

Running head: LIVING WITH FACIAL DISABILITY

Living With Facial Disability: The Experiences of Female Survivors of Acid Attack in Pakistan

By

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Dedication

This work is dedicated with love to my children, Rayaan and Ali.

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Table of Contents

Acknowledgements.....	i
Dedication.....	ii
Table of Contents.....	iii
List of Figures.....	vi
Abstract.....	vii
Chapter 1: Introduction.....	1
Context of the Study.....	2
Acid Violence.....	3
Statistics on Acid Attacks in Pakistan.....	3
Factors Associated with Acid attacks.....	5
Research Aims and Goals	6
Theoretical Framework of the Study.....	7
Social Model versus Medical Model of Disability.....	7
Tripartite Model of Violence.....	8
Feminist Theories.....	9
Chapter 2: Literature Review.....	11
Overview of Islamic Republic of Pakistan.....	11
Section I.....	14
Violence against Women in Pakistan.....	14
Gender Violence as a Human Rights Violation in Pakistan.....	16
Reasons for Bearing Violence.....	17
Research Evidence on Acid Violence	19
Section II.....	20
Women with Disabilities.....	20
Disabled Women in Pakistan.	22
Section III	25
Women and the Criminal Justice System of Pakistan.....	25
Laws Concerning Acid Violence in Pakistan.....	26
Section IV	27
Disabled Women and Body Image.....	27
The Importance of Facial Attractiveness in Society	28
Chapter 3: Methodology.....	32
Qualitative Research	32

Location of the Study	33
Selection of the Participants	33
Depilex Smileagain Foundation (DSF)	33
Critical Case Sampling.....	34
Ethical Considerations.....	35
Socio-Demographic Features of Participants	36
Interview Session	36
Memos.....	38
Data Analysis	38
Triangulation of the Study.....	40
Challenges and Limitations.....	41
Chapter 4: The Life Journey of Participants.....	43
Patriarchal Beliefs	44
Polygamy: Does Sona have any fault?	45
Jealousy: Does Rabia deserve punishment after being divorced?.....	48
Revenge: What was Farah's worth?	50
Dowry: Why was money the only escape for Jannat?.....	53
Accidental disability: Are pessimistic thoughts Hira's only future?.....	54
Religious Enmity: Does Maira have any rights?.....	56
Unknown Reasons: What crime Neha has committed?	58
Substance Abuse: Are Fiza's apprehensions proved right?	60
Family Rivalries: Does Kainat deserve an acid attack from another woman?.....	62
Conclusion.....	64
Chapter 5: Role of Culture in the Lives of women with Facial Disability	66
Negative Comments and Attitudes.....	66
Marriage and Beauty	70
Education and Employment Perspectives	72
Problems with the Law and Judicial System.....	74
Conclusion.....	76
Chapter 6: Participants' Perceptions of their Lives	78
Role of Family Support.....	78
Desire for Marriage	79
Irony of the Beauty Profession.....	81
Physical Pain	81

Life Satisfaction and Confidence	82
Negative Emotions/ Personal Challenges	84
Conclusion.....	86
Chapter 7: Discussion	88
Chapter 8: Recommendations.....	94
Change Begins at Home	95
Improvement in Police and the Legal System.....	96
Speedy Trials.....	96
Adequate Health Care System.....	97
Crisis Centers	98
Role of Media.....	98
Awareness in Schools.....	99
Strict Regulatory Authorities	99
Chapter 9: Conclusion	101
A Way Forward: Empowerment of Women with Disabilities	103
References.....	106
Appendix A: Consent Form for Participants	127
Appendix B: Informed Consent Verbal Script	130
Appendix C: Recruitment Letter	131
Appendix D : Letter of Introduction.....	133
Appendix E: Counselling Services	134
Appendix F: Interview Questions.....	135
Appendix G: Urdu Translations of Appendix A, B, C, D, E, F.....	136
Appendix H : Ethics Approval Letter	148

List of Figures

Figure 1: Diagrammatic Representation of the Life Journey of the Participants.....44

Figure 2: Factors Associated with Patriarchal Beliefs.....45

Abstract

This study aimed to highlight the experiences, struggles and challenges of those women who have experienced facial disability due to acid violence in Pakistan. It addressed the issues in terms of knowing the actual reasons behind acid violence, the role of patriarchal culture and how these women perceive themselves after the incident. Using a qualitative research design, nine in-depth interviews were conducted with women with facial disability. All of them were working in the profession of beauty. They were recruited with the help of one non-profit organization named “Depilex Smileagain Foundation” (DSF). The social/cultural context of disability in Pakistani society was examined from the perspectives of the participants to gain insider knowledge. The participants identified the role of Pakistani society/culture in their lives as negative and discouraging especially in relation to marriage, employability and seeking justice; whereas the role of DSF was strongly supported and appreciated by participants in bringing back their lost confidence post-attack. They shared their experiences which are thought provoking for policy makers, government agencies as well as for other readers in order to understand the continuous powerful societal pressure on the minds of women with facial disability.

Chapter 1: Introduction

In today's world, violence against women is a pervasive and serious issue (Patel, 2010). It exerts traumatic effects on women's lives, regardless of their culture, religion, socio-political background or country (Raj & Silverman, 2002). Violence in the form of harassment, incest, wife beating or rape is quite common in the lives of women (Sampsel et al., 1992). Violence is commonly defined as an act carried out with the intention of physical, sexual, emotional, psychological threat or harm to another person (Lupri, Grandin & Brinkerhoff, 1994). The United Nations Declaration on the Elimination of Violence against Women (1993) states that domestic violence involves "any act of gender-based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering ... including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life" (United Nations, 1993). The available data from the global review of 2013 also revealed that "35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence" (UN Women, 2014).

It is a harsh reality that women with two or more marginalized characteristics are in a vulnerable position to experience violence (Barile, 2010). Women are abused simply because they are women (Health Canada, 1993). The reason behind this reality is deeply rooted in unequal power relationships between men and women in society (Battered Women Support Services, 2015). Research indicates that one out of every three women have experienced domestic violence once in their life time (Ali, 2014). McAllister (2000) explained domestic violence as the "physical and verbal expression of a dominant person's attempt to have power and control over a member of one's family system, social relations, or a kin network during any developmental stage of the life span" (p. 176).

There is so much written on the topic of domestic violence, intimate partner violence or honour killing but there is a huge gap in the literature on the actual life experiences of women with disabilities. Disabled women encounter a much higher risk of violence by their current partners as compared to able-bodied women (Brownridge, 2006). Research indicates that disabled women experience abuse in a wide range of settings, usually perpetuated by significant others (Nosek, Howland, Rintala, Young & Chanpong, 2001). Unfortunately, nothing has been done to keep in view the needs of South-Asian disabled women.

Context of the Study

Domestic violence is acknowledged as one of the major issues faced by women living in South-Asian countries (Farouk, 2005). In recent years, Pakistan has regularly attracted international media attention due to a number of horrific acts of violence against women (Khan & Hussain, 2008). I am going to explain the context of this study as follows.

Naieema, a young widow re-married to her husband's elder brother, who was already married. Her new husband's first wife's nephew threw acid on her with the intention to disfigure her. Naieema reported "I was sleeping when I felt as if someone had thrown something really hot on me and after that it has been nothing but continuous pain". She has lost her eyes and has a face, without features. She is living with her old mother who is also a woman with disability (Acid Survivors Trust International, 2016).

A beautiful young girl Kanwal, was happily working in a beauty salon in Pakistan. She wanted to become a model. A young boy got interested in her and started chasing her. She did not show any interest in him, in fact she snubbed him. One day this boy came to her house and knocked on the door. She opened the door and the boy with a bottle of acid threw it on her face which caused immediate damage to her face (Depilex Smileagain Foundation, 2016).

Unfortunately, the above mentioned examples are common in Pakistan. My aim is to give voice to women with facial disabilities resulting from acid attacks. My study attempted to fill a gap in the literature by providing important information about Asian cultural values and norms for the better understanding of the concerns of women with facial disability.

Acid Violence

“Acid violence”, “acid attack” or “acid throwing” is one of the worst forms of violence experienced by women in Pakistan. It refers to an intentional attack in which sulphuric, hydrochloric, or nitric acid is employed as a weapon to “disfigure, maim, torture, or kill” the person (Patel, 2014, p. 1). The layers of the skin are deeply affected and sometimes even the bones may dissolve. The skin and tissue damage is also affected by the type of acid and the time span of the skin’s exposure to the acid (Cambodian League for the Promotion of Human Rights, 2003).

Acid attacks cause excruciating pain and permanent disfigurement of the victim, often causing blindness and sometimes hearing loss, depending on where the acid falls. Acid attacks leave victims horribly disfigured because most attacks are directed at the face in order to permanently scar the victim and destroy her physical appearance. It has been observed that the perpetrators usually attack at night time or when the acid victim is asleep (Bandyopadhyay & Khan, 2003). Often the women are cast out by their family and forced to live in isolation without any legal recourse (Patel, 2014).

Statistics on Acid Attacks in Pakistan

In Pakistan, government organizations and non-government organizations (NGOs) are working for the survivors of acid attacks but acid violence is rising at an alarming rate. In 2003, non-governmental organizations recorded “1,300 cases of honour killings alone and the number

of women who experience different forms of domestic violence are many times higher” (Khan & Hussain, 2008, p. 239). Soomro (2015) mentioned that, “there were 7571 reported cases of violence against women in Pakistan in 2008, which jumped to 8548 an increase almost 13% in 2009.” However, “from 2007 to 2013, around 949 cases of acid attack have been reported. Among the total number, 519 were women whereas majority of cases (589) were reported from Punjab region” (Khan, 2014). According to Acid Survivors’ Foundation, 56 % of acid attacks occurred in the province of Punjab. Similarly, the Aurat Foundation found that approximately 42 cases of acid attack were reported between January and September 2014 in Punjab alone. This ratio has risen tremendously as compared to 2012-13 in the sense that “from 2012-13, a 13 percent decrease had been recorded in acid attacks, but in 2014, only the first nine months show a rise” (as cited in Jalil, 2014). The statistical data gathered by Acid Survivor Foundation revealed that, “total number of reported acid attack cases in 2015 was 69 as compared to 153 in 2014 and 109 in 2013” (Imran, 2016).

In addition to acid attacks, there are stove burn cases. According to the report from the Progressive Women’s Association (PWA) Pakistan, “In ‘Choola Death’ [Stove burn] cases, the area of the body burnt always exceeds 30 percent and can be as much as 60, 70, or 90 percent....the frequency with which these accidents occur provide circumstantial evidence of a grim pattern; that these women are burnt not by accident, but are victims of deliberate murder” (as cited in Patel, 2010, p. 18). The results of an independent survey carried out by Depilex Smileagain Foundation (DSF) identified that “there were 242 cases of burn victims in Pakistan in 2011. Among them, 153 cases were a result of intentional violence whereas 89 were accidental cases” (Depilex Smileagain Foundation, 2012). This could be due to weak laws and open availability of acids in markets.

This reality has also been confirmed by a report by Shaima Khalil from BBC news who interviewed survivors of acid attacks who belonged to Depilex Smileagain Foundation. She declared in her report that "Women are seen as easy targets. The acid itself is so easy to get. For less than a dollar, you can have a litre of acid and basically destroy someone's life" (as cited in Hills, 2014). A Pakistani journalist and filmmaker, Sharmeen Obaid Chinoy, stated "But, of course, there are undocumented numbers, because acid violence is usually carried out by members from one's own family, and given the culture that exists in Pakistan, many are hesitant to press charges against the perpetrators. So, we believe there are dozens more that go undocumented" (as cited in Waliji, 2012, Women, children targeted section, para. 5). Media, medical agencies and human rights organizations are working on this issue and their efforts need to be recognized (Welsh, 2009).

Factors Associated with Acid attacks

Acid violence is amongst the worst form of human rights violation. It is not restricted to a particular race, religion, or geographic location (Haque & Ahsan, 2014). In countries such as: India, Bangladesh, Cambodia or Pakistan, this horrific crime is "perpetrated by men as a result of shame and loss of face or loss of honour" (Welsh, 2009, p. iii). Common reasons include women's refusal of marriage proposals or sexual advances, unfaithfulness, a broken love affair, "for not wearing Islamic veils, for not behaving well, for speaking too much, for laughing loudly" (Nasreen, 2012).

Acid crime is a deliberate and planned act; usually motivated by anger, jealousy or hatred. The perpetrator blames the victim for the problem, and wants to inflict as much physical and mental suffering as possible (Cambodian League for the Promotion of Human Rights, 2003).

Chowdhury (1996) also pointed out that the underlying motive of the male perpetrator seems to be “if I cannot have you when I want you, no one can” (as cited in Agarwal, 2008, p. 133).

According to the New York Times, Nicholas D. Kristof, reported in 2008 that “attacks were then at an all-time high in Pakistan, they are often the work of husbands who attack their wives as a form of revenge for refusing sexual advances or other proposals” (as cited in Conley, 2012). Babur (2007) explained that many religious fundamentalists throw acid on women because they think that modern women are followers of anti-Islamic values. They consider them rebellious if they wear jeans instead of Pakistani traditional dress. In this way, they show their anger and give them punishment by committing this crime. Jasam (2001) also explained that, “A bad woman is always seen as one who is Western and modern” (p. 48).

The issue of acid violence in Pakistan was brought to international attention by the Oscar winning documentary “Saving faces”, a 2012 film which examined the practice of acid violence in Pakistan. Dr. Jawad, a Karachi-born, London-based plastic surgeon volunteered to do cosmetic surgery for acid survivors in the movie. In addition, this movie served as a milestone for acid crime legislation in Pakistan. Rukhsana, an acid survivor in this film said, “Even our own people don’t recognize us anymore. This is such an injustice to us. Someone must stop the brutal people who made us into the living dead...Your daughters are seeking justice from you” (as cited in Talley, 2014, p. 143).

Research Aims and Goals

The aims of this study are as follows:

- To investigate how acid-burn survivors view their lives after having facial disability.
- To address the socio-cultural taboos associated with facial disability in Asian countries.

- To make recommendations, which are based upon the input of participants, to help prevent abusive situations in the future.

Theoretical Framework of the Study

Social Model versus Medical Model of Disability

The social model has been a guiding framework for disability theorists who represent disability as social oppression (Goode, 2007). According to Barnes (2012), “the social model is a deliberate attempt to shift attention away from the functional limitations of individuals with impairments onto the problems caused by disabling environments, barriers and cultures” (p.11). The social model of disability has been used as the theoretical model for this study, which examines the barriers and challenges faced by women with facial disability.

The social model has emerged in reaction to the medical model of disability. According to the medical model, sometimes called the charity model, disability is a health condition dealt with by medical professionals (Carson, 2009). The medical model views disability as a personal tragedy which exerts greater responsibility on the person him/herself. It emphasizes that people with disabilities must adapt to the norms of a society and are seen as faulty and in need of being fixed or cured. The one who is unable to get “fixed by professional intervention remains deficient” (Depoy, Gilson & Cramer, 2003, p. 177). According to Swain, French & Cameron (2003), “The medical model is often known as the personal tragedy model because it regards the difficulties that people with impairments experience as being caused by the ways that their bodies are shaped and experienced” (p. 22). On the contrary, the social model argues that it is not the person, but societal attitudes and practices which disable a person from achieving his/her life goals (Thiara, Hague, Bashal, Ellis & Mullender, 2012).

The social model of disability was created by disabled people, themselves, in response to society's negative attitude and discriminatory practices that made them feel socially isolated and oppressed (Carson, 2009, p. 10). The social model of disability explained that people with disabilities are consumers and the practical experts about their needs in a particular situation as they have firsthand knowledge of their experiences (Mann, 2005).

In Pakistan, the charity or medical model is prevalent. Society views disabled people, specifically women, with pity. The self-image of women with disabilities suffers because of the charity model. Most organizations of people with disabilities are running on charitable donations. People donate money to these organizations because they consider disabled people as pitiable beings and in need of mercy (Hassan, 1991). Dr Fatima Shah, a blind disability activist from Pakistan states that:

... the blind girl leads a vegetable existence with nothing to look forward to except a dependent life as a burden on the charity of parents or relatives. She is usually hidden from visitors and strangers because the family is ashamed of her and because of the fact that there is a blind girl in the family were to become known, it might prove to be an obstacle in arranging the marriage of her siblings. (Shah, 1990, p.11)

Through the lens of the social model of disability and the charity model in the Islamic Republic of Pakistan, I critically explored the life experiences of women survivors of acid attack in Pakistan.

Tripartite Model of Violence

Galtung's (1990) tripartite model of violence serves as a unified framework to conceptualize acid violence within the Pakistani context. Galtung (1990) explains three types of

violence. First, there is direct violence which involves the use of physical or emotional torture, rape and sexual assault. The remaining two forms of violence are invisible forms of violence.

The second type of violence in the tripartite model is structural violence that results from an unequal distribution of resources or institutionalized oppression and exploitation. For example: “Poverty, hunger, repression, denial of educational opportunities, free speech, and freedom of association are the living examples of structural violence” (Mehmood, 2014, p. 2).

The third form is cultural violence in which the prevailing attitudes and beliefs within society disempower us in our daily life. In other words, “direct violence is an event; structural violence is a process with ups and downs; cultural violence is an invariant, permanence” (Galtung, 1990, p. 294).

Galtung (1990) also asserted that violence can start at any corner in the direct-structural-cultural violence triangle and is easily transmitted to the other corners. In order to make positive changes in society, it is necessary to work on all of them as they all are interrelated. In keeping with the view of this model, I believe that the reason for violence against women in Pakistani patriarchal society is cultural violence, which in turn resulted in ways where the act of direct violence and structural violence are usually justified and thus acceptable in society.

Feminist Theories

Globally, after the emergence of feminist ideology and feminist movements, the issue of violence has gained much attention in the media and from the public (Ahmed, 2014). Feminist theories explain the phenomena of oppression. According to feminist theory, women experience violence as a result of gender inequalities based in a historically patriarchal and sexist society. (Maguire & Shaikh, 2007). This theory suggests that “economic, social, and historical processes

operate both directly and indirectly to support a male-dominated (patriarchal) social order and the family structure itself” (Wilson, 2006, p. 21).

Feminist perspectives and the concept of patriarchy have been extensively discussed by researchers who examined domestic abuse in other cultures (Raj & Silverman, 2002). Feminist theory asserts that women experience oppression in a patriarchal society, where an unequal power distribution privileges men over women. Wilson (2006) uses the term “choice theory” which explained the causes of intimate partner violence. Choice theory explains that men use violence because they have the choice to do it and they want to apply it.

In a male-oriented society, usually power is not the result of culture, gender or sex roles but the product of restrictions made by society to perform specific roles according to gender (Ulrike, 2005). According to Jaggar (1983), “the problem (oppression) is not the result of bad luck, ignorance or prejudice but is caused rather by one group actively subordinating another group to its own interest” (p. 6).

As an Asian feminist researcher, I believe that this project gives voice to the problems faced by Asian women with disabilities. My research is based on my work as a psychologist with South Asian women in Pakistan. The silence behind this particular issue (acid attack) prompted me as a disability studies student to probe the effects of this violent and inhuman crime on the lives of disabled women.

Chapter 2: Literature Review

Due to the paucity of available literature on acid attack violence, this literature review addresses the gaps in literature by focusing on most of the available data on domestic violence in Asian and Western literature. The information in this literature review was gathered primarily from peer-reviewed journal articles, books, organizational project reports, newspaper articles and internet websites. I am dividing the literature review into four sections in order to fully explain the background information to the complex interrelated factors involved in how and why acid violence takes place in Pakistan. It is important to discuss the geography and religion of the Islamic Republic of Pakistan.

Overview of Islamic Republic of Pakistan

Pakistan is an Islamic country which came into being on the world's map in 1947. There are four provinces in Pakistan: Punjab, Sindh, Khyber Pakhtunkhwa and Baluchistan. Punjab is the second largest province in Pakistan. A majority of the population in Pakistan is Muslim. The laws of Pakistan are based on Islamic principles. Muslims follow the preaching of the Quran and the Hadith. The Quran is the book of God, whereas the Hadith contains the teachings of the Prophet Muhammad, who was the messenger of Allah.

Islam under no circumstances allows or encourages violence against women. Islam teaches equality of males and females but unfortunately religion is used as an excuse to restrict women to a subordinate role (Jasam, 2001). According to Flood & Pease (2009) "religion is (mis)used to justify violence against women or to perpetuate women's vulnerability to victimization" (p. 134).

In the Prophet's last sermon (as mentioned in Bukhari's tafseer [Tafseer means explanation of the Holy Quran] he encouraged men to "be kind to women-you have rights over

your wives, and they have rights over you." He also said, "Treat your women well, and be kind to them, for they are your partners and committed helpers," and at a different time, he said, "The strong man is not the one who can use the force of physical strength, but the one who controls his anger" (as cited in Alkhateeb, n.d). The Quran thus states: "And they (women) have rights similar to those (of men) over them, and men are a degree above them"(2:228). From this verse of the Holy Quran, many narrow-minded religious scholars try to prove that men are superior to females. It is important to understand that this verse is in the context of "protection" (Babur, 2007,p.17) and it does not consider men as dictators over women (Engineers, 1992). Muhammad Ali Jinnah, the founder of Pakistan also gave importance to equality of women's rights as he stated "No nation can rise to the height of glory unless your women are side by side with you. We are victims of evil customs" (Rouse, 2006, p. 20).

There is a slippery slope between Islamic religious practices and cultural norms in Pakistan. The tribal/feudal system is deeply embedded in the roots of Pakistan which has its own judicial system known as "Jirga". This system runs at the informal level in Pakistan specifically in rural areas. The concept of honour killing actually comes out of that system that negates the fundamental rights of women (Jasam, 2001). There is a difference in the state judicial system and informal system. Shah (1998) illustrated the difference:

Formal justice system (is one) where the aggrieved files a report with the police against the accused whereas (in) the faislo [Jirga] system the accused or guilty individual, family or tribe has to ask for the faislo. In the formal court system the aggrieved is asking either for compensation for damages afflicted and or punishment of the party proven guilty. In the settlement system of faislo the guilty party is trying to counter the

aggrieved party's wish to either take revenge (badlo) in which case they can either take revenge or the latter can either agree to faislo request or refuse such request. (p. 232)

Islam promotes equality of rights and opportunities between men and women but unfortunately these social practices are against Islamic principles which create barriers in the way of Pakistani women to lead a peaceful life (Asif, n.d). Women obey the orders of their husbands because they believe that their husbands deserve to be obeyed, as they are the primary bread-winners of the family (Wadud, 1992). Whereas, to explain their violent behaviour, including acid attacks, male members use the religious justification that women are breaking the cultural norms and symbolic purdah (veil) (Agarwal, 2008). Cross (2013) also stated that Muslim women experience violence because their husbands tend to follow old cultural practices of marital interaction as well as gender expectations (p. 15). Hogben (2013) mentioned that "Often perpetrators of such violence attribute it to religion or culture and offer many rationales and justifications to convince Muslim women that these practices are for their own benefit" (as cited in Canadian Council of Muslim Women, 2013, "Executive Director" para. 2). Similarly, Zakar, Zakar & Kramer (2011) conducted research on the perspectives of religious leaders on domestic violence. They reported that under the influence of prevailing patriarchal ideas religious leaders denied the presence of violence and blame women for their miseries. However, Misra (2006) raised the point that "the truth is that the man manages his anger very well, he knows when and where to be angry and where not to be (p. 166).

Section I

The literature review in the following section addresses sociocultural factors that actually play an important role in violence against women in Pakistan.

Violence against Women in Pakistan

Pakistan has one of the worst records of violence against women, especially spousal violence (Ali, Asad, Mogren, & Krantz, 2011). Pakistani society is a patriarchal society where violence against women is embedded in political, social and legal structures of society (Ali & Gavino, 2008). In Pakistan, the issue of violence has long been considered a personal matter to be resolved within the family or community. It is a matter of self-blame or shame, specifically for women (Patel, 2010). Misra (2006) highlighted that men usually batter their wives in the context of the marital bond.

It has been observed that women belonging to the middle-class are much more bound to traditional values and social taboos (Misra, 2006). The parents of victims usually pressure their daughters to live in their husband's house, no matter how hard the circumstances become (Tahir, 2012). Shaheed (1990) also explained that the situation is even worse in many rural areas of Pakistan where girls and women continue to be traded to settle debts or conflicts (as cited in Babur, 2007). Traditionally, parents prefer to "invest" money in their son's education as they believe that their security lies in their son's future (Social Policy and Development Center, 2012). Likewise, Sharma (1999) stated that "the birth of a male child is celebrated with pomp and show but on the other hand that of a female child is hated by almost every member of the family" (p. 68).

Living in an abusive relationship affects women physically as well as psychologically. Some of these effects may include depression, anxiety, substance abuse, self-harm behaviours

and unstable sleep patterns (Anderson & Aviles, 2006). Domestic violence does not only affect a woman as victim. If she has children, they too are affected by living in a tense home environment (Flaherty, 2010). This evidence is also supported by a study conducted by Bennett (1995), which found that one of the precursors of domestic violence was the experiences of domestic violence in childhood. Moreover family violence is associated with negative psychological effects, juvenile justice problems and increased drug use in adolescents (Voisin, 2007).

