

EV0567

Violent incidents within psychiatric settings

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Objective To determine the frequency and types of aggressive and violent behaviors in acute psychiatric inpatient settings and potential interactions between staffing and patient mix and rates of the behaviours were explored.

Methods Data on violent incidents were gathered prospectively in two acute psychiatric units in two general hospitals and two units in a psychiatric hospital in Isfahan, Iran. Staff recorded violent and aggressive incidents by using Morrison's hierarchy of aggressive and violent behavior. The classification ranged from level 1, inflicted serious harm to self or others requiring medical care, to level 8, exhibited low-grade hostility. They also completed weekly reports of staffing levels and patient mix. Regression analysis was used to calculate relative rates.

Results A total of 400 violent incidents were recorded over a three-month period. Based on the scale, more than 50 percent of the incidents were serious. Seventy-eight percent were directed toward nursing staff. Complex relationships between staffing, patient mix, and violence were found. Relative risk increased with more nursing staff (of either sex), more non nursing staff on planned leave, more patients known to instigate violence, a greater number of disoriented patients, more patients detained compulsorily, and more use of seclusion. The relative risk decreased with more young staff (under 30 years old), more nursing staff with unplanned absenteeism, more admissions, and more patients with substance abuse or physical illness.

Conclusions Violent incidents within psychiatric facilities were frequent and serious, with great significance for occupational health. Some clues were found in the prediction of violence.

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EV0568

Differences in current psychological and physiological subclinical stress levels in forensic patients with psychopathic personality traits

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Stress and its associations with psychopathic traits have been widely studied. However, recent research suggests the distinction between psychological and physiological symptoms of subclinical stress experience. Possible differences regarding these two dimensions of stress and their relations to psychopathy factors have not been investigated yet. Hence, this is the first study on psychological and physiological subclinical stress levels of forensic patients with psychopathic personality traits. We expected to find distinct associations between stress dimensions and psychopathy factors. Therefore, we examined 164 forensic patients with a substance use disorder regarding their psychopathy scores and current stress levels, using the Psychopathy Personality Inventory (PPI) and the Subclinical Stress Questionnaire (SSQ). Our results indicate that only the experience of psychological stress and not physiological stress is predicted by psychopathy. More precisely, the psychopathy factor "Impulsive Antisociality" is a positive predictor of subclinical psychological stress symptoms, while the factor "Fearless Dominance" is a negative predictor. Thereby, gender has

an influence as females are more likely to experience psychological and physiological stress. In conclusion, these results imply that forensic patients scoring high on the psychopathy factor "Impulsive Antisociality" experience high levels of psychological distress. This is in line with previous findings describing Impulsive Antisociality as a generally maladaptive trait manifesting in low adaptability and insufficient coping strategies.

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EV0569

The profile of sexual abusers of minors: A forensic-psychiatric studyJ. Nunes^{1,*}, D. Figueiredo¹, T. Ventura Gil¹, M. Colón², A. Pissarra da Costa¹¹ Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, U.L.S. Guarda, Guarda, Portugal² Delegação do Centro do INMLCF, I.P., Psiquiatria, Coimbra, Portugal

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The World Health Organization (WHO, 2006) defines sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, being unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. In Portugal, the law that regulates the sexual abuse of underage people (minors) is enclosed in crimes of sexual auto-determination, which are described as child sexual abuse (article 171°) and sexual acts with a teenager (article 172°), and those are applied to the person that has copulation, anal intercourse and oral intercourse with underage abusing from their inexperience. Our objective is to investigate the profile of sexual abusers of minors, namely, the socio-demographic features, clinical correlations, and the level of penal responsibility of sexual offenders who were referred by court to forensic psychiatric assessment in the Institute of Legal Medicine of the City of Coimbra. Moreover, verify if these individuals present mental disorders at the time of the offence. The present study is of descriptive nature, being based on the observation and consultation of 30 clinical processes of sexual abusers. All written reports were obtained from 2005 to 2015 by court-appointed psychiatric experts on individuals that have been charged of committing sexual crimes against minors and referred to the main forensic institute in the city of Coimbra. This study will contribute to the increase of more information on these offenders, promoting the development of more adequate contingency plans for this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0570

Predicting offense recidivism in Schizophrenia patientsB. Oueslati^{1,*}, M. Ali², R. Ridha¹¹ Razi Hospital, Forensic psychiatry department, Manouba, Tunisia² Faculty of Medicine of Tunis, Preventive medicine department, Tunis, Tunisia

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Introduction Schizophrenia increases the risk of offending. Recidivism rates are significant.

Aim Identifying general and violent recidivism risk factors in schizophrenia patients.

Methods We conducted a case control study. All included patients were admitted, at least once, to the forensic psychiatry department in Razi Hospital between January 1st, 1985 and December 31st, 2014 after a decision of irresponsibility by reason of insanity. All those who reoffended during this period were con-

sidered as cases. A draw was performed to create the control group. Both groups were matched according to their first offences' types as well as to their ages. A multivariate analysis was performed.

