

unit, where a medical professional presented the opportunity to take part. All participants were screened using the Edinburgh Postnatal Depression Scale (EPDS), with the cut-off score of ≥ 10 showing increased of postpartum depression.

Education data was collected via self-reported questionnaires. Binary logistic regression was employed to calculate the odds ratio (OR) with 95% confidence intervals (CI) to assess the relationship between educational attainment and postpartum depression risk, with sociodemographic and health-related characteristics being stepwise adjusted.

Results: Our study consisted of 3,739 postpartum respondents (mean age of 31 years). The prevalence of increased postpartum depression (≥ 10 EPDS points) was 22.7%. Compared to individuals with higher education (reference category), those with basic education had a higher risk of postpartum depression (OR 1.67; 95% CI 1.26–2.23; $p < 0.001$), even after adjusting for all covariates (OR 1.55; 95% CI 1.08–2.22; $p = 0.017$). Basic education was found to have the strongest association with an increased risk of postpartum depression, even when adjusted for covariates. The association between education and postpartum depression was explained by the covariates.

Conclusions: Having only basic education is a significant risk factor for postpartum depression. Interventions to reduce the burden of postpartum depression ought to focus on individuals with low levels of education.

Disclosure of Interest: None Declared

EPV1111

An educational program, «Women victims of domestic violence: Detection, clinic, help»: Working with the complexity of teaching and interpreting practice through research

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doi: 10.1192/j.eurpsy.2024.1678

Introduction: Firstly, we will speak on the violence against women from a Russian perspective. The selected reports from regional psychiatric services and police department reports of domestic violence cases will be presented.

Objectives: Secondly, we will draw upon our work developing and providing a new educational program, «Women victims of domestic violence: Detection, clinic, help,» mainly based on teaching several modules, WPA International Curriculum for Mental Healthcare Providers on Violence Against Women.

Methods: In this present paper, we examine evidence-based practice from the starting points of research as illumination and psychiatry as a discipline with hermeneutic potential, to consider relationships between research and practice and the opportunities

available within the current research agenda for psychiatrists and clinical psychologists working in clinical settings.

Results: We contend that the quality of women's mental health services will only improve when they can acknowledge the considerable impact that intimate partner violence and sexual violence, as well as social inequalities, especially those based on gender, have on women's mental health. We do not underestimate the difficulty of providing practical help to women whose mental health has been profoundly affected by the violence, damage that is often further compounded by years of mistreatment and revictimization in services.

Conclusions: The paper provides commentaries and reflections on the steps that must be taken to create opportunities to foster dialogue, discussing and exchanging ideas on a diverse range of topics relevant to the advancement of the program in the broader context.

Disclosure of Interest: None Declared

EPV1112

Differences in the perception of stigma in schizophrenia between men and women: a brief qualitative approach

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doi: 10.1192/j.eurpsy.2024.1679

Introduction: Men and women with psychosis have different courses and presentations of symptoms. Men with psychosis have an earlier onset of illness, more negative symptoms, and worse premorbid functioning. Women, on the other hand, have better social functioning and less substance abuse. Despite these evident differences, there are few studies that delve into these distinctions, especially from a subjective perspective.

Objectives: The aim of this study is to understand the differences in the perception of psychosis between men and women.

Methods: Five women and five men diagnosed with schizophrenia participated in the study. They were matched so that the age difference between them was no more than 5 years, with ages ranging from 40 to 56 years. Participants had not experienced acute decompensation of their underlying illness and had not required admission to an Acute Care Unit in the 6 months prior to inclusion in the study. Data collection was conducted through the Spanish translation of the Indiana Psychiatric Illness Interview, consisting of five parts: a narrative about their life, a narrative about the illness, questions related to how the illness has changed their life and what has not changed, the overall influence of the illness on their life, and lastly, expectations for the future.

Results: Men expressed more concerns about work (4 men versus 2 women), while women expressed more concerns about not having become mothers (3 out of 5 women, compared to one man). All participants shared experiences of isolation in intimate relationships, including romantic relationships. Regarding stigma, three women believed that people treated them like children and dismissed their opinions. However, two of them viewed this behavior from their loved ones positively. Two women discussed the impact that psychosis and medications had on their bodies and how others had reacted to these changes

Conclusions: The concerns and stigma associated with mental illness differ between genders. These differences should be taken into account when developing specific biopsychosocial treatment plans.