However, more recently, domestic violence is being increasingly recognized as a significant social and public health concern as well as a human rights issue in which governments have the right and obligation to intervene (Fikree & Bhatti, 1999). Similarly, violence, including killing in the name of honour is one of the most extreme forms of violence experienced by women. Women are “stoned, burned, or beaten to death, often by their own family members, in order to preserve the family honor” (Blanchfield, Margesson, & Seelke, 2009, p. 9).

For this research, I consider acid violence as synonymous to a ‘crime of honour’ in Pakistan. Traditionally in Pakistani society, “honour killings” are considered as an act which preserves the honour of the family and which conveys a message to other women about their possible fate if they break social norms (Tremonti, 2016). As a Pakistani feminist researcher, I assert that one of the leading causes behind acid violence is to maintain the honour of the family or the male. Being raised in Pakistani society, I have observed patriarchy/male domination through physical, psychological or economic control over women. As also stated by Patel (2010), “Violence against women has reached crisis level in Pakistan. It is an obstacle and deterrent to development” (p. 4).

Gender Violence as a Human Rights Violation in Pakistan

Gender based violence (GBV) is one of the harsh realities of some developing countries. Women in Pakistan are experiencing inequality and violence in almost every aspect of life. In 1990, the Asia Pacific Forum on Women, Law, and Development (APWLD) presented the definition of gender-based violence as “any act involving use of force or coercion with intent of perpetuating or promoting hierarchical gender relations” (as cited in Schular, 1992, p. 2).

GBV is prevalent and considered as a “normal” part of the lives of Pakistani women (Social Policy and Development Center, 2012, p. 5). Khan & Hussain (2008) found that every second house in Pakistan has the same story of violence. Husbands usually control their wives in order to prove their manhood to other men (Merry, 2009). A witness of the violence will not even interrupt to stop or report violence (Hassan, 1995). This concern has also been raised by Bandyopadhyay & Khan (2003) that Asian women experience “salutary beatings” by their husband and in-laws once they enter into a marital bond. (p. 66)

Chokshi , Desai and Adamali (2010) pointed out that “Patriarchal structure within the South Asian community is noted as one of the most crucial factors in assessing the risk of domestic violence within the family” (p. 154). It is a harsh reality that women get indirect messages from the society that “Boys will be boys, so women must be careful” (Sampselle et al., 1992, p. 11). The patriarchal views make women more vulnerable to domestic violence. Males usually use violence as a tool to exert power and maintain control in a marital relationship (Frieze & McHugh, 1992). Boys at a very young age learn from their home environment that women are dependent on them for the fulfillment of their basic necessities (Sharma, 1998). Jasam (2001) stated that “A woman’s purity is a prerequisite for the change of guardianship from her father to the man she is marrying.....A girl from a very early age is taught to safeguard her

chastity; any immoral act of hers is deemed to bring shame and dishonour to the family” (p. 60).

This point has also been raised by one of the most famous female Pakistani lawyers, Asma Jehangir, “judges are lenient in honour killing cases. Under the Pakistan Penal Code, it is a justifiable offence and killers rarely serve more than two years in prison” (as cited in Kidwai , 2001 p. 8).

Overall, it would seem that there is some acceptance of the occurrence of wife beating in Pakistani culture (Kidwai, 2001). Women spend their lives in a constant state of fear and insecurity in their husband’s home. They can never tell in advance when or how the violence begins (Misra, 2006). Hassan (1995) explained that “For many women in developing countries like Pakistan, family life involves a complex set of power relations with many different people (men as well as women) who may take part in the abuse of women in the home” (p.25). This quote indicates that a mother-in-law/ sister-in-law usually play a major role in support of domestic violence.

Reasons for Bearing Violence

It is quite common that women usually do not make the decision to leave their abusive partner because they hope that their husband’s behaviour will change soon. In addition, they keep on blaming themselves for the infliction of abusive behaviour (Shoham, 2000). A cross-sectional study conducted in one of the biggest cities in Pakistan, revealed that approximately 44% of women faced domestic violence on a daily basis (Fikree, Jafarey, Korejo, Afshan & Durocher, 2006). In addition, research conducted in Punjab, Lahore revealed a positive association between depression and domestic violence (Ayub & al., 2009). Zakar, Zakar & Kramer (2011) conducted 21 in-depth interviews in order to investigate spousal abuse in Lahore and Sialkot (Pakistan). They found that a majority of Pakistani women used emotional focused

coping (use of religion) as compared to problem focused coping (e.g. seeking support from formal institutions). This has also been supported by Watlington & Murphy (2006) who found that women usually use the support of supernatural forces of religion to confront oppressive situations and abusive behaviours respectively.

Weissman (2007) found that those women who are economically dependent on their husbands experience more violence. Mumtaz and Shaheed (1987) explained that "Most Pakistani women do not have an identity of their own. They are known as the sister, daughter, mother or wife of a man and depend entirely on him for their economic needs" (p. 30). They feel hesitant and afraid to share their concerns with people (Shirkat Gah, 2009). Babur (2007) pointed out that "gender inequality itself is the preservation of social and cultural violent patterns that restrict women's choices, opportunities development and participation in social life" (p. 12).

However, Yoshioka, Dang, Shewmangal, Vhan and Tan's (2000) research findings revealed that divorce is considered a taboo in Asian American culture which hindered female survivors of domestic violence from seeking help. However, Lambert and Firestone (2000) confirms that "women of all cultures, races, occupations, income levels and ages are abused by husbands, boyfriends, lovers and partners" (p. 49).

Qayyum (n.d.) explained the strong association between poverty and domestic violence. She stated "Men make a direct link between poverty, limited access to jobs and economic means and violent behaviour" (p. 48). Asian women are expected to perform their duties as good wives as well as daughters-in-law in order to maintain family cohesiveness (Goel, 2005). Patel (2010) highlighted the situation in the lives of Pakistani women that "The girl-child or the woman may be subjected to incest and rape in her own home, and forced to keep her lips sealed" (p. 4). These patriarchal beliefs could easily be viewed in Asian families living in the Western world. Desai

and Subramanian (2000) found that young South Asians in the Toronto area faced “significant pressure from their families to succeed academically and pursue professional careers, strict codes of behaviour around gender relationships and dating” (p. 1).

Research Evidence on Acid Violence

Unfortunately, the issue of the horrific crime of acid violence in Pakistan has not been fully explored. There is very little research done on this topic. Most research on acid violence has been conducted in India, Bangladesh and Cambodia. A quantitative study by Malik & Khan (2013) explored the emotional experiences of acid victims. They found that “acid victims are restricted to remain at home because of their alien like faces due to acid attacks and their thinking that they are the useless part of society and they have to wait for only death or someone to help them” (p. 20). A researcher from Pakistan, Zia (2013) also mentioned that “Reliable data is hard to locate, not just because of a dearth of data collection and the inherent difficulties in collecting data from war torn areas of the country, but also because of underreporting and misreporting due to fear of retribution and social stigma” (p. 13). Welsh (2009) conducted a study on acid violence in order to determine the various motivations and causes for acid attacks in Cambodia, Bangladesh and India. The research findings revealed the positive correlation between acid throwing and gender based violence. The findings also explained poverty, a culture of violence and aggression as major determinants of domestic violence in Cambodia (as cited in Welsh, 2009). Patel (2014) conducted research on acid violence in India by using newspaper reports from January 2009 to December 2013. He found that women in India are “suffering from psychological trauma and expenses of reconstructive surgery” (p. 1).

One of the major causes of acid violence in Pakistan is associated with dowry. Dowry includes gifts, money, goods or property given by the bride’s family to the groom or in-laws.

Dowry is a response to explicit or implicit demands or expectations of the groom or his family. In India, Bangladesh and Pakistan women experience violence by their in-laws for not bringing a large enough dowry (Blanchfield, Margesson & Sleeke, 2009). Dowry death is another form of domestic violence. The primary motivation and circumstances are economics and the subordinate role of women. Bride burning is quite commonly experienced by Pakistani women as stated by Barlas (2002) "In bride burning, it is alleged that a husband or the family of the husband douses the man's wife with kerosene or gasoline oil and sets the woman alight, leading to death by burning her alive" (p.76).

Section II

Women with disabilities are much more vulnerable because of their difficulty fighting back against the abuser (Fitzsimons, 2009). There is a huge gap in research on the life experiences of women with disabilities. Much disability research is based on the opinions of experts and service providers rather than the actual involvement of people with disabilities in the research process (Sobsey, 1994). In this section, I examined the situation of women with disabilities in Pakistan.

Women with Disabilities

Women with facial disabilities experience negative discrimination from other people around them, mostly by family members. Brownridge (2011) stated that "It is common in the literature to see very high estimates of violence against persons with disabilities, such as being 50% more likely to encounter abuse than the rest of the population...or having 2 to 5 times the likelihood of abuse compared to nondisabled persons" (p. 805).

Nancoo (1993) has also presented the views of two Muslim Asian disabled women living in Canada. Both women, named Ayesha and Shabana revealed that families of disabled women actually have to pay a heavy price for their daughter's marriage, sometimes in the form of dowry or a Canadian passport. They raised some thought provoking questions such as, "what is a beautiful body? Can a woman in a wheelchair be beautiful? Can a man be attracted to someone like this?" (p. 240). The same issue can easily be viewed in Kyla Harris article, "Access Sex Series" in which she tried to reflect the positive representation of women with disabilities in the media. Friesen (1992) in her article, "Bangladeshi Disabled Women Find Hope", shared the life accounts of disabled women. One of the women, named Peara Begum revealed that after her paralysis her husband divorced her and took away her one and a half year-old son. She further mentioned with sadness that her husband got married again.

In Ghana, marriage is not considered as a union between a man and a woman rather, as an alliance between two families. One's family has the right to refuse permission to marry a particular person because of his/her disability. One of the famous chiefs of Ghana, named Nana Kwaayie married a deaf woman. His marriage was broken because of threats and pressure from his people for marrying a disabled woman (Owusu, 1992).

Johnson (2005), a woman with a degenerative neuro-muscular condition, narrated her life accounts in "Disability and Body Image". She explained that she had a notion in her mind for a long time "Why would anyone choose me over someone with a strong, healthy youthful body?" (p. 43). She further declared that she has a supportive husband "who finds me beautiful, despite my limitations" (p. 43). She believes that everyone has the freedom to develop intimate relationships and we, as human beings, should focus on enhancing what we have rather than worrying about the things which we cannot change.

Disabled Women in Pakistan

Pakistan is an Islamic country and Islamic law does not allow men or women to maintain physical relationships outside marriage. Most marriages are arranged by parents or family members. A love marriage is usually associated with shame or loss of pride. Critelli (2012) explained that in Pakistan among the “female population’s independent decision-making regarding entering or exiting a marriage continues to be met with enormous societal and family resistance” (p. 674).

Women in Pakistan are expected to live under the strict restrictions of religious, family and tribal customs. People usually go for marriage with a disabled woman if she is rich enough to give money to the bride-groom and his family. Otherwise women with disabilities are considered to be a big burden on society. They expect disabled women to marry disabled men. According to Bandyopadhyay & Khan (2003), “Acid burn survivors pay a high social cost...social isolation and fear almost always follow the incident; further damaging women’s self-esteem and confidence” (p. 71).

Generally, society values beauty and perfection. It views a disabled woman as a “fragile person with no attractiveness” (Baptista, Pagliuca, Sampaio, & de França, 2014, p. 921). Chenowith (1997) explained that “once a woman’s identity is constructed as asexual, the licence to commit many abuses usually follows” (p. 36). However, the situation of acid attack survivors is even worse than women with physical or mental disabilities in Pakistan. They are deprived of their traditional role because of the belief that they are unfit to move in society. They are left to exist in a confined area of the house. It is very hard for them to find a life partner. If a man wants to marry a woman with facial disability, the situation becomes challenging in the sense that the whole family and community forbid him, even curse him for making this decision. On the

contrary, there are some who pity the groom and justify his decision under Islamic values of equality and humanity. But, still the couple faces discrimination as well as negative comments from society throughout their lives. Fatima Shah, a disability activist from Pakistan stated that, “The disabled woman is gradually brain-washed into accepting herself as a nonperson with no rights and privileges to claim, no duties or function to perform, no aim in life to achieve, no aptitudes to consult or fulfill” (as cited in Driedger & D’Aubin, 1991, p. 81). According to Hassouneh-Phillips (2001), “Marriage for Muslim women is integral to religious and social life, many of the women tolerate significant abuse for many years, hoping that through faith, things would improve overtime” (as cited in Zakar, Zakar & Kramer, 2011, p. 381).

Andreychuk (1995) discussed this point in her study that disabled women’s abusive experiences are not much different from women in general; they are in a similar vulnerable position as that of other vulnerable groups. A study conducted by Thiara & Hague (2013) described disabled women’s experiences of domestic violence, by using an intersectional analysis framework. The data was collected from 30 disabled women, who reported emotional degradation and humiliation by their partners. Hathaway et al. (2000) reported that women who experience intimate partner violence have greater susceptibility of experiencing depression as well as disturbed sleep patterns. Thaira et al. (2012) further pointed out that disabled women experience abuse not only from their partners but also from other people who have more power and control over them. Sometimes, a care-provider, who may have a lot of influence or power over the woman, is the perpetrator. However, there is not much literature available to explain how disabled women cope with these difficult circumstances (Powers, Curry, Oswald & Maley, 2002).

Women in Pakistan, either disabled or non-disabled, often hesitate to seek help because of physical, economic and cultural barriers. Ahmad, Driver, McNally and Stewart (2009) conducted research on South Asian immigrant women with experiences of partner abuse who show hesitation to seek professional help. The researchers found the dominant reasons for delayed help seeking such as “social stigma, rigid gender roles, marriage obligations, expected silence, loss of social support after migration and limited knowledge about available resources and myths about partner abuse” (p. 613).

One of the factors behind intimate partner violence is the abuser’s jealousy. The abuser, usually male, feels insecure or threatened by his spouse’s ability or desire to succeed (Meadows, 1998). Brownridge (2009) conducted a study in Canada to investigate perpetrator-related characteristics that cause violence against disabled women. His report findings are quite consistent with the situation of women in Pakistan. He stated that “Male partners of women with disabilities were about two-three times more likely to behave in a patriarchal dominating manner, one to 1.5 times more likely to behave in possessive manner, and 1.6 times more likely to behave in a sexually jealous manner towards their partner” (p. 254).

Another major barrier faced by women with facial disabilities in Asian countries like Pakistan is that they find greater difficulties in forming intimate relationships. Barranti and Yuen (2008) mentioned that generally society views disabled women as not being capable of maintaining intimate relationships. Moreover, people have a general tendency to view them as asexual and unfit mothers. There is limited research evidence on the experiences of disabled women, in relation to intimate relationships. Dutt (2014) explored the intimate relationship experiences of Asian disabled women. She identified that Asian women with disabilities face barriers because of their own community’s attitudes as well as cultural insensitivities. Taub,

McLorg, and Bartnick (2009) conducted a study in a rural setting in mid-west USA. They found that disabled women experience social and physical barriers in maintaining intimate relationships. Moreover, they found that romantic relationships are hindered because of the prevalence of negative stereotypes in a society, such as the belief that women with disabilities are asexual. According to Bartky (1990), “A person is sexually objectified when her sexual parts or sexual functions are separated out from the rest of her personality and reduced to the status of mere instruments or else regarded as if they were capable of representing her” (p. 26).

Section III

This section aims to focus on the inconsistent policies and laws of Pakistan that actually create barriers for women to raise their voices for their concerns. According to Hasan & Malik (2009) the establishment of weak laws and traditional norms reinforce the prevalence of crimes in Pakistan such as: rape, domestic violence or acid attack.

Women and the Criminal Justice System of Pakistan

The Constitution of Pakistan (1973) clearly stated that no law will be enacted in Pakistan against Quran and Hadith (Zakar, Zakar & Kramer, 2011).

...thus all power is to be exercised within the Islamic framework...The Supreme Court also affirms that the ideology of Pakistan is based on the Muslim nationhood and includes Islamic Ideology which in clear terms in the constitution means injunctions of the Holy Quran. (Ahmad, 1998, p. 4)

The inconsistent ruling of the courts and gender-bias in Pakistan’s criminal justice system has always been the biggest barrier for women seeking justice and leaves them vulnerable to violence (Bhatti, Jamali, Phulpoto, Mehmood, & Shaikh, 2011). Gender equality is clearly

stated in various articles of the Pakistan Constitution. However, the legal and jurisdictional authorities have failed to provide adequate safeguards for women (Bhatti et al., 2011).

Since its birth in 1947, Pakistan has faced problems due to constant upheavals in government systems (Social Policy and Development Center, 2012). It faced civil crises for many years because of military dictatorships as “military presidents have ruled from 1958-71, 1977-78 and from 1999-2008” respectively (Critelli, 2010, p. 142). In 1977, many conflicts arose during General Zia-ul-Haq’s programme of Islamization which promoted the concept of “Chadar Aur Chardiwari” - veiled and confined to the home (Mullally, 2005, p. 348). General Zia implemented the Hudood (Arabic word meaning limits and punishments defined by Allah) Ordinance in Pakistan. The aim of the ordinance was to apply Islamization in Pakistan’s criminal justice system. According to this ordinance women’s testimony was taken into account under certain circumstances, for example, under the Ordinance, a woman’s testimony cannot be taken into account if a court wishes to impose a strict punishment (a punishment definitely fixed in the Quran and Sunnah). This law created a huge barrier for women to raise their voices against the offence of Zana-bil-jabr (rape). The victim has to prove this crime in front of the court in one of two forms: either the accused confesses his crime or at least four Muslim adult males give evidence as eye-witnesses to the actual act of penetration. The frustrating part of this law is that the woman making the complaint is excluded from giving evidence (Mullally, 2005).

Laws Concerning Acid Violence in Pakistan

In the past, there was no specific law in Pakistan addressing acid attack and the fine was under the crime of assault, Rs. 5,300 (US \$50). However, legislation was passed that adopted tougher penalties specific to acid attack (Yusufzai, 2013). On December 12, 2011 Pakistan’s Government passed two bills upholding the rights of women, “The Acid Control and

Acid Crime Prevention Bill 2010 and The Prevention of Anti-Women Practices (Criminal Law Amendment Bill 2008) has made acid throwing a crime against the state”, with a penalty of 14 years to life imprisonment and a minimum fine of Rs1 million (Khan, 2011). However from December 13, 2011 onward, efforts have been taken by the government and legislatures to develop a comprehensive Acid and Burn Crime Bill. On October 3, 2012, Atiya Inayat-Ullah presented this bill to the National Assembly for detailed discussion. It was submitted after being co-signed by 11 parliamentarians (Malik & Khan, 2013). Section 6 of the Acid Throwing and Burn Crime Bill (2012) states, “(i) if such act has resulted in the death of any person be punished with rigorous imprisonment for life (ii) whoever intentionally causes hurt by Acid and Burn attack shall be punished with rigorous imprisonment for not less than 7 years” (National Assembly of Pakistan, n.d. , p. 3). Unfortunately, the “Acid and Burn Crime Bill” has not been approved yet at the federal and the provincial levels (Imran, 2013).

Section IV

The famous stereotype "what is beautiful is good" gives social advantage to physically attractive people and they have a very successful and happy life as compared to less attractive people (Van Leeuwen & Neil Macrae, 2004). In the following section, I explain how facial beauty is considered as a matter of serious concern in Pakistani society.

Disabled Women and Body Image

Women with disabilities may experience discrimination. They have their own ideas and hopes about how to make their lives meaningful but unfortunately, they face barriers which impede the development of their strong and positive self- image (Nosek, Hughes, Swedlund, Taylor & Swank, 2003). The terms body image, self-image and self-esteem are usually

associated with the perceptions held by society. Body-image usually refers to “one’s feelings, attitudes, and perceptions towards one’s body and physical appearance” (Jarry, Kossert, & Ip, 2005). Women with disabilities hear various messages from family, friends and society about their bodies and perceived inability to participate in various roles that are usually expected of other women (Odette, 1994). Garland Thomson (2009) explained the relationship between the cultural construction of bodies and identity stating that “disability operates in culture and how the discourses of disability, race, gender and sexuality intermingle to create figures of otherness from the raw materials of bodily variation, specifically at sites of representation such as the freak show” (p. 63).

Through this research project, I tried to raise awareness of the importance of body image/ identity of women with disabilities in family or community, employment and education, marriage and sexuality. In this way, it covers a huge gap between society’s perception of the body image of disabled women and the actual experiences of women living with disability.

The Importance of Facial Attractiveness in Society

People with disabilities, particularly women who do not fit the standards of beauty often have poor body image, which results in low self-esteem and willingness to accept an abusive relationship (Fitzsmons, 2009). Facial disfigurement due to violence has not been fully explored by researchers yet (Lawrence, Fauerbach & Thombs, 2006). Goffman defined the concept of face as “an image...self delineated in terms of approved social attributes” (as cited in Talley, 2014, p. 25).

Generally, women in our society spend their whole lives in a dilemma believing that their bodies need improvement (Cash, 2008). I knew one of my family friends in Pakistan, who married a woman who has a slight scar on her face. My friend’s mother, as well her sisters, hate

his wife because of her disability. My point in mentioning this example is that, facial disability is considered a curse in the Asian community. So, when there is an issue of domestic violence, husbands usually slap/punch a woman's face. They do not even hesitate to put acid on her face because they want to diminish her identity (Piper, 2011).

In Pakistan, marriage is one of the crucial parts of culture. It is considered to be the only way to give meaning and purpose to the life of a woman (Thomas & Thomas, 2002). In this regard, the socio-cultural patterns exert pressure on parents to get their daughters married as soon as possible. These socio-cultural patterns are internalised by women specifically belonging to Muslim communities (Social Policy and Development Center, 2012). It is a general psyche of Pakistani parents that when they look for the perfect match for their sons they look for beautiful submissive girls. The general criterion is that the girl must be fair, slim and beautiful. Moreover, the bride's parents must be rich enough to give a dowry. Marriage, even for an able-bodied woman becomes a big problem because of these issues. It is quite challenging for parents to obtain a proposal if their daughters do not have extraordinarily beautiful features and it becomes double jeopardy when they reach the age of 30 as they are considered too old for marriage. The media is also promoting this concept to the fullest. Almost all the advertisements portray models with beautiful faces and size zero figures. Huda & Ali (2015) explained that "Most of the commercials are designed in a way that depicts the curves and cuts of the female body" (p. 15). They also asserted that the advertising industry is making lot of money through beauty creams. The TV commercial that shows a beautiful girl with a fair complexion gives a hidden message to girls that "the key to look beautiful is fair skin" (p. 16). A similar point has been raised by Sampelle et al. (1992) that "The entertainment and advertising media sustain a view of women

as property through the objectification of women's bodies, that is an emphasis on body parts rather than on women as human beings" (p. 10).

The research conducted by Thombs, Lawrence, Magyar-Russell, Bresnick and Fauerbach (2008) analyzed that societal pressure increases in case of burn injury. They also identified women going for "routine psychological screening for body image distress during hospitalization and after discharge" (p. 205). However, Jack (1991) explained that "a person's body carries social meanings that profoundly affect the sense of self. We come to relation with people through a body whose sex, size, and shape, elicit responses from others that enhance or diminish our feelings or confidence, self-esteem, and safety" (p. 15).

Similarly, it has been observed in our daily lives that attractive people are more popular and they have more employment opportunities (Langlois, Kalakanis, Rubenstein, Larsen, Hallam, & Smoot, 2000). One study conducted by Dipboye, Arvey, and Terpstra (1977) revealed the high positive correlation between high salaries and attractive employees. Berscheid and Walster (1974) pointed out that "physical attractiveness is an important variable only in initial stages of interaction and that its influence decreases rapidly with the weight of additional information about the person" (as cited in Cash, Kehr, Polysen & Freeman, 1977, p. 205).

Facial disfiguration causes psychological problems and difficulties in maintaining relationships. People with facial disfigurement report problems in meeting new people, making intimate relationships or obtaining jobs (Robinson, Rumsey & Partridge, 1996). Burn-survivors become victims of society in a way that they face de-humanizing behaviours such as bullying and staring. This negative discrimination affects their body image, self-esteem, sexual satisfaction, and quality of life (Lawrence, Fauerbach, Heinberg, et al., 2006). We can analyze in our daily lives that women bodies are under the constant grip of culture which focuses women's

attention on their bodies (Bordo, 1993). Women are under constant pressure to live up to the demands of society and meet standards of physical perfection (Gill, 2007). Those women who fail to meet the standards of the community usually face low-body self-esteem (Brannon, 1996).

The literature on family violence also indicates that violence influences the self-esteem of victims (Pagelow, 1984). Hunter (2010) conducted research to explore the effects of burn injury on women's lives. The researcher identified body-dissatisfaction, discontentment and the element of self-silencing in the participants because “self-silencing functioned to help the women resist the cultural devaluing associated with disfigurement and more personally, to maintain close relationships” (p. 2). Women usually start blaming themselves for their disability and I personally believe that disabled women’s self-blame is directly related to the medical model of disability. Attitudes and beliefs from the community usually “situate disabled women as out of place in society and in everyday life” (Chouinard, 1999, p. 150). In this study, I illustrate the feelings and thoughts of research participants in detail.

Chapter 3: Methodology

Qualitative Research

For this research project, I used qualitative research methods to generate valuable data from acid- violence survivors. Druckman (2005) explained the advantages of a qualitative research method over a quantitative research method that it can “provide a deeper understanding of a phenomenon” (p. 8). According to Creswell (1998), qualitative research is “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem” (p. 15).

