

ANNUAL INTERNATIONAL CONFERENCE

ENTER Mental Health Network

**Building trauma informed care society:**

**Challenges in mental health**

**Conference programme**

**and book of abstracts**

June 27, 2024

The Maria Grzegorzewska University

Warsaw, Poland



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## Conference programme

Time	Venue	Event	
8.30 – 14.00		Registration	
9.30 – 9.45	Aula D (4061) ground floor	Conference opening	
9.45-11.15	Aula D (4061) ground floor	Keynote session Moderator: prof. Marja Kaunonen	
9.45-10.15		Keynote 1: prof. Katarzyna Prot-Klinger, APS, Poland Trauma informed psychotherapy	
10.15-10.45		Keynote 2: dr Bojan Sosic, Bosnia and Hercegovina (online) Trauma, Identity, and Values	
10.45-11.15		Keynote 3: Helle Cleo Borrowman, Denmark <i>Trauma Informed Care from a Danish Trauma Survivors perspective</i>	
11.15-11.30	The hall	Coffee break	
11.30-13.00	Aula E (4066) and Aula D (4061) ground floor	Parallel sessions	
		Session I Trauma and families Moderator: Mark Manahan (4066)	Session II Trauma and the experience of the individual Moderator: Lidia Zabłocka-Żytka (4061)
	11.30-11.50	Paavilainen Eija & Keiski Pia: <i>Trauma Prevention by Virtual Reality (VR) for Parents</i>	Laura Roe, Joseph Tay Wee Teck, Giedre Zlatkute, Alexander Baldacchino: <i>Ordinary traumas: Resilience, vulnerability, and everyday crises for people who use drugs</i>
	11.50-12.10	Iga Pietrusińska: <i>Building Resilience: Psychosocial Online Support Intervention for Teachers Working with Refugee Children</i>	Lisbeth Hybholt, Rikke Søndergaard, Niels Buus, Lene Berring: <i>Why do people who have lost to suicide withdraw from peer-led support? An in-depth interview study</i>
	12.10-12.30	Magdalena Rowicka: <i>'Baby on the Web 3.0' - parental stress, parental burnout and problematic use of screen media in preschool children</i>	Nejra Tinjić, Faruk Mukanović, Adrian Soltoković, Esmina Avdibegović: <i>Do we understand and experience trauma in the same way? Stories of members of the "Feniks" Association</i>

	12.30-12.50	Ewa Dąbrowa: <i>Support dimensions (professional) for students with migration background in the school environment</i>	Martyna Skórczewska: <i>"Pomost" Association: Trauma and mental illness – a practical approach</i>
	12.50-13.10	-	Rhonda Wilson: <i>Methods and models designed to support trauma informed mental health care for priority populations</i>
13.00 – 14.00	The hall	Lunch break	
14.00-14.30	Aula D (4061)	Poster presentations Moderator: Emmanuel Jouet	
		<ol style="list-style-type: none"> <li>1. Lise Bachmann Østergaard, Ingrid Charlotte Andersen, Lene Lauge Berring: <i>Implementing SAFE app in Denmark - a digital solution, co-produced with people who self-harm and their relatives</i></li> <li>2. Magdalena Michałowska &amp; Marcin Rzeszutek: <i>Symptoms of post - traumatic stress disorder and their correlation with embodiment level among Poles</i></li> <li>3. Tamara Bisan, Antonello Grossi, Maria Maddalena Martucci: <i>Trauma intervention in aulss5 - Italy</i></li> <li>4. Jan Gierzyński &amp; Marcin Sękowski: <i>Associations of microaggressions and proximal minority stress with suicidal ideation in transgender and nonbinary individuals</i></li> </ol>	
14.30-16.00	Aula E (4066) and Aula D (4061) ground floor	Parallel sessions	
		Session III Trauma in the work and education settings Moderator: Lene Lauge Berring (4066)	Session IV Trauma in society Moderator: Emmanuel Jouet (4061)
	14.30-14.50	K. Nicki Annunziata: <b>Vicarious Trauma among Addiction Nurses: Growth, Leadership, and Support</b>	Mercathea Hughes: <i>Sowing Seeds of Success: Trauma-Informed Resilience Focused Schools</i>
	14.50-15.10	Lene Lauge Berring, Tine Holm, Jens Peter Hansen, Christian Lie Delcomyn, Rikke Søndergaard and Jacob Hvidhjelm: <i>Is it at all possible to implement Trauma Informed Care in Europe? The challenges of providing recommendations</i>	Emmanuelle Jouet & Vincent Girard: <i>Marseille, Non-Violent City, Trauma Informed Experimental project on prevention and health promotion, Inspired by the international network "City aware of psychological trauma"</i>
	15.10-15.30	Piotr Toczyski: <i>Digital mental health in MHPSS context: practical training in iFightDepression tool and lessons learned from its implementation in EAAD-Best and MESUR in 8 EU countries</i>	Mandy Lee: <i>Authoritarian trauma: addressing a new type of oppression-based collective social trauma</i>

	15.30-15.50	Nicole Maiorano, Greg Sheaf, Tooba Akhtar, Mel Swords, Meg Ryan: <i>Trauma Informed Care in Low- and Middle-Income Countries: A Scoping Review of Current Efforts</i>	Iwona Nowakowska, Maura Pozzi, Joanna Rajchert: Preventing traumatization: prosocial intentions as a response to the refugee crisis
16.00-16.30	The hall	Coffee break	
16.30-17.00	Aula D (4061) ground floor	Keynote session Moderator: prof. Mojca Urek	
16.30-17.00		Keynote 4: prof. Paweł Holas, Warsaw University, Poland (online) <i>Analyzing Trauma Exposure and PTSD Prevalence in Poland. A reflection on why there is such a high rate of PTSD</i>	
17.00-17.30		Reflection Panell and Closing	
17.30-18.30	Building C	Workshops	
	Room 3232	Monika Szeliga: <i>From trauma to wellness: Voice, movement and meditation</i>	
	Room 3235	Mateusz Wiszniewski: <i>From trauma to wellness: Relaxation with dance and movement and sound bath</i>	
	Room 3088	Aleksandra Chmielnicka-Plaskota, Zofia Rodowicz, Róża Smykowska: <i>from trauma to well-being: expressive painting</i>	

# Book of abstracts

## Keynote session

**Moderator: prof. Marja Kaunonen**

### Keynote 1

#### **Trauma informed psychotherapy**

Katarzyna Prot-Klinger

The Maria Grzegorzewska University, Poland

### Keynote 2:

#### **Trauma, Identity, and Values**

Bojan Sosic

Bosnia and Herzegovina

#### **Abstract:**

Complex psychological traumas tend to lead to exacerbations and complications of symptoms to the level of manifestations related to the level of functioning usually described in terms of personality. Trauma is often viewed through the lens of cognitive processes it affects, primarily memory, but a more systemic approach can open perspectives of relevance to personality, or phenomena and processes in the domain close also to sociology, such as cultural mechanisms of intergenerational transmission of trauma, acceptability of coping mechanisms, definitions of roles, or indeed social pathology.

