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Perceived Powerlessness and Self-harming behaviours in UK-based Bangladeshi, Indian and Pakistani women.

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Abstract

This study investigated self-harming behaviours among UK-based women of Bangladeshi, Indian and Pakistani origin (UKBIP). Through purposive sampling, eight participants who had engaged in self-harm, specifically through cutting, were selected for semi-structured interviews. The qualitative data gathered from these interviews underwent analysis using interpretative phenomenological analysis (IPA), which involved analysis at individual and group levels. Consequently, three super-ordinate themes and nine sub-ordinate themes emerged. The themes were ‘Powerlessness’ (‘Entrapment’, ‘Internalised Negativity’ and ‘Abused by my Environment’), ‘Mitigation’ (‘Releasing my Overwhelming Emotions’, ‘Connecting to my Pain’ and ‘Addicted to Self-harm’) and ‘Self-harm is Wrong’ (‘It must be Hidden’, ‘What have I done to Myself?’, and ‘My Self-harm is Sinful’). This paper focuses specifically on the ‘Powerless’ theme, exploring its relevance to self-harming behaviours in UKBIP women. The analyses provided novel insights into the impact and significance of the South-Asian cultural values and beliefs on the relevance to self-harming experiences in UKBIP women.

Key words: Powerlessness, self-harm, external injury, Bangladeshi, Indian, Pakistani, women

Background

The lack of ascribed power for women within a patriarchal society is well documented (Matheson et al, 2021; Came et al., 2022). Women of colour may also be subjected to racism which alongside ascribed or experienced powerlessness has been found to be detrimental to mental health (Fernando, 2017). Some women may be expected to behave in accordance with a set of cultural precepts which may differ from those of other groups within a multicultural society (Rahman & Witenstein, 2013). Bhardwaj (2001) argues that some South Asian women may experience a prescribed set of behaviours as limiting or restrictive. This may minimise the feelings of power and control that woman subjected to these requirements feel they have (Rached et al, 2021). Though, this is not to underestimate the powers of agency and resilience that many South-Asian women possess or the diversity of experiences and situations that women experience. Culture and cultural continuity can act in a protective manner for some people, a study conducted in Canada with first national young people found cultural continuity to be protective of mental health and wellbeing, through providing a sense of inclusion and social capital (Chandler et al, 2008).

Cooper et al (2006) found that South-Asian women have higher rates of psychological difficulties compared to South-Asian males. They also found that South-Asian females were five times more likely to self-harm compared to South-Asian males (Cooper et al., 2006) and that South Asian females had a higher rate of self-harm in comparison to white females. Although the reason for this was not clear, the authors concluded that this increase was due to interpersonal problems with family members which may have been culturally influenced. Furthermore, Bhugra and Desai (2002) carried out a review on suicide attempts in South-Asian women and found that females aged 18-24 reported an increased level of stress. They suggested that this could be due to the pressures of gender-role expectations from marriage, which might contribute to self-harm. Whilst, males were seen as having more power and control over their wives, which created a sense of powerlessness and low self-esteem in some South-Asian women, and in some cases, this resulted to self-harm (Niaz, 2003). Gilbert et al. (2004) also reported that these power differences can lead to mental health difficulties including self-harm and suicidal ideation for some South-Asian women. Some women reported that self-harm and

suicide was preferred over seeking help and jeopardising the family honour and respect (also referred to as 'izzat') in the South-Asian culture.

Additionally, Bhugra et al. (1999) explored the link between culture and self-harm in South-Asian women. They developed the Asian Cultural Identity Schedule (ACIS) and found that South-Asian women who had self-harmed were less likely to have traditional values, and more likely to experience family conflict and interracial relationships compared to matched controls. Moreover, Bhardwaj (2001) noted that some South Asian women reported using self-harm (e.g., cutting, burning, overdosing) to deal with personal distress. They reported that self-harm was used when they could not express their distress to other people. Other research suggests that the act of self-harm may correspond with the struggle to discuss difficulties using more healthy methods (Chew-Graham et al., 2002). It has also been argued that as notions of self-harm vary across cultures self-harm may be an attempt to harm the socio-centric self. Bhardwaj (2001) noted that feelings of lack of control in their lives was a common theme but one aspect they could control and had power over was their own bodies, with several of their participants reporting that self-harming enabled them to obtain a sense of control. Furthermore, they described that the gender inequalities placed on them by their parents and community acted as a contributory factor to their self-harming behaviour. Whilst Marshall & Yazdani, (1999) found four meanings of self-harm: a release from distress, ending it all, effecting change and taking control. Given all these factors it seems important to study this group of women. A more comprehensive literature review can be located in Aktar and Tribe (2023a).

