# Growing Up Young, Asian and Female in Britain:

## A Report on Self-harm and Suicide

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### Abstract

It is now a well-documented statistic that Asian women between the ages of 15–35 are two to three times more vulnerable to suicide and self-harm than their non-Asian counterparts (Soni-Raleigh, 1996). The article will summarize the findings of the research report *Growing Up Young, Asian and Female in Britain* (Newham Asian Women's Project, 1998), which aimed to explore the reasons why young Asian women self-harmed and to evaluate the service responses they were given. It also made recommendations aimed at decreasing the high prevalence of suicide and self-harm among young Asian women. The article concludes by reflecting upon the impact and service developments that have been made since the report was published.



### Keywords

young Asian women; suicide; self-harm; mental health; ethnicity


### Overview and background

Newham Asian Women's Project is a voluntary sector organization established in 1987 and provides a wide range of support services for Asian women in Newham. The organization has a reputation as one of the country's leading voluntary sector providers for Asian women. Our work, with Asian women experiencing domestic violence and mental distress has revealed a keen awareness of the misperceptions and inadequate attention to the acute circumstances faced by many of them.

The mental health needs of young Asian women is a subject that has long been misunderstood, marginalized and even pathologized by mainstream providers of medical and social services. It has been defined as a specialist area best left to the communities to address. In addition, most research on this issue has dealt with statistics and behavioural studies, rather than women's actual experiences and needs.



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In recent years there has been a growing interest in the field of mental health. The NHS Community Care legislation, the *Health of the Nation Strategy* and the *National Service Framework for Mental Health* have done much to fuel mainstream as well as specialist focuses on mental illness, suicide and the practice of self-harm. Suicide, or rather the prevention of suicide among 'vulnerable' groups such as young Asian women, was elevated as a key target within government legislation. What was previously seen to be 'contained' was no longer so, and its impact on the community with all its concomitant responsibilities has become a public issue.

Epidemiological studies have consistently correlated suicide mortality rates with ethnicity. Asian women between the ages of 15–35 reflect suicide and self-harm incidence at two to three times higher in comparison to their white and African and Caribbean female counterparts. Without doubt, socio-demographic studies focusing on epidemiology have enriched our understanding by highlighting patterns of distribution and prevalence. Yet there is much less material available that has offered meaningful accounts of why women, and Asian women in particular, self-harm.

The term self-harm encompasses a broad range of non-suicidal, intentional behaviours where self-inflicted pain is immediate, including overdosing, eating disorders, cutting and burning. This was the definition included in this study.

It was this motivating factor, which led Newham Asian Women's Project, in partnership with the Newham Innercity Multifund, to seek funding from the NHS Ethnic Health Unit, to set up a target research project to identify and document the mental health experiences of young Asian women in Newham. The project was steered by a group of concerned professionals to guide and shape a qualitative investigation into issues of mental health as they affect young women from South Asian communities. The research was conducted in 1997 and the findings and recommendations published in June 1998. These findings have generated a higher level of awareness from the media as well as health, education and social care professionals and the community at large, which has been a positive step for campaigners and researchers.

The timing of this article allows for Newham Asian Women's Project to revisit the findings and recommendations from the original research and reflect on the impact the report has had in raising awareness about the issue, securing resources for support services and influencing policy and legislative changes both locally and nationally. The article will discuss the gaps and problems within service provision, as well as research developments in this area and also profile the current work being undertaken within this field since the publication of the research findings.

## Research outline

The study aimed to address three crucial areas:

1. To provide a meaningful account of the poor mental health experiences of Asian women.
2. To evaluate the perceptions of mental health support services by actual and potential service users as well as service providers from both the statutory and voluntary sector.
3. To identify recommendations pertaining to the development of targeted service development and community education, with a particular focus on policy and planning.

Two basic investigative approaches were adopted for the purpose of this research: in-depth individual interviews with Asian women who had a history of attempted suicide, and guided focus group discussions also with young Asian women. Structured interviews were also conducted with a sample selection of service planners and providers from health, social services and the voluntary sector. These professionals were identified on the basis that their work involved direct responsibility for mental health service provision or those who came into contact indirectly through other bodies such as the educational establishments.

