

Child And Elder Abuse in Russia: Medical and Criminological Aspects



Sergei V Jargin*

Peroples' Friendship University of Russia, 117198 Moscow, Russia

Submission: November 10, 2025; **Published:** February 03, 2026

***Corresponding author:** Sergei V Jargin, Peroples' Friendship University of Russia, 117198 Moscow, Russia, Email: sjargin@mail.ru

Abstract

Family violence and child maltreatment are more prevalent in Russia than in other developed countries. Child abuse can have long-lasting consequences both for initially typical individuals and for those with derangements. Trajectories of certain conditions may depend on extrinsic factors: in the environment tolerating hyperactivity, hysterical or otherwise annoying conduct, a child would preserve initial symptoms or evolve in a more typical way. In conditions of physical maltreatment, regularly punishing behavior regarded by abusers to be undesirable, a child would develop adaptive conduct to avoid trauma or to cope with it.

In conditions of collectivism, under the social pressure to be "normal" like everybody, adolescents with communication difficulties have strong motives to contact with peers to avoid stigmatization as outsiders. Alcohol is used by some of them to overcome communication barriers. Child and elder abuse is discussed here in the context of current political events and leadership, with conclusions relevant for political psychology. In 2017, Vladimir Putin signed a new law decriminalizing some forms of domestic violence. Physical maltreatment was described in his biographies.

The maltreatment has been described in his biographies. Abuse in childhood and adolescence can induce psychiatric derangements, among others, persecutory delusions. Many people subscribe to delusions at large. It is possible for a majority to be deluded and a minority not to be deluded. In conclusion, psychological derangements in politicians are dangerous and must be diagnosed by experts based on speech and behavior. More expert opinions are needed.

Keywords: Child Abuse; Elder Abuse; Paranoia; Vladimir Putin; Ukraine War

Introduction

Physical Abuse of Children

Child abuse has been rarely discussed in the Russian literature. Several booklets were published in the period 1990-2016 but today the topic is largely avoided. During his medical education and postgraduate training in pathology, the author hardly ever heard about child abuse. In literature, the accent is often on visible injuries: bruises, burns and fractures. Of note, child abuse can continue for years with cerebral concussions, burns of oral/esophageal mucosa and intoxications without externally visible injuries. Burns are common in child abuse but not always easy to evaluate [1]. The mechanism may be given to a hungry child boiling hot soup or puree. Genitals may be burnt by the same substances, if a dish is placed on a narrow crossbar of a kid's chair [2].

According to some estimates, the prevalence of family violence in Russia during last decades has been 45-70 times higher than, for

example, in England and France [3]. According to a recent report, about 40% of all serious violent crimes in Russia are committed within families; 14% of children are subjected to physical abuse, 2 million are regularly beaten by parents or caregivers, while 10% of them lose their lives as a result [4]. According to other sources, 40% of children are beaten in families [5]; 31% experience sexual abuse and 41% suffer cruel punishments [6]. It was reported in 2016 that the General Prosecutor's Office records about 2 million children beaten by their caregivers yearly [7].

In 2017 Vladimir Putin signed an amendment that decriminalizes some forms of domestic violence [8]. Apropos, physical abuse was described in his biographies [9-11]. It has been hypothesized that Putin is re-enacting his own and his family's traumas in conditions of intergenerational chain of violence [10,12]. There is a "danger of blundering into a nuclear war" [12] thanks to that case of child maltreatment. More details are below in the Political Implications section. The self-referral rate

of victims of domestic violence in Russia is low; among reasons are distrust of authorities, fears of revenge from perpetrators or of humiliations and breach of secrecy during investigation.

In case of disclosure, not only abusers but also victims are sometimes blamed [7]. Detection of family violence often depends on victims. It is easier to denounce a socially unprotected abuser e.g. an alcoholic. Otherwise, various defenses can be applied by perpetrators: denial of facts, allegations of slander and/or mental abnormality in the victim, threats and intimidation, appeals to preserve honor of the family or nation. The intergenerational transmission of violence is evident in many families [6]. The attitude of some professionals and a part of the population is tolerant [7,13]. Authorities, teachers and neighbors did not react to some known cases of child maltreatment.

There is neither official standpoint nor agreed policies [3,14]. Investigations are started mainly on official requests. Numerous children continue living in conditions of abuse potentially harmful for their physical and mental health [6]. The predominant way to solve problems of child abuse has been placement in an orphanage [7]. Institutionalization means that not the abuser, but the victim is removed from the familiar environment, suffering deprivation and discomfort [15]. Adaptive behaviors developed by abused children may be interpreted by the social environment as a mental abnormality [6,15]. A case is known when abusive caregivers intended to send a child with autistic traits to a school for mentally retarded.

The hypothesis has been proposed that some autistic individuals may be physically abused by children with attention deficit hyperactivity disorder (ADHD), histrionic and some other conditions, or initially typical ones. In this connection, the heritability of autism spectrum disorder has a non-genetic mechanism in some cases: children of deviant parents are exposed to maltreatment, hence acquiring deviant traits themselves. It has been argued that individuals with some disorders or neuroses, e.g. obsessive-compulsive disorder, were on average more often beaten during their childhood than those with other conditions e.g., hysteria [16]. An adolescent regularly punished for hyperactivity or hysteric behavior might discontinue it but acquire obsessive-compulsive symptoms. Finally, some children exposed to trauma or forced to cope with chronic danger may develop borderline or post-traumatic stress disorder [17,18].

