

**Methodology:** Data collection form was designed based upon the standards found in the local prescribing policy

Audit was carried out on all inpatients on Chafron and Marlborough House

3 month time period August to October 2006

The medication records of 19 patients were viewed

All PRN medication was included in the audit.

Results against standards:

Not more than 1 medicine from any BNF therapeutic category should be prescribed as a PRN at any one time: 2 patients did not meet this standard

100% Compliance to standards

The following 7 standards achieved 100% compliance:

Legible prescription

Written in black ink

Dose recorded

Method recorded

Signature recorded

Start date recorded

Time given recorded, where applicable.

Recommendations

Increased prescribing practice training for medical staff (doctors).

This is covered by pharmacist staff at induction.

Re-audit in 6 months.

## P0142

Forensic psychiatry and the use of virtual reality and attention control technologies in dealing with sex offenders

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Our presentation will address the question of the potentialities of virtual reality and video-oculography (eye movement recording) in forensic assessment and treatment of sex offenders (see figure 1). We will focus specifically on using synthetic 3D virtual environments to elicit subjective, behavioral and physiological responses as diagnostic indices. We will demonstrate how video-oculography combined with virtual reality can help to overcome major limitations affecting standard procedures such as penile plethysmography and polygraphy. We will illustrate our methodological concepts with data and video documents coming from assessment sessions of sex offenders' sexual preferences. Finally, we will demonstrate the prototype of an interactive device allowing clinicians to embody virtual characters depicting features of victims in order to interact in virtual immersion with pedophiles.

### References:

[1]. Renaud, P. (2007). Sexual and oculomotor biofeedback mediated by sexual stimuli presented in virtual reality. Paper presented at the 26th Annual conference of the Association for the Treatment of Sex Offenders, San Diego, November 2007.

[2]. Renaud, P., et al. (2006). L'évaluation des préférences sexuelles à l'aide de la vidéo-oculographie utilisée en immersion

virtuelle. In Tardif, M. & McKibben, A. (Eds) *L'agression sexuelle: collaborer par-delà les frontières*. URL : [www.cifas.org](http://www.cifas.org).



## P0143

Homicide and psychosis: Criminological particularities of schizophrenics, paranoiacs and melancholics. A review of 27 expertises

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**Introduction:** The media coverage of a few homicides committed by psychotic obviously raises questions about the dangerous and violent nature of the mentally ill. Firmly rooted in the collective consciousness is the popular idea that someone who kills an unknown person in the street is mentally ill. On the contrary the epidemiological data are reassuring; only 15% of such murders are committed by the seriously mentally ill (schizophrenia, paranoia, melancholia).

**Aim:** Typing and comparison of murders committed by schizophrenic, paranoiac and melancholic persons.

**Method:** We consulted and analysed 268 expertises from two psychiatrists. This retrospective study shows several types of pathological murder (schizophrenia, paranoiac delirious disorder, affective disorder: melancholia and hypomania).

**Results:** From these 268 cases of homicide examined, 27 murderers were psychotic.

Ten of these were young, single, jobless, male paranoid schizophrenics: they drank little alcohol. Most of them have criminal history. They knew their victim (family, friends).

Nine others were paranoiac, for the most part male, older, married, family men, without psychiatric or criminal record. They murdered their wife or husband or neighbour. Alcoholic consumption is often involved. Schizophrenic and paranoiac murderers often have an emotional temper.

On the contrary, melancholic murderers are mostly female, aged around 30, married, family women, drinking little alcohol. Two third of them have psychiatric depressive record and had bipolar troubles and attempted suicide. Their murders are more often premeditated. They know the victim: child or partner. Suicide often follows the murder.

**Keywords:** Homicide, schizophrenia, paranoiac delirious disorder, affective disorder

**P0144**

Qualification of danger on the part of patients with mental disorders in Russia

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Fifteen year experience in courts on civil and criminal cases as experts and specialists allows speaking of regular campaign of rudely loose interpretation of danger on the part of persons with mental disorders.