Disclosure of Interest: None Declared

EPV1113

Conjugal violence in Tunisia: the characteristics of marriage

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doi: 10.1192/j.eurpsy.2024.1680

Introduction: Violence is a global phenomenon, destroying the fabric of society and threatening the lives, health and prosperity of all. In recent years, there has been an upsurge in domestic violence in Tunisia. Unfortunately, few studies have focused on the relationship within these couples.

Objectives: To describe the characteristics of marriage between Tunisian couples where domestic violence prevails.

Methods: Our study was descriptive and analytical cross-sectional, carried out with women victims of domestic violence examined in the context of psychiatric expertise.

An anonymous survey was asked to these ladies concerning the socio-demographic characteristics of the wife and spouse and the characteristics of the marriage.

Results: Our population was made up of 122 couples. The average age of ladies was 35.66 years (from 18 to 64 years). As for the spouses, their average age was 41.68, with extremes of 22 and 70. 92,6% of couples had at least one child.

Professionally, (6.6%) of the husbands were inactive and 51.6% (n=63) of couples had an average socio-economic level.

43.4% (n=53) lived in rented houses, 41% (n=50) owned their own homes, 14.8% (n=18) lived in a room with their in-laws and 0.8% (n=1) were homeless.

The average duration of marriage in our study was 11.16 ± 9.12 years and extremes of 1 and 40 years. Judicial records were found in 28.7% of assailants (n=35). The majority of women surveyed, 92.6% (n=113), were victims of three types of violence at once (verbal, psychological and physical). Sixty-two women (50.8%) were victims of four types of violence simultaneously (verbal, psychological, physical and sexual). Various causes of violence were reported, dominated mainly by claims for money, sexual problems, drunkenness and infidelity, with prevalence rates of 38.5%, 23.8%, 22.1% and 21.3% respectively. The majority

of women, 66.4% (n=81), had been assaulted by their spouses during the first year of marriage. Forty-seven ladies (38.5%) were subjected to violence on a daily basis. According to the survey, 86.9% of women have been assaulted at least once before, and 38.7% of them have reported previous assaults to the police. The first person contacted after the violence was the mother, with a percentage of 48.4% (n=59). 53.3% of ladies were assaulted during pregnancy, 43% of whom suffered obstetrical complications of varying severity.

Conclusions: According to our results, there is no typical profile of a couple where conjugal violence can reign.

Neither the length of the marriage nor pregnancy prevented the woman from being a victim of domestic violence.

Disclosure of Interest: None Declared

EPV1114

Domestic violence in Tunisia: which forms of physical violence?

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doi: 10.1192/j.eurpsy.2024.1681

Introduction: Domestic violence is a universal phenomenon that destroys the fabric of society and threatens the lives, health and prosperity of all.

It can take different forms, including physical abuse. This is one of the most serious form of violence, as it can range from a simple shove to homicide.

Objectives: To determine the prevalence and describe the various forms of physical violence perpetrated by husbands against their wives.

Methods: We contacted women who consulted at the psychiatric emergency of 'Hedi Chaker hospital', Sfax examined in the context of medical expertise on the period between May 2021 until January 2022.

A questionnaire regarding the violence was asked to responders. It included a section for collecting socio-demographic and clinical data on the woman, and a section for assessing the various forms of domestic violence.

Results: 122 women were surveyed. The average age of victims was 35.66 years with extremes of 18 and 64 years. 78.7% (n=96) of ladies were of urban origin. The majority of them (44,3%) had secondary level education.

The half of the population (51.6%) had an average socio-economic level and 43.4% (n=53) lived in rented houses.

All the women of our population were married: it was the first marriage in (89.3%) and the majority (86.1%) had children.

Almost all women (95.1%; n=116) were victims of physical violence.

Different types of physical violence were reported with decreasing prevalence: slap (65,6%), punch (58,2%), strangle (46,7%), kicking (38,1%), stabbing threat (28,7%), kidnapping (4,9%), and gun threat (3,3%).

Should be noted that some women experience different forms of violence simultaneously.