

Acid crimes in Pakistan

Laws and the plight of victims

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M.Sc. International Development (UK)



**Human Rights Commission
of Pakistan**

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List of acronyms

ASF	Acid Survivors Foundation
ASFP	Acid Survivors Foundation Pakistan
ATC	Anti-terrorism court
CBO	Community-based organizations
CCE	Centre for Civic Education
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CHK	Civil Hospital Karachi
CMO	Casualty Medical Officer
CrPC	Criminal Procedure Code
DACC	District Acid Control Committees
DSP	Deputy Superintendent of Police
ECE	Early Childhood Education
EVAWG	Eradicate Violence against Women and Girls
FIR	First Information Report
HDU	High Dependency Unit
HMC	Hayatabad Medical Complex
ICU	Intensive Care Unit
ICT	Islamabad Capital Territory
IHI	Insaani Haqooq Ittehad
IO	Investigation officer
KP	Khyber Pakhtunkhwa
KTH	Khyber Teaching Hospital
LRH	Lady Reading Hospital
MLO	Medico-legal officer
NACC	National Acid Control Council
NCHR	National Commission of Human Rights
NCSW	National Commission on the Status of Women
NGO	Non-government organization
PIMS	Pakistan Institute of Medical Sciences
POF	Pakistan Ordnance Factories
PPC	Pakistan Penal Code
PCSW	Provincial Commission on the Status of Women
SNE	Schedule of new establishment
SHO	Station house officer
SOPs	Standard operating procedures
SP	Superintendent of police
ToR	Terms of reference
UN	United Nations
UDHR	Universal Declaration of Human Rights
UNICEF	United Nations Children's Emergency Fund
WAF	Women Action Forum

Background

“This world is already so ugly, I do not want to add to its ugliness. Whoever looks at me will have a feeling of disgust and I don’t want to cause bad feelings,” said Bushra (name changed to protect identity), a 35-year old acid attack survivor in Lahore. Fifteen years down the brutal attack on Bushra by a spurned suitor, she continues to suffer from severe disfigurement, trauma, and exclusion. She is one of the many acid attack survivors living a life in agony, constantly reminded of the incident by a society that stigmatizes disfigurement and shuns the victims of this horrid crime as pariahs.

Between 150 to 400 cases of acid attacks are reported in Pakistan every year (DFID, 2013). As many as 80 percent of the victims are females and almost 70 percent are younger than 18.

“This world is already so ugly. I do not want to add to its ugliness,” said Bushra, an acid attack survivor in Lahore.

Acid violence is a grave violation of women’s rights and a major public health issue. Such attacks are generally intended not to kill the victims but cause disfigurement, often leading to blindness, hearing loss, and the victims suffering severe physical and mental pain (Global Centre for Women and Justice, 2011). Acid attacks also cause social and economic exclusion and victims have limited access to legal recourse, and medical or psychological assistance (Wesson, 2002). They limit the fundamental freedoms enjoyed by a person such as right to life, healthcare, education, freedom of movement, enjoyment of the highest attainable standard of physical and mental health, just and favourable conditions to work, and freedom from discrimination, among others.

Acid attacks have been reported from different parts of the world, including Europe and the United States, but such attacks are mostly concentrated in Asian countries such as Bangladesh, Pakistan, India, Cambodia, Vietnam, Laos, China, Ethiopia and Iran (Han, 2010; Castella, 2013; Swanson, 2002). The highest number of acid attacks was reported from Bangladesh, where a total of 3,112 incidents occurred during 1999 to 2012, with 496 attacks recorded in 2002 alone. Acid Survivors Foundation Bangladesh started its multipronged campaign of advocacy, prevention and rehabilitation in 2002 and in the same year the government passed legislation related to acid crimes. These laws made acid attacks punishable by death or imprisonment, and imposed severe fines were depending

on the nature of the crime. The legislation also curbed sale and usage of corrosive acid (Ilahi, 2014). The reported cases of acid attacks have since then exhibited a declining trend, with 58 incidents reported in 2014, which shows a 75 percent reduction (AcidsurvivorsPakistan.org, 2015). The successful model of acid attack legislation and support of the non-governmental organisations in Bangladesh serves as a model of inspiration for other countries to follow.

Pakistan is among the few countries that have passed specific legislation related to acid crimes. After years of advocacy and lobbying, acid violence was made a crime against the state with the adoption of the Acid Control and Acid Crime Prevention Act 2011. Till then, acid-related cases were treated as a form of domestic violence and addressed under the Domestic Violence (Prevention and Protection) Act 2009. Following the 2011 legislation, the use of acid in violence is a criminal, non-bailable and non-compoundable offence that is punishable with minimum 14 years to life imprisonment and a fine of one million rupees. The legislation has also outlawed the sale of acid without a license and increased the penalty for unlawful sale, from 500 rupees to 100,000 rupees and/or a year in jail for the first offence. The cases are heard by the anti-terrorism courts (ATC).

Although the new legislation is a promising step, the experts have highlighted several shortcomings in the 2011 law, and pinned their hopes on pending legislation in at least two provinces to address the flaws.

Objective

The study was conducted to explore the reasons behind the continued incidence of acid attacks in Pakistan and also investigate gaps in service-providing institutions such as burn care units, and psychological and legal support to the acid attack survivors.

This study further analysed the effectiveness of Acid Control and Acid Crime Prevention Act 2011 by looking at the following measures:

- Increase or decrease in number of cases after the implementation of law;
- Change in territorial area of incidents;
- Change in the number of cases registered;
- Change in number of perpetrators convicted;
- State of public awareness on the issue; and
- Defects in implementation of law.

This report was meant to serve as the basis for engaging experts, doctors, lawyers, medico-legal experts, police officers, and human rights activists through a consultation to enrich the recommendations and strategies to prevent and confront this blatant violence and protect and rehabilitate the victims.

Methodology and challenges

The study involved examining secondary data sources such as international human rights law, domestic law, data from international organizations, academic literature, non-governmental organization reports, and relevant media reports to develop an understanding of acid violence within the local political, social and cultural context.

Obtaining statistics on acid attacks is difficult because most cases occur in isolated rural areas where mechanisms to collect information are weak. Also, police record on acid crime is generally flimsy and unreliable. Many victims do not report attacks to police because of fear of reprisals, lack of trust in the police system and judiciary, shame and the so-called „honour-related “ issues while some acid attack cases are registered under inaccurate provisions of the Pakistan Penal Code (PPC).

It was not easy to locate and contact acid attack victims, which resulted in time lags in the implementation of the research. Due to social marginalization, emotional and psychological trauma, lack of self-worth, prejudiced perception of the society, or out of court settlement with the perpetrator, acid attack survivors generally avoid talking to community workers and researchers. Acid attack victims were contacted and ethics of social research were considered by keeping participation entirely voluntary and maintaining confidentiality and anonymity of the participants. Interviews were conducted with individual acid attack victims and with the people working in organizations that protect and rehabilitate acid attack survivors.

Semi-structured interviews were conducted with police officers, medical professionals, medico-legal experts and lawyers to understand the issue from the perspective of the key actors. Visits to the burn units of various hospitals provided a fair opportunity of observing the patients, doctors, nurses and other people present at the facilities. The statistics for this study were mainly collected from media monitoring.

Contextualization

Despite the frequency of acid attacks and the high traumatic risk associated, there is a lack of academic literature, books, reports and journal articles on acid violence. Since the 1990s many medical reports have been written about the physical impact of acid burns on the body, particularly in Cambodia, West Africa, Uganda and Bangladesh (Welsh, 2009). The literature available highlights the determinants that fuel acid attacks and the life long impact of such acts on the survivors. However, studies that provide interviews of acid burn victims are particularly lacking because of the difficulty faced in getting access to interview them.

Apart from the reports published by Acid Survivors Foundation Pakistan (ASFP), Aurat Foundation, Shirkat Gah and a few other organizations, little has been recorded or written about acid violence in Pakistan. The literature reviewed for this study combines insights from public health, sociology, gender studies and feminist and human rights perspective. Although this literature review is not conclusive, it provides an outline of some of the key texts and theories that are useful to understand acid violence in Pakistan.

Academic literature uses different terms to refer to acid attacks: vitriolage, acid violence, acid terrorism, chemical attack, acid attack or acids burn. Wesson (2002) described acid attack as a deliberate act of violence in which the perpetrator throws acid onto the victim's face and/or body to cause severe burns. Bellamy (quoted in UNICEF, 2000) explained acid attack violence as a culturally accepted and often homicidal violence, targeted at both women and men, intended to either kill or cause severe disfigurement. She further stated that acid violence was a horrific form of vengeance, which "melts human flesh and even bones, causing excruciating pain and terror and leaving the person physically, socially and emotionally scarred for life" (Welsh, 2009).

Acid violence is often treated as an isolatable violation of human rights, while it is part of broader violence and cruelty that prevails across the world against women. Like other forms of violence against women, acid violence is a structural phenomenon rooted in the cultural, socio-economic and political context of a region, This type of violence has been condoned in countries with greater gender inequality, such as those in the South Asian region (Finley, 2013).

Referred to as an "intimate form of terrorism", "crime of passion", or "terrorism that is personal", acid attacks are seen as a form of domestic violence and often include issues of marriage, love and

'honour' fuelled by jealousy and revenge (Kristoff, 2008; Islam, 2004).

Since acid violence is a form of violence against women, the academic literature explains the motivations behind acid attacks using concepts of gender, ownership and power. Scholars have presented several perspectives to explain violence against women, however, no single theory is available that can fully and holistically explain all the different types of violence perpetrated against women (Brownridge, 2009).

Some scholars have used micro-level theories, based on psychological factors, to explain violence against women. These theories focus on the individual level characteristics, that analyse the perpetrator's personality traits and mental status such as disorders, psychological illness and substance abuse, as the primary causes of violence against women (Jasinski, 2011). Estimates show that only 10% incidents of violence against women spawned by male perpetrators have mental illness as the cause and thus, psychological explanations cannot analyse the other 90 percent of the perpetrators (Brownridge, 2009; DeKeseredy and Schwartz, n.d). Too much emphasis on the psychological factors of the perpetrator tends to decrease his responsibility for his actions. It is also problematic because it fails to consider the fact that that violent men manage to observe self-control in all other settings except their homes and intimate relationships. If acid throwers are said to be suffering from certain personality disorders, then, it is problematic to explain why do acid throwers, throw acid on certain people in certain settings and not others.

Other scholars propose violence against women to be a learned social behaviour rather than an inherent personality trait. They maintain that those male children are more likely to grow up to assault or attack female intimates, whose parents abused them or if they observed their fathers assaulting or attacking their spouses (Hines & Malley-Morrison, 2005). Considering acid throwing as a learned social behaviour, which is more likely to be used as a weapon by children who have seen their parents using it, provides a narrow perspective of explaining the phenomenon. This assertion is supported by scholars who believe that children are not 'hollow beings', who learn whatever they see and most of them possess a sense of justice and fairness (DeKeseredy and Shwartz, n.d; Straus et al. 1981). This, however, does not downplay the importance of homes as the major training ground for violence but points to the fact that external sources such as broader cultural attitudes, beliefs,

media, male peers and social institutions also play a part (Katz, 2006).

Micro-level theories are too narrow to understand the phenomenon of acid violence due to their limited emphasis on the isolated individual but are useful in understanding aspects of behaviour that make it more likely for an individual to resort to acid violence. According to some scholars (Flax, 1993) focus on “sick” people is too limited and tends to exclude “sick” social arrangements. To understand acid attacks in a better way, focus beyond the individual characteristics of victim, offender, or situation is needed as violence against women is embedded in a larger social organization (Hunnicut, 2009).

Feminist scholars have moved beyond the micro-level to examine how violence against women is influenced by social groups, culture and institutions. This group of theories concentrates on the role of broader social forces such as gender relations and patriarchy to explain violence against women (Jasinski, 2011). Feminists hold that violence against women is the result of the social structure that has a long history of male dominance (Postmus, 2012). Patriarchy is manifested at some level in every society and is gained through male supremacy of powerful positions in economic, cultural, social, political, legal, religious and professional institutions (Hunnicut, 2009). In male-dominated institutions, violence is a tool that men may use to maintain their power and keep women in subordinated positions. Policies and practices of social institutions make violence against women acceptable, normal or customary rather than considering it violent crime (Yodanis, 2004; Dobash & Dobash, 1979; MacKinnon, 1979; Walby, 1990). Applying it to acid violence, it is observed that the feminist theory fails to explain why is it that only some men resort to violence against women but others do not while growing up and belonging to the same social structure and institutions.

Scholars have pointed out that in patriarchal societies women are considered bearers of tradition and honor and it is on their bodies that contestations over ownership are played out (Chowdhury, 2005). They have also asserted that a woman’s physical appearance is considered to be the most valuable asset and a means to social status, marriageability and economic security (Anwary, 2003; Chowdhury, 2005). Such notions of femininity put more pressure on women to meet the unattainable ideals of physical attractiveness, which vary from culture to culture (Gimlin, 2002; Baumann, 2008). For example, the South Asian culture puts emphasis on ‘fair skin’ as socially acceptable standard of female beauty. Scholars have stated that with the overwhelming emphasis on judging women by their

physical appearance, the perpetrators may use acid to 'rob the women' of marriageability, social acceptance and economic security, particularly in a patriarchal culture (Chowdhury, 2005).

Feminist scholars have also used the concept of hegemonic masculinity, which is helpful in contextualizing acid attacks (Postmus, 2012). Violence against women is often a product of socialisation pressures on men to maintain a certain ideal image of maleness. Generally, in the south Asian region, notions of hegemonic masculinity would expect husbands to be aggressive, tough, and controlling over their wives. If a husband is considered polite, soft or respecting the wife's decisions, he would be labelled as 'effeminate', 'sissy' and not fulfilling his masculine role. Considering this, if a woman rejects a man's decision, she may be considered to have threatened the notions of masculinity and therefore, violence can become a means of settling the issues.

Scholars support that certain pockets of society share beliefs that characterize violence as a way of life to settle disputes, gain respect and prove one's masculinity (Wolfgang, 1976; Jasinski, 2011; Wolfgang and Ferracuti, 1976). Incidents of violence against women are not evenly distributed within the society; rather, higher rates of violence prevail amongst lower class and racialized populations because these groups embrace values and norms that are more permissive of and tolerant to violence. This perspective suggests that some subcultures may be more macho than others and would justify values such as male dominance and hypermasculinity¹ to render partner violence more acceptable, than reflected among other groups of the society (Wolfgang, 1976; Stewart, 2014). The importance of subcultural values cannot be undermined because of their influence on perceptions of masculinity and femininity, relationships, family, and acceptable ways to resolve conflicts. However, attributing violence against women only to subcultural values poses the risk of justifying the perpetrators on the basis of "that's the way those people are" and considering them out-groups, deviant and exceptional.

Feminists characterise survivors of acid attacks as women who are blamed for being 'wayward and disobedient', 'provocative and non-docile', as opposed to the ideal image of a good woman, and therefore deserving to be tamed (Akhter and Nahar, 2003). Blaming women for the violence perpetrated against them reinforces the

¹Hypermasculinity is an adoption of extreme machismo in males. According to Matt Zaitchik and Donald Mosher, it is an exaggerated form of masculinity, virility, and physicality, as well as a tendency to ward disrespecting women (Greene and Gabbidon, 2009).

gendered expectations of 'appropriate' behaviour such as it is considered inappropriate and unacceptable for women to make their marriage decisions. The scholars have also highlighted that in certain cultures it is supposed that some women, who are wayward and disobedient, need to be 'tamed' by violence in order to change their inappropriate behaviour. Explanations based on biological notions of femininity and masculinity lead to an acceptance of violence against women, by reconfirming gender roles, and need to be rethought (Kasan, 2012; Brownmiller, 1975; Keen, 1991; Russel, 1984; Zur, 1995; Sundberg, S.L. et al. 1991; Yollo & Bogard, 1988).

Scholars have also pointed out that economic restructuring, globalisation and neoliberal policies have provided some freedom and independence to women. While, on the other hand, empirical evidence shows that violence against women may actually rise as they take up new employment opportunities and move beyond their traditional role in the household, which is seen by men as a threat to their breadwinner masculine identity (True, 2012; Kersten, 1996; Gallagher and Parrott, 2011; Heise and Garcia-Moreno, 2002; Jewkes, 2002).

