



SITUATIONAL ANALYSIS OF ACID VIOLENCE IN EASTERN INDIA



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Positive Prevention. Rebuilding Life.

ACKNOWLEDGEMENT

A situation analysis is a key foundation for any sound intervention. It provides complete information about current statistics, ways to prevent acid violence, need for legal reform; effective investigation and prosecution and enhanced support for survivors. It helps to ensure the best course of action for fulfilling the organisations mission. It assesses the government's and communities attitudes and practices regarding acid violence. It identifies what has already been done to address acid violence and what results and lessons were obtained, as well as who the main actors have been and which might be important departments to engage. In addition to ensuring the appropriateness of the intervention and help avoid duplication of efforts.

What are the objectives of a situational analysis?

- Define the nature and extent of the problem;
- Map the perceptions and experiences of key stakeholders in relation to the problem;
- Identify existing strategies and activities which address the problem;
- Identify the actors and organizations that could be important partners;
- Identify the actors and organizations that are already active in the area;

The compilation team would like to express their sincere gratitude to Mr. Mahesh Varma, Vice Chairman ASFI for without his unstinted guidance, invaluable advice and inspiration this report would never have been possible.

The toil and hard work put in by Ms. Soumi Basu, who applied her academic knowledge and skills by way of analysing databases, viewing patterns or trends of acid violence to put together this report has been truly commendable.

This **situational analysis report** intends to be a guide for policy makers and a reference book to empower those entrusted with designing strategies to eliminate this inhuman crime of acid violence in India.

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Introduction

Acid Violence: Acid attack is a heinous form of premeditated violence involving the throwing of corrosive acid mainly at the face and/or body of the victim. The intention is to disfigure, maim, torture or kill the victim by using acid as a weapon. It causes excruciating pain as the layers of skin and tissues get dissolved sometimes even exposing and dissolving bones. Women and children are frequently the main victims. The long term consequences of these attacks are devastating and may include blindness, as well as permanent scarring of the face and body, along with far-reaching social, psychological, and economic consequences. Paradoxically it is no win situation for the perpetrator as they would be liable to imprisonment for life on conviction.

Global Phenomenon: Acid violence is a world-wide phenomenon, most significantly occurring in poor countries where the rule of law is weak and where policing and judicial systems are inadequate. Acid Survivors Trust International, a United Kingdom based charity and centre of excellence in this field has estimated that there are 1500 attacks taking place world-wide per annum. Acid attacks have been reported from Afghanistan, Algeria, Bangladesh, Cambodia, China, Ethiopia, Greece, Guyana, Iran, India, Jamaica, Japan, Kenya, Laos, Mexico, Nepal, Nigeria, Pakistan, Russia, Sri Lanka, Turkey, Uganda, UK, USA and Vietnam, etc.

Indian Context: Acid violence in India as a widely prevalent phenomenon is increasing at an alarming rate. ASFI estimates that there are between 100-500 acid attacks per year in India. *According to available records the earliest acid attack was reported to have taken place in the Bombay Presidency of British India wherein Ali Mohammed Farag threw sulphuric acid in the face of Abdullah Mohammed Jabli on 6th September 1920.* Statistics compiled by ASFI from media reports; RTI and clinical data suggest that there have been 518 attacks between 2010 and July 2014. This does not take into consideration the large number of attacks that do not get reported from the predominantly rural areas of the vast sub-continent. The highest numbers of attacks have been recorded in the following states in descending order: Delhi, Uttar Pradesh and West Bengal.

Eastern India: Eastern India comprising of the states of Assam, Meghalaya, Mizoram, Tripura, Nagaland, Arunachal Pradesh, Manipur, West Bengal, Odisha, Bihar, Jharkhand, Chhattisgarh, Sikkim and Andaman & Nicobar Islands covering an area of 824352 sq km having a population of 269574091 (2011 census) which is 25.07% of the area and 22.44% of the population of India respectively. Eastern region has a share of 21% of the acid violence in India and it is a matter of concern that it is growing exponentially.

About Acid Survivors Foundation India (ASFI):

The horror of acid violence and the urgent need to combat this crime in India led to the founding of Acid Survivors Foundation of India (ASFI) in 2010. Acid Survivors Foundation India (ASFI) is an Initiative of SREI Foundation under the chairmanship of Dr H P Kanoria D Litt (Honoris Causa) who endowed it as a charitable trust to work for public good, especially for prevention of acid violence and for providing support services to survivors through a network of chapters and partners, by sharing knowledge, expertise and best practices. SREI Foundation supports ASFI by providing the office, establishment, activities and related expenditure. ASFI acts as a forum for advocacy of acid related cases, promotes a social environment conducive to elimination of gender violence and espouses a firm legal basis for prosecution of offenders and prescription of national guidelines for treatment, aftercare and rehabilitation of acid survivors.

ASFI is a leading not for profit non-governmental organisation working for the prevention of acid burn violence in India. It provides support services to survivors through a network of chapters in India. The National headquarters is in Kolkata and there are chapters operational at New Delhi and at Mumbai. The chapter at Chennai is expected to be operational shortly. Acid violence is not linked to a particular country, religion or culture it is found that countries with a high number of attacks often possess a set of common characteristics like a weak judiciary and policing systems, poverty, and gender discrimination.

ASFI supported by its global linkage with Acid Survivors Trust International (ASTI) a London based charity and centre of excellence in this field along with similar partner organisations in Bangladesh, Pakistan, Nepal, Cambodia and Uganda.



ASFI's Vision & Mission:

VISION:

- To eradicate acid violence from India through social, educational and regulatory measures ;
- To provide care and attention to acid survivors so that they can lead a life of worth, usefulness and dignity;
- To promote an enlightened attitude towards human rights, gender equality, women's awakening and empowerment through various means.

MISSION:-

- To set up a network of chapters and collaborations throughout India to achieve the desired goal.
- To enable survivors of acid violence to access suitable medical facilities and psychological care.
- To help in establishing 'Healing & Recovery Centre' that provides holistic attention to victims.
- To coordinate and collaborate with disparate agencies engaged in similar work for advocacy of acid related causes including adequate compensation, free or subsidized medical treatment, rehabilitation and exemplary punishment to culprits;
- To work for elimination of all forms of violence and discrimination against women and to bring about changes conducive to a humane society.

Strategy of ASFI:

Following are the key interventions which are expected to help deliver the goal of eradicating acid violence and ensuring survivors live with dignity and without fear.

- Effectively implemented legislation on acid violence to reduce acid attacks and increases access to justice for survivors by helping them to feel safer.
- Awareness programme, prevention campaigns and media attention creating greater awareness about the causes and consequences of acid violence.
- Medical attention and counselling for survivors to improve their health and quality of life. Supporting rehabilitation by providing vocational and educational opportunities and livelihoods skills to enable them to live with contentment.
- Providing survivors with life skills and knowledge of their rights increasing self-confidence and enabling survivors to become advocates of change.
- Strengthening the evidence base on acid violence contributing to effective advocacy and better informed policy-making in tackling acid violence.

Past Activities of ASFI:

- Advocacy campaigns with the Government both at the States and Centre.
- Awareness campaigns at schools and colleges.
- Cross learning visits to learn and firm up strategy with international partners.
- Attending “International Workshops” on implementing “Theory of Change” for holistic care of acid survivors.
- Financially assisting survivors in pursuing preferred vocation
- Financial support for education of the children of acid victims.
- Collecting and collating information from sources like – newspaper, TV, internet, RTI inquiries, hospital sources for building a database which is an ongoing process

Present Activities of ASFI:

ADVOCACY & CAMPAIGN FOR SPREADING AWARENESS

- Organizing seminars, meetings, debates at college and school levels
- Making presentations at various corporate offices.
- Participating in road shows.
- Documentary film which has also been circulated via Facebook and Youtube
- Interviews on Radio and TV programs
- Spread awareness internationally through foreign media participation
- Voice over publicity for ASFI through NDTV & national channels.
- A 24 X 7 Helpline.

MEDICAL SUPPORT:

- ASFI has been extending financial assistance to victims for meeting expenses for treatment and surgery.
- A Trauma Informed Care Kit is being developed funded by LUSH and supported by ASTI which is designed to assist in training all service providers to become trauma informed while serving a traumatized patient.

LEGAL SUPPORT

- Legal guidance and assistance in framing and perusing cases in court and obtaining compensation from Government is being supported by partners like HRLN, i-probono and WBNUJS.

NETWORKING

- Chapters in operation at New Delhi and Mumbai while Chennai is to start shortly.
- Collaborations established with various NGO’s working on similar themes.

Nature & Scope:

This situational analysis aims to provide complete information about current statistics and trends, ways to prevent acid violence, need for legal reforms; effective investigation / prosecution and enhances support for survivors. This document intends to be a guide for policy makers and reference book.

Methodology:

In researching this report an analysis was made of news stories, RTI data sourced through ASFI pertaining to Eastern India comprising of the states of Assam, Meghalaya, Mizoram, Tripura, Nagaland, Arunachal Pradesh, Manipur, West Bengal, Odisha, Bihar, Jharkhand, Chhattisgarh, Sikkim and Andaman & Nicobar Islands. Fact finding interviews with survivors were also conducted. Desk research of news- paper reports, court decisions, journal articles and statistical data were reviewed.

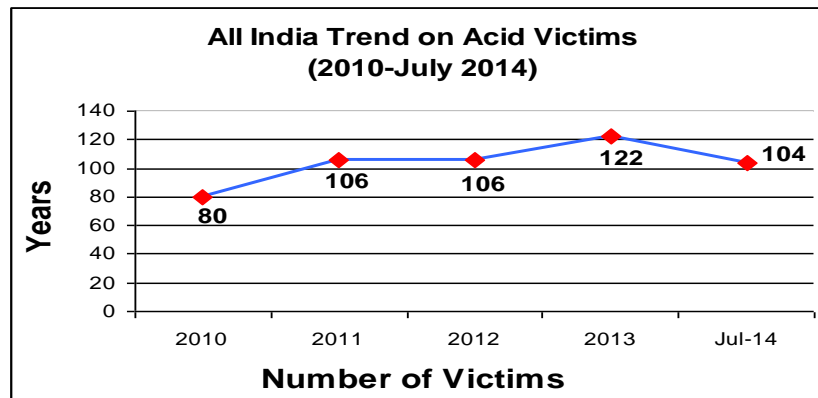
Limitations:

- ❖ Age profile of many of the victims and perpetrators are unavailable.
- ❖ Educational qualification details of the victims are inadequate.
- ❖ Investigation and judicial data not available for all victims, compilation has been done with available data.
- ❖ The unavailability of the socio – economic data of the perpetrators did not allow for analysis of this aspect to be done.
- ❖ Due to inadequate data availability on age, educational qualification of all the victims and perpetrators etc. data on all attributes could not be taken into account, sample data was extracted to do the analysis work.

Disclaimer:

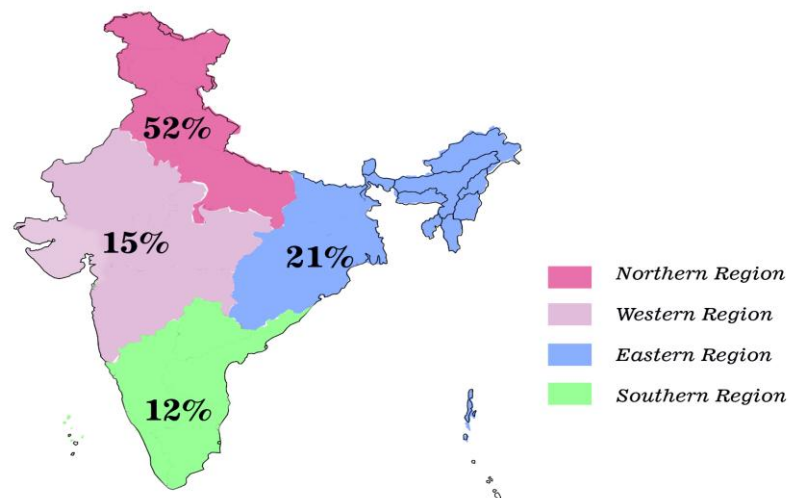
This report has been prepared by the compilation team of Acid Survivors Foundation India for academic purposes only. The views expressed in the report are those of the compilation team and do not necessarily reflect the view of Acid Survivors Foundation India or any of supporting Trusts / Foundations in any manner. This report is the intellectual property of the Acid Survivors Foundation India and the same or any part thereof may not be used in any manner whatsoever, without express permission of Acid Survivors Foundation India in writing.

