

## WHAT IS FIRST? ABUSE OR PSYCHOPATHOLOGY: A QUALITATIVE STUDY

Pınar Harmancı<sup>1</sup>, Nurdan Çetin<sup>2</sup>, Erman Yıldız<sup>2</sup>, Gülsen Kılınc<sup>2</sup>

<sup>1</sup>Eldivan Vocational School of Health Services, Çankırı Karatekin University, Çankırı,

<sup>2</sup> Faculty of Nursing, İnönü University, Battalgazi/Malatya,  
TURKEY.

forzapinar@hotmail.com

### ABSTRACT

*This study was conducted with a 17-year-old girl who was staying at İnönü University's Hospital on 08.11.2016 and receiving treatment because of mood problems after "sexual abuse". The treatment process was conducted according to Orlando's "INTERACTION THEORY" as well as the differences between the first admission of the patient was also reflected in the nurse's reaction and the process. The nursing process, which was conducted according to Interaction Theory, reveals the answers to the question whether the mood problems of the case were before or after the abuse. In this respect, it is stated from the perspective of psychiatric nursing that the theory-based nursing process is important for it is fast and it provides information to a multidisciplinary team.*

**Keywords:** Abuse, Mood, Interaction Theory

### INTRODUCTION

The issue of child neglect and abuse is among the world's and Turkey's most important matter of low, health, and education. According to World Health Organization's (WHO) 2002 data, it is 150 million girls, and 73 million boys were estimated to be exposed to sexual violence. Similarly as stated by Turkish Statistical Institute (TURKSTAT) according to the data belonging to the "children applied or brought to the security units" in the year 2014 in Turkey a total of 11.095 children were exposed to the sexual crimes among them 1.377 were male and 9.718 were females. 57,6 % of the children who were exposed to sexual crime were composed of 15-17-year-old children, 23,9% of them were 12-14-year-old children and finally, 18,5% of them were 11 years old and smaller children. Additionally, it is observed that the reasons related to the mental health of children need to be closely investigated. According to the data of İstanbul Health Authority in 2008, 61% of the suicide cases were encountered in 15-24-year-old children or younger, and the ratio of girls' suicide cases were recorded as 6 times higher.

### GİRİŞ

These high rates were considered as risky in terms of girl's sexual abuse and suicidal behaviors. In the USA in 1999 the frequency of suicide among children who are 18 years old or younger were found as 1,3/1.000 and the number of girls who were exploited more (Walrath, Ybarra, Holden 2003).

Child abuse may occur even when the child doesn't have any problems with his/her mental/health; however, because of the psychopathologies that may occur later, it is a noteworthy problem (Taner and Göker, 2004). However, in our case whether a psychopathology influenced the occurrence of the incidents or not was

investigated. Many of the clinical psychiatric illnesses require a close observation since they either occur after a mental traumatic incident or they are the hidden reasons that started these incidents.

In the studies that are related to child health, in all around the world girls are stated as more vulnerable in terms of chronic or non-chronic mood disorders(Recard, Castro et al. 2002; Lehmkuhl, Köster and Schubert 2009).

Nurse observations and a professional point of view are quite important in psychiatry clinics to be able to provide the correct care and develop preventive, helping, nursery behaviors. Even if the basic protocols in psychiatry nursing, provide information and determine standards about when and what to do, the individual-specific observation and record method must be determined by an expert psychiatry nurse (Stuart and Lariai, 2005).

The purpose of this study is to implement the nursing process on the current symptoms according to the “interaction theory” of Orlando after questioning the child patient’s emotional state before the sexual abuse incident.

The informed consent was obtained from the case herself, and her mother.

## **CASE**

The case is a 17-year-old teenage girl who stayed at the İnönü University Faculty of Medicine, Department of Child Psychiatry, twice at different times. She was attending 4<sup>th</sup> grade of Open High School.

