Clinical Practice
Women's health
Stigma in pain management

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In this article...

- How gender stigma affects women's pain assessment and treatment
- Key factors contributing to gender differences in pain perception
- Strategies to reduce stigma and promote equitable pain management

The influence of gender stigma in the management of pain for women

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Key points

Gender stigma can result in women receiving poorer quality pain management than men

Biological, psychological and social factors influence differences in pain perception between genders

Understanding social determinants of health can help nurses identify women vulnerable to poor pain management

The lack of pain assessment tools for women highlights the need for targeted research and education

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Abstract Stigma due to gender is a pervasive issue in healthcare that undermines patient outcomes and access to high-quality care. For women, it may range from subtle language use and neglect of specific health needs to overt discrimination. In pain management, gender stigma can compromise person-centered care. Biological and psychological mechanisms, along with social determinants of health, shape pain perception and highlight groups of women at greater risks of poor care. This article, part of a series on healthcare stigmas, calls for greater awareness, education and research to develop tailored pain assessment tools and improve outcomes for women.

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Gender stigma can have a significant impact on pain management for women, particularly for those in socially marginalised groups. Pain-related stigma has been identified as a social determinant of health, affecting diverse populations and contributing to negative health outcomes, reduced quality of life and increased healthcare utilisation (Dassieu et al, 2021). Structural factors such as poverty, homelessness and the criminalisation of certain behaviours can exacerbate pain and create barriers to healthcare for socially marginalised women (Nelson and Alichie, 2022).

Gender stereotypes also contribute to disparities in pain care, with mistrust of women's pain experiences potentially undermining the quality of care they receive (Lloyd et al, 2020). This mistrust can create barriers to treatment, leading to adverse outcomes such as increased morbidity and mortality, prolonged hospital stays and higher healthcare costs (Hickling et al, 2024). An overemphasis on a purely biomedical approach to healthcare can also dismiss the sociocultural factors involved in gender construction, which can result in perpetuating stigmatisation.

The International Association for the Study of Pain (Raja et al, 2020) defines acute pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage". When acute physiological pain becomes a chronic, pathological phenomenon, it loses its protective function and becomes self-perpetuating. To emphasise the life-altering effects of a chronic pain condition, health professionals (HPs) should now use the updated term "persistent pain" to refer to recurrent pain lasting more than three months (Raja et al, 2020). Women living with persistent pain frequently experience stigma, which is associated with greater pain severity in conditions such as temporomandibular disorders and endometriosis, affecting both quality of life and self-esteem (Zhu et al, 2022).

Raising awareness of gender stigma among HPs is crucial to improving pain management for women. Alleviating stigma can give women greater control over decisions about their pain

Box 1. Reflection on gender stigma in pain management

Scenario

You are a nurse working in a busy emergency department (ED). A 42-year-old woman, Sarah, presents with severe abdominal pain that began several days ago and has progressively worsened. She describes the pain as sharp, constant and unbearable, rating it 9 out of 10.

She has no visible injuries, her vital signs are stable but she appears anxious and restless, frequently shifting position and wincing. She tells you that she's had similar pain episodes in the past, but they've always been dismissed as cramps or anxiety.

Her notes show multiple ED attendances over the past year for similar complaints, with no clear diagnosis. On previous visits, she received minor pain relief and was sent home with advice to "manage stress" and "follow up with her GP". No further investigations were carried out, and her symptoms were categorised as non-urgent.

Reflection prompts

Initial reaction:

- What are your initial thoughts on Sarah's pain description?
- Did you, even briefly, question the severity of her pain, and if so, why?

Bias and stigma:

Consider how societal views of women's emotional expression may influence your perceptions

- Did you, even fleetingly, associate Sarah's repeated visits with stereotypes of women being more emotional or prone to exaggerating pain than men?
- How might this unconscious bias impact your approach to her care?

Understanding gender differences:

Men and women experience and express pain differently due to biological, hormonal, and social factors with women's pain often under-treated or misdiagnosed

- How might your treatment of Sarah be different if she were a man presenting with similar symptoms?
- What could be the consequences of dismissing or minimising her pain?

