emotional trauma (44.83%), general trauma (55.17%); Controls: sexual trauma (21.43%), physical trauma (64.29%), emotional trauma (46.43%), general traumas (78.57%).
Conclusions: The occurrence of different type of trauma in our sample is in line with the literature. Physical and emotional abuse among athletes is high. Presumably, those athletes perform better who experience less trauma. The best way to produce resilient athletes is to provide a challenging and supportive sport environment, where athletes feel physically and psychologically safe in their experiences of success and failure.

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EPV1421

Beyond Nightmares: How Sleep Issues Might Trigger Post-Traumatic Stress Disorder

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Introduction: Post-traumatic stress disorder (PTSD) is a psychiatric condition that arises after exposure to traumatic events and is characterized by intrusive memories, emotional dysregulation, and hyperarousal. Sleep disturbances, such as insomnia and disrupted circadian rhythms, are often reported in PTSD. However, recent studies suggest that sleep disorders may not only be a consequence of PTSD but could also contribute to its development (DeViva, 2021; Seo et al., 2022). Sleep is crucial in emotional regulation, memory consolidation, and stress recovery. Disruptions in sleep patterns may impair these processes, increasing vulnerability to psychiatric conditions such as PTSD (Zhou, 2023). This systematic review evaluates current evidence on whether sleep disturbances serve as a precursor or risk factor for PTSD across various populations. Understanding the role of sleep disturbances in the onset of PTSD is critical for developing early intervention and prevention strategies.
Objectives: This systematic review aims to evaluate whether sleep disturbances act as a risk factor for the development of PTSD by synthesizing recent evidence from diverse populations.
Methods: A comprehensive literature search was conducted using the keywords "PTSD" and "sleep disturbance" in the database on PubMed. Out of 143 studies published within the last five years, eight articles that specifically examined sleep disturbances as a risk factor for PTSD were selected for this review.
Results: The review of selected studies highlights a strong association between sleep disorders and an increased risk of PTSD development across various populations. Poor sleep quality was associated with a 60% greater likelihood of developing PTSD. In a nationally representative sample of U.S. veterans, over 22% reported poor sleep quality, which was a significant predictor of PTSD. (DeViva, 2021). In a study of 67,905 college students, those with sleep disturbances had significantly higher rates of PTSD (52.3% vs. 33.0%) and depression (47.7% vs. 13.2%). (Wang et al., 2022). Moreover, emotional dysregulation, often exacerbated by sleep disorders, was found to aggravate PTSD symptoms further. The studies also indicated that interventions targeting sleep disorders, such as cognitive behavioral therapy for insomnia, not only improved sleep quality but also contributed to a reduction in trauma-related symptoms, suggesting potential for PTSD prevention (Ranney, 2022).
Conclusions: This review highlights that sleep disturbances are a significant risk factor for the development of PTSD. Early identification and treatment of sleep disorders could serve as a preventative strategy for individuals exposed to trauma. Future research should explore the underlying mechanisms of this relationship and the effectiveness of sleep-focused interventions in reducing PTSD risk.

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EPV1422

Complex PTSD in Digital Age: Case of Ukrainian Refugees – Victims of War Crimes

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Introduction: This study includes the characteristics of Compex PTSD among Ukrainian IDPs who experienced the horrors of the war - during the Russia-Ukraine war in 2022-2024. It also reflects the new and permanent stressors characteristic of the digital age.
Objectives: Objective of the Study was to identify how cyber age and modern technologies affected on outcomes of traumatic stress.
Methods: The study was carried out iamong the victims of the Ukrainian war temporarily displaced in Georgia. A specially developed questionnaire based on the guidelines of the Istanbul Protocol was used.
Results: A total number of direct target beneficiaries applied to the Empathy was n = 68 persons; Most refugees were with experience of war crimes. **Mainly two types of life threatening traumatic events was identified:** Locally in place of war and Russian occupation; They flowed from Ukraine through the Russian territory and additionally are with experience of ill – treatment during the filtration procedures in the so-called "filtration camps". Chronic Repetitive Traumatic Stressors were identified as well: Misinformation; Adhering to online war scenes, the vast amount of information flow; Inability to dissociate from warfare. Observed: Rapid development of C - PTSD in 52 persons of total 68. Alongside with PTSD symptoms reveled: Affective Dysregulation – aggression, self – aggression, depression; Feeling of Guilty – for not being in Ukraine, not supporting to their relatives and Country; Problems in interpersonal relations; Addictive behavior; Additional stressors related to the digital warfare and disinformation supported the prolongation of multi natural stressors that consequently created significant problems for recovery.
Conclusions: The results were discussed in the context of Carl Jaspers' conception regarding reactive conditions. According to his concept, reactive psychoses develop on the basis of a conflict between a person and an unbearable reality for him, and at the same time, this reality is necessarily reflected in the clinical picture of the disease. However, it should be noted that by the 60s, delayed forms of reactive states were described, i.e., forms far removed from the traumatic moment, during which Jasper's criterion of "time connection" is violated, although the traumatic event is fully reflected in the clinical picture. The reason for this is mainly the prolonged process of intrapsychic processing and final realization of the trauma. **The rapid development of complex PTSD under**