

According to the United States department of justice, domestic violence is defined as “a pattern of abusive behaviours in any relationship that are used by one partner to gain or maintain power and control over another intimate partner”. It involves a pattern of coercive behaviour in intimate relationships whereby the behaviour is controlled through humiliation, intimidation, fear, and often intentional physical, emotional or sexual injury. Domestic violence crosses all ethnic, socioeconomic and age groups, and is also prevalent in same sex relationships.

Over six million children are severely assaulted by family members every year in the United States; a man beats a woman every twelve seconds; women who leave their batterer are at 75% greater risk of being killed by their batterer than those who stay; and one third of police time is spending on answering domestic violence calls.

In domestic violence situations the intervention is frequently in crisis, where the victims “fight” for survival, and it is necessary to give proper answers according to the victim’s needs. The professionals that work directly with domestic violence assume that there is a strong bond connecting the domestic violence with mental health. In the United States 90% of domestic violence survivors report extreme emotional distress; 47.5% report having been diagnosed with post-traumatic stress disorder; 14.7% report anxiety; 20% depression. Mental illnesses are frequently observed in domestic violence survivors.

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Psychiatric picture of encephalitis: Stigmatisation of psychiatric patient

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Background Psychiatric symptoms/disorders in brain diseases are not specific and may have the same clinical presentations as functional psychiatric disorders, so they can compromise early diagnosing of disease.

Objective This paper’s objective is to show (negative) influence of stigma in a diagnostic process of patients with predominantly psychiatric symptoms in their clinical pictures.

Materials and methods The subject is a 46 year-old female patient with no history of psychiatric disease. Her symptoms includes: confusion, disorientation, perseveration, visual and auditory hallucination, lack of motivation, inability to understand questions, developed following a 10-day long period of febricity. During the outpatient care, she has been examined by a neurologist, a specialist of urgent and internal medicine, and a psychiatrist. As the CT scan made in that stage was interpreted as normal, the patient was hospitalised in a psychiatric hospital. She was treated both with typical and atypical antipsychotics but no therapeutic effects have been reached. Thinking of organic etiology, advanced diagnostics have been made (MR, LP). MR scan showed lesion that is a characteristic for herpetic meningitis, which is also confirmed with positive serological tests.

Conclusion In patients with a sudden onset of psychiatric symptoms, patients with unexpected changes in mental status or suddenly developed headaches, as in the therapy-resistant psychiatric disorders, it is important to keep in mind the possibility of the coexistence of brain disease. Removing the stigma from psychiatric patients is important in order to be able to give every patient the chance of getting the correct diagnose on time.

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Women’s personal and political identities in selected Middle East countries

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Introduction Women’s personal and political identities are significant in defining their roles and eventual contribution to society in contemporary society both in the private and public spheres.

Objectives This research study focuses on the effect of Islam on women’s personal and political identities.

Aims This research aims to highlight the existing ideology relating to women’s treatment in regards their identities and public roles, and hence to contribute to women’s emancipation.

Methods This study utilizes quantitative and qualitative methods in analysing women in eight Muslim-majority countries, namely, Iran, Turkey, Egypt, Saudi Arabia, Jordan, Yemen, Cyprus and Kuwait, in the Middle East. For the quantitative data, statistical dataset was culled from Inter-university consortium for political and social research of the university of Michigan.

Results The overall results show that historical constructions of gender spheres are still palpable in the Islamic landscape. Woman’s question is identified as a complex personal and social problem, and cannot be rejected as a valid search for gender sameness or equality. This study also shows the interpolation of Islam with other factors such as patriarchy, modernization, and state formations. Some Muslim scholars argue that Quran’s fundamental mooring is geared towards equality between men and women, and women’s enhanced status, and it is patriarchy that has confined women to the domestic sphere.

Conclusion Gender is embedded within culture, and structures of power in families, communities, and states, which have gender in itself, as an organizing principle.

Keywords Women’s identities; Middle East; Patriarchy; Gender; Culture

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The investigation of nurses’ burnout levels in the context of emotional habitus

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Introduction The concept of Bourdieu’s habitus effects nurses’ approach to patients. Habitus is the site of nurses’ internalizations of the rules in the field of care work, where nurses acquire emotional habitus that corresponds to ethical values and feeling rules of care work. If nurses do not manage their emotions in accordance with the moral disposition, social suffering will be occur. Determining social suffering helps to understand how a tension between the field of care work and emotional habitus can violate nurses’ well-being and cause burnout.

Objectives To determine the emotional habitus of nurses’ with the high level of burnout.