Apparently, the latter is more probable in disorganized conditions with haphazard traumas rather than under impact of regular and targeted physical punishments. This topic needs further research. Some abused children demonstrate compulsive [1]. A significant association was found between past trauma and compulsions [19]. During post-trauma processing, maladaptive cognitions centered on self-blame, shame or guilt may arise, sometimes intentionally reinforced by abusive environment. Shame results when a person's body is treated like an object, also when a child is small and powerless [20]. An individual attempts

to avoid shame and trauma reminders by performing compulsive acts [19].

Some compulsions e.g. counting aloud, swearing or outcries are used, consciously or unconsciously, as a "jamming" to drown out traumatizing and shameful memories. The same function may have repetitive movements, distracting from traumatic thoughts. Such compulsions are controllable, but control requires efforts. In addition to those mentioned above, various compulsive behaviors are used for relief from shame and anxiety: overeating, binge drinking, and maltreatment of children. The latter is a potential mechanism of trans-generational transmission of child abuse. Family violence can be compulsive [21]. Children experiencing maltreatment at home often develop maladaptive conduct and are at risk of bullying [17].

There is evidence in favor of associations of child maltreatment with adverse mental health, physical health and social outcomes, deficient communication skills, substance abuse including alcohol. Trajectories of certain conditions may depend on extrinsic factors: in an environment tolerating impulsivity, hyperactivity, hysterical or otherwise annoying behaviors, a child would preserve initial symptoms or evolve in a more typical way. In conditions of physical abuse, consistently punishing behaviors regarded by abusers to be undesirable, a child would develop adaptive conduct to avoid the trauma or to cope with it.

Child abuse can have long-lasting consequences also for typical individuals. In conditions of collectivism, under the social pressure to be "normal" like everybody, adolescents with communication difficulties have strong motives to contact with peers to avoid stigmatization as outsiders. Alcohol is used by some of them to overcome communication barriers. Besides, loitering with drinking companies is a way of escape from domestic violence. More details and references are below in the Political Implications section.

Elder Abuse and Parricide

Elder abuse can have many forms; it is generally under-recognized and under-reported [22]. Many doctors in Russia are unfamiliar with the topic. Victims often exhibit low self-esteem, blame themselves for the abuse, do not want to admit their vulnerability, or "to betray" their families [23]. The theme is "shrouded in silence, stigma, and shame" [24]. Factors associated with elder abuse include advanced age, low income, functional impairment, drug abuse, and lack of social support [25]. Violence may take many forms, often being subtle and insidious [26]. In the literature, parricide is sometimes viewed as a crime committed predominantly by mentally ill individuals [27], often involving excessive amount of destructive violence [28].

According to Hillbrand and Cipriano, most parricides belong to two main categories. Adolescent parricides tend to be cataclysmic reactions to enduring, severe physical abuse, perpetrated by an individual who is typically not psychotic. Adult parricides tend

to be conclusions of conflictual relationships between untreated psychotic individuals and their parents [29]. The typical profile of an adult perpetrator was described as a young single unemployed male, living with his victim, and suffering from schizophrenia with comorbidity of alcohol or drug abuse [30]. Among adult perpetrators, schizophrenia was the common diagnosis [28]. Risk of death from abuse may be higher among older adults with dementia [31].

The purpose of this review was to warn that borders between elder abuse, resulting in a person's death, manipulation towards suicide, manslaughter and murder can be indistinct. Violence may be subtle and insidious [26], hardly recognized as such by the social environment. Previously we reported several related cases [32]. It is difficult to generalize having no reliable statistics. However, being acquainted with some cases and the permissive atmosphere [32], it should be stressed that life shortening of an elderly family member can be a strategy, conducted consciously or subconsciously. It can include intentional or neglectful acts [33]: involvement in heavy binge drinking, inadequate nutrition, denial of help, manipulation towards self-destructive behavior (smoking, alcohol overconsumption, social risks), persuasion to commit suicide. Such cases can be hardly distinguishable from elder neglect and abuse.

One of the most frequent motives is the economic one [27], in Russia, particularly, appropriation of apartments and houses [32]. It is known that aged alcoholics and people suffering of alcohol-related dementia have been convenient victims of property-related crime. As a result, some of them have become homeless. The high prevalence of mental diseases, found among those who commit parricide, can be partly explained by the fact that such cases were looked for in psychiatric institutions [34]. On the other hand, crime committed by mentally healthy individuals probably more often remains undisclosed. For prevention of parricide, it should be stripped of its reputation of an unusual horrific crime, committed by mentally ill individuals. Parricide can have trivial appearance, sometimes hardly realized as such by the victims and social environment.

