

ORIGINAL ARTICLE

PSYCHOSOCIAL CORRELATES OF SUICIDAL IDEATION IN ACID ATTACK SURVIVORS

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Background: Nowadays, burning cases in Pakistan are on the rise and the number of women who were burnt in acid attacks back in 2008 increased from 56 to 155 in 2017. In 2016 majority (69.9%) of acid attack victims were females. The increasing trend of acid attack in Pakistan is worth worrying. The present study is an effort to investigate the impact of stigma, social functioning and isolation on suicidal ideation in acid attack survivors. **Methods:** A sample of 35 acid attack survivors, aged between 18 to 55 years was taken from Acid Survivors Foundation (ASF) Pakistan. Discrimination and Stigma Scale, Social Functioning Questionnaire, UCLA Loneliness Scale, and Beck Scale of Suicidal Ideation were used for assessment. **Results:** In most cases of acid attack, area of burn was upper body specially face and arms. Results revealed significant positive relationship ($r=0.38$, $p=0.02$) between isolation and suicidal ideation. Stigma has significant negative relationship ($r=-0.38$, $p=0.02$) with social functioning and significant positive relationship ($r=0.50$, $p=0.00$) with isolation. Isolation emerged as significant positive predictor ($b=0.36$, $p=0.02$) of suicidal ideation in acid attack survivors. **Conclusion:** Acid attack survivors shall be provided intensive psychological care, in order to preempt the development of suicidal ideations among them. Findings warrant the need that acid attack survivors shouldn't be isolated, as this aspect can lead them towards destructive thoughts of suicidal ideations.

Keywords: Stigma, Social functioning, Isolation, Suicidal ideation, Acid attack victims

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INTRODUCTION

Violence against women is a universal phenomenon varying in nature from culture to culture. It is a pervasive issue in Pakistan also. Women are treated inhumanly and they become victims of acid attacks.¹

Acid attack violence is a type of crime which is alarmingly rising all over the world. Empirical evidence also showed an increase in acid attacks around the globe. Many developing countries such as Bangladesh, India, Nepal, and Pakistan are on the verge of such crimes.² Among South Asian countries Pakistan and Bangladesh have high prevalence of acid attack violence.³ It has been estimated that in Pakistan about two hundred cases of acid attack arise annually.⁴ Acid attack is not only limited to Asian countries, but is also prevalent in developed countries like the United States. In UK, the number of acid attacks is also increasing from the past several years due to readily available acidic substances.⁵

The motivation behind acid attack is not to kill but to inculcate permanent damage to the person's face and body which consequently leads to physical and mental suffering. Literature highlighted the significant reasons for attacks, such as revenge, extramarital affairs, dowry, land, and property disputes.⁶ A study examining psychological effects revealed that unpleasant reactions of people led to withdrawal of victims from society.⁷ The perpetrators are not strangers, rather they are familiar with the movement of girls and women on whom they intend to seek revenge, and are, therefore, able to plan the attack in advance. The act rarely kills

but causes severe physical, psychological and social scarring.⁸ A person who had encountered facial disfigurement due to acid attack faces the issue of stigmatization.⁹ In Bangladesh female acid attack victims with facial injury reported that they faced difficulties in employment and social situations. Moreover, they were discriminated and isolated from society, and there was very little chance of marriage for them.¹⁰

The brutal crime of acid attack is growing day by day in the form of revengeful behaviour yet remains relatively underreported and under-researched. Acid attack survivors not being evaluated psychologically, deprived of proper physical treatment, and not being taken care legally around the globe is worsening the condition for victims and prospering condition for attackers.¹¹ For over five decades, there is dearth of academic literature that would identify psychological consequences of acid attacks among victims. In present study an attempt was made to find out the possible reasons, characteristics and perpetrator of acid attack. Moreover study aimed at identifying the leading role of psychological factors, i.e., stigma, social functioning, isolation in suicidal ideation among acid attack survivors.