Trends of Acid Violence



The above chart shows trend of victims affected by acid violence in India between 2010 and July 2014 developed by compiling newspaper reports, RTI information and data furnished by Ministry of Home, Government of India. It can be seen that the number of acid victims have been steadily increasing from 80 victims in 2010 to 106 in 2011 and in 2012 an increase of 32%. This further increased by 15% to 122 victims in 2013. It is alarming that till July 2014 the number has already reached 104 an increase of 74% being seen over the previous year on an annualized basis. This unprecedented jump in acid violence is analyzed while dealing with the states elsewhere in this report.

Further, on viewing acid violence region wise, it was seen that the northern region has the highest incidence of acid violence, followed by eastern region, western region and southern region respectively. The following diagram elucidates this pattern.

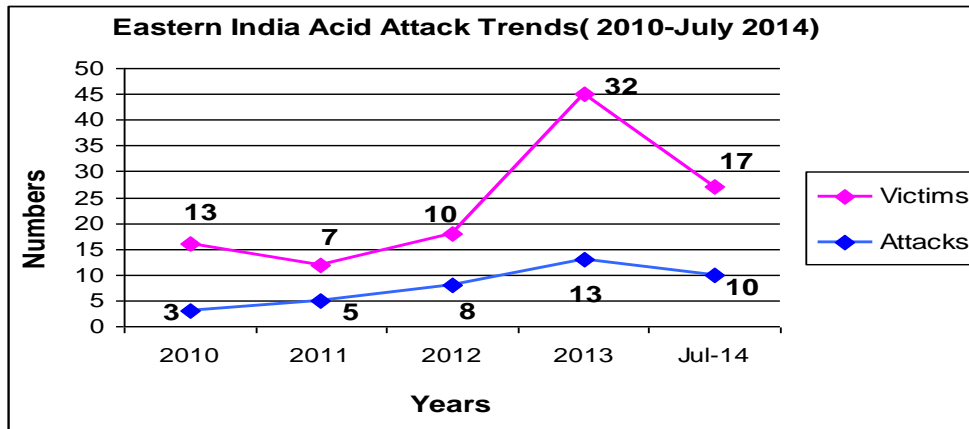


The spike in acid violence in 2014 has mainly been triggered by North India with Delhi NCR, Uttar Pradesh, Uttarkhand and Punjab leading in terms of notoriety. This is elucidated through a table furnished hereunder showing the trend of victims attacked by acid state-wise from 2010 to July 2014.

TABULATION OF ACID VIOLENCE VICTIMS IN INDIA (2010- JULY 2014)

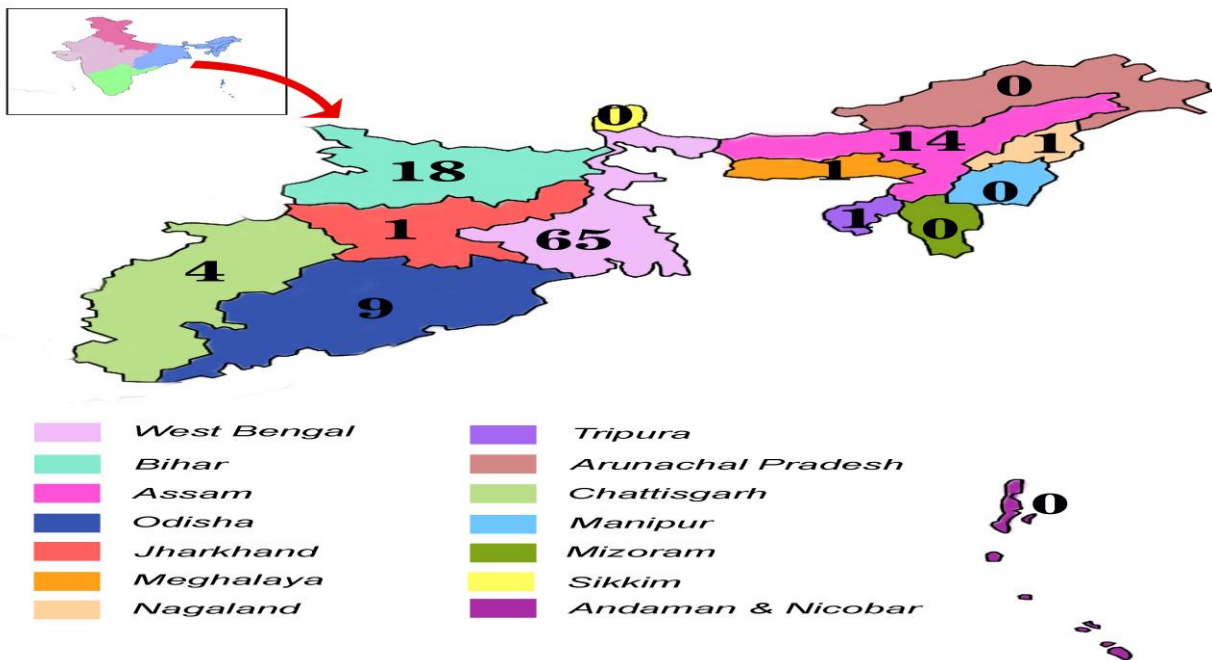
States	2010	2011	2012	2013	2014 (Mid- July)	TOTAL
Andhra Pradesh	6	8	6	4	6	30
Arunachal Pradesh	0	0	0	0	0	0
Assam	0	0	1	13	0	14
Bihar	3	3	10	1	1	18
Chattisgarh	0	0	0	4	0	4
Goa	0	0	1	0	0	1
Gujarat	4	2	4	5	3	18
Haryana	4	8	6	6	2	26
Himachal Pradesh	0	0	0	1	0	1
Jammu & Kashmir	0	2	3	2	1	8
Jharkhand	0	0	1	0	0	1
Karnataka	6	3	2	4	1	16
Kerala	3	1	2	0	0	6
Madhya Pradesh	1	5	6	11	5	28
Maharashtra	3	6	3	9	4	25
Manipur	0	0	0	0	0	0
Meghalaya	0	0	1	0	0	1
Mizoram	0	0	0	0	0	0
Nagaland	0	0	0	1	0	1
Odisha	2	1	2	3	1	9
Punjab	8	9	4	5	12	38
Rajasthan	0	0	6	0	2	8
Sikkim	0	0	0	0	0	0
Tamil Nadu	0	0	1	6	3	10
Tripura	0	0	1	0	0	1
Uttar Pradesh	5	14	11	18	23	71
Uttarakhand	0	2	3	0	19	24
West Bengal	12	13	22	10	8	65
A & N Island	0	0	0	0	0	0
Chandigarh	1	1	0	1	0	3
D & N Haveli	0	0	0	0	0	0
Daman & Diu	0	0	0	0	0	0
Delhi NCR	22	28	9	18	13	90
Lakshadweep	0	0	0	0	0	0
Puducherry	0	0	1	0	0	1
TOTAL	80	106	106	122	104	518

The trend of acid violence in Eastern India from 2010- July 2014 is represented below:

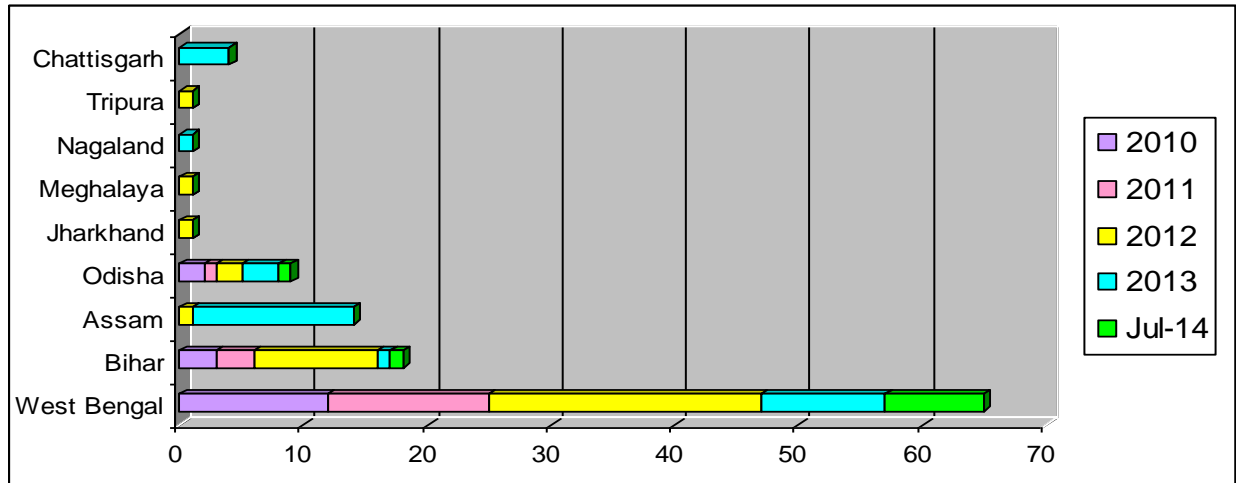


It can be seen that the number of acid attacks have been steadily increasing from 3 in 2010 to 5 in 2011 and a two fold increase to 8 in 2012. This further increased by 62% to 13 in 2013. Now, till July-2014 10 attacks have taken place an increase of 23% which is very concerning. The trend line showing the number of victims affected maintains parity with the number of attacks with the exception of 2013 where there is a spike owing to 13 victims being affected in a single attack in Assam.

In the eastern region, highest incidence of acid violence between 2010 and July 2014 is in West Bengal (65 victims), followed by Bihar (18 victims), Assam (14 victims), Odisha (9 victims), Chattisgarh (4 victims) and Jharkhand, Meghalaya, Nagaland and Tripura have 1 victim each. A map below portrays the distribution trend of violence in Eastern India

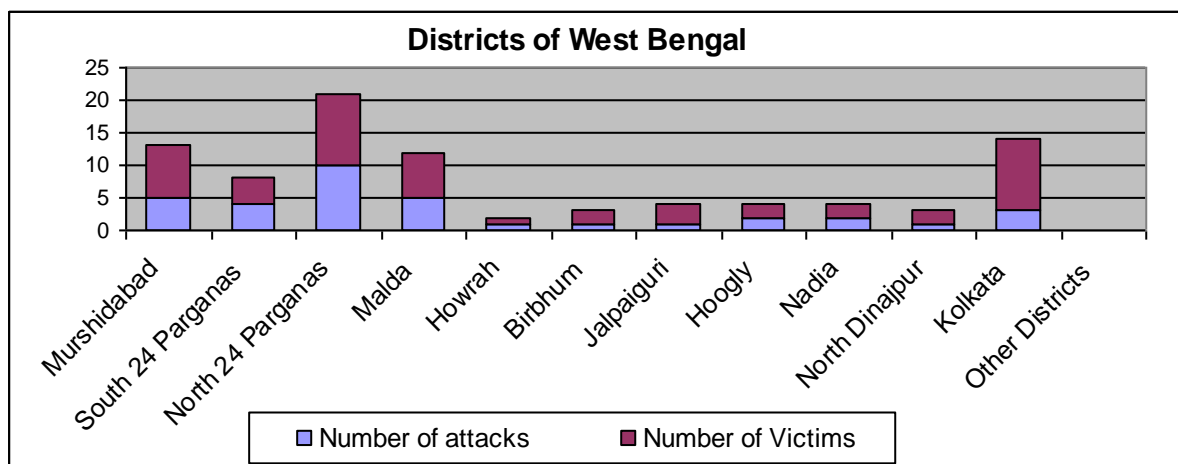


The year wise trend of acid violence in the states of Eastern India is portrayed below in the horizontal bar chart:



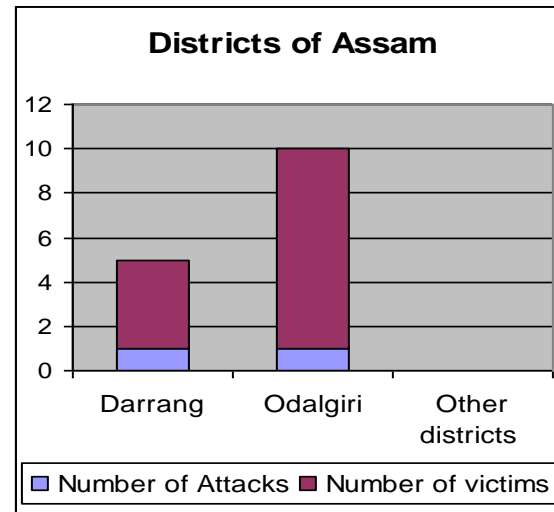
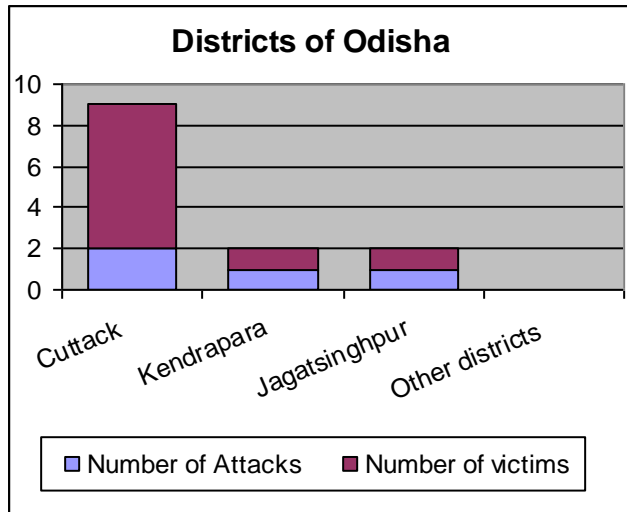
It can be inferred from the chart that in the states of Tripura, Nagaland, Meghalaya and Jharkhand there has been only a single stray incident of acid attack in the last four and a half years whilst in Assam two attacks affecting 14 persons have placed it in the third position but it is less concerning than Odisha where there has been between one and three acid attacks per year resulting in 9 victims. Bihar has had 18 victims with a spike in 2012 affecting 10 persons. West Bengal has been by far the most notorious state in the Eastern India for acid violence with 65 victims affected during this period. As these four states are large in terms of area it is necessary to isolate the districts which are more prone to violence.

The district wise distribution of incidence of acid attacks in West Bengal:



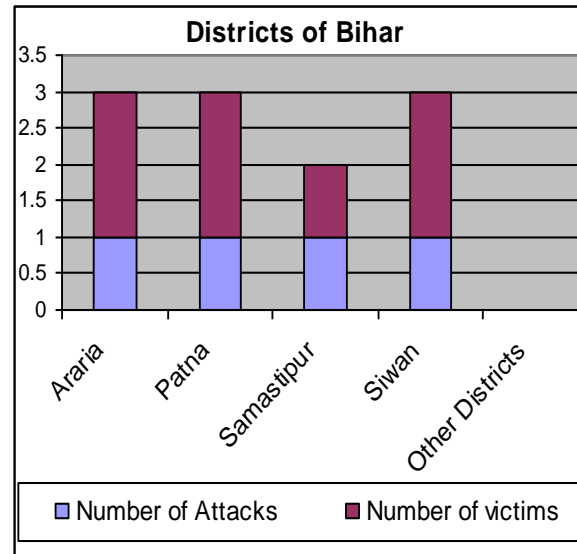
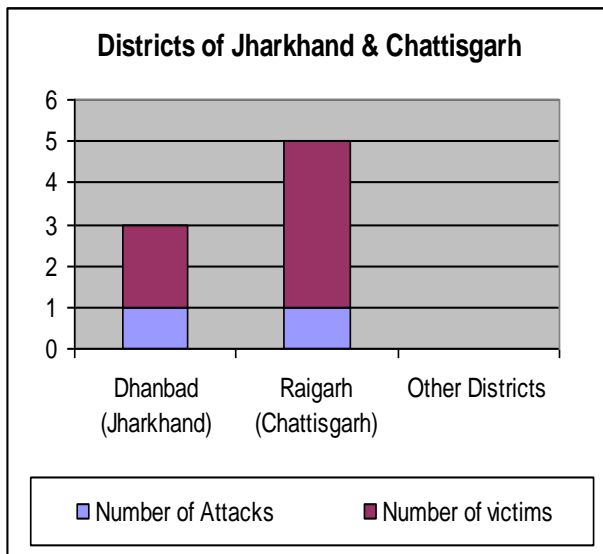
From the above table it can be seen that North Bengal is only slightly affected with one incident each in North Dinajpur and Jalpaiguri while South Bengal bears the brunt of acid violence in the state. The most affected districts are North 24 Parganas(11), Murshidabad(8), Kolkata(11) and Malda(7) followed by South 24 Parganas(4), Midnapore(5), Hooghly(2), Nadia(2), Birbhum(2) and Howrah(1).

Districts of the States of Orissa and Assam affected by acid violence:



It can be seen that out of Orissa's three affected districts Cuttack (7) has nearly 80% victims to Kendrapara (1) and Jagatsinghpur(1). While attacks in Assam have been confined to Darrang (4) and Odalguri(9) districts.

Districts of the States of Bihar, Jharkhand and Chattisgarh affected by acid violence:

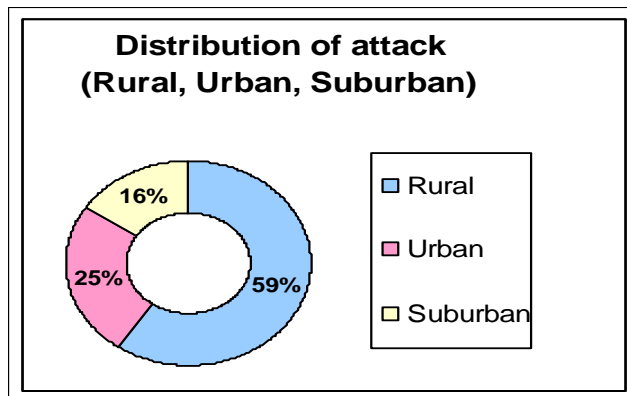


It can be seen that out of Bihar's four affected districts Araria (2), Patna (2), Siwan (2) are the most affected followed by Samastipur (1). In the state of Jharkhand, Dhanbad (2) district is the most affected and in the state of Chattisgarh the district of Raigarh(4) is the most affected.

Distribution of acid attacks

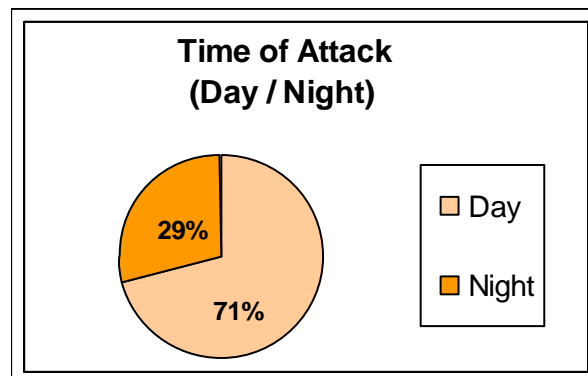
Rising population rates and crunch on land and resources is influencing the rural educated youth to move into suburban areas and seek education or employment in urban, industrial enclaves. Such transient population working in the unorganized sector especially in occupations like – jewelry making, dying of cotton fabric, sheet metal work etc where strong acids are used and controls over the product are weak, make them vulnerable to misuse for settling personal scores and frustrations.

A doughnut illustrating the distribution of acid attacks in terms of residential settlements like Urban, Suburban or Rural where most attacks are taking place:



Time of acid attacks

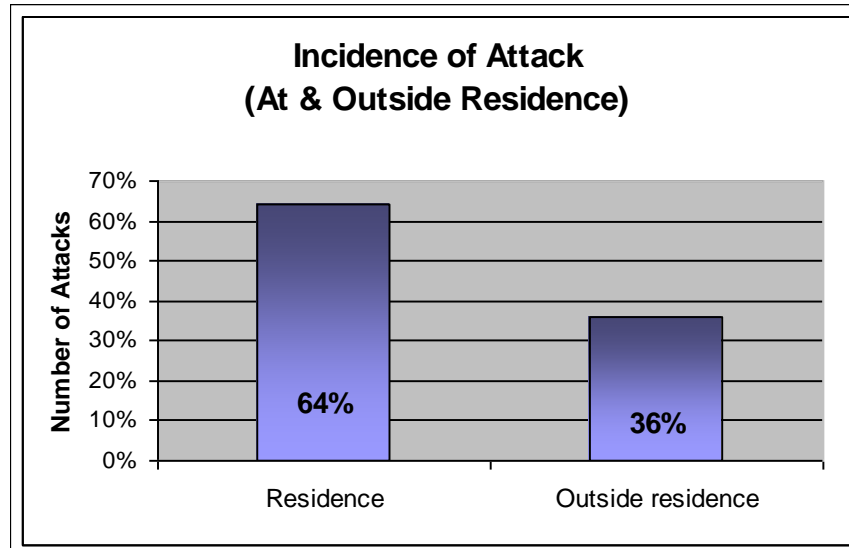
It is shown in the pie chart below that, more number of attacks have taken place during the day compared to the night.



It is important to note that the attacks that have taken place at night have caused far more serious damage. This is so because – (i) The slow reaction time of the sleeping victim has caused the intensity of the burn to become more serious (ii) There has been no reflex movement to escape and (iii) The reaction time of sleeping family members / friends in assisting the victims is slow.

Location of acid attacks

It can also be seen from analyzing the database that more number of attacks has taken place at or around the victim's residence. This is illustrated on the graph below:



Seasonal phenomenon of acid attack

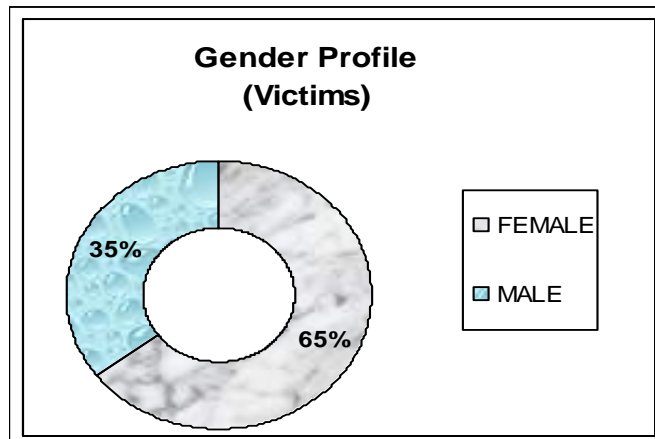
An analysis has also been done to see whether acid attacks are a perennial or seasonal phenomenon or does it spike during festivities:

Number of Attacks Month Wise

JANUARY 1	FEBRUARY 1	MARCH 5	APRIL 4
MAY 4	JUNE 7	JULY 5	AUGUST 9
SEPTEMBER 7	OCTOBER 8	NOVEMBER 2	DECEMBER 1

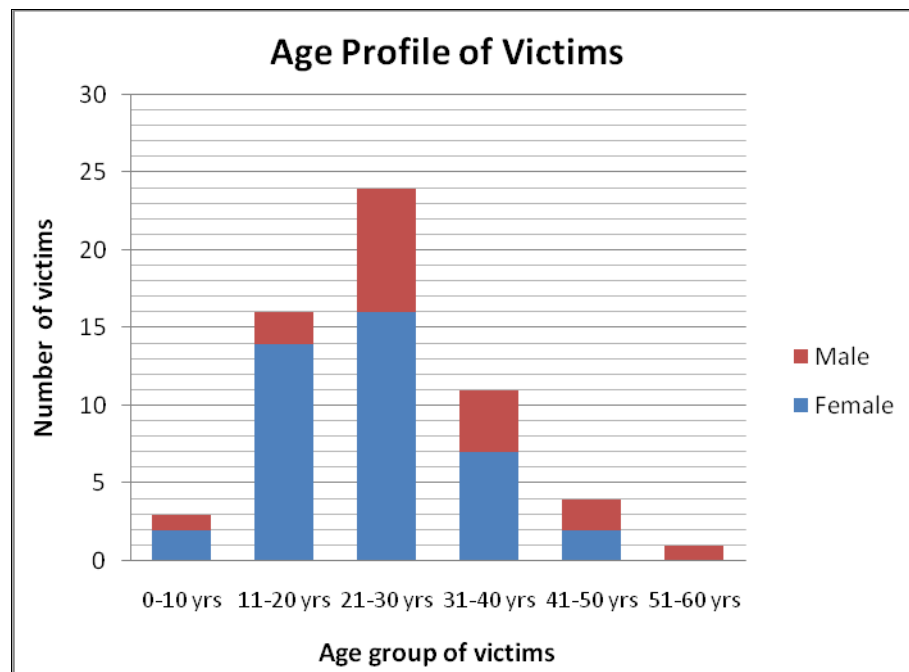
From the tabulated data it can be inferred that attacks mostly occur during the times of festivities / holidays. Summer holidays are in June and festivities in Eastern India are between September and October when people get more free time from work and school / college to indulge in nefarious activities. November to February has low attacks.

