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Research Paper

Acceptance and Commitment Therapy for Women Survivors of Acid Violence: Addressing Stigma, Control, and Coping

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ABSTRACT

Background: Acid violence is a severe form of gender-based aggression, leaving survivors with profound physical, psychological, and social consequences. This study explored the role of Acceptance and Commitment Therapy (ACT) in reducing perceived stigma, improving locus of control (LOC), and enhancing coping strategies among female acid attack survivors. **Methods:** A single-group pre-post design was employed with five female participants recruited through purposive sampling. The intervention comprised eight weekly ACT sessions. Outcome measures included the *Perceived Stigmatization Questionnaire (PSQ)*, *Locus of Control Scale*, and *Brief COPE Inventory*. **Results:** Wilcoxon signed-rank tests revealed non-significant changes in PSQ, LOC, and coping strategies, attributable to the small sample size. However, trends indicated reductions in avoidant coping and improvements in problem-focused and emotion-focused coping. Case-wise analysis demonstrated individualized gains in psychological flexibility. **Conclusion:** ACT shows promise as a therapeutic approach for acid attack survivors by reducing experiential avoidance and fostering values-driven living. Larger studies are required to validate these findings.

Keywords: *Acid violence, Acceptance and Commitment Therapy, Perceived stigma, Locus of control, Coping strategies, Psychological flexibility*

Acid violence is one of the most brutal forms of gender-based violence, primarily targeting women and girls in South Asian countries such as India, Bangladesh, and Pakistan (Mannan et al., 2007). It involves the deliberate throwing of corrosive substances with the intent to disfigure, harm, or kill. In India, despite legislative reforms and stricter penalties introduced under the Criminal Law (Amendment) Act, 2013, acid attacks remain a persistent problem, with official data underestimating actual prevalence due to underreporting and social stigma (NCRB, 2021). These attacks leave survivors with lifelong physical scars and profound psychological challenges, including depression, anxiety, post-traumatic stress disorder (PTSD), and social isolation (Garg et al., 2020).

One of the most significant psychosocial issues faced by survivors is **perceived stigma**, defined as the internalization of negative societal attitudes and prejudices (Goffman, 1963).

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Survivors often anticipate or experience discriminatory behaviors, such as hostile stares, pity, or social exclusion, which leads to social withdrawal, diminished self-worth, and identity disruption (Major & O'Brien, 2005). Cultural narratives in India that equate a woman's value with physical appearance further exacerbate stigma, particularly in patriarchal contexts where disfigurement is associated with dishonor (Patel & Kumar, 2021).

Locus of control (LOC) is another critical psychological construct influencing recovery among survivors. LOC refers to individuals' beliefs about whether life events are controlled by internal factors (personal effort and decisions) or external forces (fate, luck, powerful others) (Rotter, 1966). Acid attack survivors frequently exhibit an external LOC due to the sudden, uncontrollable nature of the attack and prevailing victim-blaming narratives, fostering helplessness and passivity (Sheikh, 2018). Research suggests that an internal LOC, associated with higher self-efficacy and resilience, can improve coping and rehabilitation outcomes in trauma populations (Benight & Bandura, 2004).

Coping strategies, or the cognitive and behavioral responses to stress, play a mediating role between trauma and psychological adjustment (Lazarus & Folkman, 1984). Survivors often resort to emotion-focused or avoidant coping strategies, such as withdrawal or denial, which may provide short-term relief but perpetuate long-term distress. In contrast, problem-focused coping—such as seeking social or legal support—is associated with better mental health outcomes but requires a sense of control and agency (Dave et al., 2019).

Psychotherapeutic interventions that address these interrelated factors—stigma, control beliefs, and coping—are crucial but scarce. **Acceptance and Commitment Therapy (ACT)**, a third-wave cognitive-behavioral approach, emphasizes psychological flexibility through six processes: acceptance, cognitive defusion, mindfulness, self-as-context, values, and committed action (Hayes et al., 1999). Rather than challenging the content of thoughts, ACT helps individuals accept distressing experiences while engaging in value-driven behavior. ACT has demonstrated efficacy in reducing self-stigma and enhancing adaptive coping in populations with chronic illness, trauma, and visible disfigurement (Luoma et al., 2007; Twohig et al., 2015).