This paper addresses the concept of trauma from the perspective of General Systems Theory, seeing it as a defining moment for the identity of a system (personality) undergoing trauma, and how the process is reflected in the oftenv-disregarded suprasystemic context.

**Biography:**

Bojan Šošić taught biological psychology and personality psychology, and authored or co-authored over 40 papers, book chapters, and presentations at international conferences, and two books. Was in charge or involved in organising several national and international scientific gatherings. He provided crucial input in developing mental health service users' associations across Bosnia and Herzegovina.

He is recognised for his work in popularization of science, as well as a social and civic activist engaged in promoting the protection and promotion of human rights in line with the Universal Declaration of Human Rights and the European Convention on Human Rights and Fundamental Freedoms, with the emphasis on implementing the judgements of the European Court of Human Rights as relevant for Bosnia and Herzegovina, as well as in promoting the rights of persons with disabilities in line with the UN Convention on the Rights of Persons with Disabilities.

H.E. Bojan Šošić currently serves his country as Ambassador of Bosnia and Herzegovina to the Kingdom of Sweden, Republic of Estonia, and Republic of Finland.

## Keynote 3:

**Trauma Informed Care from a Danish Trauma Survivors perspective**

Helle Cleo Borrowman

Chairperson of the Board, The Danish Association for Adults that suffers from Long Term Consequences of Childhood Sexual Abuse, Denmark

**Abstract:**

In this presentation, Cleo will share her experiences both as a trauma survivor and a lived experiences leader. Cleo grew up in a family with four generations of child sexual abuse. It was her ability to dissociate which ensured that she as a child could learn at school and later on in life complete a longer-term education. But what was a helpful survival strategy as a child, became an obstacle to living a full life in adulthood. She was "disguised as normal", but the ability to be in close relationships was severely damaged. The trauma broke through when Cleo became a mother in her late 20s and she began a journey back to her authentic self. By being lucky to be in the right place, at the right time, she received trauma-specific

therapeutic treatment from the very start. But the journey also included contact to several different welfare services, where there wasn't any knowledge of the impact of adverse childhood experiences. What were once personal experiences have now become lived experience competences about trauma seen from an inside perspective. As a part of a community with other survivors, Cleo has for many years worked to ensure better conditions for survivors. The largest majority of survivors has not yet linked the childhood trauma with the difficulties of adulthood with e.g. social isolation, substance abuse, prostitution or mental disorders, and neither has the service providers. Therefore the service and treatment focuses on the seemingly incomprehensible symptoms, which can prevent recovery, or at worst retraumatize. This is why Cleo has dedicated her working life to advocating a Trauma Informed Society.

**Biography:**

Chairperson of the Board, The Danish Association for Adults that suffers from Long Term Consequences of Childhood Sexual Abuse



# Session I Trauma and families

## Moderator: Mark Manahan (4066)

### ***Trauma Prevention by Virtual Reality (VR) for Parents***

Paavilainen Eija and Keiski Pia

Tampere University, Finland

#### **Abstract:**

Child emotional and describe parental virtual reality (VR) interventions concerning cutting the intergenerational chain of CEM, for CEM and trauma prevention. We will 1) define and describe CEM, based on research evidence, 2) transfer these into VR, for participating voluntary parents (N=50), where they can experience these acts in the role of the child, and 3) measure parents' empathy, sense of parental competence, risks, and behavior, pre/during/post the VR. Parents are being interviewed after the VR, for getting their experiences about the VR situation, and for getting them express their possibly oppressive thoughts. They can also express their feelings with a therapist, as a part of their group therapy sessions on the voluntary organization they participate and where they have been recruited in this project. STOPCEM\_VR proceeds with WPs: WP1: Defining CEM: systematic search and review CEM; WP2: Building VR experiences and multisensory measurements and WP3: VR intervention and measurements pre/during/post, for 50 voluntary parents participating in therapy sessions in certain, voluntary organizations. Our project will develop and experiment with previously unused tools in parental CEM context which has been quite hidden in science. Our results provide a new solution for understanding parental CEM theoretically and using VR experiences for parents in a novel way. With this combination of expertise of human sciences and technology, we are pioneering research to see if it is possible to provide tools to break the intergenerational CEM chain, and trauma.

#### **Biography:**

*Prof. Paavilainen Eija works in Finland, Faculty of Social Sciences/Health Sciences, Tampere University. Main research and expertise areas concern families with children in challenging life situations. Largest research projects focus on family violence, child maltreatment, and family risks, and care services for families with children, the latest concerning child*

*maltreatment/ERICA, 2019-2021, and Virtual Reality, 2024-2027, funded by EU and Research Council of Finland.*

***Building Resilience: Psychosocial Online Support Intervention for Teachers Working with Refugee Children***

Iga Pietrusińska

SOK Foundation, Poland

**Abstract:**

This abstract presents an innovative approach to addressing the psychosocial needs of refugee children through the Learning Passport, a global online training platform developed by Microsoft Community for UNICEF. While typically targeting children, in Poland, the initiative focuses on empowering teachers, recognizing their crucial role as frontline support for vulnerable populations. Positioned at the base of the mental health and psychosocial support (MHPSS) pyramid, teachers often lack specialized training in this area but serve as essential conduits for non-specialized psychosocial community support.

The Learning Passport offers a comprehensive array of training materials, including videos and workshops, specifically tailored to the unique needs of teachers working with refugee children. These resources, approved by UNICEF's Learning Designer, were collaboratively developed by the SOK Foundation in partnership with esteemed organizations such as CSPC Israel and CMBM Washington DC. This intervention emphasizes contextual relevance, ensuring adaptability to diverse backgrounds and experiences while drawing upon insights from international best practices.

This presentation will highlight the impact of Learning Passport on enhancing teacher resilience and indirectly supporting the well-being of refugee children. By emphasizing the importance of investing in teacher training as a means to promote psychosocial support within communities affected by conflict and displacement.