I conducted in-depth interviews as “qualitative researchers rely quite extensively on in-depth interviewing” (Marshall & Rossman, 1999, p.108). A narrative approach helped me to gain rich information on “the signs, the symbols, and the expression of feelings in language and other symbols, validating how the narrator constructs meaning” (Marshall & Rossman, 2011, p. 153). It also facilitated me as a researcher to maintain an empathetic relationship with research participants. According to Patton (2002) the narrative approach, “honors people’s stories as data can stand on their own as pure description of experiences” (p. 478). I believe that this strategy is beneficial in maintaining a balance in the power relationship between the researcher and participants as “it demands intense active listening and giving the narrator full voice” (Marshall & Rossman, 1999, p. 123). According to Hunter (2010) “Narrative research is an excellent method to study people’s experiences after a traumatic injury because when people are faced with unexpected or unwanted life events, they are forced to create new stories, or narratives, about themselves and their newly conceptualized self” (p.8). The analysis of the survivors’ accounts helped me to understand and interpret their disability and its consequences on their

personal, social and professional life, as Frank (1995) explained that “give voice to an experience that medicine cannot describe” (p. 18).

Location of the Study

The study was conducted in one of the largest cities of Pakistan. I did not name the city to preserve the anonymity of my research participants.

Selection of the Participants

Being a Pakistani woman, I am aware of the potential problems and risks associated with the issue of violence against women. I contacted a non-profit and charitable organization “Depilex Smileagain Foundation” who is already working for the rights of acid survivors. They agreed to help me in the recruitment process. My interest in this organization was developed for two important reasons.

- This organization identifies acid burn survivors as women with facial disability.
- This organization supports survivors with job placement.

Depilex Smileagain Foundation (DSF)

Depilex Smileagain Foundation is committed to provide the acid survivors not only with medical care and assistance but also an adequate chance to become productive, self-reliant members of the society that has ostracized them. Our vision extends beyond the immediate. (Depilex Smileagain Foundation, 2016)

Mussarat Misbah, founded Depilex Smileagain Foundation, a non-profit organization in 2003. She is recognized as one of the people who initiated professional beauty salons in Pakistan. She is the owner of the famous beauty salon chain “Depilex” in Pakistan. Mussarat started Depilex Smileagain Foundation when one day a fully veiled woman approached her in

her salon 'Depilex' and asked for help, as stated by Mussarat, "What I saw, there was an image that fails to escape my head-this woman's nose was nowhere to be seen, one of her eyes were missing and her entire face structure was in shambles. I went home and simply wept for the next few days" (as cited in Sheikh, 2014).

Acid survivors who are registered with Depilex Smileagain Foundation are automatically eligible to get medical and reconstructive surgeries *pro bono*. This organization is serving both male and female acid/kerosene burn survivors. The recent Annual report of Depilex Smileagain Foundation (2016) states that "DSF has more than 701 registered victims from across Pakistan, out of which 298 have either been successfully treated or at different stages of their treatment" (p. 2). Mussarart Misbah along with her team is very active to "keep track of the burn incidents through newspaper and TV reporting" (DSF, 2016, p. 5). She has also given an opportunity to disabled women to work in her salon Depilex, as hair-stylists or make-up artists. Most of the survivors are working or getting training in her salon seven days a week.

However, there are many survivors who are also funded by this organization to run their own small business such as tailor shops or small beauty salons. DSF is fully cooperative and quite flexible with its policies regarding the career options of the women. Disabled women have free choice either to work in the beauty salon or run their own businesses.

Critical Case Sampling

The participants were recruited by using a purposive, critical case sampling method. This sampling technique examines the existence of a critical case "if it happens there, it will happen anywhere or vice versa" (Patton, 2002, p. 236). The aim behind using this technique, as I propose, is that women with visual uniqueness encounter similar experiences and challenges wherever they are, in relation to socio-cultural imperatives. Critical case sampling is useful when

“resources are limited” (Patton, 2002, p. 236) which is quite true in the case of my research project that involved time constraints, small sample size and sensitive nature of the study. However, Patton (2002) suggests "there are no rules for sample size in qualitative inquiry" as "it depends on what you want to find out, why you want to find it out, how the findings will be used, and what are resources (including time) you have for the study" (p. 244). Critical sampling technique is ideally suited for this project in the way that I found all respondents at one platform (i.e., Depilex Smileagain Foundation). I also conducted an interview with Mussarat Misbah in order to get her opinions on acid crime. As the research participants are beauticians, this study also revealed the feelings of women with facial disabilities after being associated with the beauty profession.

Ethical Considerations

Ethics approval for the study was obtained from the University of Manitoba, Joint Faculty Research Ethics Board. I invited only those women who volunteered to be participants in this project. Each participant was given choice to select her pseudonym. Before the start of the interview, I gave them a letter of introduction and a consent form (Translated into Urdu) to be signed. Israel and Hay (2006) also pointed out that consent forms require high literacy skills and sometimes it is difficult for the participants to follow them. In order to overcome this challenge, I prepared a separate script in simple language for those who were illiterate (Appendix B). I read aloud that script to get the full consent of participants. Similarly, the interview sessions were recorded after permission was received. However, I explained to them clearly that there would be no penalty or prejudice associated with their withdrawal from the study. As the research topic is quite sensitive, I also provided them with a list of resources for free counselling (Appendix E).

Socio-Demographic Features of Participants

I conducted nine interviews with women with facial disability. The study participants are from different socio-cultural backgrounds. Three women are unmarried while the remaining six are separated or divorced. At the time of my study, their ages ranged between 18 to 45 years. When they experienced acid attack, they were in their late teens to early twenties. They are representatives of acid-burn survivors of Pakistan because they are working as a cohesive group under the umbrella of DSF. Women associated with DSF are anxious to speak for the rights of disabled women.

Most of the participants come from poor households. Similarly, their level of formal education varied, ranging from no formal education to one participant with secondary school education. As far as participants' employment status is concerned, three of them are working full-time, two part-time and four are trainees. All of them receive a salary, except for staff in training, but they get bus fare to reach the salon.

All participants differ in their experiences as well as the type of disabilities. Many participants had more than one disability such as: vision and hearing impairment.

Interview Session

In-depth one-on-one interviews were conducted with participants. The purpose behind doing one-on-one interviews is to maintain participants' confidentiality. I gave them the option of selecting pseudonyms for their safety. Taylor and Bogdan (1998) explained this concern as "Although people might want to have their names published for a variety of reasons, you should resist doing so and explain this to informants" (p. 96). I discussed the concern of confidentiality with them in detail.

I interviewed my research participants according to their availability and schedule. Being an insider of Pakistani society, I developed a rapport with the participants very easily. They seemed excited to be part of the research project, because their experiences would be read by Canadians, who would gain a greater understanding of acid violence from their first person survivor accounts. All interviews were conducted in Urdu, which is the first language of both the participants and the researcher. Each interview lasted from 45 minutes to an hour.

All the interviews took place in one of the rooms of DSF office where I talked to them without any disturbance. Most of the women gave me early morning appointments as this time was not a busy time at the salon. However, sometimes, I waited to let them finish their continuing work by sitting in one corner of the room. While waiting I utilized my time by taking field notes, for example, on the general atmosphere of the salon and clients' non-verbal behaviour towards women with facial disability. Before commencing the interviews, I also informed my participants that I would show them transcripts for final approval. This strategy increased the quality of my interviews in a way that the respondents developed their trust in me and they shared their deep concerns with me without any hesitation. Taylor, Bogdan and DeVault (1998) commented that "[final say] strengthens the researcher's relationships with informants and the quality of the study" (p. 96).

Although the format of the interview was open-ended and unstructured, I prepared an interview guide that outlined various areas to explore. I used this guide to keep the flow of interviews focused. However, I prompted them from time to time for clarification.

After each interview, I carefully transcribed them on the same day or within the same week. I thoroughly wrote them word by word as I wanted to use direct quotes in my analysis "to allow the reader to enter into the situation and thoughts of the people represented in the report"

(Patton, 2002, p. 503). Any unique characteristic that might possibly reveal participants' identities was removed from the transcripts. I kept all the audio recordings on a secure password locked computer. Moreover, all the raw data was destroyed after my successful thesis defense.

Memos

I followed the suggestion given by Richards (2005) that:

Memos are the places where the project grows, as your ideas become more complex and, later, more confident....Don't wait until an idea is 'memo-worthy', and you can write it up in a properly presented essay; by that time you will have lost the spark of first hunch or insight. (p. 74)

For each interview session, I kept a journal to note down my first contact with the participant, participant's non-verbal behaviour, the interview itself, my feelings and thoughts regarding what was shared and any other observations in the research setting. These memos helped me keep on the right track in "linking analytic interpretation with empirical reality" (Charmaz, 2003, p. 261).

After transcribing the tapes, I also wrote analytic memos separately. Analytic memos are based on a specific theme or idea that emerged during the coding process as Neuman (2006) mentioned "The analytic memo forges a link between the concrete data or raw evidence and more abstract, theoretical thinking (p. 454). I used these memos in order to provide the reader a complete overview of participants' life challenges.

Data Analysis

I followed the principles of "inductive analysis". Patton (2002) defined inductive analysis as "discovering patterns, themes, and categories in one's data" (p. 453). I started the analysis procedure by reading the transcripts.

My aim was to figure out recurring themes and patterns. Strauss and Corbin (1998) called this process “open coding” (p. 223). It is the process “to ask questions about how the category relates to other ideas from the data, and construct theories about those relations” (Richards, 2005, p. 87). I did not use any computer software programs to analyze my data because I wanted “to catch the various nuances and subtleties of language and expression which I thought may have been over-looked had mechanical coding been used” (Hansen, 2002, p.80). I decided to go through transcripts many times by adding my comments in the margins. I colour coded the transcripts by analysing the differences and similarities in the data. As expressed by Charmaz (2003) “Initial or open coding proceeds through our examining each line of data and then defining actions or events within it” (p. 258). This process helped me to identify the different emerging themes and group the relevant themes together. According to Miles & Huber (1994) “Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study (p. 56). While doing coding, I meticulously looked for “abstract concepts and specific details” (Neuman, 2006, p. 461). I also used memos as well as website blogs of DSF in order to expose deeply rooted cultural expectations and the self-perceptions of participants’ as women with facial disability.

Open coding of the transcripts helped me to go from the broad to the narrow and generate “a grounded, a posteriori, inductive, context sensitive scheme” (Schwandt, 2001, p. 26). According to Charmaz (2003) “Generating action codes facilitates making comparisons, a major technique in grounded theory” (p. 259). I used grounded theory in determining different themes as “it emphasizes steps and procedures for connecting induction and deduction through the constant comparative method” (Patton, 2002, p. 125). However, my final analysis is based on “integration and analysis of memos” (Schwandt, 2001, p. 157).

During my stay in Pakistan, I was in contact with my advisor constantly. I followed her guidance during my interview process as well as the theme development stage. After the interviews, I transcribed the recorded interviews. I understood that the long distance would create problems for me to communicate with respondents. So, I met my participants again for “member checking” (Schwandt, 2001, p. 156). I presented data to each participant separately to get their approval. Maxwell (2005) named this process as “respondent validation”. He defined it as “systematically soliciting feedback about your data and conclusions from the people you are studying” (p. 111). I also discussed memos and highlighted areas in transcripts to analyze the soundness of my interpretations. This process provided them an opportunity to add and alter their comments to clarify exactly what they meant to say in my thesis. Taylor & Bogdan (1998) also commented on this concern that “What the other person means may be very different from what you think he or she means” (p. 107). In this way, this method helped to rule out any misinterpretation of the participants’ comments. However, concerns about researcher bias can be addressed as Patton (2002) suggested “one may simply acknowledge one’s orientation as a feminist researcher or critical theorist and move on from there” (p. 553).

Overall, the respondents confirmed the transcripts and approved the interpretations of the memos to be discussed in the thesis. I made use of extensive direct quotations from the transcripts in order to make their voice fully accessible to the readers.

Triangulation of the Study

According to Patton (2002) triangulation, allows for “comparing and crosschecking the consistency of information derived at different times and by different means within qualitative methods” (p. 559). The two resources which I used to triangulate my research findings are field notes and DSF blogs available on the website: <http://www.depilexsmileagain.com>

Triangulation aims to enhance the generalizability and validity of the data. According to Denscombe (2003), “[Triangulation methods] do not prove that the researcher has got it right, but they give some confidence that the meaning of the data has some consistency across methods and that the findings are not too closely tied up with a particular method used to collect data” (p. 133). Marshall & Rossman (1999) explained that “Triangulation is the act of bringing more than one source of data to bear on a single point” (p.194). Patton (2002) also argued that “triangulation, in whatever form increases credibility” (p. 563).

For this research project, the process of triangulation facilitated my research in two ways. First, it helped me to analyze the responses of my respondents available on the web and in private one-on-one interview sessions. Secondly, it enabled me as a researcher to compare interview accounts with field observations e.g. the general atmosphere of the salon and non-verbal behaviour of participants. In other words, triangulation of data sources means “different kinds of data have captured different things and so the analyst attempts to understand the reasons for the differences” (Patton, 2002, p. 560).

Challenges and Limitations

- Member checking was the most time consuming part of this study. Most of the participants were illiterate. I read Urdu transcripts word by word to the participants, along with my highlighted notes in margins and memos to get their feedback.
- All the interviews were conducted and transcribed in Urdu. I made an extra effort to translate transcripts into English, especially finding suitable words for conveying the meaning of slang into English, which was particularly difficult. However, I met this challenge by using Urdu quotes throughout the study.

- I consulted different libraries for my literature review. Travelling from one library to another in extremely hot weather was one the greatest challenges during my stay in Pakistan. I arranged for a driver to take me to different locations for my data collection.
- I selected participants from only one organization. There might be a difference in opinions of disabled women associated with other NGO's on the basis of psychological treatment and rehabilitation services they have received until now.
- All participants of the research are working women. There might be the possibility that non-working women with facial differences have different ways of looking at life.

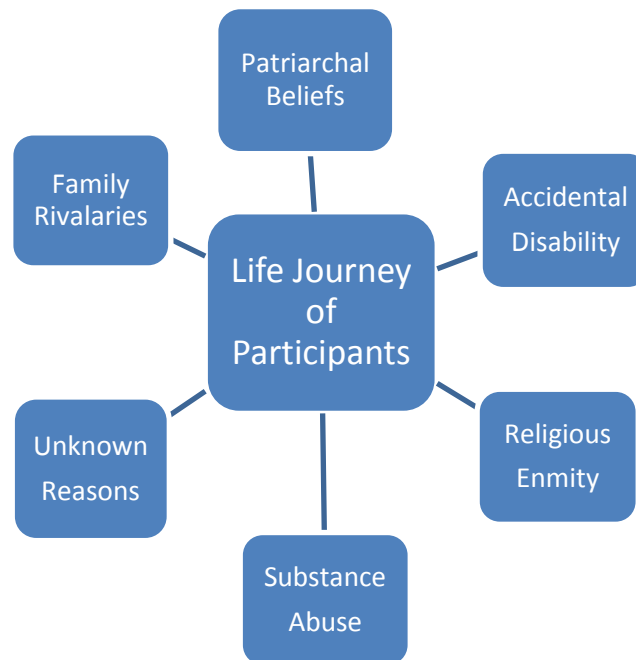
Chapter 4: The Life Journey of Participants

This study identified the socio-cultural factors associated with facial disability in the Asian context. My aim is to focus on hidden challenges which are faced by Pakistani women after facial disfigurement in a patriarchal society. The explorations are directly linked with self-perceptions of women with facial disability which may create openings for new definitions of what it means to be a disabled woman, in the context of culture and social norms. This study is not only indicative of prevalent gender discrimination and cultural taboos but also of how they affect and impact on women's confidence, self-image, and performance in their daily lives.

This chapter is based on stories as narrated by acid burn survivors in order to provide the readers an integrated knowledge of their background and current circumstances. It represents the voice of facially disabled women who are facing life challenges. As a feminist researcher, I strongly believe that unless the misery and agony of these participants is not felt at an emotional level, one cannot understand their life challenges. According to Davis (2001)

Rather than beginning in an abstract conceptual world, it has meant starting in individuals' own accounts and reflections and in their understanding of the world in which they live. As a feminist researcher, it has meant inhabiting the world of women. It has involved taking as my starting point the 'real bodies' of individuals that are enmeshed in time space. (p. 133)

In Pakistan, there are number of precipitating factors behind acid violence. Each theme of this chapter is accompanied by my own observations which portray a vivid picture of participants' lives. Due to confidentiality, the names and some of the personal details of participants are not revealed

Figure: 1 Diagrammatic Representation of the Life Journey of the Participants

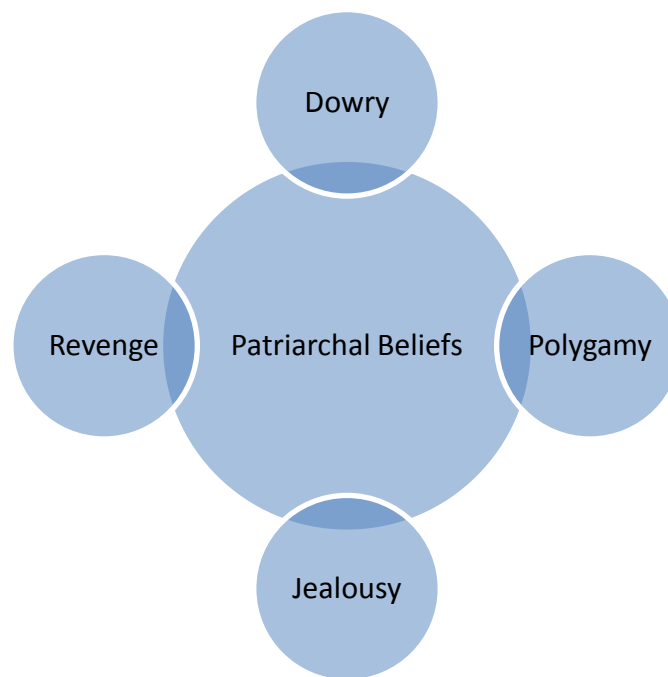
Patriarchal Beliefs

Pakistani society is a male- dominated society. Males are considered superior to females. These patriarchal beliefs are transmitted from generation to generation as moral values (Harry, 2012). Males' behaviour in Pakistani society is greatly influenced by the concept of honour. Its practice is relatively common in the tribal and feudal cultures of Pakistan (Kidwai, 2001). In Pakistani culture, it is generally expected that a wife should obey the orders of her husband otherwise she is considered a disobedient and disloyal wife. Husbands usually portray to other people that they control their wives' behaviour. It is considered against the men's honour to maintain an equal relationship with women otherwise society labels them "*Run Mureed* [wife's subordinate]" which is a slur (Zakar, Zakar & Kraemer, 2013, p. 252). The irony of this harsh

reality is that “it is the man who has honour and yet it is the responsibility of the woman to protect and safe guard it” (Jasam, 2001 p. 60).

There are number of factors associated with patriarchal beliefs that are responsible for acid violence. I am going to explain them one by one:

Figure: 2 Factors Associated with Patriarchal Beliefs



Polygamy: Does Sona have any fault?

In Pakistani society a woman who is a mother, sister or wife is considered respectable. She is looked down upon if she starts living alone without the protection of her father, brother, son or husband (Shirkat Gah, 2009). Although, polygamy is a common legal practice in Pakistan, it usually comes about through coercion of the first wife by the husband (Patel, 2010).

Sona, a 21 year old woman is the first participant of this study. She experienced endless suffering because of suspicion and the practice of polygamy in Pakistan. She has no visible

features on her face except her eyes. The skin of her face is totally shrunk and dark in colour. She herself reported “*mein 40 se 45 fesai jale hue ho sirf kamar bach gaye he* [I am 40 to 45 percent burnt. My back has got saved only]”. Her hand and arms are filled with burn scars and it is difficult for her to hold and grip objects. I found her hesitant to disclose that people call her “*Korhee* [leprosy patient]”. Currently, she is living at her parents’ house along with her nine siblings. She also has a three year old son. She said that “Although I lost my beauty, I have gained confidence after joining Depilex Smileagain Foundation.”

Sona told me that she got married at the age of seventeen. Her husband did not like her from the very first day of the marriage as he wanted to marry another girl from his family. After one month of marriage, her husband and in-laws started beating and cursing her. In addition, they started suspecting that she had an affair with her sister’s fiancé. Sona’s husband demanded that she leave his house but as she said, “I was persistently bearing all the suffering to save my marriage.” In the meantime, she got pregnant and her husband threw her out of the house.

She went to her parents’ home. When she gave birth to a baby boy, her in-laws and husband came to apologize for their misbehaviour and cruelty. She forgave them and returned to their home. Sona’s parents also warned her husband that if he did this again, they would arrange another marriage for her. Unfortunately, he abused her again. According to Sona, her husband used to say that, “I will torture you to this extent so you would not even think of going to another relationship.” He threw acid on her while she was sleeping. She cried and begged for mercy but her in-laws locked her in a small room and lit it on fire in order to hide their actions. Luckily, one of the neighbours rushed to the house after hearing her cries. According to Sona, “My in-laws very cleverly handled the situation and acted as if they were trying to save me from fire.”

She was immediately sent to the local hospital but the doctors refused to take her case as they suspected it was a crime (intentional burn). She was taken to another hospital where she stayed for more than six months. Sona had numerous surgeries. Her parents looked after her and supported her emotionally and financially. They also filed a police report against the perpetrators; all in vain because Sona's in-laws have strong influence within the judicial system.

After six months when Sona returned home; her sisters removed all the mirrors as they did not want her to see herself in the mirror. She explained that:

One day, I accidentally saw myself in a mirror at one of the public washrooms. I cried for many days and wanted to end my life...it was my parents and siblings who gave me courage to come out of this phase.

Her son was still at her in-laws. She used to cry the whole day for her son. Her father sold his house and moved to a rented house. He filed custody with the money he got after selling the house. This time they succeeded in getting custody of the child.

Sona lost her facial features after the acid attack. She now has low vision and difficulty hearing. She told me that the next surgery would be on her thumb so that she can move her hands freely doing chores. Her parents are still supporting her but she has financial constraints. Sona also showed her desire to get married again to gain support and shelter. She shared:

My neighbours visit my place and taunt, how my family permit me to cook food as I am full of “*jaraseem*” germs.... They insult me by saying, “*korhey aj kal bade fashion karan lag paye he, kithe rehndey hey? ke kardey he?* [The leprosy patient has started doing fashion these days, what is she up to?]”

Jealousy: Does Rabia deserve punishment after being divorced?

Women's identity and respect in Pakistani society is always associated with males (Jasam, 2001). It is a feature of this male dominated society that men usually abuse women by labelling them as women of bad character. They use this justification even to kill their wives. Honour killing is one common example of it (Ali, 2001).

Rabia is 32 years old. Currently, she is living with her three daughters in a rented house. She has a grade 8 education. She is part of the training staff at Depilex. Her face is badly burned and missing an eye. She told me that she had given many interviews to news agencies in order to raise the voice of women's empowerment in Pakistan.

Talking about her life, she said, "I got married at the age of 17." At the time of the marriage her parents knew that her husband had a gold business but afterwards they discovered that he had an illegal business. After several years of marriage, he left Rabia to go abroad. He sent her a minimal amount of money to run the house. In the meantime she had a good reputation as a seamstress and eventually became financially stable to cover household expenses.

Upon his return, he was a totally different man. He started beating her. He stayed at home all day. He was suspicious of her character. Whenever Rabia asked him to go to work he replied, "Are you having an affair?"

One day, her husband hit her and said the word "Divorce" three times and kicked her out of house. [In Islamic law, if a husband says the word *Talaq* (divorce) to his wife three times, it is considered as divorce.] "I cried, begged for my daughters but he did not listen to me and refused to allow me to take my daughters with me".

Rabia went to her parents' home and told them the whole situation. The next day, her husband came and lied to her parents that he did not pronounce divorce. Her parents sent her

back for the sake of the children. They also warned him that if he tried to do it again they would not send her back and would arrange another marriage for their daughter. At that time, Rabia's parents were paying her house rent. Rabia said that, "My husband brought me back because he knew that he would have no home after leaving me".

A few days later, her husband beat her very badly. She was pregnant at that time and lost her baby. After this incident, her husband gave her written divorce papers. She started living alone with her daughters.

After two months, her husband visited her house for reconciliation, but it was no use. Early the next morning, when she was going to take her daughters at school, suddenly he came from one side lane of the main road. He threw a jacket on his daughters to cover them and threw acid on Rabia's face. She shouted for help. The nearby people came out to help. Rabia said with tears in her eyes that:

It was winter and my daughters were wearing coats. The coats were torn into pieces. I removed them despite my pain and told them to go back home... I was taken to hospital by ambulance. When I reached hospital, the staff did not attend to me on an emergency basis. They gave me some ointment to apply to my face but when the media and press came they started treatment.

Rabia remained in bed for several months. Her mother stayed at her place for a few months to look after her as well as her daughters. She further stated that, "My face was shrinking day by day... The doctors gave me some mask to wear the whole day... they gave me some cream to massage my face... My daughters also got burn scars on their hands".

