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 involves 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 involves 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 (Carmines & 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.

Conclusions The use of the Italian version of the Spitefulness Scale seemed promising for the study of emotion recognition in both clinical and nonclinical samples.

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

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EV0574

The role of spitefulness in personality disorders: Toward a better comprehension of the cluster B

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Introduction Cluster B personality disorders (i.e., Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders), is characterized by a dramatic pattern of relating to others, with symptoms characterized by a difficulty regulating emotional states and behavior (APA, 2000). The desire to cause pain often characterized these disorders (i.e. borderline) involving vindictively harming another with serious and often negative interpersonal consequences. Nevertheless, there is a paucity of research about the nature of relationships between spitefulness and personality disorders.

Objective This study aims to investigate the association between spitefulness and personality disorders in an offenders samples ($N = 305$).

Aims To investigate the associations among spitefulness and personality disorders. We hypothesized that spitefulness would be differently associated with emotional and impulsive personality disorders (cluster B: antisocial, borderline, histrionic and narcissistic).

Results As expected, spitefulness and some personality, disorders were positively associated. Specifically, ASPD and Borderline are strongly associated with high levels of spitefulness.

Conclusions Such results confirm the theorization that the assessment of spitefulness improve the accuracy of diagnosing of these personality disorders.

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

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EV0575

Evaluation of a court liaison and diversion service in London over a quarter of a century

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Introduction Oxleas NHS Foundation Trust has run a Court Diversion Service in South East London since 1991. It provides services for people within the earlier stages of the Criminal Justice System.

Objectives This evaluation aims to combine data from across the 25-year period since the introduction of the diversion scheme. It seeks to provide a longitudinal picture to elucidate the impact of service changes during this time.

Methods The evaluation uses data obtained from a variety of sources for four points in time: 2015/2016, 2011, 1999 and 1991. Data across domains was collated to allow longitudinal analysis.

Results After the initial introduction of the scheme in 1991, the total mean time on remand was noted to drop from 67.1 days to 49.5 days ($P < 0.001$). There were 280 referrals over 18 months in 1991, 210 per year in 1999, 190 in 2011 and 174 between April 2015 and March 2016. Violent crimes increased from 29% in 1991 to 47% in 2011. The proportion with schizophrenia decreased from 31% in 1991 to 18% in 1999, before increasing again to 25% in 2011. The use of Section 37 hospital order disposal decreased from 15% in 1991 to just 4% in 2011.

Conclusions The court diversion scheme has produced significant benefits since it was introduced in 1991, despite a rise in the proportion of violent alleged offences. Changes to the service have seen decreased use of hospital orders.

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EV0576

The acting out in patients with Schizophrenia examined in a forensic psychiatric assessment

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Introduction Many studies have shown that schizophrenic patients are responsible for the highest rates of violence among all the mentally ill patients.

Aims of the study Describe the socio-demographic and clinical characteristics of patients with schizophrenia examined in a forensic psychiatric assessment and identify the risk factors of violence in these patients.

Methodology A retrospective study carried out in the psychiatric department of university hospital of Mahdia during fifteen years involving 40 patients with schizophrenia examined in a forensic psychiatric assessment following a forensic act. These patients were compared to a population of 40 patients followed in the same establishment for the same disease and without criminal record.

Results Age average of 36.08 years, male (95%), rural origin (65%), primary level education (47.5%), single (65%), unemployed (65%) and average socio-economic level (65%). Personal psychiatric history (87.5%), personality disorder (12.5%), judiciary history (12.5%) and substance abuse (57.5%). Subtypes of schizophrenia: undifferentiated (52.5%) and paranoid (30%). They have committed serious physical assaults (55%) and aggression against property (27.5%). The victim was mostly a family member (40%), under the influence of toxic (22%), driven by delusions of persecution (61%), with hallucinatory mechanism (55%). The psychiatric expert has concluded an abolition of discernment in 77.5% of cases. Risk factors of acting out were: rural origin, alcohol and psychoactive substances use, productive forms of schizophrenia, poor adherence and irregular monitoring.

Conclusion The knowledge of risk factors improves the management and allows us better prevention of violence among our patients.

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