## Contextual issues

The purpose of the research was not to revisit the largely academic debate clarifying the semantic distinction between 'race', 'culture' and 'ethnicity'. Without a doubt these distinctions are hugely significant not only at the level of intellectual analysis, but on the very real experiences of individual and community consciousness. Our responsibility, is in the more complex division between internal and external perceptions; the introspective view of how we as communities see ourselves, as compared to the way in which we are externally perceived and its implications. It is important to understand community experiences through the language and self-defined expressions of community members themselves. It is equally important to distinguish 'outside' views, if only to explore levels of understanding, service response and the commitment to future service investment.

It is towards this responsibility, two brief descriptions are outlined below, one that takes into account the fluid nature of community evolution and a second that presents a critique of the historical treatment of community analysis.

## External factors

The majority of research readily available concentrates on bio-medical models of analysis, despite notable exceptions from responsible medical sociologists who have applied sensitive learning to the politics of race and health. By pathologizing salient community features such as family structures, we have been drawn into elitist cultural constructions that do more to exoticize and oppress than to liberate. If families are deemed to perpetuate cultural and in particular, gendered repressions, it follows then that the family *per se* can be defined as dysfunctional. In transcultural approaches to mental health, with the influence of culture on symptomatology, the sole focus of concern can easily become fixated around the family unit rather than a wider exploration of external socially mediated issues. In addressing the needs of young Asian women therefore:

> we cannot assume that because the family provides the obvious everyday locus for expressing ambiguities over female autonomy, that is should itself be regarded as pathogenic; the ambiguities may be less 'cultural' than political in a wider sense, less about the individual women challenging their family values than about their economic experiences and actions outside of the family, including racism and tacitly restricted opportunity.
>
> (voluntary sector professional)

In addition to pathology, a further inherent danger in external definitions are those of cultural homogeneity. Through the process of categorization, we run the risk of ascribing identities and descriptions that do not equate with self-descriptions. In order to effect community, organizational and service changes, what is needed is the inclusion of people that have and can contribute community experiences at the highest level of policy construction. Opportunities to voice painful but powerful experiences should not simply be a matter of conducting community-based research and consultation, but need to become part of our mainstream organizational culture.

## Internal factors

The antithetical community response therefore lies in disseminating the heterogeneity of Asian cultures and community dynamics. What is essential in our understanding is not only historical signifiers that have shaped our past and present but a more challenging movement of community identity based on what is to come.

Perhaps what is most significant in socio-cultural analysis is the empathy towards and application of, community-defined measures. Terms such as izzat (honour) sharam (shame) transcend linguistic interpretation. They

embody enormously powerful cultural judgements with the power to include and ostracize. Such cultural beliefs can be described as a double-edge sword, they persistently legitimize gender violence and oppression and further silence women from being able to discuss, seek support or challenge such oppressions, for in doing so it is deemed as bringing further shame and dishonour to the family and community. The maintenance of these values is dependent on what is visible and invisible; if it cannot be seen then it cannot exist and honour can be maintained. Similarly the social sphere of the inside and the outside dichotomy ensures protection through community insularity. Patriarchal power dynamics within the family and community setting serve to contain issues likely to bring dishonour, but in doing so they limit the expression and, therefore, the support of external structures including service interventions. More constructively, it must be said that Asian families have nurtured their own solidarity and community autonomy in direct response to the hostility of a racist British society.

## Research findings

For Newham Asian Women's Project the research findings were very much a validation of our own experience while working in East London. The courageous voices heard in this research mirrored those heard within our refuges and resource centre. Stories of distress and pain often not heard by anyone before were told to our researcher. On reflection we believe that those participants pioneered a unique piece of social research that has challenged and forced policy makers and service planners to listen to their pain and the needs of their Asian sisters in Britain.

