

**Methods:** The design of the study is a three-arm feasibility, cluster randomised controlled trial comparing the MOVING FORWARD intervention against standard transition preparation in six adolescent secure services. Young people between 17-19 years, their parents/carers and key workers will be allocated in two conditions and will receive four transition preparation workshops across six months. Data will be collected at three time points: (T0) baseline, (T1) 6-12 months post-intervention, and (T2) 18-24 months post-baseline.

**Results:** Thirteen young people and 17 staff members have contributed to the intervention design through online Advisory Groups. Common identified themes included appropriateness of module content and support during delayed transitions. An intra-class correlation coefficient will be calculated to inform the power of sample size. With a sample size of 50, we will be able to estimate a drop-out rate of 80%.

**Conclusions:** This research will provide practitioners and policy makers with an evidence-based framework about barriers and facilitators to the proposed intervention and will enable services to reflect on quality of transitional care delivery.

**Disclosure:** No significant relationships.

**Keywords:** adolescent secure hospitals; young people; transitions; cluster randomised trial

## EPP0320

### A Comparative Study of Adolescent Social Withdrawal (Hikikomori) in Japan and France

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**Introduction:** Previously, we conducted a statistical case-control study of adolescent *Hikikomori* patients in Japan using the Parental Assessment of Psychological, Behavioral and Environment Scales. That study did not reveal any pathologies specific to *Hikikomori* patients. On the other hand, environmental factors such as "lack of communication between parents" and "overuse of the Internet" were shown to be significant predictors of *Hikikomori* severity.

**Objectives:** In this study, using the same methodology as our previous study in Japan, we conducted a case-control study in France. The following questions were examined: (1) whether the pathology of *Hikikomori* patients in Japan and France is the same, and (2) whether the environmental factors associated with the severity of *Hikikomori* are the same in Japan and France.

**Methods:** Using CBCL and our original scales, we descriptively compared clinical and subclinical psycho-behavioral characteristics of adolescent *Hikikomori* patients and a control group. In addition, environmental factors that make *Hikikomori* more severe were clarified by multiple regression analysis.

**Results:** The results showed that there was no difference in the pathology of *Hikikomori* between Japan and France. On the other hand, the statistical predictors of *Hikikomori* severity were "lack of communication between parents and children" and "Lack of communication with the community," which differed from those in Japan.

**Conclusions:** Although it is safe to assume that Japanese and French *Hikikomori*'s pathology is generally the same, different strategies may be needed to prevent the onset of *Hikikomori* and to stop it from becoming severe.

**Disclosure:** No significant relationships.

**Keywords:** Hikikomori; mental health; adolescence; Social withdrawal

## Women, Gender and Mental Health 01

### EPP0322

#### Intimate partner violence and post-traumatic stress disorder

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**Introduction:** Post-traumatic stress disorder (PTSD), is a Mental Health condition due to a traumatic experience. There are four types of Gender Violence in Latin America: physical, sexual, psychological or patrimonial violence, when it occurs between intimate partners it is called intimate partner violence (IPV). PTSD is highly associated with IPV.

**Objectives:** Determine the statistical index of IPV and PTSD in women and men in Guayaquil-Ecuador.

**Methods:** We carried out a descriptive cross-sectional study, the sample was collected at the Florida Prosecutor's Office in Guayaquil-Ecuador by UCSG medical students in 2018. The sample was 239 individuals, 195 women, 44 men. Individuals were separated into groups by gender, marital status, children, age, habits and PTSD. We applied Beck test for Depression, Davidson and DSM-5 for PTSD.

**Results:** In this study we observe a male population suffering from IPV. Complaints of IPV 195 women (81.59%), 44 men (18.41%). PTSD positive 159 women (81.96%), men 35 (18.04%). More prevalent in age ranges 25-34. PTSD with children 147 (76%) and without children 47 (24%).

**Conclusions:** Factors such as being a woman, having children and younger ages are linked in this study as predisposing to suffer from IPV and PTSD. We highlight a male population that reports suffering from IPV despite the lack of support, especially in Latin America. It is worth mentioning that the final consequence in many cases is femicide and homicide. Although IPV is serious and frequent, Medical professionals still do not focus on IPV diagnosis, therefore affected individuals don't receive support.

**Disclosure:** No significant relationships.

**Keywords:** mental health; latin america; Gender violence; Intimate Partner Violence