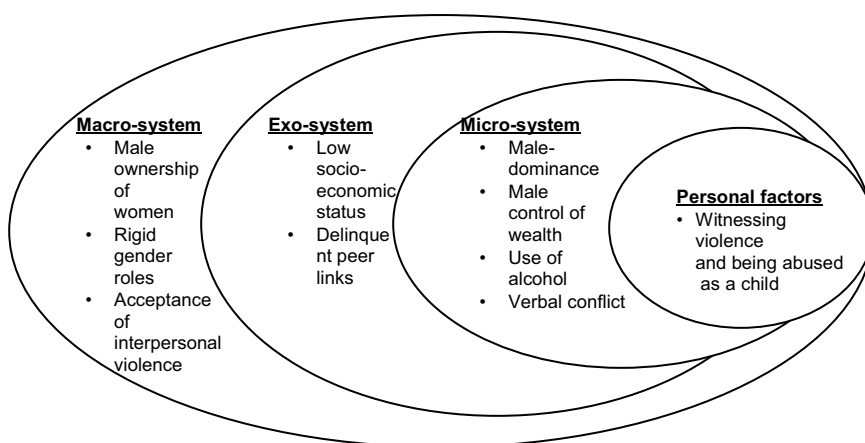
True (2012) has used, as an empirical evidence, the case of acid attacks in South Asia, with particular reference to Pakistan, saying that acid attacks are an extreme reaction of men who have a perceived loss of status and identity as gender relations are observed to be changing. A prominent case of acid attack, which highlights the impact of advancement in education on gender relations, has been added as a footnote.²

It has also been emphasised by scholars that discriminatory practices, such as demand dowry, that exist in South Asian countries, to be a cause of violence against women. Dowry practices intensify the economic devaluation of women, are a form of domestic violence related to bride burning and acid throwing (Seth, 2013). The dowry related issues occur not only in rural and tribal areas of Pakistan but also in many urban areas (Ali and Khan, 2007). Husband and/or in-laws, who consider the dowry to be inadequate, might commit violence against the newly wedded woman, which

² The case of Rumana Monzur, a Fullbright scholar of masters in political science at the University of British Columbia, who was attacked with acid by her husband, is worth noting as it shows how globalization and educational opportunities can act as double-edged swords for women. Rumana lost her eyes in the acid attack and was left with permanent disfigurement. The attack occurred after a dispute between Rumana and her husband regarding her education. She wanted to return to the University to continue her studies and undertake a PhD. Rumana was offered space in the university, along with her daughter and family, and has continued her commitment to her studies with the help of the University staff (for details see True, 2012).

could include acid throwing. Dowry disputes are considered a domestic issue and often ignored (Jutla and Heimbach, 2004).

To understand violence against women fully, scholars have moved to develop multidimensional theories of violence, which consider social structural factors together with individual characteristics. Heise' (1998) ecological framework conceptualizes violence as a multi-causal phenomenon rooted in interplay among personal, situational, societal and cultural factors, to highlight the gravity of the issue (Zakar, 2012). There is considerable overlap between the factors; however, an attempt to divide them has been made as the figure below shows. This model can be applied to the phenomenon of acid attacks to understand various layers of the society that contribute to its occurrence.



Source: Heise (1998)

Heise (1998) explains violence against women as a product of the interplay between various factors at the personal, micro-system, exo-system and macro-system levels as the above figure shows. While individual factors play a major role in formulating violent behaviour, particularly among males, the micro-system provides an immediate context for the commission of violence. While resorting to violence as a means of settling disputes, or exerting control over others suggests the role of childhood history of an individual, using acid as the 'weapon of violence' reflects other situational, cultural and political contexts, which are included in micro and exo-system factors.

Micro-system impacts the duration, frequency and intensity of violence. Micro-system factors that can be considered encouraging to acid attacks include marital discord, alcohol or substance abuse. Other situational factors include pressure from peers to use violence as a notion of maintaining masculinity, easy and cheap availability of acid as a weapon of violence in certain locations, and geographical area with cultural acceptance of specific forms of violence.

The exo-system encompasses various institutions and social structures, which influence what happens in the microsystem and dynamically interact with these institutions to encourage male dominance within the family system. Factors such as attachment to peers who encourage rigid patriarchal beliefs and legitimize violence against women increase the risk of domestic violence. Other predictors highlighted by scholars include criminal justice system, impunity towards perpetrators, influence of media in objectification of women and lack of skills/ knowledge among police and other security actors regarding gender-sensitive laws. These factors support or condone violence in the microsystem. Scholars further assert that, at the macro level, the legal system, institutions, and other social structures reflect and perpetuate patriarchal values that exist in the exo-system (Marin and Russo, 1999; Heise, 1998).

Conclusion

In conclusion, it must be pointed out that the above studies provide various reasons, using theories from psychology, sociology and feminist literature to explain different motivations behind acid attacks. The studies also highlight the reasons for the likely occurrence of acid attacks in some cultures and regions as compared to others, and why is it often directed towards women. Besides a few studies from Bangladesh, the academic literature does not reflect the effectiveness of acid-related legislation in dealing with the issue, which has deeper root causes. It also fails to take into account women as acid throwers or perpetrators of acid attacks and men as victims of the violence. Conventional economic analysis does not consider the power dynamics at play in the family household due to which the relationship between high economic returns and violence against women at the household level remains invisible. This too is important to understand acid attacks. The literature remains silent on why perpetrators choose 'acid' as a weapon to attack and not any other means.

Naila Farhat's case and the Supreme Court decision

"I want him to be doused in acid so he can feel not just the searing pain but live with disfigurement day after day, for the rest of his life," said Naila of her main assailant.

"I felt it burning. I couldn't see clearly, but I could hear them laughing," said Naila Farhat. "I wanted justice." (Abouzeid, 2010)

Naila was only 13 years old when a rejected suitor, Irshad Hussein, and his friend, Mazhar Hussein, attacked her with acid on her way back from school in 2003. Irshad, a tailor by profession, and Naila's teacher, Mazhar Hussein's friend, was interested in getting married to Naila. When her family declined, Irshad, together with Mazhar, sprayed acid on Naila's face and completely disfigured her. Naila was determined to seek justice and knock every possible door to pursue her case. She was reported to have said that beneath her physical scars laid smouldering anger that could not be pacified until she had taken revenge from her violators.

When the incident happened, there was no law that could provide justice to victims of acid attacks. There was, however, provision of life imprisonment for perpetrators in Domestic Violence Bill, which had not been passed by then. When the survivors and their families pursued cases through the criminal justice system, they faced lengthy delays and little support from the state regarding legal cases, medical treatment or rehabilitation (ASF, 2015).

Naila received initial medical care in a local hospital in Layyah district. She was then shifted to the district headquarters and later to Lahore and Islamabad for better treatment. While Naila was still in hospital, her parents registered a First Information Report (FIR) against the two perpetrators, Irshad and Mazhar (ASF, 2015). The main assailant was caught immediately and arrested, while the other perpetrator was detained after a few days. Two years later, a civil court awarded the attacker 12-year imprisonment and 1.2 million rupees, while no punishment was given to Mazhar. The attacker appealed to the session court and Naila too made an appeal for a review of the sentences. As a result, the sentences were increased to 12 and seven years for Irshad and Mazhar respectively (Abouzeid, 2010).

The perpetrators made another appeal to the Multan High Court and the court ordered their release on the condition that the assailant will

pay the fine. Naila, then made an appeal to the Supreme Court, on which Chief Justice, Iftikhar Muhammad Chaudhry, took a suo motu notice in 2009. A three-member bench of the apex court, comprising Chief Justice Iftikhar Muhammad Chaudhry, Justice Ch Ijaz Ahmed and Justice Khilji Arif Hussain heard the case and reinstated the decision made by the session court (ASF, 2015).

A few non-binding directions were also given to the government during the hearing of Naila 's case. These highlighted a number of important issues regarding the phenomenon of acid attacks in the country and rehabilitative support for the survivors.

The issues highlighted by the Supreme Court have been discussed below:

- The Supreme Court called upon the federal government to legislate on issues of acid attacks following as model the laws enforced in Bangladesh, Acid Crime Prevention Act 2002. These laws award death sentence as the maximum punishment for the accused and also regulate acid sales and contain provisions for medical treatment and rehabilitation of the acid attack survivors.
- The Supreme Court directed the government to take steps to ensure free and effective medical treatment and rehabilitation support to the victims of acid attacks.
- The Supreme Court also raised the issue of open sale and storage of acid and pointed out that it is one of the major reasons that have led to an alarming increase in acid attack cases across the country. They instructed the government to take immediate steps to regulate acid sales by improving enforcement of the existing licensing system and selling acid to genuine license holders only.

(Daily News, 2009)

The landmark decision of the Supreme Court, followed by years of advocacy and lobbying, resulted in making acid violence a crime against the state with the adoption of Acid Control and Acid Crime Prevention Act 2011.

Naila, with the support of her parents and Acid Survivors Foundation, is recognised as an inspiring woman who appealed in the Supreme Court for justice in an acid attack case. It took her six long years to pursue her case despite pressure from the other party to withdraw, and the torment of being present in the same room as her attacker. Naila continued her education from Allama Iqbal Open University and also learnt stitching and paranda making (Abouzeid, 2010).

The legal framework

The international human rights law does not explicitly mention elimination of acid attacks against women. The Universal Declaration of Human Rights (UDHR), the United Nations Declaration on the Elimination of Violence against Women, and the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) deal with various types of violence committed against women. These conventions and declarations, therefore, are relevant to acid violence as well.

Pakistan has ratified the international conventions mentioned above, which provide an essential legal understanding of how acid crime is a violation of international human rights. This makes Pakistan legally binding to abide by the conventions but Pakistan has overstepped its international commitments as represented by the high level of women rights violations that occur in the country.

A mention of acid attacks was made in the General Recommendation, issued by the Committee on the Elimination of Discrimination against Women, when the Committee drew a link between custom, tradition, and violence against women.

Articles 2(f), 5 and 10 (c) discuss that traditional attitudes, which regard women as subordinate to men or define stereotyped roles, perpetuate widespread practices involving violence or coercion, such as family violence and abuse, forced marriage, dowry deaths, acid attacks, and female circumcision. These prejudices and practices justify gender-based violence as a form of protection or control of women. Such acts of violence impact the physical and mental integrity of women by depriving them of the equal enjoyment, exercise and knowledge of human rights and fundamental freedoms. Article 12 makes it binding for states to take measures to ensure equal access to health care. Article 14 mentions the additional vulnerability of rural women because of the traditional attitudes prevailing in rural communities that put them at greater risk of violence and subordination (United Nations, n.d.).

A more explicit mention of acid attacks was made in a 2003 Resolution of the UN General Assembly, which reaffirmed,

“The call for the elimination of violence against women and girls, especially all forms of crimes committed in the name of passion, dowry-related and deaths, and acid attacks” (Garg, 2013).

Pakistan did not have a law for acid and burn related crimes until 2011. Till then, acid related cases were treated as a form of domestic violence and addressed under the Domestic Violence (Prevention and Protection) Act 2009, which did not give death penalty to the perpetrators (Imran, 2009).

However, after much lobbying by nongovernmental organizations, female parliamentarians and civil society organizations, a bill was passed in the national assembly called the Comprehensive Acid and Burn Crime Prevention Bill in July 2010. The comprehensive bill was passed in collaboration with the then Federal Ministry of Women Development, Federal Ministry of Human Rights, parliamentarians, United Nations agencies, legal and medical experts, media, the National Commission on the Status of Women (NCSW) and acid survivors themselves (ASF, 2012).

The Federal Ministry of Women Development did not follow up actively on the comprehensive legislation. Meanwhile, a Parliamentarian, Marvi Memon, tabled a private member bill in the National Assembly that was entitled, Acid and Burn Crime Prevention Bill (ASF, 2012).

Pakistan passed the Acid Control and Acid Crime Prevention Bill in 2011 by making Criminal Law Amendment Act 2011 after two years of advocacy and lobbying (ASF, 2012).

The legislation amended PPC by comprehensively defining hurt and disfigurement and mentioning commonly available acids as dangerous substances (Abouzeid, 2010). The amendment legislation also added the words 'disfigure' and 'deface' in Section 332 of PPC, dealing with different kinds of injury, and added the following explanation to the section:

'Disfigure means disfigurement of face or disfigurement or dismemberment of any organ or any part of the organ of the human body which impairs or injures or corrodes or deforms the symmetry or appearance of a person' (Dawn, 2013).

The Act increased the penalty for disfigurement to life imprisonment and levied a fine of one million rupees on the perpetrators to cover the victims' medical expenses. The legislation also banned the sale of acid to individuals without a license and increased the penalty for unlawful sales, from 500 rupees to 100,000 rupees and/or a year in jail for the first offense (Abouzeid, 2010).

On the other hand, the punishments for unauthorized sellers are as follows:

- On first conviction, an imprisonment of one year or a fine of a hundred thousand rupees or both.
- On second and subsequent conviction, an imprisonment of two years or a fine of two hundred thousand or both.

(Punjab Commission on the Status of Women, 2015)

The new insertion in Section 336-A states,

“Whosoever with intention or knowingly causes or attempts to cause hurt by means of a corrosive substance or any substance which is deleterious to human body when it is swallowed, inhaled, come in contact or received into human body or otherwise shall be said to cause hurt by corrosive substance.”

The amendment in Section 336-B of the PPC states,

“Whoever causes hurt by corrosive substance shall be punished with imprisonment for life or imprisonment of either description which shall not be less than fourteen years and a minimum fine of one million rupees.”

In 2014, Acid and Burn Crime Bill 2012 was tabled by Dr Atiya Inayat Ullah in the national assembly for Islamabad Capital Territory (ICT) and endorsed by the following private members: Marvi Memon, Capt. (Retd) Muhammad Safdar, Makhdum Khusro Bakhtyar, Parveen Masood Bhatti, Iffat Liaqat, Isphanyar M Bhandara, Seema Mohiuddin Jameeli, Qaiser Ahmad Sheikh, Shahab-ud- Din Khan, Begum Tahira Bukhari, Farhana Qamar, Leila Khan, Kiran Haider, Salman Hanif (Aurat Foundation, 2014).

The Acid and Burn Crime Bill 2012 for Islamabad Capital Territory (ICT) addressed the following issues, which were not dealt with in the previous legislation:

- Investigation process
- Trial process
- Rehabilitation of victims
- Legal aid survivors
- Funding and monitoring mechanisms
- Regulation and distribution of sale of acid

The ICT Acid Bill of 2012 became a victim of the inaction of the Ministry of Human Rights and was not presented as a government

bill. It was submitted to the National Assembly as a private member bill and was sent to the relevant ministries for comments, which were not received and the bill was lost in the jumbled parliamentary process (Saeed, 2012).

Following the 18th Constitutional Amendment to the Constitution, various areas contained in the 'Concurrent List'³, such as health, social welfare, and women's affairs were devolved to the provinces. As a result, each provincial assembly is responsible for drafting its own laws on the issues previously mentioned in the concurrent list. The wide-range devolution to provinces also had a considerable impact on the legal reforms related to acid violence and the support provided to the acid attack survivors. Experts have highlight that advocacy work also needs to be refocused on the provincial rather than the federal governments as measures to adopt a comprehensive approach to combat acid crimes falls within the remit of provincial governments.

Legal changes in provinces

Punjab

Punjab adopted the Women's Empowerment Package in 2014, which contains the following specific measures related to acid crimes:

- Reforms to the Poison Act 1919 that aims to regulate the sale of acid;
- Inclusion of acid crimes within anti-terrorism provisions;
- Establishment of a fund to provide medical and psychological care to acid attack survivors; and
- Formation of a provincial board for acid attack survivors.

(Daily Times, 2015)

Reports of non-government organisations highlight that the reforms made to the Poison Act 1919 have not yet been implemented. The provincial board and fund for acid attack survivors have also not been established as yet. Organisation reports state that membership and terms of reference (TOR) were adopted but the board has not been operationalized, which highlights the failure of the provincial government to fulfil its promises regarding the Women Empowerment Package 2014.

³Concurrent List: an enumeration of areas where both federal and provincial governments may legislate but federal law prevails.

However, measures have been taken to include acid crimes within anti-terrorism provisions. From 2012, the Punjab Home Department issued a notification to include acid, kerosene and petrol burning under the jurisdiction of the Punjab anti-terrorism courts (ASF, 2015).

In Punjab, a draft of a comprehensive bill, “Punjab Acid and Burn Crime Act 2014” has been commissioned since 2014. The draft was submitted to the Women Development Department and discussed with the Punjab Law Department. However till date no comprehensive bill has been tabled in the Provincial assembly (ASF, 2015).

Draft of the comprehensive bill has been added in the annexures. Legal expert Saad Rasul has highlighted some of the provisions entailed in the comprehensive bill entails. In addition to interim monetary relief for the acid attack victim, the bill outlines obligations for medical personnel and the police; punishments for police malfeasance; and provisions for timely investigation and speedy trial.

Some of the main features of the draft of “Punjab Acid and Burn Crime Act 2014” are listed below:

- The law states that, whoever, intentionally throws or pours acid, any heated substance, reworks, electricity, sui gas, or helium, on any other person, is said to have committed an acid or burn crime and shall be punished with a fine of not less than 100,000 rupees, or imprisonment for a term (not less than seven years, which may extend to twenty-five years, or for life) and/or death depending on the severity of the crime and situation of the victim or any other person present at the time. Any person who aids an acid or burn crime shall be punished with the same punishment as the perpetrator.
- The court, on an application made by the victim or her/his family, direct the government to remunerate interim monetary relief, which includes, loss of earning, medical expenses, legal fees and expenses, damages on account of disfigurement/disability, and mental stress and anguish, within seven days of a Court Order.
- Medical personnel providing initial treatment to the acid attack survivor shall be bound to take photographs of the injuries suffered by the victim as evidence and inform the Police within thirty minutes of the arrival of the victim. They are also bound to take an account of the incident from the

victim or victim's family and maintain a record of this. The health centre shall maintain a record of all the persons accompanying the victim.