Perpetrators can be mentally healthy or have personality disorders. Anger, discussed in connection with parricide [27,35], can be absent in perpetrators but present in the victims maltreated by their family members. Healthcare and social workers should take it into account and adequately react to abuse and neglect of elderly people [36]. Older men, not inclined to sit with grandchildren, are sometimes manipulated towards self-harming behaviors and conflicts. Shortage of apartments and desire of younger people to have their own flat can be a motive. After the economic reforms in Russia, along with privatization of many apartments and their rise in price, property-related motives have come to the foreground. Crime against unprotected citizens including alcoholics has become widespread since the 1990s, being sometimes tolerated by society and its institutions. Undue

pressure, assault and battery, was exerted by property dealers and criminals associated with them, manipulating some people to vacate or change their places of residence [3].

Parricide and geronticide were practiced in pre-historic times as well as in primitive and traditional societies [38,39]. These phenomena were observed in Russian villages and in the Caucasus [40]. The attitude to the elderly in the health care institutions is suboptimal even today: middle-aged and elderly men, especially those supposed to be alcohol abusers, are sometimes unwelcome at the state policlinics. It is known that chronic conditions often remain untreated in Russia; for example, arterial hypertension, one of the leading causes of avoidable mortality [41]. In 2008, the difference in life expectancy between men in some West-European countries and Russia was ~20 years [42]. This is a strategic advantage: fewer pensions to be paid, less investments in public health. Admittedly, according to official statistics, the life expectancy is gradually increasing; but statistics may be manipulated [43].

It should be mentioned that most studies on parricide, elder abuse and neglect have been based on research performed in more open societies while elsewhere it can persist without much publicity. The exaggerated care of war veterans is showcased today. They enjoy advantages in the healthcare and everyday life; there are, however, misgivings that the veteran status has been awarded gratuitously to some individuals from the privileged milieu. Those who have participated in the Ukraine war, really or on paper, will occupy leading positions without sufficient professional qualities. Many military veterans had been factually maltreated in the period 1985-2005.

The healthcare deteriorated at that time; the average life expectancy of males decreased to 58-59 years in the 1990s [42,44]. It is known that percentage of alcohol-dependent people is relatively high among military veterans. During the anti-alcohol campaign (1985-1989), they were compelled to stand hours-long queues at retail outlets and/or to drink surrogates. After the failure of the campaign, the country was flooded by poor-quality alcoholic beverages and surrogates sold in vodka bottles through legally operating shops and kiosks. There have been mass poisonings by legally sold beverages [44].

Political Implications

Psychological and psychiatric changes are not uncommon among politicians [45-47]. Psychopathological insights may help them to understand their suboptimal decisions. Apparently, the need to warn the public overrides the duty of confidentiality [48]. Several Soviet leaders had mental or neurological abnormalities [49]. The psychopathological approach to politics can be successful if it identifies leaders with limited mental competence [50]. If a leader is psychotic or neurotic, while other functions are more or less intact, he or she can preserve abilities to remain in a position of power. Unfavorable consequences may occur when

paranoid ideation persists in a dictator along with rationality and efficiency, so that delusions are brought into reality [51]. As mentioned above, child abuse is associated with psychotic symptoms, paranoia, alcohol abuse, as well as low self-esteem, anxiety and anger [52-56].

Vladimir Putin

Physical abuse was described in Putin's biographies. His father is said to have physically maltreated the boy [57-61]. Presumably, Putin's early childhood experience of physical maltreatment was recapitulated at school, where he was bullied. His saying "If a fight is [perceived as] inevitable, you must strike first" could have originated from reminiscences of bullying. Presumably, he is re-enacting his childhood traumas in conditions of an intergenerational traumatic chain [58,62]. Thanks to this case of child maltreatment there is a "danger of blundering into a nuclear war" [63]. Indeed, Putin has hinted at the tactical use of nuclear weapons [64]. His preoccupation with strength has been interpreted as overcompensation for underlying insecurity [65].

Apparently, it is not so much the Russian population who perceives external threats, as it does their leader, re-enacting his juvenile fears. This supposition does not contradict the hypothesis that Putin has hubris syndrome (HS), potentially enticing him to adopt immature coping mechanisms [66,67]. The symptoms of HS have been described by David Owen [68]; since then, the condition has been surmised in different politicians [69,70]. HS describes individuals with excessive confidence and pride. People who have this type of personality tend to use immature coping mechanisms that may lead to the underestimation of a crisis, particularly when facing unpredictable consequences [70]. Overconfidence may prevent collaboration with global agencies and limit ability to learn from the experience [71].

In some of its aspects HS is close to narcissistic, antisocial and histrionic disorders [72]. Furthermore, it has been suggested that Putin felt "that his personal clock was ticking", that his health gives him less time to achieve the goal of placing himself in the pantheon of Russia's great, state-building heroes [73]. Several psychiatric or related conditions may belong to a continuum around HS: adult ADHD, hypomania and paranoid syndrome [68,74]. Paranoia is another potential sequel to child maltreatment. Research has demonstrated significant associations between adverse childhood experiences, including physical abuse, with paranoia [54]. Presumably, the worse the treatment of a child, especially by his father, the more frequent paranoid ideas are in the victim's later life [75]. A paranoid call may sanction destruction of supposed enemies [76].