Methodology

The research question was 'What is the Experience of Self-harming Behaviours that inflicts external injuries to the body in Indian, Pakistani and Bangladeshi women living in the UK?' Interpretative phenomenological analysis was the methodology used and a critical realist ontological position was taken. Participants were recruited through purposive sampling, thus those that were available and had met the inclusion criteria were selected for the study.

Table 1*Participant Demographic Information*

	1	2	3	4	5	6	7	8
Name (pseudonym)	Uzma	Zahira	Fateha	Sidrah	Laiba	Anisa	Zainab	Jasvinder
Age	20	23	28	25	25	21	21	26
Gender	Female	Female	Female	Female	Female	Female	Female	Female
Ethnicity	Pakistani	Bangla deshi	Bangla deshi	Pakistani	Pakistani	Bangladeshi	Pakistani	Indian Punjabi
Self-harming experience	Cutting	Cutting	Cutting arm	Cutting & scratching	Cutting arms & legs	Cutting arms	Cutting	Cutting wrists & legs
Last time they selfharmed	<i>6 years ago</i>	<i>2 years ago</i>	<i>10 years go</i>	<i>9 years ago</i>	<i>6 years ago</i>	<i>3 years ago</i>	<i>5 years ago</i>	<i>Two years ago</i>

Analytic Strategy and Procedure Table 2

The six stages for Interpretative phenomenological Analysis (IPA) were used (Smith et al. 2009). These are:

- 1. Reading and reading/listening to and transcribing the interview transcripts**
- 2. Initial noting** which includes detailing what the participant narrates, including descriptive linguistic or conceptual comments.
- 3. Developing emergent themes**
- 4. Organising the patterning of the emergent themes** including abstraction, polarisation, subsumption, and contextualisation. The transcripts were analysed individually and then in stage 6 together.
- 5. Moving to the next case**
- 6. Looking for patterns across cases**

Participants

A risk assessment was conducted, and ethical approval was given by the University of East London (UEL) Ethics Committee. Participants were made aware of the limits to confidentiality, for example, if they revealed information of risk to themselves or others then confidentiality will be broken.

Findings

Table 1 shows the final super-ordinate and sub-ordinate themes related to the research question. This paper details superordinate theme one, powerless.

Super-ordinate Themes	Subordinate Themes
Perceived Powerless	<i>Entrapment</i>
	<i>Internalised Negativity</i>
	<i>Abused by my Environment</i>
Mitigation	<i>Releasing my Overwhelming Emotions</i>
	<i>Connecting to my Pain</i>
	<i>Addicted to Self-harm</i>
Self-harm is Wrong	<i>It must be Hidden</i>
	<i>What have I done to myself?</i>
	<i>My Self-harm is Sinful</i>

Results and Discussion

Super-ordinate Theme One: Powerlessness

This theme explores the impact of the pressures that can be associated with aspects of the South-Asian culture on self-harming behaviour and the feelings of powerlessness that may result. Although each participant discussed different ways in which they experienced self-harm, they all linked their self-harming behaviour to the values and expectations related to their experiences of their South-Asian culture which they reported left them feeling powerless and hopeless. Three sub-ordinate themes ('Entrapment', 'Internalised Negativity' and 'Abused by my Environment') were found.

Sub-ordinate Theme One: Entrapment

This subordinate theme explores the inequalities participants felt they faced due to the values and expectations commonly found within the South-Asian culture. Participants indicated a link between gender inequality and self-harm. Furthermore, this sub-theme also explores the views held by elders or others from the South Asian culture, which often contradicted the participants' values and opinions. More specifically, this disparity was described as generating an internal conflict and led to the questioning of these beliefs. The participants described that these pressures had restricted them from being themselves and that it was linked to their self-harming behaviour.