## Meanings ascribed to self-harm

There were four key motives that provided the impetus for the respondents to self-harm. Essentially the act was seen as a coping mechanism for the unbearable distress that they faced in their lives, it helped them to survive from day to day and manage their desolation, self-loathing and particularly their feelings towards others that they felt they were unable to articulate.

> I don't know, at the time it looked like I was just messing up inside. If I hadn't done anything {self-harm}, I think I would have just blown up. It's like your head was full of so much, you wanted something to calm you down and if I hadn't done that, I would have just gone mad.
>
> (18-year-old)

Many young women vocalized the sense of relief and release that their self-harming afforded them, albeit temporarily.

> When I have a panic attack . . . it's like I can't even breathe . . . and when I start cutting myself, all my anger gets channelled into that cut and I look at the blood and I think it's a release . . . from emotional pain to physical and the physical is at least over and done with. The emotional is so hard to deal with. I remember one time when I had an argument and I couldn't find anything else and I dug a screwdriver into myself so badly that I made a dent in my elbow . . . until it cut my skin. It was really painful afterwards but it helped me to feel good, I don't know why, I can't explain that.
>
> (20-year-old)

Power and control are closely connected to self-harming behaviours. When what is absent from a woman's life is any semblance of empowerment, when a women feels that she has no control over anything, the last remaining site over which she can effect control is her own body. Many women chose to self-harm as a way to regain a sense of control in their lives.

> It was sort of like taking control of yourself, like you think okay if everyone else can hurt me then at least I can hurt myself more than they can . . . it's this whole thing about you have to control what you put into your body if nothing else . . . when you cut yourself, you can control that because you can decide how deep, how much, how many, how often . . .
>
> (16-year-old)

The notion of self-harm as catalytic was more than simple attention seeking behaviour. It was a way in which women believed they could effect real changes in their family and personal situations. At times, women commented positively on the fact that it had helped to trigger external forms of support such as referrals to specialist services.

> But at least doing that [self-harm], I've got some counselling . . . at least I've got somewhere, I can come and talk, unload a little bit. But unless . . . if I hadn't done that . . . I don't think I would even have had that and I would have lost all channels of contact with everyone outside.
>
> (20-year-old)

The language of despair, defeat and self-annihilation was pervasive. Time and again women recounted stories of victimization, laying the blame firmly on themselves. Self-harm and attempts at suicide were manifestations of extremes of self-hate and low self-worth. Overdoses, a commonly identified strategy, resulted from their feelings of powerlessness, helplessness and the feeling that 'they just couldn't take any more':

> 'They pushed me down and down and down . . . so when I got into my shell I just wanted to finish it all you know . . . finish my life'.
>
> (28-year-old)

## Reasons why young Asian women self-harm

As young Asian women growing up in British society, they were subject to many competing expectations. The discussions with them as to the factors that led to their emotional distress centred mainly on parental, family and community-related oppressions. Of these gender inequalities, violence and abuse meant that for many young women basic emotional survival was paramount. Inescapable external factors including racism, wider male domination and pressures from an active media, served to exacerbate their traumatic physical and psychological experiences. Important as it is to state, addressing the more expansive societal inequities was beyond the remit of this research. The following summarizes the community-focused issues that predominated in women's accounts of emotional distress.

Conflicts between generations exist in most cultures, but Asian women have to deal with additional social and religious pressures. Women described community and cultural oppressions which included rigidly defined matrimonial roles and the duty of women to maintain the family izzat (honour), many participants felt the burden of attaining izzat (honour) and success go beyond the traditional community expectations. Many of our interviewees expressed their concern at the unrealistic expectations demanded of them by their families.

