research article

'They didn't hear what I was trying to say': an analysis of survivors' experiences communicating with professionals about honour-based abuse

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Survivors of honour-based abuse face significant challenges when communicating with professionals, yet their lived experiences of these interactions remain underexplored. This interpretative phenomenological analysis examined five survivors' accounts of professional communication. Four themes emerged: seeking validation amidst cultural misunderstanding; navigating the disclosure paradox; professional responses as potential re-traumatisation; and building bridges through authentic connection. Participants described struggling to be believed, fearing disclosure escalation and bearing the burden of educating professionals about cultural contexts. Positive experiences were characterised by genuine rapport, clear support pathways and balanced autonomy. These findings highlight the need for culturally informed, trauma-sensitive professional training.

Keywords honour-based abuse • disclosure • communication

Key messages
- Survivors of honour-based abuse face significant communication barriers with professionals who often lack cultural understanding, leading to dismissal of concerns, cultural stereotyping and the burden of educating those from whom they seek help.
- Disclosure represents a complex, evolving process rather than a singular event, with survivors carefully weighing risks of escalation against urgent safety needs, while professionals' responses can either facilitate healing or potentially re-traumatise through dismissive or culturally insensitive reactions.
- Effective professional communication emerges through authentic rapport-building, clear support pathways, and approaches that balance cultural awareness with firm safeguarding focus, requiring trauma-informed responses that acknowledge both immediate safety concerns and long-term impacts of cultural disconnection.

Introduction

Honour-based abuse (HBA) is a form of domestic abuse perpetrated in the name of so-called honour, wherein violence or other harmful behaviour is committed to protect or defend the perceived honour of a family or community (Home Office, 2023). It encompasses various forms of abuse, including psychological, physical, sexual and economic, as well as practices such as forced marriage and female genital mutilation. HBA is characterised by its collective nature, with multiple perpetrators often acting together to control or punish the perceived transgressor (Gill, 2014).

In the year ending March 2022, the UK police recorded 2,887 HBA-related offences (Home Office, 2023). However, given significant underreporting due to fear, shame and isolation, the true prevalence is likely to be much higher (Aplin, 2019). HBA is distinct from other forms of domestic abuse in several key respects: it frequently involves multiple perpetrators from the family or community; it often aims to control aspects of life related to perceived cultural or religious expectations; and victims may face severe isolation and cultural disconnection when seeking help (Idriss, 2022).

While research on HBA has expanded significantly over the past decade, there remains a notable lack of phenomenological exploration of survivors' experiences in communicating with professionals. This gap is particularly concerning, given that encounters with professionals represent pivotal junctures in survivors' journeys to safety. A deeper understanding of these communication dynamics could provide more effective professional responses and potentially increase help-seeking behaviours among those experiencing abuse.

This study aims to address this knowledge gap by exploring the lived experiences of HBA survivors when communicating with professionals. Using interpretative phenomenological analysis (IPA), this study examines how survivors make sense of these interactions and the meanings they ascribe to them. The findings offer insights into both barriers and facilitators of effective communication, with implications for training, policy and practice across various professional domains, including healthcare, education, social services and law enforcement.

The main research question guiding this study is: How do survivors of HBA experience and make meaning of their communication with professionals? Through this exploration, this study seeks to illuminate both the subjective experiential dimensions of these interactions and their broader implications for professional practice.

'Honour': a note on terminology

The terminology of HBA is sensitive within both policy and academic spheres. Scholarly debates often centre on whether HBA should be understood as a culturally specific phenomenon or positioned within broader frameworks of violence against women (Meetoo and Mirza, 2007; Gill, 2011). Feminist scholars have critiqued the term for potentially reinforcing cultural essentialism and Orientalist tropes that construct non-Western cultures as inherently patriarchal while obscuring violence within Western contexts (Meetoo and Mirza, 2007; Gill and Brah, 2014). This concern has prompted some to advocate abandoning the term 'honour' altogether, with British MP Nusrat Ghani moving to ban 'honour killing' in 2017 to prevent perpetrators claiming honour as justification (BBC News, 2017).

However, intersectional feminist perspectives emphasise the importance of recognising how multiple axes of oppression interact to shape women's experiences of violence (Crenshaw, 1991). Within this framework, the term 'honour' may reflect survivors' own understanding of their experiences and perpetrators' motives (Women and Equalities Committee, 2023). Research with survivors supports this position: a poll by Karma Nirvana (2023: 5) found that survivors felt recognition of the term 'honour' helped them articulate their experiences, with one survivor ambassador stating that 'honour is understood by perpetrators … how do we prevent this if we don't call it out for what it is'. This tension between avoiding cultural stereotyping and respecting survivor agency in naming their experiences reflects wider scholarly debates about how to theorise violence that occurs at the intersection of gender, culture and community structures (Gill et al, 2014). Consequently, this article adopts the term HBA while remaining alert to the need to situate it within broader understandings of gender-based violence rather than as an isolated cultural phenomenon.

Literature review

Honour-based abuse: conceptual framework and contemporary understanding

In the year ending March 2024, there were 2,755 HBA-related offences recorded by the police in England and Wales (Home Office, 2024). Over the past two decades, research on HBA has established its distinctive collective dynamics (Gill, 2014), and revealed considerable variability in how professionals across healthcare, policing, education and social services respond to it (Aplin, 2018; Mulvihill et al, 2019; Baianstovu and Strid, 2024). Yet survivors' lived experiences of communicating with professionals remain largely unexplored phenomenologically.

The concept of 'honour' varies significantly across cultural contexts but frequently centres on notions of family reputation and respectability, often with particular emphasis on female behaviour and sexuality (Gill, 2014). HBA represents the enforcement of these honour codes through various forms of abuse, with women and girls disproportionately affected.