METHODOLOGY

This was a correlational study, approved by Ethical Committee of Foundation University, Rawalpindi Campus. Formal permission from concerned authorities and from scale authors was taken to use the required scales in present study. Snowball and purposive

sampling techniques were used to recruit the research participants. The sample comprised of 35 acid attack female survivors with age between 18 to 55 years. The sample was collected from Acid Survivors Foundation, Pakistan (ASF), Islamabad and some cities including Rawalpindi, Chakwal, Lahore, Multan, Bahawalpur, Bhakkar, and Jhang.

The discrimination and Stigma Scale (DISC-12) comprised of 12 items and four response options was used to measure stigma ($\alpha=0.78$).¹² Social Functioning Questionnaire (SFQ) comprised of 41 items with four response categories and having Cronbach alpha reliability of $\alpha=0.81$ was used to assess social functioning.¹³ A 4-point Likert UCLA Loneliness Scale ranging from 0 (I never feel this way) to 3 (I often feel this way) with reliability of $\alpha=0.90$, was used to measure isolation.¹⁴ Beck Scale of Suicidal Ideation (BSSI) comprised of 19-item and scores ranging from 0 (low or no ideation) to 38 (high ideation) with alpha reliability of $\alpha=0.89$, was used to measure suicidal ideation.¹⁵ The demographic information of participants was obtained on demographic information questionnaire developed by the authors.

After getting approval from ASF researcher was introduced to acid attack survivors. Each session with participants was around 30 minutes. A member of ASF staff was present during all the interactions between the researcher and survivors. Written consent of participation in research was obtained through an informed consent form, explaining the nature and purpose of the study. Confidentiality of data was also ensured to research participants. IBM SPSS-23 was used for data analyses.

RESULTS

Statistical analyses included, descriptive analyses of study variables and alpha reliability of assessment measures (Table-1), and demographic variables (Table-2).

In most cases of acid attack area of burn was upper body specially face and arms. Person who committed such crime was either husband, brother-in-law, sister-in-law or other in-laws. Family quarrels and proposal rejection by the women were the main reason of acid attack (Table-3). Moreover, due to scary look female survivors reported fear of losing their children. As few survivors painfully reported that their children were taken away from them after acid attack.

Correlation analysis demonstrated significant positive relationship of isolation with suicidal ideation ($p=0.02$). Positive relationship between isolation and suicidal ideation suggested that in acid attack survivors as the level of isolation increases suicidal ideation also

increases. Findings also indicated that stigma is negatively correlated ($p=0.02$) with social functioning and positively correlated ($p=0.00$) with isolation, suggesting that victim of acid attack are stigmatized and as consequence their social functioning becomes poor and ultimately victims are isolated. Moreover stigma and social functioning had no significant relationship with suicidal ideation.

Isolation is a significant positive predictor of suicidal ideation ($p=0.02$) whereas stigma and social functioning did not emerge as significant predictors of suicidal ideation.

Table-1: Descriptives and psychometric properties of study variables

Variables	k	Mean±SD	α	Ranges		Skew	Kurtosis
				Actual	Potential		
Social functioning	8	11.68±3.8	0.62	3-18	0-24	-0.89	0.27
Isolation	20	32.0±10.36	0.75	4-50	0-60	-0.28	0.22
Stigma	32	53.40±11.11	0.74	34-78	24-120	0.48	-0.28
Suicidal Ideations	19	7.11±8.33	0.89	0-34	0-38	1.38	1.69

k= number of items of a scale, α= alpha reliability

Table-2: Demographic characteristics of sample

Variables	Frequency	Percentage
Marital Status		
Married	13	37.1
Unmarried	9	25.7
Divorced	6	17.1
Widow	1	2.9
Second Marriage	6	17.1
Family system		
Nuclear	20	57.1
Joint	15	42.9
Employment		
Employed	11	31.4
Unemployed	24	68.6
Number of Children		
No Child	4	37.1
One Child	6	17.1
Two Children	7	20
Three Children	5	14.3
Four children	2	5.7
Five Children	2	5.7