**Biography:**

*Iga Pietrusinska, since 2019, has served on the board of the SOK Foundation, overseeing psychosocial support projects. As a co-creator of training programs for foster caregivers, educators, and teachers, she has helped over 3000 individuals through SOK's courses. As the MHPSS Program Director, she implements UNICEF's Learning Passport in Poland.*

***'Baby on the Web 3.0' - parental stress, parental burnout and problematic use of screen media in preschool children***

Magdalena Rowicka

The Maria Grzegorzewska University, Institute of Psychology, MetLab, Poland

**Abstract:**

Parental stress and following burnout, together with general stress, may result from limited resources on how to deal with day-to-day situations, especially in the challenging role of a parent. But recent negative circumstances (COVID pandemic, Russian aggression on Ukraine) may add up to the severity of the day-to-day duties, making them unbearable. Even though the aim of the 'Baby on the web 3.0' was not directly related to trauma, its results may contribute to the recommendations on how to deal with overwhelming stress that may lead to parental stress and burnout. The 'Baby on the web 3.0' project aimed to identify the underpinnings of preschool children's overuse of screen media. One of the investigated hypotheses assumed that parental stress and parental burnout may lead to a more frequent and improper use of media by the children, which, in turn, may lead to problematic media use by the children. 1700 parents of children aged 3-6 were investigated (of which 1200 were using mobile screen media). Parental stress was measured with PSI-SF, general stress was measured with PSS-14, parental burnout was measured with PBA-PL, media use frequency was measured with SCREENS-Q, and problematic media use was measured with PMUM. Parental stress and stress in general lead to parental burnout, leading to frequency of media use by the children and problematic media use. The study showed that parental stress, as well as experiencing general stress, may lead to parental burnout. All three predict the frequency of media use by children and their problematic media use. This suggests that allowing children to use screen media may be a strategy to relieve stress and parental burnout.

**Biography:**

*Dr Magdalena Rowicka is Assistant Professor at the Institute of Psychology, Head of the Methodology Lab, and researcher in the field of substance use disorders and addictive behaviours. Lead researcher in the 'Baby on the Web' series of projects, international projects on substance use disorders (ATTUNE, IMPRESA) and evaluation projects on problematic Internet use treatments (E-VAL).*

## ***Support dimensions (professional) for students with migration background in the school environment***

Ewa Dąbrowa

The Maria Grzegorzewska University, Poland

### **Abstract:**

The intensification of migration from different reasons (political and economic as well climate), prompts an analysis of the problems accompanying migrants and of the support systems. Documents of international organizations (such WHO and UNICEF), put attention to the mental health of migrants, including children, who may have traumatizing experiences at various stages of migration. According to UNICEF documents, schools should play a special role in providing assistance to this group due to the universal implementation of the right to education. They should provide first aid and support the child in offering full professional help. The issue in Poland has become particularly important with the outbreak of the full-scale war in Ukraine and the influx of refugee children from conflict areas. At present, it is still relevant not only due the situation in Ukraine, but also in Belarus, from which an increasing number of political refugees are arriving. The aim of the study was to identify the range and type of support provided to migrant students with trauma in educational institutions (and thus to determine the preparation of Polish schools to work with students in the situation of mental health crises) and to determine the range of implementation of the recommendations called by global institutions. The study was determined by the following questions: How is the school environment in Poland prepared to provide support to a migrant student with trauma experience? What support does it provide to children and their parents/relatives? How does it implement the guidelines of global institutions relating to first aid and the providing of professional support to traumatized migrant children?

### **Biography:**

*Dr Ewa Dąbrowa is Assistant Professor in the Maria Grzegorzewska University. She completed her education i.e. in Anti-discrimination Training Academy and School for Intercultural Navigators. She has been expert in The National Freedom Institute and recently also in Council of University Experts for Education and Integration of Migrants and Refugees. In her experiences there are publications and research (also research-social) projects in fields: social inclusion, cultural diversity, human rights in education & interdisciplinary view. She has been*

*engaged in several international project focused on migrant integration, wellbeing and social inclusion.*

# Session II Trauma and the experience of the individual

**Moderator: Lidia Zabłocka-Żytka (4061)**

***Ordinary traumas: Resilience, vulnerability, and everyday crises for people who use drugs***

Laura Roe, Joseph Tay Wee Teck, Giedre Zlatkute, Alexander Baldacchino

University of Dundee; University of St Andrews, Scotland

**Abstract:**

Often people with substance use disorders, particularly in contexts of poverty and deprivation, face multiple, coinciding crises relating to their substance use, mental health issues, and traumatic occurrences. It is well established that experiences of trauma at once worsen health outcomes for people who use drugs (PWUD), heighten risk of overdose, and disrupt attempts to pursue recovery (Lee et al. 2020, Moustafa et al. 2021). Such experiences are moreover shaped and compelled by historical, economic, and structural forces that filter into daily life. Drawing on long-term ethnographic fieldwork with people who use drugs, this paper traces how enduring experiences of crises give rise to specific conceptualisations of recovery, resilience, and 'repair' among PWUD. It further explores how notions of personal resilience become both juxtaposed against, and dynamically entwined with, experiences of vulnerability, despair, and surrender. It is through the dual, iterative interaction of resilience and vulnerability, the paper argues, that people who use drugs contend with the shattering effects of trauma and crisis. In an everyday sense, crises are rendered 'ordinary,' even where life is marked by continual disruption and flux. Reflecting on implications for practice, we ask how systems of care can reckon with the full complexity of co-occurring crises and nuanced accounts of trauma. The paper overall gives an ethnographic portrait of how recovery from both traumatic events and substance use disorders is lived and experienced in the ordinary everyday.

