



A model for understanding self-directed violence in women & girls

Self-directed violence among women and girls is frequently a response to a build-up of harm, from people and institutions, over their life course. It's often the result of years of social and cultural shaping, and the slow accumulation of messages, rules, and expectations linked to their gender ... pushing and pulling women and girls towards seeing self-harm as their only, last, or best option to change their circumstances.

This briefing sheet is intended to introduce *The Pain Pathway* model. The model is designed to help you:

- appreciate why women and girls require dedicated attention
- understand the common process that women and girls go through before, during and after they self-harm
- think about what you, and others interested in prevention, can do to reduce someone's vulnerability to self-harm

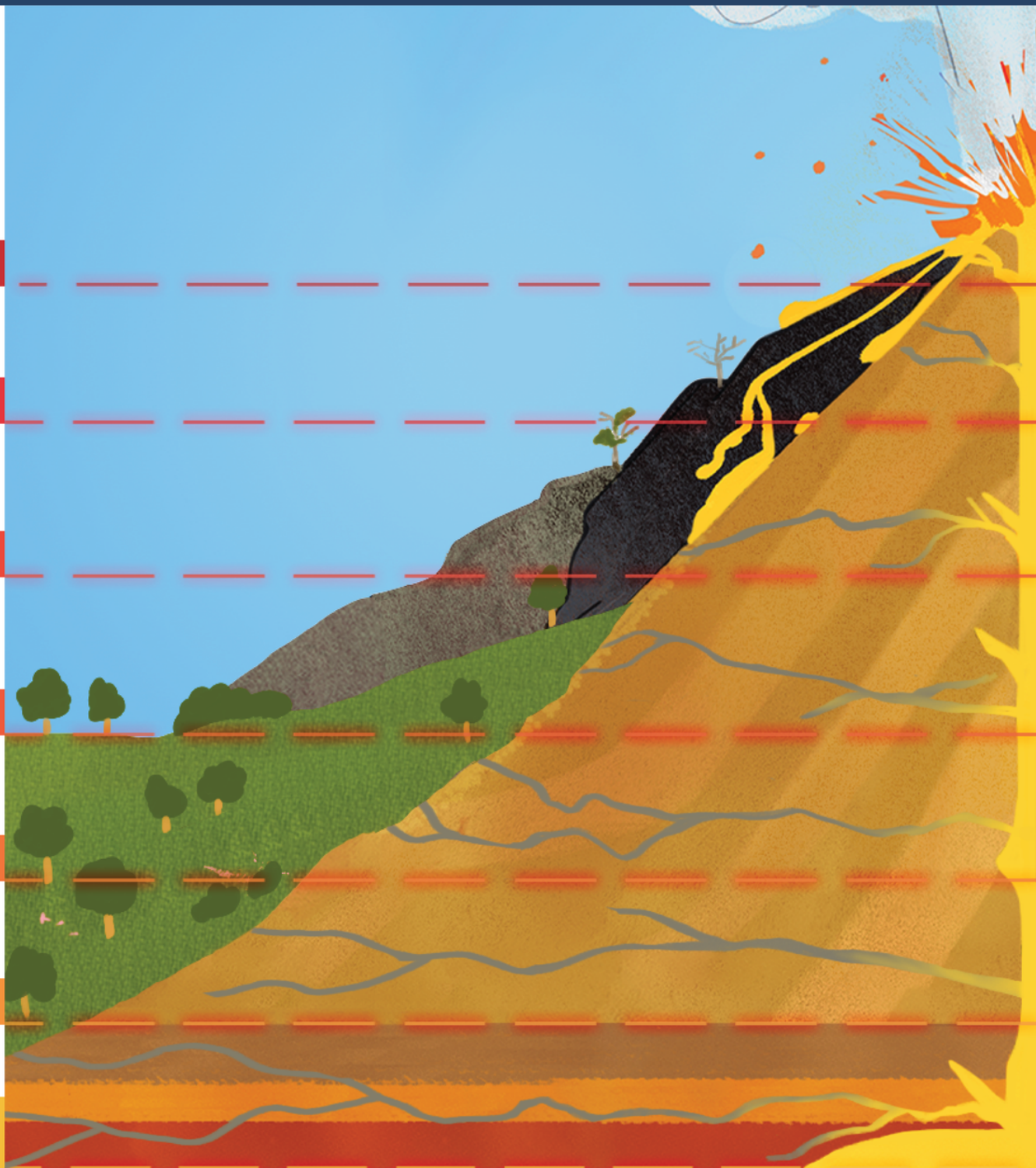
Women's and girl's use of self-harm is a response to the accumulation of harm – and even violence – from others and the world around them over time. Self-harm might occur after a short period or following years or a lifetime of challenges. It is largely a downstream consequence of the lower social and economic status of women in our society. A self-harm timeline has been identified after listening to the stories of many affected women, girls, health and social care providers, and community members in Sri Lanka. This timeline is termed *The Pain Pathway*.