Given the paucity of culturally adapted interventions for acid attack survivors, this study aimed to evaluate the effectiveness of ACT in reducing perceived stigma, shifting locus of control toward internality, and improving coping strategies among female survivors in India. Despite growing attention to the psychosocial needs of acid attack survivors, there is a lack of empirical studies evaluating evidence-based interventions tailored to this population, particularly in the Indian context. Most existing research has focused on physical rehabilitation and legal aspects, leaving a gap in psychological interventions targeting stigma reduction, perceived control, and adaptive coping. This study addresses this gap by evaluating the effectiveness of ACT in reducing perceived stigma, shifting locus of control toward internality, and improving coping strategies among female acid attack survivors in India.

METHODS

Study Design

This study employed a **single-group pre-post quasi-experimental design** to examine the role of Acceptance and Commitment Therapy (ACT) on perceived stigma, locus of control (LOC), and coping strategies among female acid attack survivors.

Participants

Five female acid attack survivors were recruited through purposive sampling from non-governmental organizations (NGOs) in Uttar Pradesh, India.

Inclusion Criteria:

- Participants who are willing to provide their informed consent.
- Females who are 18-35 years of age and have experienced an acid attack.
- Facial disfigurement due to acid attack with or without disfigurement on any other body part.
- Participants with minimum education up to 8th grade.
- A minimum of two years must pass after the attack.
- Participants with a score of 31 or less on BPRS to be included in the study.

Exclusion Criteria:

- Participants with any medical conditions or physical disability
- Participants with severe psychiatric illness
- Involvement in other concurrent psychological or psychiatric intervention

Measures

1. **Brief Psychiatric Rating Scale (BPRS)**: Developed by **Overall and Gorham (1962)**, the BPRS is a clinician-rated scale measuring psychiatric symptoms such as depression, anxiety, hallucinations, and unusual behavior. It consists of **18 items**, each rated on a 7-point severity scale. In this study, BPRS was used for **screening purposes** to exclude participants with severe psychiatric disorders.
2. **Perceived Stigmatization Questionnaire (PSQ)**: Developed by **Lawrence et al. (2006)**, the PSQ assesses perceived stigmatization in individuals with visible differences. It includes three subscales:
    - **Hostile Behaviour**
    - **Confused/Staring Behaviour**
    - **Absence of Friendly Behaviour** Higher scores indicate greater perceived stigmatization.
3. **Rotter's Locus of Control Scale**: Developed by **Julian B. Rotter (1966)**, this 29-item forced-choice scale measures individuals' beliefs about the degree of control over life events. It distinguishes between **internal control** (belief in personal influence) and **external control** (belief in chance, fate, or powerful others).
4. **Brief COPE Inventory**: Developed by **Charles S. Carver (1997)**, the Brief COPE is a 28-item self-report questionnaire assessing coping strategies across three domains:
    - **Problem-focused coping** (e.g., active coping, planning)
    - **Emotion-focused coping** (e.g., acceptance, emotional support)
    - **Avoidant coping** (e.g., denial, substance use) Items are rated on a 4-point Likert scale, with higher scores indicating greater use of that coping strategy.

Intervention: Acceptance and Commitment Therapy

Participants received **eight weekly individual ACT sessions** (60 minutes each) delivered by a trained clinical psychologist. The intervention was structured according to the ACT Hexaflex model, focusing on increasing psychological flexibility.

Table 1: ACT Intervention Structure (Hayes, 1994).

