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

P0128

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

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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 homocides. Women of the first subgroup displayed pathological altruistic motivation of murder of their children (4 females). Women of the second subgroup (21) had committed homocides 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.

P0129

Influense of somatic disease on mental disorders in elderly

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

Chronicle and progredient 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 oncoligical 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

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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 became 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 commited sexual offenses

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E.N.Lapshina (2005) indicates 8% persons, who commited sexual offenses and were evaluated as partially insane (1). We have examined 60 such persons.

In 63% in such persons those or others were revealed the pathocharacterological radicals in essence due to the development of schizoid (20%) and excited (37%) beginning from the childhood.

The signs of minimal cerebral dysfunction were observed more frequently in 25% at the childhood, and the syndrome of the scarcity of attention and the hyper-dynamic syndrome were included. Neurotic and neurosis-like disorders during the childhood were encountered in 62%. Subjects at the teenage period in 33% used narcotic substances and alcohol. The pathologic fantasizing of the aggressive-sadistic content, including of sexual nature, was encountered in 23%. Dromomania and the torture of animals they were encountered in an identical quantity (in 18%). The thefts within the framework of kleptomania subjects accomplished in 5% of the cases.

Nonparoxysmal affective disorders were represented in 78%. The affective fluctuations of mood, which are manifested by the periods of the increased mood with the disinhibition and by the periods of sub-depressions, were encountered in 67%. Depressive and sub-depressive states in anamnesis in 42% occurred.

Paroxysmal emotional disorders were revealed in 25%. In their number dysphoric paroxysms (20%) and paroxysmal anxiety states and fear were separated (5%). Epileptiform paroxysms were observed in 25% and included affective, vegetative, viscerovertebralis paroxysms, short-term losses of consciousness.

37% of subjects abused by alcohol. Abuse of narcotic and toxic substances was encountered in 30% of cases.

P0132

Comparative analysis of forensic relevance of psychiatric classification systems in two periods (during 1968 and 1995)

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Backgorund and Aims: Verification of forensic functionality of two psychiatric classification systems (ICD 8 and ICD 10), determination of similarities and differences between them, and evaluation of difficulties in subsuming particular psychiatric diagnoses into legal categories.

Methods: The retrospective method was used, based on comparison of the information from forensic psychiatric expertises made in the Center for forensic psychiatry, Vrapce Psychiatric hospital in Zagreb, in two periods: during 1968 and 1995, chosen at random up to the total of 300 expertises related to criminal law. The shortened version of standardized FPDS (Forensic Psychiatric Documentation System) questionnaire was used, which was modified for the purpose of the study and, due to the necessary reduction of the data for statistical analysis, the questionnaire was additionally shortened to the final version which consists of 51 items.

Conclusion: The basic hypothesis that there is a difference in the level of forensic functionality of the two classification systems compared in this study was only partially confirmed. The other hypothesis, that psychiatric classification system ICD-10 is more functional in forensic psychiatry than classification system ICD-8, is not completely confirmed either. The questionnaire can be also used in other similar studies for evaluation of forensic-psychiatric expertises. The results can be of help in everyday practice in forensic psychiatry, in the field of expertise and in the field of forensic psychiatric treatment.

P0133

Principles of release from punishment for convicts with mental disorder in Russia

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Background: Convicted people with serious mental disorders are subject to release from punishment.

Aim of Study: To bring out criteria determining release from punishment because of mental disorder.

Materials and Methods: 81 convicted people were studied, who had been previously examined by psychiatrists in order to assess the possibility of release from punishment.

Results: According Criminal Code of the Russian Federation, if after committing crime a person develops a mental disorder that disables him either from realizing actual character and social danger of his behaviour (inaction) or from controlling it, is released from punishment, and a person already serving a sentence is released from further serving it. Such people are referred to a compulsory psychiatry treatment.

80% of convicted people released from punishment because of mental disorder were diagnosed with schizophrenia, 8% - with dementia, 7% - with organic mental disorders, 5% had a different diagnosis.

Psychiatrists assess the following factors: availability of either psychotic mental disorder or dementia; statement of mental disorder intensity depriving a convicted person of the ability to "either realize actual character and social danger of his behaviour (inaction) or control it", to understand the purpose of punishment, essence of remedial and educational measures applied to him; sufficient duration; availability of pronounced tendency to psychopathologic disorder amplification, its progressive dynamics; pessimistic prognosis in clinical, social, correctional and labour aspects with regard to the term for serving punishment; considerable dysadaptation (microsocial, secure, occupational) disabling from application of correctional measures to a convicted person and from his detention.

P0134

Stalking behaviour by patients towards psychiatrists is common

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Background and Aims: Stalking involves repeated and persistent attempts to impose on another person unwanted contact and/or communication. It can have a significant adverse impact on psychological, occupational and social functioning. Mental health professionals are at greater risk than the general population of being stalked.

We assessed the prevalence of stalking behaviour by patients towards psychiatrists working in a large mental health organisation in London, UK.

Method: A questionnaire was sent to all 324 psychiatrists in the service. Stalking was defined as two or more episodes where a patient initiated inappropriate contact outside the normal clinical setting, which caused concern. The response rate was 61%.

Results: Forty-one doctors (21%) were stalked by patients. Most victims were consultants (n=31; 76%). No sub-speciality was over-