

Start	End	Topic	Speakers
09:00	09:10	Introduction to workshop speakers, topic background and framework	Kristine Talley
09:10	09:25	Exploring urinary incontinence in the developing world: Prevalence, taboos, and cultural dynamics	Sakineh Hajebrahimi
09:25	09:40	Cultural attitudes and beliefs of older Sikh women in Edmonton, Alberta, on the management of urinary incontinence - reflections on engagement with the Sikh community.	Saima Rajabali
09:40	09:55	Bladder and bowel dysfunction in adults who have experienced psychological trauma and how this impacts health seeking behaviour.	Jane Clarke
09:55	10:10	Impact of public bathroom policies on transgender people's bladder and bowel health in Brazil	Gisela Assis
10:10	10:30	Facilitate panel and audience discussion on challenges, potential clinical solutions, and future research needs. What challenges have you experienced in your practice, research? What solutions have you tried, whether successful or not? What work (research or clinical) needs to be done to make progress?	Kristine Talley Sakineh Hajebrahimi Gisela Assis Jane Clarke Saima Rajabali

### Description

#### Background Information

Psychological trauma, discrimination, prejudice, stigma, and cultural taboos contribute to inequities in diagnosing and treating incontinence in minoritized populations around the world. This workshop will introduce the minority stress process model (Meyer, 2003; Diamond & Alley, 2022) and discuss how it can be used as a framework to reduce inequities in incontinence care for minoritized populations. The interdisciplinary speakers include physicians and nurses from Iran, Canada, Brazil, and the United Kingdom. Dr. Talley, a nurse from the United States will facilitate the workshop which will include four presentations on how minority populations experience barriers to continence care, including older Sikh women in Canada, women in developing nations, victims of trauma in the UK, and transgender individuals in Brazil. The workshop will end with a panel and audience discussion about their experiences working with minority populations and possible solutions to implement into practice.

The minority stress model suggests that ethnic, racial, sexual, and gender minorities experience stress from stigma and discrimination, affecting their psychological and physiological health. These stressors are both distal (e.g., prejudice, violence, social messages) and proximal (e.g., expectations of rejection, identity concealment). Addressing these stress processes is key to reducing inequities in incontinence care.

Distal Stressors include the following:

- Prejudice and Discrimination: Marginalized individuals may avoid seeking care due to fear of judgment or mistreatment from healthcare providers.
- Cultural Taboos and Stigma: In many cultures, incontinence is a taboo topic, leading to reluctance in discussing it and contributing to isolation.
- Lack of Culturally Competent Care: Healthcare systems may not recognize or address the unique challenges faced by minoritized populations, worsening care disparities.

Proximal Stressors include the following:

- Internalized Stigma: Negative societal messages can cause individuals to feel ashamed of their condition, making it harder to seek help.
- Fear of Rejection or Discrimination: Minorities may worry that healthcare providers will dismiss their concerns due to their identity, delaying treatment.
- Identity Concealment: Gender or sexual minorities may hide aspects of their identity to avoid discrimination, complicating their care for incontinence.
- Fear of Re-experiencing Past Trauma: people who have experienced trauma, such as sexual abuse may be reluctant to seek care which may involve intimate examination.

To Reduce Inequities in Treatment, it's essential to:

- Raise Awareness: Educate marginalized communities that incontinence is a medical condition deserving of care, free from judgment.
- Promote Culturally Competent Healthcare: Train healthcare providers to offer inclusive, non-judgmental care.
- Combat Internalized Stigma: Create community-based support groups and mental health services tailored to minority groups.
- Implement Anti-Discrimination Policies: Ensure healthcare policies protect minorities and provide equitable access to treatment.
- Provide Accessible Resources: Develop culturally relevant materials and resources to improve diagnosis and treatment accessibility.
- Promote Trauma-Sensitive Care: Train healthcare providers to recognize the signs and symptoms of trauma and respond in ways that minimize re-traumatization, creating a safe and supportive environment for patients.

The four global examples presented by physicians and nurses will be of interest to all disciplines and include:

-Exploring Urinary Incontinence in the Developing World: Prevalence, Taboos, and Cultural Dynamics by Sakineh Hajebrahimi, a physician in Iran.

-Cultural attitudes and beliefs of older Sikh women in Edmonton, Alberta, on the management of urinary incontinence - reflections on engagement with the Sikh community by Saima Rajabali, a physician in Canada

-Bladder and bowel dysfunction in adults who have experienced psychological trauma and how this impacts health seeking behaviour by Jane Clarke, a nurse in the United Kingdom.

-Impact of public bathroom policies on transgender people's bladder and bowel health in Brazil by Gisela Assis, a nurse in Brazil

#### Key Learning Points

-Understanding Barriers to Treatment: Recognize how psychological trauma, stigma, discrimination, prejudice, and cultural taboos influence individuals' willingness to seek treatment for incontinence.

-Culturally Responsive and Trauma-Informed Care: Learn best practices for delivering care that respects cultural differences and addresses the psychological needs of trauma survivors and vulnerable populations.

-Building Trust and Engagement: Develop strategies to engage individuals from marginalized backgrounds, fostering trust and encouraging treatment adherence through compassionate, inclusive care.

-Practical Application in Clinical Settings: Gain tools and strategies to apply in clinical practice to overcome barriers and ensure effective continence care for diverse populations.

#### Take Home Messages

-Many patients face barriers in seeking treatment for incontinence due to psychological trauma, stigma, discrimination, prejudice, and cultural taboos

-Enhance your care practices by providing trauma-informed and culturally responsive care strategies to address the needs of cultural and gender/sexual minorities.

