

expansion (axonal degeneration) and brain atrophy. DAI topography determinates the cognitive disfunction pattern yet underestimated in conventional neuroimaging. Diffusion-Tension-Imaging (DTI) may be valuable to outcome predictions in m/sTBI: structural disconnection within the Default Mode and the Salience Networks are linked to attention and executive impairments; hippocampus and fornix damage correlates with memory/learning impairments. Conversely, DTI findings can be misleading in mild TBI (mTBI), and case-by-case analysis seldomly prove its scientific validity.

Conclusions: To elaborate formulations within reasonable medical certainty, outcome predictions should not be made until at least six months following the TBI, considering that most mTBI symptoms resolve in few months, and up to 1-½ years, when m/sTBI neuropathologic changes stabilize. The neurobiological underpinnings are fundamental for causality formulations, however atypical outcomes in mTBI are frequently predicated upon non-brain-injury psychiatric conditions and psychosocial factors.

Disclosure: No significant relationships.

Keywords: traumatic brain injury; neuropsychiatric sequelae; civil litigation; diffuse axonal injury

EPV0326

Simulation of huntington's disease in forensic psychiatry: Case report

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Introduction: Huntington Disease (HD) is an autosomal-dominant, neurodegenerative disorder, with a progressive course, that typically involves a triad of cognitive, motor and psychiatric disorders. Its pathogenic mechanisms are not fully understood, although a faultily encoded version of the protein huntingtin—resulting from a cytosine-adenine-guanine (CAG) trinucleotide expansion in the HTT gene—has been shown to cause intracellular toxicity in neural tissue. Patients usually presents with prodromic psychiatric perturbances, such as depression, delusions or personality changes. Occasionally HD gives rise to criminal behavior.

Objectives: To understand HD clinical presentation and underlines the differential diagnosis. We present a case of a 31-year-old male offender, whose mother was diagnosed with HD, and during his forensic-psychiatric evaluation, HD was considered, but not confirmed.

Methods: Case report.

Results: A 31-year-old male offender was under a forensic-psychiatric evaluation due to a crime of domestic violence, after he discovers that his wife had an affair. He reports previous personality changes and depression, and compares himself with his mother, stating she was diagnosed with HD due to psychiatric prodromic disturbances. He shows concern about having a disease, and was waiting for genetic test result. After a clinical evaluation, and despite a family history of HD and genetic suspicion, it was important to consider differential diagnosis. The case refers to a passionate crime, which attempted to simulate a HD, considering his genetic background.

Conclusions: Psychometrically identifiable features in HD appear to be important in the context of analyzing circumstances occasioning criminal acts, but the medical history is the most important part of the examination.

Disclosure: No significant relationships.

Keywords: Personality; forensic psychiatric; Huntington Disease; violence

EPV0327

Psychological induction of the child: Cognitive, emotional and behavioral diagnostic markers

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Introduction: One of the tasks of the forensic assessment of family disputes is to establish the fact that a child is set up by one parent against another.

Objectives: Identification of diagnostic markers of psychological induced state in a child due to purposeful actions of a parent living together with him.

Methods: A continuous one-step analysis of the results of forensic assessments on family disputes was carried out in respect of 48 girls and 67 boys aged 3 to 15 years (mean age 7.9 ± 4.5 years). The objective materials presented by the court were analyzed in comparison with the results of a structured interview. The statistical significance of any differences were evaluated using the non-parametric Mann-Whitney (U).

Results: Persistent negative attitude to one of the parents was found in 14% of children. Markers of the induced state at the cognitive level were identified: negative semantic attitudes ($U=477.1$; $p=0.014$), distorted image of the rejected parent ($U=509.5$; $p=0.023$), transformation of memories ($U=389.5$; $p=0.001$). At the emotional level: persistent negative attitude to one of the parents when idealizing the second ($U=371.1$; $p=0.001$), emotional involvement of the child in the family conflict ($U=556.6$; $p=0.048$). At the behavioral level: declaring a stable set of stereotypical "adult" phrases ($U=387.3$; $p=0.001$), regressive behaviors and manifestations of stress in the presence of a rejected parent ($U=601.5$; $p=0.04$). Markers on all three levels must co-exist.

Conclusions: There are diagnostic markers of the induced state in a child, which verify the forensic conclusion about the negative impact on his mental state of the parent-inducer.