Table-3: Area of burn, perpetrator and reason of acid attack

Variables	Frequency	Percentage
Area of Burn		
Face and Neck	3	8.6
Face and Arms	12	34.3
Upper Body	11	31.4
Whole Body	1	2.9
Face	5	14.3
Face and Shoulder	3	8.6
Perpetuator		
Husband	4	11.4
Brother in law	6	17.1
Sister in Law	2	5.7
In-Laws	4	11.4
Others	19	54.3
Reason of Acid attack		

Family Quarrel	16	45.7
Fight with Husband	3	8.6
Proposal Rejection	9	25.7
Land Dispute	4	11.3
Others	3	8.6

Table-4: Relationship between stigma, social functioning, isolation and suicidal ideation in acid attack survivors

Variable	1	2	3	4
Social functioning	-	0.28	-0.38*	-0.25
Isolation		-	0.50**	0.38*
Stigma			-	0.04
Suicidal Ideation				-

* $p < 0.05$, ** $p < 0.01$ **

Table-5: Stigma, social functioning and isolation as predictors of suicidal ideation in acid attack survivors

Variables	B	B	S.E.	95% CI
				LL, UL
Constant	0.66		6.78	(13.18, 14.50)
Stigma	0.21	0.27	0.14	(-0.49, 0.09)
Social functioning	-0.49	0.22	0.38	(-0.29, 1.26)
Isolation	0.37*	0.46	0.15	(0.063, 0.67)
R ²	0.22			
F	2.86*			

* $p < 0.05$, CI= Confidence interval

DISCUSSION

Findings of this study revealed that body area of acid attack was mainly upper body including face and arms. Mostly person's face and body are attacked to disturb mental and physical wellbeing.⁵ Outcomes indicated family dispute and proposal rejection as main reasons of acid attack. Perpetrator was either a family member or a person whose proposal had been rejected by the woman. In most of the cases victims were married and their in-laws committed acid violence due to jealousy and hatred among the families. Literature also highlighted the significant reasons for attacks such as revenge, dowry, land and property disputes.⁶ Empirical evidence suggested that in South Asian countries, usually, men are the perpetrators as they cannot face rejection from their female partners.¹⁶

Narrative records of survivors indicated that female victims who had children were afraid of losing them. In few cases, children were separated from their mothers, and it was very devastating for them. Previous work also suggests that parents of acid attack survivors faced difficulties in performing their roles as parent and were separated from their children which ruined their mental health.^{10,17}

Our findings revealed that survivors were facing serious issue of social isolation. After the incident of acid attack surrounding individuals stigmatized survivors and made it difficult for them to communicate. As a consequence, acid attack victims lost their friends and relatives and developed issues of isolation which ultimately lead to suicidal ideations among them. These

results are consistent with the existing literature. Survivors' perspective of acid attacks demonstrated that isolation had a huge role in leading towards suicidal ideations.^{18,19}

Stigma had significant negative relationship with social functioning and significant positive relationship with isolation. These findings are also inline with existing empirical findings. Conceptual model of acid attacks based on survivors' experiences suggested that survivors were stigmatized which led to poor social functioning and isolation from society and family.^{17,20} A study based on interpersonal relationships, psychological effects, and coping strategies among acid burn female victims concluded that hostile comments of general public had negative effect on psychosocial wellbeing of victims.⁷ Another study on labelled and unlabelled participants, to illustrate the relationship between stigma, secrecy and suicidal ideation concluded that stigma is a leading factor towards suicidal ideation among labelled persons.²¹

Isolation significantly and positively predicted suicidal ideation among acid attack survivors. Previous work also revealed isolation as the significant predictor of suicidal ideations.²² Our findings are consistent with the previous work.

CONCLUSION

Acid attack survivors suffer from psychological consequences along with physical adversity resulting in from of destructive thoughts of suicidal ideations. Acid attack survivors should not be left alone and should be provided with more care as isolation could lead to development of lethal suicidal ideations which are precursor to ultimate suicide attempt.

