

1. Immediate reaction

- 1.1 Disclose of war rape in medical secrecy following
 - Mental health acute disorder
 - Genital Infections or haemorrhages
 - and mostly when women got unwanted pregnancy
- 1.2 Unwanted pregnancies may be an indicator of war rape
 - Some women disclose rape during the first trimester and ask for terminations even if the country has not legalized abortion in its law.
 - Other book lately their pregnancy because either they conceal it to their family or they deny it. Some experience harmful or violent thoughts against the fetus. Newborns are at risk of neonaticide and abandonment at birth. Some do not want to disclose their identity while coming to maternity wards.
- 1.3 A collective panic may happen if the war rape is disclosed in the media. In this case every effort should be made to prevent stigmatization of babies born as the result of war rape.

2. Long-term reaction

Most of women victim of war rape keep silent for a long time. If they develop symptoms like depression, PTSD, social phobia, sexual dysfunction, psychosomatic diseases, etc., they may disclose later the abuse during a medical examination, another pregnancy, a psychiatry follow up or a psychotherapy.

Women who have brought up children as the result of rape may ask child psychiatrists for managing their boundings and their questions.

Conclusion: Healthcare professionals working in migrant centre need to be trained to detect such war rape consequences.

S28.04

Psychiatric and social consequences of migration of Romanian women

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Background: Legal and illegal circulatory migration from Romania reached huge proportions after 2000, the impact being so far less investigated by the authorities from both the emigration and immigration countries.

Methods: All migrating women admitted during 2005-2006 were evaluated and recorded.

Results: Most Romanian female migrants were young, married, with high school, working on legal or illegal basis; they were hired in less qualified jobs as housekeepers or babysitters, below the qualification level previously held in Romania, being less paid as native workers (average income=760 Euros/month).

Due to the fact that these women lived alone abroad, leaving part of their close relatives at home, worked hard (9.5 hours/day), were uninsured, not relying on any social network, many of them accused mental health problems and somatic complaints, applying for medical services more often in the native country.

Discussion: The most frequently discussed issues related to the economic and social consequences of migration are: the increasing living standards, the lowering of unemployment rate, the development of investment opportunities. More profound social and medical problems have risen recently: mental health problems of migrants (among these we could name acute psychotic disorders, somatization disorders, depressive disorders), the difficult acculturation process, the maladaptation of the children.

Conclusions and Directions: More accurate screening for mental illness and cultural adjustment programs should be applied at least for legal sojourners prior to departure. Programs aimed at the psychological assistance of children in the native country or those facilitating the adjustment in the host country should be also developed.

Symposium: Assessment and treatment of sexual and violent offenders

S12.01

Community treatment of sexual offenders

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Mental health care shifts from the hospital to the community. Belgium has a nation wide network of specialized mental health centres for the community treatment of sexual offenders. These centers are linked to three centres of reference, one in Flanders, Wallonia and Brussels. Our Flemish reference centre (Universitair Forensisch Centrum, www.ufc.be) treated and/or assessed 835 sexual offenders or patients with abnormalities of sexual preference (paraphilias). Most of them are sexual abusers of children or adolescents (87%). We developed an original out patient treatment program based on cognitive behavioral therapy combined if necessary with medication (SSRI or hormonal therapy).

The following problems will be presented and discussed:

- A multi step treatment model in order to enhance the motivation and adherence of the offender for the proposed treatment
- The best interest of the patient versus public safety issues in the treatment approach

Conclusion: Sexual abuse is in the western world recognized as a major Mental and Public Health problem. European countries must develop appropriate community assessment and treatment programs for sexual offenders. Research concerning treatment effectiveness must be developed.

S12.02

Childhood abuse in a sample of Swiss violent offenders

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Catamnestic studies of sexually abused children have found an elevated risk of adulthood offending. Studies among offenders have repeatedly reported an elevated prevalence of childhood sexual abuse (CSA), especially among sex offenders. This study aimed to examine differences between offenders with and without a history of CSA. From correctional and court files socio-demographic, psychiatric and criminological data were collected for a representative sample of violent ($n = 292$) and sex offenders ($n = 159$) in the Canton of Zurich, Switzerland. Logistic regression analysis showed sexually abused offenders differed substantially from those not sexually abused. They were more likely to have grown up under a combination of distressing living conditions, to be mentally ill, and to prostitute themselves. They were also more likely to commit a sex offence, to have a pertinent criminal record ($OR = 2.6$) and a history of court-ordered therapy ($OR = 2.6$). The findings corroborate the association between CSA and sex offending. CSA appears to be associated with persistent offending and lack of therapy success.