Aktar, S. & Tribe, R. (2024c) "Self-harm is wrong": The experience of Self-harming behaviours that inflict external injuries to the body in UK-based Bangladeshi, Indian and Pakistani women: An Interpretative Phenomenological Analysis. *International Review of Psychiatry*. https://doi.org/10.1080/09540261.2024.2306615

"Self-harm is wrong": The experience of Self-harming behaviours that inflict external injuries to the body in UK-based Bangladeshi, Indian and Pakistani women: An Interpretative Phenomenological Analysis.

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Abstract

This study investigated the experience of self-harming behaviour that inflicts external injuries to the body in UK based Indian, Pakistani, and Bangladeshi (UKBIP) women. A total of eight participants were recruited via purposive sampling and semi-structured interviews were carried out. The interviews were analysed using Interpretative Phenomenological Analysis (IPA). Analyses were carried out on an individual and group level and three super-ordinate themes, and nine sub-ordinate themes emerged. The superordinate 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?' & 'My Self-harm is Sinful'). The analyses revealed novel insights on the impact and importance of some South-Asian cultural values and beliefs on the experience of self-harm in South-Asian women. This paper will focus on the third superordinate theme and related sub themes, that of 'Self-harm is Wrong'.

Introduction

Self-harming behaviour in UK based Bangladeshi, Indian and Pakistani (UKBIP) women is an area that required further research especially as previous research has established that these women are not utilising the services available to them partly due to the lack of trust and understanding received from mental health professionals (Chew-Graham et al., 2002; Aktar & Tribe, 2023a). This study attempts to contribute to filling this gap in our knowledge.

Methodology

The research question was 'What is the Experience of Self-harming Behaviours that inflicts external injuries to the body in UK based Indian, Pakistani, and Bangladeshi (UKBIP) women?

Interpretative phenomenology was the chosen methodology, it aims to understand the meaning of an experience by reflecting upon the wider meaning of the data relating to the psychological, social, and cultural context (Willig, 2013), and a critical realist ontological position was taken. IPA uses a double hermeneutic (Smith, et al., 2009), which refers to the researcher making sense of the participants meaning making.

Participants

The inclusion criteria were that participants were over 18 and up to 45 and must have had an experience (at least one year ago) of self-harm that caused external injuries (e.g., cutting, scratching, burning) to the body. They needed to self-identify as of Indian, Pakistani, or Bangladeshi heritage as well as identifying as female. Participants must also be able to speak English at a proficient level to talk in-depth about their experience and discuss the meaning they attribute towards their self-harming experiences. The exclusion criteria were participants currently self-harming, being clinically treated for self-harm, under eighteen years old, experiencing suicidal ideation or symptoms of psychosis. A risk assessment was also conducted. Ethical approval was obtained from the University of East London Ethics Committee. Eight participants were made aware of the limits to confidentiality, for example, if they revealed information of risk to themselves then confidentiality will be broken.

Participant selection

A pre-screening telephone call took place. Several participants who had come forward were excluded at this juncture. The reason for the exclusion was explained. A distress protocol was in place.

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	Bangladeshi	Bangladeshi	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 self-harmed	*6 years ago*	*2 years ago*	*10 years go*	*9 years ago*	*6 years ago*	*3 years ago*	*5 years ago*	*2 years ago*

Analytic Strategy and Procedure Table 2

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

1. Listening to and transcribing the interview transcripts. Reading and re-reading the transcript.
2. Initial noting, including detailing the descriptive, linguistic, and conceptual comments.
3. Development emergent themes
4. Organising the patterns of the emergent themes of the participant using abstraction, polarisation, subsumption, and contextualisation.
5. Moving on to the next case
6. Looking for patterns across the eight participants.