Gender of Victims



It is seen that 65 % of victims are women and girls, while 35% are men and boys.

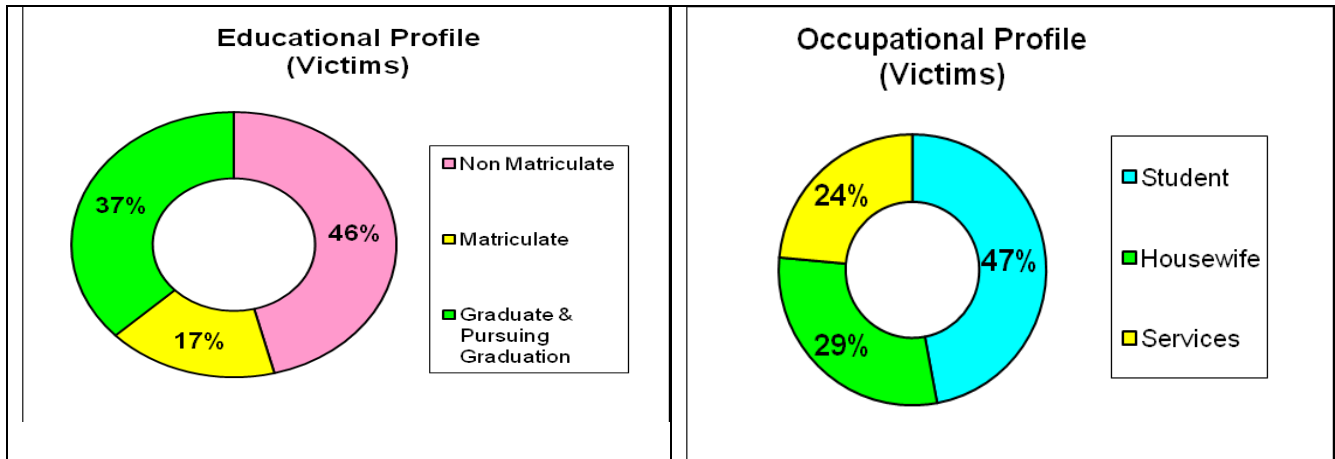
Age & Gender Profile of Victims



From the stacked column diagram it can be seen that 68% of all victims are between the age group of 11 to 30 years. Girls between 11 to 30 years are most vulnerable while for men it is between the ages of 21 to 40 years. In the age group between 51-60 yrs there were no female victims.

Educational & Socio–Economic Status of Victims

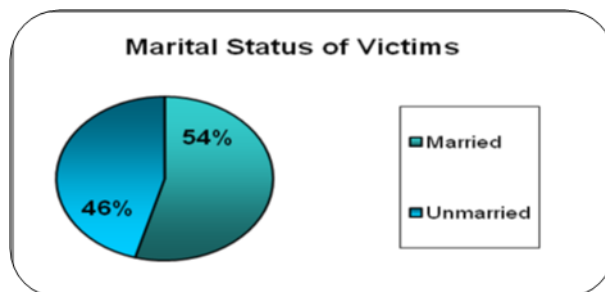
While assessing the socio-economic background of the victims it is essential to assess their educational and occupational status:



From the chart it can be seen that 46 % of the victims are non- matriculates most of whom have studied up to the fourth standard. 17% of the victims have completed their Higher Secondary education up to the twelfth standard. While 37% were pursuing graduation or had completed it. This group also includes post graduates and medical professionals. From this it is clear that acid violence is not confined to that segment of society bereft of the opportunity of obtaining formal education.

Most of the victims namely 47% of them are students. 29% are housewives and 24% are salaried employees, daily rated workmen, self employed professionals and businessmen. It is important to note that 81% of the victims are from middle / weaker socio-economic class, while 17% are recorded as being from 'below poverty line' (BPL) from their medical records.

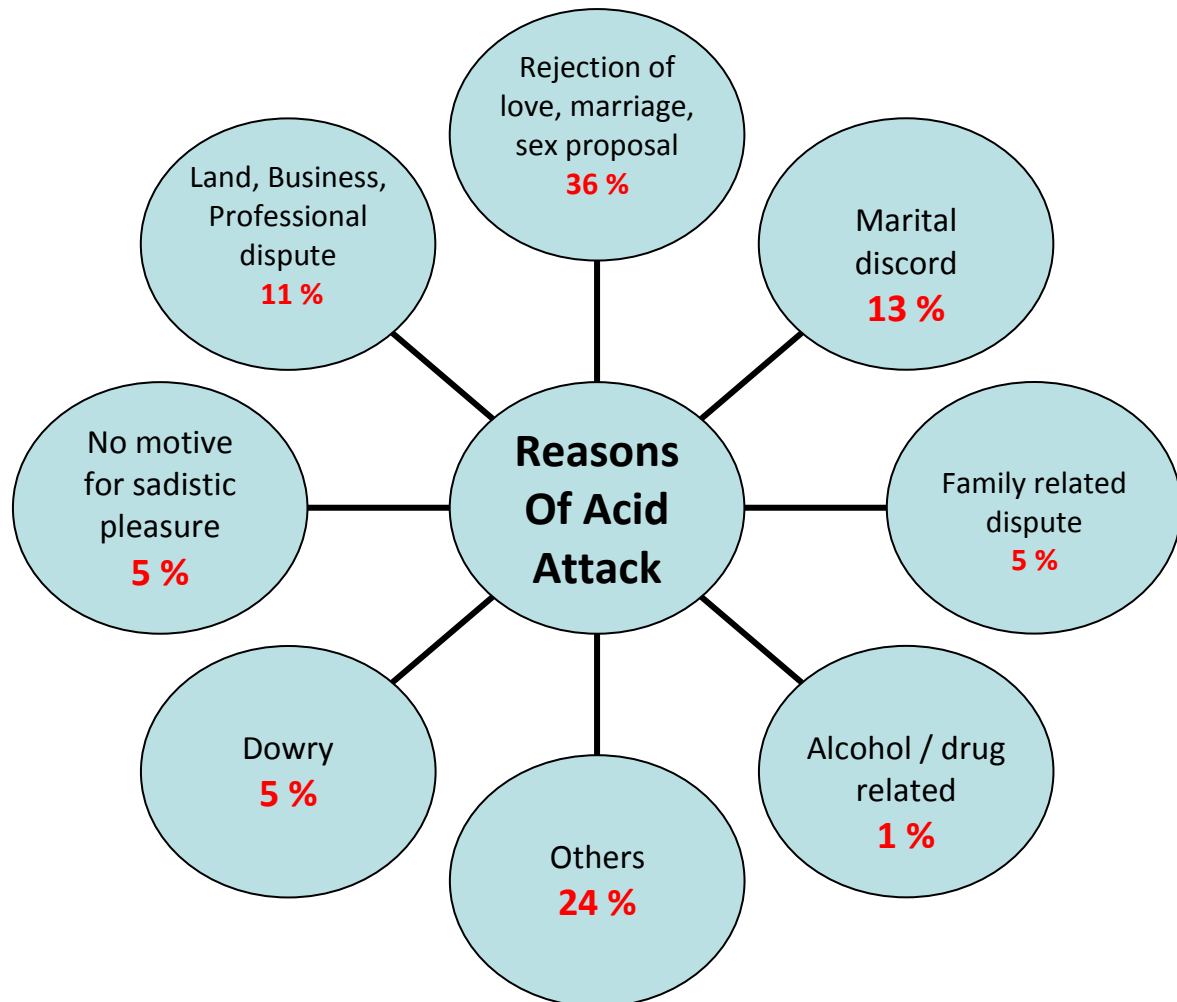
Marital Status of Victims



It can be seen that 31 (54%) of the victims are married while the 26 (46%) unmarried include an insignificant number of those who are divorced and separated.

Reasons of Acid Attacks

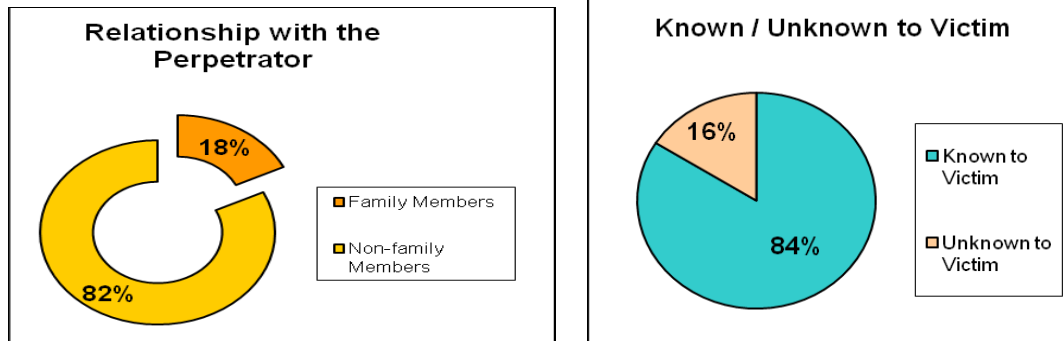
It is pertinent to note that nearly 11 % of the victims are unintended and have got affected merely by being near the victim due to sheer bad luck. The balance 89% is victims who had been intentionally attacked for the following reasons which have been diagrammatically represented below:



Analysis shows that most acid attacks have been against women/ girls because they have spurned sexual advances, marriage proposals or questioned the authority of men within the family or community. This reflects the attitude that women are possessions. Attacks have also been due to property dispute, dowry, drug / alcohol induced, marital discord, professional jealousy, political rivalry, burglary, suspected infidelity and for the sadistic pleasure of hurting someone else.

Victim's relationship with perpetrator:

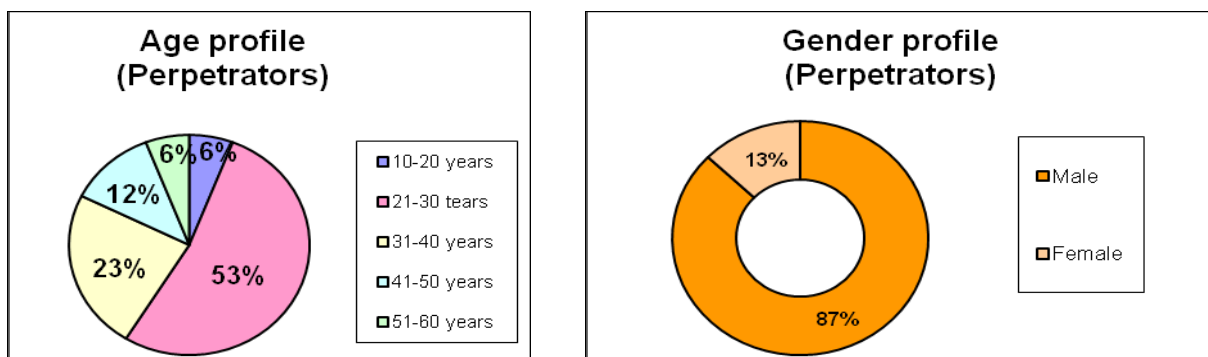
It may be of interest to analyze the relationship of the perpetrators with the victim:



It is seen that 82 % of attacks have been carried out by non-family members like suitors, neighbours, cousins, friends, eve-teasers, wife's lover and boy-friends father / brother. While 18 % attacks have been carried out by family members like husband and in-laws and in a few cases wives have been documented to have been the perpetrators.

It can be seen that 84% of the perpetrators are known to the victim and have met them at some point of time, while 16% of the victims are unknown to the perpetrator. Of this 11% are unintended victims who have got attacked merely by being near the victim due to sheer bad luck and 5% are victims who have been attacked by maniacs for the sadistic pleasure of hurting someone for no known reason, like for example acid being flung into a speeding train or bus.

