

Chapter 55

Community–Based Rehabilitation Program for Acid Assault Victims of Bangladesh

Tahmina Islam

Shahjalal University of Science and Technology, Bangladesh & University of Malaya, Malaysia

Siti Hajar Binti Abu Bakar Ah

University of Malaya, Malaysia

ABSTRACT

This chapter is a PhD research proposal of the first author based on qualitative research design. The study aims at exploring some community-based rehabilitation interventions for the acid victims (women) in Bangladesh. The proposal was submitted by the first author to pursue her PhD studies at the Department of Social Administration and Justice, Faculty of Arts and Social Sciences, University of Malaya, Malaysia. It contains major components of a research proposal that includes the background of the study, problem statement, research questions and objectives, literature review: conceptual and theoretical framework, the scope and significance of the study, and research methodology. This proposal also includes the work plan of the study. The proposal will be helpful to the students and readers who are interested in conducting research in this field.

BACKGROUND OF THE STUDY

Violence against women is a universal phenomenon. It is a serious human rights abuse and has a significant public health concern with substantial consequences on physical, mental, sexual, and reproductive health (Yount, Vander Ende, Zureick-Brown, Anh, Schuler & Minh 2014). Because of its nature and pattern, the scholars such as, Adams, Sullivan, Bybec & Greesom (2008) and Das, Olga, Peck & Salek (2014) termed violence against women as gender-based violence). According to Hasam and Islam (2016), any activity committed by someone to (or “intending to”) hurting or harming anybody physically is named as violence, and gender violence is a daily and a deadly matter of life for millions of women and girls around

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the world. It kills tortures and maims girls and women physically, mentally, sexually and economically. Women experience different types of violence throughout their life cycle, as, for instance, a girl child may be the target of sex-selection abortion. During childhood, she may suffer from malnutrition, and may not get access to the education and medical, may force into early marriage in her teenage, a female may experience genital mutilation, forced prostitution, forced pregnancy and dowry-related violence, even during widowhood; women may experience different types of abuses (Vlachova & Biason, 2005).

The volume of violence against women may differ a little from region to region, from continent to continent but the scenario is almost similar. Violence against women occurs both in the developed and developing countries. In case of Latin American countries such as, Columbia, Guatemala, Brazil, Mexico and Ecuador, women subordination position is prominent and the forms of violence are visible as kind of structural violence like, feticide, women trafficking, force prostitution, rape by intimate partner etc. (Wilson, 2014). Again, in African countries, violence against women is not a new phenomenon. In a joint report by the UNHR & UN Women (2016) revealed the same truth for African and sub Saharan countries where women cannot enjoy their rights. They experience violence in street, in home, working place. According to the report, in Africa, one in three women have suffered different forms of physical or sexual abused by their intimate or non-intimate partner in their lifetime. The report mentioned that the nature of culture of Africa plays vital role to justify discrimination against women. Here, women and girl child experience female genital mutilation, forced child marriage, unsafe abortion and they are under threat of HIV. Vlacova & Biason (2005) mentioned that dowry related violence, honour killing and female genital mutilation (FGM), sexual violence during armed conflict as severe forms of violence against women in countries like Benin, Egypt, Kenya, Niger, Sudan, Tanzania, Yemen, Mali and Ethiopia.

In South Asia, violence against women begins immediately after birth and continues throughout their lives, it is viewed as a normal phenomenon (Wahed & Bhuiyan, 2007). Farouk (2005) argued that South Asian women suffer from different types of violence in their entire lifetimes including domestic violence, rape, dowry tortures, sexual harassment, suicide, forced marriage, trafficking, and other psychological and economic oppression. In a word, violence against women has become one of the most prominent social issues in this region. The women and the girl child of Bangladesh, Pakistan, and India sometimes experience same types of violence.

Being a part of the South Asian region, Bangladesh is no different from its neighbours (Rahman, Bhuiyan & Lovely, 2014). In some cases, the intensity of violence against women in Bangladesh is much higher than that of many other countries. Parvin & Naved (2016) mentioned that violence against women in Bangladesh is occurring in almost every aspect of their lives. It is a grave threat to the overall development and progress of women in Bangladesh. Hossen (2014) focused that, women in Bangladesh facing different forms of violence like physical (i.e., hitting with fists, punching, pushing, kicking, beating/ stabbing), mental abuse, sexual abuse, acid throwing, murder, rape, sexual harassment of multiple types, eve-teasing, abduction, trafficking, oppression by fatwa (religious verdict) and suicide etc.

One of the most barbaric forms of violence against women in recent time specially found in South Asian and African and in some cases of European countries of the world is acid violence or acid assault. Dubey (2015) called it as a brutal act. Though acid violence is a global problem, the frequency of this attract is critical particularly in Bangladesh, India, Pakistan, Nepal, Cambodia, Vietnam, Laos, China, Iran, Hong Kong, Kenya, Uganda, Ethiopia (Swanson, 2002). The developing countries like Malaysia and China have also experienced such cases in the recent past (Ahmad, 2012). Acid violence is not limited to a specific race, region, or geographical location. It happens in many countries in South Asia, Sub Saharan Africa, the West Indies and the Middle East also. In the 18th century, sulfuric acid,

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