Methodological Reflexivity

The first author's background as a UK-based Bangladeshi woman may have benefited or hindered the recruitment process. The benefits included finding it simple to communicate and relate to my potential participants as they were from a similar background. Several of the participants described that it was helpful speaking to someone from a similar background because they felt there was a shared understanding of cultural factors. However, it could have hindered participation as research suggests that there is shame, stigma and a lack of trust related to discussing mental health difficulties, particularly with Bangladeshi, Indian and Pakistani professionals (Chew-Graham et al., 2002).

Table 3 Summary of Themes

Table 3 shows the final super-ordinate and sub-ordinate themes related to the research question.

Super-ordinate Themes	Subordinate Themes
Powerless	*Entrapment*
	Internalised Negativity
	Abused by my Environment

Mitigation	*Releasing my Overwhelming Emotions*
	Connecting to my Pain
	Addicted to Self-harm
Self-harm is Wrong	*It must be Hidden*
	What have I done to myself?
	My Self-harm is Sinful

Analysis

The IPA analysis in this study produced three super-ordinate themes and nine sub-ordinate themes (see table 3), which highlight the captured themes for the experience of self-harming behaviour that inflicted external injuries on UK-based Bangladeshi, Indian and Pakistani women. The themes have been organised in a way that is indicative of a narrative style to ensure that it can be coherently followed as a process. These are briefly reviewed here before the main theme of this paper, which is Self-harm is Wrong' is analysed. The other themes are described briefly first, these are the influences and triggers of self-harm (see Aktar & Tribe, 2023b) which then leads to the idea of using self-harm to cope, before exploring the complex presentation of self-harm (See Aktar & Tribe, 2023b). Thus, the order of the themes does not necessarily reflect the order that the participants spoke about their experiences.

The third super-ordinate theme, 'Self-harm is Wrong', captured the secretive nature of self-harm and the regret associated with self-harming. It also explores how self-harm was conceptualised via religion as 'sinful'. All of which combined to illuminate the meaning given to the experience of self-harming behaviour in South-Asian women.

	Participant	**1 Uzma**	**2 Zah**	**3 Fat**	**4 Sid**	**5 Lai**	**6 Zai**	**7 Ani**	**8 Jas**
Superordinate Theme three	**Sub-ordinate Theme One:** *It must be Hidden*	✓	✓		✓		✓	✓	✓
	Sub-ordinate Theme Two: *What have I done to myself?*	✓	✓	✓	✓		✓		
	Sub-ordinate Theme Three: *My Self-harm is Sinful*	✓		✓		✓			✓

Keys for participants' quotes

The participant's quotes will be italicised and will include the participant pseudonym.

Superordinate Theme Three: Self-harm is Wrong.

The third theme explores the participant's views of self-harming behaviour as wrong. The three sub-themes that will be discussed are: 'It must be Hidden,' 'What have I done to myself?' and 'Self-harm is Sinful'. This super-ordinate theme highlights the disappointment and remorse often experienced after self-harming.

Subordinate Theme One: It must be Hidden.

Self-harm was described as a hidden behaviour that participants said they did not want to disclose to others. They mentioned that the reason they had to keep their self-harming behaviour a secret was due to cultural beliefs and values. This subtheme illustrates how participants kept their self-harming behaviour a secret.

"it's a part of my past […] so to avoid questions and avoid judgment I feel like that probably the best thing to do, to just cover it up… Because I don't want people to see the scars or see what I've done. [...]"

[Zahira]

This resulted in her taking precautions to hide her scars, which highlighted that despite her experience of self-harm being in the past, she still needed to think about it and conceal it accordingly. Further, taking precautions to prevent being questioned and judged suggested that she thought people would perceive her negatively due to her self-harm. This could indicate that there is shame and embarrassment linked to this self-injurious behaviour. Furthermore, it could be interpreted that by hiding it, she has maintained control over her body and her behaviour. Her use of "*it's a part of my past*" could be indicative of the idea that she does not believe that it defines her. This idea of concealing self-harm was also reported by other participants.