Age & Gender of perpetrator:



It is observed that whilst 87% of the perpetrators are males, the balance 13% is females. The vast majority comprising of 52% of the perpetrators are in the age group of 21-30 years, followed by 24% in the age group of 31-40 years. It may be surprising that the youngest perpetrators are juveniles whilst even persons above the age of 50 years are involved in such heinous activity.

Medical Services

The medical effects of acid attacks are extensive. The acid can rapidly eat away skin, the layer of fat beneath the skin, and in some cases even the underlying bone. Eyelids and lips may be completely destroyed, the nose and ears severely damaged.

Out of a total of 86 acid attacks (89 %) have been aimed at the face of the victim. Severity of the damage depends on the quantity and concentration of the acid used and the period of time before the acid is thoroughly washed off with water or suitably neutralised.

Physical injuries caused by acid violence

The common physical injuries caused by acid attack are summarised hereunder:

Common Physical Injuries	Shown in %
Skull – Partly destroyed / deformed and partial hair loss.	8
Ear - Cartilage partly or totally destroyed – hearing impairment	19
Eyelids – Burned off or deformed with ectropion eye lids	11
Eyes – Dry eyes and / or blindness in one or both eyes	49
Nose – Shrunken & deformed / nostrils closed	43
Mouth – Shrunken and narrow – lips partially or totally destroyed	41
Other parts of body - Debilitating scarring of neck, trunk, genitalia and extremities causing limitations in the range and movement of the affected area.	49
Forced ingestion - Of acid causing injuries to oesophagus, vocal chords & trachea	5
Inhalation of acid vapours triggering respiratory problems	8
Death – Rare in the case of acid violence – mainly by septicaemia / renal failure	3

The psychological impact of acid violence

Acid assault survivors are also faced with many mental health issues like high levels of anxiety, depression and stress triggered by severe facial disfigurement, stigmatisation, social isolation and severe financial distress is tabulated hereunder:

Assessment of Post Traumatic Stress Disorder			
Victims	Mild	Moderate	Severe
%	10	25	65
<i>(Assessed between 8-12 weeks after attack)</i>			

The screening done by using Lang & Stein 10Q checklist revealed that 65% of the victims suffered from severe stress despite preliminary counselling necessitating medical intervention.

QUANTIFICATION & ANALYSIS OF BURN INJURY

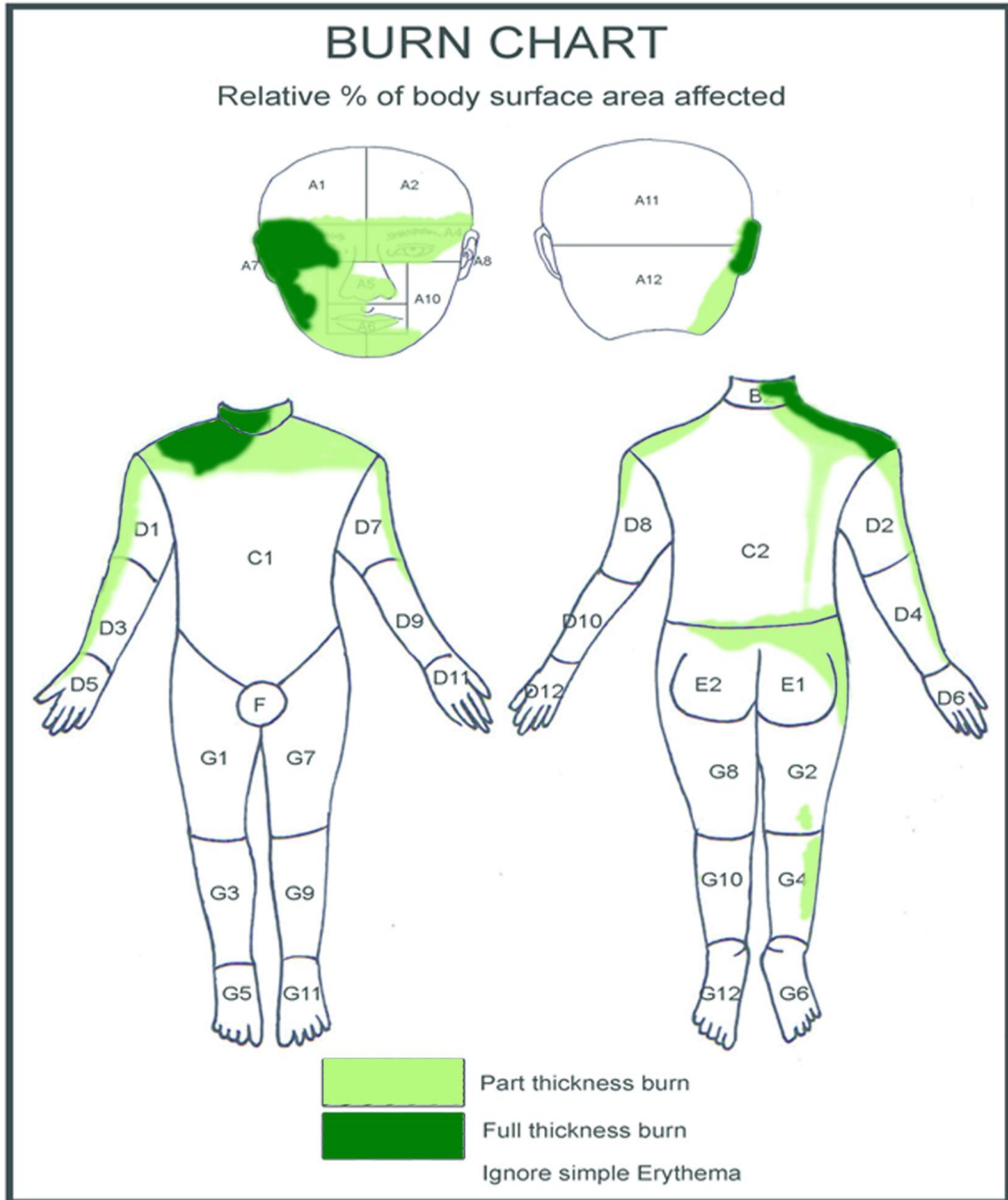
For ADULTS

DSTRBUTION OF SURFACE AREA						EXTENT & DEPTH OF INJURY SUSTAINED			Remarks
REGION	No	PART	ANT	POST	TOTAL	Part Thickness	Full Thickness	Total	
HEAD	A1		0.625		3.5	0.14	0	0.14	
	A2		0.625			0.03	0	0.03	
	A3	R Eye	0.25			0.06	0.03	0.08	
	A4	L Eye	0.25			0.08	0.00	0.08	
	A5	Nose	0.25			0.08	0.00	0.08	
	A6	Lips	0.25			0.07	0.00	0.07	
	A7	R Ear	0.125		0.02	0.02	0.04		
	A8	L Ear	0.125		0.00	0.00	0.00		
	A9	R Cheek	0.5		0.22	0.01	0.23		
	A10	L Cheek	0.5		0.17	0.00	0.17		
	A11				2.0	0.00	0.00	0.00	
	A12				1.5	0.00	0.00	0.00	
NECK		B1	0.5		1	0.24	0.03	0.28	
		B2		0.5		0.04	0.02	0.06	
TRUNK		C1	13		26	1.18	0.26	1.44	
		C2		13		0.51	0.06	0.57	
ARM	Right	D1	Upper	2	10	1.00	0.00	1.00	
		D2				2	0.00	0	0.00
		D3	Fore	1.5			0.50	0	0.50
		D4				1.5	0.00	0	0.00
		D5	Hand	1.5			0.00	0	0.00
		D6				1.5	0.00	0	0.00
	Left	D7	Upper	2	10	0.44	0	0.44	
		D8				2	0.22	0	0.22
		D9	Fore	1.5			0.50	0	0.50
		D10				1.5	0.00	0	0.00
		D11	Hand	1.5			0.00	0	0.00
		D12				1.5	0.00	0	0.00
BUTTOCKS		Right	E1		5	0.28	0	0.28	
		Left	E2			0.28	0	0.28	
GENITALIA		F	1		1	0.00	0	0.00	
LEG	Right	G1	Thigh	4.75	20	0.00	0	0.00	
		G2				4.75	0.00	0	0.00
		G3	Lower	3.5			0.00	0	0.00
		G4				3.5	0.39	0	0.39
		G5	Foot	1.75			0.00	0	0.00
		G6				1.75	0.00	0	0.00
	Left	G7	Thigh	4.75	20	0.00	0	0.00	
		G8				4.75	0.00	0	0.00
		G9	Lower	3.5			0.00	0	0.00
		G10				3.5	0.39	0	0.39
		G11	Foot	1.75			0.00	0	0.00
		G12				1.75	0.00	0	0.00
Sub -Total						6.85	0.42	7.27	
Total Burn Percentage			Simple Erythema		Part Thickness		Full Thickness		TOTAL
			<i>Ignore</i>		6.85		0.42		7.27
Total Depth of Burn (%)			Simple Erythema		Part Thickness		Full Thickness		TOTAL
			<i>Ignore</i>		94%		6%		-

Diagrammatically represented in the Burn Chart

The impact of physical injuries on the body surface:

The impact of physical injuries on the body surface area and depth of the burn has been analysed, averaged and quantified hereunder:



The present scenario of medical treatment for acid victims in Eastern India:

Currently most of the treatment of survivors is channelized through the government's health services in eastern India on an individual basis. Better private hospitals offering world class standard are beyond the reach of most victims. Hospitals and medical colleges at all the state capitals of Eastern India are adequately geared to offer advanced burn care and reconstructive surgery. However, even though all these hospitals are under very capable and competent medical hands, they are severely handicapped by the following constraints:

- (i) Lack of medical equipment in working condition,
- (ii) Shortage of medicines,
- (iii) Non- availability of consumables timely
- (iv) Under funding and
- (v) Shortage of bed space.

The exemplary dedication of the senior medical practitioner who despite the odds are striving to serve the needy victims is truly commendable. Unfortunately, even those victims that are fortunate to get proper treatment are seldom able to bear the cost of the prolonged treatment. Multiple surgeries over a prolonged period of time even at Govt. hospitals have financial implications that many are unable to sustain. This is illustrated hereunder:

Overview of Indoor Medical Treatment in Eastern India (On Individual Basis)					
Particulars	No. of times Hospitalised	Number of Surgeries performed	Total duration of stay in hospital	Total Expenses incurred (in INR)	Treated For
Maximum	30	27	630 days	2500000	Severe Facial Disfigurement
Minimum	2	1	23 days	80000	Eye damage
Average	11	9	231	621000	-

While most charities / sponsors bear the initial cost of treatment necessary for a victim's survival but shy away from later treatment or surgery for conditions that are not life threatening. This is because many consider the large number of highly expensive surgeries necessary for correction of disabilities / functionalities as being cosmetic and therefore avoid them. This results in most victims discontinuing treatment at some point of time.

It is heartening that philanthropic organisations like Meer Foundation have come forward and are partnering ASFI in combating acid violence in India holistically. They have already sponsored medical treatment of an acid survivor in Mumbai and it is hoped that they will do likewise by supporting treatment of victims from the rest of India.

Medical support provided by ASFI:

The medical support provided to victims of acid violence by ASFI in Eastern India is tabulated below:

Medical Support Provided by ASFI	No of Survivors
<ul style="list-style-type: none"> • Funds for hospitalisation and surgery • Funds for medicines and implants. 	9

Medical Insurance:

Currently medical insurance does not cover most plastic surgeries which are considered cosmetic. ASFI in partnership with SREI Insurance has proposed a scheme to the Govt. for providing insurance cover and funding to take care of acid victims holistically. The proposal is pending before the government.

Supreme Courts direction on Free Medical Treatment:

The “Criminal Law Amendment Act 2013” promulgated on 3rd February 2013 integrated Sec 357C to the Code of Criminal Procedure which states that all hospitals private and public shall immediately provide first aid / medical treatment free of cost to victims of any offence amongst others covered U/s 326A of IPC that pertains to attacks by acid.

In practice it is seen that most private hospitals provide first aid free of cost and then refer the patient to government hospitals under the guise of not having specialized burn care facilities.