**Biography:**

*Dr Laura Roe is a medical anthropologist and lecturer within the School of Health Sciences, University of Dundee, specialising in addiction and substance use. Her research has centred on long-term ethnography with people who use drugs alongside creative collaborative projects, including an exhibition on Scottish substance use histories.*

***Why do people who have lost to suicide withdraw from peer-led support? An in-depth interview study***

Lisbeth Hybholt, Rikke Søndergaard, Niels Buus, Lene Berring

Research Unit. Mental Health Services East, Psychiatry Region Zealand, Denmark

Psychiatric Research Unit. Psychiatry Region Zealand, Denmark

Institute of Regional Health Research, University of Southern Denmark, Odense, Denmark

**Abstract:**

Individuals bereaved by suicide face an elevated risk of mental health problems, as well as higher rates of sick leave and reliance on disability pensions. Since 2017, we have collaborated with professionals, those bereaved by suicide, and non-governmental organizations to explore postvention strategies. Our findings indicate that peer support in civil society can enhance recovery after the traumatic experience of suicide. However, despite initially seeking help, some bereaved individuals opt out after only a few encounters for reasons that remain unknown. The objective of this study is to explore why suicide-bereaved individuals withdraw from peer-led support, contributing to the development of such support in civil society and informing professionals on guiding them to appropriate assistance. The study is an ongoing qualitative interview study with 12-16 interviews with people who have reached out for peer-led support but have withdrawn after a few encounters. The empirical data are processed using reflexive thematic analysis. Results: According to the preliminary analysis, the participants express different reasons for withdrawing from peer support:

- 1) Finding it difficult listening to the raw sadness expressed by certain bereaved and instead needing to hear stories of hope to renew strength and get back on track
- 2) Feeling estranged because own grief reactions felt different to others in the group
- 3) Could not relate to other people's grief if it were not the same e.g. losing a child as opposed to a partner
- 4) Feeling personally overwhelmed by hearing about the grief of others.

**Biography:**

*Dr Lisbeth Hybholt is a senior researcher at Psychiatry Region Zealand, Denmark, and an assistant professor at the Institute of Regional Health Research, University of Southern Denmark, Odense, Denmark. Her research areas include learning processes, everyday life, postvention, psychosocial rehabilitation, and mental health.*

***Do we understand and experience trauma in the same way? Stories of members of the "Feniks" Association***

Nejra Tinjić, Faruk Mukanović, Adrian Soltoković, Esmina Avdibegović

Association for Mutual Assistance in Mental Distress "Feniks", Izeta Sarajlića 20, 75000 Tuzla, Bosnia and Herzegovina

**Abstract:**

Trauma is a very sensitive topic, especially in post-conflict countries such as Bosnia and Herzegovina. Although people have also encountered war events, and know very well the feelings associated with it, there is very little awareness about it. However, new generations have appeared who use the term trauma lightly in everyday speech and for everyday life challenges. Very often it is not possible to distinguish where the trauma really comes from, and the idea that it is most often a consequence of war is deeply rooted. In addition to institutional treatment, we also have deinstitutionalization as a process that was started in BiH immediately after the war. This type of process leads to the opening of various mental health organizations that help users of mental health services. It is in such organizations that the topic of trauma is analyzed more deeply, users open up more and learn about the benefits of work-occupational therapy, which greatly helps in the therapy of traumatic experiences. Peer support leads to people opening up, talking about their experiences, challenges, feelings and meeting like-minded people. The goal of this paper is to, through the stories of people and different types of trauma, make society aware that traumatic experiences can be the cause of psychotic symptoms, just like the symptoms of psychosis, and the first encounter with them can have a strong traumatic effect on a person and make it difficult for her to adapt to the continuation of life. This is exactly what we will discuss through the stories of three people; some talk about war trauma as the cause of psychosis and some about psychosis as trauma. Opening up and talking about this topic actually encourages and supports adequate first-hand information about real experiences of trauma. This raises awareness, information,



supports the recovery process and touches on segments in the development of mental illness such as challenges, types of support, reactions of loved ones, etc.

**Biography:**

*Nejra Tinjić is a psychologist with various interests that easily reflect the needs of a dynamic context of users' association functioning, ranging from sports, occupational therapy, counselling, to project management.*

**“Pomost” Association: Trauma and mental illness – a practical approach**

Martyna Skórczewska

“Pomost” Association, Poland

**Abstract:**

The presentation concerns the role of the "Pomost" Association, a Warsaw-based NGO dedicated to assisting individuals with mental illness, in supporting traumatized individuals through their recovery journey and post-trauma life. The presentation delves into specific programs and initiatives implemented by “Pomost” to address the complex needs of traumatized individuals, emphasizing a holistic approach that encompasses psychological, social, and practical aspects of healing. Key areas explored include therapeutic interventions, such as counseling and self-help groups tailored to the unique experiences and challenges of individuals with mental illness. The presentation is intended to demonstrate the vital role of NGOs, such as “Pomost,” in bridging the gaps in mental health and trauma care and fostering recovery, resilience, and well-being among those impacted by traumatic experiences.

**Biography:**

*Martyna Skórczewska is a Psychologist, graduate of The Maria Grzegorzewska University in Warsaw, class of 2018, psychotherapist. Employed in “Pomost” Association since 2018 as a psychologist, therapist, and project coordinator.*

***Methods and models designed to support trauma informed mental health care for priority populations***

Rhonda Wilson

**Abstract:**

Western colonisation has profoundly impacted many First Nations or Indigenous peoples, who constitute 6% of the global population, and 19% of world’s poorest people. These

communities, rich in traditional knowledge, face severe socioeconomic, health, and educational disparities due to historical oppression and institutional racism. While digital technologies offer potential for knowledge-sharing and improving mental health outcomes, they often fail to align with First Nations or Indigenous cultural practices, leading to ineffective solutions. This presentation explores the need for culturally relevant, trauma-informed care models and methods that incorporate First Nations or Indigenous ways of knowing, being and doing arising from evidence constructed using Indigenous research methods. It highlights the synthesis of research findings from a body of work over the last five years and underscores the necessity for high-level research to be grounded in culturally component and safe practices. This discussion calls for a paradigm shift in mental health clinical research, education and practice to recognise the generational trauma experiences of vulnerable populations, specifically First Nations or Indigenous peoples. Trauma-informed research practitioners should consider aligning Indigenous research methods to examine Indigenous mental health research problems to ensure that models of care are designed to support equitable, culturally appropriate care for Indigenous populations.