The police arrested her husband within a week of the incident. He was punished after many court hearings. Her husband is in jail for fourteen years. However, Rabia is still afraid that he will attack her daughter in the same way after being released.

Rabia joined DSF a year ago. She is getting training to be a beautician. After the incident, she started sewing again to run her house but left it:

Now I won't be able to put a thread in a needle due to weak eye-sight... I am leaving this profession because it creates too much stress on my one remaining eye. I want to run a boutique and salon. I could not work at a salon on full-time basis because my daughters are young and beautiful. I will not leave them alone at home.

Rabia is facing hardships as a divorced mother of three daughters. She stated:

log talaq ke waja se batei karte hein. Hamesha log aurat ko he qasorwar kehte he halan k hameesha aisa nahe hota. Aurat bolte he tu sirf aulad ke waja se [People criticize me because of the divorce. People always blame the woman but this is not always the case. A woman only speaks for her children.]

Rabia disclosed that she is getting monthly financial help from a noble family who saw her on television. She told me that her neighbours suspiciously question her:

How you are managing home expenses? I told them that there are some good people in this world as well... Now I have stopped being bothered by what other people say... My God knows what I am doing.

Revenge: What was Farah's worth?

In Pakistan, females are considered the personal property of males. They have all the rights to control and manipulate women's behaviour and activities (Babur, 2007). In this way,

women are supposed to be the subordinates of men, otherwise they have to pay a heavy penalty for disobedience.

Farah is 45 years old and she has a grade 5 education. She is an experienced beautician who has been working at Depilex for the last ten years. When I went for an interview, I observed her actively engaged in training other women of the salon. She was wearing make-up and jewellery. Her burned face was totally reconstructed through plastic surgery. She was cracking jokes and women around her were enjoying her company, but during the narrative interview session, I found a totally different woman. Farah told me that she got married when she was only sixteen years old. Initially her husband's attitude towards her was very good but later, he began to frequently abuse her. There was nothing she could have done so she just quietly bore it all. One day, her mother-in-law's brother who used to visit their house showed his bad intentions. He wanted to develop a sexual relationship with her. She said no to him and told to her husband about it but he refused to believe her:

“...He planned to take revenge of my refusal and hit me with a trolley and broke my leg. From that day onwards, I cannot walk properly as I limp. This was the event of my early marriage.”

Farah's brother came from abroad for his marriage. He gave her gold earring and 50 suits as a gift but when she brought them to her in-law's house, her sister-in-law and mother-in-law were offended. Her mother-in-law said, “Why do you bring this dirty stuff? Rather you should bring fifty thousand rupees as we need to buy a car.”

Her in-laws as well as her husband started torturing her for money. She tried unsuccessfully to arrange money. When she disclosed that she could not arrange money, her in-

laws decided to burn her. Her husband and mother-in-law's brother locked her in a room. They tied her hands and taped her mouth.

They tied a cloth on a stick; dip it into acid and brush it on my cheeks. My mouth was taped and I could not shout for help. Tears fell from my eyes... After this, they hung me from a fan and started a fire. I do not remember what happened after that because I fainted.

Farah mentioned that she came to know later that her neighbours came to save her from the fire. Her in-laws took her to hospital "to portray as if they were trying to help me out". That hospital did not have a burn unit. She stayed there for eight days without any proper treatment. Her in-laws wanted to take her back home, and, as she stated "Their intention was to bury me alive." The surgeon was a kind man. He understood the entire situation. He forced her in-laws to call Farah's parents and he refused to release her from the hospital into her in-laws' care. After that, the in-laws' family called her parents and then she was taken to the burn unit of another hospital in Lahore. All her relatives came to the hospital. Her husband was there too, along with her parents. At that time, her parents did not know the real story. Her husband told them that the house caught on fire accidentally. She stayed in hospital for many years as she said:

My face was totally gone I was severely burnt... My face was reconstructed using flesh taken from my arm. *One quarter meat was used* [emphasis added] ... I was not able to even open my mouth. A bell [a voice prosthesis] was attached to my neck. My voice used to come out of it.

During that time period, Farah's husband called her family and cursed them. He harassed them so that her parents would not even think to involve police. Fortunately, one of her neighbours was a resourceful lady; she talked to him and said, "Do you think she is alone? I will

tell you what we could do”. She went to a renowned female lawyer for her case. She took Farah’s case *pro bono*: “We fought for justice for eight years. But they did not get punishment as they have bureaucratic connections. My brothers paid for my treatment...I have undergone more than 150 surgeries.”

Currently, Farah is living at her sister’s house. Her brothers are living abroad. They supported her while her mother was alive. She worked as a maid in many houses to make ends meet. She has no contact with her three children because her in-laws did not allow her to see them:

I never filed a case for custody of my children because everything needs money and I do not have it....In my life, I have faced a lot of criticism and negativity... People used to say that it must be my fault...but now I am strong.

Dowry: Why was money the only escape for Jannat?

In patriarchal societies, daughters are viewed as a burden. They are always reminded that they have to adjust to life in their in-laws’ home no matter what. The in-laws usually play upon this weakness and pressure them to provide a substantial dowry.

Jannat is 38 years old. Her face has many burn scars. She has been working as a coordinator in one of the branches of DSF. Jannat told me: “How fluently I am telling you about my life account, I could not even speak about it a few years back”.

Her husband used to beat her a lot for not bringing enough dowry. He wanted her to bring money from her parents on a regular basis. Her two years of marriage went like this. One day, Jannat’s husband came back home angry and started beating her. She was pregnant at that time. All of sudden, her condition worsened and she started to bleed. Her condition became very serious. Her husband threw acid on her and ran away. She shouted and cried for help. Luckily,

one of her neighbours heard her horrific cries and took her to hospital. She stayed in hospital for more than six months. Her parents supported her financially and emotionally.

It's been ten years now that she has been working as an active staff member at DSF.

Jannat shared her experiences with me:

My life was very miserable before joining DSF. I used to go out after covering my face. I avoided going to marriage ceremonies. People at weddings usually commented, 'Look at her face and her fashion'. How could I make them understand that my face is burned but not my heart....My relatives used to visit me and blamed me for my condition...I have undergone more than 35 surgeries and most of them were funded by this organization....My face was again crafted with the flesh taken from my thighs.

Jannat explained to me that she started her training as a hair-stylist and manicure/pedicure expert but later on she told Mussarat Misbah that she has an interest in counselling other victims. Then she moved her life towards helping other women. She told me that she has gained a lot of confidence. She stopped covering her face after joining DSF.

Accidental disability: Are pessimistic thoughts Hira's only future?

In Pakistan, facial disability occurs through both accidents and acid violence. Hira is 24 years old. She is a part-time staff member at Depilex. She has had a facial disability since childhood. She wears glasses, as she has only one eye. During the interview session, she frequently looked in the mirror which revealed that she is very conscious of her physical appearance. Presently, she is waiting for plastic surgery on her neck and an artificial eye.

Hira explained how this happened:

I was only five years old when this incident happened. My brother had some rivalries with one of his friends. He came to our house with the intention of disfiguring my

brother. When he took out the bottle to spill it, my brother snatched it but unluckily it fell on my eye and neck. I was immediately taken to hospital but I lost my eye. My neck and chin became attached. I underwent many surgeries in my childhood to detach my chin and neck....I have never gone to school after this incident. Whenever I remember my childhood, I recall how it was miserable and dark. I can never come out of my past. I cried 20 years in my room on my fate but still it is the same.

Hira told me that one of her father's friends introduced this organization to her. Hira admitted that "On my first day at DSF, I cried a lot but it was the team of DSF and Mussarat Misbah who consoled me." Today, Hira is taking a course in Fashion Design funded by DSF. She is receiving training to become a make-up artist. She further shared:

I do not have any inspiration for learning these skills. I actually ran away from my training institute but I am doing it just to please my mentor. She has faith in me and I do not want to break her trust...Whenever I do makeup, I always think and wish for my eye on which I could apply makeup.

Hira said that she wants to stay alone in her room all day. Her cousins offer to go out shopping with her but she always refused and now they have stopped visiting. She admitted that:

Undoubtedly, DSF has brought confidence in my life but I don't think that I will be able to think positively... My life is not normal. My neck is not like yours. I have to wear glasses... Always answer to other people's questions. I am fed up now!

Hira's parents want her to get married as soon as possible. Six months ago she got engaged to her cousin but as she stated "I do not want to get married because my life has been ruined already. Why make his life miserable?" Hira's friends at Fashion Design School usually speak against her marriage. She shared the girls' gossip with me that "if we have the phone

number of your fiancé we will ask him what he has seen in you. I really felt weird after hearing this.”

When Hira was 18 years old, she tried to end her life. During the interview session, Hira was continuously repeating one statement “I can’t get rid of these [pessimistic] thoughts.” She also said “If my eye and neck get treated then I would bring change in my life otherwise I cannot.”

Religious Enmity: Does Maira have any rights?

Pakistani women usually give up their rights and try to please their husband and in-laws for the rest of their lives. They have to keep “*Khandan ki Izzat*” (Family honour) even in severe circumstances (Ram, 2004, p. 236). Maira is 30 years old and lives with her husband and three daughters. She is part of the training staff at Depilex. Her face and ear are burned.

Maira told me that she got married at a very young age. She was Christian but after a few months of marriage, she and her husband converted to Islam. This change of religion was shocking news for her in-laws. They turned against her and started forcing her to become Christian again but she was adamant that “I will not change it at any cost”. One day when her husband was not at home, her in-laws planned to burn her. Maira said that:

I was sleeping in my room. My father in-law came to my room and threw acid on me. I had a blanket over me. The strong chemical tore my blanket into pieces and my body started feeling itchy. Then my sister in-law and brother in-law quickly brought kerosene oil from the kitchen and poured it around my bed. My father in-law lit the fire and ran from my room. I screamed for help and mercy but they left me alone.

Fortunately, her husband came home early on that day and rescued her from the fire. Her in-laws’ family lied to him saying that the stove exploded. She was taken to the local

hospital but the staff refused to provide treatment because her condition was critical and they did not have a burn unit. She said, “My head was swollen, looked like buffalo's head.” Her husband took her to the burn ward of another hospital. The doctors of that hospital started treatment but they were hopeless about her recovery. She was very hopeful because “I was reciting the Holy verses continuously ... Allah’s blessings protected me and I was not feeling pain... The next day doctors were surprised to see my speedy recovery.”

Maira mentioned that when she was taken to hospital, her father in-law also came and put down his turban on her feet (The turban is considered as a symbol of respect and dignity for males in Pakistan.) He asked for forgiveness. He was ashamed and wanted her to hide the truth because the disclosure of his conduct would defame him in the family and village. She forgave him and said:

Do not make me sinful by putting your turban on my feet. I forgive you; no one will say anything to you...I kept my word and I did not share this harsh truth to anyone else; even my parents consider it an accident.

She stayed at hospital for fifteen days. All the hospital expenses were covered by her parents. Her arms, chest and lower portion of the body are fully burnt. As she stated, “35 % of my body has been burnt.”

Maira's children were born after this incident. Maira’s husband was supportive throughout this time period. Maira further mentioned that she has stopped meeting her parents as well as relatives because they are Christians. “I do not want my kids to go there and hear negative comments about us.”

Maira attributed her strength to God:

“I am contented and peaceful because I know Allah knows better what He has done would be better for me... I never think negative regarding my future.”

Maira expressed her desire for plastic surgery on her face. She is very hopeful that she will get it done soon because of DSF.

Unknown Reasons: What crime Neha has committed?

Sometimes, there are no specific reasons for acid attacks. It could be the result of violence against women. Neha is 18 years old. She has a burn scar on her face. Before the acid attack she was working as a hair-stylist at her neighbourhood salon. After this incident, she left her job for few months and then returned after a period of recovery; but there were some reasons which demoralized and de-motivated her to leave that job permanently. Recently, she has joined DSF. When I met her in the salon, she was wearing a head scarf in a way to cover the scars on her cheeks. It took a while to develop rapport because this was her first interview with a stranger.

This incident occurred a few months ago. It was mid-night when Neha went to bolt the main door of the house; suddenly a boy appeared with a bottle in his hands. She became terrified to see him but before she could ask him anything, he threw an acid filled bottle on her face. She shouted and wanted to see his face but he ran away. Her family came out and tried to follow him but he escaped. Her sister quickly rushed to bring water. Neha washed her face with water immediately but as she stated “My left cheek was itchy and its skin became quite sensitive”.

Her father immediately took her to hospital. The doctors gave her some ointments to apply on it. Neha’s sister who is also the victim of an acid attack by her in-laws resides with her. Neha appreciated her sister’s role in consoling her at that time: “I couldn’t sleep the whole night due to pain. Next day, my cheek got a big black scar. I cried a lot to see my face.”

After hearing this news, her neighbours started visiting her. Neha's eyes filled with tears when she stated: "They are still visiting me to make negative comments... They do not even hesitate to say to my parents, 'That boy must be her lover and she called him'."

Neha's parents and family started suspecting her as well. They consider her responsible for this incident. She told them: "I am pure and I do not know that boy, but they won't believe me... Whenever my father goes out for a job people suggest to him that he should throw me out of the home."

Neha shared that her in-laws also visited her parents and showed their intention to break her engagement. Now, she does not want to get married, as she said: "The people who are talking negatively about me now, what would they do after marriage?"

Neha mentioned that she returned to her job but left it after two weeks because the boys in her neighbourhood used to make negative comments about her loudly. Additionally, the women who came to get services at the salon used to question her. During those months, she worked as a seamstress to make both ends meet.

According to Neha:

My mother has changed her attitude towards me. She curses me and my burned sister every day. She likes my other sisters who go out to earn good money for her. I and my sister want to leave the house but we remain silent because if we leave the house, there would be issues in our younger sister's marriage.

Neha told me that she is happy after joining DSF as she said:

My clients love me...I think the area where you reside matters a lot. My house is in the slums. Here, I do not hear negative comments...I could not come out of the thought of

my burned face even at Depilex ...I always want to cover my face. ..Now, my aim in life is to earn a living in order to meet the needs of my family. I want to succeed in life.

Substance Abuse: Are Fiza's apprehensions proved right?

One of the major reasons of violence against women in Pakistan is substance abuse. In lower class communities, men do not work rather they insist that a wife works as a maid to run the house. Patel (2010) explained that, "As drug addiction increases, violence against women by addicted male relations also multiply" (p. 27).

Fiza is 30 years old and she has three children. She is part of the training staff at Depilex. Fiza's situation was different compared to the other women interviewed because her face had no prominent scars. During the interview session, she disclosed that she regained her facial beauty after surgery on one eye. However, she has lost one ear and half the hair on her head. She was wearing a head scarf to hide her scars. Her interview revealed to me the transition period in her life, how life has been with facial disability and how she feels now. The account of her life journey is below.

Fiza got married at a very young age. Her husband and in-laws were very cruel. Her husband used to beat her and at times he did not come home for many days. He was a drug addict and alcoholic. He sold all the things from her dowry to buy drugs. Her parents used to support her financially. One day, he beat her up so brutally that she fainted. The next day, Fiza and her children went to her parents' home. She stayed at her parent's house for almost a year. She worked as a maid to feed her children. She saved 10,000 rupees and gave it to her uncle for hard times.

After one year her husband came and made an excuse for his misbehaviour. He promised her that he would earn money and support her but he did not fulfill his promise. He

shared his intention to do a fruit business. She mistakenly trusted him and told him about her savings. He insisted that she give the money to him instantly. She understood his bad intentions and that he needed money for drugs. She called her parents and told them the whole situation. They told her to give him the money as she had no choice. Fiza told him that her uncle would send the money in a day or two but he refused to believe her. He called her into a room and bolted the door. Her children became terrified and started crying after seeing his harsh behaviour. She begged him to open the door but he did not listen. He threw a glass full of acid on her face. She quickly ran towards the door, unlocked it and rushed towards the room of her brother in law's wife who then took her to the hospital. Initially, the staff of the hospital refused to admit her as it was a police case but they admitted her after a while. They washed her stomach first because the acid had gone into her digestive tract. Then they did surgery on her head and face. They gave her a prescription for ointment to apply on her face, but it was too expensive for her to buy:

When I returned back home and saw myself in mirror, I cried a lot... My parents supported me at that time. It was my family support which enabled me to face the world...My husband was caught by police on the same night. He was sentenced to fourteen years in prison with two additional years because he did not pay a fine.

Now, Fiza is living at her parents' house. Every month, her relatives give her money that covers her children's expenses. Some of her relatives told her about Depilex Smileagain Foundation and she had her eye surgery *pro bono*:

Now, my face is without any unusual features. I spent my one year of life with facial disfigurement...During that time period, I never visited any of my family friends. My life was very difficult as if I have lost meaning into it. I felt ashamed of going out and I

used to cover my face with veil. Now, I feel confident and move out without veil...

Besides, four surgeries on my eyes, they still get red under sun... Whenever I look around at other women at DSF, I thank to Allah that I am much better than them. At least, I am with my kids.

Fiza's in-laws want her to forgive her husband for the sake of the kids. She told me that he could easily get out of jail if she forgives him but "My heart never agrees on this. I just want divorce now. I do not want to spend my life with him. I want to support my children and I am fully hopeful that God will change my fate."

Fiza is getting training at DSF but she has plans to work near her place or start her own salon. She mentioned that, "Depilex Smileagain Foundation is very cooperative with me. After God, I am thankful to them".

Family Rivalries: Does Kainat deserve an acid attack from another woman?

Indeed, there is prevalence of abuse by males in Pakistani society but there is another harsh reality that sometimes women develop jealousy and compete against another woman. In this regard, Darnbrough (2003) stated, "It would be a mistake to conclude that men are entirely responsible for the inequalities faced by women. Surprisingly, women themselves frequently collaborate in sustaining male dominance and their own inferior, submissive status" (p. 159).

Kainat is 25 years old. She has completed education up to grade 12. She has been working as a part time staff member at Depilex. While the upper region of her face was uninjured, Kainat's chin, neck and torso were severely scarred. She told me, "I am 55 % burned up to my legs."

Rapport was built very easily but her mood was very low. She told me that she had been living happily with her parents and siblings. Then one day her aunt [father's sister] shifted

to their house after her divorce. She started provoking her father to be cruel to his wife [Kainat's mother] as she became jealous to see her happy. Kainat was the eldest child of her parents. She used to favour her mother against her aunt. Her aunt soon became her enemy and eventually her parents got divorced. Her mother left her husband's place but Kainat and her siblings could not leave with their mother as her father did not allow them to do so. Now, the whole house was under the supervision of her aunt. She started beating and cursing Kainat on petty matters. One day, when Kainat was cooking dinner for the family, her aunt secretly came to the kitchen and threw acid on her face. Then she quickly took out kerosene oil from kitchen cabinet and lit it on fire. She screamed for help. Her father and sibling ran towards the kitchen, but it was full of fire. They poured buckets of water to extinguish the fire. She was immediately taken to the hospital. They took her to more than four hospitals because no hospital was willing to take her. Her case was suspected as a police case first. At last, her father brought her to a local clinic. They gave her some ointments to apply to her wounds. She responded that, "I lost my voice after the incident. I regained it after two months."

After two months, she told her father that it was a planned act by her aunt but her father refused to believe Kainat. He had full trust in his sister. In the meanwhile, her mother filed court custody for the children and she won the case. Along with her siblings, Kainat moved to her mother's house except her one younger brother who was attached to his father. Later, he became disappointed with his father's behaviour and tried to commit suicide.

Kainat appreciated the positive role of her siblings during her hard times. She joined DSF three years ago. Two plastic surgeries have already been done but she needs more. Her in-laws also broke the engagement when they came to know about her condition. Her mother wants

her to get married but as she shared, “I am afraid of marriage now because I do not want to undergo the same circumstances like my mother.”

Kainat has gained confidence after joining DSF but she acknowledged that, “Life does not seem beautiful to me. My life is without colours... I am tired of my life now.”

Conclusion

Undoubtedly, acid violence is considered one of the worst forms of violence against women. The one-on-one interviews with research participants clearly demonstrated that they already experienced a previous cycle of violence that eventually led towards acid being thrown at them. The effects of acid violence include serious physical harm such as loss of eyes and limbs, corrosion of organs and multiple infections.

Although all respondents shared their different stories of pain and agony, the context behind each story remains the same, which is to control and disempower women. The maintenance of personal honour of self and family, illiteracy, jealousy, class inequalities, marital disputes, rejection of love or sex, the culture of revenge, suspicion, restoration of power, money, the place where people lived, the emotional state of individuals, drug addiction and negative cultural practices of dowry are the contributing factors behind acid attack.

It seemed clear from the respondents’ accounts that women are usually considered responsible for domestic violence. They are expected to behave appropriately to maintain the peace and harmony of the home. A single woman, particularly if she is divorced and disabled, would have little chance of finding a husband. The biggest fear in their lives is social rejection. They also face constant fear and insecurity because of concerns for their children’s welfare.

The DSF website also explains the accounts of various survivors who have gone through similar circumstances. All reported accounts revealed emotional, psychological and

mental impacts of acid attack on the respondents. However, despite many hardships, women associated with DSF are striving to uplift the status of disabled women to attain their basic rights and respectable position in society.

Chapter 5: Role of Culture in the Lives of women with Facial Disability

This chapter clarifies the role of culture and society in the lives of women with facial disability. It provides an insight into the lives of Pakistani women which is somewhat governed by myths (Khan, 2008). This is outlined by the observation of how these women have been subjected to the power and control of men even before acid violence.

Women with disabilities are devalued and disgraced as a result of gender discrimination and inequality. The available reliable data is for the most part silent on the issues of women with disabilities. This gap adds to the difficulty in understanding their challenging experiences (Bhambani, 2003).

I believe that there is widespread ignorance of women's true position and legitimate rights in society, regardless of whether they are from Asian countries or the Western World. This chapter aims to examine how the participants in this study are constantly struggling against traditional social norms which put barriers in the way of their progress. In other words, the deeply rooted existence of patriarchal beliefs justify the theoretical framework of this study, which are, the social model of disability, Galtung theory of violence and the concept of feminism.

The identified themes are as follows.

Negative Comments and Attitudes

In South Asian countries like Pakistan, women with disabilities are continuously facing challenges related to opportunities, negative attitudes and discrimination in society (Suad & Afsaneh, 2005). The women of Pakistan are supposed to live under the constant supervision of male members or elderly women of the house otherwise "gossip is always about girls." (Shah, 2010). Society treats the disabled woman with "utter neglect and total submission" (Bhambani,

2003, p. 79). All the study's respondents shared their different narratives of negative comments and humiliation by their friends and families. Sona said, "Whenever I travel by rickshaw, people ask so many questions, even some people say that 'she must have done something wrong, that is why her condition is like that'." (Sona, aged 21).

Traditional society influences the ability of women to maintain equality in relationships. It keeps an eye on women and their movements as to "how they dress, where they go, with whom they associate and their mode of transportation" (Malhotra, 2004, p. 158). Rabia is living alone with her daughters. She is experiencing the same situation, as she stated, "My neighbours always keep an eye on my door...I never go out of home alone. My brother gives me a ride so that people won't say that she has gone somewhere else rather than coming here [at the salon]."

In Pakistan, it is a violation of cultural norms for a woman to assert her personal desires and wishes (Jasam, 2001). Hansen (2002) pointed out that "many people with disabilities feel as if they are in effect out of place, and are often left having to explain or even to justify their presence under the most mundane circumstances"(p. 130). Almost all the participants of my study highlighted that they are under the constant pressure of people's gazes and torturous comments. Maira wants to get dressed for weddings and other ceremonies but she has fears it in her mind, as she explained:

People would see me and say, 'look at her face and her way of wearing trendy stylish clothes'... I always go outside with my face and body covered with a shawl otherwise people start asking 'how this happened? We feel very sorry for you...It shouldn't have happened'.

She further shared:

Whenever I go to Islamic school, girls make fun of me and I feel like I am dying inside... I have never seen my face in a mirror because I do not feel comfortable to do so otherwise I would definitely think that I used to be so beautiful. ‘What has happened to me now’?

In Pakistan, there is a pre-marriage ceremony called as “Mehndi” (It is the event when family members and friends are invited. They dance and sing songs to wish the bride good luck for the future). Most of the respondents said that they face humiliation and negative comments in these ceremonies:

Mein ne shadiyo pe jana band kar diya he kyo k jab bhe mehndi pe agey gaaney ganey k liye betho tu dosre larkiya kehte he k peche ja kr betho [I have stopped going to wedding ceremonies because whenever I move forward to sing songs [on Mehndi day], other girls tell me to sit at the back.]

(Kainat, aged 25)

mein jab bher kahi shadiyo p jao tu mein naqab krk jate ho kyo k akser log yeh kehte he k is ka manhoos saya dulhan par na par jaye [I used to cover my face while going out for wedding ceremonies so that people won’t say that her bad fate has effected the bride.]

(Sona, aged 21)

The above quotes clearly illustrate the larger issue that women with facial disabilities are dealing with. They are being made to feel by society that public spaces do not belong to them.

Social and cultural taboos not only affect disabled women but also create difficulties in the lives of Pakistani parents. The participants of the study mentioned that their family members also have to face negative comments because of them. Neha cried while sharing that:

Whenever my father goes out for work, people inquired of him if I called that boy at my place?... My father cries a lot after returning back home. People even suggest to my father to throw me out of his home... I want to leave home but it would create a problem in my younger sister's marriage.

