for behavioural issues. Like, there was a personal conflict with someone and he got put into type 7. Then there was one incident when he was rude or something, and he went to type 8. So this is also a matter of discipline . . .' (Lawyer)

Again this was not something I was able to witness first hand, and yet movement as a form of punishment was reported in other forms within the Russian orphanage system. In these

instances the coerced mobility was both a means to apply a punishment and a form of punishment in itself; the lawyer indicates to live in a certain institution (type 8) is a form of punishment, but also to have to leave a current 'home' in one institution, involuntarily, is also a form of punishment.

In addition to these ways in which children experience coerced mobility between orphanages, there are other means by which children might experience a form of coerced mobility drawing them into different institutional care environments, a lateral move across the care spaces with children punished for misbehaviour with punitive psychiatry. The use of punitive psychiatry against disabled orphans was again something that I did not directly observe in the institution where I volunteered, and yet there have been several reports of such practices within the Russian media (see for example Filipenok, 2015; Gabriyelyan, 2015; Pogrebizhskaia, 2013). Chernova describes an instance of orphans being forcibly committed to a psychiatric treatment:

> 'In 2010, 20 out of 72 orphans from the orphanage in Komsomolsk-on-Amur were placed in a psychiatric hospital, where they were treated with neuroleptics. The Prosecutor's Office found that all the children were admitted to hospital for treatment of ''emotional disorders'' without the inspection commission of psychiatrists or judgment. The children said that they had been warned that for bad behaviour they would be sent to a lunatic asylum.' (Chernova, 2014: no page, my translation)

Human Rights Watch (2014: 37–38) found similar practices, as these two excerpts from their interviews with orphanage children reveal:

> 'On a Sunday, a boy ran away from the children's home. They put him in a psychiatric hospital. He's been there for five months. When children return from the hospital, they are quiet. Their bodies tremble.'

Movement in such instances is understood as a viable threat and a means to enact punishment for 'bad behaviour', and thus feared by the children as noted in above quotations.

The macro mobilities of populations between the different types of disability orphanages, and the reported use of psychiatric institutions as punishment, reveal the considerable punitive mobility to which these children can be subjected. Involuntary crossing of boundaries such as those of the PMPC's diagnoses or the sending of children to psychiatric hospitals as punishment illustrate the carceral nature of these spaces and systems, as Turner and Peters (2016: 5) note of the mobility associated with the processes of incarceration; 'mobilities are evident in the very act of incarceration as subjects are moved and re*moved* from wider society, crossing a border from the ''outside'' to the ''inside'''. Far from experiencing mobility as a form of independence or as means to facilitate their wellbeing, these children experienced movement as punishment in the macro-scale interactions between institutions and in the micro-scale behaviours within them as a part of their everyday.

Punishment for perceived unruly bodies was not the only response from the staff of the DDI however, and there were instances when the staff implemented restraining measures with the intention of 'caring', even if these practices might be read as a form of corporeal control.

Mobility as 'care'

As Philo (2014) notes, movement of the docile body is an important feature of Foucault's *Discipline and Punish* (1991), but also within *Psychiatric Power* (2008) in respect of what

Foucault terms the 'dressage' of the body. Foucault analyses the methods of Edouard Seguin, famous in the 19th century for his techniques in working with 'idiot' children, and such techniques are particularly revealing in terms of the embodied mobilities that he describes. Of particular interest to Foucault was Seguin's attempts to impose his will on that of an 'idiot' child, preventing the child's erratic embodied mobility through five weeks of holding the child in place safe for eating and sleeping. As Philo (2014: 501) notes, this particular instance focuses on the relationship between mobility and immobility:

> 'the objective being to still the restless mobility of [the child], the constant motion of his body, flailing of legs, flapping of arms and spinning of head, and instead to create a state of complete immobility, a stillness of body coupled to a steadiness of gaze (of [the child] upon Seguin).'

Within the DDI there was similarly complex relationship between mobility and immobility, and the children were subject to varying forms of embodied control with the purpose of this control intentioned as a form of *care*. Members of staff in the DDI often felt it necessary to restrain the children in a number of ways in order to achieve embodied docility to ease the processes of 'care', with 'stillness' often constituting the most desirable state for the children, even if it had to be enforced.

Restraint of the children by the *sanitarki* often appeared to occur in response to a lack of adequate staffing; with long shifts and a relatively small contingent of staff to watch over a group it was inevitable that there would be moments where a *sanitarka* would leave a group unattended. In such instances I would sometimes find that a child had been physically restrained:

> 'I arrived at my group to find that all of them but one had been taken off to be washed, the other child had been left in a straightjacket style shirt, lying on a mat in the room with no one watching him.' (Field Diary)

Restraint of the children's bodies was also understood as an acceptable form of *care*, as with the child in Foucault's analysis of Seguin's practices (Philo, 2014) because of the children's unpredictable movements. In particular this form of 'care' emerged in response the children's capacity for self-harm and violence, which was most damaging to themselves, of the most extreme examples in the DDI was a child who would bite his arm or tear at his ears if left unsupervised to the extent that he frequently drew blood. It is important to note that at times the staff's restraint of the children, such as with straitjacket-like devices, emerged out of a desire to prevent this potential self-harm. This illustrates the complexity of power relations within the orphanage and their impact upon childhood mobility; certain practices that appeared a form of punishment were enacted with the perception that stillness and docility would be beneficial for the wellbeing of the child, even if it may seem to outsiders and volunteers that such practices are wrong and that it caused the children discomfort.