Vladimir Putin formulated the aims of his military operation, one of them being protection of Russian speakers from genocide. It is known that ethnic Russians have not undergone genocide in Ukraine. This idea may be interpreted as delusional. The difference between delusions and strongly held ideas is seen in

the degree of conviction despite contradictory evidence [77], irrespective of logic and the "way of the world" [78]. Snezhnevsky [79] and some other Soviet psychiatrists could diagnose sluggish schizophrenia based on such symptoms; details and references are in the preceding article [80]. Another ex-Soviet psychiatrist, Anatoly Smulevich [81], discussed paranoia within the scope of schizophrenia. The last genocide of ethnic Russians since the Stalin's time was the anti-alcohol campaign (1985-1989) with mass consumption of technical ethanol and other surrogates, and its aftermath with deterioration of the healthcare and toxic surrogates sold in vodka bottles through legal shops, when the average life expectancy in males decreased to 58-59 years.

There have been mass poisonings by legally sold beverages; more references are in the book [44]. Grave consequences can occur when paranoid or delusional ideas coexist in a dictator who otherwise is rational and efficient but may be influenced by mentally disordered advisors. Behaviors of paranoiacs may include presumption of privilege and exploitation of weaknesses [82], which is recognizable in some politicians. Moreover, paranoid rulers tend to promote abnormal individuals and rely on their opinions [83], which may distort appreciation of reality. An example is the ideologist Aleksandr Dugin, called the "Putin's Brain" [84], discussed in a preceding article [85].

Considering his utterances, Dugin was a mental patient, albeit a widely read and influential one [86]. Dugin was born into a family of a Soviet colonel general [87]. The former party and military functionaries (so-called Nomenklatura) promoted their children sometimes irrespective of the latter's abilities and health conditions [88]. Admittedly, some recent Dugin's writings, textbooks in particular, seem to be better edited and contain some reasonable conclusions. Criticizing globalization, he noticed that for the bureaucracy (read: Nomenklatura) it would imply loss of status [89]. This seems to be the main motive of the anti-globalist ideology prevailing among the Russian officialdom these days.

Dmitry Medvedev

Below are several citations. Offensive and obscene terms, ad hominem attacks and threats, used by Medvedev and known from the media, are not cited here or replaced in the following quotes by dots [...]: "Our weapon is the truth. That is why our cause is right"; "Our main task to inflict a devastating defeat on all enemies – the Ukronazis, the US, [...] NATO including [...] Poland, and other Western [...]"; "UK, our eternal enemy" [90]. In the author's opinion, the utterances by Medvedev and some other politicians are compatible with HS. Hubris denotes overconfidence and exaggerated pride. The misuse of alcohol tends to accentuate the features of HS [91]. Nemesis, sometimes discussed in the context of hubris, denotes destruction that can follow in the wake of hubris [92]. The rudeness inhibits international cooperation, among others, in the field of science, healthcare and environmental protection.

Ramzan Kadyrov

Some individuals, maltreated during their childhood, respond by acting out fight or flight responses [62]. Defensive behaviors include attacking weaker people and submitting to dominant ones [93]. This can be exemplified by Vladimir Putin's relationship with Ramzan Kadyrov, the head of the Chechen Republic, who appears as a dominant personality. The images have been published previously [2]. Putin's audacity against western neighbors is that of a boy bullied at school and beating his smaller brother at home. There has been a stereotype of "chechenophobia" in Russia [94]. Today, migrants from Caucasus behave increasingly cheekily in Moscow. Young male ones, e.g. workers at supermarkets, bully around aged Muscovites overtly threatening with violence in case of contradicting; and there is a worsening tendency. Of note, North Caucasus regularly receives federal donation: 70-88% of local budgets [95]. In addition, federal funds have been purloined on a large scale in the North Caucasus [96].

Ramzan Kadyrov claimed that Chechens in Ukraine are participating in a holy jihad against the "Western Satanist ideology" [97]. Some ethnically non-Russian subjects of the Russian Federation may be interested in a continuation of the Ukraine war; and there are concerns that Putin has come under their influence. The most important topic in this connection is the inter-ethnic difference in the birth rate and migrations. According to Wikipedia, Kadyrov has more than one wife and more than 10 children. His son Adam has been promoted and decorated after having publicly beaten a prisoner [98].

Adam's sojourn in prison was illegal but arranged by the authorities. Thereafter, Vladimir Putin personally met Adam. Vitaly Kaloyev was promoted to deputy minister having committed intentional murder. A petition was filed to the government in 2015 to dismiss Kaloyev from his position, reproduced as illustration in the article [99]. Apparently, Vladimir Putin is ready to share his power with non-Russian subjects just to preserve the privileges of the Nomenklatura, while the Ukraine war is used as distraction. Crises are often used by oligarchy to distract from internal problems [100], from shortages of the healthcare in the first place [101].

Discussion

Should the power in Europe shift to the East, it will come along with losses of some values. Disregard for laws and regulations, corruption and collectivism will come instead. The quality of many services and products will deteriorate spoiled foods on sale, antibiotics in milk, technical ethanol in legally sold beverages, misquoting of legal codes by civil servants in their correspondence, backdating of official letters, different types of misconduct in the healthcare [37,43,101]. The autocratic management style discourages criticism. In healthcare, attributes of this style include a paternalistic approach to patients.