> [Asian women] have to be perfect – they have to be everything the mother-in-law wants, be everything the husband wants, be everything their parents want, be Everything.
>
> (focus group with 25–30-year-olds)

> Our dad he expects a bit too much. Like if we get an 'A' he'll say what happened to 'A' plus . . . If I'm at home we have to do all the housework and then dad comes home and says I should be studying.
>
> (focus group with 14–16-year-olds)

Inequalities between men and women go far beyond unequal treatment and prescribed autonomy. In a powerful contradiction, the treatment of Asian women is restrictive not because they have so little power, but as bearers of community and family honour, they can singularly jeopardize the standing and fortunes of their immediate extended kin. Since this research we have seen the media spotlight on honour killings, the extreme side of this very same spectrum, tragic cases such as that of Rukhsana Naz remind us of the very real community pressure felt by the participants of this research.

> Compare our freedom to our brothers. It's like nothing. We're locked up.
>
> (focus group with 14–16-year-olds)

Parental control is not only about pre-empting potential disgrace but a latent lesson in learning gender roles and expectations. Almost all women gave account of how these roles were explicitly, or otherwise conveyed. Whether as daughters, wives or mothers, these women were in no doubt as to what was expected of them and the inherent tensions contained within.

> Your parents, they'll obviously be on your side . . . but they'll do their utmost to keep you together. You're not entitled to leave a marriage that isn't working out . . . because at the end of the day it's shameful, that's what it is, it's about shame.
>
> (focus group 25–30-year-olds)

The research highlighted the fact that violence and physical abuse towards young women continued to be a community-sanctioned method of curbing their independence. Sexual abuse and rape were a common experience among those interviewed. The individual in-depth interviews with young Asian women with a history of self-harm highlighted the fact there were many overlaps and parallels with research findings pertaining to women from the white majority population who self-harm. (Newham Asian Women's Project, 1998). These overlaps related to the issues of sexual abuse, rape and poor relationships within the family as a background and precursors to self-harm:

> Where there is abuse I think it makes young Asian women feel very isolated . . . and where a young woman has spoken out . . . she's become the one who's seen as the person who caused the problem in the first place.
>
> (counsellor working in further education with 16–19-year-olds)

Women also discussed the idea of 'containment'. For fear of community reprisal and social disgrace many families tried to deny or simply cover up problems in the belief that if they are not visible to the outside world, then they cannot exist. According to one service provider:

> I think there is a culture where it's very important that the family be seen as coherent and tight and problem-free . . . which then may make it difficult either for the parents to be aware of their children's distress or for the children to feel that it's okay to talk about it. This is not to deride the very positive aspects of tight communities . . . close families, loyalties, pulling together, but there doesn't seem to be a culture of being able to talk about problems.
>
> (consultant psychiatrist, working with young people up to the age of 18)

> My parents, they think if I'm going through any kind of problem . . . I shouldn't go and share my problem with other people like . . . outsiders.
>
> (15-year-old with a history of self-harm)

Sadly for some women, this lack of communication and visible affection led them to seek intimacy outside of the home. In line with the broader

definition of self-harming behaviour used and the experience of many workers in the field, the relationships sought with men were themselves abusive and hence the need for emotional nurture becomes a cyclical problem.

## Service response and evaluation

Unsurprisingly, for those working within the field all participants in our research felt that the service response was inadequate and often inappropriate. Women were either not aware of the support available to them, or they were distrustful of it. Combined with the absence of effective services, were notable examples of professionals within the field who clearly understood very little of mental health issues, and even less of the complex interactions between culture, gender and self-harm.

At a statutory level many organizations remain hegemonic and oligarchic, both in their ideology and in their practice. When this is applied to services, it means that as there will only ever be a finite number of resources, without a clear understanding of the experiences of disadvantaged communities, service development cannot respond effectively and equitably to those with the greatest need.

Policy directives, especially at a national level have done a great deal to attract attention to the promotion of health across all communities. Once again, however, how these strategies and targets say within *The Health of the Nation Strategy* (1992) translate to directly improved interventions for specific target groups was questionable. The response from our interviewees as to their direct experience of service provision that was directed by such strategies exposed a great deal of gaps and lack of knowledge by frontline professionals, service providers and service planners:

> I don't think there's been an official strategy or . . . work done in that area.
>
> (Trust manager)

Many managers within statutory service provision, highlighted the practice of 'ethnic matching'; relying on the expertise of ethnic minority clinical staff was seen as the key to providing culturally appropriate services.