"it's just easier to just pretend things are not … in our community it's like a taboo."

[Zainab]

This highlighted that there was a shared understanding that self-harm was a prohibited behaviour in society. Due to the idea of self-harm as a taboo, Zainab perhaps had an implicit

understanding that she should not be engaging in self-injurious behaviours, however, she managed this conflict by engaging in it but hiding it from other people. Therefore, by concealing it, she was able to do what she wanted to do without letting people know that she had deviated from her cultural norms. Other participants, such as Sidrah, also shared her experience of self-harm as a hidden behaviour.

"…. why I found it difficult to talk about cause everyone was like why didn't you just talk to someone or why didn't you tell us and there was no conversation for it"

[Sidrah]

Sidrah discussed the understanding of self-harm and mental health, which she believed was dependent on the cultural understanding at the time. This might indicate that the perception of self-harm is dependent on current societal values and beliefs and that perceptions of self-harm have changed with societal changes. She alluded to the idea that there was a lack of acceptance and understanding of self-harm during the time she was self-harming. This perhaps encouraged her to keep her self-harm hidden, which might highlight that her South-Asian values and beliefs played a role for Sidrah in keeping her self-harm hidden. Furthermore, Sidrah may have experienced an internal conflict with others questioning why she did not talk to someone, yet she thought that she was not provided with the space to discuss mental health difficulties at the time.

Subordinate Theme Two: What have I done to myself?

This subtheme explores the common feeling of regret after self-harming. Participants confirmed that they realised it was not a behaviour that they should be engaging in as it did not benefit them, yet they still engaged in it. This also highlighted the conflicting response to self-harm, such as aiding in the management of their emotions yet regretting it.

"then I thought why I've done this like it's not worth it like why am I doing this to myself"

[Zahira]

The use of questioning can be interpreted as Zahira having doubts about her decision to self-harm, indicating that she may have lacked confidence in her decision. It could also highlight

that she may have been evaluating her behaviour after she had engaged in it, which could suggest that she negatively appraised self-harm. Uzma also shared a similar experience.

"I remember crying and letting it all out and then erm thinking I'm never gonna do this again"

[Uzma]

It can be argued that initially Uzma saw self-harm as a good option to release her emotions but afterwards she appraised it as a bad decision and something she wanted to refrain from in the future. This idea of regret was also expressed by Sidrah.

"I wouldn't do it again and I think about it and I'm like what why did I do that that sounds really weird"

[Sidrah]

Sidrahs use of "*weird*" to describe her self-harming behaviour could indicate that in retrospect it does not make sense to her as it may not be the norm. It could also be a way of distancing herself away from the behaviour, which could also highlight that self-harm was perhaps not a socially acceptable behaviour in the South-Asian community, as discussed in the previous subtheme. Other participants, elaborated on this shared experience of regret.

"you look at yourself and you think w-what have I done, like why did I do that and erm yeah and I think that was erm the last time that I did self-harm because like seeing the things I did to myself, I was like I can't keep doing this like why am I doing this to myself"

[Uzma]

Uzma highlighted the repetition of questioning herself, which can indicate her lack of knowledge about why she had self-harmed. This could also highlight that Uzma experienced self-doubt and uncertainty in her decision to engage in self-harm. It could also be argued that there is a lack of confidence in her engagement in self-harm, which could advocate for the idea that she perhaps knew that self-harm was wrong. This could highlight that self-harm was not

thoroughly thought about before cutting herself. Further, Uzma talks about the cyclical nature of the regret associated with self-harm.

But after a while, it's the same again. It was just realising obviously that it was stupid, and I shouldn't be doing stuff like that"

[Uzma]

The repetition of this cycle could mean that self-harm served a purpose and was important for Uzma that she continued, despite regretting it and knowing it was not good for her. It also highlighted that self-harm was a behaviour that was being maintained and had a cyclical process of regret and then engagement and then regret again. Aside from cultural values and beliefs, one participant rationalised her regret towards self-harm using her religion.

