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EXAMINING THE FORMS AND NEUROPSYCHOLOGICAL DEFECTS OF FAMILY VIOLENCE IN THE FAMILIES OF RUSSIA AND GHANA

Manu Ivon Abrafi
2nd year undergraduate student of the direction 37.04.01 "Neuroscience (Psychology)" of the Baltic State University named after I. Kant. https://orcid.org/0009-0009-9910-8057
email address: yvonnesledge2001@gmail.com .

Abstract
This article examines one of the current problems of modern society - domestic violence in the family. Family violence is also a substantial mental health concern. The neuropsychological phenomena in the area of family violence have not yet been sufficiently studied, which may reduce the effectiveness of prevention and the mental health treatment.
A full understanding of the phenomenon must include discussion of how often it occurs, in what forms, and to whom. This review defines violence in the family in its variant forms and examines the literature on the mental health effects associated with these abuse experiences.
The relevance of the topic is due to the insufficient study of the problem of family violence among male and female in Ghana and Russia considering various forms of abuses and the neuropsychological defects among victims. To date, sufficient material has not been accumulated to make a connection between the forms of violence and the neuropsychological defects.
The purpose of the study is to identify the main forms of family violence and to whom it occurs to, the common mental health defects.
The objectives are to review the scientific literature on this topic and summarize the findings.
In the course of the study, a number of domestic and foreign scientific works devoted to the problem of family violence were analyzed.
It was concluded that male victims of family violence are most of the times unwilling to talk or report their situations to the Department of Social Welfare (DSW) or Support Centers in Ghana and Russia which will enable the victims get support services such as counseling, and home visits to victims.
Likewise, male victims bear the effect of abuse with pain and torment. Unlike women, male victims shy away from letting other people know the cause of injuries they sustained as a result of domestic violence, they sometimes attribute their physical injuries to motor or other forms of accidents rather than exposing their spouses or partners. The psychological and emotional effects of violence on male victims are mostly borne in silence, this could have a more damning consequence on health situation and could result in other conditions such as high blood pressure.

Keywords: domestic/family violence, anxiety, psychological aggression, victims, sexual abuse. depression, physical abuse, perpetrator

Introduction

Domestic violence is a prevalent reality in almost all societies across the globe, and it occurs among all demographic groups. While perpetrators and victims of domestic violence can be of either male or female gender, the majority of cases have a male perpetrator and a female victim

The prevalence of partner abuse varies internationally. The World Health Organization multi-country study reported a lifetime prevalence of physical and sexual partner abuse ranging between 15% and 71%, with 4–54% respondents disclosing partner abuse in the past year [7].

Some national studies show that up to seventy per cent (70%) of women have experienced either physical or sexual violence from an intimate partner in their lifetime. The prevalence of physical violence within the domestic settings has been highest in Africa, with almost half of the countries of the continent

reporting lifetime prevalence of over forty per cent (40%); the Democratic Republic of Congo having the highest figure of sixty-four per cent (64%) of such cases as at 2007 [8].

Forms of Abuse

Sexual Abuse

With respect to sexual violence, many victims experience shock, fear, agitation, confusion, and social withdrawal immediately postassault [1]. Some may also endure flashbacks, sleeping problems, and emotional **PTSD:** posttraumatic stress disorder detachment are symptoms consistent with PTSD. Indeed, PTSD is the most common mental health sequelae of sexual violence. A recent review of the literature on the psychological impact of sexual assault by Campbell et al. (2009) found that 7%–65% of women with a lifetime history of sexual assault develop PTSD. The study on the low end of the range was an outlier, with most studies reporting rates in the 33%–45% range. In addition to PTSD, the review found that many sexual victimization survivors (13%–51%) meet diagnostic criteria for depression.

Most sexual assault victims develop fear and/or anxiety (73%–82%), and 12%–40% experience generalized anxiety. Approximately 13%–49% of survivors become dependent on alcohol, while 28%–61% may use other illicit substances. It is not uncommon for victims to have suicidal ideation (23%–44%), and 2%–19% may attempt suicide. For most sexual assault survivors, these psychological distress symptoms decline within the first few months postassault, but it is not uncommon for women to continue to experience emotional distress for up to two years postassault[2]. Not all survivors of sexual violence experience these negative psychological health effects to the same extent [3]. Most studies have not found racial/ethnic differences in postassault psychological distress; however, a study of intimate partner sexual assault victims found that Hispanic women had significantly higher levels of PTSD than did African American and Caucasian women [4]. With respect to victims' age,[3] reported that findings have been mixed. Many of the earliest studies on this topic found that older survivors experience increased depression and general trauma, but more recent work suggests no relationship between age and distress. The relationship between education and postassault distress is murky: Some recent studies have found that lower educational levels are associated with higher PTSD and suicidality, but an equivalent number of studies have found no effect of education on distress levels.