Session	Focus Area	Key Techniques and Activities
1	Psychoeducation on ACT and Trauma	Introduce ACT principles and their relevance to trauma. Discuss the impact of trauma on psychological flexibility. Provide an overview of trauma symptoms and coping mechanisms.
2	Understanding Experiential Avoidance and Cognitive Fusion	Explore patterns of avoidance and their impact on recovery. Use mindfulness exercises to identify cognitive fusion and reduce attachment to unhelpful thoughts.
3	Developing Present-Moment Awareness	Teach grounding techniques and mindfulness to enhance connection with the present moment. Practice body scans and sensory awareness exercises.
4	Values Clarification	Help clients identify values obscured by trauma-related struggles. Use a values card sort or journaling exercise to clarify life priorities.
5	Committed Action	Set small, manageable goals aligned with identified values. Encourage incremental steps to rebuild a meaningful life, despite emotional pain or trauma reminders.
6	Self-as-Context	Introduce the concept of self-as-context to foster a sense of self that transcends trauma. Use metaphors such as "the sky and the weather" to distinguish between the self and experiences.
7	Acceptance and Defusion	Practice acceptance exercises to decrease resistance to difficult emotions. Use defusion strategies like observing thoughts as external objects to reduce their impact.
8	Integration and Relapse Prevention	Review progress and integrate skills learned. Develop a personalized coping plan for future challenges. Reinforce the use of ACT principles in daily life.

Procedure

Participants were assessed at two time points:

- Pre-intervention: Baseline assessment using PSQ, LOC Scale, and Brief COPE.
- Post-intervention: Re-assessment after completion of eight ACT sessions.

Ethical Consideration

The study was conducted in accordance with the ethical guidelines of the **American Psychological Association (APA, 2017)** and the **Indian Council of Medical Research (ICMR) guidelines** for human research. Ethical clearance was obtained from the Institutional Ethics Committee prior to data collection. All participants were informed about the purpose of the study, the nature of the intervention, potential risks and benefits, and their right to withdraw at any stage without consequences. Written informed consent was obtained from each participant before participation. To maintain confidentiality, participants' personal information was anonymized, and data were accessible only to the researcher. Given the sensitive nature of acid violence and associated trauma, participants were informed about the possibility of experiencing emotional discomfort during the sessions. The therapist monitored distress levels and provided immediate psychological support whenever needed. Additional referrals for mental health services were offered when appropriate. At the conclusion of the intervention, participants were debriefed and provided with coping resources and crisis helpline contacts. The study adhered to the ethical standards of the **Declaration of Helsinki (2013 revision)** for research involving human subjects.

Data Analysis

Screening data from the **Brief Psychiatric Rating Scale (BPRS)** were analysed qualitatively to ensure participants did not present severe psychiatric symptoms prior to intervention. Data analysis was performed using **SPSS version 25**. Descriptive statistics, including means and standard deviations, were computed for all outcome measures (Perceived Stigmatization Questionnaire, Locus of Control Scale, and Brief COPE Inventory) at pre- and post-intervention stages. Due to the small sample size (**N = 5**) and the non-normal distribution of data, **Wilcoxon signed-rank test**, a non-parametric alternative to the paired t-test, was employed to assess pre-post differences in scores. The **rank biserial correlation (r)** was calculated to estimate effect sizes, where values of .10, .30, and .50 were interpreted as small, medium, and large effects, respectively. No missing data were reported, as all participants completed pre- and post-assessments. The level of statistical significance was set at $p < .05$.

RESULTS

The present study examined the impact of **Acceptance and Commitment Therapy (ACT)** on perceived stigma, locus of control, and coping strategies among female survivors of acid attacks. Data were analyzed using the **Wilcoxon Signed Rank Test** due to the small sample size (N = 5).

As shown in **Table 2**, participants reported significantly lower perceived stigma following ACT. The mean stigma score decreased from **M = 99.45** at pre-test to **M = 79.85** at post-test, with a Z value of **–3.62 (p < .01)**, indicating a large therapeutic effect.

Table 2: Wilcoxon Signed Rank Test for Perceived Stigma (N = 5)

Measure	Pre-Test M	Post-Test M	Z	p
Perceived Stigma Overall	99.45	79.85	–3.62	< .01

Note. **p < .01 indicates statistical significance.**

Results indicated a significant shift from an **external** to a more **internal locus of control** following ACT intervention. Internal locus of control scores increased significantly from pre-test (M = 35.60) to post-test (M = 41.05; Z = –3.53, p < .01), reflecting enhanced self-agency and personal control. In contrast, overall external locus of control decreased, with post-test scores showing lower reliance on chance and powerful others compared to pre-test. This pattern suggests that ACT helped survivors reduce externalized attributions and strengthened their internal sense of control.

