

Results: Men expressed more concerns about work (4 men versus 2 women), while women expressed more concerns about not having become mothers (3 out of 5 women, compared to one man). All participants shared experiences of isolation in intimate relationships, including romantic relationships. Regarding stigma, three women believed that people treated them like children and dismissed their opinions. However, two of them viewed this behavior from their loved ones positively. Two women discussed the impact that psychosis and medications had on their bodies and how others had reacted to these changes

Conclusions: The concerns and stigma associated with mental illness differ between genders. These differences should be taken into account when developing specific biopsychosocial treatment plans.

Disclosure of Interest: None Declared

EPV1113

Conjugal violence in Tunisia: the characteristics of marriage

R. Jbir*, L. Aribi, I. Chaari, A. Samet, R. Ben jema, N. Messedi and J. Aloulou

psychiatry B, Hedi chaker hospital university, Sfax, Tunisia

*Corresponding author.

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Introduction: Violence is a global phenomenon, destroying the fabric of society and threatening the lives, health and prosperity of all. In recent years, there has been an upsurge in domestic violence in Tunisia. Unfortunately, few studies have focused on the relationship within these couples.

Objectives: To describe the characteristics of marriage between Tunisian couples where domestic violence prevails.

Methods: Our study was descriptive and analytical cross-sectional, carried out with women victims of domestic violence examined in the context of psychiatric expertise.

An anonymous survey was asked to these ladies concerning the socio-demographic characteristics of the wife and spouse and the characteristics of the marriage.

Results: Our population was made up of 122 couples. The average age of ladies was 35.66 years (from 18 to 64 years). As for the spouses, their average age was 41.68, with extremes of 22 and 70. 92,6% of couples had at least one child.

Professionally, (6.6%) of the husbands were inactive and 51.6% (n=63) of couples had an average socio-economic level.

43.4% (n=53) lived in rented houses, 41% (n=50) owned their own homes, 14.8% (n=18) lived in a room with their in-laws and 0.8% (n=1) were homeless.

The average duration of marriage in our study was 11.16 ± 9.12 years and extremes of 1 and 40 years. Judicial records were found in 28.7% of assailants (n=35). The majority of women surveyed, 92.6% (n=113), were victims of three types of violence at once (verbal, psychological and physical). Sixty-two women (50.8%) were victims of four types of violence simultaneously (verbal, psychological, physical and sexual). Various causes of violence were reported, dominated mainly by claims for money, sexual problems, drunkenness and infidelity, with prevalence rates of 38.5%, 23.8%, 22.1% and 21.3% respectively. The majority

of women, 66.4% (n=81), had been assaulted by their spouses during the first year of marriage. Forty-seven ladies (38.5%) were subjected to violence on a daily basis. According to the survey, 86.9% of women have been assaulted at least once before, and 38.7% of them have reported previous assaults to the police. The first person contacted after the violence was the mother, with a percentage of 48.4% (n=59). 53.3% of ladies were assaulted during pregnancy, 43% of whom suffered obstetrical complications of varying severity.

Conclusions: According to our results, there is no typical profile of a couple where conjugal violence can reign.

Neither the length of the marriage nor pregnancy prevented the woman from being a victim of domestic violence.

Disclosure of Interest: None Declared

EPV1114

Domestic violence in Tunisia: which forms of physical violence?

R. Jbir*, L. Aribi, I. Chaari, F. Guermazi, A. Samet, N. Bouattour, N. Messedi and J. Aloulou

psychiatry B, Hedi chaker hospital university, Sfax, Tunisia

*Corresponding author.

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Introduction: Domestic violence is a universal phenomenon that destroys the fabric of society and threatens the lives, health and prosperity of all.

It can take different forms, including physical abuse. This is one of the most serious form of violence, as it can range from a simple shove to homicide.

Objectives: To determine the prevalence and describe the various forms of physical violence perpetrated by husbands against their wives.

Methods: We contacted women who consulted at the psychiatric emergency of 'Hedi Chaker hospital', Sfax examined in the context of medical expertise on the period between May 2021 until January 2022.

A questionnaire regarding the violence was asked to responders. It included a section for collecting socio-demographic and clinical data on the woman, and a section for assessing the various forms of domestic violence.

Results: 122 women were surveyed. The average age of victims was 35.66 years with extremes of 18 and 64 years. 78.7% (n=96) of ladies were of urban origin. The majority of them (44,3%) had secondary level education.

The half of the population (51.6%) had an average socio-economic level and 43.4% (n=53) lived in rented houses.

All the women of our population were married: it was the first marriage in (89.3%) and the majority (86.1%) had children.

Almost all women (95.1%; n=116) were victims of physical violence.

Different types of physical violence were reported with decreasing prevalence: slap (65,6%), punch (58,2%), strangle (46,7%), kicking (38,1%), stabbing threat (28,7%), kidnapping (4,9%), and gun threat (3,3%).

Should be noted that some women experience different forms of violence simultaneously.