- All public health centres shall be bound to provide initial treatment, medical examination, medical treatment and rehabilitation services to the victim free of cost. There are also provisions for disciplinary proceedings against medical personnel who do not comply with this.
- No police officer below the rank of a Station house officer (SHO) shall be made the Investigating officer (IO). The investigation shall be concluded within fifteen days of the FIR. In case the investigation is not concluded within fifteen days, the court shall allow additional time, provided the explanation for the delay is justified, but the total time for the investigation cannot exceed thirty days since the FIR was registered.
- All cases pertaining to acid and burn crime shall be tried by the Anti-Terrorism Courts.
- All trials pertaining to acid and burn crimes shall be carried out on a day-to-day basis and shall be concluded within fourteen days of the commencement of the trial.
- The Act also proposes the establishment of Acid and Burn Crime Monitoring Board. One of the main duties of the board will be to control the production, sale, purchase, storage, transportation, importation and trafficking of acids. The Board shall also establish one or more than one, depending on the number of cases arising, Rehabilitation Centre for Acid Crime and Burn Crime Victims.

Despite government willingness to provide a comprehensive approach to deal with acid violence, institutionalisation of various policy initiatives seems to be lacking mainly owing to the large and diverse departments involved, including Health, Women's Development, Social Welfare, Home Department and ultimately Provincial Cabinet (ASF, 2015).

Khyber Pakhtunkhwa

There is no specific legal reform related to acid crimes in Khyber Pakhtunkhwa (KP). However, according to media reports, in December 2012, the Ministry of Social Welfare and Women Development announced that a bill would be tabled to the Provincial

Assembly. The Khyber Pakhtunkhwa Provincial Commission on the Status of Women (PCSW), Women Development Department, civil society, media and parliamentarians reviewed the comprehensive bill and recommended amendments, which was then forwarded to the Law Department. The KP government planned to table this bill as a government bill in January 2013 session (ASF, 2015).

However, the Provincial Commission on the Status of Women (PCSW) is still lobbying for comprehensive legislation on the protection of acid and burn victims in 2015 (Dawn, 2015b).

The main features of “Khyber Pakhtunkhwa Protection Against Acid and Burn Crime Act 2015” are as follows:

- Whoever intentionally causes hurt by acid and burn attack should be punished with death or rigorous imprisonment. The law also suggests punishment for those attempting to commit an acid or burn attack, which may extend up to seven years and will not be less than three years with a fine not exceeding 100,000 rupees.
- Acid and burn victims should be deemed as persons with disability and entitled to all benefits and measures prescribed under the Disabled Person (Employment and Rehabilitation) Ordinance 1981.
- The draft will provide a complete procedure for medical personnel to report, examine and collect and record photographic evidence of injuries of the victim.
- All government and private facilities, including medical personnel, shall be under legal obligation to provide free of cost medical examination, treatment and rehabilitation to acid and burn victims.
- It also sets out detailed procedures for investigations into such cases, it also calls for establishment of acid and burn crime monitoring board comprising government officials, civil society members and legislators to implement the objectives of the proposed law.

PCSW is willing to engage with the reforms on acid crimes that make it mandatory for the government to provide free and effective medical treatment and rehabilitation services to the burn and acid victims,

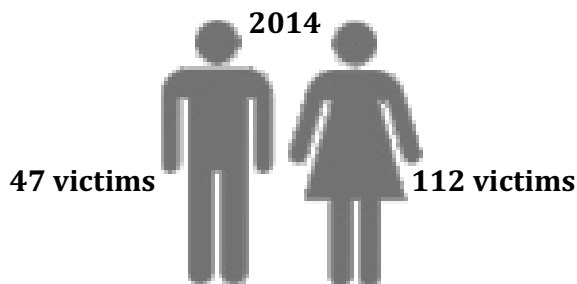
and also take legal action to arrest the culprit (Dawn, 2015b). However, as yet, no bill has been tabled in the provincial assembly.

Findings

Referred to as a crime of passion, acid attacks mostly involved issues of marriage, love and 'honour', fuelled by jealousy and revenge. Owing to recent changes in the nature of acid crimes, such attacks cannot be exclusively defined as a 'crime of passion', and must be viewed from wider complex social, economic and political dimensions. Global statistics show that acid attacks have been predominantly perpetrated by men, mostly husbands, other family members, spurned lovers, parents or in-laws (Welsh, 2009). However, globally, there is an emerging trend of acid attacks, in which the perpetrators may be unknown men, who target women they consider 'poorly veiled or immorally dressed'. Acid attacks fuelled by this motive have previously been observed in Iran, where there was a surge in such attacks in 2014, which coincided with the parliamentary bill that could be misused by citizens to enforce 'morality' laws. Rights activists have highlighted that acid attacks may be aimed at terrorizing women who are considered to have crossed the boundaries of 'Islamic dress code' in countries like Pakistan and Iran as recent cases have also shown (Dehghanpisheh, 2014). Scholars have regarded attacks committed by unknown perpetrators as a message to threaten, not only the victim, but also women in general, leaving many women in a state of continuous fear and insecurity (Muller, 2014).

Profile of acid throwers and victims

From the media monitoring of reported cases of acid attacks, a number of trends were observed. A myth revolving around acid violence holds that acid attack victims are only females. Data collected shows that 70 to 80 percent acid throwers in Pakistan are men, who commit such attacks to avenge perceived rejection, loss of honour, disobedience, or a threat to their masculine identity, particularly in decisions related to marriage.



Source: Acid Survivors Foundation Pakistan (Umar and Rafi, 2015)

However, organizations working specifically for acid attack survivors have reported that there were cases of male acid attack survivors, which amounted to roughly 20 to 30 percent (ASF, 2015). The cases reported involve acid attacks on men, mostly fuelled by property disputes or marriage related issues (Lal, 2015). Media monitoring does not highlight this trend, which explains the stigma and taboo attached to cases of violence involving men due to which the cases go unreported. For 2014 alone, Acid Survivors Foundation has reported 47 cases of acid attacks involving male victims (ASF, 2015; Umar and Rafi, 2015).

Case study I

A prominent case, involving a male acid attack victim, occurred in 2013 in Islamabad. On January 24, 2013, a 29-year old man, Murad Shah, resident of Sector E-11, Islamabad, was attacked with acid by his alleged ex-girlfriend. On the morning of 24th, Murad was exercising at his home when the doorbell rang. When he opened the door, a man threw a bottle of acid on him and ran away. Initially, the victim didn't realize that acid was thrown on him and ran to chase the perpetrator. He managed to catch the perpetrator but the accomplice escaped. The victim was immediately shifted to Pakistan Institute of Medical Sciences (PIMS) Burn Centre, where he was treated for third degree burns on 25 percent of his body.

The police registered a case according to section 324/34 and started investigation. The police arrested the main assailant, Naveed Masih, his accomplice, Amer Masih, and the woman who had planned the acid attack, Saima Pervez. The main assailant worked as a sweeper in the same bank as the victim. He revealed to the police that Saima Pervez had hired him and Amer to throw acid on Murad. The media reports also stated that the victim had alleged relations with the accused woman, who was enraged when the victim betrayed her and got married to another woman. As an extreme step, she decided to avenge the betrayal by attacking and disfiguring him with acid.

Nine months after the incident happened, a formal trial had not started. The only development happened during this period was the inclusion of acid related sections 336 (A) and (B) in the FIR. The FIR did not directly nominate Saima as the accused and she was granted bail (Asghar, 2013; Anjum, 2013; Teepu and Azeem, 2013; Rao, 2013).

The trends indicate that the group most vulnerable to acid attacks remains women, particularly between the age of 17 and 30. The data collected by Acid Survivors Foundation since 2012, indicates this trend and represents a clear gender disparity.

Table 1: Gender disparity among victims of acid attacks

Year	Women/Girls	Men/Boys	Transgender	Unknown	Total
2012	61	26	-	17	104
2013	74	63	-	3	140
2014	139	69	-	2	210
2015 (Jan-June)	40	21	-	-	61

Source: ASF Pakistan data 2012 – 2015

The data, observed for this study, also shows that, typically, acid attack victims belong to low socioeconomic background; exhibit low indicators for health, education, and water accessibility; and have limited access to justice (Ilahi, 2014). A high proportion of acid attack survivors have reported that they belong to low-income families, with a household income less than 10,000 rupees per month.

Discussions with experts have also confirmed this trend. Superintendent of Police, Investigations said that he had not witnessed any incidents of acid attacks on women belonging to the high socioeconomic background in South Punjab. He also said that majority of the acid throwers belonged to the lower strata of the society, and a high proportion lived far below the poverty line. He was of the opinion that acid violence was not practiced by men belonging to upper strata of the society, as being involved in such cases would tarnish their reputation. He had observed cases, involving men, living a low quality of life, who were better off when put in the jail as it meant not having to fend for themselves.

The trend from the data studied, however, confirms otherwise as a few cases of acid attacks involved victims and survivors who belonged to high socioeconomic status. A case of an acid attack on a man from the upper strata of the society was discussed in Case Study I. Similarly, an acid attack occurred in Karachi, in which the perpetrator belonged to the upper strata of the society. This is discussed in case study II below.

Case study II

In 2000, Bilal Khar, son of former Punjab governor (Ghulam Mustafa Khar), threw acid on his wife, in retaliation to her leaving the house. Khar's wife, Fakhra Younas, was an 18 years old dancing girl when she first met Khar in Karachi's red light district. Khar married her six months after they met. The two had a son from their marriage. From the very start Khar subjected her to sexual, physical and verbal abuse that lasted three years before she eventually escaped and moved back to live with her mother. This enraged Khar, who took the extreme step of throwing acid on his wife. The attack left Fakhra severely burned and completely disfigured.

After three months of treatment, when Fakhra was discharged from the hospital, she realized that she had become a liability to her family and could not contribute economically. Tehmina Durani, Bilal Khar's stepmother, helped Fakhra and her five-year-old son in pursuing a case against the accused. Her case began in 2003 on the charges of attempted murder. Initially, the four witnesses, who testified to seeing Khar enter Fakhra's house on the day the incident happened, retracted their statements. Khar reacted to the charges against him by saying that the attack was perpetrated by a pimp with whom his wife had an alleged affair. Some media sources reported that Fakhra's family had received threats from Khar to withdraw the case.

In 2001, Tehmina Durrani helped Fakhra to move to Rome for security, better treatment and rehabilitative support. In 2002, Khar was arrested, but a year later he was released on a bail. For 11 years, Fakhra underwent 39 major operations to fix her physical disfigurement but she could not recover from the psychological trauma of the acid attack. On 17th March 2012, Fakhra committed suicide from her apartment in Rome (Saifuddin, 2012; Abbot, 2012; Telegraph, 2012).

The context and motives behind acid attacks appear to differ not only by gender of the victim, but other motivating factors exist which are discussed in the following sections.

Incidence of acid attacks

High level of acid crimes has occurred in Pakistan. While no statistics are available from the government, a number of organizations have recorded and reported on acid violence. According to HRCP media monitoring, from 2009 till 2015, the total number of cases recorded is 364. The numbers recorded by organizations working specifically for acid attack survivors are much higher. Progressive Women's Association reported over 8,800 cases of women burnt by acid and fire between 1994 and 2000 only in Rawalpindi and Islamabad (Zia, 2013; Kristoff, 2008). The high figure of attacks from the twin cities sheds light to the severity of such crimes. Acid Survivors Foundation, which has the most detailed data available on acid crimes in Pakistan, demonstrates that reported

incidents are increasing every year from 2011. The figures compiled by Acid Survivors Foundation for 2007 to 2015 show 1231 acid attacks in total.

Table 2: Number of acid attacks (2009 - 2015)

Year	2009	2010	2011	2012	2013	2014	2015	Total
Number of attacks	45	22	49	77	51	67	53	364
Number of victims	53	30	75	96	67	92	70	483

Source: Human Rights Commission of Pakistan - 2015

According to HRCP media monitoring, from 2009 till 2015, the highest number of cases for any one-year was recorded in 2012 when a total of 77 were cases reported in the media.

The number of acid attacks was significantly high in 2012, immediately after the Acid Control and Acid Crime Prevention Act 2011 was passed. This increase can be understood in various contexts:

- An eventual increase in responsible reporting of acid attacks;
- Emergence of acid attack cases in Balochistan since 2010;
- Increasing number of acid attacks in KP-FATA region; and
- Awareness campaigns all across Pakistan, particularly through the efforts of a few civil society organizations.

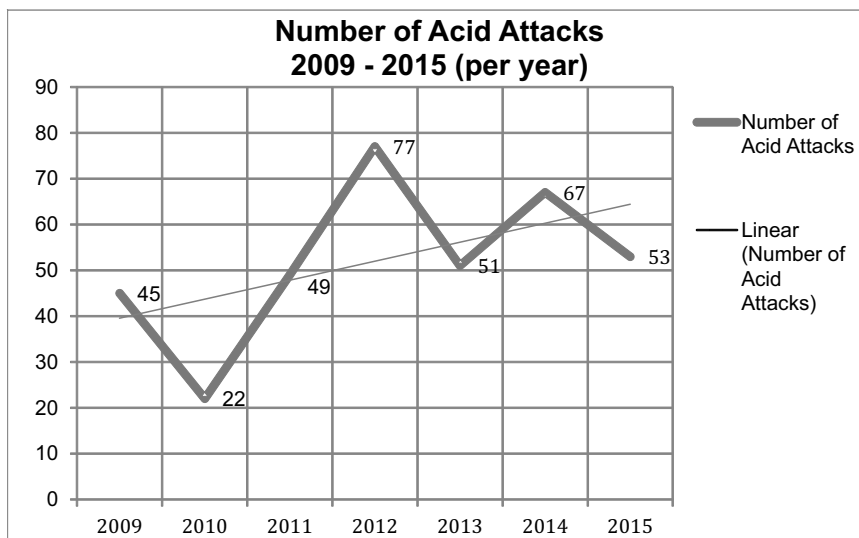
According to law experts, it is difficult to gauge the true effectiveness of the Acid Control and Acid Crime Prevention Act 2011, as the law is relatively new and the judicial system prevalent in Pakistan is such that trial process is slow and cases are not decided within three to four years.

It remains unclear whether this rise in reported acid attacks reflects an overall increased prevalence of gender-based violence or improved community-level awareness of reporting. While some experts have explained the probability of an increased prevalence of acid attacks, others argue in favour of enhanced community awareness (Ilahi, 2014).

Some experts say that the trends show a possible change in territorial area of incidents as, over the years, acid attack cases have been reported from Balochistan, where previously this type of violence was unheard of. Secondly, an increase in cases has been

observed in KP-FATA region. However, the geographical concentration of acid crimes still remains South Punjab. In a report, Aurat Foundation has supported this depiction by stating that the increase in media stories is an increase in actual incidents of acid attacks (Garg, 2013).

Table 3: Incidence of acid attacks over the years



Source: Human Rights Commission of Pakistan-2015

On the other hand, law experts, including Saad Rasul, Advocate Lahore High Court, have attributed the apparent increase in the number of reported cases to an increase in community awareness owing to a massive awareness campaign by civil society organizations, following the amendment legislation in 2011. Media reports have supported this by arguing in favour of an eventual increase in responsible reporting of acid attacks in Pakistan, which depicts a positive trend of breaking away from taboos of the past (Express Tribune, 2014).

Geography of attacks

The trends demonstrate that the geographical areas from where acid attack incidents are reported have an impact on the pattern and intensity of cases. Attacks mostly happen in rural areas where

people lack education and feudalism is rife. According to Acid Survivors Foundation Pakistan figures for 2009-2013, Punjab took lead in acid attacks, with 589 cases, followed by Sindh with 29 cases. More than half of all acid crimes occur in South Punjab, an agricultural area, commonly referred to as the “cotton belt”, and marred by low socioeconomic indicators and deeply rooted feudal psychology. This reflects the existence of a subculture of violence in South Punjab, where the level of tolerance of and acceptance for violence is particularly high owing to a feudal mind-set, which results in women internalizing discrimination and oppression.

Experts have highlighted a clear correlation between the incidence of acid attacks and the geographical areas in which cotton is produced (ASF, 2015). As discussed earlier, acid is widely used in cotton production to remove lint from cottonseed as a cheap way of obtaining clean seeds ready to be replanted (Illahi, 2014). Cotton production is concentrated in Punjab, with the highest cotton-producing district being Bahawalpur, Rahim Yar Khan, Bahawalnagar, Khanwal, Vehari, Multan and Lodhran. Data collected by organizations demonstrates that the districts in South Punjab present the highest number of acid attacks with 104 reported from Multan, 87 from Muzaffargarh, 72 from Rahim Yar Khan and 70 from Bahawalpur for the period 2009 to 2013.

