transfer quantitative information about patient cognitive profile into real life. The EPICOG-SCH global composite score provides valuable information to clinicians which can facilitate disease management, drawing a roadmap for cognitive rehabilitation, and planning of supportive resources from the community and health care system.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPV1861

Breaking the silence: Understanding the impact of sexual violence on mental health in Tunisia

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Introduction: Sexual violence is considered to be one of the most traumatic, pervasive, and common human rights violations. In Tunisia, there is limited research about this issue.

Objectives: The present study aims to explore the relationship between sexual violence and mental health in Tunisia, with a focus on understanding the prevalence and types of mental health problems experienced by victims, as well as different factors related to it.

Methods: This is a descriptive cross-sectional study that took place over six months from September 2022 to March 2023. Data collection was carried out using an online self-administered questionnaire distributed online. It is composed of 24 questions with "restricted" answers in the form of propositions. Each participant was invited to fill out the sociodemographic and clinical data form, the Harvard trauma questionnaire and the Hopkins symptoms questionnaire.

Results: 86.1% of our participants reported that they were subjected to a form of sexual aggression. Including 95.5% female, 4% male, and 0.5% non-binary. The median reported age of the first sexual aggression was 14 years. Our study found no significant correlation between age and trauma outcomes. Participants who reported sexual aggression were more likely to have scores above the cutoff for both the Harvard PTSD score and the Hopkins Symptoms Checklist scores. No statistically significant difference was found in the comparison of scores across genders. Participants with a past medical psychiatric history had a significantly higher average Harvard PTSD score as well as Hopkins symptoms checklist scores compared to those without this history. 35.5% of our participants chose not to disclose their traumatic experience to anyone. Notably, 34% of disclosures were made to friends and 22% to family members. The study found no statistically significant difference in the scores for post-traumatic stress disorder (PTSD), anxiety, or depression between participants who disclosed the assault and those who kept it a secret. The aggressor's identity is mostly unknown (34.7%). Higher scores were reported by those who identified their partner as the aggressor. Our participants reported that they were victims of more than one episode of sexual assault in 67.3% of cases, with a mean age of revictimization of 19 years. A lower age of first sexual aggression was a significant risk factor for subsequent revictimization. 3.8% of our participants took legal action against their aggressor, and they had significantly higher average scores on all measured items and total scores. 30.8% of our participants seek psychiatric help. And the main reason for that would be a lack of awareness and knowledge.

Conclusions: The cultural context of Tunisia, intricately woven into the fabric of our study, emphasizes the need for targeted and culturally sensitive approaches to addressing the aftermath of sexual violence.

Disclosure of Interest: None Declared

EPV1862

Impact of Pornography Consumption on Sexual Self-Esteem in Tunisian Women

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Introduction: The consumption of pornographic products is a phenomenon that continues to increase considerably, especially among young people. It is encouraged by easier access to the Internet. On the other hand the concept of sexual self-esteem is a relatively new and little explored subject in the literature. It has emerged across a range of areas such as weight, sexual trauma and physical satisfaction.

Objectives: The aim of our study is to evaluate the impact of pornography consumption on sexual self-esteem in a population of Tunisian women and to determine the associated factors influencing this relationship.

Methods: This is a cross-sectional, descriptive, and analytical study conducted among 107 Tunisian women.

Data were collected using an anonymous self-questionnaire in French, using Google Forms, distributed across various Facebook platforms. It explored sociodemographic data, medical history and sexual health characteristics, sexual behavior, and pornography consumption along with its impact.

For the evaluation of sexual self-esteem, we used the "Sexual Self-Esteem Inventory for Women - Short Form" (SSEI-W-SF) in French language. (Hannier, S et al. Translation and validation study of the French version of the "SSEI-W-SF". Sexologies. 2022;31.)

Results: The majority of women (76%) are aged between 18 and 30 years, primarily from urban backgrounds (89%), professionally active (81%). In terms of marital status, 43% are single. Most women (60%) have no psychiatric history, 25% are being treated for anxiety disorders, and 20% for mood disorders. More than a quarter (28%) reported experiencing sexual abuse. Regarding sexual education, majority of women (94%) consider its learning essential, although only 11% received structured education at school. Consequently, 80% of women indicated that their main source of sexual education was online. In the studied population, 60% of women reported consuming pornography, primarily in the form of videos (79%). The evaluation of sexual self-esteem using the SSEI-W-SF revealed an average total score of 61.66, ranging from 26 to 82, with a median of 63 and a standard deviation of 10.887. Women with the lowest scores were particularly affected in terms of adaptability and control. We observed a significant correlation between pornography consumption and the absence of sexual

education during childhood (p = 0.009). Women who deemed sexual education essential showed lower consumption of pornography (p = 0.027).

Regarding sexual self-esteem, no statistically significant correlation was found between sexual self-esteem and pornography consumption, either for the global sexual self-esteem score (p = 0.809) or for the five spheres of sexual self-esteem assessed separately.

