- some data on gender and career in medicine and psychiatry,
- on career obstacles for women including their structural, but also psychological reasons, esp. the influence of traditional gender roles,
- on the negative consequences for both female and male psychiatrists and their patients, and
- on alternative solutions.

**Methods:** overview and discussion
**Results:** In order to promote careers and work-life balance for both genders in psychiatry we need

- structural reforms
- Mentoring with early start and ongoing coaching
- Questioning of traditional gender roles and promoting role models

**Conclusions:** Especially in psychiatry we should aim at integration of living and working for both genders.

**Disclosure of Interest:** None Declared

## ECP006

## Working on gender equality in the organization of the psychiatry association: can we do what we say?

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**Abstract:** While increased awareness in today's socioeconomic conditions has led to some positive progress in areas related to gender equality, we are still far from the ideal. Achieving gender equality, ensuring equal representation and rights for women in all settings and systems, should occur naturally; however, this is only partially possible through various regulations and their monitoring. Although professional organizations generally have a high level of awareness on these issues, internalized patriarchal codes can prevent our female colleagues from achieving adequate representation and having a voice in the process. Developing awareness and planning sustainable practices in this area is our responsibility and duty. I would like to introduce you to a series of initiatives we have implemented within the Psychiatric Association of Türkiye. In 2018, a policy document was prepared by a task force composed of knowledgeable colleagues in the field. A unit was established under the same name as this document on preventing sexual violence and supporting gender equality. In addition to its primary task of evaluating and supporting complainants in sexual abuse investigations where one of the parties is a psychiatrist, this unit also develops activities to support gender equality. Coordinating with other working units and task groups operating under our association, this unit recently prepared a Guide to Using Discrimination-Sensitive Language and Creating Content. We are working to promote the widespread use of this guide, which also includes gender equality issues, in all the association's scientific activities. Through informational texts placed in congress' bag, group work, and workshops at our association's twice-yearly congresses, we aim to keep the theme of gender equality on the agenda in the theory and practice of our members. This year, during the week of March 8th, International Women's Day, we are preparing a webinar where we will discuss the representation rates of women in all units and elected boards of our association, listen to suggestions and experiences from senior female colleagues in active roles, and discuss the expectations and challenges of young female colleagues. With the awareness of being part of and transforming the bigger picture, we need to discuss together the importance and impact of professional organizations taking an active role in the field of gender equality, starting from their own internal structures.

**Disclosure of Interest:** None Declared

## ECP007

## Case presentation-3

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**Abstract:** Trauma-related disorders affect a significant portion of the population. Among others, they include post-traumatic stress disorder (PTSD), acute stress disorder and adjustment disorders. Some exposed to trauma will develop PTSD and other conditions such as anxiety, depression and substance use disorder. Those conditions are seen in everyday clinical practice and are expected to increase due to ongoing social issues and conflicts. We will present a case study of a patient that reflects current challenges and possibilities in trauma-related disorders.

**Disclosure of Interest:** None Declared

## ECP008

## Beyond PTSD: clinical decision-making in trauma-related disorders

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**Background:** Trauma-related disorders are common in psychiatric practice and often present with heterogeneous symptom profiles, high comorbidity, and significant functional impairment. Beyond canonical post-traumatic stress presentations, complex, dissociative, and somatic manifestations are increasingly encountered, frequently shaped by developmental trauma, repeated interpersonal exposure, and ongoing psychosocial stressors. These features may complicate recognition, risk assessment, and treatment planning across diverse clinical settings.
**Aims:** A pragmatic, clinically oriented framework is presented for (i) identifying trauma-related disorders and relevant specifiers, (ii) differentiating them from overlapping conditions (e.g., mood, anxiety, psychotic, personality, and functional disorders), and (iii) implementing stepped, evidence-based interventions tailored to symptom clusters, comorbidity, and patient preferences.
**Approach:** Current diagnostic frameworks and guideline-concordant treatment evidence are synthesized, and clinical decision points applicable to routine care are integrated. Particular attention is given to structured assessment of trauma exposure and symptom profiles, dissociation, sleep, and substance use,

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