Numerous studies have investigated how characteristics of the assault itself impact victims' postassault psychological distress [3]. With respect to victim-offender relationship, most studies have found that experiencing rape perpetrated by a stranger is not associated with differential levels of postrape symptomatology, but some studies have reported that surviving stranger rape was associated with increased PTSD. Sexual assault by a partner has been found to be a significant predictor of PTSD, although when compared to other types of assailants, there was no difference in depression or anxiety. The findings in the literature are equivocal as to whether injury incurred as a result of sexual assault is related to postassault PTSD, depression, and anxiety. Most examinations of postrape distress have not found an effect for weapon use, and results remain mixed as to whether degree of force used contributes to higher postassault distress levels.

Psychological Aggression

Although many articles report that deleterious effects have been identified as a result of being the target of psychological aggression, the subjective nature of the experience, the occurrence of it within interpersonal interactions and relationship contexts, the frequent co-occurrence of physical violence, and problematic measurement all combine to reduce certainty as to the impact of these actions. Although it is highly likely that serious forms of psychological abuse (e.g., higher frequency, longer doses, particular types) would impact women's mental health, this field of inquiry is still significantly hampered by measurement difficulties that limit strong conclusions at this time [5].

When trying to understand the outcome of experiencing psychological abuse, a major consideration is the fact that there are diverse forms of psychological maltreatment with apparently dissimilar aims. For example, based

on[6] framework of major psychological aggression dimensions, causal sequences from the psychological actions to mental health outcomes are typically hypothesized as follows: (a) denigration of one's partner is intended to result in damage to self-esteem/self-concept, likely leading to depression or anxiety; (b) withholding affection and nurturance is aimed at damaging self-esteem but is also a manipulative ploy to produce submissiveness, probably leading to depression, learned helplessness, and/or a passive personality style; (c) threatening actions are intended to frighten/intimidate, thus leading to anxiety, compliance, and passivity; and (d) restriction intends to control the partner's actions, potentially leading to depression, passivity, and lack of sociability.

A review of the outcome literature on psychological abuse to date suggests what is known and not known as to its effects [5]. Lending some support to the above outcome models, the variable most studied—depression—appears to have relatively good support for depressive symptoms occurring with increasing psychological aggression, but studies using clinical levels of depression as a threshold for mental health impact did not show a significant relationship. Also complicating the picture, physical and psychological aggression take turns being the more predictive variable or even the only contributing source for depression. Examining anxiety as an outcome variable has resulted in contradictory findings, although this would not be unexpected considering that some forms of psychological abuse are not intended to produce fright or anxiety, whereas others are used specifically for that purpose (e.g., direct threats to harm/kill the woman). Separating out anxiety as a clinical concept from "fear" regarding one's safety may also clarify when and how these emotional states are impacted by psychological abuse. Mixed results were found for the impact of psychological abuse on self-esteem, although mediating variables seemed important (and therefore encouraging) for understanding this relationship. If one considers physical health outcomes as potentially impacted via the psychological toll of being the victim of psychological abuse, this relationship still requires disentangling through the establishment of medical/psychological models that can be tested to explain why certain health problems are associated with physical versus psychological aggression and what would mediate/moderate these relationships. Other mental health symptoms that could be investigated further as outcome variables, but do not have enough corroboration in the research literature to form conclusions, are guilt/shame, substance use/abuse, stress, cognitive impairment, and personality traits.

Physical Abuse

Physical abuse is the most common form of domestic violence. According to [13] physical abuse is common between both male and females, but females sustain more injuries compared to males. Also, females are as violent as males.

According to [14] "physical abuse involves specific acts or threats to commit acts such as physical assault or the use of physical force against another person including the forcible confinement or detention of another person and the deprivation of another person's access to adequate food, water, clothing, shelter, rest, or subjecting another person to torture or other cruel, inhuman or degrading treatment or punishment".

Again the World Health Organization reports on domestic violence show that women record high numbers of physical abuse [15] but [16] estimate that a lot of women use weapons to attack their partners. Findings By [16] do not give any account as to whether women are more violent than men, yet establish the fact that women also use weapons to attack their partners, which is not legally and socially accepted.

Males who experienced physical abuse from their partners may lose their masculine nature, and may come out fearing their partners. In some cases, this may harm the man for long time since he has to stay with the perpetrator and cannot break the silence. Some suffered various degrees of burns on their body or had been hit with heavy weapons. The researchers made it clear that male victims hardly report their partner for their misconducts.

Theory and Literature Review

This paper was anchored on the social change theory on domestic violence as es-

poused in [9, 10, 11] . The theory assumes that members of the family will resort to violence to obtain their goals for as long as what is to be gained outweighs the cost. This implies that within the family, each and every one has personal desires he or she would wish for, hence, the opposite spouse serves as a stumbling block to achieving such needs.