"there's been lots of times when we have dinner as a family, and then it was either mum or dad would be like girls need to clean up after everyone. But I've got brothers as well and I feel like they should help out too,"

[Zainab]

Zainab's account suggested that she may have been socialised into traditional gender inequalities from a young age. It is noteworthy that the gender inequalities were enforced by both mum and dad, which could indicate a level of internalised patriarchy by her mum, who is of the preceding generation. This can allude to the ideas of generational differences in the women of this culture, whereby her mother agreed with and enforced the gender roles, while Zainab did not agree with it and felt it was unfair and unjust to enforce them on her. The tone

and language used by Zainab could indicate that she disagreed with these inequalities. Further, Fateha also described experiencing gender inequality and gender role expectations.

“in our culture, a lot of... like-obviously we’re the lady of the house we’re just expected to do certain things. Which is really to maintain the house, provide like you know clean and like look after the house and to be the happy one in the house. To give everyone understanding to like be, to play a certain role in the house so to have to like... keep our thoughts and feelings inside..... And then erm... our feelings would get blocked out or hidden away and then just carry on with life really”

[Fateha]

Fateha described the importance of UK-based Bangladeshi, Indian and Pakistani (UKBIP) women in their household, whereby women were central to its maintenance both physically and psychologically, irrespective of their own needs. This is indicative of a set of rules being prescribed to these women without their agreement. It can be argued that UKBIP women had limited control in leading their lives in the way that they wished. Furthermore, Fateha describes her way of managing these expectations as to “*block*” or “*hide away*” her feelings and “*carry on with life*.” It appears that by attempting to consistently fulfil the gender role expectations, there is a constant need to replace her desires with that of the demands of others. Jasvinder also reported these rules as gender specific.

“it was very traditional things, girls don’t leave home, girls don’t move home and live in houses without their parents and stuff like that. Like what if there’s boys like what are you gonna you know all this kind of stuff. So, I was very much like I have to really prove myself I have to really prove, and that was a lot of pressure. And that I think is culturally specific especially the whole kind of girls don’t leave home. Girls stay at home until their parents you know get them married off so that was very culturally specific”

[Jasvinder]

Jasvinder discussed the application of a different set of rules and expectations for girls and boys in her culture. She explained the presence of a lack of trust in UK-based Bangladeshi, Indian and Pakistani girls which resulted in restrictions being placed on her. It seems that these restrictions played a role in Jasvinder feeling controlled by gender rules and thus there was a

requirement to sacrifice her desires from a young age. These restrictions placed upon Jasvinder were later discussed to have had "a massive effect" on her "wanting to self-harm", which highlighted the enormity of the impact of gender role expectations on self-harming behaviour. Jasvinder also exclaimed that these pressures from her culture "made [her] want to hurt [herself] and so [she] did", indicating that she believed there was a direct link between gender inequalities and self-harming behaviour. Furthermore, Jasvinder's description highlighted the power differences between a parent and daughter in UKBIP families, where parents appear to have power and control over their daughters' lives. Additionally, Laiba also spoke about gender inequality as a contributor to self-harm.

"I think when it comes to particularly how women are treated and me observing and hearing about those kind of things I've always felt helpless like there's no way out erm kind of thing and erm even with like the norms of how you treat your elders and not being able to answer back to comments that are being made either from like family or cousins or things like that, that kind of had like I feel like it might be encouraged and pushed me towards that side [self harm]. Whereas had I not hurt- had I been able to stick up for myself and not seen such things happen to like family and things like that I think I would've had a very different reality, and not felt so helpless"

[Laiba]