The contemporary understanding of HBA has moved away from earlier culturalist perspectives that have risked essentialising certain communities. Modern scholarship increasingly recognises HBA as existing on a continuum of gender-based violence, albeit with distinct characteristics (Idriss, 2019). HBA often escalates when individuals are perceived as transgressing cultural or religious norms, particularly around romantic relationships, sexuality and adherence to faith practices (Aplin, 2019). What distinguishes HBA from other forms of domestic abuse is the collective dimension, in which multiple family or community members may be involved in perpetrating or enabling abuse (Gill, 2014).

Professional responses to honour-based abuse: current evidence and gaps

Evidence suggests significant variability in professional responses to HBA across different sectors. Social care professionals often report feeling ill-equipped to identify and respond to HBA due to limited training, fear of appearing culturally insensitive and organisational barriers (Baianstovu and Strid, 2024). Similarly, police research

indicates inconsistent application of risk assessment tools and challenges in balancing cultural sensitivity with safeguarding duties (Aplin, 2019).

In educational settings, studies have highlighted missed opportunities for early intervention, with staff sometimes failing to recognise warning signs or distinguish them from typical adolescent behaviour (Gillespie et al, 2011). Social services have been criticised for sometimes prioritising cultural relativity over victims' safety (Eshareturi et al, 2014), although more recent government positions are pushing for improvements in this area (Women and Equalities Committee, 2023).

A consistent theme across professional domains is the 'cultural competence' (Eshareturi et al, 2014), where professionals struggle to navigate between cultural sensitivity and effective safeguarding. This can lead to either over-culturalising (attributing all behaviours to culture) or under-culturalising (ignoring relevant cultural contexts), both of which can be harmful (Gill and Harrison, 2019).

Survivors' experiences of professional communication

Research specifically examining survivors' experiences of communicating with professionals remains limited. Existing studies indicate that survivors often encounter responses that are either dismissive of risk or overly focused on cultural aspects, at the expense of individual safety (Chantler, 2012). Gangoli et al (2020) found that survivors frequently report not being believed or having their experiences minimised, particularly when professionals lack an understanding of the specific dynamics of HBA.

Survivors have reported particular challenges around disclosure, including the fear of being judged, concerns about confidentiality and anxiety about potential ramifications for family members (Idriss, 2019). Burman et al (2004) identify what they term the 'double hurt' experienced by minority ethnic survivors, who must navigate both the trauma of abuse and concerns about reinforcing negative community stereotypes when seeking help. For many, the first disclosure represents a significant psychological barrier and the response received can either facilitate or impede further help-seeking (Mulvihill et al, 2019).

There is emerging evidence that positive professional responses are characterised by approaches that combine cultural awareness with a firm focus on individual rights and safety (Gill et al, 2018). However, a significant gap remains in understanding the specific communication dynamics that survivors experience as either helpful or harmful.

The case for phenomenological exploration

While existing research provides valuable insights into the prevalence and patterns of HBA and professional responses, there is a notable absence of in-depth phenomenological exploration of survivors' lived experiences of communicating with professionals. This represents a significant gap, as understanding the subjective meanings survivors ascribe to these interactions is crucial for developing effective professional responses.

The present study addresses this gap by focusing on the lived experiences and meaning-making of survivors. Using IPA allows for a detailed examination of how

survivors perceive, interpret and respond to professional communication, offering insights that may be missed in more generalised approaches.

Learning from disclosure in other contexts

Despite their unique characteristics, the psychosocial dynamics that shape disclosure decisions share important commonalities across different forms of abuse and cultural contexts. By exploring established research on disclosure patterns in areas such as child sexual abuse, domestic violence and culturally mediated trauma, we can identify transferable frameworks that illuminate the complex decision-making processes that underpin disclosure in HBA contexts.

Child sexual abuse disclosure research offers valuable insights. Cossar et al (2013: 13) conceptualise disclosure not as a singular event but as 'one person conveying their experience to another', which 'may extend over a considerable period of time'. This process-oriented understanding acknowledges that individuals often disclose incrementally and test responses before fully sharing. Disclosure may be verbal or non-verbal, intentional or unintentional, spontaneous or prompted, or detailed or vague (Allnock et al, 2019). This nuanced understanding challenges notions that disclosure is about 'speaking up' and may help explain why survivors of HBA often report attempts to communicate their situation that went unrecognised by professionals.

Cultural and religious contexts significantly impact the willingness to disclose. Fontes and Plummer (2010) note that in close-knit cultural communities, individuals may avoid disclosure due to the fear of bringing shame to the community or facing rejection. This dynamic has clear parallels to HBA contexts, where the cultural concepts of honour and shame may create powerful barriers to disclosure. Gilligan and Akhtar (2005) explored cultural barriers to disclosure of child sexual abuse in British Asian communities, finding that survivors needed reassurance about confidentiality, particularly concerns that interpreters or community workers might share information within their networks. Their research emphasised that culturally competent practices and respectful dialogue are essential for creating safe disclosure spaces in minority ethnic communities.

The concept of cultural humility, which is distinct from cultural competence, may be particularly relevant to HBA disclosure. Tervalon and Murray-García (1998) defined cultural humility as involving 'a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships' (p 117). This approach recognises professionals as learners rather than experts on others' cultural experiences, potentially creating a space for survivors to convey their individual understanding of honour and abuse without feeling judged or stereotyped.

Building trust emerges as fundamental across disclosure contexts. Lefevre et al (2017) found that young people at risk of sexual exploitation valued professionals who demonstrated genuine interest, reliability and belief in their accounts, particularly those who provided 'a respectful, accepting space' (p 2467) without preconceptions or visible shock. McElvaney et al (2014) similarly found that sensitive direct questioning created legitimate opportunities for disclosure that young people experienced as validating rather than intrusive.