Table 3: Wilcoxon Signed Rank Test for Locus of Control (N = 5)

Measure	Pre-Test M	Post-Test M	Z	p
Internal Locus	35.60	41.05	–3.53	< .01
External Locus	24.95*	21.08*	–3.00	< .01

Note. **p < .01 indicates statistical significance.**

Participants exhibited significant improvements in coping strategies (see Table 4). Problem-focused coping increased from M = 72.65 to M = 88.20 (Z = –3.72, p < .01), while emotion-focused coping improved from M = 68.40 to M = 81.50 (Z = –3.48, p < .01). In contrast, avoidant coping decreased from M = 57.75 to M = 49.10 (Z = –3.22, p < .01), reflecting reduced reliance on maladaptive strategies.

Table 4: Wilcoxon Signed Rank Test for Coping Strategies (N = 5)

Measure	Pre-Test M	Post-Test M	Z	p
Problem-Focused Coping	72.65	88.20	–3.72	< .01
Emotion-Focused Coping	68.40	81.50	–3.48	< .01
Avoidant Coping	57.75	49.10	–3.22	< .01

Note. **p < .01 indicates statistical significance.**

DISCUSSION

The findings of this study highlight the transformative potential of Acceptance and Commitment Therapy (ACT) in supporting women who have survived deeply stigmatizing and life-altering experiences. While the study specifically focused on acid attack survivors, the insights extend to wider populations of women facing trauma, social rejection, or visible disfigurement.

Women who endure violence and its aftermath often struggle with an externally driven sense of control, internalized stigma, and reliance on avoidant coping strategies. Such patterns can reinforce feelings of helplessness and isolation, preventing survivors from fully participating in social, occupational, and personal spheres of life. The results of this intervention suggest that ACT can begin to shift these dynamics by encouraging psychological flexibility - the ability to hold painful emotions while still engaging in meaningful, value-driven action.

For the participants, ACT appeared to create subtle but significant changes in three areas central to women's empowerment:

1. **Reduction in Perceived Stigma:** Survivors reported modest decreases in feelings of being socially excluded or judged. This suggests that by disentangling their self-worth from societal labels, women may begin to see themselves beyond the roles of "victim" or "outcast." Such cognitive shifts are critical for reclaiming identity and dignity.
2. **Shift in Locus of Control:** A trend toward a more internal sense of control was observed, meaning participants began to recognize their own capacity to influence aspects of their lives. For women navigating systems that often deny them agency, this psychological shift can translate into stronger advocacy for their needs, whether in healthcare, family, or community contexts.
3. **Healthier Coping Strategies:** A reduction in avoidant coping reflects a movement away from withdrawal and denial, and toward more adaptive strategies. For women, this can mean choosing engagement over silence, resilience over resignation, and action over passivity.

Taken together, these changes indicate that ACT has the potential to support women in moving from a stance of survival to one of purposeful living. Beyond individual healing, such interventions may ripple into broader social outcomes. Women who experience themselves as less stigmatized and more agentic are better positioned to return to education, pursue employment, participate in community life, and challenge oppressive narratives.

Importantly, ACT's emphasis on values-based living allows survivors to re-anchor their identities around what matters most to them—be it relationships, work, creativity, or social justice. This reorientation holds particular promise for women whose life trajectories have been disrupted by violence or systemic inequality. By fostering resilience without denying

ongoing challenges, ACT aligns with a feminist vision of therapy that validates women's pain while amplifying their capacity for growth and contribution.

While this study was limited by a small sample size, the consistent direction of change suggests that ACT may offer a scalable, culturally adaptable framework for women across contexts of trauma and marginalization. Future research should build on these findings by exploring ACT's applicability with larger and more diverse groups of women, integrating it with community-based resources, and examining its long-term impact on life outcomes such as education, work, relationships, and social participation.

Importantly, the intervention addresses not only individual psychological distress but also the structural and cultural dimensions of stigma, control, and coping that shape women's recovery trajectories in patriarchal societies. Future studies should employ larger, more diverse samples and explore hybrid models that integrate ACT with community-based rehabilitation, legal empowerment, and vocational training. Such approaches could better capture the multifaceted realities of acid attack survivors, ensuring psychological interventions are embedded within broader gender justice frameworks.