Jannat believes that whenever there is an incident of acid crime, it is the result of provocation either by in-laws or friends: "*Kise ke zindige tabah karne mein aik second lagta he chahey woh baad me pachatye bhe* [It takes a second to ruin some one's life no matter if they regret it later on.]"

Jannat further raised this point in a way that:

bhaiyo ka kasoor nahe hota , jo log bethey hote he woh uksatye he humare khelaf k dekho is ke bhen k sath yeh hua [It is not the fault of brothers only. It's about people who provoke them by making negative comments about us.]

Sona disclosed that her neighbours call her "*Korhee* [leprosy patient]" She shared with sorrow, "My own little son says that *kaise jaraseem urrr rahe hein. smell aa rahe he* [How the germs are flying out of your body and you stink!]"

Kainat seemed to be depressed during the whole interview session. She stated with grief:

I avoid sharing my incident truthfully to other people. 'Whoever asks me what happened to you', I just reply to them that 'it was an accident' because if I tell them the true story, they would definitely blame me.

Rabia stated a thought provoking statement for those who criticize her. She expressed her views angrily:

insaan kabhe yeh nahe dekhta k jo ungle dosre ke taraf utha raha ho teen apne taraf bhe uthtey hein, pehle apne gareebano mein dekho [A man should understand that if he is raising his one finger towards another person, his three fingers point towards himself. Look at yourself first.]

Humiliation and the gossip culture of Pakistani society bring vulnerability, insecurity and isolation to the lives of women with facial disability.

Marriage and Beauty

In Asian communities the marriage of a disabled woman is a big issue. Hema (1996) explained the situation of disabled women in India. She reported that women with disabilities are being married off to already married men. In the same manner, the respondents of this study mentioned that their husbands and in-laws negatively affected their intimate relationships because they had lost their beauty. The participants expressed their insecurities regarding marriage in future. Kainat's mother wants her to get married, but she stated with grief:

Rishta tey hua hua tha per jab mere susral walo ko burn ka pata chala tu rishta tor diya [My marriage was fixed before getting burned, but when my in-laws came to know about my condition they broke the engagement.]

She further stated that:

koi bhe nahe milta koi lola langra he ho ga mere kismet mei! [There is no one I can possibly find but if I ever find someone he would definitely be a cripple!] (A cripple is a negative term referring to a disabled marriage partner that no woman would want.)

In Pakistani society, usually families decide on a girl's future husband. The boy's parents usually have a strict criterion for selecting their daughter-in law. "What's the skin colour of the girl? She should be as white as possible" (Qaiser, 1996, p. 5). In these circumstances, the marriage of woman with facial disability has become a social problem. The groom's family usually delays marriage until she would be completely recovered:

aj kal k nojawan larko ke yehe soch he k jis larke se humare shade ho woh khobsoorat ho. aur zaher he mein to woh hoon nahe, tu mere shade ka koi chance nahe [These days boys like beautiful girls for marriage. It is quite obvious that I am not like that, so there is no chance of marriage.]

(Sona, aged 21)

Hira's comments illustrate deeply embedded social stereotypes concerning disability in Pakistani society:

I have heard from my class-mates at vocational training school that if we have the phone number of your fiancé we will ask him what he has seen in you. I really felt weird after hearing this.

The above mentioned quote reveals the attitude of Pakistani women who are not even ready to give space to a disabled woman to be married.

Sona's and Hira's voices reflect common frustrations experienced by many of the women who I interviewed. Their comments show the limited opportunities for marriage that are available for women with disabilities and how the non-disabled population creates an atmosphere of alienation and awkwardness for them to flourish in life.

Education and Employment Perspectives

The vast majority of disabled people in the world are illiterate and the ratio of illiterate disabled women is much higher than disabled men (Driedger, 1996). In traditional societies like Pakistan, education for females is considered as a misuse of money in a sense that “We have to marry her anyway and she will leave our home, so why should we spend money on her. Let her help her mother at home” (Qaiser, 1996, p, 4). The impacts of acid violence create barriers in women’s lives to pursue their education as well as gain employment in various fields.

Bandyopadhyay & Khan (2003) explained that “The impact of acid burns on women and their families is therefore far-reaching. It includes social condemnation (shame and dishonour- loss of face metaphorically as well as literally), rejection from the family, society, and deprivation from education and employment” (p. 71). Likewise, the participants in the study revealed their experiences related to education and employment. Kainat expressed that she did not complete her studies after the acid attack because she did not have the supports to continue her studies. She stated, “*Ab Sunaye thora kam deta he. eye sight bhe weak ho gye he* [Now, I cannot hear properly, my eye-sight has gotten weak as well.]”

Hira left school in her childhood. As she stated:

Thora arsa school gaye they bache bhot mazak banatey they phir mere maa baap ne bheja he nahe [I went to school for a few days (after getting burned) but other children used to make fun of me. Then, my parents stopped sending me to school.]

Employment plays an important role in the lives of disabled women (Suad, & Afsaneh, 2005). There are not much employment opportunities for disabled women because of their “lack of education and vocational skills” (Maqbool, 2003, p. 193). Hansen (2002) also talked about this concern in her research in the sense that “Many women are ‘unable to go out to work’

because of individual bodily states and wider social expectations” (p. 142). Similarly, the respondents shared their challenges in the job market. They became associated with the beauty profession after facing rejection in other professions. Sona mentioned that, “I tried to work as a maid but some people ran away after seeing me or even shut their doors on my face”.

In Pakistan, employers are insensitive to the needs of people with disabilities. They are unfamiliar with the concept of accommodations; they want to hire staff on their own terms and conditions (Jaffri, 2004). Kainat has fatigue and pain issues. She complained that she wanted a full-time job but employers are not ready to give accommodations. Her mood was low when she shared that she is doing a part-time job because she has no energy to spend long hours in a full-time job. She has also joined a school as a full-time staff person but left the job. As she stated, “*School wale kuch bhe nahe dete, 2000 dete he bus ghr nhe chal sakta* [Schools do not pay me much except 2000 rupees which are insufficient to run my house.]”

Farah who is working as a full-time staff at Depilex shared that she once tried to open her own salon but this plan failed because “women [clients] pay big amounts at salons but when they come to us they pay very little”.

In Pakistani society women not only experience violence at home but also outside the home. It is interesting to note that respondents pointed out that the role of area of residence in their professional lives. According to Khan (2010) “locality characteristics or local level facilities prove helpful in enhancing women empowerment” (p. 163).

Neha, and Kainat shared their hardships when they leave for work.

Whenever I crossed the market [for my previous job] the boys started talking about me.

The women who came to get services at that salon used to question me a lot....At this salon [Depilex] the atmosphere is good. Here clients love me a lot. (Neha, aged 18)

Whenever women get burned, the society begins treating them badly. Society even looks down upon the woman who is doing a job...I want to work hard for the future of my younger siblings. I am the only working person of my home. My house expenses always exceed beyond my salary because my mother also needs medicines for blood pressure and diabetes. (Kainat, aged 25)

Working women of Pakistan also experience sexual harassment; even if they work at home they get sexually targeted by males in some form or other (Patel, 2010). Women in the study disclosed that they also experience sexual harassment. Both Farah and Neha openly shared:

“People usually make sexual advancements towards me at bus stops [On my way to work.]” (Farah, 45)

“My cousin said to me that your one cheek is red what if I bite your other cheek, it would be red too” (Neha, 18)

The respondents also discussed the job market challenges faced by disabled males as well. It was interesting for me to note when Maira stated, “*Mundyā da we oohe haal kardey ney. Munday Mazak kardey ney Khendey ne wekh kewein sarya peya hei* [They (society) treat men the same. Boys make fun of them by saying; look how his face is burnt.]”

Problems with the Law and Judicial System

In Pakistan, women do not get proper justice in cases of violence. The major reason behind unfair legal practices is that the laws are made, or changed by, male members of the community (Ram, 2004). Typically, the judge is also a man who has the sole power to make the final decision (Shirkat Gah, 2001, p. 45). Social attitudes, embarrassment and guilt discourage women from reporting abuse and seeking justice (Zia, 2002). It would seem that all these reasons cause women to compromise in their marital disputes for a long period of time which

eventually leads to acid crimes (Patel, 2010). Maira did not involve police to disclose the reality of her father-in-law's crime as she stated to him, "Do not make me sinful by putting your turban on my feet. I forgave you; no one would say anything to you."

Similarly, most of the participants mentioned that they did not register a case in court or delay taking legal action because their families' lives are at risk. The culprits threaten to kill or disfigure other family members if they do not withdraw the case against them. Sona shared with grief that, "Our law only understand the power of money... They [my in-laws] also tried to murder my brother."

Sona's comments are echoed by Jannat as she explained: "*Bhot se log is liye agey nahe barhney k un ko dhamkiya milne shoro ho jate he k hum ap ke dosre bete ka bhe yeh haal karein gey* [Many people hesitate to step forward because of the perpetrators threats that they would disfigure their other daughters as well.]"

Sometimes women become insecure even after getting justice. Rabia is going through a similar situation. As she said:

The police arrested my husband within a week of the incident. He got the punishment after many court hearings. My daughter also gave a statement against him. My husband is still in jail for fourteen years but I have a hidden fear that he would do the same to my daughter after being released.

One of the reasons behind acid attack in Pakistan is that the laws are quite insensitive to support the needs and concerns of women. Sometimes, police refuse to register cases and take action against culprits. The situation becomes worse when perpetrators' families are influential. Farah stated, "We fought for justice for eight years. But they did not get any punishment as they have bureaucratic connections."

Some respondents pointed out the flaws in the court system of Pakistan. Undoubtedly, long delays and proceedings in the court decision create barriers for women with facial disability. Jannat stated:

Whenever you go for a court hearing, you have to wait for long hours in pain. Besides, you need to cover your face during the whole time. At 11:00 a.m tea break starts then after a while there comes the time for the lunch break. After that, you came to know that the court time has ended and you require another court date.

Conclusion

In conclusion, the foregoing discussion of various indicators explained the impact of culture in the lives of women with facial disabilities. The harsh reality is that violence against women “remains invisible and normalized” in Pakistani society (Merry, 2009, p. 5). Alienated by patriarchal beliefs and social oppression, the participants raise voices for rights to equality. They are much more vulnerable to gender discrimination especially in relation to marriage. It would seem that society only accepts beautiful women for marriage; otherwise they have to face humiliation, shame and guilt for the rest of their lives.

Women with disabilities face hardships in schools as well as at jobs due to social attitudes. However, they are allowed to go to special schools or sheltered workshops but they are always looked down upon as a part of that system. In that case, women with facial disability not only have to endure their physical pain but also the socio-cultural taboos which do not allow them to live like able-bodied people.

It would appear from this study that dominant perceptions of patriarchal notions prevent women from reporting abuse. They feel reluctant to take some effective steps because of shame, fear, embarrassment and humiliation. Most of the respondents said that to be in the court

for justice demands a lot of patience, persistence, money and above all a corruption-free system. In other words, the overall environment starting from family to social institutions make disabled women's position vulnerable and insecure in Pakistani society.

Chapter 6: Participants' Perceptions of their Lives

In this chapter, I am going to explain the perspective of the respondents towards themselves, other people and society. The lives of women with facial disability are fraught with multiple challenges. The acid scars are not just skin deep, rather they have changed their lives dramatically. The perceptions, feelings and emotions of the participants are different in the sense that there are some types of abuse experienced only by disabled women. They are much more vulnerable as compared to women without disabilities (Depoy, Gilson & Kramer, 2003). The participants' narratives demonstrated the following themes:

Role of Family Support

After acid attacks, the lives of the women are quite unpredictable. The participants discussed their insecurities regarding their future. They appreciate their family's support, especially when they are in pain and without any economic resources. All of the participants said that their parents gave them enough dowry at the time of marriage and even used to give them money after marriage to support their households. Most of the sad narratives of acid attacks by participants revealed the struggles by parents to save their daughters from domestic violence. Qaiser (1996) criticized the culture of Pakistani society where parents have to support their daughters for the rest of their lives. As she stated, "A slave-girl is more worth, because at least the new owner has to pay a price to obtain her, but in the case of marriage, the girl's father has to pay a dowry for giving his daughter away instead of receiving a dowry!" (p. 5). Sona's parents sold their house to get the custody of her son. She is thankful to her parents for their sacrifice. As she stated:

*Papa mere liye sab kuch laga chuke hein ab mere bhe farz banta he k un ke help kro...
Ab yehe sochte ho k papa k sath farz nibhana he [My father has sacrificed everything
for me. Now, it's my moral duty to help him... Now, I am just focusing on my duties.]*

Neha appreciated the role that her father plays in her life. She said:

*... Log aa kr yeh bhe kehte he k is ne apne chehra khud jalya he. Abu mere side lete
hein aur tasale dete hein [...People who come to visit me even say that I myself burned
my face. My father favours me and consoles me.]*

Rabia's mother relocated to her place to look after her as well as her daughters:

*Jalne k baad ami mere sath rehte they.chala nahe jata tha kyo k thigh se gosht liye
tha.mehena bed p aram kiya ami sahara de k chalatey they [After getting burned, my
mother moved to my place. I was not able to walk as flesh was taken from my thigh (for
facial reconstruction.) I remained in bed for one month. I used to walk with her
support.]*

Kainat also acknowledged the role of her mother and siblings: "When I was burned, my family looked after me like a newborn baby... I got infection and pus into my wounds. My mother and siblings used to change my bandages every day."

Jannat also raised this point in a way that, "It was really difficult to see a mirror for the first time. If my family support was not with me, I could not even stand up".

Desire for Marriage

Pakistan is an Islamic country. According to Islamic principles, the legal way to enter into an intimate relationship is marriage. In fact, it is not an acceptable practice in Pakistani society that women stay at their parents' home for the rest of their lives (Ali et al., 2011). Most of the participants revealed their desire to enter into a marital bond. For participants, one of the

common motivations was to secure financial support and shelter. As discussed earlier, the marriage of women depends upon a substantial dowry and physical beauty. Due to these conventional thoughts about beauty, disabled women are considered unfit for marriage in Pakistani society (Nancoo, 1993). Maqbool (2003) raised a similar point that, “Unfortunately, girls with disabilities are deprived of their right of marriage and normal sexual and family life” (p. 193). The participants of the study understood the social taboos and discriminatory practices of Pakistani society very well. That’s why Sona stated that, “I even would not hesitate to marry a man who is at the age of my grandfather.”

I found separated or divorced participants more apprehensive about their marriage prospects because they do not only want a loving husband, but also a father for their children. Rabia and Fiza are living alone with their children. Both of them want to start their marital life:

“Ager bacho ko apnaney wala mil jaye tu us se shade kar lo ge [If I find someone to accept my children, I will marry him.]”

(Rabia, aged 32)

“Bus yehe dua he k acha jewan sathi mil jaye [I wish and pray to find a good life partner.]”

(Fiza, aged 30)

Farah told me that she has talked to many people in her surroundings especially at DSF to search for her groom. She shared that she needs love and attention at this stage of life:

“...Sharam se he mar gaye ho. Pehle bheno ke taraf dekhte rahe ho k shade karwa dein. ab tang aa k khud he shade karna chahte hoon! [I really felt ashamed (about wanting to marry) before. I used to expect that my sisters would do something for my marriage proposal. Now, I am fed up and I am looking for someone!]

Kainat also expressed her frustrations when she stated:

Kaha hua he rihtey ka par jab pata lagta he k burn he tu koi hame nahe bharta. Kise ko kya museebat pare he apne zindage khrab kare? [(we are) Looking for proposals but when someone finds out I am burned, they won't agree. Why would someone like to make his life problematic because of me?]

Irony of the Beauty Profession

It is a great irony of this study that women with facial disabilities are working to beautify other women's faces. All participants viewed DSF as a beacon of light which gave them hope to face the harsh realities of life. Although all participants are performing their roles effectively and happily, their experiences of emotional pain are always on their minds. The quotes mentioned below portray their feelings and emotions:

“I have a disfigured face and now it's useless to beautify it...I consider myself lucky to make the faces of other women beautiful” (Sona, aged 21).

“My life is ruined...whenever I do makeup [of clients], I always think that if I had an eye, I would do makeup like her. If I had a neck, I would wear a necklace” (Hira, aged 24).

“I have never seen my face in a mirror intentionally [After acid attack]. If I ever see, I will definitely think that how beautiful I was” (Maira, aged 30).

Physical Pain

Undoubtedly, to be a beautician demands long hours of working on one's feet. For the acid survivor, work capability drops significantly. The participants not only have facial disability rather they have developed multiple disabilities. Due to physical limitations, they find it difficult to do different tasks in their jobs effectively. Most of the participants complained feelings of

tiredness, numbness in their legs and aching of shoulder muscles. Carvalho (2012) stated in her findings that, “Stylists are expected to look great while at the salon” (p. 3). Some of the respondents are also working part-time because of these issues. Kainat stated that:

“I am tired of my skin pain ... when a person gets burnt, he won't have energy like before. Our diet is not proper even, so from where the energy and stamina comes?”

Farah who has been working for the last ten years told me that she is losing her stamina due to body pain:

Pehle bhot kam kiya he, Mujh se ab manage nahe hota. Mere tang mei bhe bhot dard rehta he mein shokya kam karna chahte ho. subha washroom se utha nahe jata.dewarein pakar k atey ho [I did lot of hard work. Now, I cannot manage. My leg always hurts. I want to work just for enjoyment (not to meet expenses). I cannot even get up from washroom (toilet seat). I take the support of walls to come out.]

Jannat told me about the complications which she and other acid survivors usually experience:

[Plastic surgery] is a very difficult process in the sense that sometimes, the operation is not successful. Your skin gets infected and again it needs more flesh to make up a new graft... Nowadays, I am eating healthy food so that my arms get healthy as doctors need to take flesh from my underarms and attach it to my upper neck.

Life Satisfaction and Confidence

All of the participants reported that they have gained a lot of confidence. The identified reasons behind their confidence are a strong belief in Allah, parents' support and last, but not least, Depilex Smileagain Foundation. Throughout the interviews, the respondents shared their different experiences when they were burned initially and after being associated with DSF.

Maira who converted her religion from Christianity to Islam gave optimistic views. Her comments showed her feelings of contentment and acceptance: “I am grateful to Allah that what happened to me was probably good for me. I never think that this should never have happened.”

Maira discussed that although she is still wearing a hijab to hide her face from outsiders, the level of confidence which she has gained is incredible. She also gave credit to her husband whose love helped her to gain confidence:

I am thankful to Allah that my husband is very cooperative. He has been with me in my hard times and is still supportive... People used to advise him to marry some other beautiful woman but he chooses to stand by my side like a strong shelter. In fact, he cursed those who advised him to do so.... My husband never said anything to me, rather he loves me more than before [the acid attack].

Additionally, she reflected her firm belief that:

“banda is duniya chey kala he anda hey tey kala he janda eey [A man comes into this world alone and leaves alone.]”

Rabia told me that in her initial days of recovery she used to think that she was the only one in this world whose face is disfigured. After seeing different women at DSF her thinking has changed. As she stated:

I used to cry a lot but now I handed over everything to Allah... When I see faces of other girls here [DSF] I do thank to Allah that I am much better than them. I am obliged to Him that he has saved me for my daughters.

Farah's tone of voice was quite assertive when she stated, “I did cover my face for a long time but after working here [DSF] I never cover my face. I will better see if someone dares to talk to me.”

Sona told me that she did not have any courage to meet people. She used to think of committing suicide but “I have found a great change in me. I can talk to anyone now”.

Like Sona, Kainat and Jannat gave credit to DSF for all the joys and happiness in their lives:

“I have gained courage after coming here [DSF]. I interact with people with confidence now” (Kainat, aged 25).

DSF has not only given me my smile back rather it has given me strength to help other women and become a role model for them.... I am fully confident now. I am attending weddings. My mind has become strong by the grace of Allah. If He has taken away my beauty, He has given me compensation. (Jannat, aged 38)

In addition, some of the participants discussed that their clients love them a lot. They further mentioned that they usually get support from them in the form of kind words or good tips.

Negative Emotions/ Personal Challenges

As discussed in the previous theme, the participants have gained a lot of confidence but there is another side of their personality traits. They shared their deep feelings of sadness, guilt, hatred, anger, helplessness and hopelessness. The reasons behind these negative emotions even after gaining more confidence are social values which are deeply embedded in them since childhood. This harsh reality can easily be understood from Rabia’s comment:

Hum bhot koshish karte hein k hansey aur hanste bhe hein k apne gham ko chupaein par ander hum kya hein hum he jante hein. Bher se hum jitna marze confidence rakhein ander se hum abhe bhe kamzor hein [We try our level best to smile and we do it to hide our grief. What we are, we all know better. Apparently we act well confident (smile, laugh, busy in our jobs) but we are weak from inside.]

The prevailing culture of Pakistan does not give a proper place to women with disabilities in society. Many participants explained that they are experiencing mental and physical torture simultaneously. Besides the body aches they are bearing, there is abusive language used against them. Women criticized that society won't accept them even after their hard struggles. Jannat raised this point: "...how it feels when you were bed-ridden and your relatives visit to taunt you, their words sound in your ear for a long time."

Sona also expressed her deep inner feelings that sometimes her family gets fed up with her and she shared their thoughts, "If you are good enough [to save your marriage] then you would definitely be living at your husband's place."

Hira's facial disability occurred during her childhood. She explained that:

Undoubtedly, DSF has brought confidence in my life but I won't think that I would be able to think positively... My life is not normal. My neck is not like yours. I have to wear glasses... Always answer to other people's questions. I am fed up now...I believe that there is no life for a woman [with facial disability]. Their life has already been ruined.

Neha expressed with great sorrow that she hears bad comments on her character all the time, which is very painful for her. This sadness in her personality is leading her towards feelings of guilt. As she stated, "*Shaid mere he kasoor ho ga tabhe mere sath yeh hua he* [It's probably my fault, that's why it happened to me.]"

Rabia shared that although she has gained confidence, she leaves home fully veiled:

Those who are not saying anything, their eye messages are enough for you to understand. I really feel ashamed. Whenever there is any festival, my sisters and my cousins are well dressed. On those moments I have a feeling that all are looking so nice but I am not sure about myself as to how I look!

Kainat seemed to be in a low mood. She mentioned that, “Life does not seem beautiful to me. My life is without colours... I am tired of my life now [Because of facial disability and financial constraints].”

Some of the participants mentioned that they want to have their lost beauty back. They want plastic surgery on their face to look better. The following comments of Rabia and Hira revealed their hidden desires:

“I wish to be like before as soon as possible” (Rabia, aged 32).

“If my eye and neck becomes normal then I would bring change into my life otherwise I cannot” (Hira, aged 24).

Conclusion

Over all, this chapter highlighted participants’ needs, wishes, hopes, fears, insecurities and the role of supportive networks in their lives. It is a bitter truth that acid survivors will not get their beauty back; and this reality has been accepted by most of the women. The analysis of participants’ accounts illustrated a strong association between religion and women’s empowerment. The participants who have a strong faith in Allah seemed to be more satisfied.

It has been observed that the participants who acquired a facial disfigurement a few years ago are now more optimistic towards life. It seemed that time has healed their emotional pain to some extent. Grief, pain, insecurity and apprehensions are much more visible in women who experienced on acid attack recently. It was found that their work as beauticians in an inclusive and supportive environment has enhanced their self-respect and dignity. They appreciate the role of Depilex Smileagain Foundation that motivates and inspires them to face life challenges. Overall, they gained a lot of confidence and moral support.

All of the participants reported that they have undergone a lengthy process of medical treatments and psychological rehabilitation. It is difficult for them to eliminate their negative emotions and inner insecurities in the sense that their position is still vulnerable and undesirable in Pakistani society. This point has also been discussed by Hansen (2012) “There is no going back, but this does not mean that the battle is won or that the struggle is getting easier” (p. 172).

Chapter 7: Discussion

This study explored the experiences of acid survivors in order to understand different kinds of social, psychological and economic challenges related to facial disability in Pakistan. It also highlighted the issues in terms of knowing the actual causes behind acid violence. Many new interesting themes have emerged that incorporate the feelings, needs, emotions and perceptions of disabled women. In this way, it gives us rich and useful information to address a huge gap in the literature on disability.

The participants' stories of abuse revealed common causes of acid attacks such as poverty, illiteracy, dowry, male dominance, the devaluation of women and, above all, the poor legal system of Pakistan. Acid violence has not only changed the physical features of these survivors, but it has brought drastic changes in social and psychological well-being of the participants. The women of this study are much more vulnerable in a sense that they are in "double jeopardy" (Driedger & D'Aubin, 1991). It is critical to note that they are experiencing discrimination because of their gender as well as facial disability.

There is social stigma attached to acid attack which may further marginalize women with disabilities. Unfortunately, society blames a woman for this violent act. What did she do to make the man so angry? Thus under the cover of anger, men disfigure or even kill their innocent wives (Bandyopadhyay & Khan, 2003). Most of the participants acknowledged that they were already living in a violent environment before the acid attacks. In a real sense, it appears from the findings that participants of this study faced challenges in a spatially restricted environment in their home because of their relatively powerless position (Koskela, 1999).

