

A 16-year-old female

Chief complaint: irritable mood and violent behavior

Life history:

The patient is the eldest of three siblings. Her father had been violent toward her and her mother, which led her parents to divorce when she was 5 years old. After the divorce her mother had frequently switched from one partner to another; she had been in an unstable environment and her mother became increasingly neglectful. From infancy, the patient experienced marked emotional ups and downs, such as tantrums, and she had difficulty waiting and listening to others. At home, she was hyperactive, and behaved like a toddler with her younger brother and sister. Her behavior toward her mother oscillated between extremes, as sometimes she acted sweet, while sometimes quarreling on an equal footing with her mother.

Current medical history:

At junior high school, her grades were not bad, but she gradually became less and less goal-oriented and lost her place at school. Her interactions with delinquent students increased, and so did her impulsive and ephemeral behavior. At senior high school, she continued not to attend school, and started going out at night more often. She became steady with an older man who had a child, and stopped coming back home. When her mother tried to persuade her to return home, she argued, and became violent with the older man, who tried to stop her. Since then, whenever he affectionately treated his own child, she would “explode reaching the limit of her patience,” and behave violently

toward him. It was during this period that she was found pregnant, but her violence intensified and she began to commit vandalism and self-harm at school, which led her to be admitted to a psychiatric hospital.

Staying away from her partner allowed her to reflect on her situation. “Being together with him all the time, I came to think of only him, nothing else,” she said, describing her wanting to live up to his expectations, while feeling angry at him for being forced to be patient. After her discharge, her partner left her, but she decided to give birth to her child. She displayed no violence or self-harm at home after discharge, but her baby's night time crying made her severely sleep-deprived and irritable. She came to have multiple relationships with men, and became increasingly neglectful of her child. She was judged to be incapable of providing care for her child on her own, and her child was placed in foster care.

We ask that each applicant prepare and submit an abstract, addressing the following questions:

1. How would you diagnose this case? Please include testing methods, comorbidities, and differential diagnosis in your answer.
2. Please describe the current status of child abuse and other relevant issues in your country. Any supplementary information about your country's unique social background is a welcome addition.
3. What treatment and intervention would you give to this patient and her family, if you

came across this case?

4. Please tell us about the social resources, systems, and relevant legislations in your country that are intended to protect abused children.