Empathy and advocacy:

Reflect on the importance of recognising each patient's pain as valid, regardless of gender

- How can you ensure that you are treating all patients with the same level of empathy and care?
- How can you advocate for further investigations or treatments for women whose pain may be under-recognised?

It is crucial to be aware of gender stigma and avoid making assumptions about the validity of a patient's pain based on gender. Recognising that men and women may experience and report pain differently can help improve patient outcomes.

management, leading to improved quality of life and better pain relief. This article explores the role of gender stigma in pain management and considers its implications and potential strategies for addressing it in healthcare settings.

Implications in healthcare

HPs' perceptions of patients' pain can be influenced by gender stereotypes and biases, potentially leading to the underestimation or dismissal of women's pain reports. Stereotypes often portray women as overly emotional or less credible, while men may be seen as stoic and more credible in their accounts (Samulowitz et al, 2018). These assumptions can result in inadequate pain relief and suboptimal treatment outcomes for female patients (Lloyd et al, 2020). Mistrust in women's accounts of pain can compromise the quality of care and equality in pain management practices (Lloyd et al, 2020). Gender disparities in pain assessment and treatment may contribute to wider inequalities in healthcare access and outcomes, with women less likely to receive appropriate pain management interventions resulting in prolonged suffering and diminished quality of life.

Experiencing pain: biological and psychosocial differences

There is significant research which demonstrates that men and women experience pain differently, with differences in pain perception beginning to appear around puberty, prompting investigation into the role of sex hormones (Vanood et al, 2023). Hormonal fluctuations that occur throughout the menstrual cycle have a major impact on the pain modulatory system, and hormonal status should be considered when delivering effective pain management strategies for women (Bendis et al, 2024). These fluctuations imply that sensitivity to pain changes throughout the menstrual cycle and that there is variation in analgesic efficacy depending on hormonal phase (Bendis et al, 2024).

Psychological factors such as depression, pain catastrophising and anxiety also differ between genders, contributing to distinct pain experiences. It is important to note that women are more likely to employ pain management strategies and seek social support, while men are more inclined towards avoidance behaviours (Keogh, 2020). Treatment responses may also vary: for example, women may experience greater analgesic benefit from morphine but are less likely to use opioids due to adverse side effects (Burns et al, 2017).

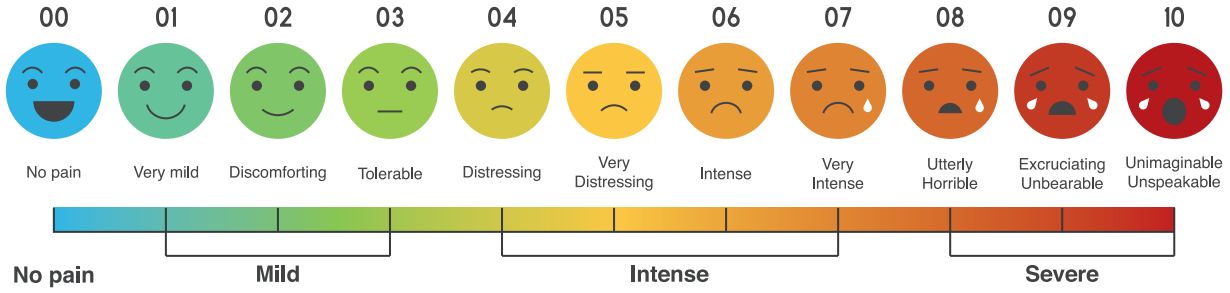
Theoretical frameworks explaining the differences in both pain and treatment responses include evolutionary adaptations and social learning theories. Evolutionary perspectives suggest heightened pain sensitivity in women may be linked to reproductive health considerations (Keogh, 2020). In contrast, social learning theories emphasise how gender roles and social modelling shape pain-related behaviours (Keogh, 2020). The gender context model of pain further explores how gender identity, beliefs and expectations influence pain experiences and responses (Samulowitz et al, 2018). This model also recognises the reciprocal relationship between gender identity and pain, illustrating that pain can impact gender identity and vice versa.