Laiba discussed the treatment of women in her culture as a causal factor in her self-harming behaviour. The cultural norms linked to the treatment of women perhaps left her feeling trapped, which she stated had encouraged her to self-harm to cope. It can be argued that Laiba was required to passively tolerate unjust and upsetting comments made towards her, leaving her feeling powerless and a sense of lack of control. This resulted in a sense of feeling trapped ("no way out") and stuck and perhaps silenced by the restrictions and expectations from her culture. Further, the expectation of not being able to "answer back" or "stick up for [herself]" and remaining silent was indicative of a sign of respect for elders, highlighted the role age also plays in the roles, expectations, and values in the Bangladeshi, Indian and Pakistani culture. It can also indicate a chain of power or hierarchy of power in these families. This pressure to remain silent, rather than defend herself, seemed to have influenced her need to self-harm. This opens the question as to whether Laiba used self-harm to prevent the deviation from her cultural expectations, whilst addressing the helplessness she experienced from the inequalities. These gender inequalities were reported to lead to feelings of powerlessness, a sense of feeling

trapped and a lack of control, which resulted in self-harming behaviour as a way of coping with the feelings of helplessness and powerlessness.

“I just wanted to fit in with my friends really badly, the way they were dressing, the way they would go out to places, not like even like late at night, just go out shopping and stuff I wasn’t allowed to do that, (M’hm) going to the cinema wasn’t allowed, I wasn’t allowed to talk about it. It was difficult I was just being left out and my parents didn’t see that”

[Zainab]

When exploring Zainab’s triggers of self-harming behaviour, she described the restrictions placed on her by her parents, highlighting a lack of freedom to do what she wanted to do. She explained that this resulted in an inability to “*fit in*” with her friends and thus it can be assumed that it prevented her from being herself and left her feeling excluded. This can be indicative of the pressure Zainab felt to conform to both cultures, Eastern and Western, leaving her feeling conflicted. Zainab indicated that this was a “*difficult*” experience for her, and this possibly renders the thought of difficulty managing the expectations from her culture with her personal desires. Furthermore, there is a repetition of “*wasn’t allowed*” which could indicate the restrictions and the lack of control that she faced in comparison to her friends. This inability to be herself was dealt with by self-harming by Zainab, but also expressed by Anisa.

“There was a lot going on at that moment like my mum was saying stuff to me I think and other people saying stuff to me and it just like like they wanted me to be someone who I’m not. I just thought what should I do if they don’t listen to me”

[Anisa]

Anisa's account indicates that by being expected to conform to others' expectations, she was not allowed to develop her own identity. Anisa’s mention of “*what should I do if they don’t listen to me*” highlighted a sense of helplessness related to her wishes about who she wanted to be, and it also indicated a sense of uncertainty on how to manage this. This struggle for developing her own identity and the lack of agency and autonomy was further highlighted when she noted:

“They’d be like you can’t do this; you can’t do that because people will say something in the Asian community. Like it’s all Bengalis so everyone knows who I am and it’s just like bad mouthing basically to my mother. So, I can’t really do anything when I go out”

[Anisa]

Her frustrated tone of voice also indicates that she perhaps wishes that this was not the case and that she had the freedom to behave as she wanted to. It may be that these restrictions had an impact on Anisa's identity formation, whereby she was unable to and discouraged from being her true self in public in case people will talk negatively about her mum. This could have led to a sacrifice of her sense of self to abide by her mum's expectations. Consequently, these restrictions could be viewed as leading to a poor sense of identity. Furthermore, it appears that these pressures from the Bangladeshi, Indian and Pakistani culture had a negative impact on their psychological wellbeing and were linked to self-harming behaviour, as described below by Jasvinder.

“there were things in being South-Asian, being Sikh being Punjabi that had a massive effect on me wanting to self-harm, because a lot of the time whenever I’d say-especially when I’d say to my dad like no, I wanna achieve my dreams, I want to go to the creative like no, I want to do this so then he would be like but we don’t do this. We don’t do this in our culture, people don’t allow us to do this, this is not what we do. I didn’t come to the country for you to do that and so those feelings and cause it was like arguing with a brick wall you can’t win no matter what. I just kind of put those feelings out on myself”

[Jasvinder]

Jasvinder’s description highlighted the substantial impact of her culture on self-harming behaviour. There was a repetition of “*we don’t do this*” in her narrative which conveyed the pressure that can be put on these women, leading to a sense of lack of control over her own life. Jasvinder’s attempts at regaining control were met with a lack of response from her father (i.e., “*arguing with a brick wall*”), suggesting a sense of futility. Therefore, she feels it is pointless trying to regain control, possibly generating internal and external conflict in managing her dad's expectations of her and her wishes. She also stated that these restrictions had an impact on her wanting to self-harm, thus an inability to have control over her life due to the pressures from her culture can result in self-harming behaviour. The experiences described indicate that the pressures from her culture contributed towards self-harming behaviour.