[10] is of the opinion that, the key assumptions of the exchange perspective are that social behavior is a series of exchanges and in the course of these exchanges individuals attempt to maximize their rewards and minimize their costs. The social exchange theory further assumes that women are victims and men are perpetrators of domestic violence. In this paper, the author challenges this proposition and argues that men are not only perpetrators but could be victims, too. Contrary to the opinion of the proponents of this theory that women would resort to violent acts in order to make the male partner succumb to their desires, there could be instances of unprovoked attacks on men by their female spouses.

violence against men is real. Just like women, men suffer physical, emotional and psychological abuse within the domestic set up.[8] echoed the notion that men victims bear the effects of violence in silence, which consequently give them emotional and psychological stresses, these short-term effects, could, in the long run, have far-reaching health consequences such as depression, cardiac attacks, and other mental illnesses.

[12] is of the opinion that societal perceptions are likely to perpetuate the common assumption that women are always victims and, implicitly, that men are the main perpetrators of such violence. Because of this misconception, male victims are mostly constrained to take up a position of the victim that would warrant the right to justice. Invariably, social prejudice dampens the ability of men to report cases of domestic violence. Also, [12] stated that the police are regularly accused by 'abused men' of ignoring male abuse and favoring women during domestic call-outs and investigations. The apathy of the police towards male victims discourages the latter from presenting themselves as victims who seek justice and to even seek neuropsychological assistance.

Common Mental Health Defects

Mental health complications associated with family violence are frequently documented irrespective of the type of violence experienced. Across populations of men and women experiencing IPV, sexual abuse, psychological abuse/aggression, emotional abuse, physical abuse, economical/financial abuse and social abuse, Anxiety, PTSD, Depression, Substance use disorders among others have been identified as occurring and most likely caused by these experiences. Particularly for the first

All these disorder have been identified as a potential of mental health outcome.

Conclusion

The above discussions indicate that male victims of family violence are most of the times unwilling to talk or report their situations to the Department of Social Welfare (DSW) or Support Centers in Ghana and Russia which will enable victims gain support services such as counseling, and home visits to victims.

It is also, important to state that the reason law enforcement agencies do not take male victims seriously is partly as a result of the perceived notion that men, because of their position in the family are perpetrators, while women and children are victims. Therefore, any man who reports abuse case to the police and other institutions is seen as a coward who is unable to take care of his family.

Likewise, male victims bear the effect of abuse with pain and torment. Unlike women, male victims shy away from letting other people know the cause of injuries they sustained as a result of domestic violence, they sometimes attribute their physical injuries to motor or other forms of accidents rather than exposing their spouses or partners. The psychological and emotional effects of violence on male victims are mostly borne in silence, this could have a more damning consequence on health situation and could result in other conditions such as high blood pressure.

Recommendation

This author recommends that a well thought through public sensitization activities aimed re-orienting people to change their atti-

tudes towards victims of family violence, most especially male victims and this could be a good step forward to enhance confidence among male/female victims in both countries and bring about attitudinal change to defeat social stereotypes, especially, the prejudice that perceives men as the perpetrators and not as victims of violence. Such sensitization could take the form of workshops.

Literature Gap

Future research will be necessary to determine whether omissions of behavior or extremely subtle actions can be reliably measured as a form of psychological abuse, whether a pattern or more frequent occurrence would be required or particular behaviors to reach a threshold of "abuse," which component of psychological aggression would be weighted more heavily if data conflicted, whether problematic relationship behavior can be distinguished from actions considered abusive, and whether the presence of psychological abuse in combination with other forms of family violence qualitatively changes its impact.

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Сведения об авторе

Manu Ivan Abrafikov
2nd year undergraduate student of the direction 37.04.01 "Neuroscience (Psychology)" of the Baltic State University named after I. Kant
Identification number: 0009-0009-9910-8057
Email address: yvonnesledge2001@gmail.com .

Information about the scientific supervisor
Reverchuk Igor Vasilyevich
Doctor of Medical Sciences, Professor
Head of the Department of Psychiatry and Neurology of the Higher Medical School of the Baltic State University named after I. Kant
ORCID: 0000-0002-3498-9094, electronic library ID: 14808921 , e-mail: IReverchuk@kantiana.ru

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ИЗУЧЕНИЕ ФОРМ И НЕЙРОПСИХОЛОГИЧЕСКИХ ДЕФЕКТОВ СЕМЕЙНОГО НАСИЛИЯ В СЕМЬЯХ РОССИИ И ГАНЫ

Ивон Абрафи Ману
студент 2 курса бакалавриата направления 37.04.01 "Неврология (психология)" Балтийского государственного университета имени И. Канта.
ORCID: 0009-0009-9910-8057
E-mail: yvonnesledge2001@gmail.com .

В данной статье рассматривается одна из актуальных проблем современного общества - бытовое насилие в семье. Насилие в семье также является серьезной проблемой для психического здоровья. Нейропсихологические явления в области насилия в семье еще недостаточно

изучены, что может снизить эффективность профилактики и лечения психических расстройств.

Ключевые слова: домашнее насилие, тревога, психологическая агрессия, жертвы, сексуальное насилие. депрессия, физическое насилие, преступник

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