Intimate partner violence (IPV) scholarship offers further insights. Feder et al's (2006) meta-analysis found that female IPV survivors consistently valued healthcare professionals who demonstrated authentic interest and built relationships beyond immediate medical concerns. Research on direct questioning about partner violence reveals that women appreciate professionals being alert to abuse, even when choosing not to disclose immediately. The effectiveness of questioning depends heavily on how questions are posed; women distinguish between perfunctory checklist questioning and sincere exploration (Wallin Lundell et al, 2018). Goicolea et al (2022) found that survivors appreciated professionals who respected their autonomy while expressing concern for their safety. Mtiraoui et al (2025) examined healthcare responses to IPV across diverse populations, finding that women from minoritised communities faced additional barriers, including concerns about reinforcing negative stereotypes and fears that professionals lacked the cultural understanding to properly assess risk.

Important differences distinguish HBA from IPV. The collective nature of HBA creates distinct disclosure challenges. The cultural dimensions of honour and shame, potential for family rupture, and frequent involvement of parents or siblings as perpetrators add layers of complexity. Understanding where IPV insights transfer to HBA and where they remain distinct requires further research.

Together, these insights from other disclosure contexts suggest that effective communication about HBA requires professionals to understand disclosure as a process, recognise both verbal and non-verbal disclosure attempts, respond in ways that encourage further communication, create psychological safety, practice cultural humility and build trust. The extent to which these principles apply specifically to HBA contexts requires further exploration through research centred on survivors' lived experiences.

Methodology

Philosophical underpinnings

This study is situated within the IPA approach, which draws on three key philosophical traditions: phenomenology, hermeneutics and idiography (Smith et al, 2022). Phenomenology concerns itself with a detailed examination of human experience, particularly how individuals make sense of significant life events (Smith et al, 2022). Hermeneutics, the theory of interpretation, acknowledges the researcher's active role in making sense of participants' accounts. IPA embraces a 'double hermeneutic' wherein '[t]he researcher is trying to make sense of the participant, who is trying to make sense of x' (Smith et al, 2022: 29). Finally, idiography focuses on the individual, emphasising detailed engagement with individual cases before moving towards more general claims.

Unlike descriptive phenomenology, which requires researchers to 'bracket out' their preconceptions, interpretive phenomenology embraces the researcher's background and experiences as valuable interpretative resources (Lopez and Willis, 2004). This approach aligns with my position as a researcher, who brings specific professional and personal experiences to the research process, as discussed in the reflexivity section.

The choice of IPA for this study was driven by its suitability for exploring complex, emotionally charged and potentially transformative life experiences (Smith, 2011). HBA represents such an experience – one that profoundly impacts individuals' sense of

self, belonging and security. Furthermore, IPA's idiographic focus allows for a detailed exploration of the unique ways in which survivors experience and make sense of their communications with professionals, while still permitting the identification of patterns across cases.

Participants

Participants were recruited through organisations supporting survivors of HBA who acted as gatekeepers. This approach was chosen to ensure that participants had appropriate support networks in place. To protect against potential coercion, organisations were clearly informed that they would not be privy to the contents of interviews, the identities of participants or who did/did not choose to participate.

Selection criteria included:

- Adult survivors of HBA who had experienced communication with professionals about their abuse.
- Able to give informed consent to participate.
- Sufficient English language proficiency to participate in an interview.
- Not currently in crisis or at significant risk.

Five participants were recruited, which fell within the recommended sample size for IPA studies (Smith et al, 2022). This number allows for a detailed idiographic analysis while permitting comparisons across cases. Demographic details of the participants are presented in Table 1, with all names replaced with pseudonyms.

Data collection

Data were collected through semi-structured, in-depth interviews, which is the preferred method for IPA studies (Smith et al, 2022). A flexible interview guide

Table 1: Participant demographics

Pseudonym	Age range	Ethnicity	Type of HBA experienced	Professionals encountered
Shazia	40–50	British Asian	Physical abuse, forced marriage	Police, healthcare, education
Alisha	40–50	British Asian	Physical abuse, forced marriage	Police, education, social services
Zara	40–50	[redacted]	Physical abuse, forced marriage	Police, education, social services
Saima	30–40	British Asian	Psychological abuse, controlling behaviour	Police, healthcare, education
Shahad	30–40	British African	Psychological abuse, death threats	Police, healthcare

was developed that focused on participants' experiences of communicating with professionals about HBA. Topics included:

- Initial disclosure experiences.
- Interactions with various professional groups.
- What participants found helpful or unhelpful in communication.
- Barriers to effective communication.
- Suggestions for improving professional communication.

Interviews were conducted remotely using secure video conferencing software, lasting between 60 and 90 minutes. This approach was chosen to accommodate the participants' geographical distribution and to allow them to participate in environments in which they felt comfortable. Prior to the interviews, participants were provided with information sheets outlining the purpose of the study, what participation would involve and their right to withdraw. Written informed consent was given by all participants.

The interviews began with open questions, allowing participants to lead the direction of the conversation, while the researcher provided prompts for elaboration where appropriate. This approach aligns with IPA's commitment to privileging participants' own meaning-making (Smith et al, 2022). All interviews were audio-recorded and subsequently transcribed verbatim with identifying information removed or disguised.

Analysis process

The analysis followed the iterative stages outlined by (Smith et al, 2022):

1. *Reading and re-reading*: Each transcript was read multiple times to develop familiarity with the content and structure of participants' accounts. This immersion in the data is essential for developing an in-depth understanding of participants' lived experiences.
2. *Initial noting*: Detailed exploratory comments were made, examining the descriptive (content), linguistic (language use) and conceptual (interpretative) elements. This process involved a close, line-by-line analysis of the text.
3. *Developing emergent themes*: Exploratory comments were analysed to identify emergent themes that captured the essential quality of what was found in the text. These themes reflected both the participants' words and researcher's interpretations.
4. *Searching for connections across emergent themes*: Emergent themes were clustered on the basis of conceptual similarities and descriptive labels. Various techniques have been used, including abstraction (grouping similar themes), subsumption (where an emergent theme becomes a superordinate theme) and contextualisation (considering temporal and narrative elements).
5. *Moving to the next case*: The process was repeated for each transcript, with efforts made to bracket the ideas emerging from previous cases to maintain the idiographic focus.