Disclosure: No significant relationships.

Keywords: induced state; high-conflict divorces; children's interests; forensic examination

EPV0328

Multidirectional (auto- and hetero-) aggression in the practice of forensic psychiatry

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Introduction: The problem of coexistence of heteroaggression and autoaggression most clearly manifests itself in the field of forensic psychiatry. For example, in Russia, about 25% of criminals who committed aggressive actions had a history of suicide attempts.

Objectives: Identification of specific personality traits in individuals with multidirectional aggression.

Methods: In a continuous one-step study, relatively sane adults of both sexes were examined: 38 persons undergoing forensic examination with multidirectional aggression and 34 violent criminals. A wide range of forensic psychological techniques is used to identify aggression, suicidogenic and inhibitors of aggression. Nonparametric statistical methods were used: Spearman rank correlation coefficient (r) and Mann-Whitney (U).

Results: The leading role in the genesis of multidirectional aggression, in contrast to other types of aggression, playing the combination ($p < 0.01$) to the presence of motivational aggressiveness (according to the Hand Test, $U = 556.6$; $p = 0.046$) and the willingness to show negative feelings at the slightest arousal (annoyance, irascibility according to BDHI, $U = 468.2$; $p = 0.012$), along with suicidal personal qualities, which is combined with the deficiency of auto- and heteroaggression inhibitors (value orientations; socio-normative, dispositional, communicative, emotional inhibitors, coping strategies, etc.). However, the psychological mechanisms of multidirectional aggression are relatively non-nospecific and are similar in mentally healthy individuals and individuals with personality and organic mental disorders.

Conclusions: Multidirectional aggression in view of the increased risk of recidivism and personal and public danger should be taken into account by forensic experts when recommending psychocorrective measures in places of deprivation of liberty.

Disclosure: No significant relationships.

Keywords: Aggression; risk assessment; motivational aggressiveness; combined autoaggression and heteroaggression

EPV0329

Relationship between the sexual abuser and the victim

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Introduction: Although much of society believes that the sexual aggressor is unknown to the victim, this is not supported by the literature. In most cases, the rapist is a known, former or current intimate partner of the victim or even a family member.

Objectives: 189 persons accused of perpetrators of sexual crimes and who were subject to forensic psychiatric evaluation for the period from January 2010 to December 2019 in the territory of Central Northern Bulgaria were examined.

Methods: The current research uses sociological methods to gather information - interviews, observations, research of forensic and medical documents,

Results: In the study group, 62% of the victims were known to the perpetrator of the sexual crime, 11% were part of the nuclear family and 8% were members of the extended family of the perpetrator.

Conclusions: Our data supports data from previous studies

Disclosure: No significant relationships.

Keywords: sexual crimes; victim; relationship

EPV0330

Characteristics of offenders referred for psychiatric forensic examination

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Introduction: Forensic psychiatry is facing major challenges related to criminal responsibility with an increasing number of offenses and the entanglement of several factors affecting offenders differently.

Objectives: The aim of this study is to determine the characteristics of offenders referred for forensic psychiatric examination.

Methods: We studied the medical files of all the offenders referred to the forensic psychiatry unit in Razi hospital for an examination between January 2010 and October 2020.

Results: The number of people who have undergone a forensic psychiatric examination was 256. Three files were not usable due to lacking data. The offenders were men in 95.7% (242) of the cases. Their average age was 35 years with a range of 17-53 years. They were mostly single (64%) with primary education (58.1%). Forty percent of the studied population were unemployed and 70% of them lived with their parents. Drug abuse was found in half of the cases and the average number of taken drugs is two illicit substances per person. A criminal record was found in 43% of the cases with an average number of two offenses per person. Offenders were found to suffer from schizophrenia in 29% of the cases, personality disorder in 17% of the cases and from intellectual disability in 16.6% of the cases. No psychiatric disorder was found in 24% of the cases

Conclusions: Despite having in common many vulnerability factors, such as low educational level, unemployment and drug abuse, an important number of offenders referred for forensic psychiatric examination weren't affected by a psychiatric disorder.

Disclosure: No significant relationships.

Keywords: forensic examination; Clinical characteristics; Criminal responsibility

Genetics & molecular neurobiology

EPV0331

Toxic accumulation of copper and neuropsychiatric symptoms due to a familial tunisian compound heterozygous ATP7B missense mutation

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