The need for appropriate and accessible support systems go far beyond shared language and culture. The recruitment of black staff, if not supported by adequate training, a supportive work environment and access to resources, and contribution to senior planning systems, becomes tokensitic. Disempowered and frustrated staff, whatever their ethnic origin cannot function effectively.

The research showed conflicting evidence as to whether vulnerable young

Asian women would positively choose to receive their care from someone else from the same community background for fear of breaches of confidentiality. Even in cases where doctors or social workers came from the same community background as their young female clients, empathy and understanding could not be taken for granted. In some instances the opposite was true: women were more severely criticized by members of their own communities. Our interviewees related disturbing accounts of gross breaches of confidentiality. Many young women were reluctant to confide in their GPs because of the fear that their families would be informed.

> Even after my suicide [attempt] . . . I experienced quite a few professionals whose approach to it all is just go back to your family . . . I even had one who told me to get married . . .
>
> (20-year-old)

> Our family doctor, he's likely to tell your Mum. Like my doctor, we live down the same street. If I went to him with a problem like this, he would most probably tell my mum.
>
> (focus group with 14–16-year-olds)

The recent restructuring of the primary care service during the period of this research significantly changed their effectivity and placed them as central to innovative developments in community health. This potential, however, was considerably undermined by the concern of participants regarding breaches of confidentiality, lack of empathy and ineffective referrals.

The views expressed by many of our respondents regarding GPs did not shock us. As an agency we have only been too aware of the role played by them. Our experience was that many GPs from within the community became self-appointed caretakers of our culture and considered it necessary to direct a young girl back to the family, or alternatively to inform the family of any issue threatening the values of family and community. They are implicitly afforded the power to take whatever actions are deemed necessary to safeguard these values: ' . . . I even had one who told me to get married!' (20-year-old).

The most effective pathways for young women to receive care and support came through the education system and community groups. Those working within the education system showed effectiveness in their recognition, support and subsequent attempts to channel young women into care services. Young women found the school environment more familiar and therefore accessing support easier. There were strong examples of more proactive approaches where teachers instigated support mechanisms:

> I know that my teachers were concerned about my weight and stuff . . .
>
> (15-year-old)

When young Asian women were in contact with community groups that focused specifically on their needs, there were more opportunities to raise, share and access direct support. Community organizations such as Newham Asian Women's Project were able to offer a system of in-house referral through an advice centre that recommended specialist services within the agency. Staff at such agencies had not only developed an expertise and understanding of the issues, they were able also to access wider support services such as the psychology service and continue to advocate and offer long-term support.

Despite the insight and quality of service that such community groups were able to offer there was still some confusion among young women as to the purpose and relevance of these services for them. Other problems encountered by such agencies were overcoming the obstacles to 'access', which young women faced. If services or activities were not to do with school or family then the community's suspicions made it difficult to engage with young women.

## Recommendations

Many of the issues highlighted in this study are by no means unique to the Asian community. We share our experiences of oppressive histories with other disadvantaged minority groups, while social indicators of poverty and ill-health are known to transcend boundaries of ethnicity and geography. However, one of the strengths of this research has been shaping recommendations that are highly pertinent to the needs of young Asian women, there are also valuable lessons in transferability that can be applied to inform future service development.

Suggestions for the development of more culturally competent services focused on three key areas; more effective management of current resources, redirecting resources to where they are most needed and a better understanding of community sensitivities. A brief summary of the recommendations made within the report follow.

Recommendations to policy makers and planners asked for the need to support traditional models of public health analysis with statistically and qualitatively significant community-based needs assessment. It was identified that the commissioning process needs to promote stronger opportunities for pro-active interface with professionals from the community who can demonstrate community credibility and integrity. Service purchasers and contractors were recommended that service specifications detail quality and competency criteria to reflect cultural, anti-racist and community sensitivities.