Sub-ordinate Theme Two: Internalised Negativity

Not surprisingly, each participant had diverse experiences of what they felt had triggered their self-harm. All women described negative thoughts, feelings and self-loathing tendencies that were associated with their self-injurious behaviour. For example, they expressed difficulties with their body image, low self-esteem, and internalised anger due to comments from family members, which then resulted in harming themselves.

“Before I self-harmed, I was really low. I... was so down, I was so depressed, I was just so like miserable”

[Fateha]

Fateha’s account described her experience of strong negative emotions before self-harming. Her account suggests a link between mental health difficulties and self-harm. Furthermore, the brief pause by Fateha indicates that she is still finding it difficult to talk about her mental health difficulties which contributed to her self-harming experiences. Similarly, the link between low self-esteem and self-harm was also discussed by Uzma.

“... one of the main reasons I used to self-harm it was just self-esteem problems”

[Uzma]

“with the low self-esteem its cause, I think how I must’ve been 14 at the time so sort of on social media and even the school environment everyone has this sort of idea of... I don’t know the perfect body and how people are supposed to look and so for me, sort of thinking oh I don’t look like that, why don’t I look like that and erm... just at the time I just had really low confidence, low self-esteem, and I think it’s just the whole sort of looks thing was triggering erm my low self-esteem”

[Uzma]

Uzma explicitly stated that the questioning of her appearance was a trigger for her self-harming behaviour. These questions perhaps caused her upset and confusion as to why she did not match societal expectations. The comparisons she made between herself and what she would see on social media and at school perhaps left her feeling less than everyone else in comparison. This perhaps caused tension generating internal conflict and thus low self-esteem. Her experience

of low self-esteem appears to be painful to manage and therefore, Uzma used self-harm to cope with these difficult emotions. Similarly, Laiba described body image difficulties.

“it’s now people that are like the elders of the family now saying like stuff to me and then that really really got me bothered and really upset. And so I used to look at my body, ever since I was like a young child even and I’d like pick certain parts of my body that I didn’t like and I started cutting those parts that I didn’t like.”

[Laiba]

Laiba discussed her use of self-harm to manage her body image difficulties, explicitly stating this as a trigger for self-harm. It can be assumed that the comments from her relatives about her weight and size resulted in her being self-conscious about her body, which then led to hatred for her body and thus she self-harmed to manage these feelings. These comments could have stemmed from the beliefs in her culture, whereby men were expected to look “*strong*” while women were expected to be “*dainty*” [Laiba]. These expectations combined with the negative comments about her weight could have contributed to the body image difficulties and low self-esteem and thus she used self-harm to deal with the distress. This highlighted the role that some UKBIP cultural expectations have on women to look a certain way which can lead to psychological distress and self-harm. Further, a common emotion described by the participants was anger. Five participants (out of the eight) explained that a strong feeling of anger was present before they had self-harmed.

“It was just extreme anger [...] So, like not being able to go out and arguing parents made me really angry. And I remember cutting my arm”

[Laiba]

Laiba discussed how the restrictions placed on her resulted in feelings of “extreme anger”. It seems that there was a clash between what she wanted to do and what her parents allowed. These restrictions perhaps led to a lack of agency and autonomy, and thus resulted in feelings of anger. Laiba experienced this anger as an uncomfortable strong emotional state in response to the threat to her autonomy and seemed to use self-harm as a coping mechanism. This highlights the link between the expectations on women in South-Asian culture and its link to

powerlessness. Correspondingly, Jasvinder also explained the presence of anger related to her self-harming behaviour.

“Anger ..which is why I was like carving like fuck up and bitch on my leg cause I was like angry at myself nobody wanted to be my friend, anger that I wasn’t able to achieve anything, anger that I wasn’t able to get a good work life....”