Despite clear gender disparities in how pain is assessed and managed, women report pain which is more severe, frequent and of longer duration than men (Morgan et al, 2024); however, there is still no universal pain assessment tool designed specifically for women.

Women are also more likely than men to have their pain dismissed as emotional or stress-related, which can lead to delays in diagnosis and treatment (Morgan et al, 2024).

Box 1 outlines a case study for reflective practice in which one woman's repeated visits to the emergency department suggests that her pain had not been fully investigated, potentially due to gender stigma in healthcare.

Fig 1. **Example of an illustrated pain measurement tool**



Assessing pain

In the absence of a pain assessment tool specifically designed for women, it is worth considering other tools that may evaluate women's experience of pain more effectively. Some tools have been validated and tailored for specific contexts, such as persistent pain interference or acute pain events. For example, illustrated pain scales, initially developed in the 1980s for children, have been identified as an effective pain assessment tool for many patient groups (Fig 1) and could potentially be adapted or further developed for women's specific needs. Research suggests that women are more likely than men to emphasise the emotional aspects of pain, often using terms such as "disgusting" or "unbearable", while men tend to rely on sensory descriptors such as "stabbing" (Puto et al, 2024). These differences support the value of tools that assess these dimensions, such as The McGill Pain Questionnaire (MPQ), which allows for verbal descriptions which take into account sensory, cognitive and, importantly, the emotional experience of pain (Puto et al, 2024), which is critical for understanding how persistent pain affects women's emotional health and functioning.

Disease-specific and gender-centred measures could also enable clinically relevant and useful information to be gathered. The validated ENDOPAIN-4D questionnaire (Fig 2), for example, uses verbal descriptions and a visual analogue scale to capture subjective experiences of endometriosis and can be used to aid in its diagnosis (Puchar et al, 2021). This questionnaire incorporates four subparts; addressing pain-related disability, painful bowel symptoms, dyspareunia (painful sexual intercourse) and painful urinary tract symptoms. Fully validated according to the consensus-based standards for the selection of health measurement instruments (COSMIN) criteria, ENDOPAIN 4D offers an encouraging first step in the creation of gender-specific pain scales.

Fig 2. **Extract from the ENDOPAIN-4D pain questionnaire**

Questionnaire about gynaecological and pelvic pain symptoms (ENDOPAIN-4D)

All the questions are important so please tick **one box for each question**

Over the past few months, have you regularly suffered from:

1 a severe, violent pain in **the lower abdomen**, during your period YES ☐ NO ☐

IF YES how would you rate your ***usual*** pain?

b 0 1 2 3 4 5 6 7 8 9 10

IF YES how would you rate your pain ***at its worst***?

c 0 1 2 3 4 5 6 7 8 9 10

No pain = 0 *The worst pain imaginable = 10*

If you DO NOT HAVE ANY PERIODS at the moment please tick here ☐ 99

2 a severe, violent pain in **the lower abdomen**, between periods YES ☐ NO ☐

IF YES how would you rate your ***usual*** pain?

b 0 1 2 3 4 5 6 7 8 9 10

IF YES how would you rate your pain ***at its worst***?

c 0 1 2 3 4 5 6 7 8 9 10

No pain = 0 *The worst pain imaginable = 10*

Source: Puchar et al (2021)

When developing pain assessment tools for women, it is important to consider not only the physical aspects of pain but also the psychosocial and emotional dimensions that may influence how pain is experienced and expressed, and consideration must be made to the individual's gender identity. By incorporating a comprehensive approach to pain assessment that considers the unique needs and experiences of women, HPs can provide more effective pain management strategies.

Addressing pain stigma in healthcare

Addressing stigma in pain management for women requires a comprehensive, multifaceted approach that considers the social determinants contributing to care disparities, including gender, socioeconomic status and health conditions (Dassieu et al, 2021). Strategies include identifying vulnerable groups, developing pain assessment tools designed for women and providing targeted education for HPs and students to increase awareness and challenge bias.