**Biography:**

*Professor Rhonda Wilson is an internationally recognised mental health nursing scientist with a research focus on digital health interventions. She is Professor of Mental Health Nursing at RMIT University Australia and RMIT Europe in Spain, where she leads mental health nursing and an innovative digital mental health nursing laboratory. As a Wiradjuri (First Nation) descendent, and member of CATSINaM (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives) she is a vigorous advocate and activist for the promotion of cultural safety and decolonisation in our education and health institutions. She has published extensively in international journals, books and conferences. She has a track record of leading national and international mental health mixed methods research programs, including using methods suited to priority populations, and First Nations peoples. Professor Wilson has worked in a wide range of rural and regional clinical registered nursing roles throughout Northern Queensland, North-western Victoria, South-western Queensland and the New England region of NSW and academic roles in Australia, Denmark and New Zealand. During lockdown restrictions at the height of a Covid-19 outbreak in Walgett, NSW 2021, she partnered with Walgett Aboriginal Medical Service and her university colleagues, to go to Walgett to undertake an early humanitarian vaccination campaign to provide urgent protection for the*

*Walgett community. Professor Wilson continues with a wide international and national network and program of research based flexibly on the traditional Darkinjung Country, Central Coast NSW, Australia. She is the current President of the peak body, Australian College of Mental Health Nurses.*

# Poster presentations

## Moderator: Emmanuel Jouet

### ***Implementing SAFE app in Denmark - a digital solution, co-produced with people who self-harm and their relatives***

Lise Bachmann Østergaard, Ingrid Charlotte Andersen and Lene Lauge Berring

Psychiatric Research Unit, Region Zealand, Denmark

#### **Abstract:**

SAFE app - a digital solution, is co-created with people who have experienced self-harm. It contains teaching and calming down techniques that can support professionals, people who self-harm and their relatives in coping with challenging situations. Implement SAFE app in Denmark and explore the effect on professionals. Local gatekeepers take care of the local implementations in all psychiatric hospitals in Denmark. An Advisory Board representing researchers, experts of Digital solutions and with lived experience of self-harm support the process. Participants is included if they have experiences with self-harm, either as a patient, next of kin or a health care professional. Action Research follows the process (July 2023 to December 2024) in circular steps: 1: Information and aligning expectations. 2: Adjusting SAFE app and co-producing educational material. 3: Implementation. 4: Evaluation through: Focus groups, surveys and in-depth interviews of participant's experience of digital solutions in healthcare. Knowledge of: 1) the feasibility of SAFE app implementation, 2) how SAFE app can support usual care, 3) Healthcare professionals feeling of confidence in supplementing usual care with technology. Action research, including systematic reflections and practical experiences, can strengthen the implementation and develop local knowledge, which, when co-reflected by users, can contribute to the creation of central knowledge about self-harm and technological solutions such as SAFE app. The study can supplement the adjustment of SAFE app and add to implementation science about the opportunities and challenges health care professionals face when they adopt technological solutions in care.

#### **Biography:**

*Lene Lauge Berring: MHN and has a joint professor position between University College Absalon, Psychiatry Region Zealand and the University of Southern Denmark.*

*Lise Bachmann Østergaard: RN and cand.scient.san.*

*Ingrid Charlotte Andersen: RN and postdoc.*

*They are all affiliated to the Psychiatric Research Unit, Region Zealand, Denmark.*

***Symptoms of post - traumatic stress disorder and their correlation with embodiment level among Poles***

Magdalena Michałowska and Marcin Rzesutek

Faculty of Psychology, University of Warsaw

**Abstract:**

The aim of the study was to demonstrate the relationship between the occurrence of post-traumatic stress disorder (PTSD) symptoms and the level of embodiment among the Polish population. The study included a representative sample of Polish women and men. Statistically significant negative correlations were found between all indicators of PTSD symptom severity and all indicators of embodiment. The study also aimed to investigate the relationship between specific PTSD symptoms and embodiment. It was shown that a higher overall level of embodiment will be present in individuals who experience greater intrusion. Furthermore, the higher the intensity of intrusion compared to other accompanying PTSD symptoms, the higher the level of embodiment.

**Biography:**

*Magdalena Michałowska is a 4th-year psychology student (specialization: psychotherapy and applied educational psychology) at the University of Warsaw, and also a graduate in international relations, also at UW. In her research, she focuses on trauma experience, PTSD, and misophonia. Privately, she actively contributes to the development of the university community through self-government activities. In the future, she plans to pursue further development within the Doctoral School of Social Sciences at the University of Warsaw and in psychotherapy school.*

***Trauma intervention in aulss5 - Italy***

Tamara Bisan, Antonello Grossi and Maria Maddalena Martucci

Aulss5 "Polesana" Rovigo- Viale Tre Martiri 89, Italy

**Abstract:**

The Mental Health Department of the local health care authority n.5 "Polesana" is proposing a specific project for Traumatized individual, focusing on both simple and complex trauma, through the Public Service. The goal of this proposal is to alleviate referred symptomatology: aiming for improved efficacy, resumption of social and work activities within a six-months treatment period, also reducing emergency room's access. The project is well-structured and comprises several phases: 1-Analysis of the referral through specific information and training of general practitioners and local and structured psychiatrists on trauma's type and treatment modalities provided by the Public Service. 2-Selection criteria for treatment, focusing on Trauma "T" which includes large scale events leading to death or threats physical integrity or loved ones' life, aligning with the treatment of ASD -Acute Stress Disorder. These traumas often exist within a psychopathological framework related to traumatic development stressors that contribute to peculiar personological structures such as borderline or narcissistic personalities with a dis-regulating, anxious or dissociative symptomatology. 3-Provision of EMDR treatments in short cycles as part of an integrated approach involving Psychologists, Psychiatrists, Psychiatric rehabilitation technicians and Educators. This team creates comprehensive therapeutic and rehabilitation plans, to address both the expressed symptomatology from a pharmacological and rehabilitation perspective and the traumatic structure or the ACEs (Adverse Childhood Experiences) that co-occur to the personological pathological structure and to the develop of disabling psychopathological conditions.

***Associations of microaggressions and proximal minority stress with suicidal ideation in transgender and nonbinary individuals***

Jan Gierzyński and Marcin Sękowski

The Maria Grzegorzewska University, Poland

**Abstract:**

Transgender and non-binary people as gender minorities may be exposed to potentially traumatic, chronic and repetitive instances of interpersonal violence and discrimination. This hostile social attitudes may be internalised by them, further increasing their levels of distress. Suicidal ideation is widespread among minority gender identities. The aim of the study was to test whether and what aspects of microaggressions and proximal minority stress are

associated with the frequency of suicidal ideation in transgender and non-binary people, even when controlling for anxiety-depressive symptoms and sociodemographic variables. In an online study, N =240 transgender (50.8%) and non-binary (49.2%) participants completed self-report questionnaires. Among respondents, 63.3% had experienced suicidal thoughts in the last two weeks (28.7% almost every day during that time). Hierarchical regression analysis showed that the model that also included manifestations of microaggressions and proximal minority stress as predictors allowed to explain a significantly larger portion of the variance in the frequency of suicidal thoughts than the model that included only sociodemographic variables and symptoms of depression and anxiety as predictors. In a multivariate regression analysis, significant correlates of the frequency of suicidal thoughts, apart from the severity of depressive and anxiety symptoms, were: experiencing microaggressions in the form of denial of gender identity; and minority stress in the form of internalized transphobia. Preventive and therapeutic interventions aimed at reducing suicidal thoughts in transgender and non-binary people should focus, among others, on reducing internalized transphobia in people with minority gender identities and minimizing exposure to traumatic and adverse social experiences by increasing tolerant social attitudes towards various gender identities.

