

ad 2.

- the sexual abuse occurs often at the places where there are groups of children together
- the sexual abuse is a part of bullying
- the diagnosis of the perpetrator is usually psychosexual infantilism

ad 3.

- the victim of sexual abuse is an underage adolescent of the opposite gender
- the perpetrator suffered by the other type of psychopathology in childhood
- the perpetrator is showing also other types of antisocial behavior
 - such as drug abuse

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The cycle of violence - The risk of women who are victims of domestic violence to become a perpetrators

M.A. Kachaeva, T.B. Dmitrieva, G.M. Rumantseva, L.L. Drikina.
Serbsky National Research Center for Social and Forensic Psychiatry, Moscow, Russia

Background and Aims: Domestic violence against women is a serious problem in Russia. The main purpose of this investigation was to find out origins of crimes of violence in women.

Methods: A cohort of 25 females was examined by psychiatrists and forensic psychiatrists. All women had committed murders. Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

Results: A research has been carried out on the basis of psychiatric and forensic psychiatric assessment of two groups of women who had a long history of violence by their husbands or partners. Clinical picture of their state was presented by depression, anxiety, low self-esteem, PTSD, drug abuse. The research has revealed two types of homicides. Women of the first subgroup displayed pathological altruistic motivation of murder of their children (4 females). Women of the second subgroup (21) had committed homicides of their husbands or partners whose violence towards women escalated in severity.

Conclusion: The research shows the necessity of domestic violence prevention by legal provisions and multidisciplinary research with participation of psychiatrists, psychologists, human rights advocates.

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Influence of somatic disease on mental disorders in elderly

E.V. Koroleva^{1,2}, N.K. Kcharifonova^{1,2}. ¹ *Department of Forensic Examination in Civil Law, Moscow, Russia* ² *Serbsky State Center for Social and Forensic Psychiatry, Moscow, Russia*

Mental disorders in elderly are closely connected with different forms of somatic diseases.

Chronicle and prodromal disease, such as hypertensive disease, cardiovascular insufficiency and diabetes melitus, often cause different forms of vascular dysfunctions, especially vascular dementia. In such cases typical complications are insults and infarcts of cerebral brain. In case of oncological disease mental disorders were various. First of all oncological disease is a severe stress factor that caused depressive and anxiety disorders, accompanied by complete changing of behavior motivation. The main purpose of persons activity become an

intention to throw off an illness. Anxiety and depressive symptoms were closely connected with changing of somatic state, results of objective investigations, method of treatment. Level of social functioning in such cases decrease, firstly in relationship with spouses and relatives and employment. In late stages of oncological disease with symptoms of intoxication, cachexia and insufficiency of most internal organs delirium, not superimposed on dementia could developed. Also in genesis of such disorder a great role has operations with transfusion treatment and usage of narcotic analgesics and chronicle pain. Clinical picture are characterized by syndrome of impaired consciousness such as soporific state or coma, sometimes by cognitive dysfunction, insomnia, hallucinations. Duration of delirium is characterized by interchange of improve and degradation of mental state over a day. Social adaptation is decreased, such patients need care and custody. They couldn't make a proper decisions, dispose their property. Corrective assessment of somatic diseases may help to make prognosis of mental disorders and improve treatment.

P0130

Planning, implementing and managing a merger of psychiatric hospitals

A. Mizrahi¹, R. Kigli^{1,2}, M. Kotler^{1,2}. ¹ *The Merged Be'er Ya'akov-Ness Tziona- Israel Prisons Service Mental Health Center, Beer Ya'akov, Israel* ² *Tel Aviv University, Medical School, Tel Aviv, Israel*

Israel's mental health services in general and its psychiatric hospitals in particular have been undergoing substantial structural change.

A specific instance of the changes is the merging of the Be'er Ya'akov, the Ness Tziona and the Israel Prisons Service mental health centers. This is the first such successful merger in Israel and has become a model for merging other mental health facilities. Directed by the Ministry of Health, the merger was protracted over many phases and highly complex consultations with the various service-provider bodies and the managements of the three institutions. Numerous steering committee meetings reviewed the merged center's operational model and long negotiations took place with the trades unions involved.

Selected clinical disciplines benefited from an extensive retraining program and both inpatient and outpatient services were reinforced with new specialist staff and other resources.

The merger was driven by structural, economic, therapeutic and ethical considerations, among them efficient resource use, increased cooperation within and between service systems, reinforcing and enriching human capital, providing a comprehensive response to consumer needs and optimal continuity of care.

The merger phases included: (a) establishing a unified management, (b) creating a new organizational structure (c) creating and implementing a new staff placement and mobility mechanism.

The presentation will set out the benefits of the merger to staff and clients, the structural outcomes, and the lessons learnt. The early experience of the merged center is offered for the benefit of other organizations considering a similar step.

P0131

Clinical manifestations of psychopathology revealed in the partially insane persons committed sexual offenses

E.N. Lapshina. *The Serbsky National Research Center on Social and Forensic, Zheleznodorozhny, Russia*