

Sexual Abuse Invited Suicidal Ideation And Psychological Treatment Combat The Symptoms Of Trauma: A Case Study

Abstract

A 14 year old sexually abused student was referred by the house warden for not sleeping at night, depressive mood, loneliness, avoidance of colleagues and crying spells with significant loss in academia in a residential college. The psychological assessment with detailed interview, Mental Status Examination, 90 Symptom Checklist, RISB, HTP, CPM was used for pre and post assessment. The NET, CBT and MET showed significant improvement.

Presenting Complaints

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Background

A 14 year old student from Punjab was residing in the boarding institution, studying in class 9th. He was the only brother of 3 sister and her both parents were alive. He was excellent in academic, and his passion was to join the forces. He belongs to a Muslim family with middle socio-economic status. His early milestones were normal and there was no critical incident before this abuse.

History of PTSD

On Saturday night when he was watching the movie, he was called by his senior class fellows. There were 3 to 4 students standing outside the theater who took him in the darkness and sexually abused him. After his abuse he was not able to sleep at night, had depressed mood, loneliness, limited social interactions, and significant academic and discipline loss.

Premorbid Personality

He was very open, extrovert, jolly and friendly person. His academic and discipline was exemplary in his class. He achieved many good grades in different classes. Making friends and trusting them was so easy for him.

Assessment and Diagnosis

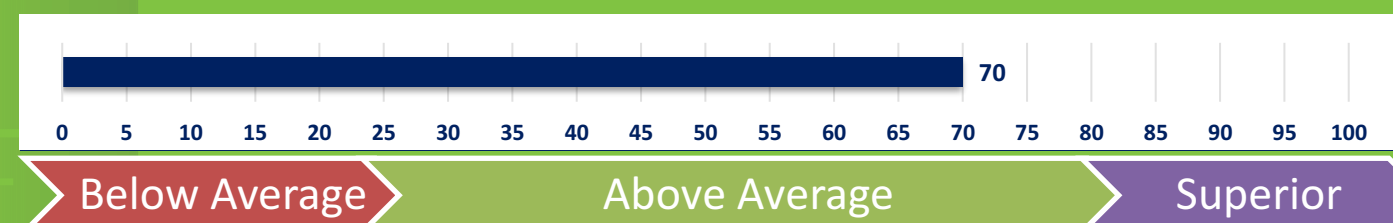
Disorders	Obtained score	Mild	Moderate	Severe
Somatization	4	0-16	17-32	33-48
Obsessive- Compulsive	5	0-13	14-27	28-40
Interpersonal Sensitivity	20	0-12	13-24	25-36
Depression	32	0-17	18-35	36-52
Anxiety	25	0-14	15-30	31-44
Hostility	20	0-8	9-16	17-24
Phobic Anxiety	9	0-9	10-18	19-28
Paranoid Ideation	5	0-14	15-30	31-44
Psychoticism	0	0-8	9-16	17-24
GSI	15	0-9	10-18	19-28

Important Personality Traits

House	Tree	Person
✓ Lack of psychological warmth	✓ Weak ego	✓ Inadequacy
✓ Defensiveness	✓ Repressed emotions	✓ Dependency
✓ Blunt behavior	✓ Feelings of insignificance	✓ Aggression
✓ Feelings of inadequacy	✓ Impulsive	✓ Mixed feelings
	✓ Hostile defenses	✓ Overly defended

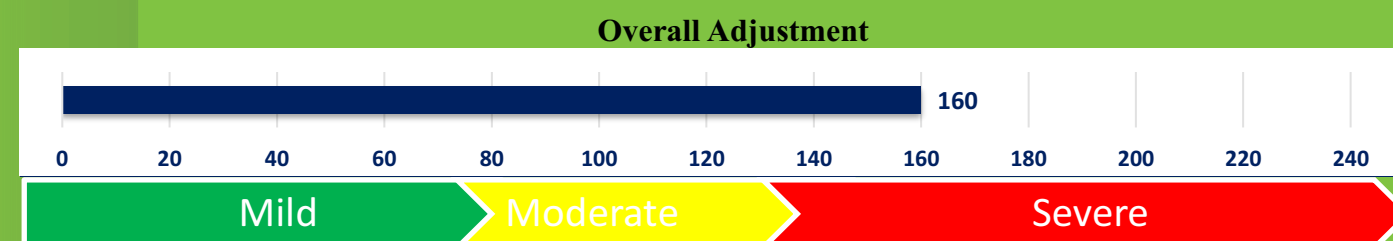
According to the DSM-V criteria person met with the criterion of the **Posttraumatic Stress Disorder (includes Posttraumatic Stress Disorder for Children 6 Years and Younger) 309.81 (F43.10)**. The symptoms of the client were better explained by the PTSD criteria because he was sexually abused.

Intelligence Quotient Index



The obtained scores of the client are falling between the range of 25th and 75th percentile which means that he is “intellectually average” person.

Adjustment Index



Overall Adjustment {Severely Maladjusted}

Subject has some inadequacies, immaturities, guilt and conflicts in his personal life which are the major hurdles for him to adjust in the society or competitive situations. Subject strongly desires some warm relationship, expect rejection and worried about his future. According to the responses of the client he couldn't evaluate his environment in a positive and healthy way.

Case formulation

Fear of stigma stopped him to ask for help from the authorities. His avoidance to the colleagues was *conditioned* with the worst experience of sexual abuse in **classical conditioning**. His *sleeplessness & restlessness* were the immediate responses to the traumatic experience. His *loss of interest* in academia and discipline was a depressive episode. His *loneliness* was *positively reinforced* by the pain which he receives from the interaction in **operant conditioning**. His *crying spells* were the indicator of his emotional outburst, suffering and pain due to low **emotional intelligence and emotional regulation**.

Treatment Plan

After establishing the rapport, 90 SCL, RISB, HTP, and CPM were administered on the client. NET, CBT, and MET were recommended for the treatment of PTSD with comorbidity of depression, and anxiety.

Conclusion

The initial responses of the clients were too problematic which improved after the psychological treatment. His referral was guided about the confidentiality of the case and positive reinforcement by the referral played a significant role along the psychotherapies. The client is successfully completing his education.

References

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Mr. Fayyaz Ahmed
PhD Scholar NIP QAU
fayyaz.ahmed@nip.edu.pk

Dr. Jamil A Malik
Associate Professor NIP QAU
ja.malik@nip.edu.pk