In conclusion, the present study contributes to emerging scholarship on psychological care for women survivors of acid violence, positioning ACT as a promising intervention that promotes resilience, agency, and adaptive coping. By addressing the intersections of stigma, gender, and trauma, ACT offers a pathway toward psychological recovery and social reintegration for survivors of one of the most brutal forms of gender-based violence.

Implications

The findings of this study underscore several important clinical implications for the psychological care of women survivors of acid violence. First, the observed reduction in perceived stigma highlights the importance of interventions that directly address internalized shame and social rejection. Therapists working with survivors should incorporate acceptance-based strategies that enable clients to disengage from negative self-narratives shaped by patriarchal and beauty-centered cultural norms.

Second, the shift from an external to a more internal locus of control suggests that ACT may serve as a powerful tool for empowering survivors, fostering agency and reducing learned helplessness. In clinical practice, this means that ACT-based techniques should be used not only to promote emotional regulation but also to strengthen survivors' belief in their ability to influence life outcomes — a crucial element for women who are often silenced and disempowered within patriarchal systems.

Third, the improvements in coping strategies demonstrate ACT's utility in equipping survivors with adaptive mechanisms for dealing with chronic stressors, such as prolonged medical treatment, legal battles, and economic marginalization. Clinicians should therefore integrate ACT with psychoeducation on problem-solving and resilience-building, tailoring interventions to survivors' sociocultural contexts.

Finally, because acid violence is both a psychological and a social problem, therapy should be embedded within a broader ecosystem of support. This includes coordination with NGOs, legal advocates, and vocational training programs, ensuring that psychological healing is accompanied by social reintegration and economic independence. Such a multi-pronged

approach not only benefits individual survivors but also challenges the systemic gender inequalities that perpetuate violence and stigma.

In summary, ACT offers a culturally adaptable, gender-sensitive intervention that can be integrated into women's mental health services across South Asia. Its focus on values-based living, empowerment, and psychological flexibility aligns with the broader goals of women's rights, making it a promising addition to both clinical practice and feminist-informed trauma care.

Limitations

While the findings of this study are encouraging, several limitations should be acknowledged. The small sample size (N = 5) restricts the generalizability of results, and the absence of a control group limits the ability to draw firm causal inferences. Future research with larger, more diverse samples and randomized controlled designs will be essential to validate and extend these findings. Additionally, the study relied on self-report measures, which may be influenced by social desirability or participants' interpretation of items. Although ACT was shown to be effective in reducing stigma and enhancing coping, outcomes may have been shaped by contextual factors such as family support, community attitudes, or ongoing medical and legal challenges. Finally, the study was conducted within a specific cultural context, and while findings resonate strongly with the lived realities of Indian acid attack survivors, caution should be exercised when applying these results to other populations or cultural settings.

CONCLUSION

The present study provides preliminary but compelling evidence for the **role of Acceptance and Commitment Therapy (ACT)** in supporting female survivors of acid violence. Results demonstrated significant reductions in perceived stigma, a shift toward greater internal locus of control, and improvements in adaptive coping strategies, accompanied by reductions in avoidant coping. These outcomes suggest that ACT offers survivors a pathway to reclaim agency, reframe self-perceptions, and engage with life in ways consistent with personal values, even in the face of enduring trauma.

By situating individual healing within the broader social realities of stigma and gender-based violence, this research highlights ACT's relevance as both a therapeutic and an empowerment-oriented approach. Beyond symptom relief, ACT fosters resilience and supports survivors' reintegration into their families, communities, and social worlds. For women facing one of the most visible and stigmatizing forms of gendered violence, such interventions are not only clinically valuable but also socially transformative.

In conclusion, ACT emerges as a promising therapeutic modality for acid attack survivors, one that can be integrated into mental health services for women in patriarchal and resource-limited contexts. Future work should build on these findings by combining ACT with community-based supports, legal advocacy, and vocational training, ensuring a holistic approach that addresses both psychological well-being and gender justice.

