

**TREATING COMPLEX PTSD**  
**IN WOMEN VICTIMS OF**  
**GENDER VIOLENCE**

**Dr. FRANCISCO ORENCO**

**MADRID**

# THE PSYCHOSOCIAL UNIT OF THE GENERAL DIRECTION FOR WOMEN AFFAIRES (GDWA)

- 1) THE TEAM IS COMPOSED by A Social Worker (Coord.), a psychiatrist, two psychologists and a secretary
- 2) The team is coordinated with a network of services of the GDWA
- 3) The women are referred by the GDWA from Social Services, Health Centres and Shelters and Emergency Services etc. <http://www.estss.org>

# THE INITIAL PROTOCOLIZED EVALUATION

- 1) The woman arrives at the Psychosocial Unit with a referral protocol which includes the PTSD “A” criterion.
- 2) The first evaluation is performed by the Social Worker who determines the level of security and social status, because without securization there is no chance for treatment
- 3) The psychiatrist performs in two or three sessions a general mental status and an evaluation of the present PTSD with the CAPS scales

4) The psychologists perform a psychometric evaluation with the MMPI 2 or Millon`s MCMI-II (depending from the health and cultural status of the women) in order to discriminate personality disorders or personality traits

5) After the 5-6 hours evaluations the women enters the group therapy program

# THE GROUP THERAPY PROGRAM

- 1) NINE MONTHS OF GROUP THERAPY WITH OTHER 8-12 PARTICIPANTS
- 2) FIRST TRIMESTER DEDICATED TO PSYCHOEDUCATION, COGNITIVE RESTUCTURATION AND REDUCTION OF ANXIETY AND LESS EXPOSITION
- 3) SECOND TRIMESTER DEDICATED MAINLY TO EXPOSITION THROUGH TRANSGENERATIONAL RESEARCH (GENOGRAMS) AND DRAMATIZATIONS.
- 4) LAST TRIMESTER DEDICATED MAINLY TO PSYCHOEDUCATION (SPECIFIC MOVIES, ART THERAPY AND MUSIC THERAPY) AND SOCIAL NETWORKING

# THE CHARACTERISTICS OF COMPLEX PTSD

- 1) 90% OF WOMEN WITH PTSD SUFFERED GENDER VIOLENCE IN THEIR CHILDHOOD / FAMILY OF ORIGIN
- 2) 28 % OF WOMEN TREATED IN OUR PROGRAM WERE VICTIMS OF INCEST (n=107)
- 3) IN WOMEN WITH LIFETIME PTSD THE MOST PREVALENT SUBSYNDROM ID NUMBING/AVOIDANCE
- 4) IN ACTUAL PTSD THE MOST PREVALENT SUBSYNDROME IS HYPERACTIVATION

# THE MOST PREVALENT CLINICAL SYMPTOMS

- 1) COMPULSIVE OR, MORE FREQUENT, COMPLETELY INHIBITED SEXUALITY
- 2) VERY FREQUENT AMNESIC, HYPOMNESIC AND HYPERMNESIC MEMORY DISTORTIONS
- 3) CLEAR DISSOCIATIVE EPISODES OF A DID INCL. SUDDEN REGRESSIONS AND CATALEPTIC PICTURES
- 4) SELFPERCEPTIVE, COGNITIVE ERRORS INCL. SHAME, GUILT

5) ALTERATIONS IN THE WAY THE PERPETRATOR IS PERCEIVED IN FORM OF IDEALIZATION (Father mostly),

6) STRONG DISTURBANCES IN THE SOCIALIZATION PROCESS IN FORM OF ISOLATION, SOCIAL PHOBIC BEHAVIOURS, REPEATED SEARCH FOR A “SAVIOR”

7) MARKED DIFFICULTY FOR TRUSTING, SHOWING SOMETINES PARANOID REACTIONS