Similarly, in 2014, majority of the acid attacks occurred in the rural areas of Punjab. Statistics compiled by organizations reveal that from January to September 2014, about 42 cases of acid attacks have been recorded in Punjab only, with 51 women and eight men as victims (Times of Pakistan, 2014). In 2014 as well, cities with higher incidence included Faisalabad, Rahim Yar Khan, Khanewal, Rawalpindi, Okara, Kasur, Vehari, Bahawalpur, Bahawalnagar, Gujranwala, Gujrat, Narowal, Sialkot, Jhang, Sheikhupura, Multan, Sahiwal and Muzaffargarh (Jalil, 2014).

In Balochistan, the first acid attack case was reported in 2010. Before that acid attacks were unheard of in the province. One reason cited for the low occurrence of acid attacks in Balochistan is the tribal traditions and Islamic teachings, which prohibit such acts of brutality (Shahid, 2014). However, this emerging trend is suggestive of the increasing intolerance and rising religious extremism in the region. From the cases reported, most of the attacks were incidents of random targeting and the victims were unaware of their attackers. This trend is opposed to majority of the acid attack cases that occur around the country, in which the victims know their perpetrators. Media reports state that the rising trend of religious extremism is

constraining an increasing number of women to enter public spaces in the province. In 2010, Baloch Ghairatmand Group (the Honourable Baloch Group), claimed responsibility for an acid attack on two women in a market in Dalbandin city. The group had earlier warned women to wear hijab, (veil, the traditional Muslim headscarf), and not to visit markets unaccompanied by men from their families. Experts have suggested that such assaults restrict women from participating in education, as well as social, political and economic aspects of life by creating an environment rife with fear and terror (Pakistan Today, 2014). Data collected by HRCP media monitoring of acid attacks in Balochistan since 2010 has been added in the annexures.

Discussions with police officials in Peshawar revealed that cases of acid attacks were not registered in the city for the past few years. The doctors contacted also confirmed that acid violence is not endemic in KP-FATA. This trend has been confirmed by newspaper reports and data collected by Acid Survivors Foundation, which show five cases reported in 2013 and two in 2014 (ASF, 2015).

As discussed above and suggested by empirical evidence, a clear pattern exists of acid attacks occurring more frequently in areas where acid is widely used for cotton production. However, despite a correlation between incidence of attacks and cotton producing areas, acid is widely, easily and cheaply available throughout Pakistan for commercial purposes, cleaning or drain opening, use in car batteries, and to purify gold and metals in jewellery shops. This points to the fact that acid attack cases have been recorded in other provinces too, where cotton production industry is not present.

Reasons fuelling the attacks

Interviews with acid attack victims, medical and legal experts, police officials and representatives of civil society organizations highlighted various motivations that fuel acid attacks. It needs to be understood that acid attacks occur within the complex context of poverty, lack of education, inequality and various other overlapping factors (Ilahi, 2014). Acid attacks are the effect or symptom of deeper influences that serve as the causes. These need to be understood in order to devise holistic recommendations that address the root problems.

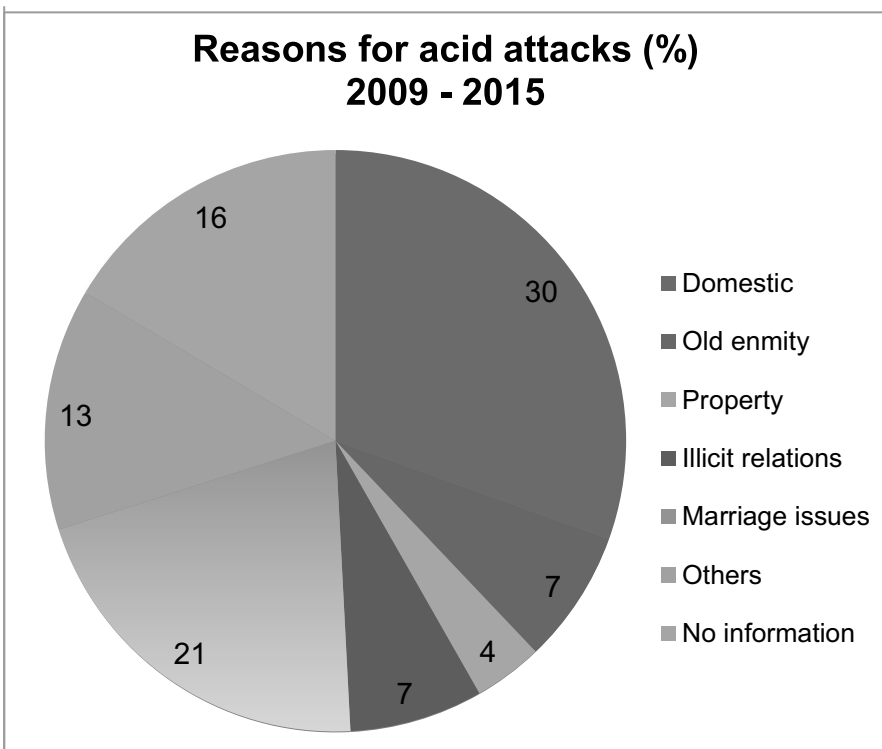
Table 4: Motivations behind acid attacks

Reasons	2009	2010	2011	2012	2013	2014	2015	Total
Domestic	10	6	8	23	22	26	16	111
Old enmity	4	2	3	2	1	6	9	27
Property	1	1	3	2	1	2	4	14
Illicit relations	6	2	4	6	1	6	2	27
Marriage issues	9	2	17	9	10	18	11	76
Others	9	4	7	14	6	3	6	49
No information	6	5	7	21	10	6	5	60
Total	45	22	49	77	51	67	53	364

Source: Human Rights Commission of Pakistan – 2015

HRCP’s media monitoring shows that 30 percent of acid attacks are perpetrated by the victim’s husband or in-laws, 21 percent by marriage issues, seven percent over turning down sexual or romantic advances, seven percent owing to old enmity and four percent by property disputes.

Reasons fuelling acid attacks



Source: Human Rights Commission of Pakistan – 2015

The major underlying factor for the occurrence of acid attacks in Pakistan is male domination, and the associated deep-rooted gender discrimination. Most of the other reasons for the occurrence of acid crimes spew from these. When women are thought to have transgressed their gender-based roles, it is deemed a damage to a man's reputation and ego, and acid throwing becomes a means of avenging loss of honour and hurt ego.

Discussions with experts have highlighted that social, cultural, financial and/or psychological variables determine the occurrence of acid attacks. Dr. Fareed Ahmed Khan, Chairman Sheikh Zayad Hospital, said that the country had developed in patches, with rural areas exhibiting high level of tolerance for violence and abuse. Commenting on the financial and psychological aspect of acid crimes, he said that acid was the cheapest way to cause lifetime suffering and anyone who committed an acid attack couldn't be considered mentally stable.

"It is the elephantine male ego, which does not let men hear no from a woman," said Musarat Misbah, founder of Depilex Smile Again Foundation.

Rejection of marriage proposal or romantic or sexual advances is a prime motivator of acid attacks. This reflects the attitude that women are possessions and a woman cannot say no to a man.

Acid attack victims have reported that in a number of instances, immediately prior to an attack, the attacker said that if he could not possess her, then no one else could.

The following table highlights the various reasons and motivations behind acid attacks.

Table 5: Underlying causes and motivations that fuel acid attacks

Reasons	Types of issues	Underlying causes	Perpetrators & victims
Domestic disputes	<ul style="list-style-type: none"> • Suspected infidelity • Dowry-related disputes • Divorce settlements • Watta satta disputes • Domestic violence • Birth of female child • Property disputes • Disobedience • Refusal to marry • Substance abuse 	<ul style="list-style-type: none"> • Loss of honor • Hurt male ego • Threat to masculine identity (hyper-, hegemonic, or breadwinner masculinity) 	<ul style="list-style-type: none"> • Husband against wife or vice versa • Husband or wife against suspected adulterer • Either husband or wife against ex-spouse • Either spouse against new spouse of his/her ex • Parents against children particularly females • Children against parents • In-laws against daughter-in-law • Either fiancée against the other
Rejection	<ul style="list-style-type: none"> • Rejecting a suitor • Rejecting sexual advances • Rejecting love 	<ul style="list-style-type: none"> • Ownership and possession of women • Hurt male ego 	<ul style="list-style-type: none"> • Co-workers against each other • Unknown perpetrator • Former or current potential suitors
Other disputes	<ul style="list-style-type: none"> • Land • Property • Money • Old enmity 	<ul style="list-style-type: none"> • Poverty • Competition • Shame • Loss of honor 	<ul style="list-style-type: none"> • Neighbors against neighbors • Unknown perpetrators • In-laws • Family members • Business partners, employers, or employees
Social, political or religious	<ul style="list-style-type: none"> • Moral policing • Belonging to religious minority • Political affiliation 	<ul style="list-style-type: none"> • Non-conformist beliefs 	<ul style="list-style-type: none"> • Targeted at specific individuals • Random people

"When abandoning a woman on suspicion of infidelity, men choose to disfigure by throwing acid on her face, instead of opting for divorce as it involves paying haq mehr, which can be avoided this way," said Musarat Misbah.

Discussions with law experts and police officials revealed that suspicion of being in an extramarital affair is another major cause of acid attacks. In male-dominated cultures, mere suspicion of female

infidelity is deemed to damage a man's reputation and ego, and acid throwing becomes a means of avenging loss of honour and hurt ego.

Other occasional incidents reported are related to marriage disputes, which include divorce settlements, various forms of domestic violence such as husband's alcohol abuse, verbal abuse and physical abuse, the birth of a girl child, dowry disputes and watta satta disputes.

Acid attacks can also be socially, politically or religiously motivated. These attacks may be targeted against a specific individual or perpetrated against random individuals merely as part of moral policing. There are incidents where acid was thrown on polio workers, and women who were considered 'poorly veiled or immorally dressed'. In Pakistan, female students have had acid thrown in their faces as a punishment for attending school. In 2012, a college van in the city of Parachinar in northern Pakistan was attacked with acid leaving two girls with severe burns to their faces. The Pakistani Taliban took responsibility for the attack in distributing threatening pamphlets around the city and warned local girls from attending schools (Khan, 2012). Polio teams are singled out across the country by Taliban militants who consider the polio eradication campaign as un-Islamic and the health workers as western spies (Masood, 2015). As mentioned earlier, this trend has also been observed in Balochistan, where women have been attacked for not wearing hijab and moving around unaccompanied by men.

As discussed in the previous section, access to acid is also considered to be a reason that encourages its use as a weapon to perpetrate violence, since it is available as a cheap, quick and pernicious weapon to cause lifetime suffering for a

"The investigation of acid attack cases does not stretch to the seller of the acid or where it was procured from, as it is limited to the perpetrator only", said SP Investigation.

person (Naqvi, 2014). Easy accessibility and sale of acid is not limited to Southern parts of Punjab but all across the country, such that anyone can walk into a shop in rural or urban centres to purchase an amount of highly concentrated acid over the counter at nominal prices (costing less than 100 rupees). Name, proof of identity and reason for buying acid are kept on record in many countries, as indicated by media reports (Shehzad, 2015). However, shopkeepers in South Asian countries are not required to keep these records, and therefore, anyone can purchase an unlimited amount of acid without question (Maqbool, 2012).

Effectiveness of the Acid and Burn Crime Act 2011

Reporting, investigation and conviction

One way of measuring the effectiveness of the Act of 2011 is by looking at the statistics for reporting and conviction of acid attacks before and after the law was adopted. Statistics regarding reporting and conviction of acid attacks are patchy.

Non-governmental organizations, having specific information regarding the outcome of litigation, have highlighted that, in 2012, less than one-third cases reported to them were investigated by the police. They have also pointed out that following the legislation, in 2011 and 2012, a sharp increase in reporting, of approximately 600 percent, has been observed (ASF, 2015).

Nongovernmental organization reports also state that the conviction rate rose from an average of six per cent before the 2011 amendment to 18 percent in 2012.

Law experts have also confirmed this by stating that, following the amendment legislation, it has become comparatively easier to get a conviction in acid attack cases as the Supreme Court has also shown special interest in these matters. They add that the statement of a victim alone is sufficient for the conviction of any accused, as set out in the provisions of dying declaration in CrPC (Express tribune, 2013). Experts also suggested the relevance of medico-legal reports as an evidentiary tool that makes conviction of perpetrators easy. They have highlighted general criminal justice system issues such as out of court settlement, lack of interest of the police and procedural flaws that impact the rate of convictions. These are discussed in the proceeding sections.

Data from HRCP media monitoring is also indicative of an increase in the number of cases registered over the period 2009 to 2014. The table shows the figures for the number of arrests of the accused.

Table 6: Number of cases registered over the years

Year	Number of cases	FIR registered against the accused	Accused arrested
2009	45	21	16
2010	22	9	6
2011	49	27	14
2012	77	40	26
2013	51	34	16
2014	67	37	21
2015	53	30	22

Source: Human Rights Commission of Pakistan - 2015

Lawyers and human rights activists admit that challenges and lacunas remain not only in the implementation of the law but also in the content of the amended law, and call for a new and comprehensive law for acid and burn crimes as well as effective implementation. The challenges are discussed in the subsequent sections.

Defects in the implementation of the law

The criminal justice system lacks gender sensitization, causing hurdles that can lead to denial of justice for women survivors of violence, particularly in cases related to domestic violence. The amendment legislation was introduced in a criminal justice system that already lacks gender sensitization and poses a number of additional vulnerabilities for women survivors of violence.

The amendment legislation is criticized for not being able to address a number of challenges linked to the issue of acid crimes ranging from registration of an FIR, to rehabilitation support and psychological care of the acid attack survivors.

Flaw in the law

Prior to 2011, acid violence was not recognized as a crime against women. The promulgation of law is the first step to accept acid attacks as a crime. However, experts have criticized the 2011 law as 'ad hoc' legislation, for not being comprehensive and for serving as a

reactionary measure to a preventable crime for its explicit focus on the criminal instead of the victim (Werlhof, 2014).

Dr Shaista Effendi, a cosmetic and burn surgery specialist at the burn centre at Civil Hospital Karachi, who has an experience of 30 years of working with acid attack survivors, also supported this assertion. She said that instead of promulgating a law that explicitly focuses on punishing the perpetrator, it was more important to prevent acid crimes from occurring (Dawn, 2011). Dr Effendi highlighted that acid attacks could be prevented by looking for cues and signs that led up to the attack. She said that it was usually a love-hate relationship between the attacker and the victim, who might have refused his advances, rejected a marriage proposal or there may have been a dispute on other marriage related issues. The attackers usually showed signs of mental disturbance, coupled with intense feelings of possessiveness and hurt ego, which led up to acid crimes. If such cues can be brought to the surface and settled, acid crimes can be prevented.

The amended law imposes a 'fine' on the perpetrator but provides no compensation to the victim. Experts have suggested that since the fine goes to the state rather than the victim, the law fails to provide any monetary compensation for medical, legal and rehabilitation support to an acid attack victim.

Saad Rasul, Advocate Lahore High Court, said that, once a crime was committed, bringing the perpetrator to justice was not the only purpose a law

"Throwing acid on a person is a big crime. An even bigger crime is to let the survivor of acid attack, live a life of deformity, trauma and exclusion," said Saad Rasul, Advocate Lahore High Court.

should serve. The objective should be to ensure that the survivors get the best medical treatment in a cost effective manner and take measures to rehabilitate and reintegrate the victims in the society. It was also important to provide economic opportunities and therefore, the ability to look after themselves, their families and dependents. Experts have particularly highlighted cases of acid attack victims, who were trained in specific skills to ensure their economic independence. They pointed out a clear positive relation between economic independence of acid attack survivors and the process of their reintegration in society. It not only enhanced acceptance of the victims by their families but also positively impacted their say in family decisions. It also gave them a sense of regained self-confidence.

Legal experts have also commented on general criminal justice issues such as lack of clarity on the investigation, evidence collection and trial process; lack of protocols for speedy and thorough medical examination and issuance of medical certificates by the doctor; and absence of provisions for the protection of victims and witnesses during trial of an acid offence.

They have highlighted cases where negligent investigation might result in a perpetrator not getting convicted. If any investigation officer tries to protect the accused or intentionally neglects collecting or ignores useful evidence relevant for proving the offence, there are no provisions for appropriate legal action against police malfeasance.

Experts have also pointed out that the amendment law does not properly legislate to control the purchase of acid or any other corrosive substances, which are still easily available at any chemist or compounder's store.

Role and response of police

The role of police as the first point of contact for survivors of acid violence cannot be understated. In cases of acid attacks, considering the severity of the burns, it is common for the family of the victim to register the case. Lack of gender-sensitive training among the police officers to deal with issues of violence against women makes them unresponsive to the immediate needs and emotional state of the victims and their families. There have been reports of police officers, who consider domestic violence a private matter, that must be dealt within the home, and due to this some policemen might discourage registering of such cases.