The gaps within primary care and statutory mental health services highlighted the need for ongoing community development programmes with a strong focus on training for all primary care staff exploring issues such as confidentiality, perceptions of GP services, pathways to care and barriers to access for specific client groups.

The role of voluntary sector agencies should include developing a wider role for community groups to contribute to the planning, commissioning and delivery of services that impact on their identified client group and a dedicated expansion of services for young Asian women within the community, including the development of a hostel targeting young women with a history or at risk of self-harm, school and college-based transcultural counselling services, peer education and support services.

It was recommended that schools and colleges widen the remit of Personal Social and Health Education (PSHE) to embrace a generic approach to gender issues, mental health and self-harm. Educational services need to provide ongoing training for staff to raise awareness on issues pertinent to young Asian women's mental health, abuse and self-harm.

The findings of the research strongly reflected the need for community education that explored the wider use of community press and publicity channels to raise awareness of mental health, violence, abuse and self-harm.

In focusing on future research the report asked for a review of the way in which socio-medical research methodology is currently assessed and approved to enable safe but effective approaches to promote our understanding of diverse communities and their needs and targeted research into the mental health experiences and needs of difficult to reach groups such as women experiencing domestic violence and those who do not speak English.

## On reflection

It has been two years since the findings were published, our involvement in the research and subsequently in publicizing and disseminating the findings has given the organization the title of being one of the 'experts' on the issue of 'Asian women's suicide and self-harm'. As an organization and as the main worker with a remit to develop specialist support services, the 'expert' sits uncomfortably. The aim of the research and my role as a development worker was only ever to allow for the voices of young 'Asian' women to be heard. We were and are the facilitators in providing the forum and translating the needs expressed into a discourse that policy makers, planners and the communities are forced to take note of. If anything the organization has been an expert in advocating vociferously for the

appropriate services and dynamic in ensuring that services become reality, rather than an empty promise of a strategy devised in a vacuum.

Since, the publication of the report, we are aware of numerous initiatives that have been influenced by the research, locally and nationally.

As an organization which has made its mark as a leading service provider our commitment to understanding the needs of young Asian women and developing services to meet those needs has led to our specialist mental health support project. The service is one that is modelled on the former statutory care programme approach. The project undertakes specific needs assessments for clients to then devise a culturally specific and holistic care package of services which include advice, counselling, befriending and therapeutic support groups. For the women that came to access support and for the statutory workers who referred them to the project, it was an apparent relief that such a service existed.

Locally, in the borough of Newham the report has had an immense impact, the local authorities involvement in the research ensured that there could only be a commitment to undertaking the recommendations that were given. The borough of Newham has in previous years received criticisms for its provision of mental health services, specifically for the lack of 'black and ethnic minority-focused services. It would be fair to say that the local authorities have also benefited from the kudos of being involved in the research. Interestingly, for community groups such as ourselves we know that prior to the research, obtaining commitment of resources and challenging statutory practices has always been a struggle. I believe that many of the issues revealed in the research were not ones that had not been vocalized before either by ourselves or by a number of other sister campaigners.

Locally, commissioners can be commended in giving the issue commitment, the borough now boasts an 'Outreach Counselling Service' for young Asian women. A service based within a statutory provision but providing easily accessible, school-based counselling, a service model which was a direct recommendation within the report. The evaluation of the service after the first year has been positive, as an early intervention model, it is envisaged that young Asian women in the borough are being able to access support before reaching crisis point.

While the research was being conducted, the Health Action Zone strategy was being established in East London. In response to challenges by our researcher at the time, as to what service developments had been developed as a direct result of the Health of the Nation impetus, strategists then acknowledged 'lack of resources', 'the main emphasis on severe mental

