IN PRACTICE

A39 **CO-PRODUCTION OF SIMULATION TEACHING WITH SURVIVORS OF HONOUR-BASED ABUSE**

Matthew Bowker[1]; [1]*Northumbria Healthcare NHS Foundation Trust, Ashington, Tyne and Wear*

Correspondence: matthew.j.bowker@gmail.com

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Introduction: Honour-based abuse (HBA) is a form of domestic abuse motivated by perceived 'dishonour' to family or community. Often involving multiple perpetrators from family networks, HBA centres around controlling behaviours and beliefs. Healthcare professionals frequently miss identifying victims. Simulation-based education offers an effective training method for sensitive topics but requires careful design to avoid stereotyping cultural contexts [1]. This project aimed to develop authentic simulation scenarios through co-production with survivors.

Methods: Five HBA survivors participated in interviews focusing on their disclosure experiences with healthcare professionals. These interviews informed two simulation scenarios for final-year medical students. The initial scenario addressed HBA within a South Asian Muslim context. When role-play providers lacked staff from appropriate cultural backgrounds, a second version was created focusing on universal aspects of abuse disclosure, with honour dynamics addressed in debriefing. Both scenarios incorporated survivor quotations and emotional insights. Survivor narratives provided authentic language that enriched scenario scripts with direct quotes about disclosure barriers, shame, and familial pressure. The second scenario was delivered to 39 UK medical students, emphasising recognition of disclosure cues, sensitive communication, safety planning, and referral pathways. All students received an email notification of the content a week prior to the simulation, in addition to usual prebriefing and debriefing.

Results: Feedback from 16 participants using a 5-point Likert scale showed high ratings for usefulness (4.94/5), understanding (4.94/5), confidence (4.81/5), relevance (4.94/5), and potential to change practice (4.88/5). Qualitative feedback highlighted increased awareness of disclosure opportunities and improved confidence. One student noted: "I learned about patients giving 'crumbs' of details as an opportunity to open up or gauge if they can trust the healthcare professional". Students valued the survivor-informed approach, with feedback highlighting how authentic scenarios prepared them to "ask the difficult questions."

Discussion: Co-production created authentic scenarios but revealed issues regarding diverse representation among simulated participants (SPs). The lack of SPs from South Asian Muslim backgrounds necessitated adapting the simulation, raising questions about authenticity in cultural representation. Despite these challenges, survivor-informed content remained powerful, with verbatim quotes providing authenticity that resonated with students. The adaptation process demonstrated the value of teaching universal disclosure principles when facing representational constraints. This experience underscores the need for greater diversity within SP pools while highlighting how co-production with survivors can promote cultural humility [2] and meaningfully represent lived experiences.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

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