In Pakistan, divorce is considered a social taboo. Pakistani society views single women with "suspicion rather than pity" (Bandyopadhyay & Khan, 2003, p. 67). The future of a

divorced woman is quite unpredictable in society especially due to economic constraints. Most of the participants' shared their feelings that they patiently faced hardships and physical torture during their marital life because they knew very well that the society silently rejects them after divorce. The findings of the study conducted by Chokshi et al. (2010) also emphasized that "Patriarchal structure within the South Asian community is noted as one of the most crucial factors in assessing the risk of domestic violence within the family" (p. 154).

Additionally, some women revealed their concerns for child welfare. The participants acknowledged that they stayed in violent relationships because they did not want to lose their children. In Pakistani society, usually male members get the custody of children because of their financial stability and male dominance. Sona got custody of her child after much hardship. She elaborated that:

When I got burned, my husband snatched my child. I used to cry all day and night. It's obvious that parents cannot see their child crying so that's why my father sold his land of "*five Marla* [1125 sq. feet]" and paid money to the lawyers to get the custody of my child.

The current study findings also reveal that dowry is one of the major factors behind acid attacks. It was discovered that typically, families whose dowry demands are not fulfilled, ruin the lives of their daughters-in-law. The respondents explained that the conduct of their husbands was extremely unsupportive and barbaric, except for one woman who appreciated the positive role her husband played in making her strong and confident.

Acid attacks do not impact women's lives only, as their families are also usually affected. Jaffri (2004) mentioned that: "Women relatives attending the patients sit silently weeping. At times, sobs and cries can also be heard in the corridors of these burn wards" (p. 46).

Most of the participants complained that people ask different questions from their families regarding the cause of acid attack:

Whenever my father goes out for work, people asked him if I called that boy at my place?... My father cries a lot after returning back home. People even suggest my father to throw me out of his home. (Neha, aged 18)

There is no concept of integrated education in Pakistan; even the special education schools are very limited. There are not many jobs available for disabled women (Hassan, 1991). Some of the participants shared their narratives about how people treated them in the job market before joining Depilex. Sona told that “I tried to work as a maid but some people ran away after seeing me or even shut their doors on my face.” McDowell and Court (1994) stated that “the embodied woman appears as an inferior other” (p. 734). Several of the women who I interviewed also mentioned that they have subsequently lessened their working hours because of pain and fatigue issues. In other words, the Pakistani society clearly supports the concept of cultural violence as presented by Galtung (1990), “By changing the moral colour of an act from red/wrong to green/right or at least yellow/acceptable” (p. 292).

When there is an issue of sexuality, people with disabilities specifically disabled women, are prone to encounter the myth of asexuality. It refers to a belief that people with disabilities are not sexual beings (Fitzsimons, 2009). Most of the participants showed their desire to get married. In this way, they truly answered the false asexual myth associated with disability.

The irony of this study is that women with facial disabilities are associated with the beauty profession. Although they feel happy to find this job, they wish to look beautiful like other women. Overall, they seemed to be satisfied, but one thing I observed as a researcher, as well as an insider of Pakistani society, is that they have hidden insecurities and fears. Every

participant shared their personal challenges of life in some form and another. Nosek et al. (2001) also explained that women who develop disability at later stages unconsciously accept the messages of disability stereotypes prevalent in society. Rabia has lost one eye after the acid attack. She told me that she wears black glasses in order to hide her lost eye. She shared:

People make fun of me because I have to use glasses at night as well. I really feel ashamed. If my eyes were okay, it wouldn't be a big issue as I only have to cover my face....Sometimes, I feel helpless and cry; try to hide my grief in front of my daughters.

However, Neha's views reflect the rigidity of cultural discrimination of Pakistan. She said, "If our society stops criticizing us, then we would have no problems in life."

Maira who seemed to be confident shared her insecurities when I asked her views about disability. She stated with grief:

Hume mohtaje zaida hote he k kise se baat karde hue we daro aur wooh bezate na kar de [We are more helpless than others (disabled people). While talking to someone else, we have fears that he probably would insult us.] (Maira, aged 30)

Religion plays a very important role in bringing about positive change in the lives of women with facial disability. The participants shared that they learn how to cope with life challenges with the power of God Almighty. In the same manner, the participants appreciated the role of Mussarat Misbah in making their lives hopeful and meaningful:

Women who get burned should always come out of their homes. They should not restrict themselves to home. They should get benefits from this platform [DSF].

(Jannat, aged 38)

All respondents shared their frustrations regarding the judicial system. Most women who tried to seek justice usually got harassed by perpetrators. Mussarat Misbah told me that she

helped many women to file a police case but at the same time she disclosed that she herself received threatening calls from perpetrators: “Do you want to be like her?” In this regard, women associated with law enforcement sectors are not even safe in Pakistan. Zia’s (2002) study findings also highlighted, “[Pakistani] women lawyers faced some form of gender bias or discrimination in the courtroom. In 70% of these cases, the judge did not intervene to stop it” (p. 48).

The judicial system of Pakistan gives more credibility to the testimony of a male witness (Zia, 2002). Under the implementation of the Protection of Women Act 2006, the police are not responsible to register a complaint of (Zina) rape; instead women need to go directly to judicial court. This law was passed to relieve women from the corrupt practices of the police departments such as bribery. The judicial system requires testimony or eye-witness; however, it is quite ironic in cases of rape or acid attacks to present testimony in the court for justice (Patel, 2010). Jannat raised this point:

Whenever a woman gets burned, she was being told [by authorities] to bring eye-witness. If husband and wife are alone who else would be there in the room except Allah? Why they won’t pay attention to women’s statements? They just want eye-witness... [just think] If someone is going to do rape, he would call two people before as a witness?

Surprisingly, almost all participants’ faced troubles in getting admission into the hospital. A recent amendment in the law (Section 174) has been introduced that accepts the statement of medical officer in trial courts if the condition of the patient is critical (Patel, 2010).

Choudhry Hassan Nawaz also commented on laws regarding burning:

Case law is in abundance on what precautions should be taken in recording the statement of an injured person, which is because dying declaration is an important piece of evidence and it can be the basis of conviction even without any corroboration. I am therefore, of the view that everyone placed under legal obligation to record the statement of an injured person, must be made to undergo intensive training on the extent of care to be taken and the method adopted to record such statement. It hardly requires an emphasis that conviction in such cases may entail capital punishment. The Medical officer and Magistrate must be sensitized and made conversant, with reference to the case-law on the subject, as to the precautions required to be taken and the manner of recording the statement. (as cited in Patel, 2010, p. 20)

The respondents identified that they stopped pursuing their legal cases because of unnecessary delays in obtaining decisions. Although Pakistan ratified the United Nations Conventions on the Elimination of All Forms of Discrimination Against women (CEDAW) in March 1996, no practical steps have yet been taken to implement it properly (Jasam, 2001). A majority of respondents believed that acid violence against women can only be stopped by improving the judicial system. As stated by Jannat: “There should be exemplary punishment given to perpetrators otherwise this crime will not end.”

Chapter 8: Recommendations

They are brave and resilient women who stand up to raise voice [against violence].

They share their miserable stories with us... They work in the morning, they go and apply lip colours, make their eye brows and look at you and ask, How am I

looking?...She is finding beauty in her disfigurement, this is so awesome act of them.

(M. Misbah, personal communication, August 25, 2015)

This study made a significant contribution to the area of disability studies. My analysis would not be complete without adding the recommendations of the DSF, founder, Mussarat Misbah and the research participants who are true representatives of disabled women in Pakistan. It is the duty of the government to provide its citizens with the basic necessities of life. It is important to develop consistent policies, by involving consumers (women with disabilities) to fully achieve the goals of respect, empowerment, accessibility and equal citizenship rights of women with disabilities.

As Chouinard (1999) explains:

To negotiate ableist spaces of life, in which disabling differences translate into marginality and exclusion rooted in economic, political and cultural oppression, disabled women need to actively re-place themselves: to create spaces in which marginality and marginalised collective identities can be embraced and valued. Such re-valuing of disabling differences in turn makes it possible to venture across boundaries of exclusion and to disrupt and challenge ableism in multiple spaces of everyday life. (p. 143)

During the course of the interviews, the participants elaborated on a number of recommendations which actually make this study powerful and understandable for everyone.

Change Begins at Home

Most of the respondents mentioned that they got married at a very young age. Although, the law dictates that the legal age of marriage for woman is 16, still marriages are arranged shortly after the onset of puberty. Nowadays, women activists are raising their voices “to increase the minimum legal age for marriage from 16 to 18” (Ghani, 2016). In my view, early marriage should be strictly discouraged. It is completely wrong that women start experiencing physical, mental or emotional violence from their in-laws or husband at a tender age when they do not even know how to express themselves. They consider abuse as a routine pattern of their lives. Speizer and Pearson (2011) conducted a study on Indian women and found that women who get married at 18 years or younger usually experience more intimate partner violence. For this reason, the parents’ role is extremely important in two ways. First, they should make their daughters confident enough to stand up for themselves. Secondly, if their daughters experience abuse after marriage, parents should stand beside them like a shadow so that they could face their life challenges bravely.

Unfortunately, acid survivors of Pakistan are bound to spend their lives in mental, physical and emotional pain. There is always family or societal pressure on women either to hide themselves or compromise with perpetrators. Jannat expressed her views:

When a woman is earning money to run a house, she no longer stays a woman rather she becomes ‘man’ or ‘son’. The biggest issue in Pakistan is poverty. If a girl is burned, she also needs healthy food for her recovery. How could parents afford her food when they have to feed their other children? If she brings some income home, she won’t be a burden on her parents.... Whenever I get chance of meeting other victims’ families, I

only suggest them to take their daughters out of the closed doors of home...For God's Sake!

Improvement in Police and the Legal System

It is the state's responsibility to make sure that police, judges or lawyers are doing their duties honestly and sincerely. They should implement strict legal actions and punishments for criminals. Police should take prompt actions to register and investigate the complaints of acid attacks. As Sona, aged 21 stated, "If we are burnt, he should get punishment to be burnt as well. In that way, he would understand the pain and won't even think of doing it to anyone again."

Similarly, the environment of the police station needs to be barrier-free and secure. There should be female police officers hired so that victims could freely report crime (Social Policy and Development Center, 2012).

Speedy Trials

Long delays in court cases are one of the major problems in Pakistan. Usually these unnecessary delays cause women to experience psychological and financial burdens for a long time. Zia (2002) addressed the judicial system of Pakistan: "The legal delaying tactics are a loophole in the law and are often used against women with the knowledge that they will very often give up their legal battles if the process continues for an extended period of time; especially since the nature of some cases requires a quick decision" (p. 33).

Much needs to be done to regulate the policies of courts. Jannat noted:

These (acid attack) decisions need to be done within two to three months. It is frustrating that these cases usually take many years... The judges change frequently. One judge takes one eye-witness statement then the second judge comes and takes

another eye-witness statement. It is weird that the one who makes the final decision is another judge. How the last judge would analyse the whole case scenario?

A similar concern has been raised by Mussarat Misbah, “The decisions must be made in speedy courts to avoid delays...The trials should be sped-up and punishments need to be certain” (M. Misbah, personal communication, August 25, 2015).

Adequate Health Care System

The irony of today is that the country with the greatest needs lacks the facilities to treat and rehabilitate burn victims. There are no publicly funded specialized burn centers or units in Pakistan. The participants complained that the hospital authorities even refused to give them first aid treatment. Their responses revealed the hostile behaviour of health care professionals towards them:

The hospital authorities refused to admit me. They suspected it was a suicide attempt...They wanted a police report first [a copy of police file number] before admission. My family took me to three hospitals but all in vain. I got my treatment done at local clinic. (Kainat, aged 25)

As Rabia, aged 32, explained, “no one was taking care of me in the hospital, except providing me with some ointment. They started my treatment once media arrived.”

The treatment of burn injury is painful and expensive. The government should bear all the expenses of burn victims. They should take serious action against those who refuse to admit women for critical injuries. Mussart Misbah also mentioned: “There is only one specialized burn unit in Lahore. However, you can see many of them lying naked [helpless] covered with a sheet at one corner of hospital wards.”

Crisis Centers

Women need to be educated and aware of their basic rights. It is necessary to establish women's resource centers all over Pakistan. Professional training and counselling sessions should be available for women with or without disabilities. Furthermore, there should be free legal aid services for them. However, there is an urgent need to involve women with disabilities in all decision and policy making levels. They should be coordinators or administrators of the projects that are initiated for their development (Maqbool, 2003).

Role of Media

The importance of media can never be denied. I believe that media can exert a powerful influence on the typical mindset of men. Usually, people watch television to get daily news updates. The media can easily be used to present characters, images, and story lines of dramas against violence. It can promote programs that focus on the rights of women as well as punishment of violence against them. It could prove to be a good tactic to educate illiterate males that they have to pay heavy penalties for this crime.

Additionally, government should constrain the media from portraying women with disabilities negatively in society (Maqbool, 2003). Men should be included in surveys of violence against women so that their true opinion comes out (Qayyum, n.d.). Special programs must be arranged to involve men in discussions about why abuse is wrong. One particular statement of Justin Trudeau, the Prime Minister of Canada is worth quoting here. He called himself a "feminist" while participating on a panel on gender equality. He stated, "We should never be afraid to use the word feminist. Men and women should use it to describe themselves anytime they want" (Frisk, 2016).

Awareness in Schools

Pakistan is an Islamic country. Islam considers both men and women equal in every aspect of life. It is the responsibility of the state to design and implement curriculum that includes topics based on women's position and their role in Islamic society. In this way, males start learning from the very beginning that women are equal to men. They will not treat them in an abusive manner. In my view, a big change in people's discriminatory attitudes could only be achieved through education. Mussart Misbah also stressed that, "Awareness [for both boys and girls] needs to begin at school or college level. They should know the laws of their land as well as their rights. One can only raise one's voice for rights if he/she has knowledge." Similarly, Kainat stated, "Our society is not following Islamic principles".

Strict Regulatory Authorities

In Pakistan, different types of acid are sold without any licence. The Government should issue licences to companies that use acid. There should be a proper checks and balances on sales and purchases of acid. Sona and Mussart Misbah gave their suggestions:

The price of acid should be increased; in fact it needs to be banned....[they] buy acid for 10 rupees and easily diminish the future of women....they should get strict punishment so that others won't dare to do this act. (Sona, aged 21)

You cannot ban the sale of acid as it is used for other useful purposes. There needs to be a regulatory authority to verify for what purpose someone is buying alkaline or sulphuric acid of only 30-150 rupees...The buyers need to submit their national identity cards before purchasing acid. It should be practiced every two or four months that authorities collect their names from sellers. Otherwise, strict action should be taken

against those who are found in its open sale and distribution. In this way, the culprits won't get a chance to run away after committing crime. (Mussarat Misbah)

As a Muslim feminist researcher, I believe that there is a lot of difference between power and respect. Allah has given man power on the basis of his natural biological physical strength. Violence begins when the other partner breaks the boundary and misuses his power. It is Pakistan's hidden shame that women with and without disabilities cannot trust government institutions such as police, lawyers or even judges to seek justice on this violent crime. Taking into account the importance of suggestions by Mussarat Misbah and the respondents may create awareness within the government sectors and non-profit organizations of Pakistan for the rights of women with facial disabilities. Additionally, this study's findings may also be used to develop more effective policies that meet with the cultural expectation of the Pakistani community living in Canada.

Chapter 9: Conclusion

In this final chapter, I want to bring together some concluding thoughts on the life journey of women with facial disability. The role of Pakistani society has been discussed in detail to explain how it is both directly and indirectly responsible for either making or breaking the willpower of participants after acid violence. Their sentiments and suggestions are presented to break the silence of the law against acid crime.

The lives of acid survivors of Pakistan are full of challenges. Undoubtedly, societal as well as cultural aspects are responsible for their “invisibility, reticence and chronic neglect” (Bhambani, 2003, p. 78). Disabled women experience the phenomena of ‘social isolation’ when their own families exclude them physically and emotionally from their surroundings (Kurst-Swanger & Petcosky, 2003). Negative comments and humiliation from close family members usually generate feelings of remorse, self-guilt, shame, anger and low self-esteem in women with disabilities. This concern has been highlighted by Qaiser (1996) “How can they [girls] develop self-confidence if their family and society has no confidence in their ability to think and make wise decisions” (p. 4).

Opportunities for employment and education for women with disabilities are limited because of oppression. Disabled women are not welcomed by employers. They get jobs with minimum salary packages or without any accommodations (Maqbool, 2003). People are generally insensitive to the needs of disabled women. They consider them asexual. The saddest part of the reality is that even women perceive disabled women just as pitiable beings, without any emotions or feelings (Hassan, 1991). A boy’s mother always looks for beautiful brides for her son (Qaiser, 1996). The role of women as mother-in-law is extremely negative in a Pakistani woman’s life as they “feel jealous of and frustrated at the sudden independence and freedom of

their daughter-in-law” (Misra, 2006, p. 150). Most of the participants acknowledged that their mother-in-law, sister in-law and aunt-in-law actually provoked their son, brother or husband to disfigure them. It is extremely important that women should be sensitized to other women’s issues so that they can achieve their rightful place in society (Bhambani, 2006).

In Pakistan, it is a difficult task to involve police in cases of crime. The reputation of the police is extremely poor because of bribery and corrupt practices. The police officers are usually males who ask humiliating questions of women specifically, in cases of rape or domestic violence. It is even discouraging for males to file a complaint with police (Jafri, 2004), let alone for a disabled woman to gather courage to report abuse. Therefore, even though there have been effective reforms in acid laws, its weak implementation perpetuate the vulnerability of women and their susceptibility to acid violence (Social Policy and Development Center, 2012).

Overall, Pakistani society discourages women with facial disability from adopting the identity of survivors. Rather they are always viewed as victims. People will not let a disabled woman forget her miserable past and start a new life. However, the irony of the situation is that there is also a social expectation for women to survive on their own without their communities providing them opportunities for employment or marriage. It would seem that the only role that Pakistani society has for these women is that of beggar. When a woman faces her hard time confidently, she is usually on people’s hit list. She is usually labelled as a ‘Bad Woman’. That is why Sona called Pakistani society as “*Kameene*” [mean], towards women. In short, women are expected to be “remain underprivileged, undervalued and underpaid” (Darnbrough, 2003, p. 150).

The interesting element of this study is that most of the women are striving toward their life goals even after strong criticism and discriminatory practices against them. They are

confident and have a firm belief in God. They proved to the world specifically Pakistani society that they are the true warriors of the nation. Bhambani (2003) also explained that “Disabled women, thus, have to fight not only with their own disability but also with an insensitive society (p. 86).

A Way Forward: Empowerment of Women with Disabilities

Empowerment of women with disabilities usually comes when they start sharing their experiences and working together for their equal citizenship rights (Darnbrough, 2003). The present study is a small effort on my behalf to gather disabled women on the platform of DSF where they shared their experiences in order to increase cohesiveness and empowerment as women with disabilities. According to Mathur (2004), “Women ultimately need to recognise their ‘power within’ to analyse the issues of their subordination to experience empowerment. This power cannot be given to them; it has to be experienced and self-generated” (p. 347).

Generally, Pakistani people have looked down upon those who advocate for women’s rights. The participants gave thought provoking statements for women’s empowerment in Pakistan. Rabia is trying her level best to run her house as a single mother. She said:

Some of us [women with facial disability] do not want to go out for work. It is the responsibility of the government to provide work at our homes. Similarly, the government should provide jobs to those who can manage to go out.

I agree with the Rabia’s statement in the sense that women with and without disability find it difficult to work outside the home because of the patriarchal system or because they have small children. Government should give them small loans to run their own businesses. Women with disabilities should be accommodated with special transportation so that they will not be harassed by men on public transportation. Furthermore, Government should encourage disabled

women to apply for government job positions. Nowadays, a quota system for the employment of disabled people is available in Pakistan. Unfortunately, it is the only way for disabled people to get into the job market but with this system the numbers of allocated positions are minimal. Here the question arises, where is the place for the remaining people with disabilities, especially women with facial disability? Again, the hardest part of this reality is that people usually only define those with a visible physical disability as having a disability. A woman with facial disfigurement is only viewed as an ‘*ugly*’ woman. Their position is on the margins of so called ‘*normal*’ society.

In this section, I share different suggestions given by research participants for other disabled women.

We should develop confidence within us... [It is quite obvious that] the more we become afraid, the more people will snub us... We feel hesitant facing other people but if we start facing them boldly then they are automatically going to stop bothering us.

(Rabia, aged 32)

We need to move forward by keeping our heads high. People habitually criticize other people. We should not bother with them. (Neha, aged 18)

Every woman should learn to stand on her feet independently... If there comes a time in your life when your husband leaves you alone, then you might need some skills to feed yourself as well as your children, at least! (Maira, 30)

A girl should have strong hope to live life and to be cured. If she does not have it then no doctor would cure her. (Jannat, aged 38)

Finally, it would appear from this study that Pakistani society is still following the medical model of disability that focuses on personal tragedy of the individual rather than the

disabling effects of the environment. They are far behind adoption of the concept of social model of disability which means “shifting the focus of disability away from the disabling condition to the environment as the disabling element” (Depoy, Gilson & Cramer, 2001, p. 178). The ultimate reality is that advocacy is important to end violence. It is not the responsibility of a single person or organization to oppose violence against women, rather “advocates are a blend of counselor, educator, community organizer, and social change agent” (Wilson, 2006, p. 260). Although government departments and various NGOs are working on the needs and rehabilitation of women with facial disability, it is a long journey to fill this huge gap. I can fully understand as an insider in Pakistani society that changing attitudes is not an easy task, but it is not impossible. We could achieve our goals by taking small baby steps! As Maira, aged 30, stated: “We understand that Government cannot change social taboos (related to facial disability) but it can support us in many ways.”

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Appendix A: Consent Form for Participants



1

Consent form for Participants

Project Title: Living With Facial Disability: The Experiences of Female Survivors of Acid Attack in Pakistan

Researcher: Huma Gulrez (Student, University of Manitoba)

Research Supervisor: Dr Nancy Hansen

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I am conducting a study to learn about the experiences of Asian women with disabilities who are survivors of acid violence. The purpose of this study is to investigate perceptions, life experiences as well as challenges faced by women with facial disability. My aim is to address the socio-cultural taboos associated with facial disabilities in Asian community and to make recommendations to prevent abusive situations in the future by involving disabled women.

For this project, I will be interviewing a maximum of ten women with facial disabilities. If you choose to participate in this study, I will conduct one-one one narrative interview with you that will take 45 minutes to an hour. Your name and any information that has chances to identify you will be coded with pseudonym in order to maintain strict confidentiality. In addition, the data will be kept in a locked cabinet until the study has ended and then it will be destroyed on or before 30th April 2016.



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2

There might be possibility that you feel disturbed during and /or after the interview I will provide you with information about support sources, where you can get help free of cost. Moreover, if you do not feel comfortable you are free to withdraw from the study any time. I will show you the description of your interview data before actually mentioning it in the research to get your final approval. You can make any changes and add comments if you would like before 20th November 2015. You will also be offered a copy of the final report when it is completed.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in this study, and that you agree to participate as a subject.

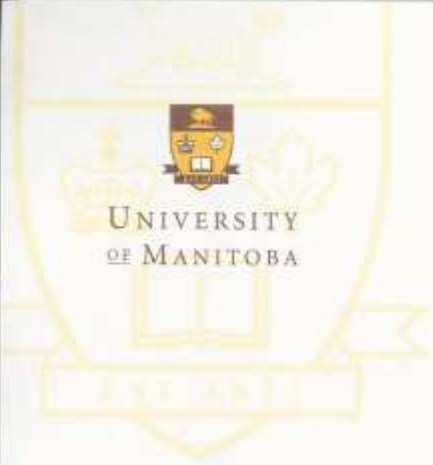
You should feel free to ask for clarification or new information throughout your participation. A report on the findings of my study will be written at the end of this project. The report will be in the form of a Master's thesis. If you have further questions concerning matters related to this research, please contact me

Huma Gulrez at gulrezh3@myumanitoba.ca Phone _____ or my supervisor

Dr. Nancy Hansen Director, Interdisciplinary Master's Program, Disability Studies, 128
Education Building, University of Manitoba, Winnipeg, Manitoba, Canada, R3T 2N2
Email : nancy.hansen@umanitoba.ca
Tel . _____

This research has been approved by the Joint Faculty Research Ethics Board at the University of Manitoba. If you have any questions, complaints or concerns about your rights as a research participant, please contact the Human Ethics Coordinator, Margaret Bowman CTC Building, 208- 194 Dafoe Road, Winnipeg, Manitoba, R3T 2N2,
Email: Margaret.Bowman@umanitoba.ca.
Telephone (_____

3



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Please note that nobody except me the principal researcher and my advisor Dr. Hansen will have access to data collected from the interviews. In the same manner, University of Manitoba may inspect the data, research records etc.

