

Case History

Client's Name: Annabelle Stevens

Age: 34

Ethnicity: Irish

Gender: Female

The patient was recently all over the Irish news for having been locked in a basement for 22 years and repeatedly raped by her uncle over the course of that time. She was discovered by the Irish Police who responded to the home after a neighbor reported a continued “banging” sound coming from the basement when she stopped by to visit the uncle on day. The uncle had been a widower several decades prior who was kind of a recluse and who most people shied away from. The patient's family had thought she had just run away to live a “free” life, as she had been struggling with college and didn't like the stress. Her family had never been able to make contact with her or find her during that time, however. They feared she had succumbed to foul play but had no evidence of what had happened to her after she failed to return home on Christmas holiday during college when she was 20 years old. After her discovery, her family, who were now living in the United States, flew out to see her and encouraged her to return to the United States with them, where they believed she would have more access to resources than she would have in Ireland.

Symptoms: The patient presented with sunglasses and an unusual habit of repeatedly turning her head anxiously toward the door to see if it would open. This behavior has happened repeatedly over the course of 5 weeks even though I have locked the door and assured the client that no one can come in. The patient has made it very clear that she does not wish to see any men, so we have taken pains to hold a late evening meeting so that most people are gone for the day and

there is less of a chance for her to interact with a man. She also has a defeatist affect, as though there is no hope of things turning out better for her. The patient believes that she is to blame for the situation she endured at her uncle's home over the years. She believes that she should have tried to escape but can't really put into words why she didn't do that. On one occasion, my secretary, working late, knocked on the door with the pizza that we had ordered since Annabelle had indicated she was hungry, but at the sound of the knock and before I unlocked the door, her first instinct was to shout and tense up on the chair she was sitting in, drawing her knees up to her chest in a fetal position. This behavior has remained consistent over the course of our time together, with alterations in some behaviors over this time period. The patient has indicated that she is unable to talk to anyone other than her family and me. As a result, she has a very small social circle and is unable to retain employment. It took us several weeks just to get to the point where she could comfortably trust me and begin to open up and talk about this situation and her feelings. The patient does drink alcohol on occasion, as was her habit in the basement over the years. Her uncle had provided it. However, she is not under the influence when in session with me. Her family ensures that she has no access to alcohol 24 hrs before our appointments. When the patient discusses her experiences with me, she discusses them as if they were happening to "that girl (herself)." The patient has great difficulty in personalizing all feelings, as some seem to be better discussed as if they happened to someone else rather than herself.

Risk & Prognostic Factors: Peritraumatic factors associated Annabelle's condition include the severity of her trauma (which by all accounts was very severe), Annabelle's perception that her uncle was getting ready to kill her just before her discovery, and the injuries she sustained on her body over the years, including broken bones. The posttraumatic factors include her negative outlook on herself, coping strategies that include denying family the right to enter through the

door into the room she is in (they climb through a window, so as to keep her at ease), and the constant sense of stress and strain that she carries. The patient also is recurrently upset when individuals forget and open the door to her room to talk to her or she hears her father's male voice outside her room. These situations, though normal, are unusually unbearable for her to tolerate.

Ethical Considerations: In working with Annabelle, I have had to consider whether it is appropriate to continue asking that her father stay away from her due to her fear of men or whether we should begin to work to cure that fear so that she can regain a relationship with him. I had also considered whether her story would be a public interest story that should be shared with others so that they can see the dangers that the crime she experienced produced, and which could help other victims learn how to cope, or whether it was in her best interest to not allow her story to go public.

Cultural Considerations: When I ask Annabelle a question, she often answers in a round-about way, discussing all kinds of associated factors first before providing the reply I am looking for. However, having spent time with her family and having noticed a similar pattern with them, I have come to understand that the Irish simply are too polite to answer so directly. They prefer to answer in an indirect fashion. This method is directly related to their culture, so I understand that for her she is being polite—not avoiding my questions.

Co-morbidities: Annabelle also seems to display symptoms of bipolar disorder, major depressive disorder, and anxiety.

Treatment Plan: Talk therapy, Equine therapy, and CPT. In order to help Annabelle recover from the horrendous situation she endured for 20 years, we have begun with talk therapy in order to establish a relationship with the patient and begin to discuss alternate responses to stressors

and desensitize her to everyday activities that should not cause alarm. After this has become reasonably achieved, we will transition her to session at a stable in which she will experience some individual equine therapy as well as equine therapy events that include me as they therapist seeking to discuss CBT principles with her as we are both engaged with the horses, we are riding. In that way, the information presented will not be as direct, will come in more of an indirect form, perhaps even suggesting the horses would like her to practice a certain behavior, to begin to experience change.

Patient's Goals: The patient's only real goal right now is to not be afraid of her father. He has a deep voice and facial features that are similar to her uncle's so that each time she hears or sees him she is immediately transported to her years of confinement and abuse and experiences an unbearable retraumatization event.

Interventions for Future Use: In the future, I hope to include a greater number of exposure therapy experiences for the patient so that she becomes desensitized to those things that she fears. The more she is able to interact in environments with other safe men and in lit areas, the more she will be able to adjust to normal life. Her eyes do need to begin adjusting to full daylight instead of constantly being shielded from the light unless the light is somehow additionally triggering.

It would be hoped that before too long Anabelle will be able to comfortably remove her sunglasses, enjoy time with her father, and feel safe and socially fluid with a group of individuals that she knows to be safe. Over time, her world may open to new people and new experiences, but for now, she needs to take it slow and allow for the essential time for processing that this horrendous experience requires.

Diagnosis: Posttraumatic Stress Disorder with Depersonalization ICD-10: F43.10