

Introduction: Genital pain is a heterogeneous chronic pain condition and the relationship between biological, psychological and social factors sets a complex clinical challenge. The importance of negative thoughts and emotions has opened up an opportunity for the role of third generation cognitive-behavioral therapies (CBT). While the majority of evidence revolves around female sexual desire and arousal problems, research on genital pain disorders is beginning to take shape.

Objectives: To review the evidence of third generation CBT on genital pain disorder.

Methods: Review of literature using the Pubmed platform.

Results: We identified 21 publications. Evidence shows that mindfulness-based CBT (MbCBT) improves reduction of fear linked to sexual activity, pain acceptance, catastrophizing and decentering. MbCBT shows significant improvements on secondary outcomes (overall sexual function, sexual satisfaction, depression and anxiety) while reduction of genital pain has yielded contradictory results. Acceptance and commitment therapy (ACT) has been studied for chronic pain disorders with improvements on pain acceptance, psychological flexibility, anxiety, depression and functioning. Compassion-focused therapy (CFT) has yielded favorable results on pain distress and intensity, self-efficacy, self-acceptance, anxiety and depression. Self-compassion may be a promising protective factor in genital pain. Both ACT and CFT have not yet been studied specifically for genital pain.

Conclusions: Third generation CBT are most commonly used for depressive, anxiety and chronic pain disorders which signals the logical role that these interventions may have in genital pain. While MbCBT has started to present favorable results in treating genital pain (as well other sexual problems), ACT and CFT require more research.

Keywords: genital pain; mindfulness; acceptance and commitment therapy; compassion focused therapy

EPP1269

Sexual assault in the mahdia region : Epidemiological peculiarities of victims

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Introduction: Women around the world are still victims of violence and discrimination in many areas. In Tunisia, discrimination against women remains a reality, and they are often more vulnerable to violence, especially sexual violence, compared to men.

Objectives: To describe the epidemiological characteristics of victims of sexual assault in the Mahdia region in Tunisia

Methods: This is a descriptive and retrospective study of 110 sexual assault cases examined at the legal medecin department of Mahdia University Hospital between January 2016 and August 2018.

Results: The majority of victims were female (80 %). All genders, 77% were under the age of 25 years old. The median age of the men was 11.5 years. The median age of women was 18. The urban origin was more common (55.5%). Only 8.1% were married compared to 87.4% single. Only 2.7% said they were divorced and only one woman was a widow. 41.8% of the sample said they were still in school and almost 29,1% of the cases were out of work. 3.6% reported a history of sexual assault. The sexual act was the same in all situations. The perpetrator was unique in 73.6% of cases, male (100%), known to his victim (57%) or even a member of the family circle (14%). Sexual assault by penetration was mostly reported (51%), and it was almost exclusively penile (98.2%).

Conclusions: Sexual violence remains under-reported. The statistical data do not allow to know the phenomenon of its whole, because the majority of acts remain unknown, due to the absence of complaints or medical consultations.

Keywords: epidemiology; sexual assault; rape; Molestation

EPP1270

A remarkable benefit of group psychotherapies with gender dysphoric adults among a case study

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Introduction: A person who has gender dysphoria can experience some difficulties in his/her/their life (as we can see even in language). These difficulties are mostly because of the binary gender system. Especially in countries like Turkey, homophobia is very common. Because of that, a homosexual person can think that he/she/they is a transgender.

Objectives: At this point, group psychotherapies are worthwhile, especially for differential diagnosis. These individuals can share their experiences about the process. On this way, they can also explore themselves.

Methods: We have a monthly group psychotherapy for transgender and gender nonconforming adults in our clinic. We accept the individuals who have problems about gender identity. All trans adults who apply to us and are considered to be suitable are directed to the support group.

Results: An individual, aged 20, who defines herself as a FtM trans has joined to the group for 4-5 months. She was in hurry and had decided to go under surgery for gender transition. She was referred to surgery by another clinic which didn't have a group psychotherapy. So she applied to our clinic. During the group psychotherapy, she realized that she was homosexual and gived up gender transition.

Conclusions: Group psychotherapy is helpful for trans individuals to reduce psychological distress and manage their process. This study shows that it is not the only benefit of group support psychotherapy. It also helps the individuals to explore themselves, like our case. Its benefit can be as major as saving themselves from an irreversible step and its consequences.

Keywords: gender dysphoria; group psychotherapy

EPP1274

Effect of childhood trauma on patients with schizophrenia

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Introduction: Recent research shows that exposure to trauma, such as child abuse, may result in a heightened risk of developing schizophrenia and worsening of positive symptoms in schizophrenic patient.