Physiotherapy:

Physiotherapy needed by patients after undergoing reconstructive surgery is provided by hospitals and medical colleges at all the state capitals of Eastern India free of cost as an outdoor patient. Since such facilities are swamped by an overload of patients the therapy sessions are infrequent. Most survivors avail the services of private therapists for a fee for some time.

First Aid

All the survivors interviewed were not aware of the proper first aid measures to be administered in case of acid attack. Some did not even know it was acid, seeing the fumes they thought that they were on fire and covered themselves with a blanket or rubbed them-selves dry compounding injuries; while others used water instinctively but only for a short duration.

IMPORTANT: The need to give wide publicity of the first aid measures both at schools / colleges and at Primary Health Centres is widely felt.

Investigative Services

Investigative Trends

It is observed that out of the 86 acid attacks that have taken place between 2010 to July-2014 in Eastern India, complaints in respect of 80 attacks were lodged with the police, implying that 7.5% of victims have decided to keep quiet. Telephonic interview with acid victims like Sehnaz Begum and Jahira Khatun, who decided not to lodge FIR's revealed that they had no option but to compromise with their perpetrator husbands in the face of continuous harassments from the perpetrator, their families and communities rather than having to face further social humiliation and economic vulnerability.

The status of the complaints of those who decided to lodge them is furnished under 'Investigative Trends':

Table: Investigative Trends (2010 –July 2014)

(With Available Data)

YEAR	NUMBER OF ATTACKS	FIR		UNDER INVESTIGATION	FINAL REPORT	CHARGESHEET SUBMITTED
		Lodged	Not Lodged			
Pre- 2010	24	21	3	1	4	16
2010	9	8	1	0	1	7
2011	13	12	1	1	5	6
2012	18	18	0	3	5	10
2013	14	13	1	2	4	7
2014	8	8	0	5	1	2
TOTAL	86	80	6	12	20	48

SUMMARY

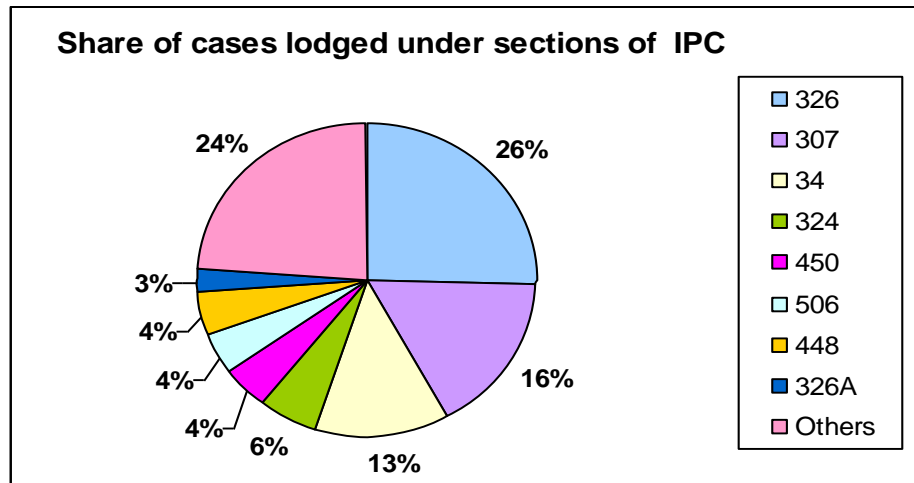
- ❖ A total of 80 FIR s were lodged between 2010 and July 2014.
- ❖ Out of the 80 FIR s lodged, 12 cases (15 %) are still under investigation.
- ❖ Out of the 80 FIR s lodged, in 20 cases (25%) Final Reports were submitted which are not in favour of the victim.
- ❖ Only 48 cases i.e. (60% of the complaints) FIR's resulted in submission of charge sheet for being taken up for prosecution.

It may also be of interest to note that:

- 69 perpetrators (81%) were able to obtain bail during pendency of the trial.
- Out of 89 accused / charged perpetrators 48% are absconding.

Sections of Indian Penal Code 1860 under which perpetrators were booked:

Perpetrators of acid violence in 86 cases between 2010 and July-2014 have been charged under the following sections of Indian Penal Code 1860, which has been graphically portrayed in a pie chart:



Sec 326- Voluntarily causing grievous hurt by dangerous weapons or means, **Sec 307-** Attempt to murder, **Sec 34-** Acts done by several persons in furtherance of a common intention, **Sec 324-** Voluntarily causing hurt by dangerous weapons, **Sec 450-** Criminal Force, **Sec 506-** Criminal intimidation, **Sec 448-** Punishment for house trespass, **Sec 326A-** Voluntarily causing hurt by acid.

Shortcomings during investigative stage:

The challenges / inadequacies of the investigative stages include the following –

- Inadequacies in the FIR
- Slack / flawed investigation
- Ambiguous and incorrect medical reports
- Lack of identification of perpetrators
- Lack of witnesses who are willing to testify and undergo the prolonged ordeal that it entails bearing expenses / losses of earning and also facing threats from perpetrators and their families
- Weak /ailable sections under IPC that may be put by investigative agencies to enable the perpetrators to obtain bail, which is highly demoralising for the attacked victim
- Long delay in completing investigation.
- Interview with victims also indicate that police force is prone to taking inducements and being influenced by political connections which can affect the outcome.

Gender Insensitivity

Generally, the investigative agencies show lack of sensitiveness to gender-based crime. The most common response of the police is that the victim precipitated / instigated the crime by provocative dressing, provocative behaviour and going out after dark, going to lonely places etc. Victims feel reluctant to pursue the case with the police to avoid harassment and ridicule as investigators frequently question the victims sexual history and morality.

In order to deal with insensitivity of police officers in dealing with cases relating to violence against women, the Criminal Law Amendment Act 2013 made an addition to Sec 154 which now provides that FIR's lodged in the case of violence against women should be recorded by a woman police officer.

Women police officers and adequate 'All women' police stations are a distant reality as the following figures reveal:

States	Area (sq km)	Population (in thousands)	Total strength of police force	Police-Population ratio -per lac population	% of women in police force
Arunachal Pradesh	83,743	1,263	11,066	876	5
Assam	78,438	31,166	55,390	178	1
A & N Island	8,249	515	3771	732	11
Bihar	94,163	99,786	68,662	69	3
Chhattisgarh	1,35,191	24,777	45,714	185	4
Jharkhand	79,714	32,160	57,361	178	3
Meghalaya	22,429	2,669	11,316	424	3
Mizoram	21,081	1,023	10,221	991	6
Manipur	22,327	2,494	24,499	982	6
Nagaland	16,578	290	24,228	1058	1
Odisha	155,707	41314	45368	110	8
Sikkim	7,096	624	3960	635	8
Tripura	10,486	3683	23757	645	3
West Bengal	88,752	90802	70605	78	3
Eastern India	688,763	332,566	455,918	137	4
All India	3,166,414	1,217,327	1,660,666	136	6

There is also the need for training of women officers to build support and confidence which is generally lacking at present.

Under- staffing of Investigative agencies:

The handicap of the police force due to under staffing s indicated by the following table:

Particulars	Eastern India	All India	USA	UK
Strength of police officers (per lac population)	137	136	250	310

Constraints posed by shortage of police personnel:

Inadequacies in the investigative aspects also stem from the police force being grossly under-staffed and over-worked, unfilled vacancies further compounded matters as the following reveals:

1. There is a direct relationship between rise of population and the rising crime. The numbers of police personnel have not caught up with the mounting challenges posed by escalating crime.
 - Number of police personnel in India per 1 lac population – 136
i.e. 1 police person looks after 733 people
 - The minimum police strength as per UN norms per 1 lac population – 220
i.e. 1 police person looks after 455 people
 - The number of police personnel in Eastern India per 1 lac population – 137
i.e. 1 police person looks after 730 people
2. High unfilled vacancies in the police force in Eastern India have compounded this shortage further:
 - Civil Police & Dist. Armed Police sanctioned strength (2013) : 395455
 - Civil Police & Dist. Armed Police actual strength (2013) : 296343
 - Vacancies in the police force: 25%
3. There is 1 police person for every 1.91 sq km geographical area in India
There is 1 police person for every 1.51 sq km geographical area in Eastern India.
As a result there is an extraordinary workload on an average police person which adversely affects their efficiency, performance and morale.

The quality and functional image of the police in India

The quality and functional image of the police in India is nor very satisfactory owing to the following: (i) Police personnel are so over stretched; that it is not possible to spare them for training to update knowledge and skills. (ii) Training infrastructure is poor (iii) Equipment for policing is obsolete and in short supply (iv) Advanced forensic laboratory facilities very few and overloaded. (v) Networked criminal database are absent (vi) Procedural quagmire is in urgent need of simplification.

Police reforms are urgently required

Police reforms are urgently required to separate responsibilities within the police force. The agency responsible for conducting investigations should be separated from the body entrusted with the day to day responsibility of maintaining law & order.

Judicial Services

Adjudication trends

The criminal justice system is a vital interface for providing due diligence to the States obligation of prosecuting and punishing perpetrators of acid violence. However, India's criminal justice system in general and eastern India in particular is under immense strain and is constrained to deliver up to its expectations as elucidated here under:

Adjudication trends in respect of acid violence in Eastern India - 2010 to July 2014

(With Available Data)

Year	Brought Forward Pending Cases	Charge sheets This Year	Total	Withdrawn	Acquitted	Convicted	Under trial / Pending cases at year end
Pre-2010	0	16	16	0	2	1	13
2010	13	7	20	1	2	1	16
2011	16	6	22	0	3	2	17
2012	17	10	27	0	4	3	20
2013	20	7	27	1	3	3	20
Jul-14	20	2	22	0	2	1	19

From the above trends the following inferences can be made:

- A total of 48 charge sheets were lodged in between Pre-2010 and July 2014
- Out of the 48 charge sheets filed 19 cases (40 %) are still under trial.
- Out of the 27 cases tried 16 cases (59 %) resulted in acquittals.
- Out of the 27 cases tried 11 cases (41 %) resulted in convictions.

Low Conviction Rate

Low rates of conviction poses a major challenge to the effectiveness of the judicial system in India.

- The All India conviction rate was 40.2% in 2013 (NCRB)
- In the states of West Bengal, Odisha and Assam in Eastern India the conviction rates were abysmal at 14.4%, 10.3% and 8.6% respectively in 2013. (NCRB)
- The conviction rate in USA, UK, France, Singapore- is above 90%
- The conviction rate in Japan & China is around 98%

IMPORTANT: The low conviction rate has created a perception that acid violence is a “**low risk**” crime and is one of the factors leading to its manifold increase.

Shortage of Judges

The shortage of judges is a major constraint that is creating a backlog and hampering speedy rendering of justice as the table here-in-under illustrates:

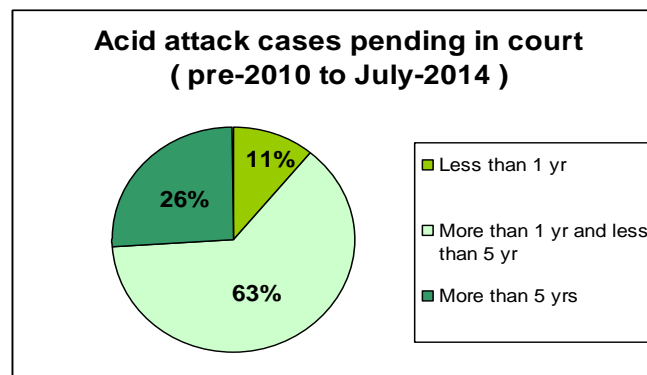
Particulars	Eastern India	All India	USA	UK
Strength of Judges (per million population)	11	12.5	107	51

The government is abreast of this adverse ratio and has envisaged a scheme to gradually build up the strength of judges to a ratio of 50 per million by 2030.

Inordinate Delay

One of the main problems of the Indian judicial system is the huge backlog of cases due to resource and manpower constraints resulting in excessive delay in granting justice.

- Total number of cases pending in eastern India are 19
- Cases pending less than 1 year are 2 (11 %)
- Cases pending more than 1 year are 12 (63 %)
- Cases pending more than 5 years are 5 (26 %)



Such inordinate delay results in: (i) Increased litigation cost (ii) Victims and witness's lose interest (iii) Physical evidence disappears or deteriorates. (iv) Unevenness and inconsistency of verdicts reached (v) Lends impetus to corruption (vi) Poses a danger of reduction of faith in the justice system. (vii) It is often said that "*Justice delayed is justice denied*" this couldn't be truer for victims of acid violence.