Results We included 25 cases and 38 controls. Eight recidivism risk factors were identified. Living in urban poor neighbourhoods ($P=0.039$; $OR=1.23$), having been unemployed ($P=0.047$; $OR=1.22$) and not having lived with the family ($P=0.039$; $OR=1.36$) after discharge were considered as risk factors. The same applied to alcohol ($P=0.032$; $OR=1.29$) and cannabis use disorders ($P=0.005$; $OR=1.34$). A hospitalization shorter than 6 months increased the risk by 1.44 ($P=0.039$). A combination of conventional antipsychotics ($P=0.003$; $OR=1.36$) and a poor adherence ($P=0.006$; $OR=1.36$) were considered as recidivism risk factors too.

Conclusions All eight recidivism risk factors are dynamic. This makes recidivism prevention conceivable. Measures involving the patient, the health care system, patients' families, society and the government should be taken.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0571

Predicting offense recidivism in Schizophrenia patients

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Introduction Schizophrenia increases the risk of offending. Recidivism rates are significant.

Aim Identifying general and violent recidivism risk factors in schizophrenia patients.

Methods We conducted a case control study. All included patients were admitted, at least once, to the forensic psychiatry department in Razi Hospital between January 1st, 1985 and December 31st, 2014 after a decision of irresponsibility by reason of insanity. All those who reoffended during this period were considered as cases. A draw was performed to create the control group. Both groups were matched according to their first offenses' types as well as to their ages. A multivariate analysis was performed.

Results We included 25 cases and 38 controls. Eight recidivism risk factors were identified. Living in urban poor neighbourhoods ($P=0.023$; $OR=4.86$), having been unemployed ($P=0.042$; $OR=2.18$) and not having lived with the family ($P=0.039$; $OR=1.36$) after discharge were considered as risk factors. The same applied to alcohol ($P=0.026$; $OR=4.89$) and cannabis use disorders ($P=0.018$; $OR=6.01$). A hospitalization shorter than 6 months increased the risk by 1.79 ($P=0.046$). A combination of conventional antipsychotics ($P=0.023$; $OR=4.81$) and a poor adherence ($P=0.001$; $OR=10.42$) were considered as recidivism risk factors too.

Conclusions All eight recidivism risk factors are dynamic. This makes recidivism prevention conceivable. Measures involving the patient, the health care system, patients' families, society and the government should be taken.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0572

Decision making in structure of self-regulation of persons with mental disorders at assessment of capacity

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The paper is based on the conception of Luria's neuropsychological theory, the conception of self-regulation (Nikolaeva V.V.), the model of decision making (Kornilova T.V.), methodological basis of psychological and psychiatric assessment of capacity of The Serbsky State Scientific Center for Social and Forensic Psychiatry (Kharitonova N.K.).

Research goal To study neuropsychological factors in persons with mental disorders who are involved in forensic assessment of capacity and find out correlation between decision-making and neuropsychological factors.

Research subject The three levels of self-regulation (the level of regulation of mental status, the operational level, the motivational level) and the role of decision making in this structure in persons with mental disorders who are involved in forensic assessment of capacity.

The research methods Neuropsychological methods by Luria A.R., patopsychological methods for assessment Higher Psychological Functions (Zeigarnik B.V.), Melbourne decision making questionnaire (a Russian adaptation, Kornilova T.V.).

According to Luria's neuropsychological theory, series of the basic neuropsychological methods include: (1) determine arithmetic task using an algorithm, (2) tests for study of praxis and gnosis, (3) tests for study of memory and attention, (4) test for study of comprehension of logical-grammatic expressions.

Results – The three levels of self-regulation correspond to the three functional brain's areas (according to Luria's neuropsychological theory)

– Decision making correlation with factors of the third brain's area (the frontal lobe)

The conclusions Our research considers neuropsychological factors like possible medical criterion for assessment of capacity.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0573

Spitefulness and psychopathy: A contribution for an Italian adaptation

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Introduction Psychopathy has been individuated as an important predictor of criminal recidivism. As a consequence, a growing number of studies has examined factors associated with psychopathic traits in criminal population. While spitefulness has been associated with a range of destructive behaviors, there is a paucity of instruments that evaluate the spitefulness (Marcus & Zeigler-Hill, 2015).

Objective Testing the validity and reliability of an Italian version of the Spitefulness Scale.

Aims Correlate Spitefulness Scale scores and other indices of psychological functioning. We recruited an offenders sample ($n=400$) and a community sample ($n=400$). We administered the Spitefulness Scale (Marcus, 2014), along with the following measures: Dirty Dozen (Carmine & Zeller, 1979), Aggression Questionnaire (Buss & Perry, 1992), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), and SRP (Hare, 1980).

Results Offenders participants showed higher levels of spitefulness. Further, the construct validity of the scale was confirmed by associations with measures of psychopathy, emotion dysregulation, and interpersonal problems.