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: 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.

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 gave 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 trauma 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 ±9.7. The rate of emotional abuse was 15.9%, physical abuse 15.8%, sexual abuse 15.8%, emotional neglect 6.8% and physical neglect 18.2%. PANS positive score (r=0.59; p< 10^-3), PANS 31.8%, sexual abuse 15.8%, emotional neglect 6.8% and physical abuse 18.2%, emotional neglect 6.8%.

**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

**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 (PtM I), 25 PtM on a hormonal therapy (PtM II), 25 PtM after some surgical operations (PtM III); 12 pre-operated Male-to-Female-Transsexual (MfT I), 16 MfT on a hormonal therapy (MfT II), 18 MfT after some surgical operations (MfT 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; η2 = 0.108). Transsexuals before medical transition demonstrated higher levels of identity salience (average score is 7.62 in PtM I and 7.75 in MfT I). Transsexuals on a hormonal therapy demonstrated sharply decreased level of identity salience (6.97 in PtM II and 6.19 in MfT II). Transsexuals after surgical operations reported increased level of salience (7.81 in PtM III and 7.23 in MfT 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:** childhood; trauma; schizophrenia