"I do regret it because I don't know what I'm gonna answer when I die"

[Fateha]

Fateha's extract could suggest that feelings of regret were associated with self-harm due to the teachings of her religion. This could indicate that Fateha regretted her self-harming behaviour due to the sense of being held accountable for her actions which are prohibited in her religion (i.e., Islam). There is also a sense of taking responsibility for her actions. The importance of religion in the meaning-making of self-harm is further discussed in the next sub-ordinate theme.

Subordinate Theme Three: My Self-harm is Sinful.

As culture and religion often get "*mixed*" [Jasvinder], the values and beliefs of each are frequently intertwined. One common theme that was repeated, and will be explored via this sub-ordinate theme, was the meaning-making of self-harm as sinful via religion.

"in the Islamic religion you're not supposed to inflict any harm on your body it's like a sort of promise that you make with God. Your body's like a promise and you have to return it in a proper state"

[Laiba]

Laiba perhaps used the term "*proper*" to refer to her body as unharmed, healthy and in the state that God gave it to her. This indicated that self-harming behaviours are against the teachings in her religion and therefore a behaviour she should not engage in. She also discussed that it is a "*promise*" she has made with God, indicative of an unspoken agreement with God. This was repeated twice, which perhaps highlights the importance of religion in the conceptualisation of the values and beliefs in her experience of her culture and self-harming behaviour. This perhaps left Laiba in a state of conflict whereby she needed to cut her body to manage her difficult emotions, yet her religion was advocating for her to look after her body as it does not belong to her. This idea was also echoed by Fateha.

"Religion comes into it. Like in Islam were meant to look after our body, not hurt it, it's not ours to have like it came to it after erm self-harm"

[Fateha]

Fateha explained that although religion and culture are two different concepts, religion played a huge role in the values and beliefs in the South-Asian culture. There were perhaps feelings of guilt or even regret related to her decision to self-harm when she knows she should not be.

It could be that there was a level of shame or embarrassment involved if people found out that she had deviated from her religious expectations. This can also be seen in Uzma's discussion with her Mum about religion and self-harm.

"she started talking about religion and how she was like don't you know its haram to self harm urm how's God gonna feel, like something about being punished I can't remember"

[Uzma]

Uzma's extract about her conversation with her mum highlighted that her mum held a strong belief that she should not engage in self harm due to religious reasons. Her vague narrative on being punished and her lack of recall could be thought of as a distancing technique from the distressing thought that self-harm is sinful and punishable. Therefore, it can be interpreted that to avoid the distress associated with this thought, she perhaps did not want to think or talk about

it. Maybe, this was Uzma's way of managing the difficulties associated with going against the religious expectations related to self-harm.

More importantly, the analysis focused on the ways in which these women conceptualised their experiences. The sub-ordinate themes, among three super-ordinate themes, generated some perspective of their lived experience and the meanings attributed to their experience of self-harm.

Discussion

Although the sample is not homogenous in terms of their heritage status, this research argues that there are many similarities in the three groups. The three groups were all one country before the partition of India in 1947, share colonial history (Butalia, 2014) and share some cultural values and beliefs related to gender roles, marriage, religion, and education. For example, the values related to marriage are similar with higher marriage rates usually at an early age and gender role expectations where the women typically bear children and males provide for the family (Dale & Ahmed, 2011). Whilst also recognising there are also differences between and within each group. Furthermore, previous research has found that the appraisal of mental health is similar in these groups as they are more likely to somatise their psychological distress (Hussain & Cochrane, 2004). Additionally, research has suggested that these groups respond to mental health difficulties in a similar way such as somatising experiences, normalising symptoms, relating it to life events and conceptualising their distress via religion (Anand & Cochrane, 2005). Lastly, the coping strategies used by UKBIP women were found to be similar, whereby they used religion, prayer, talking and self-harm to cope with their distress (Hussain & Cochrane, 2003). Consequently, the present research argues that UK-based Indian, Pakistani, and Bangladeshi women share some similarities.