Identification of vulnerable groups

Women from marginalised communities, including those experiencing poverty, homelessness, addiction or incarceration, are particularly vulnerable to stigma in pain management. Understanding the intersectionality between social determinants of health and the impact of gender stigma on pain allows nurses to identify populations at higher risk, such as women with

Box 2. **Reflection of pain management in transgender care**

Scenario

Alex*, a 34-year-old transgender woman, visits her GP with back pain and pain when passing urine. Alex's medical history includes five years of hormone replacement therapy and a previous diagnosis of an anxiety disorder.

One week earlier, Alex had attended the surgery with the same symptoms, but no further investigations were carried out. She now tells you that she feels her symptoms are not being taken seriously.

After appropriate diagnostic tests, Alex is diagnosed with a urinary tract infection, which had been previously missed due to assumptions about her symptoms. After starting treatment, Alex's pain improves significantly. Alex expresses relief at finally being taken seriously but also describes the emotional toll of her experience.

Reflection prompts

What barriers to care can you identify in Alex's case in relation to:

- Communication
- Gender stigma
- Gaps in knowledge or experience

*Patient's name has been changed

addiction, women living with persistent pain, those experiencing acute episodes of pain and those requiring transgender care. Recognising which groups are most vulnerable is crucial for developing targeted interventions and improving healthcare outcomes for women. This awareness allows HPs to adapt their approach, reduce barriers to care and ensure that pain management is equitable and responsive to individual needs.

Addiction

Women with addiction, particularly those facing cooccurring vulnerabilities such as poverty and housing instability, may experience gender stigma that influences their willingness to seek care, with direct consequences affecting pain management in this population (Dassieu et al, 2021). The impact of gender stigma on women with addiction accessing pain relief is a critical issue that encompasses various dimensions of healthcare, including societal perceptions, healthcare provider biases and the intersection of gender with addiction.

One of the primary ways gender stigma affects women with addiction is how their pain is perceived and whether their complaints are legitimate. Women are often stereotyped as being more emotional or less credible in describing pain, which can lead HPs to dismiss or minimise their pain (Hickling et al, 2024). This is particularly problematic for women with a history of addiction, as they may face skepticism about their pain complaints due to societal biases that associate addiction with manipulation or exaggeration of symptoms to obtain medication (Lavefjord et al, 2023). As a result, they may be subjected to more stringent scrutiny and be less likely to receive appropriate pain management, leading to feelings of shame and reluctance to access necessary care (Perugino et al, 2022). Furthermore, the stigma surrounding addiction can exacerbate feelings of isolation and fear of judgment, which may deter women from seeking help for their pain management needs.

The intersection of gender and addiction stigma can have a compounded effect where women feel marginalised not only for their gender, but also for their substance use history, with HPs potentially prioritising concerns about substance misuse rather than the need for effective pain management (Perugino et al, 2022).

Persistent pain

Women experiencing persistent pain may face stigma and mistrust from HPs, which can create barriers to effective pain management and healthcare access. Research shows that stigma involving women living with persistent pain can lead to feelings of devaluation and disbelief in their pain experiences (Perugino et al, 2022). It can also result in dismissive attitudes from HPs, suspicion of drug-seeking behaviour and inadequate pain management, contributing to mistrust in medical professionals (Perugino et al, 2022). Additionally, women with persistent pain may be more likely to receive mental health referrals instead of effective pain management (Perugino et al, 2022). Some conditions that can cause persistent pain are particularly prone to being stigmatised. For example, interstitial cystitis is a common, but poorly understood, cause of persistent pelvic pain that can affect both genders but is more prevalent in women. However, the interactions women have with HPs differs substantially to those experienced by men. Women with this condition often reported feeling disbelieved and dismissed before receiving an accurate diagnosis, whereas men more frequently described feeling supported and involved in treatment decisions (Windgassen et al, 2022).

Fibromyalgia is another example. It has long been conceptualised as a 'women's disease' and is frequently intertwined with moral judgement, disbelief and pain invisibility (Quintner, 2020). While many theories and aggravating factors exist, the pathology of this condition remains complex. Mengshoel et al (2018) assessed the negative health-related experiences encountered by (mainly female) patients with fibromyalgia which included doubt as to the validity of the diagnosis, being seen as having psychosocial – rather than physical – problems or being viewed as a failure for not trying hard enough to improve their health. Many HPs perceive women with fibromyalgia in a negative light, which contributes to prejudices and the tendency to under/overdiagnosis, which ultimately negatively affects the patient (Byrne et al, 2023).