However, the criminal process does contain provisions for action against the police if they resist or fail to lodge an FIR. The victims or their families can approach the session judge, who can direct the police to lodge an FIR. A private complaint can also be filed directly with a magistrate, if the identity of the accused is known and the magistrate is within the relevant jurisdiction. The magistrate then summons an accused and directs the prosecution department to collect evidence and call forth the witnesses.

Experts have highlighted a lack of awareness among the police about the amendment law and registration of cases under

"The police have no information what laws are passed and what sections need to be inserted. The government should pass on all bills to police stations once they have been made," said Lawyer Maliha Lari (Ali, 2013).

appropriate acid sections of the PPC, 336-A and 336-B. There have been instances where, even having knowledge of the law has not proved to be helpful as the police officers might follow their own interpretation of the crime to choose which sections to use. For example, there is evidence of a case in which an acid attack was registered under sections of attempted murder as the Investigation Officer interpreted that the victim only had acid marks on her arms and neck, so there was no need to use the specific sections regarding acid crime. Such issues can impact the whole process of evidence gathering, investigation as well as the punishment and can be a factor in the low rate of conviction.

Other impediments to pursuing cases of acid attacks include delays caused by police corruption, bribes to the police to pressure and compromise cases, and political interference.

Police are not provided with contemporary technical support to conduct investigations of acid crimes efficiently.

Lack of women police officers also compounds the experiences of victims of acid attacks, as most police officers, dealing with cases of violence, are men, who lack gender sensitive training and are unresponsive to the issues faced by and needs of victims of violence. Zakia Malik, Deputy Superintendent of Police (DSP) from Karachi, mentioned that gender-based discrimination was faced by female police officers in the police department as facilities and promotion opportunities were only a priority for male police officers. She believed that being victims of gender-based discrimination themselves, women police officers lacked the voice to fight for the cause of women.

Lengthy legal proceedings

Generally, the legal process is time-consuming and the acid attack victims have a lengthy struggle for justice. In the absence of data on the length of proceedings, it is difficult to analyse the effectiveness of the amendment legislation in this regard. Experts from Acid Survivors Foundation (2015) have highlighted, based on their data from 2012-2014, that cases are being resolved relatively speedily. While it took Naila Farhat almost seven years of struggle to conclude her case, organizations mention cases where an improvement in the delivery of justice has been observed, however, the improvements have remained uneven. In a few recent acid attacks, the cases were heard within three months and perpetrators were punished with

lengthy sentences and heavy fines. On the other hand, there are still cases pending from a few years.

Deficiencies in charge sheets and in framing of the charge

During the investigation of acid crimes, it is important to hold items such as the container used for carrying and throwing the acid; the victim's clothes and jewellery; and other items burnt by acid as evidence. Failure to seize these items or properly list them in charge sheets submitted to the court by the police has been pointed out as contributing to the difficulties in bringing the offenders to justice.

Absence of witnesses

On account of the delay between the registration of the case and the matter being prosecuted in court, it often becomes difficult to trace witnesses and ensure their attendance in court due to change in residence or intimidation by the other party to not testify. In some cases, medical practitioners, who prepare the medical report of the acid attack victim, are reluctant to appear as witnesses and the report, in absence of verification by the concerned doctor, fails to provide a strong basis for conviction.

Medico-legal aspects

In case of burn injuries, medico-legal examination and reporting to the police is mandatory. There are Standard Operating Procedures (SOPs) available for general examination of victims of violence; however, there are no specific SOPs for the medical investigation of victims of acid and burn crimes. This leads to ambiguous or incorrect medical reports, which weakens the prosecution's case. Hospital staff usually has limited knowledge or expertise on the medico-legal aspects of acid burns. In many cases, female medico-legal officers (MLO) or separate examination rooms are not available, so the victims are examined in emergency ward or the doctors/MLO's offices.

Victims do not always report

Victims are not always keen on reporting their cases. Some of the reasons include economic considerations; mistrust in the judiciary; attitude of the police; fear of reprisal; and out-of-court settlement in case a relative is involved in the attack.

Other reasons include lengthy trials, which require persistence and strength, as the victim of acid attack has to face the perpetrator during the court proceedings, which can aggravate trauma.

Out-of-court settlement

Another impediment to the effective implementation of law is the out-of-court-settlement between the perpetrator and the victim, particularly in cases where the perpetrator is a family member. Some reasons for settlement can be fear of retribution; dependency on the perpetrator (who may be the husband); and/or pressure from family or the community. There have been instances, where the victim pursued her case and the perpetrator (her husband) was arrested and jailed, but influential elders from the community intervened and pressurized her to settle the case. There have also been instances, where the police have supported a compromise between the two parties, either by accepting a bribe or owing to their relations with the perpetrator (ASF, 2015).

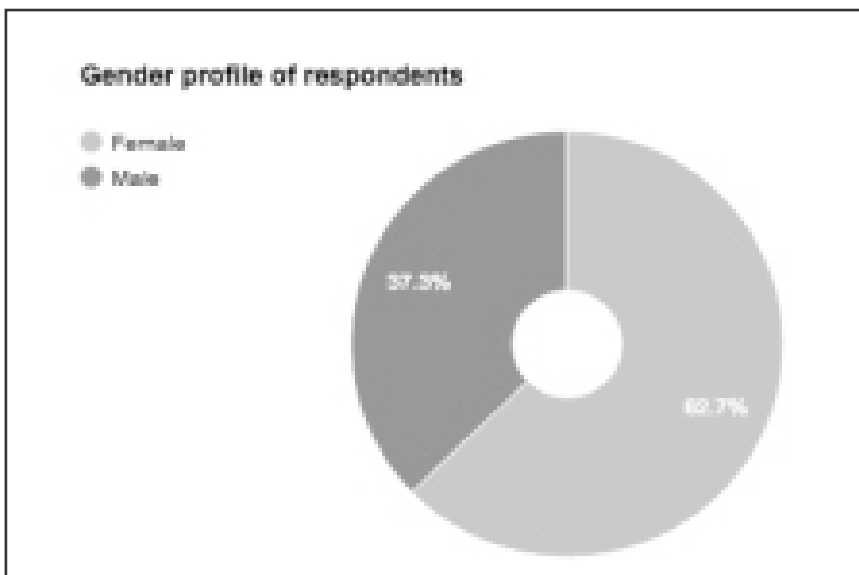
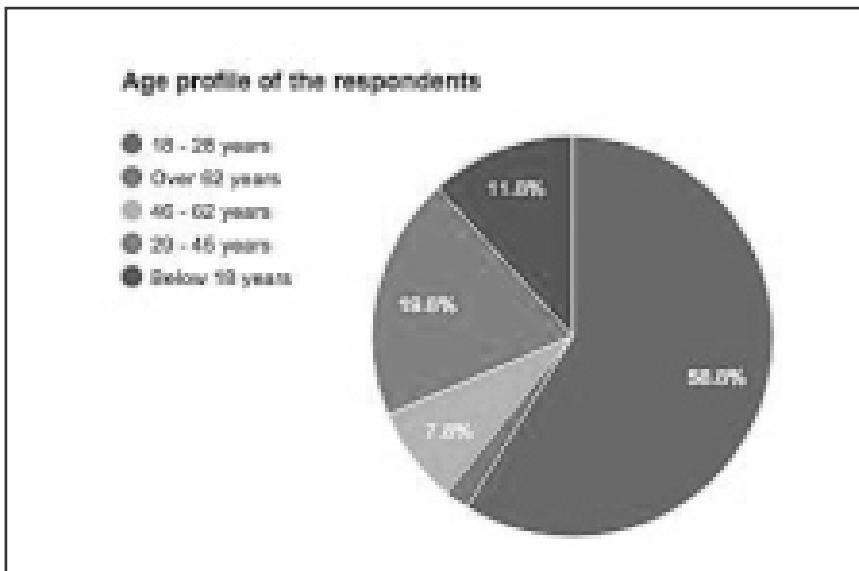
Legal experts have pointed out that although acid crime is a non-compoundable offence, reconciliation between the accused and the victim occurs, which affects the outcome of the case.

Legal experts have highlighted that out-of-court settlement is a cultural issue and it holds true for other domestic abuse or property related crimes as much as it holds for acid attack cases. Some experts believe that a certain pocket of the society is keener on litigation than the rest. A survey conducted by Gallup Pakistan in 2011 revealed that more than 55 percent of the people of Pakistan preferred an out-of-court settlement to solve their disputes, while the remaining 44 percent opposed the idea of settling their cases out of court. The experts are of the view that only a generational shift, through which people would decide to think unlike their elders and the younger generations will think differently and so on, could bring about a change in these cultural attitudes.

Public awareness

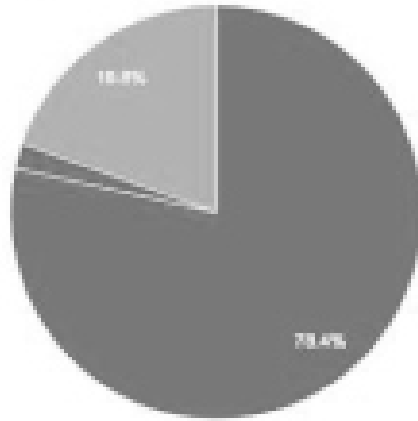
A short survey was held on a randomly selected sample of 50 participants residing in Lahore as an attempt to understand the public point of view on acid attack violence in Pakistan. It was not feasible due to time and money constraints to include remote and rural areas in the survey due to which the sample results are not representative of the entire population. The results of the responses

are shown in the charts below. A list of questions included in the survey has been added in the annexures.

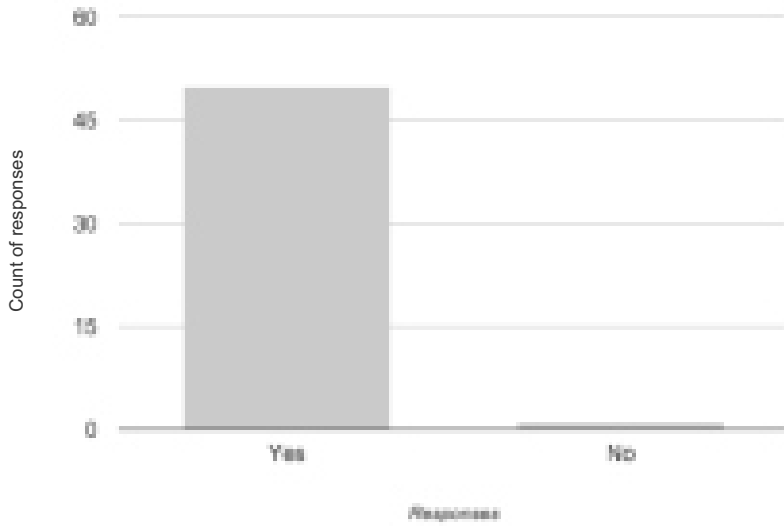


Academic profile of the respondents

- Higher (BA/BSc/MSc/MA)
- PhD
- Secondary

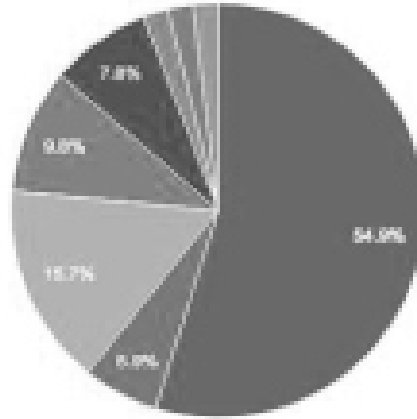


Have you ever heard of acid attacks in Pakistan?

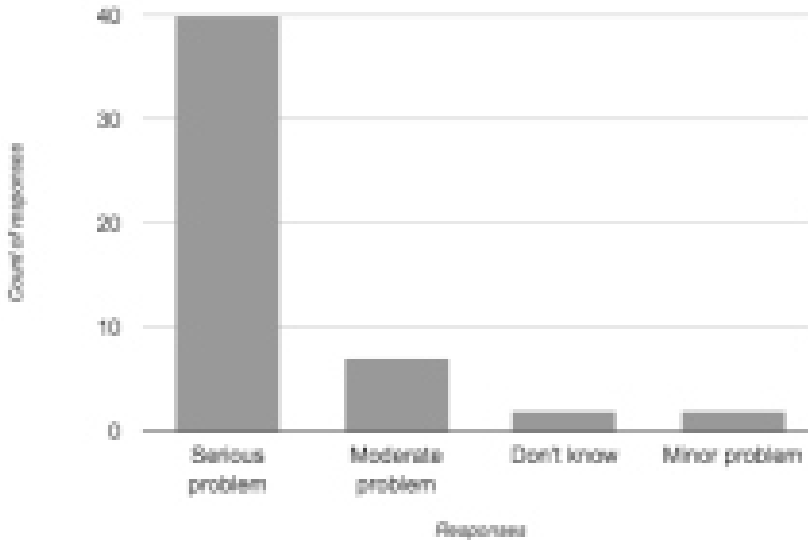


Main reasons for the occurrence of acid attacks

- Male ego
- Feudalism
- Domestic abuse
- Rejection of marriage proposal or sexual advances
- Easy and cheap availability of acid
- Suspicion
- Property issues
- Moral policing

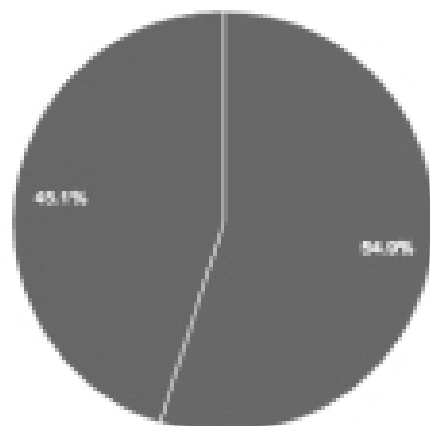


Is acid violence a serious problem in Pakistan?

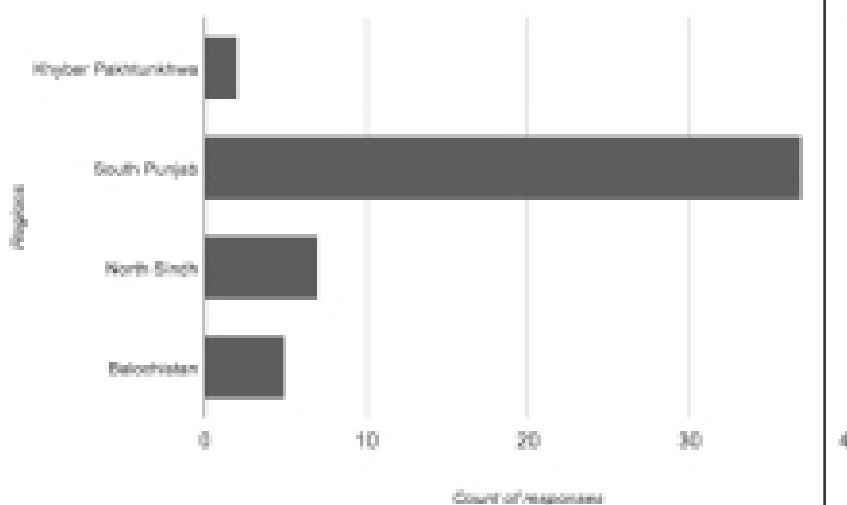


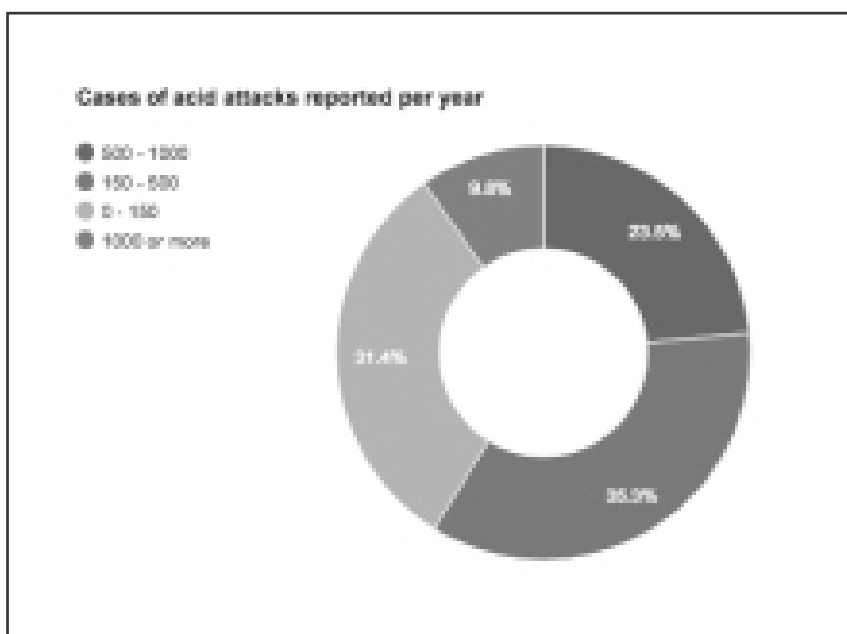
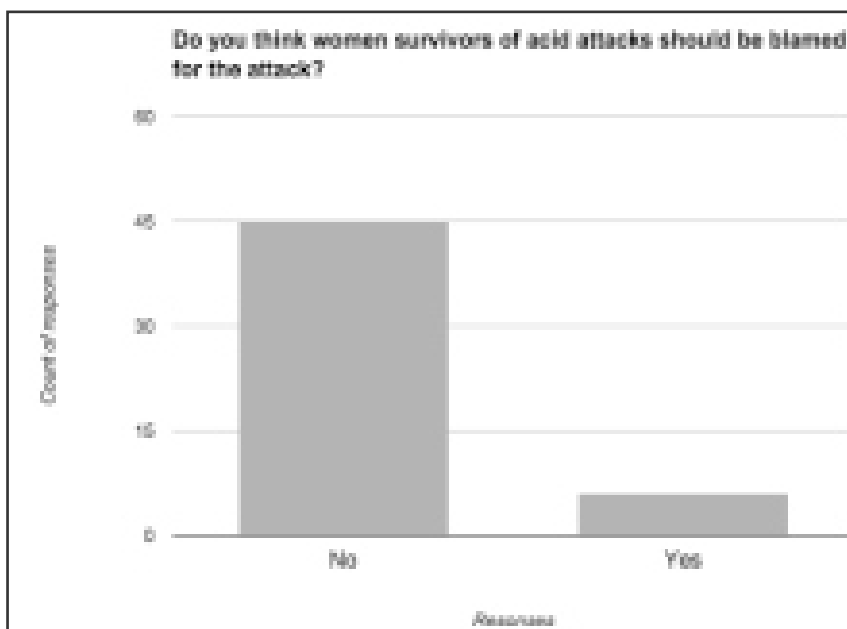
Are women the only victims of acid attacks?