Fast Track Courts

The Government of India has announced 1800 such courts to deal with cases of violence against women but only 79 have been set up so far due to acute shortage of funding, infrastructure and judges.

Deficiencies in Legislation

Perpetrators of acid violence before the promulgation of the “Criminal Law Amendment Act 2013” on 3rd February 2013 were not effectively prosecuted. They were generally charged for causing hurt which invited a punishment of merely 3 years. Besides; most perpetrators were easily let out on bail. Perpetrators were mostly charged U/s 326, 307, 34, 320,322,325 and 326 of the Indian Penal Code 1860.

- ❖ The maximum imprisonment for causing hurt U/s 320 is 3 years, is bailable with little or no compensation.
- ❖ While maximum imprisonment for causing grievous hurt is 7 years + fine and is bailable.
- ❖ The maximum imprisonment for causing grievous hurt by dangerous weapons or means is 10 years – extendable to life, is non-bailable with fine.
 - Grievous hurt is not well defined and does not cover multiple types of grievous hurt on various parts of the body as caused by acid.
 - Proving ‘*mens rea*’ – is cumbersome and time consuming.

It may be pertinent to mention that most cases that are coming up in court presently were filed prior to 2013 and so the maladies of the then prevalent laws are still reflecting on the outcome of cases today.

Rectification of Legislative Deficiencies

In view of the increasing incidents of acid violence the recommendations of the Varma Committee Report of bringing in a separate penal provision to deal with this growing menace was given credence by the promulgation of the “Criminal Law Amendment Act 2013” on 3rd February 2013. The new provisions that was incorporated has been summarised here under:

Section	Offence	Punishment
326A	Acid attack	Imprisonment not less than ten years but which may extend to imprisonment for life and with fine which shall be just and reasonable to meet the medial expenses and it shall be paid to the victim
326B	Attempt to Acid attack	Imprisonment not less than five years but which may extend to seven years, and shall also be liable to fine

With this amendment the void of not having a separate specific legislation to deal effectively with acid violence has finally been overcome. Further these sections are non-bailable. It will certainly have a bearing on the trend of acid violence in India but presently it is too early to assess its impact.

Regulating Sale of Acid

The Supreme Court of India in the context of WP 129 of 2006 directed the Government of India to circulate to all States and UT's for consideration of “ **The Poison Possession and Sale Rules, 2013** ” which embodies the following:

- Over the counter sale of acid is completely prohibited unless the seller maintains a log/register recording the sale of acid which will contain the details of the person(s) to whom acid(s) is/are sold and the quantity sold. The log/register shall contain the details of the persons to whom it is sold.
- All sellers shall sell acid only after the buyer has shown –(a) a photo ID issued by the government which also has the address of the person (b) specifies the reason / purpose for procuring acid
- All stocks of acid must be declared by the seller with the concerned Sub-Divisional Magistrate (SDM) within 15 days of every month.
- No acid shall be sold to any person below 18 years of age
- In case of undeclared stock of acid , it will be open to the concerned SDM to confiscate the stock and suitably impose fine on such seller up to Rs.50,000
- Fine of Rs.50000/- may be imposed by SDM for breach of these conditions.

The States of Jammu & Kashmir, Orissa, Gujrat, Punjab, Bihar, Tripura, West Bengal, Delhi and Tamil Nadu have already complied with the directions of making the rules. Only Delhi has started implementing the rules by conducting raids and booking defaulters. This needs to be emulated by other States.

Compensation for victims of acid violence

Previously compensation was hardly ever awarded to victims of acid violence and even if awarded was very meagre. Besides, there was a wide disparity in the compensation provided by individual states for acid victims who has to undergo numerous surgeries and be rehabilitated over a prolonged period of time.

The Supreme Court in the context of WP129 of 2006 directed the Governments of all States and UT's to consider payment of compensation to survivors of acid violence as under: “The acid attacks victim shall get a compensation of at least Rs 3 lac by the concerned state govt / UT as the after care and rehabilitation cost. Out of this amount , a sum of Rs 1 lac shall be paid to such victim within 15 days of occurrence of such incident (or being brought to the notice of the state govt / UT) to facilitate immediate medical attention and expenses in this regard. The balance sum of Rs 2 lac shall be paid as expeditiously as may be possible and positively within 2 months thereafter.”

The Govt. has been dragging its feet on compensation and one has to approach the Courts for direction. Compensation for 8 survivors from eastern India is under processing through Human Rights Law Network the legal partner of ASFI through courts. One survivor from West Bengal has already received compensation so far.

Rehabilitation / Reintegration

The unfortunate scenario which confronts people who survive an acid attack is often they are left with little or no support along with functional impairment which has a devastating long term effect on the victim's social and economic life. Rehabilitation / reintegration become essential to give them a new life of dignity, usefulness and self-respect as shown here-under:

Category	Goal	Challenges	Mitigation
Students (47%)	To complete ones education	i. Fear for their safety ii. loss of social acceptability amongst classmates due to facial disfigurement iii. Severe financial hardship thrust on family	i. Counselling of victim along with teachers and peers ii. Counselling of family members, neighbours and community leaders iii. Educational support as detailed in the table below
House wives (29%)	Income Generating Activity	i. Fear for their safety ii. Severe financial hardship thrust on family iii. lack of formal education in some cases	i. Skill development / vocational training as detailed in the table below ii. grants / equipment for self- development as detailed below iii. Job placements as detailed in the table below

Rehabilitation & Re-integration Support Provided in Eastern India by ASFI - In 2014

Type of support provided	No of Survivors
Educational Support <ul style="list-style-type: none"> Funds for education of survivors wishing to further their studies at primary, secondary and college level. Funds for providing education to children of survivors who are incapacitated. 	3
Skills Development Training & Assistance <ul style="list-style-type: none"> Skills development training offered, catering to individual survivors needs. Subsidy for attending vocational training to learn new trade / craft to earn income. 	2
Job Placements <ul style="list-style-type: none"> Job counselling and placement for survivors who are fit to work 	1
Self-Employment Support <ul style="list-style-type: none"> Assistance given by way of providing equipment / machines (Sewing Machines) to supplement family income and strive to be self- sufficient. 	2
Grant for income generating activity <ul style="list-style-type: none"> IGA grants offered to survivors who need capital to start small business 	1
Facilitate access to funds from Government	Applied For

Especially challenged rural survivors who have become visually impaired in both eyes pose a difficult challenge for rehabilitation & re-integration requiring assistance from specialised NGO's / organisations which is proving to be logistically problematic.

Suggestions / Recommendations:

Building Awareness

- ❖ Awareness may be built through –
 - Social media campaign to raise awareness on Facebook, twitter, WhatsApp.
 - Release of PSA periodically and updating of website regularly are essential.
 - Print and visual media sensitisation –The benefits are already apparent by way of more acid crimes being reported through increased awareness. It also paradoxically suggests that there has not been strong enough deterrence.
- ❖ Potential victims should be made aware of the warning signs of an acid attack.
- ❖ Make the public at large aware of first-aid measures in case of an attack.

Handling of complaints

- ❖ It is imperative that investigations are conducted in a (a) Serious (b) Impartial (c) Timely (d) Effective manner
- ❖ Police's refusal / delaying to register complaints citing (a) jurisdiction (b) absence of medical report needs to be addressed.
- ❖ Charging the accused under lighter /ailable sections of IPC to enable the perpetrator to obtain bail must be countered.
- ❖ The process of investigation must be completed with a fixed time period.
- ❖ An identity shield is a must prevent the disclosure of the identity of witnesses
- ❖ For safety -'VITH U' is very useful safety application software launched by Ms Karrena Kapoor. On pressing a single button on the mobile, a call gets activated to a pre-determined list of numbers indicating one's location to receive help.
- ❖ Recording of FIR's should be done with respect and sympathy
- ❖ Complaints should be recorded verbatim
- ❖ Deficiencies in charge sheet and charges framed in a weak manner.
- ❖ Proper training for investigating officers is essential
- ❖ Investigative agencies are seen to have lost their independence which needs to be restored
- ❖ It is necessary to make prosecutors and investigators accountable and liable for the proper conducting of cases under their charge.

Personnel and Infrastructure

- ❖ The percentage of female police officers needs to be increased forthwith.
- ❖ Overall manpower in the police force is very low and needs urgent augmentation.
- ❖ The police need training to show sensitivity to gender-based crime.
- ❖ The numbers of all women police stations require to be increased.
- ❖ Skill-updating training must be provided to all police personnel.

Schemes benefitting acid survivors pending before the Government needing urgent approval / implementation:

- A. *Nirbhaya Fund*:** In Feb, 2013, Rs.1,000 crore 'Nirbhaya Fund' for women safety was announced. The scheme is awaiting approval from the Ministry of Finance.
- B. *National Women's Helpline*:** A national women's helpline number- 181 was made operational nationwide in January, 2013. Unfortunately, this helpline did not get wide publicity / acceptance due to political reasons. There's a need for national consensus and acceptability. All calls could land on the national helpline no. and then get directed to specialised help lines dealing with a particular crime. National Women's Helpline received 46,812 calls from 31st Dec, 2012- 31st May,2014 of which 441 calls were relating to acid violence.
- C. *One-Stop-Crisis Centre*:** The government had approved 9 crores for OSCC benefitting women victims of violence to get medical, investigative, psychological and legal support under one roof besides a temporary shelter. The ministry had proposed to create one OSCC in each district's public hospital. This scheme is still stuck in government files.
- D. *Ahimsa Messenger*:** This scheme aims to spread awareness about women's legal rights, safety, economic and social growth and dignity in society. It envisages a revolution necessary to bring about gender equality in society.
- E. *Sabala*:** A scheme for adolescent girls to make them self-reliant by empowering them to educational and vocational training.
- F. '*Acid Attack Victims Welfare Fund*':** The fund proposed by the present BJP government in its manifesto to cover cost of medical treatment and cosmetic/reconstructive surgery of acid victims is awaiting implementation.

Monitoring and Feedback

- ❖ Safety committees made up of police officers, citizen representatives, principals of Girls' Schools / Colleges and representatives of NGOs and Residents Welfare Association should be formed under each police station to discuss crime in the locality and review police handling of complaints.
- ❖ Nodal Officers - A few special police commissioners could be appointed as nodal officers to – (a) monitor how police are acting on complaints (b) Interact with the NGO's and District Protection Officer at 4pm on the last Friday of every month to receive feedback and discuss problems.

Special Campaign

- ❖ Special campaign for safety of women and children in slum areas are needed.
- ❖ Educating parents, teachers and students on aspects of acid violence is necessary.
- ❖ Holding of street plays, puppet shows in rural markets or “haats”, to make market-committee aware of the danger of possession and sale of acid.
- ❖ To curb illicit sale of acid in the unorganised sector.

Road Ahead

- ❖ Changing mind-set of conservative male patriarchs that legitimates violence towards women needs to be addressed by social and religious leaders.
- ❖ Gender-sensitisation campaign needs to be started from school
- ❖ Empowerment – It is very important to empower women especially in the rural areas to make them financially independent

Legislative Recommendations

- ❖ Legislation should make acid attacks a “transferable intent” crime providing the same penalties regardless of whether the person injured was the intended victim.
- ❖ Legislation should penalize those who aid this harmful practice and should include family members among those who may be penalized.
- ❖ Legislation should provide “sentencing guidelines” that reflect the gravity of the offence and disability suffered by the victim.
- ❖ Legislation should criminalize unlicensed sale of acid
- ❖ Legislation should establish and fund public awareness campaigns and training for all sections of society about this harmful practice and its consequences.
- ❖ Legislation should provide legal, medical and other types of rehabilitation services for victims.
- ❖ Legislation should provide judgment in the absence of the criminal.
- ❖ All court cases need to be video recorded. The recording of the entire judicial process in the lower courts will improve the efficiency in the trial and show effectiveness of the prosecuting officers and the judge.
- ❖ Laws are needed to mandate that investigations are completed within a fixed time period and non-compliance dealt with strictly.
- ❖ Laws must mandate that acid cases be tried in a ‘fast track’ court with continuous hearings and be concluded within a fixed time frame.