In 1992 Law on Psychiatric Care stipulated three generally accepted type of danger. Dominating in Russia supporters of police psychiatry at first tried to equal their importance, later on tried three times to remove from the notion “direct danger” definition “direct”, and since 2006 they have begun to interpret “direct danger” without taking into account this definition. Qualification of danger in forensic-psychiatric practice has begun to wider beyond the limits of own psychiatric criteria in the direction of risk of repetition of actions and deeds, which in their turn have been loosely in a rude way interpreted in legal practice as criminal ones. In the most evident way it was manifested since introduction into legislation in 2006 the notion “prophylactics of terrorism” as it was in old times in the article “for slander on Soviet power”. Several concrete examples show that in order to avoid mistakes it is necessary to understand “social danger” only in the framework of own professional competence, i.e. only in “clinic-psychopathological sense” by which “social danger” is not limited and to which it is not equal. “Degrees of potential danger considering an accomplished deed”, which on well ground are not measures by clinic-psychological evaluation overstep the limits of professional competence of the psychiatrist and their qualification is illegitimate for him.

**P0145**

The relationship between adult romantic attachment and compliance

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**Introduction:** Compliance has been mainly researched in the context of custodial interrogation and peer pressure to commit offences. In the present study compliance was studied in relation to adult romantic attachment. It was hypothesized that the relationship between compliance and romantic attachment would be strongest with maladaptive attachment and lowest with secure attachment.

**Methods:** 377 pregnant women attending clinics for pregnant women at Primary Health Care Centres completed the Gudjonsson Compliance Scale (GCS), the Depression Anxiety Stress Scales (DASS), the Rosenberg Self-Esteem Scale, and the Multi-item measure of adult Romantic Attachment consisting of Anxious and Avoidant dimensions (and additional quadrant framework consisting of Secure, Preoccupied, Dismissing, and Fearful attachment types).

**Results:** Compliance was significantly related to both Anxious and Avoidant attachment after controlling for self-esteem, anxiety and depression. A further analysis showed that compliance was highest among the Fearful type and lowest among the Secure type.

**Discussion:** The findings suggest that compliance is an important factor in relation to maladaptive adult romantic attachment.

**P0146**

Characteristics of morbidity and criminality of patients treated at Center of Forensic Psychiatry, Special Psychiatric Hospital Gornja Toponica 2003-2005

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Center of Forensic Psychiatry at the Special Psychiatric Hospital Gornja Toponica is conducting all legal forms of security measures: security measure of obligatory psychiatric treatment, security measure of obligatory treatment of alcoholics, security measure of obligatory treatment of substance - dependent patients and protection measures of obligatory treatment of alcoholic and substance - dependent patients.

This study included all patients treated at the Center for the period 2003.- 2005., 170 total. Aim of the study was to determine whether there is a statistically significant difference in nosology of psychiatric disorders, concerning the form of the measure and to determine connection between diagnosis and the form of security measure. Authors tried to establish connection between diagnosis and criminogene activity and compare results with the results reported up to now.

Results of the study implicate that obligatory psychiatric treatment, measure of unlimited duration, is connected to patients with psychotic disorders. Other kinds of measures are issued towards the patients with alcohol dependence or non- alcohol substance dependence, but most of them have DSM IV Axis II diagnosis of Personality Disorder or even psychotic disorder of DSM IV Axis I.

There is a percentage obvious, statistically significant difference, in criminogene activity concerning the diagnosis and form of security measure. The status of the psychiatric patients is discussed, regarding their social and legal rights.

**P0147**

The role of factor factor “situation” as applied to diminished responsibility

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**Background and Aim:** The Criteria of diminished responsibility still are not defined. The aim of research is determination of the factor “Situation” for specification of the criteria of diminished responsibility.

**Materials and Methods:** Cohort of 300 patients were studied by clinical psychopathological methods.

**Results:** So, all kinds of mental disorders of non-psychotic level can be considered as a medical criterion of diminished responsibility, especially in the cases when the role of the factor “Situation” is minimal. For impartial point of view we offer to use an estimation of social adaptation.

Even if the role of the factor “Situation” is minimal, we have to analyze it especially in the cases of group crimes of mentally retarded and infantile patients because of such their characteristics as suggestiveness and striving for self-affirmation in referent group.

When patient commit a crime during traumatic situation, his psychic disorders become a basis of various pathological mental states which can influence on ability of voluntary regulation of behavior. Among these states are various affective disorders from depressions to dysphoria, emotional instability, acute affective outbreaks in