Under conditions of paternalism, misinformation of patients, disregard for the principle of informed consent and compulsory treatments are seen as permissible [102,103]. In this connection, the violence and lynching in Russian places of detention [104,105] should be mentioned. For example, the showman Leonid Kanevsky, the host and main person behind the NTV crime documentary series "The investigation led by...", repeatedly makes approving remarks on harassment and lynching in Russian prisons, using the phrases like: "He didn't survive his jail term... Prison inmates don't like such people..." This occurs against the background of crowding in prisons [104].

Of note, a fundamental right of prisoners is to live in a safe environment [106]. Many people in Russia live under supposed or real threat of assault and battery, undergoing repeated provocations. Intimidated citizens are easy prey for a dictator. Paranoid individuals may dismiss disconfirming evidence and sanction a destruction of supposed enemies. Some of them are belligerent against delusional goals. A belief that others intend harm may lead to aggression. Paranoid leaders are constantly on alert against supposedly ever-present danger. In a crisis, they have a strong preference for what is seen as pre-emptive action. Paranoids may precipitate a crisis out of the belief that preventive action is necessary.

Negotiations and diplomacy are viewed by them as either efforts to ratify the military status quo or exercises in deception. Another feature: overreliance on historic analogies such as World War II [107]. This is what we observe in Russia today. As for HS, the differential diagnosis and exclusion of other conditions is difficult, because people with HS do not usually collaborate in examinations [108]. On the contrary, politicians tend to conceal mental disorders [47]. Hubristic leaders are contemptuous of the advice of others and reckless in strategic choices [108]. It can be reasonably assumed that ruling classes with experiences of leadership have less risk of HS than unknown people promoted by bureaucracy.

Mental derangements in politicians are dangerous and must be diagnosed by psychiatrists since speech, language corpora, drawings and behavior. A language (speech) corpus is a large sample or collection of texts that can be subjected to analysis, sometimes leading to unexpected insights [109]. Admittedly, studies of Vladimir Putin's publications may be of limited value because they seem to be written at least in part by his assistants. An attempt to analyze drawings by Putin's own hand has been made in the preceding paper [85].

Conclusion

Child abuse has been studied predominantly in developed countries. This nuisance has not been sufficiently counteracted in Russia. In 2017, Vladimir Putin signed a new law decriminalizing some forms of domestic violence. Physical maltreatment was described in his biographies. Abuse in childhood and adolescence

can induce psychological or psychiatric derangements, among others, persecutory delusions. Many people subscribe to delusions at large. It is possible for a majority to be deluded and a minority not to be deluded. Mental derangements in politicians are dangerous and must be diagnosed by psychiatrists on the basis of speech, language corpora, drawings and behavior. More expert opinions are needed in this area.

