

statistically significant difference between the number of participants who have history of cognitive decline and the other group which demonstrated no decline in their cognitive function ( $p = 0.031$ ). On correlating medications variables with all domains of cognitive functions assessments done by using ACE-III, we found that participants who are taking statins as regular medications had higher mean scores for visuospatial subtest than the other group of participants who are not taking statins and this difference was statistically significant ( $p = 0.012$ ).

**Conclusion.** This study indicate that CR could potentially enable early detection of cognitive impairment, which could be either reversible or irreversible. However, a longitudinal study of larger scale is required for proper implementation of cognitive assessment in cardiac rehabilitation.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Attachment to Parents and Childhood Trauma in Adolescent Patients With Non-Suicidal Self-Injurious Behaviour

Dr Nessma Abdelhafez<sup>1,2\*</sup>, Professor Azza El-Bakry<sup>2</sup> and Dr Walaa Fakher<sup>2</sup>

<sup>1</sup>South London and Maudsley NHS Foundation Trust, London, United Kingdom and <sup>2</sup>Psychiatry and Addiction Hospital, Faculty of Medicine, Cairo University, Cairo, Egypt

\*Corresponding author.

doi: 10.1192/bjo.2023.169

**Aims.** To explore the phenomenon of non-suicidal self-injury (NSSI) in adolescent patients and to assess adolescent-parent attachment and childhood trauma in relation to NSSI behaviour through a case control comparison between adolescents with and without NSSI.

**Methods.** NSSI group included 30 adolescent patients presenting to psychiatry outpatient clinic with history of NSSI. Controls were 30 non-psychiatric adolescent patients recruited from other specialties outpatient clinics. Tools applied were: Semi-structured Psychiatric Interview, Structured Clinical Interview for Diagnostic and Statistical Manual (DSM IV-TR) Axis I and II Disorders (SCID-I and II), Brief Non-Suicidal Self-Injury Assessment tool (BNSSI-AT), Inventory of Parent and Peer Attachment (IPPA)-Parent form, Parental Bonding Instrument (PBI) and Childhood Trauma Questionnaire (CTQ). Patient-rated tools were translated into Arabic language.

**Results.** Self-cutting was the primary method of NSSI in 86.7% followed by interference with wound healing in 73.3%. Of NSSI group, 60% met the criteria for diagnosis of borderline personality disorder (BPD) while 16.7% showed only traits. Moreover, 40% were diagnosed with depressive disorders. While 93.3% used NSSI to deal with anger, 80% used it to cope with uncomfortable feelings or to relieve stress and pressure. In addition, 73.3% reported self-injuring because of their self-hatred. The main motivation for initial NSSI was negative feelings such as being upset (90%), being angry at oneself (73.3%) or at someone else (53.3%). Also, 36.7% reported seeing it in media or reading about it while 40% of the motivations were found related to peer pressure. NSSI group scored significantly lower than controls in their attachment to parents (particularly to mothers). A positive correlation was found between perceived parental care and attachment to parents (mainly trust and communication). A statistically significant difference was found between both groups regarding severity of childhood trauma experiences. In NSSI group, emotional neglect was reported in 80%, emotional abuse in 63.3%, sexual abuse in 50% and physical abuse in 46.7%. Perceived emotional neglect was

positively correlated with sense of alienation from fathers and negatively correlated with trust in mothers.

**Conclusion.** Females constituted 80% of the NSSI group, primarily with the diagnosis of BPD. The most common method of NSSI was “self-cutting”. A significantly high percentage of adolescents with NSSI described their attachment to parents as insecure. The majority of NSSI patients perceived their relationship to both parents as “affectionless control”. A significant correlation was found between perceived parental care and security of attachment. Results also suggest that different types of child maltreatment might predict later NSSI.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Prevalence and Psychological Correlates of Sexual Harassment in a Non-Clinical Sample of Nigerian Adolescents

Dr Ibidunni Oloniniyi<sup>1,2</sup>, Dr Aderopo Adelola<sup>2,3\*</sup>, Dr Tolulope Opakunle<sup>4</sup>, Dr Olutayo Aloba<sup>1,5</sup>, Dr Olakunle Oginni<sup>1,2</sup>, Dr Champion Seun-Fadipe<sup>6</sup> and Dr Febisola Olaiya<sup>7</sup>

<sup>1</sup>Obafemi Awolowo University, Ile-Ife, Nigeria; <sup>2</sup>Obafemi Awolowo University Teaching Hospitals' Complex, Ile-Ife, Nigeria; <sup>3</sup>Kent and Medway NHS and Social Partnership Trust, Canterbury, United Kingdom; <sup>4</sup>Department of Mental Health, State Specialist Hospital, Osogbo, Nigeria; <sup>5</sup>Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom; <sup>6</sup>Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom and <sup>7</sup>Priory Hospital, Preston, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.170

**Aims.** Sexual harassment among adolescents is a hidden epidemic with far-reaching consequences. This is because adolescence is a period of identity formation, exploration, and initiation of intimate relationships. Reviews have demonstrated causal associations between any type of victimization at school and adolescent well-being and later-life health, economic and social outcomes. The study was aimed at determining the prevalence of sexual harassment and identifying the psychological correlates of sexual harassment among a sample of Nigerian high school adolescents.

**Methods.** A multistage stratified sampling was used in this cross-sectional study to recruit 960 high school adolescents out of which 918 provided valid responses (mean age = 15.1 +/- 1.36 years). They answered questionnaires that assessed sociodemographic variables, sexual harassment (Sexual Harassment Questionnaire), overall well-being (General Health Questionnaire-12(GHQ-12), anxiety and depressive symptoms (Hospital Anxiety and Depression Scale (HADS), self-esteem (Rosenberg's Self-Esteem Scale (RSES), resilience (Connor-Davidson Resilience scale (CD-RISC) and positive ideation/negative suicide ideations (Positive and Negative Suicidal ideation Scale (PANSI-PI/NSI). Descriptive and inferential analyses were conducted with statistical significance set at  $p$ -value <0.05.

**Results.** Females constituted 51.4% of the sample. About a quarter (26.1%) of our participants reported that they had experienced sexual harassment in their lifetime. The mean total scores on the sexual harassment, overall well-being, anxiety and depressive symptoms, self-esteem, resilience, negative suicidal ideation, and suicide ideation scales were 32.64 (SD = 13.64), 1.91 (2.32), 17.01 (SD = 6.37), 18.76 (SD = 4.41), 21.78 (SD = 8.40), 13.14 (SD = 6.33) and 16.84 (SD = 6.23) respectively. Sexual harassment scores were positively correlated with GHQ-12 scores ( $r = 0.34$ ,  $p < 0.001$ ), HADS ( $r = 0.30$ ,  $p < 0.001$ ), and PANSI-NSI ( $r = 0.50$ ,  $p < 0.001$ ) and negatively correlated with RSES ( $r = -0.20$ ,