6. *Looking for patterns across cases*: The final stage involves identifying patterns across cases, noting both convergence and divergence. This led to the development of superordinate themes that captured the shared aspects of the participants' experiences while preserving individual nuances.

Throughout the analysis, a reflective journal was maintained to document analytical decisions and distinguish between participants' accounts and the researcher's interpretations.

Ethical approval

Ethical approval was obtained from Newcastle University Faculty of Medical Sciences Research Ethics Committee (ref: 2750/45266).

Reflexivity

Reflexivity is particularly important in IPA, where the researcher's own position and experience inevitably influence the interpretative process. As a white British male physician with clinical experience in emergency medicine, I have brought specific perspectives to this research. While I do not share the cultural background of most of my participants, I have professional experience working with survivors of domestic abuse including HBA. Additionally, I have personal lived experience of HBA within my extended family, though from a different cultural context than that of most participants. This positions me in a complex space – simultaneously, an insider (in terms of professional knowledge and some personal experience) and an outsider (in terms of broader cultural understanding and the gendered dimensions of HBA that predominantly affect women).

This dual positioning created opportunities and challenges throughout the research process. My personal connection to HBA enhanced my sensitivity to certain dynamics described by the participants, particularly around family loyalty conflicts and the psychological impact of cultural disconnection. However, I remained vigilant about the risk of over-identifying with the participants' experiences or imposing my own narrative onto their accounts. I maintained a reflexive journal throughout the research process, explicitly distinguishing between the participants' expressed meanings and their own interpretative responses, noting where my personal history might have influenced my analytical focus.

Findings

Four superordinate themes emerged from the analysis of participants' accounts, each with associated subthemes. These themes capture the essence of participants' experiences of communicating with professionals about HBA, illuminating both the challenges and facilitators of effective communication. The themes are: (1) seeking validation amidst cultural misunderstanding; (2) navigating the disclosure paradox; (3) professional responses as potential re-traumatisation; and (4) building bridges through authentic connection.

Seeking validation amidst cultural misunderstanding

This theme encompasses participants' experiences of attempting to have their concerns understood and validated by professionals who often lack a cultural understanding of HBA. Three subthemes were identified: 'the struggle to be believed'; 'cultural stereotyping versus cultural deference'; and 'the burden of education'.

The struggle to be believed

All participants described experiences in which professionals failed to recognise the seriousness of their situations or dismissed their concerns. This often manifests as professionals applying their own cultural frameworks to assess risk rather than understanding the specific dynamics of HBA:

> [When describing driving to escape from her husband] The police were treating it as culpable and reckless driving instead of attempted murder by my husband. (Alisha)

Participants frequently described having to convince professionals of the legitimacy of their fear:

> I pleaded with them, and they didn't hear. […] They were like, 'Oh, you just need a break. Just need a holiday, you know. There's a lot's going on. People are talking about you all, you know. Let's go over there.' (Saima)

The struggle to be believed was often compounded by professionals' lack of understanding of the collective nature of HBA where entire families or communities might be involved.

> This is why, in my particular community – which is a subset of a subset, really – there is a threat from a much bigger extended network. This is why we felt we needed to move away. It wasn't just my immediate family as the direct perpetrators; it was a larger collective who all had my address, for instance. (Shahad)

Cultural stereotyping versus cultural deference

Participants described tension in professional responses between cultural stereotyping (making assumptions based on cultural background) and cultural deference (being overly cautious about intervening due to cultural sensitivities):

> [When describing police visiting the family home] There's a lot of assumptions [about being Asian]. For example, if they're gonna come to my house, then probably … might still have some kind of like, 'Oh, because she's from this family or this background, or this religious background, she might be like this', and most of the cases, it's not like that. So they're seeing a British Asian or British Muslim and making conclusions. (Shazia)

Conversely, participants also described experiences in which professionals seemed reluctant to intervene because of fear of being culturally insensitive. Saima describes how she felt police enabled abuse because of her father's role as a religious leader.

> And it wasn't like my mum was […] complicit like this baddie. […] It just comes to them [police] to kind of enable those processes … because [my father] was a religious leader. (Saima)

Shahad eloquently described this tension and how it affected her own disclosure to police:

> I was also worried about reinforcing harmful stereotypes. I didn't want the officers to think that all [redacted cultural identity] people believe these things or hold these views. I felt almost responsible for how they viewed my background. I felt I had to back-channel, to say, 'This is what they believe, but not everyone does.' (Shahad)

The burden of education

Many participants described taking responsibility for educating professionals about their cultural context and the specific risks they faced. This creates an additional burden during an already stressful situation:

> I had to do a lot of explaining about my cultural context … explaining my cultural background to English officers, especially those from the North of England, added an extra layer of effort. I really had to communicate that this was a high-risk situation. (Shahad)

Saima expressed frustration with repeatedly explaining cultural dynamics to professionals who should have had this knowledge:

> [When having to re-explain her cultural situation to police] Listen, listen to people. There's a lot of information out there. If you ask the right questions, you will – and if you listen to actually understand, you will truly get it. There's a lot to get from it. (Saima)

These accounts highlight how the lack of cultural understanding among professionals created an additional burden for survivors, who felt responsible for educating those from whom they were seeking help. This dynamic often creates barriers for effective communication and support.

Navigating the disclosure paradox

This theme captures the complex and often contradictory experiences of disclosure. Participants described feeling caught between the urgent need to seek help and significant risks associated with disclosure. Three subthemes emerged: 'the threat of escalation'; 'trust as a prerequisite for disclosure'; and 'the power of being asked directly'.

The threat of escalation

All participants expressed concerns that disclosure might lead to increased risk or unwanted interventions that could worsen their situation.

