**Introduction**

Child abuse in families was largely a taboo theme in the former Soviet Union (SU); its existence has been ignored or denied [1]. Public organizations and authorities sometimes did not react to known cases of family violence. Dimensions of the problem are largely unknown as there are no reliable statistics [2]. There has been no generally agreed attitude to the problem and no consequent policy [3]. The topic is laden with shame and repressed by many people. The Russian-language literature on child abuse is scarce. Reportedly, about 40% of all serious violent crimes in Russia are committed within families. It was estimated that 14% of all children are subjected to violence; 2 million children are systematically beaten by their parents while 10% of them die from the beatings [4]. According to another source, 40% of children are beaten in families [5]. Yet in 2017 violence in families was officially decriminalized in Russia. Militarist propaganda and scenes of death are omnipresent in the media today diverting public attention from child and elder abuse. For example, Vladimir Putin was reportedly beaten by his father [6-8]. There is evidence supporting an association of childhood trauma with various mental health symptoms and conditions including paranoia [9]. There is an opinion that Putin’s phantasm of Ukraine’s denazification is a paranoid idée fixe. Putin wants to resist the imagined attack from the West; in the

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process, he may strive to become a new Stalin by completing the latter’s unfinished business of conquering Europe [10-12]. Aggression may be a way to defend self-esteem, blaming others in order to maintain a positive self [13,14]. It is not Russia that is actually threatened but rather the “adolescent” re-enacting his fears on the political scene [7]. In regard to the ongoing devastation of Ukraine’s infrastructure, Putin may be in grip of the idea that the “denazification” can be achieved through extensive destruction; otherwise, “the Phoenix can rise from the ashes” [10]. Of note, defensive behaviors in some individuals include attacking a weaker person and submitting to a dominant one [14]. The latter seems to be reflected by Putin’s relationships with Ramzan Kadyrov, head of the Chechen Republic, who is a dominant person (Figure 1,2) [15,11]. The former president Boris Yeltsin, mature and responsible person, would never permit this fratricide in Ukraine. This case illustrates how maltreatment of children can contribute to adult atrocities. Psychological background of aggressiveness prevailing in the Russian leadership has been discussed elsewhere [11]. Some war instigators should be assessed by psychiatrists on the basis of their speech, writings and behavior. More research and expert opinions are needed.

It would be interesting to analyze how certain conditions develop in the cultural context delineated above. Attention Deficit Hyperactivity Disorder (ADHD) and Histrionic Personality Disorder (HPD) are usually not mentioned in the literature among consequences of physical abuse. It can be reasonably assumed that children regularly punished for impulsivity, hyperactivity or hysterical fits would modify their behavior to prevent the trauma or to cope with it. The adaptive or maladaptive conduct may be obsessive-compulsive and/or compatible with Autism Spectrum Disorder (ASD) in terms of DSM-5: Repetitive behaviors, failure to initiate or respond to social interactions, poorly integrated communication, abnormal eye contact, deficits of developing and maintaining relationships, reduced sharing with parents of emotions and interests. Some repetitive behaviors seen in ASD can be described as obsessive-compulsive [18]. The youth with ASD were found to be at a greater risk of victimization and bullying [19-23]. Autistic children and adolescents may be targeted for abuse, whereas deficits in social awareness would increase the risk of victimization. Given the association of autistic traits in adults with the abuse in their childhood, studies identifying causal mechanisms can improve preventive policies [24]. Finally, behaviors compatible with ASD have been observed after a childhood head trauma [25,26].

Figure 1: Vladimir Putin and Ramzan Kadyrov [16].

Figure 2: Putin and Kadyrov. The dominant stance of the latter is apparent [17].

Autism is often associated with ADHD. Obsessive-Compulsive Disorder (OCD), ADHD, ASD and social anxiety disorder have partly overlapping symptoms [27-31]. The hypothesis discussed here is that differences may develop under the environmental impact: in an environment tolerating annoying behaviors, a child would preserve ADHD or hysterical features, or evolve in a typical way. In conditions of domestic violence, regularly punishing impulsivity, hyperactivity, hysterical fits or tantrums, maladaptive behaviors would come to the fore, being to some extent compatible with autistic and/or obsessive-compulsive patterns. Of note, alcohol drinking may be an “obsessive passion” or compulsion [32,33]. Alcohol abuse was observed in 34% of OCD patients [34].

In conditions of collectivism and social pressure to be “normal” like everyone, as it has been in the former SU, individuals with communication abnormalities would have strong motives to contact with peers to avoid stigmatization as outsiders. Alcohol consumption and, in particular, binge drinking is used by some persons to overcome communication barriers. Besides, loitering with drinking companies is a way of escape from domestic violence. There is no reliable statistics; according to the author’s observations since the 1960s, binge drinking was started by a considerable percentage of school children from ~14 years on. Today the situation is better: young people drink predominantly beer but less vodka and fortified wine than during the Soviet time [35,36].

Over 99% of publications on child maltreatment were based on studies performed in more developed countries [37]. In less open societies it can persist without publicity; whereas authorities and scientific writers tend to trivialize the problem. Detection of abuse and exposure of perpetrators often depends on the victim, being obviously more difficult in totalitarian or lawless societies with largely intimidated population. It is easier to expose a socially unprotected abuser, for example, an alcoholic or a mentally abnormal individual. Otherwise, different tools would be applied to prevent a disclosure: denial of facts and accusations of slander, intimidation of the victim, appeals to preservation of honor and reputation of the family, nation, etc. Here is presented a case illustrating a combination of the above-mentioned symptoms and factors, followed by a discussion of potential cause-effect relationships.