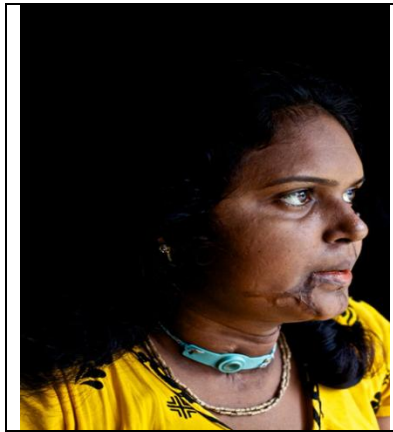
General Recommendations

- ❖ An amendment in the physical disability act is required to accommodate facial disfigurement which is mostly suffered by acid victims to enable them to avail 3% reservation for education and service provided by the government.
- ❖ An appeal may be made to the government for granting 100% tax exemption on finances spent on medical treatment of acid victims from the CSR funds of Corporate Houses.

Survivors Stories

RITA PAUL

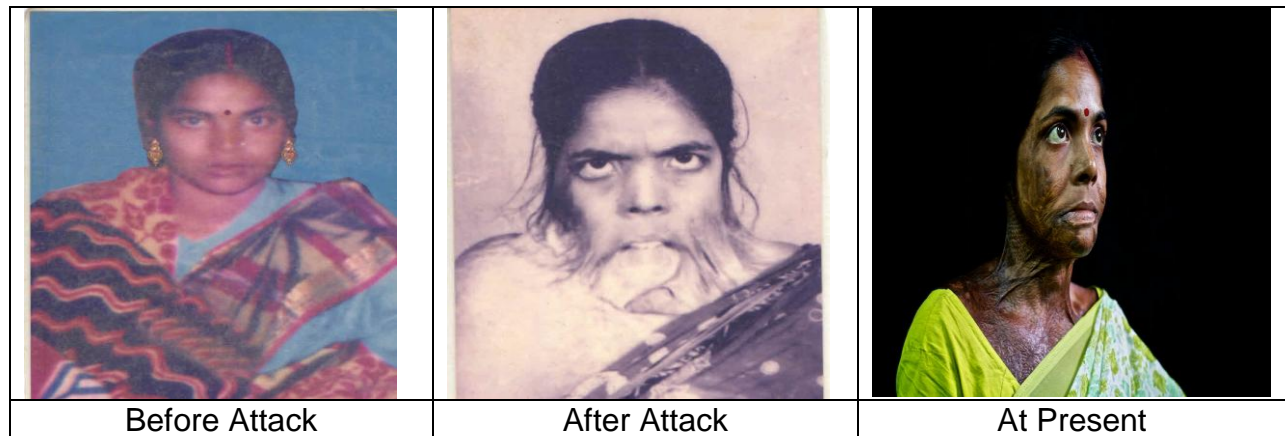
Rita a 22 year old was happily married and lived with her husband in Sodepur near Kolkata. She chanced upon her mother-in-law having an illicit relationship with another person. Apprehension that she may reveal the misdeeds of the family; led her husband and mother-in-law to try and kill / silence her by forcibly pouring one litre of acid down her throat. The attack has destroyed her vocal chords due to which she is unable to speak. She also has difficulty in swallowing food. With her little education she filed a written complaint and was able to get her husband and mother –in –law prosecuted and sent to prison for 10 years.



At Present

MOYNA PRAMANIK

Moyna was attacked with acid, doused in kerosene and set alight by her husband and in-laws because she failed to give them a male heir and gave birth to a girl child. Moyna is from Murshidabad in West Bengal and was 16 years old when she was attacked. Despite her medical condition this brave girl passed her Madhamik Examinations and is now preparing for her Higher Secondary Examinations. She does odd jobs, cooks in a school and does sewing to singly support herself and the education of her daughter.



KRISHNA NUNIA

Krishna a 26 year old mason from Murshidabad in West Bengal was not getting along with his wife and they had separated. When he filed for a divorce his brother – in- laws tied him to a tree and threw acid on his face. The attack took away his vision in one eye, his livelihood besides ruining him financially and making him a social outcast. Once he is medically stabilised he is hopeful of returning to his profession, becoming self-sufficient and contributing to society productively.



At Present

SHAMPA BARMAN

Shampa a 17 year old student studying in class 11 from Tamluk in East Midnapur District of West Bengal rejected a marriage proposal from an unknown person. In retaliation he removed a roof tile at night and threw acid on her while she was asleep. The attack has damaged her vision in one eye and caused serious acid burns to her little niece who was sleeping next to her. Although the attack drained her family financially prompt medical treatment saved her vision partially. Her attacked is absconding. She hopes to continue with her schooling once she recovers.



After Attack

Injured Niece

SONALI MUKHERJEE

Sonali an 18 year old girl from Dhanbad in Jharkhand studying Sociology (Hons), participated in cultural programmes and was an NCC cadet. She turned down sexual overtures from her neighbours who termed her as 'arrogant' and threatened to teach her a lesson. At night while she was asleep on the roof of her house the perpetrators broke into her place and poured acid on her face. She suffered 70% burns and it made her partially blind and deaf. Now 27 surgeries later she is battling on with immense courage to become self- sufficient and support her aging parents.



CHANCHAL PASWAN

Chanchal, an 18 years old from the outskirts of Patna in Bihar was aspiring to be a computer engineer to support her family. A young man who had proposed to her was angered by her rejection. He along with his friends taunted her and called her names and threaten to spoil her face. At night while she was asleep on the terrace the boys pinned her to the bed and poured acid on her face destroying her eyes and face. She is brave and determined to go back to school stand on her feet and break the shackles of fate that has tied her down; and re-live life to the fullest.



CONCLUSION

Every human being is potentially infinite, perfect and divine with virtues and love. Unfortunately illusions of greed, lust, jealousy and anger has been overcoming humanity and not a week goes by without the report of an unfortunate victim, who has been ravaged by acid. This is the worst form of gender violence and a shame to modern civilization.

Swami Vivekananda said, “The best thermometer to the progress of a nation is the treatment of its women”. I sincerely hope that this message is not lost on the populace of India and the world.

I would feel contented and fulfilled if my apprenticeship report analysis, and finding make a difference to the life of an unfortunate victim of acid violence, who have all shown tremendous resilience to fight all odds and live a life of worth, usefulness and dignity.

THANK YOU

Annexure:

ACID ATTACKS IN EASTERN INDIA					
Year	Name	Age	Sex	Location	Reason
2014	Gita Gayen	40 yrs.	F	Swarupnagar, WB	Rejection of Proposal
2014	Dipabali Rajak	22 Yrs.	F	Malda, WB	Rejection of Proposal
2014	Poly Debnath	36 yrs.	F	Ranaghat, WB	Rejection of Proposal
2014	Md. Muzaffar Hussain	28 yrs.	M	Malda, WB	Enmity
2014	Janmenjoy Khan	57 yrs.	M	Nodakhali, WB	Enmity
2014	Rupsar Yasmin	17 yrs.	F	Paskura, WB	Rejection of Proposal
2014	Mansura Khatun	18 yrs.	F	Tamluk, WB	Rejection of Proposal
2013	Mazrul Islam	36 yrs.	M	Murshidabad, WB	Enmity
2013	<i>Anonymity Requested (UK19)</i>	20 yrs	F	Birbhum, WB	Rejection of Proposal
2013	Sampa Burman	17 yrs.	F	Tamluk, WB	Rejection of Proposal
2013	Sukhia Bibi	15 yrs.	F	Rajarhat, WB	Rejection of Proposal
2013	Sampa Sinha	48 yrs.	F	Salt Lake, WB	Enmity
2013	Rupa Sarkar	30 yrs.	F	Khardah, WB	Family Dispute
2013	Milan Sheikh	3 yrs.	M	Murshidabad, WB	Family Dispute
2012	Krishna Kumar Nuniya	28 yrs.	M	Murshidabad, WB	Family Dispute
2012	Sabana Khatun	22 yrs	F	Diamind Harbour, WB	Rejection of Proposal
2012	Gargi Das	22 yrs.	F	Kalyani, WB	Rejection of Proposal
2012	Laxman Shaw	30 yrs.	M	Agarpara, WB	Money Dispute
2012	Saheba Khatun	24 yrs.	F	Hooghly, WB	Eve-teasing
2012	Jharna Bibi	21 yrs.	F	Malda, WB	Dowry
2011	Jahida Khatun	37 yrs.	F	Howrah, WB	Family dispute
2011	Makimah Khatun	19 yrs.	F	Murshidabad, WB	Rejection of Proposal
2011	Sarmistha Roy	22 yrs.	F	Shantineketan, WB	Unknown
2010	Mamata Panja	26 yrs.	F	Kolkata, WB	Sadistic Pleasure
2010	Dipti Mondal	22 yrs.	F	Birballabpara, WB	Evetearing
2010	Kishori Burman	47 yrs.	M	Raigunj, WB	Rejection of Proposal
2009	Rinku Mondal	18 yrs.	F	Hooghly, WB	Rejection of Proposal
2009	Princey Dey	35 yrs.	F	Kolkata, WB	Family dispute
2008	Subhobrata Sanyal	26 yrs.	M	Sodepur, WB	Family Dispute
2008	Tulsi Singh	30 yrs.	F	Malda, WB	Rejection of Proposal
2008	Anita Roy	37 yrs	F	Jalpaiguri, WB	Family Dispute
2008	Tajibur Rahman	28 yrs.	M	Malda, WB	Family Dispute
2007	Babulal Mistri	34 yrs.	M	Diamind Harbour, WB	Family dispute
2007	Piyali Chakraborty	30 yrs.	F	Dum Dum, WB	Fight with friend
2007	Piyali Dutta	23 yrs.	F	Shyamnagar, WB	Tenant's Discord
2006	Anoara Bibi	26 yrs.	F	Gobindapur, WB	Rejection of Proposal
2003	Sonali Chakraborty	35 yrs.	F	Diamind Harbour, WB	Domestic Violence
2001	Moyna Pramanik	16 yrs.	F	Murshidabad, WB	Dowry
2000	Rita Paul	36 yrs.	F	Sodepur, WB	Family dispute
1998	Sehnaz Begum	45 yrs.	F	Kolkata, WB	Family dispute

ACID ATTACKS IN EASTERN INDIA contd...					
Year	Name	Age	Sex	Location	Reason
2014	<i>Anonymity Requested (UK21)</i>	18 yrs	M	Samastipur, Bihar	Enmity
2013	<i>Anonymity Requested (UK23)</i>	15 yrs.	F	Patna, Bihar	Enmity
2013	<i>Anonymity Requested (UK22)</i>	22 yrs	F	Mujaffarpur, Bihar	Enmity
2013	Niraj Kumar	32 yrs.	M	Patna, Bihar	Accident
2013	Pawan Kumar	18 yrs	M	Borahi, Bhar	Rejection of Proposal
2012	Munna Thakur	30 yrs	M	Patna, Bihar	Political Rivalry
2012	Chanchal Paswan	19 yrs.	F	Patna, Bihar	Rejection of Proposal
2014	<i>Anonymity Requested (UK 24)</i>	35 yrs	F	Cuttack, Orissa	Enmity
2014	Sadasiv Das	45 yrs.	M	Cuttack, Orissa	Family dispute
2013	<i>Anonymity Requested (UK7)</i>	22 yrs.	F	Kendrapara, Orissa	Marriage Prop.
2013	Sanatan Patra	40 yrs.	M	Jagatsinghapur, Orissa	Property Dispute
2011	<i>Anonymity Requested (UK6)</i>	19 yrs.	F	Cuttack, Orissa	Enmity
2009	<i>Anonymity Requested (UK25)</i>	19 yrs.	F	Cuttack, Orissa	Enmity in Campus
2013	Nirupama Kalita	18 yrs.	F	Darrang, Assam	Rejection of Proposal
2013	Narad Adhikary	24 yrs.	M	Odalguri, Assam	Sadistic Pleasure
2012	Rahul Kumar	27 yrs.	M	Ranchi, Jharkhand	Mediating fight
2003	Sonali Mukherjee	18 yrs.	F	Dhanbad, Jharkhand	Rejection of Proposal
2013	<i>Anonymity Requested (UK5)</i>	16 yrs.	F	Raigarh, Chattisgarh	Enmity
2013	Meena Begum	26 yrs	F	Dimapur, Nagaland	Rejection of Proposal

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