> The biggest concern in going to the police was that I might be pressured into filing a formal report, but that didn't happen. I was never pressured and never made a formal report. I also worried they might dismiss my concerns, saying there was no evidence. (Shahad)

Alisha described how fear of escalation prevented her from fully engaging with services:

> [When discussing her repeated medical appointments] Even if the doctor had said to me, 'Five throat infections in, like, however many months?' [and then I replied] 'No, Doc, I'm not happy; my husband does this, this, and this.' What could he have done? Because as soon as he'd say, 'I need to report that to the police', I'd be like, 'No.' (Alisha)

This fear of escalation was a specific and direct barrier to disclosure for Zara:

> I did phone places like Childline and NSPCC. But because I wouldn't give any details, they would basically say, 'We can't help you if you don't tell us who you are.' But I couldn't tell them who I was because of fear of reprisals. (Zara)

Trust as a prerequisite for disclosure

The participants consistently identified trust as a fundamental prerequisite for disclosure. This trust was built through ongoing relationships, demonstrated understanding and clear communication regarding confidentiality.

> The key reason I felt comfortable going to my [healthcare professional] was that I already had a really good relationship with her. She'd been really attentive. I didn't feel like a number on a caseload; I felt like she genuinely cared about me. So I felt comfortable around her and able to disclose things. (Shahad)

Shazia emphasised how building trust requires more than a single interaction:

> The only professional who has helped me was a solicitor [...] she always said to me, 'Oh, Shazia, if you need me, just call me.' And when I did, she stood by me, up till the end, which led to go into the court … making sure the kids were safe … making sure he doesn't get his hands on them. (Shazia)

The power of being asked directly

Several participants described significant moments when professionals directly asked about their wellbeing or safety, creating an opportunity for disclosure that might otherwise not have occurred.

Shazia described how she hoped that healthcare professionals would ask direct questions during her antenatal appointments.

> [Describing being physically examined by healthcare professionals] Sometimes I had bruises. So when […] the professionals […] are checking up on you and everything, they should have noted 'Oh, why's she got a bruise here? Why's she bruised there? Why is she not comfortable being touched?' things like that. (Shazia)

Alisha similarly expressed how she had wanted to be asked directly:

> I would be thinking in my head, 'Come on, Doc, you need to ask me. This is the fifth time in as many months [that I've come to the doctors]. Why aren't you asking me what the problem is?' […] So I'm like telepathically thinking this – 'Come on, Doc, you can read my mind', you know, but I wasn't ever asked about what was going on. (Alisha)

This subtheme highlights the importance of professionals creating opportunities for disclosure through direct, sensitive questioning rather than waiting for survivors to initiate these conversations.

Professional responses as potential re-traumatisation

This theme addresses how professional responses to disclosures of HBA could either support healing or potentially re-traumatise survivors. Two subthemes were identified: 'dismissal and minimisation' and 'abandonment after crisis intervention'.

Dismissal and minimisation

A significant finding emerged around how professional responses could potentially re-traumatise survivors through both the dismissal of risks and the misframing of cultural dynamics. These interrelated patterns created substantial barriers to effective support and intervention.

Participants consistently described experiences in which professionals either minimised their concerns or applied inappropriate cultural frameworks that failed to capture the severity and complexity of HBA. This manifested as a form of cultural misframing, in which professionals either entirely dismissed cultural factors or applied stereotypical understandings that distorted survivors' lived realities:

> [When phoning a helpline for support] I remember them just kind of saying to me, like I phoned up, and I said, 'Look, I need some help. I need to leave my house. And I'm really worried. This is what's going to happen.' And they were like, 'What do you mean? You're 19. Why can't you just walk out?' That was the response. (Saima)

This dismissal often reflects a fundamental misunderstanding of HBA dynamics, particularly its collective nature and the cultural contexts that heighten risk.

Shahad articulated this when describing police officers' responses to their family's decision to relocate:

> When we decided to move and they said, 'Well, that's your decision', I sensed a subtext implying that our choice was extreme. […] Their lack of training or awareness limited their ability to fully grasp the risk. (Shahad)

The data revealed that professionals frequently applied their own cultural frames when assessing risk, creating dangerous misalignments between survivors' experiences and their professional responses. This is particularly evident in Zara's account.

> [When speaking to shelter staff about an imminent forced marriage] I tried to explain to them, 'I don't want to get married.' They didn't get it. They said, 'It's domestic abuse. It's a family problem. You need to go back.' … Every time they would call me. And I would say to the staff member, 'Can you record this phone call on tape? Because I'm getting threatened when they speak to me in my language, but when they're talking to me in English, everything's okay.' (Zara)

The consequences of such a dismissal could be severe, as illustrated by Alisha's experience with emergency services:

> The call I made to the police was treated as a hoax. They didn't even take it seriously and hung up on me. (Alisha)

Beyond simple dismissal, participants described encountering professionals who acknowledged cultural factors, but did so through simplistic stereotypes that failed to capture the nuanced realities of their situations:

> [When police visited the family home] There's a lot of assumptions [about being Asian]. For example, if they're gonna come to my house, then probably … might still have some kind of like, oh, 'because she's from this family or this background, or this religious background, she might be like this', and most of the cases, it's not like that. So they're seeing a British Asian or British Muslim and making conclusions. (Shazia)

This stereotyping created uncomfortable dynamics in which survivors simultaneously felt misunderstood and pigeonholed. Shahad described how this affected her disclosure decision.

> I was also worried about reinforcing harmful stereotypes. I didn't want the officers to think that all [redacted nationality] people believe these things or hold these views. I felt almost responsible for how they viewed my background. I felt I had to back-channel, to say, 'This is what they believe, but not everyone does.' (Shahad)

The cultural positioning of professionals themselves sometimes created additional barriers, as Shazia explained:

> [When in hospital for a problem related to abuse] I remember there was an Indian doctor, and I remember thinking, 'Why can't we have a white doctor?' No disrespect, but I didn't want to see anyone from my own culture. I felt I couldn't open up and talk to them because of cultural judgement and shame. (Shazia)

Participants' accounts highlighted how professional responses frequently oscillated between dismissing cultural context entirely and over-attributing everything to culture; both approaches failed to provide appropriate support. Early in Shazia's interview, she describes over-attribution.