The main research findings are explored in the context of self-harming behaviours of UKBIP women, and their accounts might be conceptualised as experiences consequential of their social setting to some degree. The analyses showed findings that were similar to the existing literature whilst also highlighting novel ideas that were not found by previous research.

More specifically, in this study, the analysis suggested that cultural pressures on how participants should behave had an impact on them. This appeared to relate to the challenge of holding two different identities, this was also found by Triandis (1989) where South-Asian women expressed experiencing a conflict between the collectivist culture of their parents and the individualistic western culture. In other studies, this was found to have generated an internal conflict between how they wanted to behave and how their parents expected them to behave, which the authors claimed resulted in psychological distress and self-harming behaviours. This finding was also supported by other studies (Dwyer, 2000; Babikar & Arnold, 1997). Bhugra and Desai (2002) carried out a review on suicide attempts in South-Asian women and found that females aged 18-24 were at an increased level of stress. They suggested that this could be

due to the pressures of gender-role expectations from marriage, which can consequently contribute to self-harm.

Alongside the pressures from the BIP culture, the participants spoke about their triggers of self-harm (detailed in Aktar & Tribe b). 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 frequently associated with this issue 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.

Further, research from the existing literature indicated that self-harm was a response to psychological distress (Chew-Graham et al., 2002; Bhardwaj, 2001; Marshall & Yazdani, 1999). Similarly, the participants in this study also viewed self-harm as a coping strategy to release their difficult to manage emotions (as discussed in Aktar & Tribe b). More specifically, they described self-harm to regulate their emotions by releasing them. Parallel to previous research, participants described the use of self-harm as an escape, distraction, and a release from the overwhelming emotions they experienced (Marshall & Yazdani, 1999).

Although participants reported using self-harm to cope, they also described regret towards their self-harming behaviour. For example, participants expressed shame, guilt, and regret after they had self-harmed. This theme was prominent in the present study, with a focus on participants questioning themselves for their engagement in self-harm. This was also found by Sinha et al. (2013) who found that most participants had strong feelings of regret about their engagement in this behaviour, indicative of the idea that self-harming behaviours can be impulsive. However, there appears to be no studies at present that have found regret associated with self-harm in UKBIP women specifically. This highlighted that participant's conflicting perceptions (desire to engage in self-harm and then regret) of their self-harming behaviour was more prominent in this study than seen in the qualitative studies from the existing literature.

This regret and questioning of engagement with self-harm could be associated with the conceptualisation of self-harm in the UKBIP culture and those in the UKBIP community. For example, the theme related to 'It must be hidden' whereby participants expressed that they did not wish to disclose their self-harm to others, particularly due to the cultural values and beliefs surrounding self-harm, which encouraged them to keep their self-harm a secret. These ideas

can be related to the existing literature whereby Gilbert et al. (2004) discussed shame and izzat (family honour) playing a role in not seeking support for their self-harm as this could endanger the family reputation. Further, the occurrence of this theme in other studies, such as Chew Graham et al. (2002), highlighted the importance of family reputation in keeping self-harm a secret.

Further, the participants' exploration in the present study revealed that it was difficult to talk about their distress or self-harm, which was also reflected in the findings by Hussain and Cochrane (2002) who argued that the inability to discuss these difficulties led to feelings of isolation which played a role in the causation and maintenance of psychological distress in South-Asian women. Further, despite participants explaining a distaste towards the idea of izzat and family reputation, they still felt the need to comply with these values. Thus, this links in with previous research by Chew-Graham et al. (2002) who found that izzat was internally and outwardly enforced. Therefore, despite not agreeing with these expectations, they perhaps adhered to them due to their family values.