Objectives: The objective of this study was to examine the relation between childhood abuse and psychotic symptoms in patients with schizophrenia.

Methods: Participants were outpatients of Hedi chaker University Hospital Center in sfax, Tunisia, recruited between January and July of 2019, diagnosed with schizophrenia or schizoaffective disorder. The Childhood Trauma Questionnaire (CTQ-SF), the Positive and Negative Syndrome Scale (PANSS) were administered in this study to evaluate respectively childhood trauma and psychotic symptoms

Results: 44 patients were included in this study with an average age $39,81 \pm 9,7$. The rate of emotional abuse was 15.9%, physical abuse 31.8%, sexual abuse 15.8%, emotional neglect 6.8% and physical neglect 18.2%. PANS positive score ($r=0,59$; $p < 10^{-3}$), PANS negative score ($r=0,55$; $p < 10^{-3}$) and PANS psychopathology score ($r = 0,45$, $p < 0,002$) were higher in patients who had a history of childhood trauma in comparison with those who did not report experiencing this.

Conclusions: This study confirms that a history of Childhood trauma may have a serious impact in patients with schizophrenia.

Keywords: childhood; trauma; schizophrénia

EPP1276

Salience of self-identification of transsexual people in different stages of medical transition

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Introduction: Transsexuals are considered to be stable in their identity (White Hughto et al., 2016). Meanwhile, the stages of medical transition affect the mental state of transsexuals differently.

Objectives: The aim was to reveal relationships between salience of self-identification in transsexual people being on different stages of medical transition.

Methods: 151 transsexual people: 55 pre-operated Female-to-Male (FtM I), 25 FtM on a hormonal therapy (FtM II), 25 FtM after some surgical operations (FtM III); 12 pre-operated Male-to-Female-Transsexual (MtF I), 16 MtF on a hormonal therapy (MtF II), 18 MtF after some surgical operations (MtF III). The participants filled the modified Kuhn's test "Who am I?" (Tkhostov et al.,

2014). The modification includes a Likert scale for evaluating one's self-identifications in terms of salience: "How often do You think or remember this answer?" (Stryker, 2007).

Results: There were differences between identity salience and stages of medical transition ($F = 7,177$; $P < 0,001$; $\eta^2 = 0,108$). Transsexuals before medical transition demonstrated higher levels of identity salience (average score is 7,62 in FtM I and 7,75 in MtF I). Transsexuals on a hormonal therapy demonstrated sharply decreased level of identity salience (6,97 in FtM II and 6,19 in MtF II). Transsexuals after surgical operations reported increased level of salience (7,81 in FtM III and 7,23 in MtF III). There were no statistically significant differences between the groups by gender assigned at birth.

Conclusions: Data suggest that medical transition could change the salience of self-identification. Hormone therapy is associated with a sharp revision of the salience of self-identifications for transsexuals.

Keywords: self-identification; transsexuals; Transgender; medical transition

EPP1277

Persistent genital arousal disorder and venlafaxine: A case report

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Introduction: In this presentation we describe the case of a woman referred to the Sexology Department after having developed symptoms of Persistent Genital Arousal (PGAD) for the last 5 years, during treatment for Depression with Venlafaxine. PGAD is a clinical entity first described in 2001 by Leiblum and Nathan. Despite having received more attention in the last few years, its etiology remains unclear, with numerous causal factors of different natures being suggested.

Objectives: We aim to describe this clinical case of PGAD and to discuss the possible etiological factors involved as well as to make a brief revision of the literature on this topic.

Methods: We conducted a detailed interview, focused on the nature of the complaints, psychological history, medications, diet and neurologic disorders and performed a thorough clinical examination. We also searched for relevant articles in medical databases such as PubMed and Google Scholar.

Results: A 52 year-old woman previously treated for Depression with Venlafaxine complains of involuntary sensations of genital arousal, with perceived vasocongestion, tingling and pulsatility during her journey to work in public transportations. The symptoms subsided only after getting home 8-10 hours later and reaching orgasm by masturbating. She stopped Venlafaxine in 2015, but these symptoms persisted. Some authors suggest a link between SSRIs/SNRIs and PGAD.

Conclusions: PGAD is a relatively recent addition to our diagnostic catalog with increasingly more cases being reported in the last few years. It is likely that the condition, however, has no discrete etiology and that a customized approach will be necessary to successfully treat most patients.

Keywords: persistent; venlafaxine; genital; sexual