Thank you for supporting this important study with both your time and experience

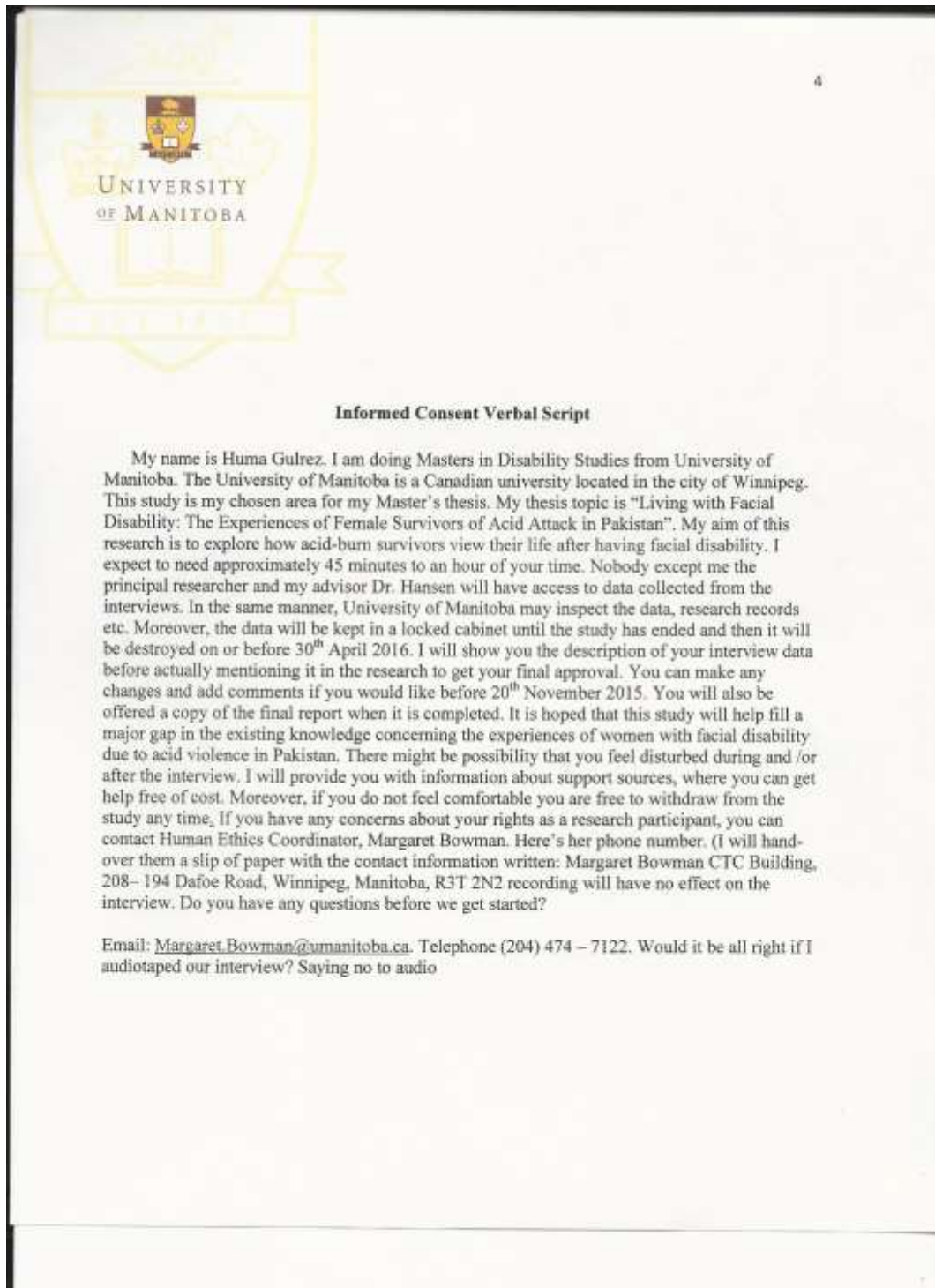
I am allowing for an audio-tape recorder to be used during the interview. **Yes _ No _**

Participant's Signature: _____ **Date:** _____

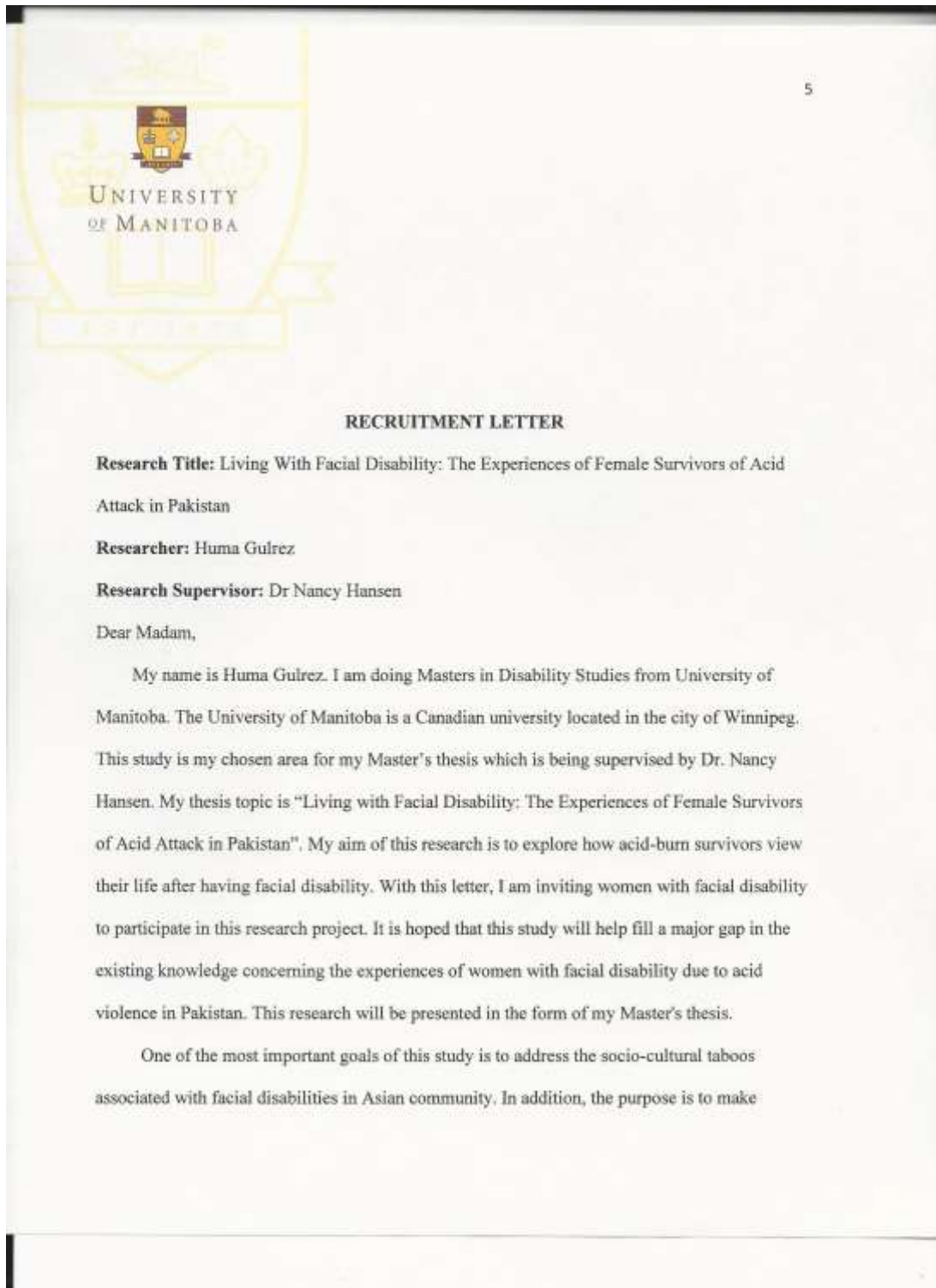
Researcher's Signature: _____ **Date:** _____

A copy of this consent form has been given to you to keep for your records and reference.

Would you like a copy of the report? If yes, provide your email address _____

Appendix B: Informed Consent Verbal Script

Appendix C: Recruitment Letter





6

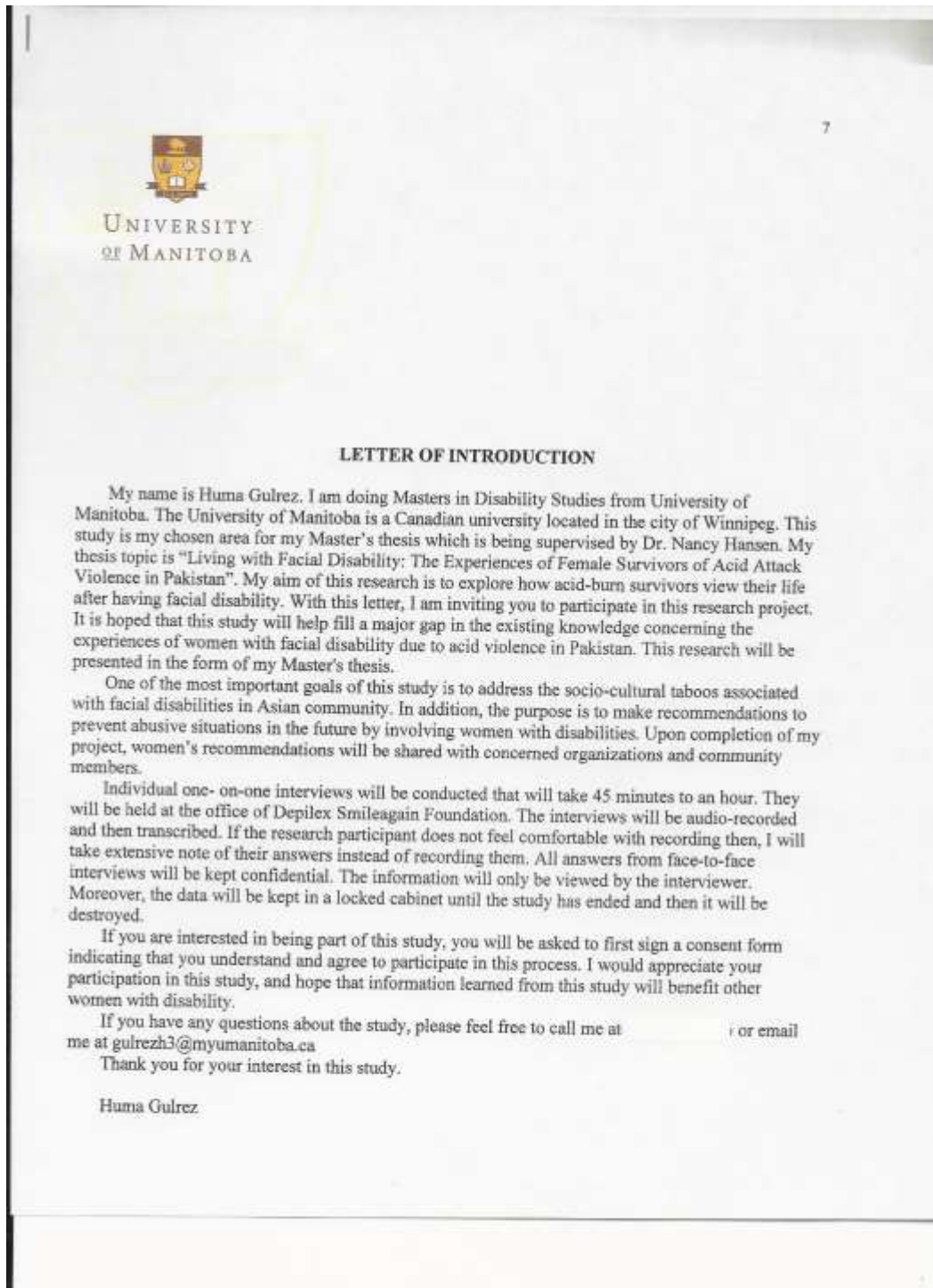
recommendations to prevent abusive situations in the future by involving women with disabilities. Upon completion of my project, women's recommendations will be shared with concerned organizations and community members.

Individual one- on-one interviews will be conducted that will take 45 minutes to an hour. They will be held at the office of Depilex Smileagain Foundation. The interviews will be audio-recorded and then transcribed. If the research participant does not feel comfortable with recording then, I will take extensive note of their answers instead of recording them. All answers from face-to-face interviews will be kept confidential. The information will only be viewed by the interviewer. Moreover, the data will be kept in a locked cabinet until the study has ended and then it will be destroyed.

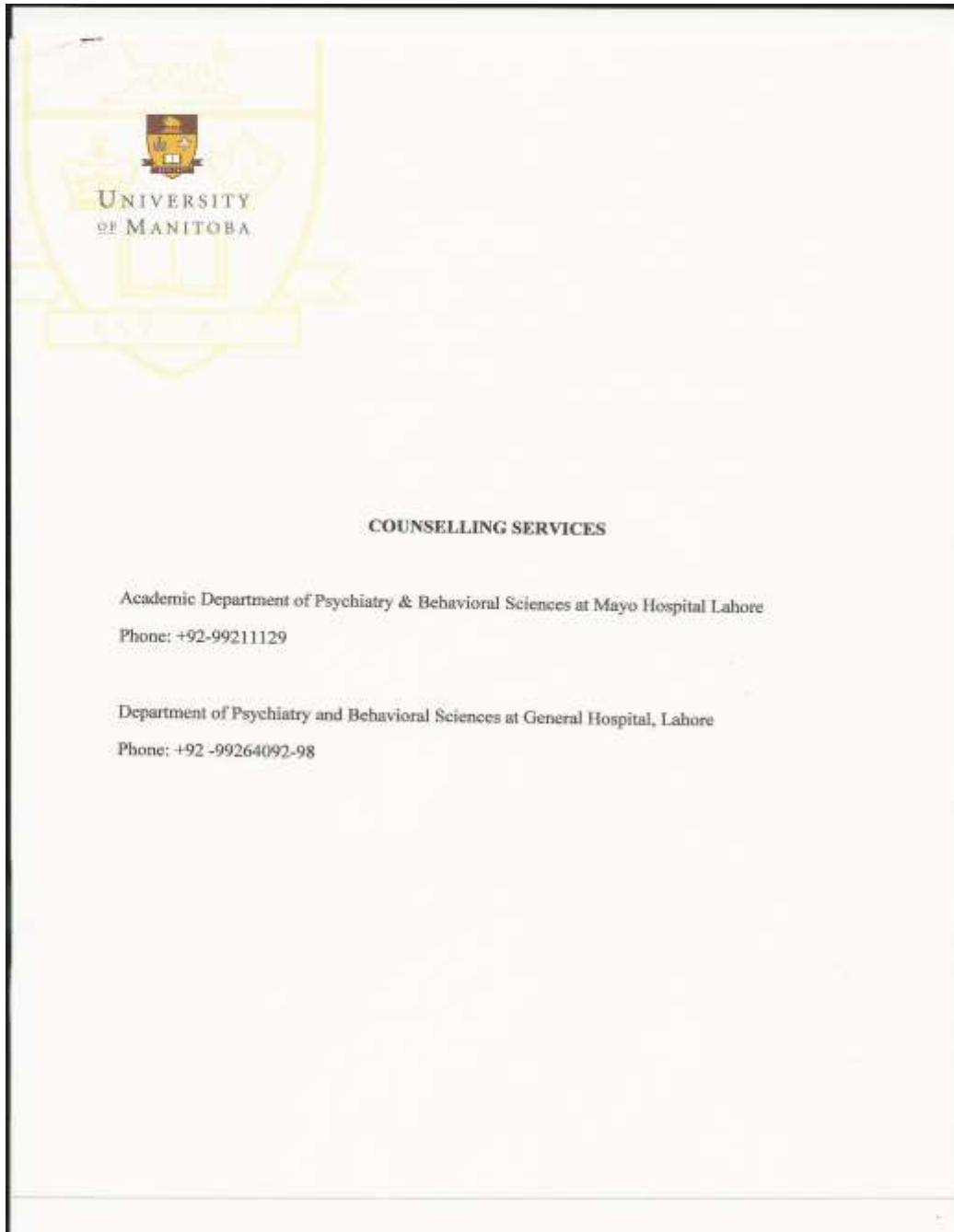
If you have any questions about the study, please feel free to call me at [redacted] or email me at gulrezh3@myumanitoba.ca

Thank you for your interest in this study.

Huma Gulrez

Appendix D : Letter of Introduction

Appendix E: Counselling Services



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COUNSELLING SERVICES

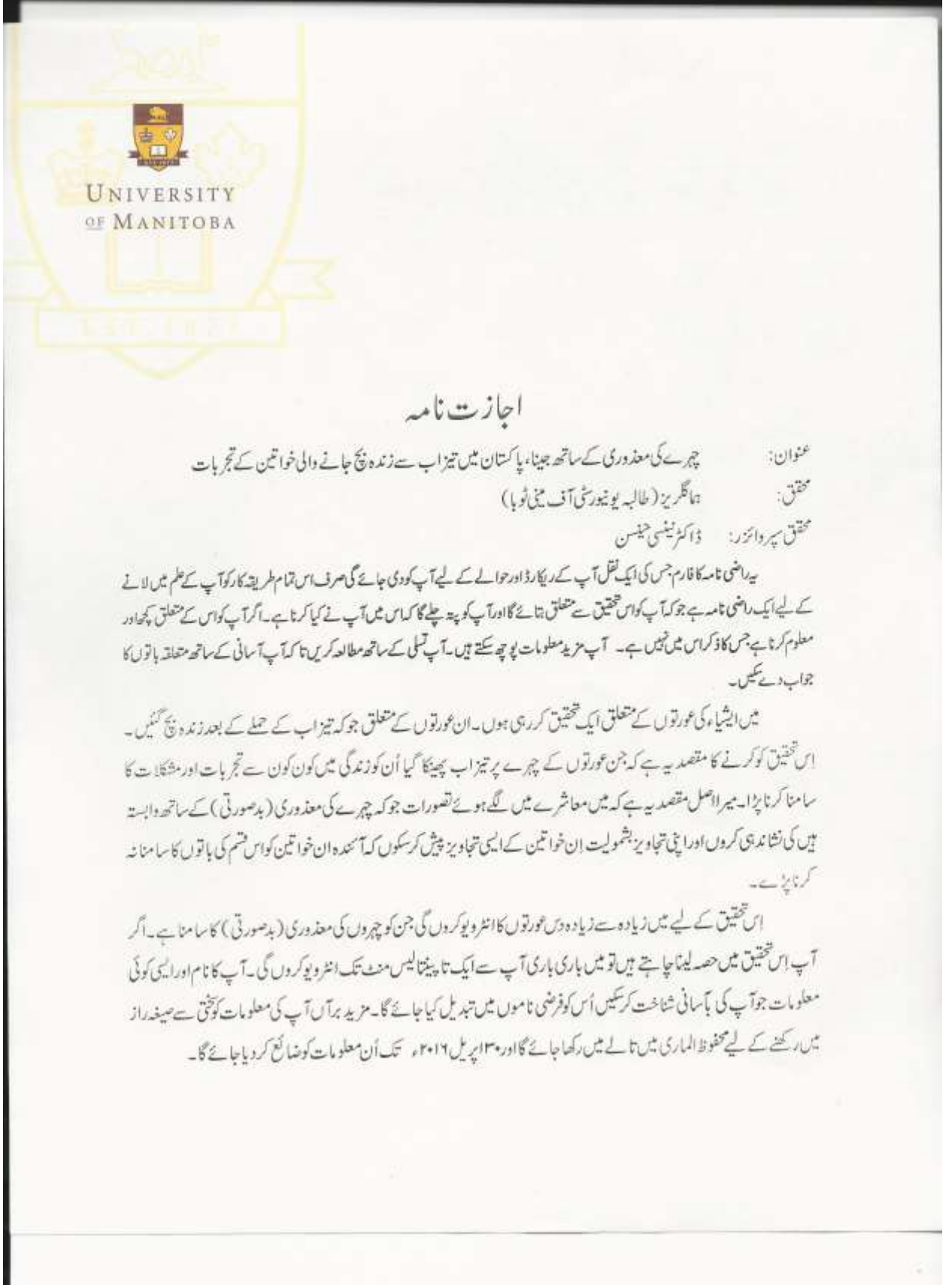
Academic Department of Psychiatry & Behavioral Sciences at Mayo Hospital Lahore
Phone: +92-99211129

Department of Psychiatry and Behavioral Sciences at General Hospital, Lahore
Phone: +92 -99264092-98

Appendix F: Interview Questions



Appendix G: Urdu Translations of Appendix A, B, C, D, E, F



اجازت نامہ

عنوان: چہرے کی معذوری کے ساتھ جینا، پاکستان میں تیزاب سے زندہ بچ جانے والی خواتین کے تجربات
 محقق: ہما گلریز (طالبہ یونیورسٹی آف مینیٹوبا)
 محقق سپروائزر: ڈاکٹر نیسی جنسن

یہ راضی نامہ کا فارم جس کی ایک نقل آپ کے ریکارڈ اور حوالے کے لیے آپ کو دی جائے گی صرف اس تمام طریقہ کار کو آپ کے علم میں لانے کے لیے ایک راضی نامہ ہے جو کہ آپ کو اس تحقیق سے متعلق بتائے گا اور آپ کو پتہ چلے گا کہ اس میں آپ نے کیا کرنا ہے۔ اگر آپ کو اس کے متعلق کچھ اور معلوم کرنا ہے جس کا ذکر اس میں نہیں ہے۔ آپ مزید معلومات پوچھ سکتے ہیں۔ آپ تیلی کے ساتھ مطالعہ کریں تاکہ آپ آسانی کے ساتھ متعلقہ باتوں کا جواب دے سکیں۔

میں ایشیا کی عورتوں کے متعلق ایک تحقیق کر رہی ہوں۔ ان عورتوں کے متعلق جو کہ تیزاب کے حملے کے بعد زندہ بچ گئیں۔ اس تحقیق کو کرنے کا مقصد یہ ہے کہ جن عورتوں کے چہرے پر تیزاب پھینکا گیا ان کو زندگی میں کون کون سے تجربات اور مشکلات کا سامنا کرنا پڑا۔ میرا اصل مقصد یہ ہے کہ میں معاشرے میں لگے ہوئے تصورات جو کہ چہرے کی معذوری (بد صورتی) کے ساتھ وابستہ ہیں کی نشاندہی کروں اور اپنی تجاویز بشمولیت ان خواتین کے ایسی تجاویز پیش کر سکوں کہ آئندہ ان خواتین کو اس قسم کی باتوں کا سامنا نہ کرنا پڑے۔

اس تحقیق کے لیے میں زیادہ سے زیادہ دس عورتوں کا انٹرویو کروں گی جن کو چہروں کی معذوری (بد صورتی) کا سامنا ہے۔ اگر آپ اس تحقیق میں حصہ لینا چاہتے ہیں تو میں باری باری آپ سے ایک تا دہائیٹا لیس منٹ تک انٹرویو کروں گی۔ آپ کا نام اور ایسی کوئی معلومات جو آپ کی باہمی شناخت کر سکیں اس کو فرضی ناموں میں تبدیل کیا جائے گا۔ مزید برآں آپ کی معلومات کو تحقیق سے صیغہ راز میں رکھنے کے لیے محفوظ الماری میں تالے میں رکھا جائے گا اور ۱۳ اپریل ۲۰۱۶ء تک ان معلومات کو ضائع کر دیا جائے گا۔



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ہوسکتا ہے کہ آپ انٹرویو دینے کے دوران یا اس کے بعد آپ پریشانی محسوس کریں تو میں آپ کو اس جگہ کے بارے میں معلومات دے سکتی ہوں جہاں آپ کو مفت پریشانی دور کرنے کے لیے مدد مل سکتی ہے۔ اس کے علاوہ اگر آپ تحقیق کے دوران کوئی پریشانی محسوس کریں تو آپ کسی تعصب کے بغیر علیحدگی اختیار کر سکتی ہیں۔

میں آپ کے تمام انٹرویوز کو تحقیق میں ڈالنے سے پہلے آپ کو دکھاؤں گی تاکہ آپ اسے حتمی طور پر دیکھ لیں۔ آپ اس میں ۲۰ نومبر ۲۰۱۵ء سے پہلے جو بھی تبدیلی کرنا چاہیں کر سکتی ہیں۔ آپ کے دستخط اس فارم پر یہ نشاندہی کرتے ہیں کہ آپ نے تمام معلومات کو اچھی طرح سمجھ لیا ہے اور آپ اس تحقیق میں ایک معمول کی حیثیت سے حصہ لینے میں راضی ہیں۔

آپ اپنی شمولیت کے دوران جب چاہیں کسی بھی بات کی تفصیل پوچھ سکتی ہیں۔ میں اپنی تحقیق کی رپورٹ تمام نتائج نکالنے کے بعد لکھوں گی جو کہ میرے ماسٹرز ایم اے کے مقالے کی صورت میں ہوگی۔ اگر آپ کو مزید کچھ باتیں اس تحقیق سے متعلق پوچھنی ہیں تو آپ مجھ سے رابطہ کر سکتی ہیں۔

ہاگریز فون نمبر

gulrezh3@myumanitoba.ca

ای میل

یا میری انچارج

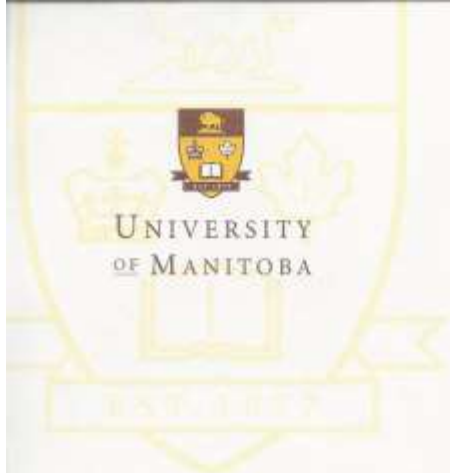
ڈاکٹر نیسی جنسن ڈائریکٹر انٹرویوز سپلری ماسٹرز پروگرام ڈس ایبلٹی سٹڈیز 128 ایجوکیشن بلڈنگ، یونیورسٹی آف مینیٹوبا وینی

