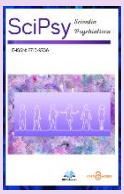

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Schizophrenia in a Young Female with History of Childhood Sexual Abuse and Same Sex Relationship: A Case Report

Patricia Wulandari[1]*, Rachmat Hidayat[2]

[1]Cattleya Mental Health Center, Palembang, Indonesia

[2]Department of Biology, Faculty of Medicine, Universitas Sriwijaya, Palembang, Indonesia

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***Corresponding author:**
Patricia Wulandari

E-mail address:
dr.patricia.wulandari@gmail.com

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A B S T R A C T

Introduction: Severe mental disorders in adulthood have various risk factors and causes. Childhood sexual abuse (CSA) is a risk factor that triggers developmental disorders and causes mental disorders in adulthood. This case report aims to present a patient with schizophrenia with a history of childhood sexual abuse and same-sex relationship. **Case presentation:** A young woman, a college student, came to the psychiatric unit of Cattleya Mental Health Center with her partner. Patients present with complaints of frequent self-harm and attempted suicide. The patient often feels voices telling her to scratch her hands and bang her head, saying that everyone in the world is trying to threaten her life. A mental state examination revealed that the patient's self-care was very poor and tended to be apathetic. Patients tend to be indifferent to the examiner, occasionally laughing and talking without direction (tangential). Her mood was elevated, affect was inappropriate. The patient experienced an auditory hallucination. Her risk factors include being born into a broken family, being an unwanted child, and was taken care of by a distant family (grandmother). As a child, the patient was raped by her uncle (a law enforcer) and was threatened if she told other family members. The patient was then treated with the oral antipsychotic olanzapine 5 mg daily and asked for a weekly follow-up. Patients are allowed to outpatient with supervision from her boarding friends and her girlfriend. **Conclusion:** Handling schizophrenia patients involves a multidisciplinary team starting from the introduction of risk factors to the selection of psychopharmacology and psychotherapy.

1. Introduction

Schizophrenia is a severe mental disorder that generally begins before the age of 30. Symptoms of schizophrenia include aggressiveness or withdrawal, irrelevant speech, and autism. The patient may be suspicious of others and believe in unusual things, hallucinations (hearing voices without being). Unfortunately, many people with schizophrenia are unaware that they have a mental disorder and refuse to seek treatment voluntarily. Schizophrenia is a long-term illness, lasting up to several months or years, and may require long-term treatment.[1,2]

Severe mental disorders in adulthood have various risk factors and causes. Childhood sexual abuse (CSA) is a risk factor that triggers developmental disorders and causes mental disorders in adulthood. Several studies have supported a strong association between CSA and adult psychopathology between women and men and concluded that the longer the nature of the abuse, the greater the psychological impact on the victim.[1,3] Sexual harassment that lasts for a longer period of time and involves penetration, intrafamilial violence, a larger age gap, and aggression is more likely to lead to severe mental disorders in the future.[3] This

case report aims to present a patient with schizophrenia with a history of childhood sexual abuse and same-sex relationship.

2. Case Presentation

A young woman, a college student, came to the psychiatric unit of Cattleya Mental Health Center with her partner. Patients present with complaints of frequent self-harm and attempted suicide. The patient often feels voices telling her to scratch her hands and bang her head, saying that everyone in the world is trying to threaten her life. The patient also often sees the messages in her email and feels it is a signal that her life is in serious danger. The patient also said that she had skipped college for 1 month without any information and felt lazy to take care of herself, had trouble sleeping, and had no appetite. The patient has also received a warning from the campus to stop out of college because she has been absent for too long.

Her social history revealed that she lived in the city alone in a boarding house. She had a girlfriend who stayed in a different city. Her past medical history included a history of paranoid delusions and bipolar episodes. A mental state examination revealed that the patient's self-care was very poor and tended to be apathetic. Patients tend to be indifferent to the examiner, occasionally laughing and talking without direction (tangential). Her mood was elevated, affect was inappropriate. The patient experienced an auditory hallucination. She heard disembodied voices talking about her and telling her to die. The patients are very suspicious of people and her surroundings. The patient also had a poor insight.