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REFERENCES

1. Patel M. A desire to disfigure: acid attack in India. *Int J Criminol Sociol Theory* 2014;7(2):e39702.
2. Mondal BK, Rubel S. Causes and Consequences of Acid violence – A case of Bangladesh. *Bangladesh Res Pub J* 2013;9(2):97–102.
3. Nutkani MA. Determinants of violence against women and justice delivery mechanism in Pakistan: A historical perspective (1977–2014). *J Polit Stud* 2018;25(2):11–20.
4. Siddika A, Baruah B. Can understanding phenomenology and human capabilities help us address acid violence? *South Asia J South Asian Stud* 2018;41(1):153–72.
5. Grundlingh J, Payne J, Hassan T. Attacks with corrosive substances are increasing in UK. *BMJ* 2017;j3640. doi:10.1136/bmj.j3640.
6. Chandrashekar SV, Johny E. Animosity towards acid attacks-

- critical study on acid victimization. *Int J Trend Sci Res Dev* 2017;1(5):847–5.
7. Mujeeb A, Kamal A. Interpersonal relationships, psychological effects, and coping strategies among acid burn female victims. *Pak J Psychol Res* 2018;33(2):575–90.
 8. Zia T. Acid violence in Pakistan. UCLA: Center for the Study of Women; 2013. pp. 48.
 9. Ashfaq A, Lashari UG, Saleem S, Naveed S, Meraj H, Waqas A. Exploring symptoms of post-traumatic stress disorders and perceived social support among patients with burn injury. *Cureus* 2018;10(5): e2669. doi:10.7759/cureus.2669.
 10. Cleary M, Visentin DC, West S, Say R, McLean L, Kornhaber R. Acid burn attacks: Looking beneath the surface. *J Adv Nurs* 2018;74(8):1737–9.
 11. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, *et al.* Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry* 2016;3(7):646–59.
 12. Brohan E, Clement S, Rose D, Sartorius N, Slade M, Thornicroft G. Development and psychometric evaluation of the Discrimination and Stigma Scale (DISC). *Psychiatry Res* 2013;208(1):33–40.
 13. Tyrer P, Nur U, Crawford M, Karlsen S, MacLean C, Rao B, *et al.* The Social Functioning Questionnaire: a rapid and robust measure of perceived functioning. *Int J Soc Psychiatry* 2005;51(3):265–75.
 14. Anjum W, Batool I. Translation and Cross Language Validation of UCLA Loneliness Scale among adults. *Sci Int (Lahore)* 2016;28(4):517–21.
 15. Beck AT, Kovacs M, Weissman A. Assessment of suicidal intention: the Scale for Suicide Ideation. *J Consult Clin Psychol* 1979;47(2):343–52.
 16. Menon P, Vashishtha, S. Vitriolage & India —The modern weapon of revenge. *Int J Human Soc Sci Inven* 2013;10(2)1–9.
 17. Sabzi Khoshnami M, Mohammadi E, Addelyan Rasi H, Khankeh HR, Arshi M. Conceptual model of acid attacks based on survivor's experiences: Lessons from a qualitative exploration. *Burns* 2017;43(3):608–18.
 18. Piper KE. A survivor's perspective of acid attacks in the UK: An open letter from Katie Piper. *Scars Burn Heal* 2017;3: 2059513117723768.
 19. Xu Z, Müller M, Heekeren K, Theodoridou A, Metzler S, Dvorsky D, *et al.* Pathways between stigma and suicidal ideation among people at risk of psychosis. *Schizophr Res* 2016;172(1–3):184–8.
 20. Wali IM, Regmi K. People living with facial disfigurement after having had noma disease: a systematic review of the literature. *J Health Psychol* 2017;22(10):1243–55.
 21. Oexle N, Ajdacic-Gross V, Kilian R, Mueller M, Rodgers S, Xu Z, *et al.* Mental illness stigma, secrecy and suicidal ideation. *Epidemiol Psychiatr Sci* 2017;26(1):53–60.
 22. Brausch AM, Decker KM. Self-esteem and social support as moderators of depression, body image, and disordered eating for suicidal ideation in adolescents. *J Abnorm Child Psychol* 2014;42(5):779–89.

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