[Jasvinder]

Jasvinder attributed the anger to herself for not being “good enough” and achieving her goals. The numerous items on her list of things she did not have perhaps suggests that she felt she was not “good enough” or competent to achieve them. It could be that Jasvinder was unable to see any positive aspects in her life, which is perhaps linked to the feelings of “depression” she had described earlier. This anger she felt towards herself for not being good enough was translated or expressed as self-harm whereby she carved the words “fuck up” and “bitch” on her leg. It can also be interpreted that she is blaming herself for not achieving her desires. Jasvinder may have thought she was unable to voice her anger about this to her dad (“it was like arguing with a brick wall” and therefore, she found self-harm to manage her inability to express this anger. Furthermore, Jasvinder has simplified the complex behaviour of self-harm into one emotion, anger, when she stated that “it all comes down to anger”, perhaps highlighting the enormity of the role anger plays in self-harm. Zahira also discussed the presence of anger, particularly the lack of control of anger, in her self-harming behaviour.

“I’m really rubbish at controlling my hurt and anger ...as time goes along I start getting worse and worse and it starts building up and that’s when the self-harming comes out so I struggle with controlling my anger [...] I’m not an angry person, I don’t like being angry at all but when I am angry I ain’t the nicest person to be around so anger for me is like a forbidden”

[Zahira]

Zahira discussed strong feelings related to wanting to control (not express) her anger. Due to the negative impact of this emotion (e.g., shouting, swearing), Zahira has seen the adverse impact on her relationships. Therefore, she puts strong efforts into blocking out her anger, which ultimately gets built up and appears to trigger self-harm. Zahira also explored the ideas

related to controlling anger, whereby self-harm occurs because of no longer being able to suppress her anger. This further highlighted anger as a trigger for self-harm.

Sub-ordinate Theme Three: Abused by my Environment

There are several external events that the participants described which were linked to their triggers of self-harm. For example, the pressure placed on them to achieve good grades, witnessing violence at home, bullying and relationship breakdown. This sub theme will discuss how the participants felt that these external pressures had triggered their self-injurious behaviour.

“a lot of it comes from school cause I went to a grammar school and they literally push you so much to get like 100% in everything and it’s like if you got 99 that’s not good enough you have to have 100. It was that mentality, so I think coupled together with the whole like cultural element it was yeah (laughs) I think that’s also why my self-harm started when I was in school just cause it was very much like a way to be that perfect person”

[Sidrah]

Sidrah explained that the pressures from her grammar school fuelled the idea of striving for perfection, whereby achieving less than 100% was not good enough. It could be argued that there was an external expectation from the environment to meet certain criterion. Similar to a punishment, Sidrah would negatively reinforce perfection via self-harm, whereby she would self-harm if she was not “good enough” and did not achieve 100%. It seems self-harm enabled Sidrah to manage the feelings associated with not being able to meet the unrealistic expectations put on her by her school and perhaps by her culture. Aside from pressures at school, other participants explored exposure to an abusive home environment and linked this to self-harming behaviour.

“unfortunately I grew up in an abusive violent household ...physical violence dotted about ..but it was a lot of controlling behaviours, a lot of erm shouting arguing a lot of just violent attitudes and tendencies [...] and so maybe there was that”

[Jasvinder]

When asked about what led Jasvinder to begin self-harming, one trigger she mentioned for her self-harming behaviour was the common exposure to an abusive home environment. It could be assumed that the abuse and controlling behaviour that she witnessed and perhaps experienced to a degree had set the standard and had normalised these behaviours. Perhaps repetitive exposure to such abusive environments had also given her the idea that she could also abuse herself by self-harming. These early experiences could have modelled the idea of violence to Jasvinder. Additionally, Jasvinder suggests that she was not entirely sure whether the abusive home environment alone had triggered her self-harm. Therefore, it could be a combination of different factors as she also discussed experiences of being bullied that could have contributed to this behaviour.

“But I really don’t know, apparently, I was bullied in school, in primary school. I remember vague bits of it of having kids say racist things to me and having them put a erm like a snot and saliva on the back of my school jumper. I remember that being an issue, I remember making up like rhymes about killing my family and stuff and so I remember those things and bullying and stuff like that...I think not having friends and being in a violent household just really, the two together was just probably the two things that was the tipping point.”