In his description of staff interactions with patients in a total institution, Goffman (1961: 77–78) asserts that: 'If a mental patient is to be kept from tearing at grossly irritated sores and repeating time and again a cycle of curing and disorder, the staff may feel it necessary to curtail the freedom of his hands.'

Such techniques were common in the DDI; I often came across children restrained in some way, either dressed in straightjackets, or with their hands tied, the reasoning behind which was, as Goffman argues, to prevent the free use of their hands with which they might otherwise attack themselves:

> NGO staff member: 'The child [sometimes] runs around and can hit other children...'
> Researcher: 'And himself?'

> NGO staff member: 'Yes, and they only stop him with restraints, and it's, it's not a [good] method. This is a child, he should understand... he has to not want to hit other people, not to want to hit himself, and not [just] be afraid that he will be caught doing this.'

Such instances of self-violence through erratic mobility have important implications for the ways in which the relationship between youth mobility, care and control are understood. Clearly the volunteers and NGO disagreed with the methods utilised by the staff to prevent self-harm, even if it was well intentioned as a form of care. While the NGO and volunteers preferred to try to teach children not to strike others or themselves while mobile, there remained an acute issue about what to do while the children were unsupervised if they commonly self-harmed. As I witnessed in my ethnography in the orphanage, moments where the surveillance lapsed and children were mobile resulted at times in severe consequences, as they are able to freely injure themselves or also other children. Clearly in such instances freedom of movement has considerable implications, and yet enforced stillness through physical restraint might also have severe consequences; Human Rights Watch noted cases of restraint of children elsewhere in the system, which suggested such actions might potentially lead to an overall loss of mobility:

> 'A volunteer stated, "Lyuda used to be able to walk, but we tied her to a wheelchair to prevent her from running away. We didn't want her to get beaten up by the staff [as punishment]. But now she has forgotten how to walk."' (Human Rights Watch, 2014: 34)

Such instances highlight an uneasy relationship between care and control, and mobility and wellbeing in such institutional spaces. This relationship requires further consideration from geographers and other social scientists interested in various forms of mobility in children's lives.

Conclusion

Through examining children's coerced mobilities resident in Russia's disability orphanages this article has provided a more nuanced, ethnographic reading of these institutions that have variously been seen problematically to provide salvation (Freundlich, 2005) or cause physiological and psychological harm (see Johnson et al., 2006; Rutter et al., 2001). Children's movement in this context reveals a complex everyday, where the purported aim to provide 'care' risks giving way to control. Three typologies of carceral mobilities emerge from the data discussed, inclusive of spatial segregation and containment, punishment and as a complex form of care. On the macro-scale, biopolitical instruments of care such as medicine, psychiatry and the PMPC coercively move children into a system of institutional care, and discourses around the abnormality of disability filter into the general population and similarly facilitate this coerced mobility. While on one level children are contained within these institutional spaces away from society, they are also contained in specific spaces within the DDI itself, often spending considerable periods of time restricted to their conjoined day and bed rooms. Mobility within the institution is tightly regulated and children moving 'out of place' are seen to disrupt the rhythms of the institution, thus an emphasis is placed upon docility and stillness is preferred, achieved through a variety of methods such as social, physical or medical restraint. Children who are seen to disrupt these rhythms and display unruly mobility risk experiencing a form of punitive mobility; certain participants suggested that the mechanisms of the orphanage system would move children between institutions for behavioural issues or children could be sent to other care environments to experience punitive psychiatry. Finally, and perhaps the most complex of

all the forms of mobility in operation within these institutions, a complex negotiation of mobility was apparent intentioned as a form of care, with staff restraining mobile children who attempted to violently self-harm when unsupervised.

This orphanage, while seeming perhaps extraordinary, represents the everyday for children resident in this institutional space. Children such as these have tended to be absent from the wider geographical literature, and yet their hidden experiences of everyday life in these environments make much of the dominant discourses around youth mobilities appear problematic. These typologies of carceral mobilities in the context of the DDI and the wider orphanage system challenge and complicate existing conceptualisations of children's mobilities, and mobility more generally. Often presented as 'independent' or necessarily intertwined with 'wellbeing', the typologies discussed in this article suggest that everyday mobility within these spaces also encompass elements of containment, punishment and complex forms of care where stillness, rather than mobility, is enforced to prevent injury. The complex relationship between mobility, care and control requires greater consideration from geographers, within these institutional spaces but also beyond.

Finally this article has discussed how the coerced journeys and movements of the resident children of the DDI and wider network are emblematic of the ways in which institutions that 'care' are enmeshed in state biopolitical processes of power and control, capable of disrupting and shaping families. Geographers should meaningfully consider the mobilities involved in other institutions that claim to 'care' and trace the pathways of power into, between and out of them to understand the *everyday* of their populations.

Note

1. In the course of my data collection I came across specialist baby homes for children considered to be HIV positive. Beyond the regions in which data collection was conducted, it was unclear whether or not HIV positive children are segregated in this way throughout Russia.

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