Conclusions: Our study showed a high prevalence of physical violence with different shapes.

These figures must be taken into account by the authorities given the gravity of physical and psychological consequences of this form of violence.

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EPV1117

Assessing coping strategies among intimate partner violence victims

F. Tabib*, F. Guermazi, S. Hentati, D. Mnif, I. Feki, I. Baati and J. Masmoudi

Department of psychiatry A, UHC Hedi Chaker, Sfax, Tunisia

*Corresponding author.

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Introduction: Intimate partner violence (IPV) is a major source of perceived stress for the women who suffer from it. To cope, they tend to implement multiple coping strategies depending on a number of contextual factors including, among others, the severity and frequency of abuse, the duration of the relationship, and available resources such as social support and financial resources.

Objectives: To study the coping strategies used by women who are victims of IPV.

To study the factors associated with coping strategies among these women.

Methods: We conducted a descriptive and analytical cross-sectional observational study, carried out over a 10-month period from March 2021 to December 2021, among female victims of IPV consulting psychiatric emergencies at UHC Hedi Chaker, Sfax, Tunisia for medical expertise at the request of the court.

The Brief-COPE is a 28-item self-assessment questionnaire designed to measure coping with a stressful life event. It can be divided into 3 subscales: problem-focused, avoidance-focused, and emotion-focused.

Results: The total number of participants was 120 with an average age of 37.27 years. The majority had secondary education or less (62.5%), were professionally active (53.3%), and were financially dependent on their partners (26.7%). As for the women's clinical characteristics, 19.2% were under psychiatric care and 15% had attempted suicide (SA). Almost all the women surveyed (99.2%) had reported at least one previous incident of IPV. These incidents were daily in 60.5% of cases. Emotional violence was severe in 75.8% of women.

The emotion-focused strategy was the most widely used, with a mean score (29.68) on the Brief cope scale. It was correlated with the absence of a personal psychiatric history ($p=0.02$), the absence of SA ($p=0.036$), and the occasional frequency of IPV ($p=0.037$). The scores for problem-focused coping and avoidance-focused coping are 19.3 and 17.24 respectively. Avoidance-focused coping was negatively correlated with the presence of severe emotional abuse.

Conclusions: The most used strategy by our population was the emotion-focused strategy, with a relatively high average score compared to the other strategies. Indeed, it may be an extremely effective strategy for recovering from a traumatic event, through actions designed to help these women manage and relieve their psychological distress and reduce its negative impact.

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EPV1118

Women with borderline personality disorder and pathophilia: understanding causes of pandemic diffusion of transmissible diseases through samos syndrome

C. G. Lazzari* and M. Rabottini

International Centre for Healthcare and Medical Education, Psychiatry, London, United Kingdom

*Corresponding author.

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Introduction: When faced with perilous transmittable infections, individuals defend themselves or welcome them, such as the Samos Syndrome, a pathophilia (people attracted by illnesses). As borderline personality disorder (BPD), found in Samos Syndrome, becomes more common, so will people who reject primary protection from transmittable diseases and health behaviour as their choices. Pandemics would sinisterly draw pathophiles and persons with borderline personality disorder who might surf pandemics risk as a parasuicidal behaviour.

Objectives: To investigate why pandemics (HIV, COVID-19) cannot be stopped. We have conducted a long-term assessment of HIV-discordant couples where a female partner, HIV-negative, voluntarily chooses to decline any prevention during stable and consensual relationships with HIV+ve partners. We also explored sociodemographic data that could explain health behaviours and condom use in HIV serodiscordant couples at risk of pandemic diffusion, those where one of the partners, usually male, already has a transmissible disease.

Methods: We used a mix of naturalistic and ethnographic approaches to understand the dynamics of Samos Syndrome. We also utilised a questionnaire to extract salient points in the sexual prevention of HIV infection. We assessed 475 HIV-serodiscordant couples.

Results: Pathophilia is defined as an excessive, abnormal desire to be sick, also known as nosophilia, from the Greek word 'pathos' indicating illness and 'philia', meaning attraction. Women diagnosed with BPD can become high diffusers during pandemics of transmissible diseases as suffering from pathophilia, a form of parasuicidal behaviour. In the couples assessed, when the HIV-negative woman comes from a socially disadvantaged family, the couple uses condoms in 87% of cases ($p<0.001$); when she comes from a middle-high class, the couple uses condoms in 59% ($p<0.001$) of sexual relationships. Suppose the HIV-negative female partner has conflicting relationships with their parents. In that case, condom use is only in 40% ($p<0.001$) of cases, compared to 83% ($p<0.001$) of instances where she has a good relationship with parents. If the female partner with BPD has a higher level of education than the HIV+ve partner the frequency of use is 90% ($p<0.001$) of cases compared to 60% ($p<0.001$) of instances where she has the same level of education as the male partner.

Conclusions: The current study confirms that female persons diagnosed with BPD are at high risk of becoming high diffusers during transmissible diseases and pandemics. Parasuicidal