She had a sexual intercourse with her brother (two years younger than herself) in bathroom when their parents were not at home (she indicated that this incident was at her will) at a time which the parents and the case didn’t remember the exact date (she indicated that she was 14 years old). The mother stated that after this incident, her relationship with her brother went worse and she began to share her thoughts with her family less, she was full of anger towards her brother, but until March 2016 she had a high academic success. After this date, the case who began to express that “she was not enjoying life, (with her own words) she was worried, and she did not want to live”, (with her own words) taking 6-7 painkiller pills (she did not remember the medicine’s name) attempted to suicide. After this incident, the psychiatry polyclinic of a state hospital prescribed Abilify5 mg. The case who stayed at a dormitory in Sivas changed her city by taking a bus in June 2016. She told her parents that it was unintentional, and she was unconscious. In July 2016 again she attempted suicide taking 8 pills (she did not know its name). On the 26<sup>th</sup> of July, 2016 she was first accepted to İnönü University Faculty of Medicine. Her mother explained that the case’s feelings changed quickly and continuously. She stated that the case did not have any social adaptation problem and her scores at school were good until March 2016. The case stated that she did not want to stay at home, therefore, she wanted to stay at the Section of Social Services’ ‘children's home and she started to stay at Social Services’ children's home 3 days before she was accepted to the hospital.

According to the information taken from the case and her mother, her parents often argued. During a session when the case was asked “do you want to talk about the problems you face?” she answered as “the argument between my mother and father is a big problem” (2<sup>nd</sup> Acceptance).

### *Nurse Observation Notes of the Case’s First Acceptance*

**1. Hospitalization Emotional State Evaluation:** The child patient’s self-care was insufficient, she seemed older, cut eye contact with quick eye movements, she was

willing to interview and her speech was clear, quick and there was an increase in the amount of speech, her speech was comprehensible and purposive. Her feelings were ambivalence and often she was emotionally collapsed. Abstract thinking, evaluation of the reality and her judgments were normal.

On the first day, the patient met all other patients. She participated in the activities in the common areas. Behaviors such as excessiveness in the amount of speech, often and continuous laughing were observed. She slept quite late at night, and contrary to daytime she seemed silent and angry. According to the data collected from the family discriminating between the patient's previous state as "enjoying life, cheerful, and successful" and the first day of hospitalization was quite hard. Her treatment was started with Lustral 25 mg. However, she stated that she did not sleep at night and she remembered the incidents she lived especially when she was alone. The observation notes were shared with the clinic team and Olanzapin 5mg was added to the treatment.

Starting from the first hospitalization of the patient until 8 days before her discharge from the hospital, all of the notes stated that she slept late at night, she stated that she was unhappy, and in daily activities while sometimes she wanted to be the team leader, sometimes she did not want to participate at all.

The case was observed until 24.08.2016 and her treatment continued until that day. Since no suicide attempt and speech was observed she was discharged from the hospital.

*The Case was accepted to the hospital for the 2<sup>nd</sup> time on 08.11.2016, Notes on the Second Hospitalization*

**2. Hospitalization Emotional State Evaluation:** Her self-care was insufficient, she seemed older, she had almost no eye contact, she was reluctant for an interview, her speech was clear, slow and less in amount, understandable, and purposive. She was emotionally collapsed. Abstract thinking, evaluation of the reality, and her judgment were normal. Her self-respect was decreased.

According to the information taken from her father; the case attempted suicide by taking 6-7 pills (she did not remember the name) 10 days ago. Since she informed after 2 hours of her attempt she came to the hospital late, and since she escaped from the hospital the necessary examinations could not be done. The mother stated that she had spoken very little recently, and she had been preoccupied. The evaluation of the patient in her 2<sup>nd</sup> hospitalization and treatment plan was conducted according to "Ida Jean Orlando's Interaction Theory".

### **Orlando's Interaction Theory**

According to this theory, which Orlando proposed as "interaction theory", the nursing process is the interaction of the components as *patient's behavior, nurse's reaction, and the nursing initiatives which are shaped for the benefit of the patient*. The nurse investigates the needs of the patient, decides on the appropriate actions, and evaluates. She can conduct the actions herself or have it done by another staff member.

According to Orlando persons do not feel distressed when they meet their own needs and they do not need the care of a nurse. However, individuals need the care of a nurse when they cannot meet their own needs or apply the diagnosis/treatment plan (Tomay et al. 1998, Velioğlu 1999, Foschiera and Piccoli 2017).