[Jasvinder]

Jasvinder discussed her experience of bullying and racism in a monotonous tone and in a rather matter of fact way with a lack of emotional engagement. This perhaps serves to distance herself from the pain associated with these painful memories. Jasvinder’s account indicated that perhaps she was singled out and made to feel like an outcast due to her UKBIP background, as she mentioned she went to a school with predominantly white students. The rhymes about killing her family could have felt threatening and instilled fear in Jasvinder. Furthermore, not having any friends meant that she was perhaps lonely and there was a lack of social interaction with people her age. This could allude to the idea that harmful environments with a lack of social support can have an impact, or perhaps even trigger self-harming behaviour.

Aside from bullying, Fateha reported that she experienced sexual assault which triggered her self-harming behaviour.

“the assault... I felt disgusted of myself I felt like urgh (laughs) I felt erm like- I just felt like I didn't have no one to turn to. I felt really ashamed of myself I felt really disgusted, I just wanted to go to another place. In my mind as well, I just thought about self-harming”

[Fateha]

When Fateha was asked about what triggered self-harm, she had an immediate short and sharp response, which could be indicative of a clear trigger for her self-harming behaviour. Her use of “*disgusted*” and “*ashamed*” could indicate that she attributed a level of responsibility towards herself for the sexual assault as opposed to her perpetrators. This highlighted that this external event had been internalised as strong feelings of disapproval and shame towards herself. Further, her statement of “*no one to turn to*” suggested that there was a lack of support available and highlighted the importance and desire for support after a traumatic experience. This emphasised that the sexual assault, an external event, and the lack of support available had triggered her self-harming behaviour.

Discussion

This study presented the self-harming experiences of a self-selected group of UK-based Bangladeshi, Indian and Pakistani (UKBIP) women. The findings from this research shed a light on these experiences, which can be conceptualised within their social environment. These analyses not only highlighted the findings from previous research literature but also indicated novel insights that had not been explored in previous research.

One theme that was prominently expressed and similar to existing literature was that of 'Entrapment'. The participants explored the idea of gender-based inequalities in the roles and responsibilities of women due to South-Asian cultural values and beliefs. These inequalities were described to have led to psychological distress and consequently, self-harm was used to manage the distress. Similar ideas were found by Bhardwaj (2001) whereby gender inequalities enforced by parents and the wider society generated distress and were found to be a contributory factor in self-harm. More specifically, the participants in the present study disclosed roles and responsibilities that were assigned to them based on their gender (i.e., cleaning up after others, taking care of the family). These concepts were also discussed by Bhardwaj (2001) that there were rigidly defined matrimonial roles and the duties of women. Additionally, Husain et al. (2006) also found that interpersonal difficulties with family were a contributory factor in self-harming behaviour. Perhaps these societal gender inequalities generated interpersonal difficulties with family members resulting in self-harm. Another aspect that was highlighted in the present study and by Bhardwaj (2001) was the idea of a lack of freedom for UKBIP women experienced in comparison to their male counterparts, emphasising the gender inequalities experienced and how these inequalities resulted in self-harming behaviours.

In line with previous literature, participants mentioned that they were unable to be themselves due to the expectations imposed on them by their families and society. One participant described that her parents wanted her to be someone she was not, resulting in psychological distress and particularly self-harm to manage this distress. This was also seen in Gilbert et al's. (2004) study whereby results suggested that these women felt controlled by the cultural values and traditions, and this then impacted their psychological health. This also links with their identity and sense of self, which has been previously discussed by Chew-Graham et al. (2002).

More specifically, in this study, the analysis suggested that cultural pressures on how participants should behave had an impact on their identity formation, whereby they were unable

and discouraged from being their true selves due to how others in the community would perceive them and thus self-harm was used to regain control. These ideas related to the challenge of holding two different identities was found by Triandis (1989) where UKBIP women expressed experiencing a conflict between the collectivist culture of their parents and the individualistic western culture. This was found to have generated an internal conflict between how they wanted to behave and how their parents expected them to behave, resulting in psychological distress and self-harming behaviours. This finding was also supported by other studies (Dwyer, 2000; Babikar & Arnold, 1997).