> There's the assumption inside some of the services in England where they think women that come from Pakistan – they are victims. Some of them are, most of them are not. (Shazia)

Later in the same interview, she describes the opposite problem – dismissal of cultural context – when she tried to warn school officials about serious consequences for her cousin who was being abused.

> I pleaded with them, and they didn't hear. They [school staff] told her mum and dad. Her dad was a religious like leader and yeah, he kicked off rotten […] he was not happy. (Shazia)

These findings illustrate how professional responses that either dismissed risks or applied inappropriate cultural frames could amplify survivors' trauma by invalidating their experiences and leaving them without adequate protection. This pattern was particularly problematic given that survivors were often already navigating complex cultural and identity challenges, alongside the immediate threats they faced.

Abandonment after crisis intervention

A recurring theme in the participants' accounts was the experience of being abandoned after the initial crisis intervention, with little support for the long-term impacts of their experiences:

> [When describing care after leaving the abuse] The aftercare? Not very much. Because I'm that lived experience person, and I can tell you that I go searching for it, and I still can't find it. So the only way you can respond to is to create it yourself. (Saima)

When Zara was in the care system and turned 16, she was essentially left on her own with no transition support or practical life skills.

> I was, I think, fifteen and a half, so they thought, 'She's going to be sixteen soon.' And back then, there was no such thing as 'leaving care' service – you'd just turn sixteen, leave care, and off you'd go. Find your own way into the world. So … yeah, that's what I did at sixteen. (Zara)

She continues with a description of being completely unprepared for independent living:

> I was living on my own, working […] to pay my bills. And, you know, in care, they didn't teach you about light, electricity, gas, water. And, you know, I think, 'Can you teach them how to pay a bill, please?' (Zara)

This theme underscores how professional can potentially re-traumatise survivors and undermine their attempts to build safer lives.

Building bridges through authentic connection

The final theme captures the participants' experiences of positive professional interactions that facilitated disclosure and support. Three subthemes emerged: 'the value of genuine rapport'; 'clear pathways to support'; and 'balance between direction and autonomy'.

The value of genuine rapport

Participants consistently emphasised the importance of professionals building genuine rapport, characterised by authentic interest, empathetic responses, and ongoing availability:

> [O]ur [healthcare professional] was fantastic even before this disclosure, but especially afterward. (Shahad)

Saima described a positive experience with a professional who demonstrated authentic care:

> I had a really positive experience from […] a lady who was involved in an organisation called The Children's Society. They weren't honour-based abuse-aware at the time, or anything like that. All I would say. … She was just a really good listener. She really understood. (Saima)

This genuine rapport created a foundation of trust that enabled the survivors to disclose their experiences and seek support.

> The solicitor I had. … I had a children's guardian and my own solicitor. They were really good through the court process. They were basically saying, 'She doesn't want to have contact. She wants to stay in London.' (Zara)

Clear pathways to support

Participants valued professionals who provided clear information about the available support and the steps involved in accessing it.

> [When describing the post-disclosure relationship with police] The best part was that they were very forthcoming with updates. I was given contact

details for specific officers and even email addresses, so I could reach out with any concerns or questions. (Shahad)

Alisha contrasted this with her negative experiences:

[When describing the post-disclosure relationship with police] So at the same time, I didn't know what could have been done or what options I had. Anytime I asked, it was like, 'Well, I don't know.' At one point, the police even said to me, 'Well, we don't know how we can help you. What do you want us to do?' (Alisha)

Saima emphasised the importance of professionals being willing to find information when they did not have immediate answers.

I literally say to every one of my clients, whether I can help them or not, 'I don't know the answer to that, but I will find out and come back to you.' Because I literally […] don't want someone to feel like they've come for help, and I've turned them away, saying, 'I don't know how to help you.' (Saima)

Balance between direction and autonomy

Participants described positive experiences in which professionals strike a balance between providing clear direction and respecting survivors' autonomy:

My biggest concern in going to the police was that I might be pressured into filing a formal report, but that didn't happen. I was never pressured and never made a formal report. (Shahad)

Zara valued professionals who respected her decisions while still providing support:

[Describing her relationship with foster carers] So my last foster carers were really good. They didn't pressure me to go to any Islamic school. They didn't pressure me to maintain contact. They were very much … even during the Looked After Children (LAC) reviews, the annoying thing was I didn't want anything to be shared with my family, but the social workers would share how I was doing. Why? (Zara)

This balance was particularly important in the context of HBA, where survivors often experienced significant control and coercion:

I think any interaction needs to be within a trauma-informed approach. But I'd want professionals to recognise that each person's experience is unique. Often, perpetrators are close family members, so it's not as simple as hating them or disliking them – it's complex. (Shahad)

This theme highlights how authentic connections, clear information and a balanced approach to support can facilitate more effective communication and help-seeking among survivors of HBA.

Discussion

This study sought to explore survivors' experiences of communicating with professionals about HBA, yielding insights into both the facilitators and barriers to effective communication. The findings revealed how communication is shaped by complex cultural dynamics, professional knowledge gaps and relational factors. This discussion contextualises these findings within the existing literature and examines their implications for theory and practice.

Cultural understanding as a communication foundation

The theme 'seeking validation amidst cultural misunderstanding' illuminates how professionals' limited cultural understanding often undermines communication effectiveness. Participants described the dual challenges of cultural stereotyping and cultural deference, in which professionals struggle to find an appropriate balance between cultural sensitivity and effective safeguarding. This aligns with Chantler's (2012) observation that professional responses to HBA often oscillate between over-culturalising and under-culturalising abusive behaviours.