**Table 1. Patient’s Behavior**

Determining Verbal and Non-verbal Behaviors
<p>Verbal behaviors:</p> <ul style="list-style-type: none"> <li>The patient constantly indicated that she was unhappy</li> <li>‘I do not have the power to talk to anyone.’</li> <li>‘I remember the same events and all the time I tell about the same events but we don’t have a result’</li> <li>‘Sleeping all the time feels good, when I am awake I want to die’</li> <li>‘I am not always in this condition, I sometimes feel that I can run around the world’</li> <li>During the daily talks and family interviews, it was determined that the cases emotional state before the “sexual abuse” incident was observed as well</li> </ul>
<p>Non-verbal behaviors:</p> <ul style="list-style-type: none"> <li>It was observed that the patient sat for a long time without speaking.</li> <li>She has repeated suicide attempts.</li> <li>She was unwilling to the interview.</li> <li>There were apparent emotional state differences between the 2 hospitalizations.</li> </ul>
<p>Nurse’s reaction:</p> <ul style="list-style-type: none"> <li>Especially after reading sessions, the patient always talked about how happy she was when she was a child. At the end of the interviews, it was concluded that the patient had been an active and emotional child. Before the incident which was considered as “abuse” she was (according to her mother’s statements) often thoughtful and suddenly this situation has changed, sometimes even within one day she became a “completely different” child. Since the second hospitalization was because of the recurring suicidal behavior has led to thinking that there was a need for constant observation and the information deficiencies of the family should be compensated. It has been considered that since the chronic psychiatric diagnosis in child led to a sexual experience/abuse (the fact that this sexual experience was with someone from the family makes the process different) and a sexual experience which was considered as “wrong” can be different. Despite all these thoughts, a sexual experience that a girl experienced should certainly be considered as a sexual abuse and this should be reflected in the “nursing behaviors” section.</li> </ul>
<p>The behaviors of nurse:</p> <ul style="list-style-type: none"> <li>To ensure the patient’s participation in the programs where she can express herself easier (reading hours)</li> <li>Giving an informative speech to the family in order for them to spare more time to know the mood changes</li> <li>Contacting the mother and other members of the family, informing the treatment team</li> <li>Suggesting longer follow-ups in order to track the effectiveness of the pharmacotherapy-psychotherapy that she gets</li> <li>Informing the family regarding mood disorders throughout the treatment process</li> <li>Learning the family’s thoughts about the patient’s follow-ups for sexual abuse, and determine the false beliefs</li> <li>Ensuring the mother’s learning the ways to deal with stress, and deciding the best methods for dealing with it</li> </ul>

**Table 2. The Development of the Patient’s Behavior after Her Needs were Met:**

- As a result of family’s more frequent visits and especially after she realized that her mother listens to her for a longer time, she participated in more activities. During certain activity time, she was observed as spending an enjoyable time with her mother and friends.
- The patient started to participate in many of the activities even if she was not informed beforehand.
- The mother’s idea that “this is not an abuse, my daughter made a mistake and now she is paying for that” changed after the training given on mood disorders. Mother started to establish a communication with her daughter –with her own words- “in exactly the same way as she did before”. Along with this process, the patient started to communicate with her mother more.

*Verbal Behaviors:*

- She explained that she quickly started to feel well during the time that she spent in the hospital
- The time she spent with her mother –with her own words- “was worth everything”
- Since her mother and father argued less, they spared more time for her
- The fact that she was not sent to the home immediately was in order to provide her the best treatment to prevent her from committing suicide again, and she was not feeling bad about this reason
- The bad thoughts which would come to her mind more frequently before decreased.

*The Goal of the Patient:*

The patient stated that when she starts feeling bad, first she would inform her mother, she knew that the times that she feels unhappy is temporary, and she would try the methods (breathe exercise, etc.) to deal with her condition.

**CONCLUSION**

The question about the second hospitalization of the patient “Did a psychopathology exist before the abuse?” gained strength as a result of the nurse’s observation, and patient interviews. The existing suicide idea and the feeling of loneliness are thought to support each other. In the nursing process which was followed according to Orlando’s theory, it was found out that there was a significant decrease in the patient’s suicide ideas, feeling of loneliness, and the unwillingness to participate in the social activities. Orlando’s “*INTERACTION THEORY*” contributed in this case for both improving the patient’s behaviors, and the effective operation of the nursing process, as well as the understanding of a multidisciplinary team in terms of being quickly applicable, putting the interaction at the forefront, and enabling us to openly evaluate the nursing process. The current case emphasizes the reflection of the nursing observations into treatment and the importance of the psychiatry nurse’s observation and nursing process within the team.

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