

women had committed crimes of violence (murders, attempted murders). Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

Results: In the majority of the sample women had a previous history of psychiatric admissions (child psychiatric hospitals, adolescent units). The retrospective review revealed that the majority of women in their childhood were exposed to emotional, physical and sexual abuse. Results of this study point that maltreatment may distort personality formation and social adjustment and contribute to criminal behavior in adulthood.

Conclusion: The study revealed that psychiatric disorders in childhood and adolescence are predictive of adult criminality in females.

S43.04

Female patients in a high secure hospital in Britain

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Since opening in 1863 Broadmoor Hospital, in Crowthorne, Berkshire, 30 miles west of London, has admitted or readmitted over 2000 women. This is a tiny proportion of the women who have been incarcerated in prison over this time, but the level of public interest and ethical issues involved in their care, far outweighs the number of cases. Their stories and reasons for admission are of great interest and complexity.

At first infanticide was the usual offence resulting in admission, but with increasing knowledge of the causes and consequences of mental illness, and new legislation to deal with it, reasons for admission became much more varied. Arson became the commonest reason for admission in recent years. Also, over the last 40 years, those admitted are younger and stay for a shorter time.

The treatment of the disturbed and often tragic women patients in Broadmoor has also changed. Primitive surgery and blunderbuss drug regimes have evolved into multidisciplinary practices and widely varied therapies.

Political pressure groups campaigning against the admission of mentally ill women to high security hospitals have succeeded in changing government policy. Three high security units in England will be reduced to one, accommodating only the most dangerous women. The rapidly growing range of public and private medium security units will treat all other women detained under the Mental Health Act.

This is a time of change in the treatment of mentally abnormal women offenders in England. It presents an opportunity for those of us who care about these women to share knowledge and experience with professionals from other countries.

S43.05

Female offender patients in Portugal

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The main objective of this research is to present the results of a study about the relations between health and the acts of violence towards women.

They were chosen important institutions in the Health Care instalment in 18 districts of the Portuguese Continent.

The results now presented, correspond to a long and unceasing psycho-sociological investigation amongst women with 18 and more years that had been in those institutions back in 2003 what resulted in 2300 inquiries.

The results had allowed us to make a comparative analysis between women whose manifestations of illness to the physical and psychological level could be related with the acts of violence of that they had been victims and those that, having similar manifestations, had not been victims.

We have tried to obtain descriptive and comprehensive models of the types of illness and its relation with the violent acts, as well as the psycho-socio-cultural conditions where they had occurred.

This study will be able to constitute a support instrument to the decision and action of the agents involved in this domain. To the definition of politics level, to the implementation of promotion measures of health and prevention of illness, in order to contribute for the improvement of the quality of life of those women.

The results not only represent an increase in the Health knowledge but are also able to give us an idea of the socio-cultural complexity that are in the base of the violence against women.

S45. Symposium: IMPROVING THE TREATMENT OF PROCESS IN SCHIZOPHRENIA

S45.01

Vulnerability-stress-coping model: implications for the treatment of first-episode schizophrenia

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Objectives: According to the vulnerability-stress-coping (V-S-C-) model, the probability of occurrence of a schizophrenic episode depends on the degree of imbalance between vulnerability factors, stressors, and protectors. The present study aims at investigating the effects of psychotherapy and antipsychotic medication on the interaction of these factors and their contribution to course and outcome.

Methods: Within the German Research Network on Schizophrenia (Wölwer et al. 2003, *Eur Arch Psychiatr Clin Neurosci* 253: 321-329) a multi-center study on the optimization of long-term treatment in n=159 first-episode schizophrenia (ICD-10 F20) was recently finished (Gaebel et al. 2004, *Eur Arch Psychiatr Clin Neurosci* 254: 129-140). Risperidone and low-dose haloperidol were compared in a two-year randomized double-blind study within the framework of psychological interventions. In the second treatment year continued neuroleptic treatment was compared with stepwise drug withdrawal substituted by prodrome-based early intervention (intermittent treatment). Vulnerability indicators were cognitive and motor functioning (e.g. TMT-A/-B), neuromorphology (MRI) and -physiology (EEG). Stress was monitored by means of the occurrence of stressful life events, family atmosphere and catecholamine-levels in blood, coping competence was assessed with several questionnaires (e.g. SVF, FSKN).

Results: Although no relapse (according to predefined criteria) occurred in the first treatment year under study treatment, direct treatment effects on vulnerability, on stress or on coping competence were rare if detectable at all.

Conclusions: Results will be discussed with respect to the validity of the contemporary V-S-C-Model as etiopathogenetic concept as well as with respect to consequences in regard to treatment and prevention.