

Oral presentation

Treatments for the victims of violence

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The presentation will discuss the treatment of victims of violence inflicted by other(s). Interpersonal violence is defined here as an event that threatens or manifests bodily or emotional harm. The violent event may be observed, threatened, or directly experienced. Interpersonal violence can take a wide variety of forms. These include domestic violence; physical, sexual, and emotional abuse of children and spouses; date rape and stranger rape; assault and battery of strangers; terrorist attacks; mass shootings; assassinations; executions and torture.

The victims of such events exhibit various clinical syndromes. The most frequent are depression, phobia, panic disorder, generalised anxiety disorder. However the relevant literature focuses mainly to Post-Traumatic Stress Disorder (PTSD), since this particular syndrome is considered both specific and frequent in situations that include man-made or natural events that threatens the life or can cause serious injury. Even when the criteria for PTSD are not met and the person presents another clinical syndrome, the experience of the trauma should be taken into account in any psychotherapeutic intervention.

PSYCHOTHERAPIES

There are two main points in psychotherapeutic interventions:

1. The effectiveness of immediate intervention
2. Which specific psychotherapy could be the treatment of choice?

Applications of techniques immediately after the event have been widely used with the scope to reduce the incidence of PTSD. Patients are encouraged to "tell their story". In most cases this is carried out in groups. There are no studies proving the efficacy of this technique known as

"psychological debriefing". On the contrary there are anecdotal reports that the patients' psychopathology worsens.

None of the psychotherapeutic interventions have been found to be the most appropriate in treating victims of violence. In most cases a particular psychotherapy reduces the symptomatology of certain cluster symptoms (intrusion, avoidance and arousal). The most frequently used are:

1. Cognitive-Behavioral Treatment: The therapeutic goal is to get the person to perceive their environment and the interactions he or she has in it more realistically and adaptively.
2. Systematic desensitization: A hierarchy of anxiety-provoking images related to the event is constructed in imagination from least to most problematic
3. Brief Dynamic Psychotherapy
4. Eye Movement Desensitization and Reprocessing (EMDR). This method uses the Adaptive Information Processing (AIP) model, as its theoretical background. AIP posits that pathology results when distressing experiences are processed inadequately and hypothesizes that EMDR accelerates information processing, resulting in the adaptive resolution of traumatic memories.

PSYCHOPHARMACOLOGY

Antidepressants and anxiolytics are the main pharmacological compounds that seem to have good results in the treatment of PTSD. Both tricyclic antidepressants and SSRIs have shown to be efficacious in treating PTSD. Anxiolytics provide an immediate relief, particularly to the cluster of the arousal symptoms of PTSD. However con-

sidering the tendency of PTSD patients to abuse alcohol, the danger of drug dependence could be a problem.

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