#### Additional References

Karaaslan Y, Korkut Z, Yilmaz H, Kazaz TG, Celenay ST. Lower urinary tract symptoms, toileting behaviors, and pelvic floor health knowledge in younger and older women. *Int Urogynecol J*. 2024;35:1457–1468. <https://doi.org/10.1007/s00192-024-05831-2>

Boyd, B. A. J., Gibson, C. J., Van Den Eeden, S. K., McCaw, B., Subak, L. L., Thom, D., & Huang, A. J. (2020). Interpersonal trauma as a marker of risk for urinary tract dysfunction in midlife and older women. *Obstetrics and Gynecology*, 135(1), 106-112. <https://doi.org/10.1097/AOG.0000000000003586>

Brady, S. S., Arguedas, A., Huling, J. D., Shan, L., Lewis, C. E., Fok, C. S., Van Den Eeden, S. K., & Markland, A. D. (2023). Adverse Childhood Experiences and Lower Urinary Tract Symptoms and Impact Among Women. *The Journal of Urology*, 209(6), 1167-1175. <https://doi.org/10.1097/JU.0000000000003387>

Halland, M., Almazar, A., Lee, R., Atkinson, E., Larson, J., Talley, N. J., & Saito, Y. A. (2014). A case-control study of childhood trauma in the development of irritable bowel syndrome. *Neurogastroenterology and Motility: the official journal of the European Gastrointestinal Motility Society*, 26(7), 990-998. <https://doi.org/10.1111/nmo.12353>

Diamond, L. M., & Alley, J. (2022). Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse populations. *Neurosci Biobehav Rev*, 138, 104720. <https://doi.org/10.1016/j.neubiorev.2022.104720>

### **Aims of Workshop**

This workshop will equip participants with the knowledge and skills to work effectively with minority populations who may be hesitant to seek treatment for incontinence due to psychological trauma, discrimination, prejudice, stigma, and cultural taboos. Participants will gain the necessary tools to offer compassionate, inclusive, and effective continence care to individuals who may otherwise face significant barriers to treatment.

### **Educational Objectives**

The educational value of this workshop lies in its ability to equip healthcare professionals with the knowledge and skills to effectively support populations that may face barriers in seeking treatment for incontinence due to psychological trauma, stigma, discrimination, prejudice, and cultural taboos. By understanding the psychological and cultural factors at play, participants will be better prepared to:

1. Increase Awareness: Recognize the impact of trauma, stigma, and cultural beliefs on treatment-seeking behaviors, improving the ability to empathize with and understand patients' experiences.
2. Enhance Care Practices: Learn how to implement trauma-informed and culturally responsive care approaches, ensuring that care is sensitive to the needs of vulnerable populations, including cultural minorities and gender and sexual minorities.
3. Build Trust and Engagement: Develop strategies for engaging with individuals who may be reluctant to seek treatment, fostering trust, and encouraging treatment adherence through respectful, inclusive, and compassionate care.

To encourage active audience participation, make the content more dynamic, and gather instant feedback, interactive polling tools (i.e., polls, quizzes, word clouds) which can be accessed on mobile devices via QR codes will be used. The workshop will end with a speaker panel and audience discussion designed to foster personal and professional reflections, as well as questions aimed at reinforcing the fundamental concepts covered. Ultimately, this workshop provides valuable tools to improve healthcare outcomes by offering a deeper understanding of the barriers to treatment and practical methods for overcoming them, ensuring that individuals from marginalized or vulnerable groups receive the care and support they deserve.

### **Learning Objectives**

1. Recognize the Impact of Psychological Trauma, Discrimination, Prejudice, Stigma, and Cultural Taboos on Incontinence Treatment-Seeking:
  - Understand how these factors shape individuals' willingness to seek help for incontinence.
  - Explore the barriers faced by different populations, including those from marginalized cultural or social backgrounds, and how these barriers influence their decision to seek care.
2. Implement Culturally Responsive and Trauma-Informed Continence Care:
  - Learn best practices for providing care that respects cultural differences, and addresses the psychological needs of individuals who have experienced trauma.
  - Understand how to adapt communication and treatment approaches to meet the needs of diverse populations, ensuring care is both respectful and effective.
3. Support Vulnerable Populations, Including Cultural Minorities, Trauma Survivors, and Gender and Sexual Minorities:
  - Develop strategies for engaging and building trust with individuals from backgrounds where incontinence is considered a taboo subject.
  - Learn how to provide care that is sensitive to the specific needs of trauma survivors and those from gender and sexual minorities, ensuring that their experiences and needs are validated and supported.

### **Target Audience**

Urology, Urogynaecology and Female & Functional Urology, Conservative Management

### **Advanced/Basic**

Basic

### **Suggested Learning before Workshop Attendance**

Mostafaei, H., Sadeghi-Bazargani, H., Hajebrahimi, S., Salehi-Pourmehr, H., Ghojzadeh, M., Onur, R., . . . Oelke, M. (2020). Prevalence of female urinary incontinence in the developing world: A systematic review and meta-analysis-A Report from the Developing World Committee of the International Continence Society and Iranian Research Center for Evidence Based Medicine. *Neurourol Urodyn*, 39(4), 1063-1086. <https://doi.org/10.1002/nau.24342>

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

Rudolph KE, Bondy SJ, Marshall BDL, Green MA, Friedman SR. Public restroom access and mental health among gender-minoritized adults. *JAMA Netw Open*. 2023;6(6):e2314549. doi:10.1001/jamanetworkopen.2023.14549.

Gibson, C. J., Lisha, N. E., Walter, L. C., & Huang, A. J. (2019). Interpersonal trauma and aging-related genitourinary dysfunction in a national sample of older women. *American Journal of Obstetrics and Gynecology*, 220(1), 94.e91-94.e97.  
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