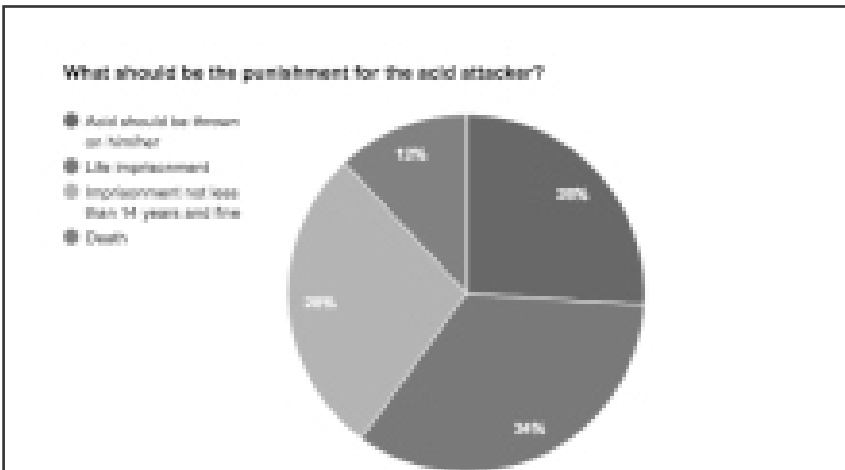
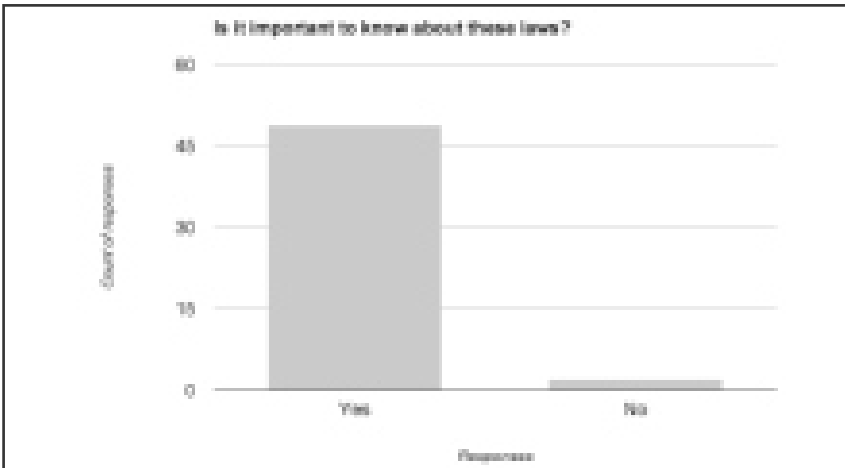
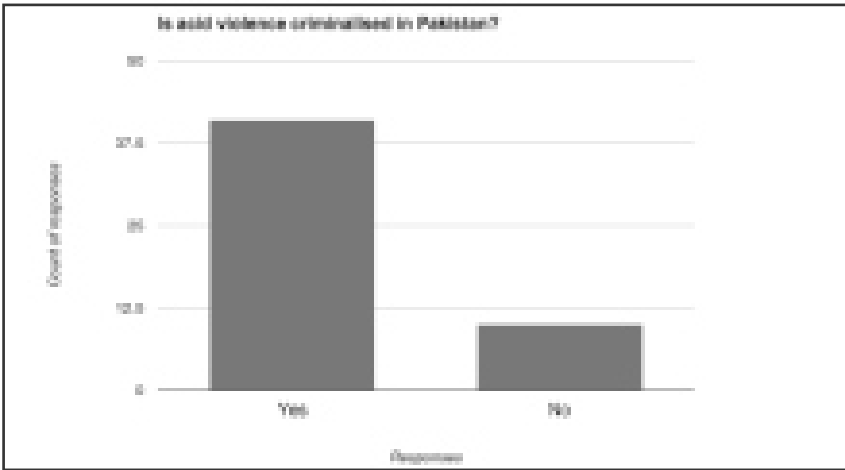
- Yes
- No

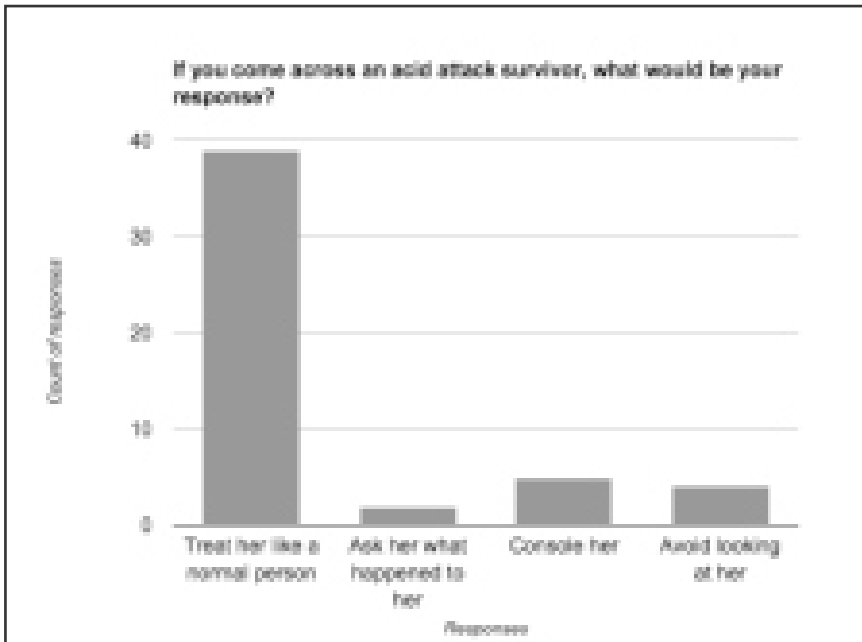
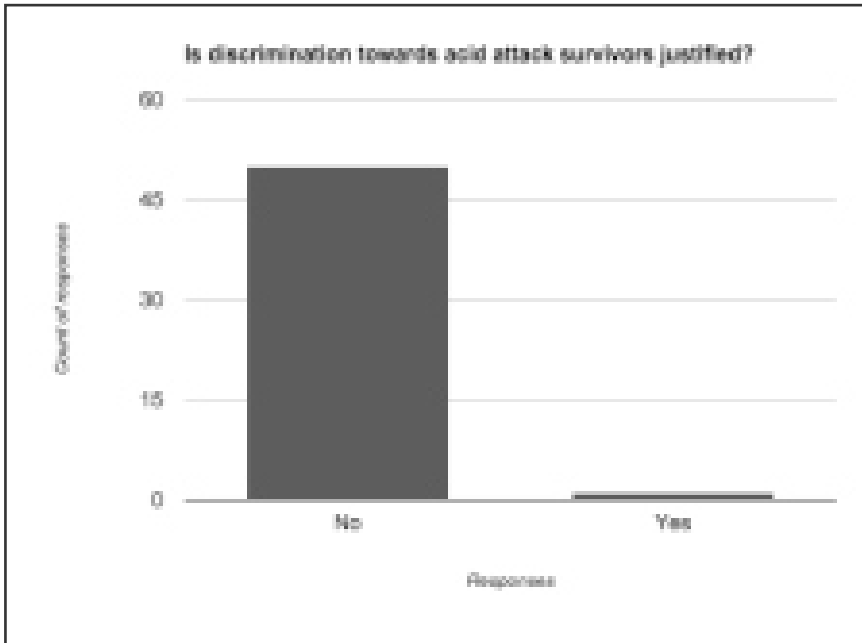


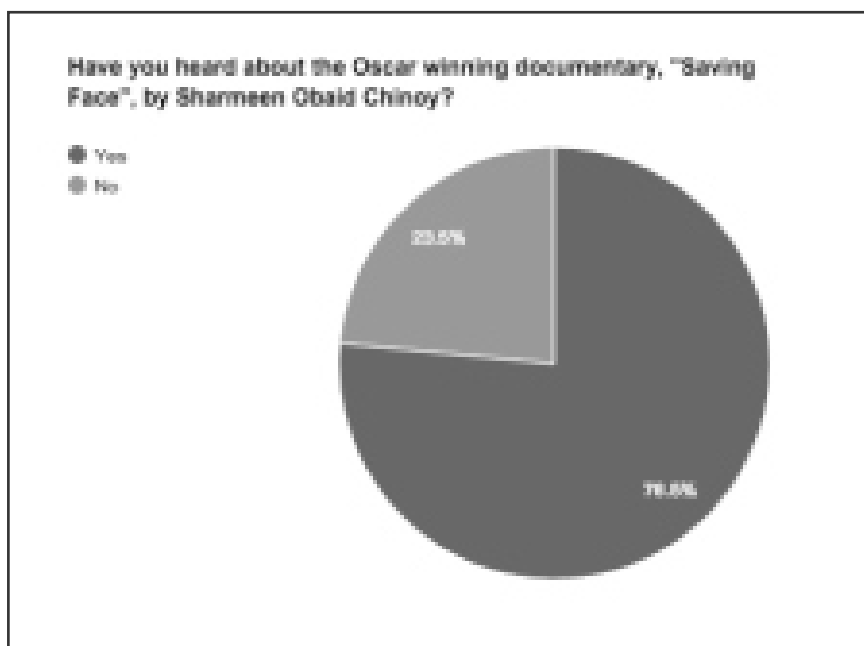
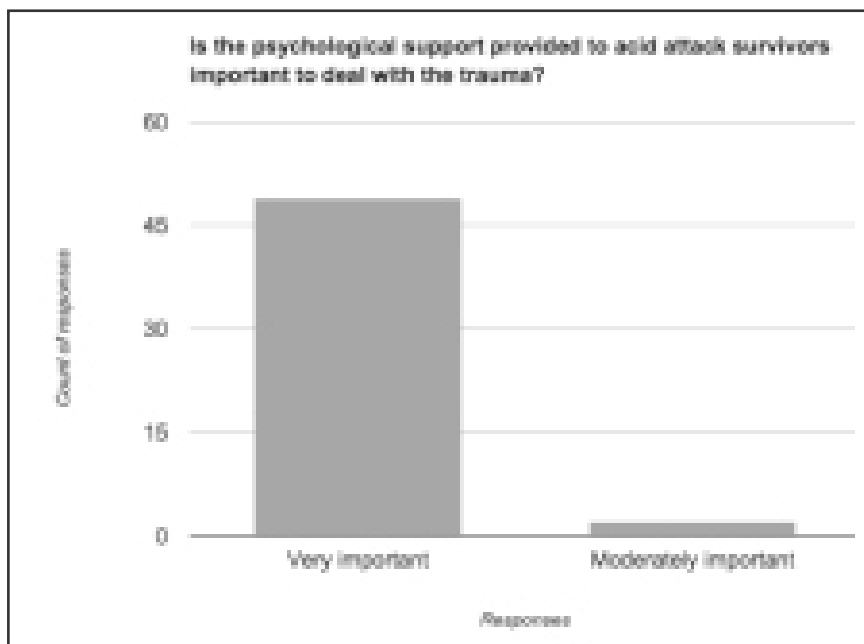
Geographical incidence of acid attacks

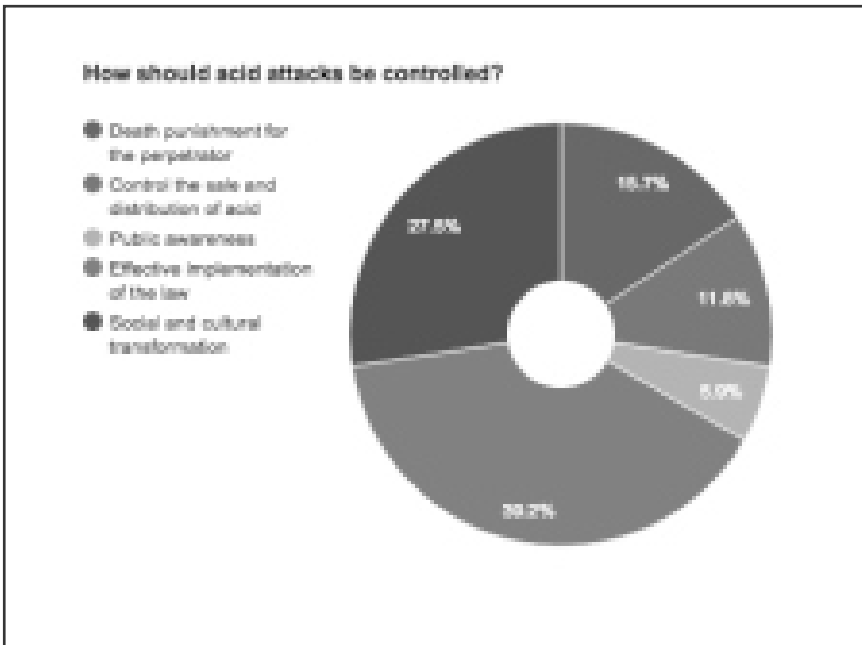
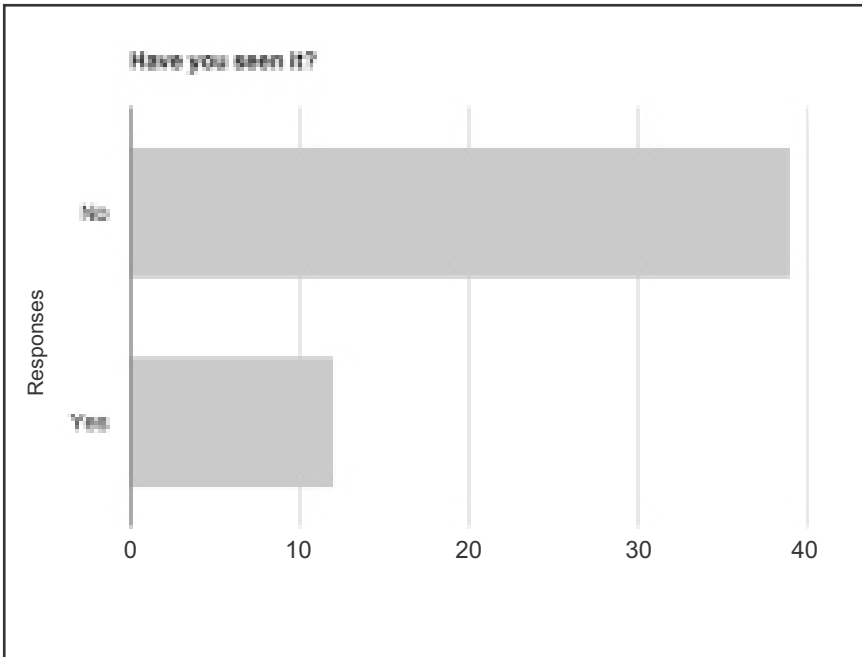












Results

Around 98 percent of the sample surveyed had knowledge about the occurrence of acid attack incidents in Pakistan and around 40 percent of the respondents believed that acid attack violence was a serious problem in the country. Most of the people believe that females are the only victims of acid attacks. While most respondents confirmed that women victims of acid attacks should not be blamed for the attack on grounds of rejecting a man's proposal or sexual advances, or not dressing appropriately; a few people were of the view that women were to be blamed. 54.9 percent of the respondents attributed male ego to be the main reason that fuelled acid attacks; 15.7 percent believed that acid attacks were a cause of domestic abuse; 9.8 percent thought that rejection of marriage proposal and/or sexual advances resulted in fuelling acid attacks; and 7.8 percent stated that easy and cheap availability of acid was the main reason behind acid attacks.