Conclusions: In conclusion, the influence of pornography on sexual self-esteem warrants careful examination, requiring a balanced perspective that addresses both its positive and negative effects on individuals' well-being.

Disclosure of Interest: None Declared

EPV1863

Sexual Dysfunction in Female Medical Residents: The Influence of Dispositional Mindfulness

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Introduction: Dispositional mindfulness (DM), also known as Trait mindfulness, refers to the inherent ability to focus on and sustain attention on present-moment experiences with an open and nonjudgmental attitude. Recent research has increasingly highlighted the positive impact of DM on mental health.

Objectives: To evaluate the association between DM and sexual dysfunction (SD) among female medical residents.

Methods: A cross-sectional online survey, designed using Google Forms, was distributed on social media platforms. We included married and sexually active medical residents. Female Sexual Function Index (FSFI) was used to evaluate female sexual dysfunction. We used the Mindfulness Attention Awareness Scale (M.A.A.S.) to measure the frequency of open and receptive attention and awareness of ongoing events and experiences and the Spielberger State-Trait Anxiety Inventory (STAI-Y-T) to assess anxiety traits.

Results: Sixty-five medical residents with an average age of 29.43 ± 1.95 years completed the online questionnaire. The average age at first sexual intercourse was 25.15 ± 2.34 years and the average frequency of sexual intercourse was 6.61 ± 4.18 times per month.

The mean scores for the M.A.A.S and STAI-Y-T were 26.25 ±5.61 and 45.85 ±9.36 respectively.

The anxiety assessment using the STAI-Y-T scale showed that 30 residents (46.4%) had moderate anxiety, and 8 (12.3%) had high to very high anxiety levels.

The mean total FSFI score was 26.25 ± 5.61 and SD was noted in 49.2% of the cases.

A positive correlation was found between the level of MAAS and the total FSFI score (p=0.003; r=0.35),"Desire" dimension (p=0.02; r=0.28), "Lubrication" domain (p=0.004; r=0.35), and the "Satisfaction" (p=0.006; r=0.33)

Anxiety levels were negatively correlated with the total FSFI score (p<10^{-3}; r=-0.42), the "Desire" dimension (p=0.008; r=-0.32), "Arousal" dimension (p=0.003; r=-0.36), "Lubrication" domain (p=0.002; r=-0.37) and "Satisfaction" domain (p=0.002; r=-0.38).

Conclusions: The results of this study revealed relatively high prevalence rates of SD among medical residents and highlighted several vulnerability factors. Therefore, several measures should be implemented to prevent and determine the factors correlated with SD.

Disclosure of Interest: None Declared

EPV1864

Female Sexual Dysfunction in Medical Residents: Relationships with sociodemographic and clinical Factors

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Introduction: Female sexual dysfunction (SD)has gained attention in recent years. Multiple factors contribute to women's sexual vulnerability, including neurobiological, sociocultural, psychological, and interpersonal factors.

Objectives: To assess the prevalence of SD and to determine sociodemographic and clinical factors related to this dysfunction.

Methods: We conducted a cross-sectional and descriptive study including married and sexually active female medical residents from different specialties.Data were collected using a self-questionnaire published by GOOGLE FORMS. The questionnaire included sociodemographic characteristics, substance use, marital life information, professional data, and information related to sexual life. Female Sexual Function Index (FSFI) was used to assess female sexual dysfunction.

Results: A total of 65 medical residents completed the online questionnaire. Four residents (6.20%) considered the work environment to be unfavorable, 3.1% were smokers and 55.4% had children. The average frequency of sexual intercourse was 6.61 ± 4.18 times per month. Nine participants (13.8%) reported having sexual intercourse under partner pressure. Sexual dysfunction was observed in 49.2% of the cases. The factors correlated with the total FSFI score were an unfavorable work environment (p=0.02), smoking (p=0.007) and high frequency of sexual activities (p=0.02; r=0.28).The factors correlated with the "Desire" dimension were: sexual intercourse under partner pressure (p=0.002) and high frequency of sexual activities (p=0.001; r=0.41).The factors correlated with the "Arousal" dimension were: an unfavorable work environment (p=0.01) and psychiatric history (p=0.05).The "Lubrication" domain was associated with an unfavorable work environment (p=0.006) and smoking (p=0.02). The "Satisfaction" domain was associated smoking (p=0.004), sexual intercourse under partner pressure (p=0.03) and high frequency of sexual activities (p=0.003; r=0.36). The "Orgasm" domain was inversely correlated with age (p=0.04; r=-2.47), and it was associated with a high frequency of sexual activities (p=0.04; r=0.24). The "Pain" domain was correlated with the presence of children (p=0.02).

Conclusions: The findings underscore the impact of various sociodemographic and clinical factors on sexual health and well-being. Addressing these underlying factors is essential for improving their sexual health and overall quality of life.

Disclosure of Interest: None Declared