Although existing literature has explored the link between religion and self-harm to an extent (Borrill, et al., 2011), this research provided novel information on the conceptualisation of self-harm in relation to religion. Existing literature has suggested a connection between religious belonging and fewer repeated incidents of self-harm (Borrill, et al., 2011). However, this study revealed that participants used religion to conceptualise self-harm as wrong and sinful. They discussed that self-harm was prohibited in their religion (e.g., Islam) and was against the teachings of their religion. This emphasised that religion may have been viewed as a protective factor against self-harm by UKBIP women.

The findings from the present study have highlighted how the wider culture that UKBIP women are from may impact the meaning of their experiences of self-harm. This emphasises the importance of understanding the individual's broader context and what this means for them. This may be particularly relevant for UKBIP women, in understanding the full intricacies of self-harming behaviour.

In summary, the data presented is not generalisable to all UKBIP women who have self-harmed. However, it is important to remember that the aim of qualitative research is 'theoretical transferability'.

To ensure that themes from one participant were not biasing the themes analysed in the next participant, different techniques were used. The ideographic nature of IPA, one technique that was used was analysing one participant at a time and creating a table of themes for that participant before moving on to the next. This facilitated emergence of different themes to develop without one theme from one participant biasing the other and preserved the idiosyncrasy of each participant and reduced biases during the analysis stage.

Given the lack of recent research on self-harm among UKBIP women, there is a need for future research on this area to better understand the phenomenon of self-harming behaviours that inflict external injuries to the body in UKBIP women. As mentioned above, future research could focus on each UKBIP group separately to ensure a more homogeneous sample. Further, the present research alluded to the role religion played in the conceptualisation of participants experiences and therefore, perhaps future studies could explore the experience of self-harm by UKBIP women of a specific religious background. This would provide more understanding of this experience that cannot be understood by the existing literature. Furthermore, the present research highlighted the importance of traumatic experiences on self-harming behaviour. Thus, future research could carry out a study on the experience of external traumatic events such as sexual assault, physical or psychological abuse on self-harm in UKBIP women.

The secretive nature of self-harm was a recurrent topic as found in this research. Therefore, perhaps future research could explore the views of friends and family of members of UKBIP women who self-harm, to raise awareness and increase understanding of how to support women within the UKBIP community. In doing so, this would allow for 'triangulation' a concept where information from different sources can be used to provide a more in-depth understanding (Heale & Forbes, 2013).

In terms of recommendations for a way forward, future research could carry out studies on the experience of self-harm in these groups individually. This is based on the understanding that the current stigma towards mental health reduces the likelihood of UKBIP women seeking support for self-harm (Chew-Graham et al., 2002) and thus they would be less likely to engage in psychological research too. Based on this understanding, if there is a reduction in stigma related to UKBIP women, then perhaps they would be more likely to seek support and volunteer to participate in research to discuss their experience of psychological distress. Future research could also distinguish between the different religions in the cultures and look at a

specific religion (for example, Muslim UKBIP women) as religion was deemed to be an important aspect in these women's lives.

Further, it may also be important to consider the implications of the data being influenced by the ethnicity of the researcher and how the participant perceived this. In essence, some participants may have found it easier to explore their experiences with a UK BIP researcher while other participants may have found this difficult, which could impact the information shared. Perhaps future studies could think about this factor and ask such questions during the screening calls and match researcher and participants preferred ethnicity to promote the richness of the data retrieved.

Conclusion

In summary, this paper shows how self-harm is viewed as a hidden behaviour, the participants expressed regrets about what they had done to their bodies and spoke about how they felt self-harm was sinful owing to the precepts of their religion and culture. Mental health services need to be aware of these issues and consider how they might be actively considered within the services that they offer. Services need to be viewed as accessible and appropriate.

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 resident but did not have British passports or nationality. The descriptor used was agreed with the research participants.

The author(s) received no financial support for the research, authorship, and/or publication of this article and have no conflicts of interest.

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