72.5 percent of the respondents knew that South Punjab the region most hit by acid attack incidents. Most of the respondents were aware that 150 to 500 cases of acid attacks were reported per year in the country. A majority, consisting of 80.4 percent, knew that acid violence was criminalized in Pakistan but as many as 62.7 percent of the respondents were not aware of the Acid Control and Acid Crime Prevention Act 2011, with a small proportion believing that it was not even important to know about these laws.

34 percent respondents believed that the perpetrator of acid crimes should be imprisoned for life; 28 percent voted in favour of imprisonment not less than 14 years and a fine; 26 percent stated that acid should be thrown back at the acid thrower, while 12 percent thought that the perpetrator should be awarded death penalty.

Most respondents were aware of the importance of psychological treatment to the acid attack survivors so that they can reintegrate in the society. Around 78 percent people said that acid attack survivors should be treated like normal people and the society should refrain from consoling, avoiding them or inquiring about their stories.

Responses to suitable measures to control acid attacks showed a diverse pattern - 39.2 percent believed that effective implementation of the law would control acid attacks; 27.5 percent stated that social and cultural transformation was needed; 15.7 percent expressed that death punishment for the perpetrator would set an example for the

rest of the society and control such attacks in future; 11.8 percent said that controlling the sale and distribution of acid would be a practical way to control acid violence; and 5.9 percent affirmed that public awareness campaigns would act as a good strategy to control acid attack violence.

Survivors' testimonies

Name: Saira^{*4}

Age: 33 years

Marital status: Divorced

Children: Three daughters

Year of incident: September 2014

Saira was only 18 years old when was married. The couple had three daughters. In September 2014, husband threw acid on her. Saira's husband used to work in Malaysia, where he was arrested for illegal employment. After he got released, he came back to Pakistan and since then he remained unemployed, trying in vain to find work abroad and leave the country. Saira was the sole breadwinner of the family. Her husband was displeased with the situation and wanted her to work but before any decision could be taken, he divorced her. After their divorce, he threatened her a couple of times that he would throw acid on her face. Saira informed her brother about the threats but her brother said that he was only threatening to scare her and would not take such a step. After about three months, one day, when Saira was on her way to drop her children to the school, her ex-husband attacked her with acid. Her children witnessed the attack. It took half and hour before Rescue 1122 provided her with first aid measures by splashing water on her burns. Right after the incident, she did not feel anything but when she was taken to the hospital, her skin became severely itchy. Her eyes were badly affected by the burns. According to Saira, she was provided with legal support by the Acid Survivors Foundation and her husband was imprisoned for 14 years.

"The society is cruel. People stare and ask questions about how the incident happened. They don't let you forget," said Saira.

Saira said that her family was her strongest support system and her daughters her strength. She was struggling through life only to provide them with better circumstances and education.

"I have overcome fear of strangers and over the course of time, I have developed the strength to face society," said Saira.

Over the years, she had accepted her disfigurement. She mentioned that no one had ever remarked about her disfigurement on her face but the way people generally looked at her, still made her feel disgusted about herself.

*Names changed to protect identity

She wished that the punishment for an act of acid violence could be a reverse attack on the perpetrator so that he went through the same fate. She believed that her ex-husband, despite being in jail, was living a life free from any trauma, exclusion and responsibility, while she did not only have to deal with the disfigurement, distress, and painful surgeries but also earn a living to support herself and her daughters. She stitches clothes and puts labels on plastic bottles to earn a living. She said that despite the misery she had gone through, she felt more empowered and financially independent.

Saira stitched clothes and added labels on plastic bottles. She said that she could not longer stitch properly as it strained her eyes too much. With the support of a few civil society organisations, she was pursuing a beautician course and planned to work as a beautician after finishing the course.

Saira wished for an opportunity to leave the country because and settle somewhere else, as she was scared regarding the security of her daughters. Her eldest daughter, who had witnessed the attack, had also provided her testimony, which made her feel that her husband might harm her once he is released.

Name: Maira*

Age: 40 years

Marital Status: Separated

Year of incident: 1995

“I decided that I would never meet my children after the acid attack disfigured me,” said Maria.

It had been more than 20 years since the incident took place but Maira had still remained adamant on not meeting her children. According to Maira, her in-laws had asked her to demand money from her parents. When she refused to ask her parents for money, they got enraged to the extent of throwing acid on her face.

She said that abuse at the hands of her husband and in-laws were a routine for her. After throwing acid on Maria, her in-laws forcefully tied her to a ceiling fan and put the house on fire. The neighbours came to rescue her and took her to the hospital. Her in-laws told the medical staff at the hospital that she had attempted to commit suicide.

“I decided that I would never meet my children after the acid attack disfigured me,” said Maria.

Maira's parents supported her and filed a case against her husband. She struggled for nearly eight years, despite financial constraints, to get justice but the accused still remains at large. Maira said that no one could do anything to fix the current situation of social injustice that prevailed in the country. For the past twenty years, she had only listened to and believed in the false promises of the rulers. She said that she felt apathetic and indifferent and had resigned to the dictates of her fate.

"I keep my agony to myself. It's the society that makes a person indifferent by its ruthless attitude towards victims of violence. The love and warmth displayed by a stranger, in whom one can confide, can help a lot in this situation," said Maira.

"It's the society that makes a person indifferent by its ruthless attitude towards victims of violence. The love and warmth displayed by a stranger, in whom one can confide, can help a lot in this situation," said Maira.

She felt indebted to the owner of a local organisation, who not only helped her with her surgeries but also taught her a beautician course. She worked as a full-time employee at a local parlour and was learning new skills, such as learning stitching and designing clothes and wished to work as a designer.

Twenty-one years down the attack, Maira continued to undergo medical treatment and endless surgeries to fix her disfigurement. She said that since the attack occurred she continuously suffered from hot flashes, which worsened in closed spaces and hot weather. She also had to control her diet as certain foods aggravated her hot flashes and created breathing difficulties.

Name: Farah*

Age: 30 years

Marital Status: Married

Children: Two sons

Farah's husband perpetrated an acid attack on her. She said that she had always told everyone that it was an accident and never named her husband as the perpetrator. She said that what happened was bound to happen. She was married for a few years and had two children. Her husband had been telling her since her marriage that he did not like her and was forced into marrying her, as she was his maternal Uncle's daughter. He also used to threaten her that he would divorce her and get married to a woman of his choice.

Despite the turbulent marriage, the two continued to live together. Domestic violence was a routinized practice for Farah. While narrating her story, she said that, before the incident happened, she had a heated argument with her husband, who got so infuriated that he decided to disfigure her. She was working in the kitchen when he threw acid on her.

"I want to teach him the importance of respecting women and never inflicting violence against the weak. My son will neither commit an act of injustice against a woman, nor tolerate it," said Farah.

When Farah was being taken to the hospital, her husband and in-laws threatened her that she would not report the actual incident to the police and must say that it was an accident. Farah wanted to save her marriage and so she lied to the doctors, medico-legal staff and the police. She was in a critical condition and the doctors had told the family that she might not survive.

After painful surgeries and medical treatment that lasted for more than a month and a half, Farah was discharged from the hospital. She mentioned that her parents had told her that her husband used to visit her at the hospital to get medicine and other necessary things but never entered her room. After she was discharged from the hospital, she was taken to her husband's house, where she stayed for fifteen days only. Her burn injuries needed proper care and no one looked after her at her husband's house.

Her parents took her to their house. Farah took her eldest son with her but her in-laws did not let her youngest son, who was 10-months, to accompany her. After a month, her husband came to meet his son and threatened that he would take him away soon.

Few days later, her husband divorced her and sent her belongings, along with the haq mehr to her place. Her in-laws said that they would not give her jewellery back and if she insisted they would get custody of their eldest son. Farah wanted to register a case against her husband but since she was married to her Aunt's son, her father discouraged her and said that he did not want to ruin his relationship with his sister, especially when her daughter's marriage was already broken.

Farah has been working as a domestic help to raise and educate her son. With her family's support and her own efforts, she had been able to afford her son's education. She said that her husband, marriage and all that happened with her were a story of the past.

She said that she wanted to see her son excel in life. She also wished to imbibe in him good values and morals.

“I want to teach him the importance of respecting women and never inflicting violence against the weak. My son will neither commit an act of injustice against a woman, nor tolerate it,” said Farah.

Name: Amal*
Marital status: Single
Year of incident: 2011

Amal was a student of class IX when she was attacked with acid by her neighbour, Umer, who wished to marry her. Upon refusal by Amal's parents, Umer threw acid on her face and body when she was returning home from her tuition.

She was immediately taken to a local hospital but due to the severity of her burns, she was referred to Victoria Hospital Bahawalpur. They, too, did not have adequate equipment to treat her burn injuries and transferred her to the burn care unit in Multan.

Amal said that she filed an FIR against the perpetrator in Saddar Loddhran Police Station. The perpetrator was caught by the police. An anti-terrorist court in Multan conducted the trial and punished Umer with 13 years of life imprisonment and a fine of nine lakh rupees.

Amal was shifted to Islamabad for better and more effective medical treatment. She was supported by a civil society organisation, where she learnt handmade jewellery making to become financially independent.

Name: Saadia*
Marital status: Married
City: Multan
Year of incident: 2015

Saadia was in a critical condition and could not speak. According to Saadia's daughter, Tahira, her father had thrown acid on her mother and since then they had been at the hospital. Tahira said that her father also attacked her elder brother with acid. She told that her father had abandoned them 20 years ago and she, along with her

other siblings, resided with their mother, who managed to run the house.

It had been a year and a half since he had returned and demanded that his family should leave the house they resided in. Tahira's mother had built the house with her hard-earned money and family support and flatly refused. She said that, following the argument over the house; his father returned home around three in the morning when the children had gone to sleep. He attacked her mother with acid while she was praying.

Tahira said that she woke up to her mother's endless screams and found her in a room dimmed with vapours of acid. Her brother, who was sleeping in the same room, was also affected with burns on his face, chest and abdomen. She said that the doctors had discharged her brother, as there was a greater chance of catching infection at the hospital in the absence of proper arrangements.

Tahira said that they had filed an FIR but the police had informed her that her father had escaped. She also said that, with her mother and brother suffering from acid burns, it would become difficult for them to survive in a tiny house in the absence of proper medical facilities.

Medical and psychological treatment available to victims

Major health institutions were visited to discover the following issues:

- First aid measures for patients of acid burns
- Psychological services available to them
- Protective measures to ensure confidentiality issues
- Effective medico-legal cases examination

Burn care is a neglected area of public health sector, which has not been given the due priority it requires. Medical experts recommend at least 50-bed fully functional burn care units at all district headquarter hospitals in each province to reduce the current rate of fatal burns. Burn treatment is expensive and high-risk, which makes it difficult for burn patients to access private sector hospitals with better quality services and leaves the patients with no option but to visit public hospitals.

It has been observed that the health institutions lack proper burn care units, necessary equipment, expert nursing staff, rehabilitation and trauma centres, and proper medico-legal facilities. The lack of proper facilities required for acid burn cases increases the infection prevalence rate among patients to 15 to 20 percent, which is too high according to medical experts when compared to the normal rate of eight to 10 percent worldwide.

International experts have stated that the mortality rate for victims with 40 to 50 percent body burns was almost 86 percent in Pakistan, which according to medical experts is too high as the mortality rate is less than 10 percent in developed countries for victims having 50 percent burns (Pakmed.net, 2011).

Cases of acid burns are first reported to the Emergency Department of the hospital, where the cases are treated as routine emergency cases. At the emergency department, the Casualty Medical Officer (CMO) determines the nature and intensity of burn. First aid and other essential life saving support, including fluid replacement and infection control, are provided to the acid burn patient. The CMO or the Medico-Legal Officer (MLO) records the first statement of the victim if she/he is in a state to talk. Otherwise, the statement of the person accompanying the victim is recorded and later corroborated with the victim's statement if and when she/he regains consciousness. The statement of the victim is recorded in the

emergency department, in the presence of other patients; there are no measures to ensure her/his privacy and confidentiality.

After examining the acid burn patient, the CMO or MLO decide whether the patient needs to be transferred to the burn centre, the surgery department or transferred to another hospital, based on the severity of the burns and the facilities available in the hospital (National Commission on the Status of Women, n.d.).

After assessing the condition of the acid burn patient, the CMO or MLO prepare a medico-legal certificate and report the case to the police as medico-legal examination and reporting to the police is mandatory in case of burn injuries. This is unlike other cases of violence against women, where a case is only reported to the police if the victim or the family desires.

Generally, mental health of acid burn patients is not given much attention and in many cases doctors are considered enough to deal with psychological issues and trauma of victims. At times, a psychiatrist from the psychiatry department of the hospital visits the emergency ward or burn centre once a week or on request (National Commission on the Status of Women, n.d.).

The following sections provide details of burn care units and medical and psychological support facilities available to the acid burn patients in different provinces.

Punjab

Media reports state that only six out of a total of 23 teaching and 36 district headquarters hospitals have burns care units and out of these at least two are not fully functioning (Dawn, 2015a). Punjab has the highest incidence of acid and burn crimes reported per year, despite this there still exists a lack of critical burn care facilities available for the patients. This reflects the lack of attention paid to a serious public health issue.

The burn unit at Mayo Hospital Lahore, which caters to a large number of serious burn patients from all over the province, has only 12 beds, and faces acute shortage of beds, resources and expert staff to meet the increasing load of patients. A new burns unit with 100-beds had been proposed at the multi-storey Surgical Tower Mayo Hospital that has been under construction for the last many years and still awaits completion. As stated in media reports, burn care units are also functional at Nishtar Hospital Multan, Allied

Hospital Faisalabad, Holy Family Hospital Rawalpindi, Pakistan Institute of Medical Sciences Islamabad and Lahore, and Christian Medical Hospital Islamabad and Lahore. Reports also stated that the government planned to set up 200-bed burns and reconstructive surgery centre at Jinnah Hospital Lahore, which was not made functional. Similarly, the burn care facilities at Services Hospitals in Lahore were also not functional (Dawn, 2015a).

The Nishter Medical Hospital Multan caters to a large number of patients from South Punjab. The burn care unit is only partially operational with a few wards. The hospital provides no rehabilitation support to the acid burn patients. The new burn unit, which is still under construction, is reported to have a rehabilitation facility. The burn unit consists of nine to 11 beds and each bed is occupied by more than one person, which increases the infection prevalence rate. The burn wards provide meagre air conditioning facilities for the patients and the power cuts for around six to eight hours per day make the situation worse. The dietary arrangements for acid burn victims need special care and it was observed that the hospital did not provide adequate supply of quality food to the patients.

Pakistan Institute of Medical Sciences (PIMS) Islamabad has an exclusive burn and reconstructive surgery unit which consists of 30 beds, including six Intensive Care Unit (ICU) beds, four High Dependency Unit (HDU) beds, eight beds in general female wards, and 12 beds in general male ward. As PIMS is one of the only two public hospitals treating burn patients in Islamabad, most of the serious burn cases are referred to PIMS from Holy Family Hospital Rawalpindi. Due to shortage of beds and the management has to refuse admission to burn patients when there is a surge in cases of burns. Media reports state that head of PIMS has told that the hospital is proposing an extension plan for the burn care unit to the Planning Commission this year (Wasif, 2015).

Holy Family Hospital Rawalpindi consists of a burn care unit that has 4 beds. It has been built, equipped and run by contribution from former students of Rawalpindi Medical College.

Media reports stated that some other known burn care units in Punjab include Nescom Burn Centre Islamabad, Kharian Burn Centre at the Combined Military Hospital Kharian and the Pakistan Ordnance Factories (POF) burn unit at Wah Cantonment. These are controlled by the armed forces and often provide expensive services to the civilians (Pakmed.net, 2011).

Sindh

Sindh, with the second highest incidence of acid attack crimes, also lacks critical burn care facilities. Sindh Health Minister, Mehtab Hussain Dahar, reported that out of all the government-run hospitals in the province, only four have operational burn care wards.

Burn units were functional at the Peoples University of Medical and Health Sciences for Women, Nawabshah; Liaquat University Hospital, Hyderabad; Civil Hospital, Badin; and Civil Hospital Karachi. The burns facility at Chandka Medical College Hospital in Larkana and Ghulam Muhammad Mahar Medical College Hospital in Sukkur remained non-functional.