References

1. Crosson-Tower C (2002) Understanding child abuse and neglect. Boston: Allyn and Bacon.
2. Jargin SV (2023) Potential consequences of child abuse: Case report and mini-review. *J Clin Images Med Case Rep* 4(8): 2526.
3. Besschetnova OV (2015) Problemy zhestokogo obrashheniia s detmi v sovremennoi rossiiskoi semie (Problems of child abuse in a contemporary Russian family). Saratov University.
4. Borisov SN, Volkova OA, Besschetnova OV, Dolya RY (2020) The domestic violence as factor of disorder of social and mental health. *Probl Sotsialnoi Gig Zdravookhraneniiai Istor Med* 28(1): 68-73.
5. Agafonova SV, Beschastnova OV, Dymova TV, Ryabichkina TV (2011) Preduprezhdenie zhestokogo obrashheniia s detmi (Prevention of child abuse). Astrakhan: Sorokin.
6. Tinkova EL, Katilevskaia IuA (2016) Osobennosti viktimnogo povedeniia detei i podrostkov, podvergshihsia zhestokomu obrashheniu (Special features of victim behavior of children and adolescents subjected to cruel treatment). Stavropol: Pedagogical Institute.
7. Alekseeva LS (2016) Zhestokoe obrashhenie s detmi: ego posledstvia i predotvrashhenie (Child abuse: its consequences and prevention). Moscow: Sentiabr.
8. Walker S (2017) Putin approves legal change that decriminalises some domestic violence. *The Guardian*.
9. Baker P, Glasser S (2005) Kremlin rising. Vladimir Putin's Russia and the End of Revolution. Washington DC: Potomac Books.
10. Ihanus J (2022) Putin: Ukraine, and fratricide. *Clio's Psyche* 28(3): 300-311.
11. Ressler N (2017) Putin po Freud'u. Tainoe i yavnoe (Putin according to Freud: hidden and obvious). Moscow: Algorithm.
12. Elovitz PH (2022) Mother Russia's savior, traumatic reenactment, and the atrocities of war. *Clio's Psyche* 28(3): 320-325.
13. Safonova Tla, Tsybmal EI, Zhuravleva TM, Kurasova NV, Klein TP, Deriabina VV (2001) Pomoshch detiam, postradavshim ot zhestokogo obrashheniia, i ih roditeliam (Child abuse: Helping abused children and their parents). Moscow: Ozon.
14. Besschetnova OV (2003) Socialnaia rabota s detmi, postradavshimi ot nasilia v semie (Social work with children - victims of abuse in families). Balashov: Nikolaev, 2003.
15. Alekseeva LS (2012) Povyshenie kompetentnosti socialnogo pedagoga: metody raboty s semiei gruppy riska (Competence improvement of a social educator: working methods with at-risk families). Moscow: Sovremennoe obrazovanie.
16. Jargin SV (2023) Child abuse in Russia. *J Addiction Prevention* 11(1): 1-4.
17. Garbarino J, Kostelny K, Grady J (1995) Children in dangerous environments: Child maltreatment in the context of community violence. In: Cicchetti D, Toth SL, editors. *Child abuse, child development, and social policy*. Norwood: Ablex 16(4): 167-188.
18. Ditrich I, Philipsen A, Matthies S (2021) Borderline personality disorder (BPD) and attention deficit hyperactivity disorder (ADHD) revisited - a review-update on common grounds and subtle distinctions. *Borderline Personal Disord Emot Dysregul* 8(1): 22.
19. Miller ML, Brock RL (2017) The effect of trauma on the severity of obsessive-compulsive spectrum symptoms: A meta-analysis. *J Anxiety Disord* 47: 29-44.
20. Fossum MA, Marilyn Mason M. Facing shame: families in recovery. New York: W.W. Norton, 1986.
21. Revitch E, Schlesinger LB (1989) Sex murder and sex aggression: phenomenology, psychopathology, psychodynamics and prognosis. Springfield (IL): Charles C. Thomas.
22. Bradley M (1996) Elder abuse. *BMJ* 313(7056): 548-550.
23. Kleinschmidt KC (1997) Elder abuse: a review. *Ann Emerg Med* 30(4): 463-472.
24. Hunter C, Nixon J, Parr S (2010) Mother abuse: a matter of youth justice, child welfare or domestic violence? *J Law Soc* 37(2): 264-284.
25. US Preventive Services Task Force (2004) Screening for family and intimate partner violence: recommendation statement. *Ann Fam Med* 2(2): 156-160.
26. Heilporn A, Andre JM, Didier JP, Chamberlain MA (2006) Violence to and maltreatment of people with disabilities: a short review. *J Rehabil Med* 38(1): 10-12.
27. Palermo GB (2010) Parricide: a crime against nature. *Int J Offender Ther Comp Criminol* 54(1): 3-5.
28. Bourget D, Gagne P, Labelle ME (2007) Parricide: a comparative study of matricide versus patricide. *J Am Acad Psychiatry Law* 35(3): 306-312.
29. Hillbrand M, Cipriano T (2007) Commentary: parricides unanswered questions, methodological obstacles, and legal considerations. *J Am Acad Psychiatry Law* 35(3): 313-316.
30. Cornic F, Olie JP (2006) Psychotic parricide. *Prevention. Encephale* 32(4 Pt 1): 452-458.
31. Dong X, Chen R, Simon MA (2014) Elder abuse and dementia: a review of the research and health policy. *Health Aff (Millwood)* 33(4): 642-649.
32. Jargin SV (2013) Elder abuse and neglect versus parricide. *Int J High Risk Behav Addict* 2(3): 136-138.
33. Hoover RM, Polson M (2014) Detecting elder abuse and neglect: assessment and intervention. *Am Fam Physician* 89(6):453-460.
34. Cravens JM, Campion J, Rotholc A, Covan F, Cravens RA (1985) A study of 10 men charged with patricide. *Am J Psychiatry* 142(9): 1089-1092.
35. Malmquist CP (2010) Adolescent parricide as a clinical and legal problem. *J Am Acad Psychiatry Law* 38(1): 73-79.
36. Killick C, Taylor BJ (2009) Professional decision making on elder abuse: systematic narrative review. *J Elder Abuse Negl* 21(3): 211-238.
37. Jargin SV (2019) Some aspects of taxation in the former Soviet Union. In: Tavidze A, ed. *Progress in Economics Research* 42: 171-190. New York: Nova Science Publishers.
38. Dhar HL (2000) Primitive society, health and elderly. *Indian J Med Sci* 54(3): 98-101.
39. Pillemer KA, Wolf RS (1986) Elder abuse: Conflict in the family. Greenwood Publishing Group.