Acute pain

In recent years, there has been considerable focus on gender inequalities in the diagnosis and treatment of persistent pain, particularly in relation to ischaemic heart disease. Women presenting with differing symptoms of myocardial infarction, yet experiencing pain, are more likely to be incorrectly discharged from the emergency department while having a cardiac event. Wilkinson et al (2019) found that over a 10-year period, 8,200 cardiac-related deaths among women in Wales and England could have been prevented if women had received the same standard of diagnosis and care as men. Gender differences in post-operative pain management have also been documented. Shiers et al (2018) found that males received significantly more opioid analgesics than females in the immediate post-operative period, despite evidence that intravenous morphine can take longer to reduce pain in women than in men, which may be due to hormones causing alterations in protein levels affecting the binding of analgesic drugs. Women are commonly perceived as anxious postoperatively and more likely to be administered minor sedatives rather than stronger analgesics (Martin, 2019).

"More studies should focus on women's pain assessment and management, as gender is still overlooked in pre-clinical research"

Transgender care

Intersectional stigma based on gender identity and sexual orientation remains a widespread barrier to equitable care within the healthcare system (Logie et al, 2021). Such stigma towards those whose gender does not align with traditional associations can significantly affect pain management in healthcare settings. The adherence to rigid gender norms may result in barriers to access and accuracy of health information provided to transgender and non-binary individuals.

Transgender patients frequently report feeling that their pain is not taken seriously or is dismissed by HPs, which can lead to inadequate pain management, misdiagnosis and/or inappropriate treatment protocols (Pace et al, 2021). This issue is particularly pronounced among transgender women and gender-diverse individuals, who may experience compounded stigma linked to both gender identity and associated health needs. Research indicates that fear of discrimination or mistreatment can also deter transgender people from seeking medical care, resulting in untreated pain and worsening health conditions (Pace et al, 2021). Consider the reflective exercise in Box 2.

It is important to note that the groups highlighted in this section are examples and do not represent an exhaustive list of those vulnerable to gender stigma. Understanding the unique challenges and needs of these populations is an important step for HPs in addressing stigma and improving pain management practices.

Education and research

HPs should receive education on gender disparities in pain management to raise awareness and combat implicit biases that may influence treatment decisions. Training programmes should include the unique pain experiences of women and the importance of equitable pain management practices.

Early educational interventions need to focus on the biopsychosocial aspects of pain, including subjective perception, the impact of pain, widespread pain, localised pain, the severity of symptoms and the impact of catastrophic thoughts. Continuing professional development should consider the use of appropriate assessment tools, multidisciplinary management and multimodal treatment approaches.

Reducing the gender data gap is essential. More studies should focus on women's pain assessment and management, as gender is still overlooked in pre-clinical research, despite evidence that gender affects how women perceive and modulate pain. Even when women are included in studies, findings are frequently examined without considering gender differences. Gender variations in pain are challenging to research, particularly as gender identity becomes increasingly complex. Pain research should also explore how males and females differ in verbal and non-verbal pain communication – including facial grimaces, vocalisations (cries, groans) and certain body postures and movements (guarding) – and how these are interpreted differently by male and female HPs.

Emerging research on the overlap between persistent pain and neurodiversity has shown sex- and gender-related patterns. Neurodiverse females, specifically those with autistic traits, are at higher risk of pain experiences and of having their pain under-managed (Han et al, 2024).

Conclusion

Gender bias and stigma towards women in healthcare settings have detrimental effects on many aspects of women's health, particularly in the management of pain. Biopsychosocial mechanisms and social determinants of health significantly influence women's experience of pain and HPs must be alert to the additional vulnerabilities faced by certain groups. Continued research into women's experience of pain is essential, including the development of gender-specific assessment tools. Interventions focused on reducing stigma, raising awareness and delivering culturally sensitive, equitable healthcare services are crucial to ensuring that all women receive effective and dignified pain management. **NT**

- The final article in the series examines challenges and opportunities in addressing HIV-related stigma.

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