These concepts related to cultural conflict and a struggle for identity development was a recurrent theme in this research. The pressures experienced from their culture and family were reported to have an impact on their identity formation and limited their sense of self. These ideas also relate to Berry's (1997) Model of Acculturation whereby participants may be in the assimilated identity (individual takes on values, beliefs, and practices from new culture) or perhaps marginalised (individual dismisses ideas from both cultures). However, one aspect that this model did not account for that was highlighted in this research was the desire for participants to take on the values and traditions of the country that they reside in but experiencing pressures from parents to take on more traditional values and beliefs. This could perhaps be explained by Erikson (1968) who suggested that adolescents take on values, beliefs, and morals from their parents, particularly if individuals had parents with traditional values. Thus, this phenomenon may have occurred with the participants in this study too.

Alongside the pressures from the South-Asian culture, the participants spoke about their triggers of self-harm. In line with existing literature (Al-Sharifi et al., 2015; Bhardwaj, 2001), all the participants in this research described a form of psychological distress that triggered their self-harming behaviour, such as low self-esteem and body image difficulties. These psychological difficulties were described to be intense feelings that they were unable to escape from and thus seemed as though self-harm was the only viable way to manage these difficulties at the time.

Existing literature has linked self-harm to negative emotions such as depression, anxiety and low self-esteem in adolescents and adults in the general population (Fliege et al., 2009). While the present study found that negative thoughts, feelings, and self-loathing tendencies were associated with self-injurious behaviour in UKBIP women. Furthermore, previous studies have suggested that women are more likely to internalise their difficulties in comparison to males

(Crick & Zahn-Waxler, 2003). However, this study may provide novel insights concerning internalised anger that does not appear to have been investigated in UKBIP women previously . More specifically, internalised anger as a trigger for self-harm in UKBIP women does not appear to have been explored in the existing literature. This study suggested internalised anger as a reason for their distress and subsequent self-harming behaviours, which appeared to be linked to ideas surrounding control. More precisely, participants explored feeling angry about their perceived lack of control (i.e., not being able to do what they wanted to do) as well as not being able to eliminate their feelings of anger. The desire to eliminate feelings of anger could be because expressing anger is often not culturally sanctioned as participants described. Therefore, this resulted in self-harm when they felt they were unable to control their anger. This theme suggested that there is a connection between anger, control, and self-harm in UKBIP women.

Furthermore, existing literature has commonly found that deliberate self-harm was linked to a history of sexual and physical abuse in the general population (Low et al., 2000). Further, studies have also shown that sexual and physical abuse is a predictor of self-harm (Gomez, et al, 2015; Yates et al., 2008). It has found links between sexual assault and self-harm in South-Asian women (Low et al., 2000). Additionally, the existing literature has shown that bullying can contribute towards self-harming behaviours in the general population (Heerde & Hemphill, 2018; Eyuboglu et al., 2021). The participants in this study also expressed bullying, a toxic home environment and relationship breakdown as triggers of self-harm in UKBIP women. Therefore, although these triggers were not explored specifically in women of UKBIP heritage, this study has emphasised the significance of traumatic experiences and past adversities as a link to self-harm in UKBIP women. Therefore, self-harm to manage traumatic events in UKBIP women can be viewed as a novel insight from the present study.

Conclusion

The current study provided a range of insights, some of which align with existing literature while others offered innovative perspectives. Consistent with prior research, themes such as feeling trapped, experiencing negative emotions preceding self-harm, and using self-harm as a coping mechanism for traumatic events were identified. However, this study introduced novel insights, notably concerning the concept of internalised anger and the utilisation of self-harm

as a strategy for managing traumatic events among UKBIP women. These findings show the need for culturally sensitive mental health services which actively considers the cultural experiences that are perhaps missing when working with UKBIP women.

Footnote:

The authors would like to clarify their use of the term UK-based Bangladeshi, Indian and Pakistani (UKBIP) women in this paper, a variety of descriptors could have been used, for example British women with Bangladeshi, Indian or Pakistani heritage. The description used was intended to be inclusive as some of the participants may be a resident but did not have British passports or nationality. The descriptor used was agreed with the research participants.

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