Case presentation

When S. was three years old, his parents were divorcing, while he was sent with a nanny to a suburb. They spent there also two subsequent summers, having almost no contact with other children. The boy sat on a sofa days on end, which did not contribute to his physical development and communicative skills. There was a head trauma, repeated burns of oral mucosa, esophagus and genital area with hot porridge or soup; consequences are perceived in the advancing age. S. recollected an episode that his father has later confirmed. The father came unexpectedly, smelled alcohol, was asking the child: “What did you drink?” and then altercated with the nanny. It has come to surface that the nanny gave him alcoholic beverages, probably to calm down and not to be disturbed at night. She also took the child to parties, where he was sometimes given alcohol. After the quarrel with the father she started to lock the child up alone in the room for hours.

At the age of about 6–7 years, S. was noticed to have autistic traits such as communication deficits, failure to develop peer relationships and motor clumsiness. Some symptoms compatible with ADHD were observed as well: inattention, impulsivity and hyperactivity. Appearance of the autistic symptoms coincided with the time when the socially unskilled child was exposed to bullying at playgrounds and in a preschool; the symptoms further aggravated in parallel with the physical abuse at home. When S. was 7 years old, his mother married a 13 years younger person. The following risk factors of child maltreatment were present [38]: Poor social support, presence of a younger child, family history of abuse: The perpetrator had been beaten by his father. The abuse was administered by slapping in the face and head, often under the pretext of punishment, but sometimes without any pretext. Episodes of violence went along with intimidation by gestures and verbal abuse. The abuse sometimes occurred in front of spectators: the mother and other relatives.

On rare occasions, the mother participated in battering, which is in agreement with the data that mothers tend to abuse their children at higher rates when their partners are not fathers of the victims [39].

Apart from occasional participation in parties at home, where alcohol was not consumed in excess, or drinking a bottle of beer with schoolmates, S. did not consume alcohol until the age of 13 years, when he drank a 0.75 l bottle of fortified wine containing ~18% of alcohol with an older boy. In the following year, his alcohol consumption increased up to 250 ml of vodka plus beer or a 0.75 l bottle of fortified wine at one sitting. S. has discontinued the overuse of alcohol at the age of ~35 years, when it became incompatible with his professional duties.

Discussion

There is evidence demonstrating association between childhood trauma, including physical, sexual and emotional abuse, with negative mental health, physical health and social outcomes, deficient communicative skills, antisocial behavior, substance abuse and, in particular, misuse of alcohol in the victim’s later life [40]. The prevalence of substance abuse among individuals with autism was reported to be low [41]; but there may be an underestimation [42]. Some individuals with high-functioning autism drink alcohol to cope with anxiety, to maintain friendships and gain access to new relationships [42,43].

As mentioned in the Introduction, child abuse is infrequently discussed in Russia. Public organizations and authorities did not react to some known cases of domestic violence. A part of the society seems to be opposed to a public discussion of the topic. There is neither generally agreed attitude nor consequent policy, which is complicated by a shortage of adequately trained personnel and limited use of the foreign professional literature. Scenes of violence and death are often shown by Russian media, distracting the public attention from less spectacular offenses including child and elder abuse [44]. Violence towards children is sometimes discussed by mass media as a norm. For example, the famous filmmaker Nikita Mikhalkov said on 28 May 2014 from the TV screen without any disapproval that his father Sergey Mikhalkov, the well known writer, slapped him in the face, which can cause additional cases of concussion in children. Celebrities are often copied. Note that a man’s hand is weighty (Figure 3). By the given impulse, the damage might be more severe in cases of macrocephaly, which is associated with ASD [45].

The ASD cases are often marked by symptoms consistent with ADHD [27,28]. In the case presented above, ADHD symptoms were observed: inattention, impulsivity and hyperactivity, the latter being more pronounced in a familiar environment. Appearance of autistic symptoms coincided with the time when the child was exposed to violence. In the author’s opinion, physical abuse is an undervalued cause of autism and of obsessive/compulsive behaviors. Some individuals with autistic traits probably are abused ADHD, HPD children or initially healthy ones. In the atmosphere of domestic violence, fits of hysteria, or manifestations of ADHD such as impulsivity and hyperactivity, may be regularly punished. Abnormal behaviors would be adaptive, consciously or unconsciously implemented to avoid the repeated trauma and/or to cope with it. Such behaviors might be compatible with ASD: repetitive activities (nail baiting, masturbation, binge eating), failure to respond to social interactions, poorly integrated communication, abnormal eye contact, deficits of developing and maintaining relationships. Reduced
The child abuse is associated with inadequate parenting [49]; whereas children of deviant parents, exposed to the maltreatment, acquire deviant features themselves. In conclusion, child abuse may be a causative factor of atypical behaviors more or less compatible with ASD and/or OCD. Regular physical abuse may be a causative factor of atypical behaviors more or less compatible with ASD and/or OCD. The child would be “trained” towards abnormal behaviors. The cause-effect relationship may be bidirectional: autistic symptoms enhance the risk of domestic violence and bullying while the violence would induce or reinforce abnormal behaviors. In this connection, the heritability of ASD may have a non-genetic explanation in some cases. The child abuse is associated with inadequate parenting [49]; whereas children of deviant parents, exposed to the maltreatment, acquire deviant features themselves. In conclusion, child abuse may be a causative factor of atypical behaviors more or less compatible with ASD and/or OCD. Regular physical abuse can modify the trajectory of ADHD, histrionic and some other disorders, sometimes predisposing to alcohol consumption and binge drinking. Moreover, abused children may become abusers and violent criminals in their later life.

**Conflict of interest:** The author declares that he has no conflict of interest.

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