

Sexually assaulted young pregnant girl presenting with self-poisoning; a case report

Abstract

Self-poisoning with organophosphate (OP) is common in Pakistani society. It leads to severe complications and death if not treated promptly. We report a case of intentional ingestion of methyl parathion poisoning. Patient was a pregnant suicide attempter who was repeatedly raped by her first cousin.

Volume 9 Issue 5 - 2018

Shoaib Ahmed Kashani, Bakhtawar Urooj, Noor Jehan, Azra Tabbasum, Sanam Muneer, Munazza Laraibe, Nizar Ali

Department of Psychiatry, Balochistan Institute of Psychiatry and Behavioral Sciences, Pakistan

Correspondence: Shoaib Ahmed Kashani, Department of Psychiatry, Balochistan Institute of Psychiatry and Behavioral Sciences, Brewery Road 87300, Quetta, Pakistan, Tel +92-3333763633, Email keshani700@gmail.com

Received: July 31, 2018 | **Published:** October 26, 2018

Introduction

- i. Sexual assault is the expression of power and dominance by means of sexual violence.
- ii. Most commonly by men over women.
- iii. Sexual assault is viewed as any type of sexual act that an individual is threatened, coerced "forced" to submit to against his or her will.
- iv. Rape is a type of sexual assault.
- v. There are three kinds of rape:
- vi. Date rape: the rapist is known to the victim.
- vii. Marital rape: marital partner against will.
- viii. Statutory (minor/under-age) rape: unlawful intercourse between a man of older than 16 years and a woman under the age of CONSENT.
- ix. High risk group for rape aged between 16-24years^{1,2}

Deliberate self-poisoning particularly with organophosphates (OPs) ingestion is not uncommon method to self-harm and suicide in young single and women in Balochistan, Pakistan.³

There are no official data available on suicide in Pakistan particularly in Balochistan Province. Recently, there have growing concerns about suicide and attempted suicide as major public health problem in Pakistan.⁴

Based on availability, the main methods to attempt or commit suicide are hanging, pesticide poisoning and firearms in Balochistan province.

Pakistan has an agrarian based economy. More than 70% of people are living in rural areas. Expenditure on health is 0.7% of national annual budget. There is no separate health budget for mental health and is reported to be 0.01 of health budget.³

Organophosphates are used by farm workers to eradicate varieties of insects in cultivated lands across Pakistan. Exposure to this chemical can occur from drinking, skin exposure or inhalation.⁵ As a consequence of this poisoning, acetylcholine (ACh) accumulates in the body due to inhibition of acetylcholinesterase (AChE). Diagnosis is typically based on history, clinical features and by measuring the butyrylcholinesterase activity in the circulation.⁶

Case report

A sixteen years old south Asian girl was referred to Balochistan Institute of Psychiatry and Behavioral sciences (BIPBS) for suicidal behavior, accompanied by her mother and brother. She had ingested liquid organophosphate (OP) insecticide, few sips (about 10-15ml) in a suicide attempt. Patient was brought from south western district of Balochistan province to Bolan Medical Complex Hospital, a tertiary hospital in Quetta (Capital City) for prompt management. At emergency department, gastric lavage was given. For further management, patient was admitted at medical unit for immediate laboratory measures, necessary atropinization and vital signs monitoring. Her complete blood picture, electro cardiogram (ECG) and serum electrolyte were within normal range on 3rd day of admission. Patient was referred for psychiatric consultation for her persistent suicidal ideation. Patient was hospitalized as per psychiatric emergency. She (a culturally sensitive girl with shyness trait) would not disclose the reason for her suicidal attempt. After making rapport and assurance by the second author (BU), patient gained confidence. She haltingly revealed the background to her suicidal attempt with OP. She had difficulty in describing her feeling about her first cousin who had made sexual advances to her. The underage girl was repeatedly raped in crops field by her first cousin who was already a married man. The young girl could not disclose about this victimization to her parents and other family members due to shyness trait and apprehension.

On examination she was pregnant with 6th month gestation. After breaking this bad news, family felt severe dejection, shame for this unwedlock pregnancy. It was a severe type of stigmatization in her culture and society. After counseling and psycho-education, family had a strong view not to bear the child. Mother of the victim requested for the termination of the pregnancy.

So far, no any law exists to permit for termination of unwanted pregnancy in Pakistan, a south Asian developing Islamic country. Islamic religion explicitly forbids terminating the pregnancy and considering it to be a sin.

After next day, patient with the help of family members left the hospital without medical advice while on way for antenatal care, thinking to get an abortion by alternative means.

Conclusion

We conclude that Pregnancy due to sexual assault is a strong risk factor for suicidality in Islamic society. The legality of pregnancy must be taken in account while assessing for self-harm, suicide ideation or plan.

Acknowledgements

None.

Conflict of interest

Author declares that there is no conflict of interest.

References

1. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders: DSM-V*. Washington, DC: American Psychiatric Association; 2013.

2. Brown C, Stoffel VC. *Occupational Therapy in Mental Health: A vision for Participation*. 1st ed. Philadelphia, PA, USA: F.A. Davis Company; 2011.
3. Khan MM, Reza H. The pattern of suicide in Pakistan. *Crisis*. 2000;21(1):31–35.
4. Khan MM. Suicide and attempted suicide in Pakistan. *Crisis*. 1998;19(4):172–176.
5. Khan MM, Naqvi H, Thaver D, et al. Epidemiology of suicide in Pakistan: determining rates in six cities. *Arch Suicide Res*. 2008;12(2):155–160.
6. King AM, Aaron CK. Organophosphate and Carbamate Poisoning. *Emerg Med Clin North Am*. 2015;33(1):133–151.
7. Dawson AH. Management of acute organophosphorus pesticide poisoning. *The Lancet*. 2008;371(9612):597–607.