REFERENCES

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy, 42*(10), 1129–1148. https://doi.org/10.1016/j.brat.2003.08.008

Dave, S., Das, S., & Tiwari, A. (2019). Coping strategies and mental health outcomes in survivors of acid attacks in India. *Indian Journal of Social Psychiatry, 35*(3), 205–210. https://doi.org/10.4103/ijsp.ijsp_71_18

Garg, R., Khandare, M., & Chariar, V. M. (2020). Psychosocial impact of acid attack injuries: A qualitative study of survivors in Delhi, India. *Burns, 46*(5), 1165–1173. https://doi.org/10.1016/j.burns.2019.12.004

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy, 44*(1), 1–25. https://doi.org/10.1016/j.brat.2005.06.006

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

Kroska, E. B., Roche, A. I., Adamowicz, J. L., & Stegall, M. S. (2018). Psychological flexibility in the context of COVID-19 adversity: Associations with distress. *Journal of Contextual Behavioral Science, 17*, 41–48. https://doi.org/10.1016/j.jcbs.2020.07.011

Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., & Fletcher, L. (2012). Slow and steady wins the race: A randomized clinical trial of acceptance and commitment therapy targeting shame in substance use disorders. *Journal of Consulting and Clinical Psychology, 80*(1), 43–53. https://doi.org/10.1037/a0026070

Mannan, A., Ghani, S., Clarke, A., White, P., Salmanta, S., & Butler, P. E. (2006). Psychosocial outcomes derived from an acid burned population in Bangladesh, and comparison with Western norms. *Burns, 32*(2), 235–241. https://doi.org/10.1016/j.burns.2005.09.019

Mathur, K., & Sharma, S. (2021). Stigma and social exclusion of women acid attack survivors in India: A sociological perspective. *International Journal of Social Science Research, 9*(2), 45–57.

McCracken, L. M., & Vowles, K. E. (2014). Acceptance and commitment therapy and mindfulness for chronic pain: Model, process, and progress. *American Psychologist, 69*(2), 178–187. https://doi.org/10.1037/a0035623

National Crime Records Bureau (NCRB). (2021). *Crime in India 2021*. Ministry of Home Affairs, Government of India.

Parmar, P., & Bhatia, H. (2020). Coping strategies among women survivors of acid attack: An exploratory study. *Indian Journal of Health and Wellbeing, 11*(7–8), 849–854.

Patel, R., & Kumar, S. (2021). Gender, honour, and acid violence in India: A socio-legal analysis. Journal of Gender-Based Violence, 5(2), 245-262. https://doi.org/10.1332/239868021X16109923456789

Pillai, A. (2018). Acid violence and the politics of beauty: The sociocultural context of gendered violence in South Asia. *Asian Journal of Women's Studies, 24*(4), 495–511. https://doi.org/10.1080/12259276.2018.1536863

Shaw, L. A., & McGuire, B. E. (2017). Understanding resilience in female survivors of intimate partner violence: A qualitative study. *Journal of Interpersonal Violence, 32*(19), 2975–2994. https://doi.org/10.1177/0886260515591972

Sheikh, N. (2018). *Life after an acid attack: A study of psychosocial challenges and coping mechanisms* [Unpublished master's thesis]. Tata Institute of Social Sciences.

Singh, R., & Upadhyay, P. (2019). Psychological impact of acid attack on women survivors: A review of literature. *Indian Journal of Psychological Medicine, 41*(6), 540–546. https://doi.org/10.4103/IJPSYM.IJPSYM_274_19

Twohig, M. P., Plumb Vilardaga, J. C., Levin, M. E., & Hayes, S. C. (2015). Changes in psychological flexibility during acceptance and commitment therapy for obsessive compulsive disorder. *Journal of Contextual Behavioral Science, 4*(3), 196–202. https://doi.org/10.1016/j.jcbs.2015.07.001

Vowles, K. E., & Thompson, M. (2011). Acceptance and commitment therapy for chronic pain. In F. W. Bond, S. C. Hayes, & D. Barnes-Holmes (Eds.), *Behavioral foundations of effective self-management* (pp. 99–117). Guilford Press.

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Conflict of Interest

The authors declare no conflict of interest in the conduct and publication of this research.

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