40. Puchkov PV (2005) Sociologicheskaia interpretacia gerontologicheskogo abusinga (Sociological interpretation of elder abuse). Technical University of Saratov.
41. Roberts B, Stickley A, Balabanova D, Haerpfer C, McKee M (2012) The persistence of irregular treatment of hypertension in the former Soviet Union. *J Epidemiol Community Health* 66(11): 1079-1082.
42. Zatonski WA, Bhala N (2012) Changing trends of diseases in Eastern Europe: closing the gap. *Public Health* 126(3): 248-252.
43. Jargin SV (2020) *Misconduct in Medical Research and Practice*. Nova Science Publishers.
44. Jargin S, Robertson S (2024) *Alcohol and Alcoholism in Russia: Recent History*. Cambridge Scholars Publishing.
45. Ghaemi SN (2011) *A first-rate madness: uncovering the links between leadership and mental illness*. Penguin.
46. Liapis CC, Liapis CD (2023) Historical context of the impact of carotid artery disease and revascularization techniques on patient's cognitive and mental function. *Archives of Hellenic Medicine* 40: 668-675.
47. Owen D (2016) *In sickness and in power: Illness in heads of government, military and business leaders since 1900*. Methuen.
48. Gartner J, Langford A, O'Brien A (2018) It is ethical to diagnose a public figure one has not personally examined. *British Journal of Psychiatry* 213(5): 633-637.
49. Förstl H (2020) Aging heads of state: the politics of dementia and geriatric cognitive disorders. *Dement Geriatr Cogn Disord* 49(2): 121-128.
50. Pettman R (2012) *Psychopathology and World Politics*. World Scientific.
51. Lavik NJ (2002) Paranoide personlighetsforstyrrelser og politisk makt. *Tidsskrift for den Norske Lægeforening* 121: 2063-2068.
52. Heins M, Simons C, Lataster T, Pfeifer S, Versmissen D, Lardinois M, et al. (2011) Childhood trauma and psychosis: a case-control and case-sibling comparison across different levels of genetic liability, psychopathology, and type of trauma. *American Journal of Psychiatry* 168(12): 1286-1294.
53. Chaiyachati BH, Gur RE (2021) Effect of child abuse and neglect on schizophrenia and other psychotic disorders. *Pharmacology, Biochemistry, and Behavior* 206: 173195.
54. Grindey A, Bradshaw T (2022) Do different adverse childhood experiences lead to specific symptoms of psychosis in adulthood? A systematic review of the current literature. *International Journal of Mental Health Nursing* 31(4): 868-887.
55. Kaufman J, Torbey S (2019) Child maltreatment and psychosis. *Neurobiology of Disease* 131: 104378.
56. Franjić S (2023) Child abuse and neglect is a serious problem in every society. *Journal of Research and Education* 1(1): 08-12.
57. Baker P, Glasser S (2005) *Kremlin rising. Vladimir Putin's Russia and the End of Revolution*. Potomac Books.
58. Ihanus J (2022) Putin: Ukraine, and fratricide. *Clio's Psyche* 28(3): 300-311.
59. Myers SL (2015) *The New Tsar: The Rise and Reign of Vladimir Putin*. Simon and Schuster UK Ltd.
60. Ressler N (2017) *Putin po Freud'u: tajnoe i javnoe [Putin according to Freud: hidden and obvious]*. Moscow: Algorithm.
61. Tismaneanu V (2016) Review of *The new tsar: the rise and reign of Vladimir Putin*, by S.L. Myers. *International Affairs (Royal Institute of International Affairs)* 92: 743-745.
62. Ihanus J (2014) Putin's macho pose: on masculinity and psychopolitics. *Journal of Psychohistory* 42(2): 110-129.
63. Elovitz PH (2022) Mother Russia's Savior, traumatic reenactment, and the atrocities of war. *Clio's Psyche* 28(3): 320-325.
64. Owen D (2021) *Riddle, Mystery, and Enigma: Two Hundred Years of British-Russian Relations*. Haus Publishing.
65. Post JM, Doucette SR (2019) *Dangerous charisma: the political psychology of Donald Trump and his followers*. Pegasus Books.
66. Liapis CC (2024) A history of "hubris" and "narcissism" in war conflicts, public health and socio-economic crisis. *Psychiatria Danubina* 36: 17-24.
67. Jargin SV (2025) Mental disorder in Vladimir Putin: hypothesis. *Psychiatria Danubina* 37(3): 364-369.
68. Owen D (2008) Hubris syndrome. *Clinical Medicine* 8(4): 428-432.
69. Diamandis EP, Bouras N (2018) Hubris and Sciences. *F1000Res* 7: 133.
70. Liapis C, Alevizopoulos G (2021) Leadership in Covid-19 era: From hubris to political post-traumatic stress. *Journal of Psychiatry and Behavioral Science* 4: 1053.
71. Lincoln M (2020) Study the role of hubris in nations' COVID-19 response. *Nature* 585(7825): 325.
72. Jakovljevic M (2011) Hubris syndrome and a new perspective on political psychiatry: need to protect pro-social behavior, public benefit and safety of our civilization. *Psychiatria Danubina* 23(2): 136-138.
73. Galeotti M (2022) *Putin's wars: from Chechnya to Ukraine*. Osprey.
74. Ghaemi SN, Liapis C, Owen D (2016) *The Psychopathology of Power*. In: Garrard P, Robinson G, eds. *The Intoxication of Power*. Palgrave Macmillan Pp: 17-38.
75. Carvalho CB, da Motta C, Pinto-Gouveia J, Peixoto E (2018) Psychosocial roots of paranoid ideation: The role of childhood experiences, social comparison, submission, and shame. *Clinical Psychology Psychotherapy* 25(5): 650-661.
76. Robins RS, Post JM (1997) *Political Paranoia: the Psychopolitics of Hatred*. Yale University Press.
77. Kraus A (2002) The significance of intuition for the diagnosis of schizophrenia. In: Maj M, Sartorius N, eds. *Schizophrenia*, 2nd edition. WPA Series. Evidence and Experience in Psychiatry 2: 47-49.
78. Cutting J (2003) Descriptive psychopathology. In: Hirsch SR, Weinberger DR, eds. *Schizophrenia*. Blackwell Pp: 15-24.
79. Snezhnevskii AV (1986) Schizophrenia. In: *Large Medical Encyclopedia*. Moscow: Soviet Encyclopedia 27: 411-431.
80. Jargin SV (2011) Some aspects of psychiatry in Russia. *International Journal of Culture and Mental Health* 4: 116-120.
81. Smulevich AB (2019) *Maloprogredientnaia shizofrenia i pograničnyye sostoianiiia [Slow-progressive schizophrenia and borderline conditions]*, 4th edition. Moscow: MEDpress-Infom.
82. Lemert EM (1967) Paranoia and the dynamics of exclusion. In: Scheff TJ, ed. *Mental illness and social processes*. Harper and Row Pp: 271-293.
83. Zoja L (2023) *Paranoia. La follia che fa la storia*. Bollati Boringhieri; 2011. Russian translation. Moscow: Angelina Sarmatovna.
84. Rutland P (2016) Geopolitics and the roots of Putin's foreign policy. *Russian History* 43: 425-436.
85. Jargin SV (2024) Mental disorders in leaders and ideologists: an update. *Psychiatry and Psychological Disorders* 3(3): 1-7.