**Biography:**

*Jan Gierzyński – MA in psychology (specialty in clinical psychology). His scientific interests include psychology of stress and stigma, neurodiversity, neuropsychology and gerontopsychology.*

*Prof. Marcin Sękowski - psychologist, psychotherapist, associate professor at the Institute of Psychology, the Maria Grzegorzewska University, Warsaw, Poland*

# Session III Trauma in the work and education settings

**Moderator: Lene Lauge Berring (4066)**

## **Vicarious Trauma among Addiction Nurses: Growth, Leadership, and Support**

K. Nicki Annunziata

Trinity College Dublin, Ireland

### **Abstract:**

Vicarious trauma (VT) is a profound concern for nurses, particularly those working in addiction services, where patients often carry traumatic histories. Therefore, nurses working in this field are particularly susceptible to experiencing VT. This research investigated the risk factors, protective factors, and the crucial role of leadership in addressing VT among nursing staff, emphasising the need for proactive intervention. The research aimed to assess VT prevalence and risks among European addiction services nurses, with a specific focus on leadership's impact. Objectives included quantifying VT prevalence and related factors, assessing the link between leadership and VT, understanding nurses' VT experiences, and evaluating leadership's role in VT mitigation. The goal was to formulate evidence-based guidelines to minimise VT. Employing an explanatory sequential mixed-methods approach, the study surveyed 175 European nurses and conducted qualitative interviews with 15 participants. A follow-up joint display was utilised for the integration.

Key findings:

- Around 90% of European addiction services nurses face moderate to high VT risks, demanding immediate attention.
- VT vulnerability varies with role, education, country of origin, coping mechanisms and family, peer and organisational support.
- Organisational leadership currently falls short in addressing VT among nurses, revealing a critical support gap.



Vicarious trauma presents a significant threat to nurses working in addiction services. This research not only identified risk and protective factors but also unveiled shortcomings in organisational leadership that may contribute to the increased risk of VT among nurses. VT often goes unacknowledged within the nursing workforce in addiction services. The development of evidence-based guidelines might help address and mitigate the impact of VT in this critical healthcare context.

**Biography:**

*Nicki is a registered nurse with a decade of clinical experience in addiction services. She holds a master's in addiction studies and a PhD from TCD, focusing on vicarious trauma among addiction nurses. Nicki lectures at DBS and is the president of the Irish chapter of the International Nurse Society on Addictions.*

***Is it at all possible to implement Trauma Informed Care in Europe? The challenges of providing recommendations***

Lene Lauge Berring, Tine Holm, Jens Peter Hansen, Christian Lie Delcomyn, Rikke Søndergaard and Jacob Hvidhjelm

Psychiatric Research Unit, Region Zealand Psychiatry, Denmark

**Abstract:**

Traumatic incidents possess the potential to yield enduring adverse impacts on individuals, organizations, and societies. Failure to address trauma may give rise to unsafe cultures characterized by persistent arousal, untrusting relationships, and use of coercive measures. Trauma-informed care (TIC) emerges as a pivotal approach in alleviating these detrimental outcomes, yet the precise methods and approaches for TIC implementation remain unclear. Our aim was to undertake a scoping review systematically examining and charting research conducted in this domain, with the intention of identifying existing knowledge pertaining to the implementation of Trauma-Informed Care (TIC). Our comprehensive literature review identified more than 3000 empirical papers, published between 2000 and 2022; after review, we were able to extract data from 157 articles. The review clearly demonstrated the complexity of providing clear recommendations on how TIC should and can be implemented. However, the review reveals that certain elements seem to recur in various implementation plans. Nevertheless, there is no doubt that a higher level of agreement on how to operationalize and implement TIC in international research could be important to better

examine its impact and broaden the approach. Our presentation will highlight these challenges and endeavor to provide recommendations for developing a comprehensive strategy for the implementation of Trauma-Informed Care (TIC)

**Biography:**

*Lene Lauge Berring and Jacob Hvidhjelm is MHN and has research positions within Psychiatry Region Zealand and the University of Southern Denmark. Their focus is preventing violence and restraint and has a strong interest in Trauma Informed Care.*

***Digital mental health in MHPSS context: practical training in iFightDepression tool and lessons learned from its implementation in EAAD-Best and MESUR in 8 EU countries***

Piotr Toczyski

The Maria Grzegorzewska University, Poland

**Abstract:**

All training participants will receive access to the clinically tested self-management tool following the completion of training with Dr. Piotr Toczyski, MESUR Programme Director in Poland (where MESUR stands for EU4Health Mental Health Support for Ukrainian Refugees). MESUR's work is, in brief, to distribute the multi-language iFightDepression tool for Ukrainian displaced persons. It is an internet-based self-management program for individuals experiencing milder forms of depression. MESUR builds on the extensive networks of all consortium partners to share information with reception points, clinics offering psychological care to refugees from Ukraine, and organizations working with displaced persons. Key stakeholders are identified among international organizations and UN agencies such as WHO, UNHCR, IOM, institutions crucial at the national level, and organizations working closely with the Ukrainian diaspora in partnering countries. The tool is free of charge and is intended to help individuals self-manage their symptoms of depression and promote recovery. The tool is used with the support of a trained guiding health professional, 'guided' meaning that it is used with support from a general practitioner or mental health professional. The consortium is funded by the European Health and Digital Executive Agency (HaDEA) within #EU4Health, gathering partners from six countries aiming to improve mental health and psychological well-being of Ukraine's displaced people. The vicissitudes and factors of iFightDepression uptake in MHPSS (i.e., mental health and psychosocial support) context will be covered. In addition to the dissemination of the iFightDepression tool for individuals experiencing milder forms of