illness' and the recent 'restructuring of mental health services in Newham' to be largely responsible for paucity of local appropriate service provision. Two years ago it was conceded that the establishment of the new Health Action Zone would go some way to redressing this imbalance. In fairness, this initiative has brought a policy and resource commitment. The initiative has funded the Zindaagi project (an Urdu word meaning life), an independent project of Newham Asian Women's Project. It has been established to co-ordinate and develop specialist support services to Asian women vulnerable to self-harm in the East London boroughs. The project aims to expand further on the recommendations that were made in the report. As the specialist development worker for Zindaagi, I have been in the unique position, as recommended within the report, of sitting alongside planners and decision makers, advising them on targeting the resources where they are most effective. The commitment towards developing a specialist refuge has been written into the local implementation plans of the National Service Framework, I am aware that to have reached such a point with few obstacles would not have been possible without being armed with the findings of the research report. As stated earlier, as an organization we believe that much of the learning and progress that we have made with this particular issue and target group can be applied to a number of issues and communities.

Nationally, there has been a spot-light on the issue of Asian women, suicide and self-harm, whether cynically the issue has allowed for the ever hungry media to be given fodder, to fuel their 'Asian women as victims' stereotypes, or has shown a responsible media reporting of the facts and commitment to raising awareness about the issue without pathologizing or stigmatizing the community is undecided.

The recent health promotion video 'Talking about suicide', led by the North Birmingham Mental Health Trust and funded through the Department of Health is aimed at tackling the issue of young Asian women, suicide, self-harm and mental distress in the Asian community. The organization was consulted in the initial stages of the video and the report was an influence in its making. The video utilizes the medium of drama to explore these issues. I envisage that it will serve an effective function in raising awareness and encouraging those from within the community to 'talk about the issue of suicide' and the factors leading to distress. However, there are criticisms of the video. As is reflective of many projects funded to undertake such work, often the fear of 'upsetting' or 'problemetizing' the Asian culture detracts from the point of challenging the fundamental root causes – gender inequalities, domestic violence and abuse – that have been expressed as factors leading to self-harm and suicide. Newham Asian Women's Project has not feared challenging

discriminatory practices. It is not our Asian culture that is 'bad', neither would we encourage young Asian women to part from their cultural heritage of identity, or be glad to see the demise of the Asian family unit, but not challenging the community and its unequal practices would be an insult to the fight that feminists have fought before us in tackling the fundamental root causes of discriminatory practices. It is shocking that we are still currently residing in an environment of liberalist 'fear' where it is necessary to continue to challenge recommendations of reconciliation and mediation in family breakdowns in such videos and in the recent government report on the issue of 'forced marriages'.

Since establishing Zindaagi, there has been an overwhelming feeling of opening Pandora's box, slowly more and more extreme cases of young Asian women self-harming have come into contact with the project, there have been two tragic suicides that we are aware of – how many other have been disguised and overlooked is a highly relevant question to ask. The tragic suicide of Nighat Gillani, who had been in a refuge only weeks before her death, is a story we have unfortunately heard elsewhere, the term 'forced suicide' seems fitting.

We are aware that although the report has been successful in influencing policy and developing services, our challenge is to ensure that once the momentum of the report has diminished that the commitment of resources does not. Service development in the wider mental health field of suicide and self-harm is relatively new; good practice is being written by pioneering survivor-led organizations, it has not filtered into the mainstream field of mental health delivery; issues for the support and mental well-being of workers in the field is one area that also needs to be further explored. Evidently, as a development worker, almost daily I am made aware of gaps in providing support, in challenging the current practice and challenging our communities and wider society to take a responsibility in nurturing its generation of young Asian women instead of leading them to harm.

## Notes

Anita Bhardwaj has worked for Newham Asian Women's project for the past five years. She has been instrumental in managing and developing a number of the organization's support initiatives, including the resource centre, and mental health support project for young women. She is an active campaigner on the rights of Asian women and children with a specialized interest in the field of Asian women, suicide and self-harm.

## References

**NEWHAM ASIAN WOMEN'S PROJECT AND NEWHAM INNERCITY MULTIFUND** (1988) *Growing Up Young, Asian and Female in Britain*.

**SONI-RALEIGH, V.** (1996) 'Suicide patterns and trends in people of Indian subcontinent and Caribbean origin in England and Wales' *Ethnicity and Health*, Vol. 1, No. 1, pp. 55–63.