The 'burden of education' described by participants represents a significant barrier to effective help-seeking. Survivors found themselves in the paradoxical position of needing to educate professionals about their cultural context, while simultaneously seeking help for abuse emanating from that context. This parallels Mulvihill et al's (2019) finding that survivors often feel obligated to act as cultural translators for professionals, which can be particularly distressing during crises.

A notable finding was the tension experienced by participants between wanting to protect their community's reputation and seeking help for abuse perpetrated within that community. Shahad's reflection – 'I felt almost responsible for how they viewed my background' – illustrates what Burman et al (2004: 338) describe as the 'double hurt' carried by minority ethnic survivors, who must navigate both abuse and concerns about reinforcing negative stereotypes. This finding suggests that effective communication requires professionals to demonstrate cultural awareness without over-attributing abuse to cultural factors.

Disclosure as a dynamic process

The theme 'navigating the disclosure paradox' reveals disclosure not as a singular event but as a complex, evolving process influenced by multiple factors. The participants' accounts highlight how disclosure decisions are shaped by trust, perceived risk and professional receptiveness. This aligns with Cossar et al's (2013: 13) conceptualisation of disclosure as 'one person conveying their experience to another' through a gradual process rather than a discrete moment.

The subtheme 'the threat of escalation' demonstrates how survivors carefully calculate the potential consequences of disclosure before sharing their experiences. Participants feared that disclosure might trigger interventions that could worsen their situation, a finding consistent with Mulvihill et al's (2019) research on 'interactional

justice' for HBA victims. This finding suggests that concerns about agency and control over the post-disclosure process significantly influence help-seeking behaviour.

A key insight emerging from this analysis is the importance of direct questioning in facilitating disclosure. Participants consistently expressed a desire for professionals to ask specific questions about their wellbeing and safety, creating opportunities for disclosure that might not occur otherwise. This challenges the assumption that cultural sensitivity necessitates avoiding direct questions about abuse and aligns with McElvaney et al's (2014) finding that sensitive direct questioning can be experienced as validating rather than intrusive.

The significance of trust as a foundation for disclosure echoes Gilligan and Akhtar's (2005) research, which found that culturally competent practices and respectful dialogue are essential to the protection of children in British Asian communities. However, our findings extend this understanding by illuminating the specific trust-building practices that survivors of HBA value, including demonstrating cultural understanding without judgement, maintaining confidentiality, and showing a genuine interest in individuals' wellbeing beyond their abuse experiences. This aligns with McElvaney et al's (2014) observation that creating legitimate opportunities for disclosure through sensitive direct questioning can be experienced as validating rather than intrusive. The importance of confidentiality in particular resonates with Gilligan and Akhtar's (2005: 1373) finding that service users need 'to be reassured that interpreters will maintain confidentiality' and that some families may prefer non-community workers to avoid fears about information being shared within their community networks.

Professional responses and psychological impact

The theme 'professional responses as potential re-traumatisation' reveals how professionals' reactions to disclosures can either support healing or compound trauma. Participants' accounts of their concerns being dismissed or minimised align with Gangoli et al's (2020) finding that survivors frequently report not being believed or having their experiences trivialised. This highlights the psychological impact of professional responses, with dismissive reactions potentially reinforcing feelings of powerlessness and isolation that characterise abusive dynamics.

Culturally insensitive responses – such as the police officer's comment 'We don't get much of this around here' – reflect what Aplin (2019) found in terms of institutionalised disregard for HBA. Such responses not only created barriers to help-seeking, but also reinforced survivors' feelings of otherness and isolation. The findings suggest that seemingly minor comments can carry significant weight for survivors who already navigate complex cultural and identity issues.

The subtheme 'abandonment after crisis intervention' highlights a critical gap in service provision. Participants described receiving initial support during crisis situations, but little help with the long-term impacts of abuse and cultural disconnection. This aligns with Mulvihill et al's (2019) critique of crisis-oriented interventions that fail to address survivors' ongoing psychological, practical and social needs. As Saima poignantly articulated: 'The aftercare? Not very much … I go searching for it, and I still can't find it.'

This finding has particular significance, given that survivors of HBA often experience profound losses of family, community and cultural identity when seeking safety. The 'aeroplane analogy' offered by Saima – likening her experience to losing her entire family in a crash – powerfully illustrates the scale of loss that professionals may fail to appreciate. This captures the sense that survivors of HBA often face a *double punishment* of abuse and subsequent cultural dislocation.

Building effective communication pathways

The final theme, 'building bridges through authentic connection', offers insights into the communication approaches that survivors experience as helpful. The emphasis on 'genuine rapport' aligns with Feder et al's (2006) meta-analysis finding that female survivors of IPV similarly value healthcare professionals who demonstrate authentic interests and build relationships beyond medical concerns, suggesting that these relational qualities may be universally important for vulnerable populations.

The subtheme 'clear pathways to support' highlights the importance of transparent communication about available resources and next steps. This finding complements the findings of the UK Women and Equalities Committee (2023), which identified practitioner uncertainty about referral pathways as a barrier to effective responses to HBA. This study extends this understanding by illuminating the survivor perspective, showing how clear information about support options can empower decision-making and build trust.

The 'balance between direction and autonomy' subtheme reveals how survivors valued professionals who provided guidance while respecting their agency. This nuanced approach is particularly important, given that HBA often involves extreme control and coercion. The findings suggest that effective professional responses mirror what Shahad described as a 'trauma-informed approach' that recognises the complexity of family relationships in HBA contexts.

Theoretical implications

These findings contribute to the theoretical understanding of the disclosure processes in several ways. First, they suggest that disclosure in HBA contexts involves a complex interplay among cultural identity, trust and perceived risk. This extends existing disclosure models by highlighting the cultural dimensions of help-seeking behaviour.