Her risk factors include being born into a broken family, being an unwanted child, and was taken care of by a distant family (grandmother). As a child, the patient was raped by her uncle (a law enforcer) and was threatened if she told other family members. This makes the patient very antipathetic and hateful towards men and the police and army professions. The patient has never been supported in terms of education, even though academically, the patient's score is above average. Epidemiological studies have found a positive relationship between physical and sexual violence, neglect in childhood, and a tendency to same-sex attraction in adulthood.

Laboratory examinations showed kidney function tests, lipid profile tests, liver function tests, and complete blood tests within normal limits. The patient underwent psychotherapy (insight-oriented therapy) on the third day of hospital admission, and reports indicated that she was preoccupied with paranoid ideas. She said that the reason why she went to the hospital was between her and her girlfriend, who sent her to come in. Therefore, the patient's medical problem was identified as schizophrenia—a first-episode psychosis in which she exhibited signs and symptoms of paranoia, insomnia, and anorexia.

The patient was then treated with the oral antipsychotic olanzapine 5 mg daily and asked for a weekly follow-up. Patients are allowed to outpatient with supervision from her boarding friends and her girlfriend. However, the patient failed to report to the psychiatric unit for further action and development follow-up.

3. Discussion

This study presents a case of schizophrenia in a young woman with risk factors for childhood sexual abuse (CSA) and same-sex relationship. Patients with a history of childhood sexual abuse are more likely to have certain types of hallucinations (command hallucinations) and thoughts related to sexual abuse. Child abuse and neglect can lead to developmental disorders that lead to deficits or failure of multisystem achievement in motor, emotional, behavioral, language, psychosocial, social, and cognitive skills. Other studies suggest that maltreatment in childhood is associated with the activation of multiple neurotransmitter systems and neuroendocrine regulation. The sympathetic nervous system or catecholamine system, limbic system-hypothalamic-pituitary-adrenal axis, and serotonin system are the three major neurobiological stress response systems involved in mood, anxiety, and impulse control disorders.[4]

The bad effects of CSA can last a long time. Therefore, victims of CSA are more likely to be

susceptible to certain types of stress, which can trigger psychiatric disorders, including psychotic illness or schizophrenia. The psychological effects of guilt, hopelessness, and helplessness can also influence the prognosis of severe mental illness. Therefore, in people with schizophrenia, the traumatic experience of sexual abuse can have an impact on the prognosis, and care must be taken in dealing with this complex and sophisticated need. This can lead to difficult decisions about the extent to which this should be addressed when providing individualized psychological support for patients with psychotic illnesses.[4-6]

Patients with a history of severe abuse and borderline personality disorder who exhibit strange transient delusional symptoms may find it difficult to classify whether they have a psychotic illness or schizophrenia.[7-10] On the other hand, the patient's paranoid delusions, especially towards men, make the patient experience a disorder of sexual orientation and interest. The patient's interest in establishing a close relationship with the same sex is thought to have something to do with the sexual abuse experienced by the patient during childhood.[11,12]

According to the British Association of Psychopharmacology, there is evidence that first-episode psychosis responds to lower doses of antipsychotic drugs.[5] In addition, there is a biological sensitivity to antipsychotic drugs in the early stages of the disease, which applies to both therapeutic effects and side effects.[5] The British National Formulary (BNF) recommends giving olanzapine 5 mg tablets in early-stage psychosis. Although remission is seen in most patients after treatment of the first psychotic episode, acute exacerbations are common in the long-term course of schizophrenia.[13-15] Most treatment algorithms emphasize that at least one year of uninterrupted antipsychotic therapy is required to minimize relapse.[14-16]

4. Conclusion

The treatment of schizophrenia patients involves a multidisciplinary team starting from the introduction of risk factors to the selection of psychopharmacology and psychotherapy.

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