The Pain Pathway is the first time a structure, or order, has been developed to illustrate the build-up of events, and contributory factors, leading to self-harm and its consequences for women and girls. *The Pain Pathway* model illustrates how women and girls commonly travel on a journey through seven stages, which may ultimately result in self-harm and its impacts. This sheet describes what happens at each stage, and identifies some of the warning signs to help you better understand how women can end up choosing this path.

It is clear from the stories that informed the development of *The Pain Pathway*, the treatment of women and girls within society is not just *an* issue, but *the* issue, moving them towards self-harm and its effects on their lives and the lives of others.

The Pain Pathway illustrates the stages leading up to self-harm among women and girls and its consequences

- Stage 7: Change through self-harm
- Stage 6: Heightened emotions
- Stage 5: Tipping point
- Stage 4: Coping strategies
- Stage 3: Pressure to tolerate
- Stage 2: Burdens of responsibility
- Stage 1: Deeply entrenched social norms and expectations



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Stage 1: Deeply Entrenched Social Norms & Expectations

Women's journeys are often set in motion early in their lives - commonly much earlier than women themselves might realise or acknowledge. Sometimes it's as early as when their parents are told they're having a girl.

Stage 1 focuses on the social networks and systems into which women are born (e.g. their family) and those they experience across their life course (e.g. education, marriage, work, economy, laws). Deeply entrenched social norms and expectations often underpin all of their life experiences, and lay the foundations for what is to come.

Examples:

- Unequal access to education
- Pressure to marry and have children
- Economic dependence on others
- Exposure to (all forms of) abuse

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Stage 2: Burdens of Responsibility

The demands placed on women and girls often differ to those placed on men and boys.

Stage 2 highlights the burdens of responsibility, which women are frequently expected to carry. They often have multiple and competing demands placed upon them, which tend to increase over time, from childhood through older age.

Examples:

- Household chores
- Caring for and supporting dependent persons
- Managing economic hardship
- Responsibility for family planning

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Stage 3: Pressure to Tolerate

No matter what adverse conditions women face, it is generally frowned upon if they are seen to be unable to cope or unable to support others.

Stage 3 focuses on the strong cultural expectations for women to tolerate in silence whatever is thrown at them, at all costs.

Examples:

Expectations to tolerate infidelity, violence, poor employment conditions, partner's substance misuse, etc.

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Stage 4: Coping Strategies

Women frequently trial numerous strategies to try to reduce their personal difficulties. The strategies available to them may be restricted: by not knowing their rights; by accepting what is considered socially appropriate; by what support networks they are aware of/are available. For example, if a woman is unaware marital rape is wrong, they won't report it. If it is illegal, but unenforced, no action will be taken by authorities and a woman may end up in a more harmful situation than before.

Stage 4 can go on for decades. Even when it looks like a woman is 'doing nothing' that may be a conscious decision or strategy to avoid harmful repercussions.

Strategies have commonly focused around:

- Taking action to try to reduce economic hardship
- Changing behaviour to reduce violence and mistreatment from others
- Hiding their emotions

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Stage 5: Tipping Point

Women reach their threshold for tolerance and feel unable to endure their situation any longer. They feel that they have tried and exhausted the strategies available to them. At this stage, there is a trigger (either a single incident or multiple pressures) that makes women feel like they are losing their battle. This is a crucial stage where women may express to others that they are unable to cope or may call a helpline.

At Stage 5, women need to be able to see viable strategies to prevent them progressing to the next stage. It is rare for a woman not to communicate in some way that she is seriously struggling by this stage.

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Stage 6: Heightened Emotions

Preceding self-harm, women commonly experience at least one of eight intense emotional states, which directly influence their decision to act. The single strongest emotion reported by surviving women is “anger”. With anger and other emotions often running high, and in the perceived absence of other options, we see women choose to use self-harm.

Emotions experienced prior to self-harm:

- Anger
- Feeling physically, mentally and/or culturally trapped
- Feeling their emotions have been invalidated or dismissed
- Loneliness and isolation
- Self-blame
- Depression and sadness
- Disappointment
- More rarely, signs of severe psychiatric disorders

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Stage 7: Change through Self-harm

By Stage 7, women see self-harm as the only or best option left to change their situation and may believe that others will be better off without them. Women seek change in different ways: sometimes to die; to transform into a spiritual state (e.g. a star in the sky guiding loved ones); or to get others to acknowledge the struggles they are facing, to change the way they treat them, or to provide the woman with additional support.

Regardless of the outcome of self-harm, whether a woman dies or survives, the impacts of her actions continue:

- Survivors often continue to face the same struggles, plus acquiring new shame and judgement linked to self-harm. Support for survivors of self-harm is crucial to prevent further events and to combat negative changes to their reputations.
- For the deceased, self-harm can influence how a woman is remembered and spoken about, and has a detrimental impact on any children left behind. Ongoing support for the family of the deceased is vital.

Find other resources at painpathway.org:

- Background and methods
- Film screening promotional flyer
- Screening facilitation guide
- Screening facilitation slide deck

For more information about the research or other resources related to *The Pain Pathway*, please contact Dr Alexis Palfreyman at painpathway.org.

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