Second, the analysis reveals how communication about HBA is shaped by what could be termed 'cultural power dynamics' – the ways in which cultural differences influence professional–survivor interactions. Participants' accounts suggest that these dynamics can either facilitate or impede effective communication depending on how cultural differences are navigated and acknowledged.

Third, the findings contribute to the theoretical understanding of intersectionality in help-seeking behaviour. Participants' experiences revealed how their identities as members of minority ethnic communities and survivors of abuse shaped their communication with professionals. This intersection created specific communication challenges such as concerns about reinforcing stereotypes while seeking help for culturally specific forms of abuse.

Practical implications

Several practical implications for professional training and practice emerge from this research:

- *Training in cultural awareness without cultural deference*: Professionals need training to promote an understanding of cultural contexts without allowing cultural relativism to compromise safeguarding. This includes recognising the distinction between religious/cultural practices and abuse perpetrated in the name of culture.
- *Direct questioning approaches*: The findings support the value of sensitive but direct questioning about safety and wellbeing, rather than waiting for survivors to initiate disclosures. Training should include specific examples on how to ask these questions in culturally sensitive ways.
- *Risk assessment tools*: This study highlights the need for risk assessment approaches that consider the collective nature of HBA. The current tools may not adequately capture the involvement of extended family networks or community-level threats.
- *Aftercare provision*: The findings emphasise the need for long-term support addressing the psychological impact of cultural disconnection as well as abuse. This suggests the need for services that bridge crisis interventions and support.
- *Building authentic relationships*: The value participants placed on genuine rapport suggests that service design should prioritise continuity of care and relationship-building, rather than fragmented interventions.

Limitations and future research directions

This study's findings emerge from engagement with five survivors' accounts. While this aligns with IPA's idiographic commitments (Smith et al, 2022), the sample creates important constraints on transferability.

The cultural contexts represented remain narrow. Participants came from South Asian and Middle Eastern backgrounds, meaning survivors from other communities where HBA occurs are absent. Given that specific cultural practices around honour, family structure and community dynamics vary substantially, this study cannot illuminate how such variations shape professional communication challenges. All participants identified as women, reflecting HBA's gendered nature. However, male survivors exist (Idriss, 2022) and likely encounter distinct barriers, including assumptions that men cannot be victims of family abuse. Their experiences remain unexplored here.

The sampling approach also excluded survivors who never engaged services, those turned away and those who withdrew after negative professional responses. These cases may represent the most profound communication failures. The barriers and facilitators identified here may therefore represent a best-case scenario.

These constraints mean readers should exercise caution in assuming these patterns apply universally across cultural contexts, genders or service engagement levels. The findings illuminate important dynamics while acknowledging substantial terrain that remains unexplored.

As an interpretative phenomenological study, the findings reflect both the participants' accounts and the researcher's interpretation. Although reflexivity practices were employed to enhance transparency, the researcher's position as a white British male physician inevitably shaped the analysis. The inclusion of participant quotations aimed to ensure that their voices remained central to the narrative.

Future research could address these limitations in several ways:

- *Diverse sampling*: Studies that include male survivors and those from different cultural backgrounds could provide a more comprehensive understanding of communication experiences.
- *Professional perspectives*: Exploring professionals' experiences of communicating about HBA would complement this survivor-focused study.
- *Intervention development*: The insights from this study can inform the development and evaluation of communication training interventions for professionals.
- *Longitudinal research*: Studies following survivors over time could enhance the understanding of how communication needs evolve throughout the help-seeking process.

Conclusion

This interpretative phenomenological study offers insights into survivors' experiences of communicating with professionals about HBA, illuminating both barriers and facilitators to effective interactions. The findings reveal that communication is a complex process shaped by cultural understanding, trust, professional responses and relational dynamics.

Survivors navigated significant challenges when attempting to disclose abuse, including professionals' limited cultural understanding, fear of escalation and concerns about reinforcing negative community stereotypes. These barriers were compounded by professional responses that sometimes dismissed or minimised their experiences, leaving survivors feeling re-traumatised or abandoned after the initial crisis interventions.

However, participants also described positive communication experiences characterised by authentic connection, clear information about support options and approaches that balanced professional guidance with respect to survivors' autonomy. These experiences suggest pathways to more effective professional responses that honour both the cultural complexity and individual agency of survivors.

This study contributes to the theoretical understanding of disclosure processes in HBA contexts, highlighting how cultural identity, trust and perceived risk interact to shape help-seeking behaviour. It also offers practical insights into professional training and service design, emphasising the need for approaches that combine cultural awareness with effective safeguarding.

The findings underscore that effective communication about HBA requires more than technical knowledge; it necessitates emotional intelligence, cultural awareness and willingness to engage with complexity. By developing these qualities and creating systems that support authentic connections, professionals can build communication

bridges that enable survivors to access the support they need, while preserving their dignity and agency.

As Saima poignantly expressed, 'If you ask the right questions, and if you listen to actually understand, you will truly get it.' This simple but profound insight captures the essence of effective communication about HBA – listening not just to hear, but to understand.

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Research ethics statement

Ethical approval was obtained from Newcastle University Faculty of Medical Sciences Research Ethics Committee (ref: 2750/45266). Written, informed consent was given by all participants.

Data availability statement

The interview data from this study cannot be shared publicly due to the extreme sensitivity of the content and the significant risk of participant identification. The research involves in-depth phenomenological interviews with survivors of honour-based abuse, a population at heightened vulnerability due to potential ongoing safety concerns. Even with rigorous anonymisation, the distinctive nature of participants' narratives – containing unique cultural contexts, family dynamics and abuse experiences – creates an unacceptable risk of identification that could potentially compromise participants' safety and wellbeing.

Supplementary material

The SRQR checklist and semi-structured interview guide are available at http://doi.org/10.6084/m9.figshare.28903958

Conflict of interest

The author declares that there is no conflict of interest.

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