86. Benedetti C (2004) Chi comanda a Mosca: tutti gli uomini della vecchia e nuova nomenclatura da Abramovic a Putin. Roma: Datanews.
87. Boyko M, Senchin R (2007) Doctor Dugin. Literaturnaya Rossiya Issue: 15.
88. Voslensky MS (1984) Nomenclatura: the Soviet ruling class. Knopf Doubleday Publishing Group.
89. Dugin AG (2024) Geopolitika [Geopolitics]. Moscow: Akademicheskii proekt.
90. Wikiquote (2024, November 8).
91. Russell G (2011) Psychiatry and politicians: The "hubris syndrome". *The Psychiatrist* 35: 140-145.
92. Owen D (2006) Hubris and Nemesis in heads of government. *Journal of the Royal Society of Medicine* 99: 548-551.
93. Lopes BC (2013) Differences between victims of bullying and nonvictims on levels of paranoid ideation and persecutory symptoms, the presence of aggressive traits, the display of social anxiety and the recall of childhood abuse experiences in a Portuguese mixed clinical sample. *Clinical Psychology Psychotherapy* 20(3): 254-266.
94. Khlebnikov P (2003) Razgovor s varvarom [Conversation with a barbarian]. Moscow: Detective-Press.
95. Tavbulatova ZK, Sugarova IV, Abieva MM (2021) Sovershenstvovaniya sistemy formirovaniya budzhetnoi sistemy dotacionnykh regionov [Improving the system for forming the budget system of subsidized regions]. Grozny: Chechen University.
96. Litvinov ND, Zhuravel VP (2018) North Caucasus as a territory of deformation of the Russian statehood (based on the materials of the Caucasian agencies) *Juridical Science: History and Modernity* (9): 47-68.
97. Sauer N (2023) Chechnya's boss and Putin's foot soldier: How Ramzan Kadyrov became such a feared figure in Russia. *The Conversation*.
98. Trevelyan M (2023) Chechen leader Kadyrov says he's proud of son for beating up prisoner. Reuters.
99. Jargin SV (2026) Nuclear facilities and nuclear weapons as a guarantee of peace. *Journal of Defense Management* 6: 2.
100. Harari YN (2021) *Lessons for the 21st Century*. Russian translation. Moscow: Sindbad.
101. Jargin SV (2024) *Selected Aspects of Healthcare in Russia*. Cambridge Scholars Publishing.
102. Mikirtichan GL, Kaurova TV, Pestereva EV (2022) *Vvedenie v bioetiku [Introduction to bioethics]*. St. Petersburg: Pediatric Medical University.
103. Danishevski K, McKee M, Balabanova D (2009) Variations in obstetric practice in Russia: a story of professional autonomy, isolation and limited evidence. *Int J Health Plann Manage* 24(2): 161-171.
104. Sorokin MV (2013) Organizacionno-pravovye mery profilaktiki pravonarushenii v tiurmah i sledstvennykh izoliatorah Rossii [Organizational and legal measures for the prevention of offenses in prisons and pre-trial detention centers of Russia]. Vladimir Juridical Institute.
105. Smirnov AM (2013) Samosud v Rossii [Self-justice in Russia]. Moscow: Yurlitinform.
106. Wortley R (2002) *Situational prison control: crime prevention in correctional institutions*. Cambridge University Press.
107. Post JM (2005) Assessing leaders at a distance: the political personality profile. In: Post JM, ed. *The Psychological assessment of political leaders: with profiles of Saddam Hussein and Bill Clinton*. University of Michigan Press Pp: 69-104.
108. Selten JP (2023) Consider the hubris syndrome for inclusion in our classification systems. *Psychological Medicine* 53: 5889-5891.
109. Garrard P (2016) On the Linguistics of Power (and the Power of Linguistics) In: Garrard P, Robinson G, eds. *The Intoxication of Power*. Palgrave Macmillan Pp: 135-154.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/JFSCI.2026.20.556034](https://doi.org/10.19080/JFSCI.2026.20.556034)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>