



Book of Abstracts 9ICCP Naples 2022

9th International Conference of Community Psychology (ICCP)

21-24 September 2022 | Naples, Italy and online



In presence session 16 English: NEW CHALLENGES FOR COMMUNITY PSYCHOLOGY

Time: Saturday, 24/Sept/2022: 12:00pm - 1:30pm· Location: Trust 1 Room (in presence)
Session Chair: Bernd Roehrlé

Abolitionist crisis response: we keep us safe

Daniela Kantorova, Asantewaa Boykin

Anti Police-Terror Project, Estados Unidos (EUA); DANIELA.KANTOROVA@GMAIL.COM

In 2020, the American Public Health Association adopted as its official policy a call for making an effort towards abolition and redirecting funds from the carceral system towards community resources (APHA, 2020). This policy is highly relevant to the provision of mental health services, as a growing body of evidence shows that killings by law enforcement disproportionately affect BIPOC people with mental illness (Fuller et al., 2015; Saleh et al., 2018). Additionally, in the United States, there are disproportionate rates of incarceration for BIPOC communities and for people with disabilities, including severe mental illness.

Abolitionist crisis response seeks to address the concerns of BIPOC communities regarding risks associated with the involvement of law enforcement in crisis response, and propose alternatives rooted in healing and disability justice. It builds upon the defund the police movement in building alternative models for community care and safety, and seeks to mitigate the harms inflicted by the carceral system. It aspires to serve as a preventative mechanism, protecting BIPOC communities from harmful interactions with law enforcement.

This presentation will include the introduction to the concept of abolition, and apply it to mental health services, particularly crisis intervention. It will provide a brief overview of risks associated with law enforcement's involvement in crisis response, describe principles of abolitionist crisis response, and include a case study – the Anti Police-Terror Project's Mental Health First program that operates in Sacramento and Oakland, California, USA with a group of peers, survivors, doctors and mental health professionals. The work of the Anti Police-Terror Project is rooted in its work with families whose loved ones were murdered by law enforcement. These families have been providing guidance and inspiration for our work. The presentation will include a discussion of a vignette, as well as open discussion.

Community resilience: First meta-analytic results

Bernd Roehrlé

University of Marburg (emerit), Germany; roehrlé.bernd@t-online.de

Particularly in the wake of the increasing number of disasters, beyond individual solutions to problems, the collective power of communities is being sought as an instrument to protect against the coming disasters and to help recover from the past ones. On the basis of many disciplines and numerous models, the most important forces are being sought for this purpose. To this end, a vast number of studies have been published in recent years. Numerous reviews have also been presented. However, a meta-analytical view of the available quantitative studies on the conditions and consequences of community resilience is still missing. This paper presents a first systematic review that can report on 36 studies with an effect size of $r = .385$ on a heterogeneous database on various aspects (including the quality of the studies, the significance of the measurement instruments used to survey community resilience, disaster-specific outcome patterns). These results are discussed in relation to central research deficiencies (e.g. tautological research, lack of theory and the deficit of appropriate intervention approaches).

The role of internalized transphobia, loneliness, and social support in the psychological well-being of a group of Italian transgender and gender non-conforming youths: A moderated-mediation model

Gaetano Di Napoli¹, Cinzia Novara², Maria Garro³, Paolo Valerio⁴, Cristiano Scandurra⁵

¹University of Palermo, Itália; ²University of Palermo, Itália; ³University of Palermo, Itália; ⁴University of Napoli, Itália; ⁵University of Napoli, Itália; gaetanodinapoli03@gmail.com

The contribution investigates the quality of life of transgender and gender non-conforming (TGNC) people in according to the support received from social and family context. Although TGNC youth represent a highly resilient community capable of successfully overcoming adverse life circumstances, they still experience social stigma that negatively impacts their health (Molnar, 2018), especially if approached to the possibility of being rejected by the family and peer group. An additional risk is represented by the common idea that the sex assigned at birth must be aligned with gender identity (Nadal et al., 2012) on which the support (Lev, 2013) can play a role as a moderator. Objectives of this research are: 1) evaluating how internalized transphobia (IT) and loneliness are correlated with the quality of life; 2) clarifying whether social support would act as a protective factor in the quality of life of research participants. The research used a multimethod approach through a questionnaire divided into 5 sections including 4 different scales (Warwick–Edinburgh Mental Well-being Scale; Gender Minority Stress and Resilience Scale; Multidimensional Scale of Perceived Social Support; Scala Revised University of California at Los Angeles Loneliness Scale). Thus, within the framework of the minority stress, this paper aims to investigate the role of loneliness as a mediator of the relationship between IT and psychological well-being (PW), as well as the moderating role of social support. A total of 79 Italian TGNC youths (45 binary and 34 non binary) aged 18 to 30 years ($M = 23.73$, $SD = 3.59$) participated in an online survey. A moderated mediation model was tested using the PROCESS Macro for SPSS with gender identity and age as control variables. Results showed that: (1) IT was negatively associated with PW ($b = -0.03$, $p = 0.001$); (2) IT was positively associated with loneliness ($b = 0.03$, $p < 0.001$); (3) loneliness was negatively associated with PW ($b = -0.49$, $p = 0.001$); and (4) loneliness partially mediated the relationship between IT and PW ($b = -0.19$, $p = 0.006$). In addition, social support proved to be a significant moderator, as the effect of IT on PW decreased with moderate ($b = -0.03$, 95% C.I. [-0.04, -0.01], $p = 0.001$) and high social support ($b = -0.04$, 95% C.I. [-0.06, -0.01], $p < 0.001$), but not with low ($p < 0.05$). Other clinical and social implications of our findings are discussed in terms of individual, interpersonal, and structural stigma. Based on our findings, it is advisable both to expand the social network, promoting intimate and community relationships, and to take charge, on a clinical level, of the experiences of loneliness that can become radicalized over time also through the early experiences of one's personal and family history.