Supporting Others, Sustaining Ourselves: Trauma-Informed Care & Resilience

ENTER mental Health webinar. Thu. 22 May 2025, 5:00 to 7:00 pm CET

Psychological trauma is a severe emotional response to distressing events. Complex trauma results from repeated and/or prolonged trauma, especially among those exposed during childhood. Trauma causes emotional, behavioural, cognitive and physical symptoms, affects interpersonal relationships, and is associated with life-long risk of physical and psychological health problems.

Those who work with trauma survivors can experience vicarious trauma, a negative reaction to exposure to others’ trauma. Working with survivors exposes mental health professionals to distressing information, from reading case notes to being present with those describing or reliving distressing experiences. Unmanaged vicarious trauma poses a risk to the personal and professional well-being of mental health professionals.

ENTER is responding to this challenge by developing and sharing evidence on the need for trauma-informed approaches, including resilience among mental health service providers.

Programme

# Standing with Ukraine: Professional Training, Emotional Support, and Aid at Maria Grzegorzewska University

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We will story tell the journey we have been through as a university community in the past 3 years. In response to the humanitarian crisis resulting from the war in Ukraine, Maria Grzegorzewska University has mobilized a comprehensive and multifaceted engagement to support Ukrainian individuals and communities. This presentation highlights our institution’s sustained efforts in delivering professional training, psychological support, and coordinated aid, emphasizing our commitment to solidarity and social responsibility.

Key initiatives include intensive training programs for educators, social workers, and mental health professionals in collaboration with Professor Mooli Lahad from the Community Stress Prevention Center, equipping participants with tools for trauma-informed care and resilience-building. Through the UNESCO Chair project *Youth as Young Researchers*, we have empowered Ukrainian youth to engage in participatory research, fostering agency and integration. Several invited visits to our university allowed for respite and for new interinstitutional agreements with Ukrainian universities.

Additional well-being projects, community-led fundraising campaigns, and a broad volunteer response have reinforced our holistic approach. We also provide access to psychological support in Ukrainian and in Russian, organise webinars focused on resilience in crisis, and offer practicum opportunities for students aimed at assisting Ukrainian refugees. Collectively, these actions demonstrate the university’s enduring commitment to inclusive support, academic solidarity, and the promotion of mental health and human dignity in times of crisis.

From exposure to empowerment: an evidence-based resilience plan for addiction nurses facing vicarious trauma

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To build trauma-informed societies, we must first support healthcare professionals in managing vicarious trauma (VT)—a risk that comes from repeated exposure to others’ trauma (Pearlman & McCann, 1990). VT is often overlooked but can reduce empathy and compromise care. Addiction nurses are especially vulnerable due to their close work with clients facing severe trauma.

Nicki's presentation introduces a resilience care plan developed from PhD research on addiction nurses and the role of leadership. Designed primarily for addiction nurses but adaptable across healthcare, the plan offers practical, evidence-based strategies to reduce the psychological impact of VT. It includes tools for self-care, peer support, organisational policy changes, and trauma resilience training.

By strengthening the resilience of nurses and frontline healthcare providers, the plan lays the groundwork for truly trauma-informed care. When professionals are supported, they’re better able to avoid retraumatising clients and sustain the empathy needed for effective care. This approach shifts the focus: before we can deliver trauma-informed care, we must protect those who provide it.

# Preventing Vicarious Trauma in Psychiatric Nursing: Conceptual Distinctions and Organisational Interventions

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Vicarious trauma (VT), compassion fatigue (CF), and secondary traumatic stress (STS) are related but distinct responses to caregiving in trauma-exposed contexts. While STS describes acute, PTSD-like symptoms, and CF reflects emotional exhaustion and reduced empathy, VT refers to deep and often long-term shifts in an individual’s worldview, sense of meaning, and identity caused by sustained empathic exposure to others’ trauma.

This presentation discusses the conceptual differences and overlaps between these phenomena and outlines evidence-based organisational strategies to mitigate VT among mental health professionals. Findings from recent research indicate that staff exposed to frequent workplace violence or threats report significantly higher levels of burnout and secondary traumatic stress. Additionally, personal histories of trauma may intensify vulnerability. However, high compassion satisfaction appears to buffer some of the negative effects and can be sustained even under pressure.

Concrete organisational interventions are presented, including reflective and supervision spaces, psychological debriefing, access to professional mental health support, mindfulness-based programs, de-escalation and conflict management training, and the integration of trauma-informed care principles. The importance of strong leadership support, adequate staffing, and a workplace culture that destigmatises psychological strain is emphasised.