depression, it is imperative to acknowledge the significance of trauma within the context of Ukrainian refugee populations. The protracted conflict and displacement experienced by many refugees from Ukraine engender a heightened susceptibility to trauma-related symptoms, encompassing manifestations such as intrusive recollections, heightened arousal, and emotional detachment. Consequently, a comprehensive approach to mental health and psychosocial support necessitates the integration of trauma-informed practices to adequately address the multifaceted needs of this population. Within MESUR, the iFightDepression tool has been extended with new modules on trauma, loss, and resilience. Within the framework of MESUR's endeavors, a concerted effort is made to incorporate trauma-informed principles into its initiatives. This encompasses the provision of specialized training and resources to healthcare professionals, fostering a nuanced understanding of trauma's pervasive impact and the imperative of cultivating environments conducive to healing and recovery. Additionally, strategic collaborations with esteemed organizations and agencies specializing in trauma care and support are fostered, synergistically enhancing the efficacy and scope of MESUR's interventions. By embracing a trauma-informed approach, MESUR endeavors not only to mitigate the symptoms of depression but also to fortify the psychological resilience and holistic well-being of Ukrainian refugees grappling with the ramifications of trauma. This concerted endeavor underscores a commitment to fostering an environment of healing and empowerment, wherein individuals are equipped to navigate the intricate terrain of trauma and emerge with renewed agency and vitality. Through a synthesis of evidence-based interventions and culturally sensitive practices, MESUR endeavors to illuminate a path toward restoration and renewal amidst the challenges wrought by displacement and adversity.

**Biography:**

*Dr Piotr Toczyski, a board member at the Warsaw branch of the Polish Psychological Association (PTP) and affiliated with Maria Grzegorzewska University, has led collaborative projects funded by international entities while overseeing an independent academic department. With a background in psychology and sociology and a PhD from the Polish Academy of Sciences, he serves as a certified EFPA supervisor, contributing to the development of psychologists in Europe. Additionally, he holds a certification in leadership development from the Ivey Business School in Canada. In EU4Health funded consortia (EAAD-Best and MESUR), he introduced digital mental health and multi-strategy community-based interventions to eight national public mental health systems.*

## ***Trauma Informed Care in Low- and Middle-Income Countries: A Scoping Review of Current Efforts***

Nicole Maiorano, Greg Sheaf, Tooba Akhtar, Mel Swords and Meg Ryan

Trinity College Dublin, Centre for Global Health, Dublin, Ireland

### **Abstract:**

Trauma informed care (TIC) proposes a theoretical framework for organisational change that centres survivors of trauma. Two reviews of the literature, attempted to capture its current application and implementation, globally (Bargeman et al., 2022; Mahon, 2022). Of the implementation efforts captured within this review, all were located within the United States, United Kingdom, Australia, and Canada creating an evidence map for trauma informed care exclusively from high-income, English speaking countries. The lack of representation of low- and middle-income countries (LMICs) in previous reviews may not indicate a lack of TIC within these countries, but rather reflect the better capture current TIC efforts, a scoping review of quality improvement efforts in LMICs that align with the principles of TIC was conducted. Preliminary results indicate that organisational efforts that fit the TIC framework have been conducted in diverse settings across LMICs. Results will be discussed within the context of their importance for future efforts in LMICs. Specifically, a need to understand current TIC implementation, barriers, and facilitators is vital to expand the scientific understanding of how TIC can be implemented globally and inform future efforts in LMICs.

### **Biography:**

*Nicole Maiorano is a first year PhD candidate based in the Centre for Global Health at Trinity. Her career has centred on trauma informed care through her community work in Gender Based Violence prevention and response and research with survivors of sexual violence and refugee youth.*

## Session IV Trauma in society

### Moderator: Emmanuel Jouet (4061)

#### ***Sowing Seeds of Success: Trauma-Informed Resilience Focused Schools***

Mercathea Hughes

Baylor University, USA

#### **Abstract:**

Children and adolescents within the foster care system, particularly those in Residential Treatment Centers (RTCs), face intensified challenges, with approximately 391,098 individuals in the United States as of September 30, 2021. Placement in foster care stems from various reasons, leading to psychological and behavioral disorders. For those in RTCs, decisions about academic placement are significant struggles for owners, given the potential harm of enrolling in local districts. This study investigated the profound emotional and behavioral challenges faced by students attending Residential Treatment Center (RTC) schools and assessed the outcomes of introducing a trauma-informed, resilience-focused approach within two RTC school settings. Emphasizing the significance of understanding the perspectives of school staff, the research underscores the importance of a pedagogical shift towards trauma-informed practices. Through an investigation into the experiences of RTC school staff, the study aimed to offer valuable insights for the development of educational environments that support resilience and address the distinctive needs of foster care children and adolescents in RTC schools. Additionally, the research scrutinized the role of schools in establishing a protective environment for students, underscoring the necessity for a supportive and inclusive educational atmosphere. Furthermore, the study tackled the issue of self-care for RTC school staff, acknowledging that their well-being directly impacts the quality of care and education provided to students. This thorough examination contributes to the ongoing conversation about cultivating resilience in RTC schools, providing practical insights for educators, administrators, and policymakers striving to enhance the educational experiences of foster care children and adolescents.

**Biography:**

*Dr. Mercathea Hughes, with over two decades of education experience, is a licensed school psychologist and certified special education teacher. She holds degrees in psychology and educational psychology and is a Doctoral Candidate in educational leadership at Baylor University. Dr. Hughes has led impactful initiatives in special education and held key leadership roles, including Deputy Superintendent overseeing Residential Treatment Center Schools. Currently, she serves as a Special Education Consultant.*

***Marseille, Non-Violent City, Trauma Informed Experimental project on prevention and health promotion, Inspired by the international network "City aware of psychological trauma"***

Emmanuelle Jouet and Vincent Girard

Research Laboratory, Hospital University Group, Psychiatry & neurosciences, Paris

Aix Marseille University, Public health EA3279

**Abstract:**

The current international, national and local context underscores the extent to which mental health is becoming a public health priority. As part of the fight against violence and abuse, at the level of local policies, many cities around the world have developed so-called "trauma informed city" policies, including Oslo, Leeds, Belfast, Baltimore, Philadelphia, San Francisco and Toronto. Marseille, described as particularly violent by the media, is also a very poor city where inequalities are high and a source of violence. It is also a city full of resources, innovative actions and solidarity where experiments have already proven their worth and can serve as fertile ground for the implementation of a citizen policy based on trauma. To develop a public policy on trauma at the level of the city of Marseille. Through a participatory approach, including all the stakeholders/citizens concerned, it is a question of relying on the experiences of other cities, through knowledge transfer and on local and national experiences. The project has started as a participatory action research. An epidemiological study will be part of the research process in order to help to recognize the extent and nature of trauma in the territory. Distinguish external scientific evaluative approach will be used depending of the différents actions the participatory group will decide to implement. This presentation aims to show how,

in a paradoxical context of the fight against violence, local actors seek to set up a beneficial and effective policy with the population within the second French metropolis, Marseille.