ای میل nancy.hansen@umanitoba.ca

پگ، کینیڈا R3T2N2 فون نمبر

یہ ریسرچ یونیورسٹی آف مینیٹوبا کے جوائنٹ فیکلٹی آف ٹیکس بورڈ سے منظور شدہ ہے۔ تحقیق کنندہ کی حیثیت سے اگر آپ کو کچھ

سوالات یا اعتراضات ہوں تو آپ مارگریٹ باؤمین سے رابطہ کر سکتی ہیں جو کہ انسانی اخلاقیات بورڈ کی ممبران ہیں۔ ان کا رابطہ یہ ہے۔



مارگریٹ ہاؤس بی بی سی بلڈنگ ۱۹۳-۲۰۸ ڈوسن روڈ، ویبی پک مینیٹو R3T2N2
 ای میل: Margaret.Bowman@umanitoba.ca
 فون نمبر: (001) 204-474-7122

میں آپ کو اس امر کا یقین دلاتی ہوں کہ حاصل شدہ مواد اور معلومات تک میری اور میری انچارج ڈاکٹر نیسی جنسن کی ہی صرف رسائی ہوگی۔ مزید برآں یونیورسٹی آف مینیٹو با میری ریسرچ ڈیٹا کی جانچ پڑتال کرنے کی خود مختار ہے۔ اس ریسرچ میں شامل ہونے سے جو آپ نے مجھے اپنا قیمتی وقت اور تجربات سے ہمکنار کیا اس کے لیے میں تہہ دل سے آپ کی ممنون ہوں۔

میں اجازت دیتی ہوں کہ اس انٹرویو کو ریکارڈ کیا جائے۔

ہاں _____ نہیں _____

دستخط شرکت کنندہ _____ تاریخ _____

دستخط محقق _____ تاریخ _____

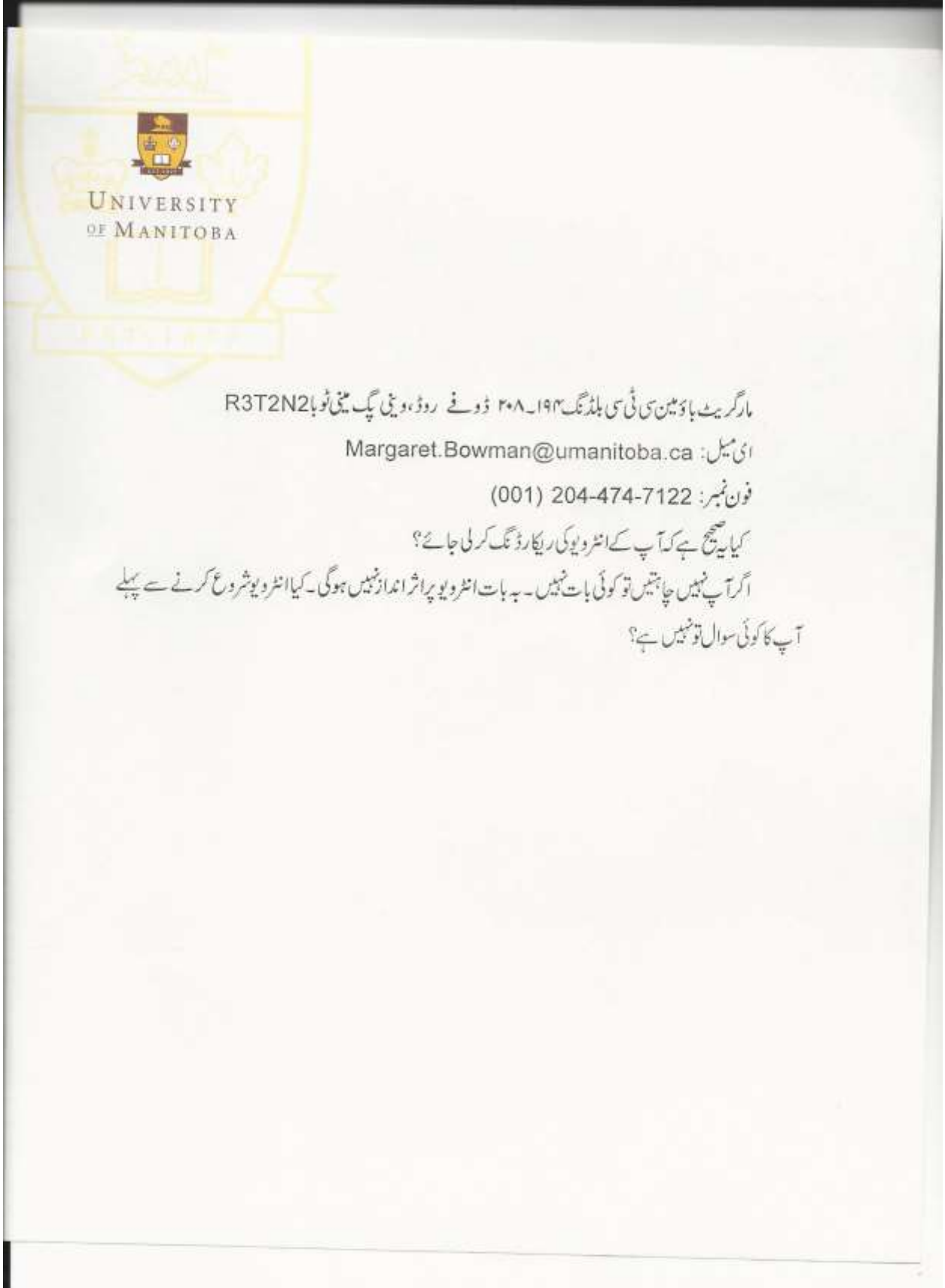
اس اجازت نامے کی کاپی آپ کو ریکارڈ اور حوالے کے لیے فراہم کی جائے گی۔
 اگر آپ رپورٹ کی کاپی چاہتے ہیں تو اپنا ای میل ایڈریس مہیا کریں۔

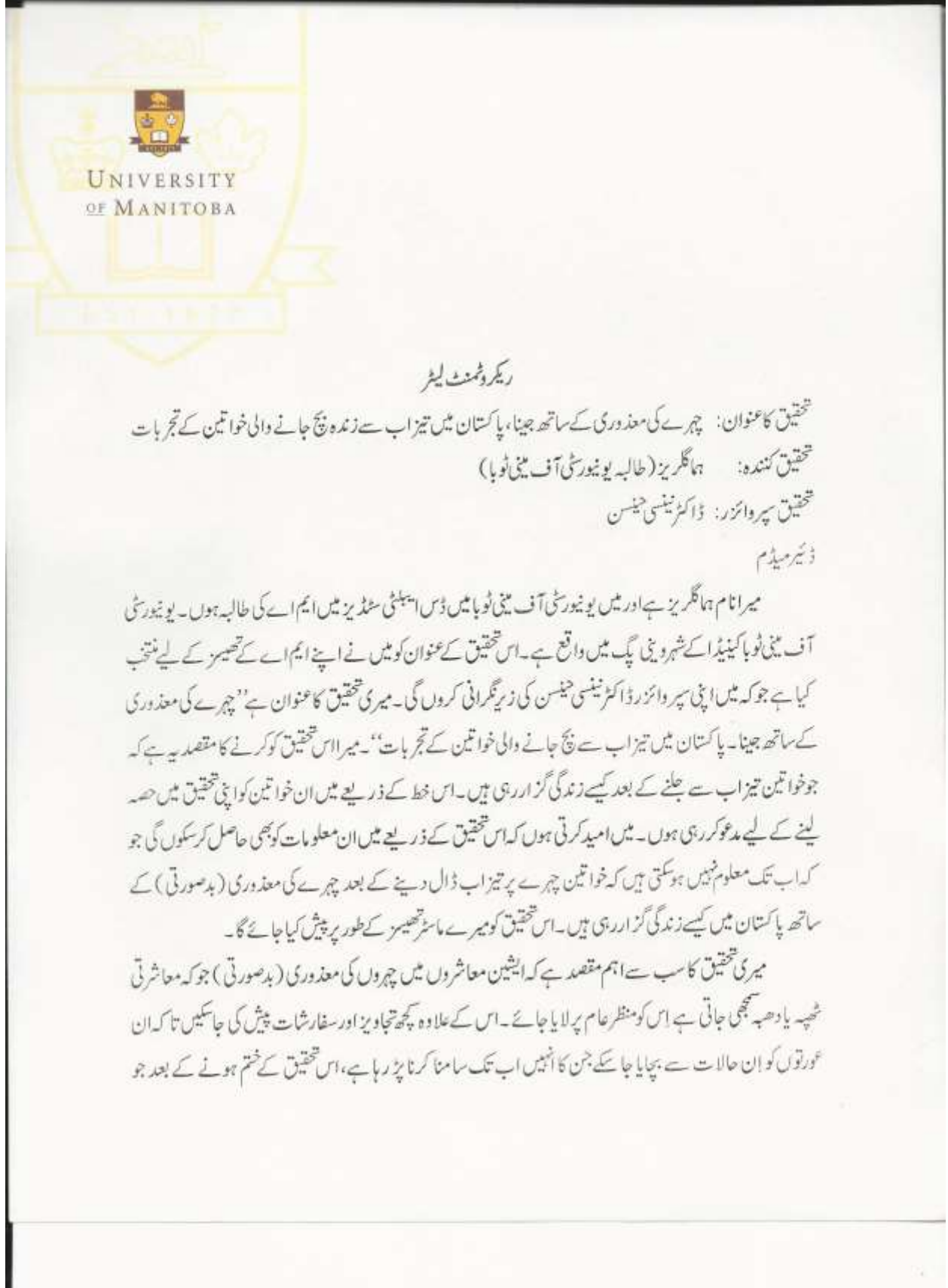


راضی نامے کی زبانی سکریپٹ

میرا نام ہما گلریز ہے اور میں یونیورسٹی آف مینیٹوبا سے ڈس ایبلٹی سٹڈیز میں ماسٹرز کر رہی ہوں۔ یونیورسٹی آف مینیٹوبا کینیڈا کے شہر وینیپگ میں واقع ہے۔ میرے مقالے کا عنوان ”چہرے کی معذوری کے ساتھ جینا: پاکستان میں تیزاب سے زندہ بچ جانے والی خواتین کے تجربات“ ہیں۔

اس تحقیق کا بنیادی مقصد یہ ہے کہ یہ خواتین چہرے کی معذوری (بد صورتی بوجہ تیزاب) کے بعد زندگی کو کس نظر سے دیکھتی ہیں۔ میں ۲۵ منٹ سے ایک گھنٹہ تک کا وقت لوں گی۔ صرف میں اور میری نگران سپروائزر ڈاکٹر جنیس کو انٹرویو کے مواد تک رسائی حاصل ہوگی۔ یونیورسٹی آف مینیٹوبا کو اس مواد کا جائزہ لینے کی اجازت ہوگی۔ اس کے علاوہ مواد کو ٹالابند الماری میں رکھا جائے گا اور ۳۰ اپریل ۲۰۱۶ء تک اس مواد کو ضائع کر دیا جائے گا۔ آپ کی حتمی اجازت لینے کے لیے تمام انٹرویوز کو تحقیق میں ڈالنے سے پہلے آپ کو دکھایا جائے گا اور آپ ۲۰ نومبر ۲۰۱۵ء تک اس میں جو چاہیں جیسے چاہیں تبدیلی کر سکتی ہیں۔ آپ کو ایک مکمل حتمی رپورٹ بھی آخر میں دی جائے گی۔ مجھ امید ہے کہ اس تحقیق سے بہت سی باتیں جو کہ اب تک منظر عام پر نہیں آئی ہیں کہ عورتوں کو تیزاب سے جلانے کے بعد انہیں کن کن مشکلات کا سامنا کرنا پڑتا ہے۔ زیادہ واضح ہو جائیں گی۔ شاید ایسا ہو کہ آپ انٹرویو دینے کے دوران یا بعد میں ڈسٹرب پریشان ہو جائیں تو میں آپ کو ان سنٹرز کا پتہ دوں گی جہاں جا کر آپ اپنا علاج مفت کروا سکتی ہیں۔ اس کے علاوہ اگر آپ انٹرویو دینے کے دوران یا بعد میں کوئی پریشانی محسوس کر رہی ہیں تو اس تحقیق سے الگ بھی ہو سکتی ہیں۔ اس کے علاوہ اگر آپ کو ایک تحقیق کنندہ کی حیثیت سے اپنے حقوق کے بارے میں معلومات حاصل کرنا ہوں تو آپ رابطہ کر سکتی ہیں۔





ریسرچر ٹیمٹ لیٹر

تحقیق کا عنوان: چہرے کی معذوری کے ساتھ جینا، پاکستان میں تیزاب سے زندہ بچ جانے والی خواتین کے تجربات
 تحقیق کنندہ: ہما گلریز (طالبہ یونیورسٹی آف مینیٹوبا)
 تحقیق سپروائزر: ڈاکٹر نینسی جنسن
 ڈائریکٹرم

میرا نام ہما گلریز ہے اور میں یونیورسٹی آف مینیٹوبا میں ڈس ایبلٹی سٹڈیز میں ایم اے کی طالبہ ہوں۔ یونیورسٹی آف مینیٹوبا کینیڈا کے شہر وینیپگ میں واقع ہے۔ اس تحقیق کے عنوان کو میں نے اپنے ایم اے کے تھیسز کے لیے منتخب کیا ہے جو کہ میں اپنی سپروائزر ڈاکٹر نینسی جنسن کی زیر نگرانی کروں گی۔ میری تحقیق کا عنوان ہے ”چہرے کی معذوری کے ساتھ جینا۔ پاکستان میں تیزاب سے بچ جانے والی خواتین کے تجربات“۔ میرا اس تحقیق کو کرنے کا مقصد یہ ہے کہ جو خواتین تیزاب سے جلنے کے بعد کیسے زندگی گزار رہی ہیں۔ اس خط کے ذریعے میں ان خواتین کو اپنی تحقیق میں حصہ لینے کے لیے مدعو کر رہی ہوں۔ میں امید کرتی ہوں کہ اس تحقیق کے ذریعے میں ان معلومات کو بھی حاصل کر سکوں گی جو کہ اب تک معلوم نہیں ہو سکتی ہیں کہ خواتین چہرے پر تیزاب ڈال دینے کے بعد چہرے کی معذوری (بد صورتی) کے ساتھ پاکستان میں کیسے زندگی گزار رہی ہیں۔ اس تحقیق کو میرے ماسٹر تھیسز کے طور پر پیش کیا جائے گا۔

میری تحقیق کا سب سے اہم مقصد ہے کہ ایشین معاشروں میں چہروں کی معذوری (بد صورتی) جو کہ معاشرتی شہدہ یاد ہے سمجھی جاتی ہے اس کو منظر عام پر لایا جائے۔ اس کے علاوہ کچھ تجاویز اور سفارشات پیش کی جاسکیں تاکہ ان عورتوں کو ان حالات سے بچایا جاسکے جن کا انہیں اب تک سامنا کرنا پڑ رہا ہے، اس تحقیق کے ختم ہونے کے بعد جو

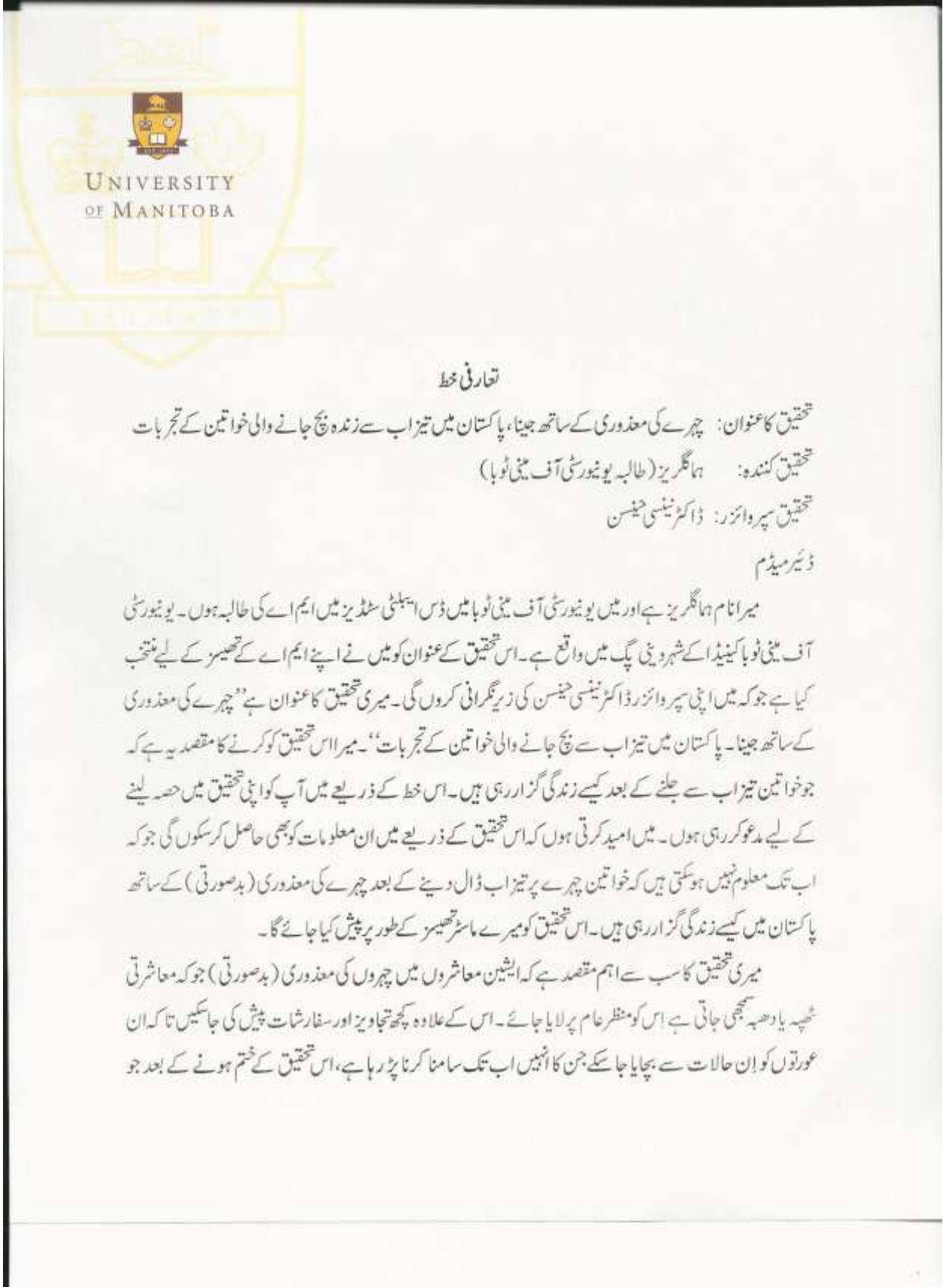


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خواتین سے متعلق سفارشات ہیں ان کو مختلف تنظیموں اور طبقے کے لوگوں سے شیئر کیا جائے گا۔
ہر فرد سے الگ الگ ۴۵ منٹ یا ایک گھنٹہ تک انٹرویو کیا جائے گا جو کہ ڈیپلکس سائل اگین فاؤنڈیشن کے دفتر
میں کیا جائے گا۔ انٹرویو کو ریکارڈ کیا جائے گا اور اگر تحقیق میں حصہ لینے والے ریکارڈ نہ کرانا چاہیں تو میں ان کے جوابات
کو تفصیلاً لکھوں گی اور ان کو صیغہ راز میں رکھوں گی۔ تمام انفارمیشن میرے تک ہی رہے گی۔ مزید برآں تمام مواد کو تالا اور
الماری میں رکھا جائے گا اور بعد میں ضائع کر دیا جائے گا۔

یا مجھے _____ اگر آپ کو کوئی بھی سوال پوچھا ہو تو آپ اس مجھے فون کر سکتی ہیں فون نمبر،
ای میل کر سکتی ہیں۔ ای میل: gulrezh3@myumanitoba.ca

اس تحقیق میں حصہ لینے کا شکریہ
ہما گلریز



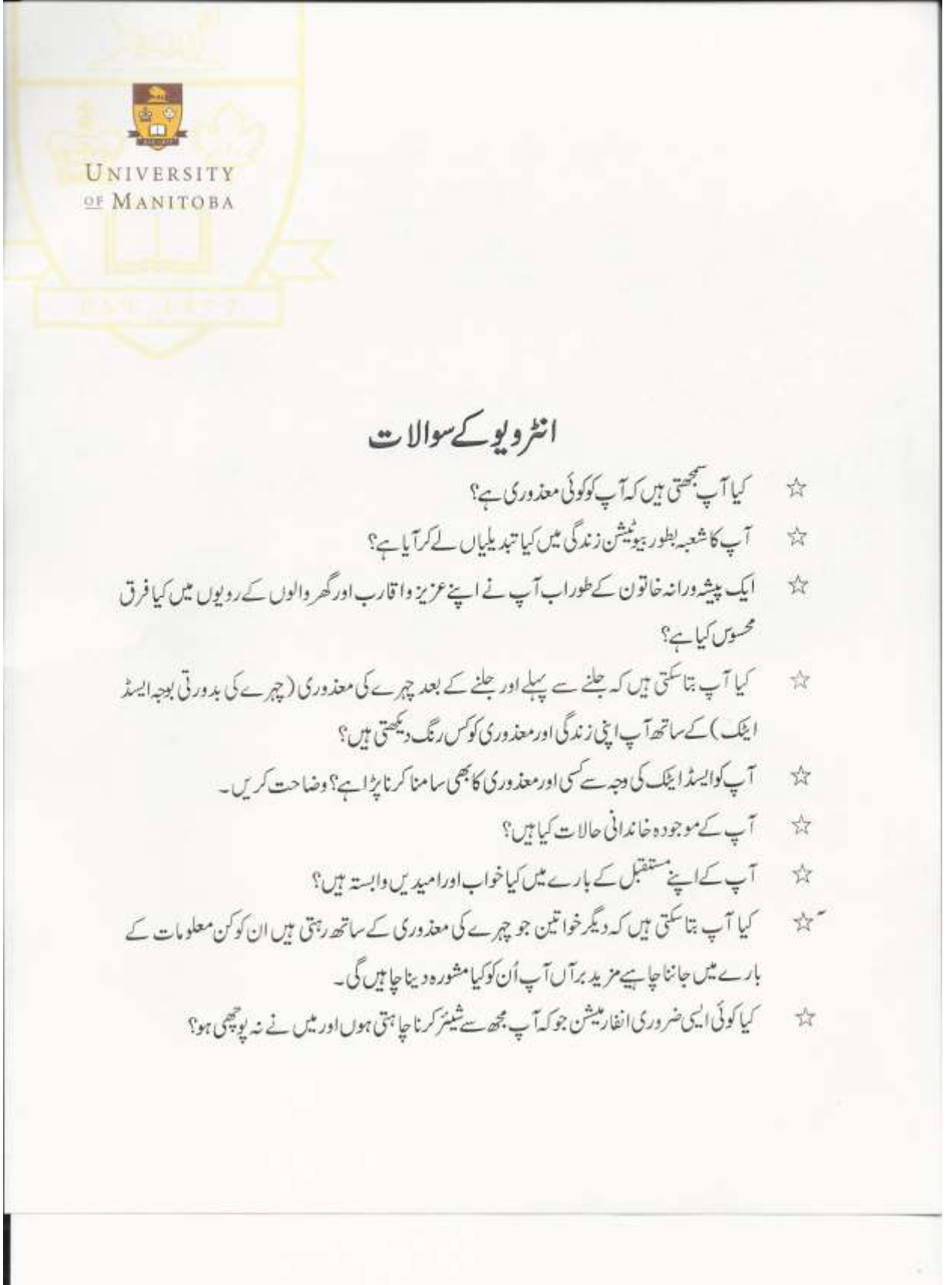


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الماری میں رکھا جائے گا اور بعد میں ضائع کر دیا جائے گا۔


یا مجھے _____ اگر آپ کو کوئی بھی سوال پوچھا ہو تو آپ اس مجھے فون کر سکتی ہیں فون نمبر،
ای میل کر سکتی ہیں۔ ای میل: gulrezh3@myumanitoba.ca

اس تحقیق میں حصہ لینے کا شکریہ
ہما گریز





Appendix H: Ethics Approval Letter



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Research Ethics and Compliance
Office of the Vice-President (Research and International)

Human Ethics
288-194 Dufresne Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7722
Fax +204-269-7173

APPROVAL CERTIFICATE

June 19, 2015

TO: Huma Gulrez (Advisor N. Hansen)
Principal Investigator

FROM: Susan Frohlick, Chair
Joint-Faculty Research Ethics Board (JFREB)

Re: Protocol #J2015-061
"Living with Facial Disability: The Experiences of Female Survivors of Acid Attack in Pakistan"

Please be advised that your above-referenced protocol has received human ethics approval by the Joint-Faculty Research Ethics Board, which is organized and operates according to the Tri-Council Policy Statement (2). This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- If you have funds pending human ethics approval, please mail/e-mail/fax (204-3325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: http://umanitoba.ca/research/ors/mrt_faq.html#pr0)
- If you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/ors/ethics/human_ethics_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

umanitoba.ca/research