**Biography:**

*Emmanuelle Jouet, PhD in Educational Science, is Director at the Social sciences and Mental Health Research Laboratory of the GHU-Paris Psychiatry & Neurosciences she is co-piloting the development of the partnership with patients and families. Vincent Girard psychiatrist and researcher at the Aix Marseille University public health laboratory. He focuses on housing, forced care and psychological trauma and right policies.*

***Authoritarian trauma: addressing a new type of oppression-based collective social trauma***

Mandy Lee

Trinity College Dublin, Ireland

Centre for Health Policy and Management

School of Medicine, Trinity College Dublin

**Abstract:**

Given overwhelming evidence documenting the negative impact of oppression on the mental health of its targets, Liberation psychologists have called for the recognition of "oppression-based trauma," focusing attention on the systemic, institutional, and psychological trauma outside of the immediate threat of physical injury or death (Holmes et al, 2016). Such "oppression-based trauma" emphasizes the everyday, ongoing nature of collective social trauma, which moves away from the historical event-based "catastrophe" model that had hitherto dominated trauma studies. This broadening of trauma conceptualisation is a welcome development; however, much of the recent scholarship on decolonizing trauma studies conceptualise oppression-based trauma mainly in terms of racial or gender-based trauma. In this paper, I argue for another sub-type of oppression-based trauma that I would term "authoritarian trauma," to focus attention on the phenomenon of ongoing pervasive oppression by a powerful regime on a subjugate population, a type of collective social trauma which the Palestinian psychiatrist Dr. Samah Jabr (2022) has described as "trauma beyond PTSD." Drawing from the cases of Palestine and Hong Kong, which have differing authoritarian contexts though sharing some similar features of regime oppression, I outline how the concept of "authoritarian trauma" would be linked to, but is distinct from, racial, cultural and historical trauma. I showcase how this new concept of "authoritarian trauma" not only helps us

understand more precisely the social suffering of peoples under repressive regimes, but also helps us to rethink new ways of conceptualising resilience beyond "post-traumatic" growth when oppression is still ongoing.

**Biography:**

*Mandy Lee is an Assistant Professor at the Centre for Health Policy and Management, Trinity College Dublin. She is also a PhD candidate in TCD Sociology. Her PhD brings together narrative medicine, social movements research, and resilience scholarship to explore the trauma and resilience of the Hong Kong pro-democracy movement.*

***Preventing traumatization: prosocial intentions as a response to the refugee crisis***

Iwona Nowakowska, Maura Pozzi and Joanna Rajchert

The Maria Grzegorzewska University, Poland

**Abstract:**

Refugee crises can be a trigger of collective trauma. Prosocial responses of the citizens of the receiving country can help mitigate its adverse consequences, as prosociality is the sign of occurring social support processes. The objective of the presented studies was to find individual differences that relate to the prosocial sharing intentions in response to a refugee crisis. A refugee crisis is a traumatic event for both refugees, and to some degree, through vicarious traumatization mechanism, for those who give help to them. Understanding individual differences that are important for the readiness to act prosocial can help find ways to sustain the solidarity mechanisms which occur in response to crises. Solidarity and prosociality might prevent the traumatization and support psychological adjustment of refugees. Results of three empirical survey studies will be presented (first: N = 139; conducted on a convenience sample of Poles in the first days of the war in Ukraine; second: N = 566; longitudinal, two-wave study conducted on the sample of Poles in late spring of 2022 and a year afterward; and third, conducted on N = 287 Poles and N = 231 Italians with previous experiences in volunteering). The results suggest that: the individual obligation belief played a crucial role in prosocial intentions towards Ukrainian refugees (Study 1); over time, the willingness to help Ukrainian refugees decreased (Study 2); and consideration of future consequences plays a role in volunteering intentions during refugee crises (Study 3). The results highlight the importance of showing citizens how they can make an impact on the adverse situations of others in the long run, and the need to constantly support the donors of



resources/time so that they do not lose the willingness to share with the refugees in need. As a result, the adverse consequences of traumatizing events could be diminished by collective prosocial actions.

**Biography:**

*Dr Iwona Nowakowska is a Psychologist, Assistant Professor, researcher in the field of prosociality and its related individual differences. P.I. of grants financed by National Science Centre, Poland and Polish National Agency of Academic Exchange. Recently realized a postdoc internship at the Catholic University of the Sacred Heart in Brescia, Italy.*

## Keynote session

### Moderator: prof. Mojca Urek

Keynote 4:

***Analyzing Trauma Exposure and PTSD Prevalence in Poland. A reflection on why there is such a high rate of PTSD***

Paweł Holas

University of Warsaw, Poland

Paweł Holas, Marcin Rzesutek, Małgorzata Dragan, Maja Lis-Turlejska, Katarzyna Schier, Katarzyna Drabarek, Angelika Van Hoy, Małgorzata Pięta, Cecylia Poncyliusz, Magdalena Michałowska, Gabriela Wdowczyk, Natalia Borowska, Szymon Szumiąg

**Abstract:**

**Background:** Limited research exists on trauma exposure and PTSD prevalence in Poland's representative samples, and examined possible mechanisms contributing to it. Data from studies on convenient samples suggest notably higher probable PTSD rates compared to global estimates. **Objective:** This study aims to assess self-reported traumatic events (PTEs) exposure and estimate probable PTSD prevalence in a population-based Polish sample. Additionally, it explores the correlation between PTSD intensity and life satisfaction. **Method:** A representative sample of 1,598 adult Poles underwent evaluation using the Posttraumatic Diagnostic Scale for DSM–5 (PDS–5) and the Satisfaction with Life Scale (SWLS). **Results:** 60.3% experienced at least one PTE, with 31.1% exhibiting PTSD symptoms. The overall probable

PTSD rate was 18.8%, with child abuse and sexual assault showing the highest PTSD probabilities. Participants with probable PTSD reported significantly lower life satisfaction levels. **Conclusions:** Poland demonstrates a surprisingly high probable PTSD prevalence compared to other countries. Here we discuss possible factors including first of all, a passage of transgenerational trauma following massive trauma exposure following II world war, and other factors, such as insufficient acknowledgment of historical and other traumas, alongside limited access to trauma-focused care.