About 1,168 cases of burn injuries were reported to the burns centre at Civil Hospital Karachi in 2014, out of which 389 patients died during the treatment. According to a yearly report revealed by the burns centre administration, as many as 2256 patients were reported in outpatient department in 2014, out of which 582 patients were discharged after successful treatment, whereas 96 patients discontinued their treatment. The report further revealed that 131 burn patients were admitted to the burn ward in January 2014, 107 in February, 110 in March, 96 in April, 103 in May, 73 in June, 88 in July, 70 in August, 66 in September, 90 in October, 111 in November and 123 in December. The hospital did not have disaggregated data on burn injuries that could reflect the exact number of acid victims among total burn patients.

In 2013, 950 patients with burn injuries were brought to the burns centre for treatment. Senior Plastic Surgeon and In-charge Civil Hospital Karachi burns care centre, Dr Ehmer-Al-Ibran, said that the number of burn cases was increasing over the time and there was an urgent need to take preventive measures to reduce these cases. He further added that the burn centre at Civil Hospital Karachi was the only burn facility catering to burn injuries in Sindh, where patients were provided free of cost medical treatment. Dr. Ehmer-Al-Ibran informed that since burn cases were more common among women and children, the burns centre administration had established a separate Intensive Care Unit (ICU) for women and children in order to provide medical facilities to women and their children under one roof in case of emergency.

Health experts believe that the mortality rate in cases of burn injuries can be reduced if the construction of burn care centres in different cities of the province is expedited and completed by the Health

Department. Media reports state that the former Health Minister, Dr. Sagheer Ahmed, had approved the establishment of five more burn units in different cities: Sindh Government Liaqatabad Hospital, Liaqat University & Hospital Jamshoro (Hyderabad), Chandka Medical College Hospital Larkana, Ghulam Muhammad Mehar Medical College Hospital Sukkur and Civil Hospital Mirpurkhas. The construction of these burn centres will reduce the load of burn patients admitted to Civil Hospital Karachi and also save many patients, suffering from fatal burns, from losing their precious lives while being shifted from the rural areas to the hospitals in Karachi.

The burn care ward at Civil Hospital Hyderabad lacks Intensive Care Unit (ICU) and state-of-the-art equipment.

“ICU is essential for burn patients because resuscitation is needed in cases where victims inhale fumes or smoke during the attack or self-immolation,” said Dr Tahir, a doctor present at the burns ward.

The ward consisted of 19 rooms that could accommodate 18 to 20 patients but contrary to protocols, two patients were admitted to one room, which exposed them to greater risk of infection. The risk also increased because of the presence of patients’ attendants in the rooms during the stay. The experts at Civil Hospital Hyderabad stated that to establish a new burns ward, the hospital management would have to submit a separate schedule of new establishment (SNE) to the concerned department to get approval, upon which funds could be released. Medical superintendents had not paid any attention to get the SNE approved for setting up a burns ward and equipping it with the required paraphernalia. Out of the 19 rooms of the burns ward, four rooms had been vacated by the hospital management to set up an operation theatre. Medical superintendent, Dr Ghulam Mustafa Abbasi, said that the old burn care unit needed to be demolished to make room for establishing an ICU for the burn ward.

The doctors said that since the hospital lacked nursing staff that could look after the burn patients, attendants remained unsatisfied and insisted on staying with their patients against doctor’s advice. Due to lack of rooms, when there was an overload of burn cases, patients from Hyderabad and other districts, including, Badin and Tharparkar, were referred to the Civil Hospital Karachi.

Medical experts also discussed the challenges faced in grafting and flap surgery of acid attack survivors due to inadequacies in

equipment and treatment facilities. They said that in case of severe burns, patients required grafting or flap surgery, which were not delivered properly. They also highlighted the importance pre and post surgery management of acid burn patients to restrict exposure to infection. Medical experts informed that a deep burn wound required 10 days before surgery could be conducted and recommended a seven-day post-surgery stay at the hospital. However, due to lack of facilities and expertise, in most cases, a patient had to stay in the hospital for around 27 to 30 days, which put burden not only on the hospital resources but also affected management of other emergency cases.

Balochistan

Balochistan lacks burn unit facilities with only one hospital, Bolan Medical Complex Quetta, catering to patients from the entire province. The burn care unit consists of 3 wards and 15 beds for the patients. There is an Intensive Care Unit, which is also being used as a trauma centre for the burn patients. There is no psychologist for the burn patients but the hospital authorities arrange for a psychologist if needed.

Khyber Pakhtunkhwa

In Khyber Pakhtunkhwa there is not even a single burn intensive care unit in any hospital that can cater to the required medical facilities to treat acid burn patients. There are three major hospitals in Peshawar, namely Hayatabad Medical Complex (HMC), Khyber Teaching Hospital (KTH) and Lady Reading Hospital (LRH).

HMC currently does not have any burn unit but there is one under construction since 1990s. The burns and plastic surgery unit, when constructed, will consist of 120 beds divided in two levels. The construction has been halted since a few years due to management conflicts and lack of funds. HMC Associate Professor Plastic Surgery Dr Tahmeedullah, said that with the support of the government of Germany, the provincial government would set up a burns and trauma ward in three District Headquarters Hospital – Bannu, Chitral and Dir. These wards would provide prompt treatment to burn victims (Zia, 2013).

KTH is situated in the middle of the Peshawar district and receives more patients as compared to HMC. KTH has only got an emergency ward, consisting of a total of 6 beds, 3 for males and 3 for females, which is used to treat burn patients.

LRH, which is situated in the hub of the Peshawar district, receives the largest number of patients amongst the three hospitals. Burn patients from all over KP are brought to this hospital. LRH has a burn ward consisting of 24 beds, out of which 14 beds are not in working condition. A consultant plastic surgeon at the Hayatabad Medical Centre (HMC), Dr Obaidullah, told that most of the medical equipment bought for the burns unit at LRH was installed at the cardiology and cardiovascular units of the hospital (Zia, 2013). He also said that the burn ward, which existed at LRH, had inadequate facilities and lacks expert doctors to treat burn injuries. These issues caused complexities in the medical treatment of acid burn patients. The wards lacked a trauma centre, which meant that no psychological support was provided to the burn patients.

Psychological, social and economic impact on survivors

Survivors of acid attacks are left with permanent disfigurement and psychological scars. In addition to their physical injuries and the pain associated with these, survivors have to deal with economic hardship, discrimination and exclusion from the society due to the stigma attached to acid attacks.

The strength and pervasiveness of the psychological after-effects of acid attacks mean that, without sufficient treatment, these problems can prove to be equally as devastating as the physical effects of acid burns (Cambodian Acid Survivors Charity, 2010). Owing to this, scholars have stated that acid attacks result in a 'continuous traumatic stress disorder' (Gilboa et al., 1994).

Despite recognition of the psychological challenges faced by acid attack survivors, mental and psychological support remains a neglected area of acid burn care. Scholars have stated that the psychological responses of acid burn survivors involve two overlapping perspectives – 'the view from outside' (how the social environment reacts) and the 'view from inside' (how the survivor experiences herself) (Cash, 2004). Scholars have cited lifelong disfigurement, alteration of the body and disabilities that the acid attack survivors have to live with for the rest of their lives as the major reason behind psychological and emotional trauma (Van Loey and Van Son, 2003; Mannan et al., 2006). They have argued that since change in appearance is abrupt, the adjustment process is significantly complicated. Scholars have observed high levels of anxiety and depression experienced by acid attack survivors due to their altered appearance.

Some scholars have highlighted that stigmatized public reactions to acid attack are perhaps a vital component of psychological trauma. These could lead to demoralization, loss of social network, loneliness, and in some cases social death (Macgregor, 1953). Typical public reactions include naked stares, startled reactions, remarks and personal questions, and avoidant behaviours. Due to the particularly gruesome nature of the burns, survivors are often afraid of showing themselves in public and particularly ashamed of their physical appearance. Scholars have also shed light to instances, where the public views the survivor as 'deserving' the attack owing to some sort of wrongdoing (Faga et al., 2000).

The stigmatisation associated to acid attacks is so great that survivors frequently become ostracised by society, and are “treated as outcasts by family, neighbours, and friends” (Swanson, 2002; Mannan et al., 2006; Ho et al., 2001).

“I couldn’t look at myself, let alone let others look at me. I didn’t see my own face in the mirror for a long time. I thought that no-one would ever talk to me again,” a 19-year-old acid attack survivor is reported to have said to express her social ostracism (Shackle, 2013).

Some of the common psychological symptoms observed in acid attack survivors according to scholars, include depression, loss of self-esteem, insomnia, headaches, anxiety, fatigue, fear, posttraumatic disorder, sleeping and eating disorders, and in the extreme cases suicidal tendencies. Among these, scholars have argued that fear is the most significant symptom as it extends to: fear of reprisal in case they speak out or seek legal action; fear of another attack; and a general fear of mistrust in the outside world. Fear can also make victims unwilling to pursue legal action or testify against offenders.

Many victims suffer from complete mental breakdown including identity crisis because of their lost and distorted appearance. Most discontinue their education or work during the lengthy recovery period or beyond (acidsurvivors.org, 2015). It is also reported that acid burn survivors have difficulty in their sex life. Although burn care professionals recognize the problems associated with the sexual life of acid burn patients, little has been written and published on sexual dysfunction among burn survivors (Van Loey and Van Son, 2003).

Other social implications that exist for acid survivors include dependency on family members, even to perform simple tasks such as eating and running other errands. Dependencies are increased by the fact that many acid survivors are not able to find suitable work, due to impaired vision, physical handicap or disfigurement. This negatively impacts their economic viability and causes hardships for the families/spouses who care for them. Since the majority of acid survivors belong to low socioeconomic backgrounds, this can place extra burden on families who are overburdened and not best suited to provide support. Many women have to remain living with their husbands who might be the perpetrators (Van Loey and Van Son, 2003). Moreover, acid survivors who are single, when attacked almost certainly become stigmatised, which also ruins their marriage prospects (Anwary, 2003).

Acid survivors have reported that social exclusion is far more painful than any physical injury inflicted on an acid attack victim.

“It is far less tangible but the discrimination – from friends, relatives and neighbours – hurts the most,” as reported by an acid attack survivor (Lal, 2015).

Anti-acid crime campaign: looking at the Bangladesh model

Bangladesh was once known as the 'acid attack capital of the world'. Over the years, it implemented a multi-pronged campaign to crack down acid violence in the country and today, even though acid attacks still occur, but the tremendous reduction in the number of attacks serves as an inspiration for other countries to follow (Agarwal, 2013). Experts have attributed the success of the campaign against acid attacks in Bangladesh to the efforts of non-government organizations, working for the cause, along with coordinated services and support from the state, civil society and international donor community. Success also largely depends on the strict laws passed by the government, which prosecuted the acid attackers, criminalized the sale of acid without a permit and created the National Acid Council with branches at district levels (Chowdhury, 2005).

The number of acid attacks in Bangladesh increased steadily in the two decades following Bangladesh's independence in 1971. It rose from approximately a dozen each year to about 50 per year in the mid-1990s (Swanson, 2002). Between 1999 and 2012, 3,424 people suffered acid attacks in Bangladesh (Chowdhury, 2005). It was in 2002 that legislation was passed and around late 1990s multi-pronged campaign against acid attacks had been initiated. Following this, the number of attacks reduced from 240 in 2000 to 72 in 2012. Experts have reported a reduction of 30 percent in acid attack cases between the period 2000 and 2012.

The 1990s witnessed the arrival of the NGO efforts to counteract acid violence. Two organizations, including Naripokkho and the Dhaka-based Acid Survivors Foundation took lead in working towards the cause of acid attack victims. Naripokkho, established in 1995, is a local women's advocacy organization in Bangladesh. Dhaka-based Acid Survivors Foundation (ASF), founded in 1999, is an international non-governmental organization, which works against acid attacks in Bangladesh (Swanson, 2002). Both NGOs followed a holistic five-pronged approach based on public awareness, case reporting, short-term treatment, legal aid, and long-term treatment.

The trajectory of the campaign against acid violence in Bangladesh, which began in the mid-1990s with the efforts of local women activists, over time expanded to involve diverse national and global actors that led to important negotiations in the sphere of women's development and gender-based violence.

The campaign against acid violence developed across three broad phases. It began with national and international publicity generated by activists of Naripokkho around issues of acid violence. In the second phase, the campaign marked significant victories and resulted in additional investments. The third phase culminated in aid-driven intervention by international donors and agencies (Chowdhury, 2005).

Even a cursory glance highlights the following efforts, extended by NGOs, civil society and educational institutions to fight acid crimes in Bangladesh.

- British Council Bangladesh initiated a project called Supporting Survivors of Acid Attacks to help the victims in accessing quality medical care, legal assistance, rehabilitation and education. It also organized weeklong festivals, seminars, and workshops to present dramas related to women issues including acid attacks. British Council showed a documentary called 'Ayana' (Bengali word for mirror), which delivered a positive message by showing that acid attack survivors and their families coped with the health, social and psychological impacts strongly and struggled to survive (Swanson, 2002).
- UNICEF began working in collaboration with the Ministry of Health Bangladesh and other local and international organizations to fight violence against women. UNICEF funded the Ministry of Women and Children's Affairs to make a documentary of case studies of men helping female survivors of acid attacks to seek justice (Swanson, 2002).
- ASF established a health care facility called Thikana House that provided treatment for less severe burns. ASF also worked closely with British Airways to provide free round-trip to acid attack survivors to travel abroad for sponsored reconstructive surgeries (Swanson, 2002).
- Local non-government organizations also approached foreign non-government organizations such as Italian 'Cooperazione Internazionale and Associazione' and Spanish 'Corporacion Dermoestetica' to seek support for medical treatment of acid attack survivors in Bangladesh.
- A Bangladeshi doctor and child rights activist approached a US-based organization, Healing the Children (HTC), which provided free medical care to children around the world whose parents could not afford health expenses. The doctor requested HTC to provide free reconstructive surgeries to young survivors of acid attacks from Bangladesh and

resultantly a few acid attack survivors were sent to US for cost free acute care and reconstructive surgeries. HTC later sent medical teams to Bangladesh to equip the local physicians with technical skills and performed surgeries of a large number of victims with the help of local medical professionals.

- Universities participated in organizing seminars and workshops on issues of violence against women, including acid attacks (Anwary, 2003).

Public campaigns by non-government organizations were aimed at educating the citizens the first aid measures to be employed in case of an acid attack and effective medical care needed within the first three days of an attack (Swanson, 2002).

- Through interventions, such as a program which presented acid attack survivors with national celebrities on a musical concert, NGOs and the national media made an attempt to inform society that victims of acid violence should not be discriminated and treated as outcasts and highlighted the importance of reintegrating them in the society (Swanson, 2002).

A general spirit of cooperation predominates the Bangladeshi society, among the organizations and individuals, which highly benefited the cause they were working for collectively. NGOs working for women created strategies and visions for the empowerment of victimized women, particularly in the absence of strong support from the state and within discriminatory cultural, political and economic structures (Chowdhury, 2005).

Despite appreciable success, experts have pointed out that structural adjustment policies, the advent of export-oriented manufacturing, and the emergence of the NGO movements, which at the grassroots level worked toward the empowerment of women, have, on the one hand, contributed to a visible increase in female labour force, while on the other, violence against women might have actually risen following this change in social landscape. In Bangladesh, this is known as the 'silent revolution' that has slowly led to a significant shift from long-established norms of female seclusion to a large number of women taking up public spaces and joining the labour force (Amin n.d.). Scholars have attributed this change in socially acceptable gender roles to be one of the recent causes of violence against women and a number of acid attacks have been perpetrated owing to this (Chowdhury, 2005).

The Government of Bangladesh, in 2002, criminalized acid violence by enacting two laws related to it: The Acid Control Act and the Acid Crime Control Act. Experts have stated that the acid crime prevention regime in Bangladesh is not foolproof and there are gaps in the law and its enforcement, which need to be addressed. The law does acknowledge that there are systematic gaps in the legal system, including lengthy prosecution, tardy investigation, ineffective medico-legal examination, police corruption, gender bias, and witness intimidation, and provides regulatory and procedural changes in the legal framework. Although the systematic failures provide perpetrators a leeway to manipulate and outwit the justice system, the Bangladeshi model does serve as a guide for other countries to meet the due diligence standard to fight violence against women (Bandial, 2012).

Following are some of the important features of the acid legislation in Bangladesh:

- The Act criminalizes the commission of attempting to and aiding in 'hurt by acid' and states applicable sanctions. The law mandates strict punishments ranging from between three years and 15 years of imprisonment and a heavy fine to life imprisonment or even death penalty for the perpetrator. The variation of sanctions depends on the severity of the crime; for example, if the attack results in a loss of hearing or sight, damages the victim's face, breasts, or sex organs then the perpetrator either faces death penalty or life imprisonment. If any other part of the body is damaged, the perpetrator is awarded with an imprisonment of seven to 14 years and a fine. If acid is thrown or attempted to throw without causing physical or mental harm, the law punishes the criminal with a prison term of three to seven years and a fine. This law also criminalizes conspirators, who aid in such attacks, with the same liability as those actually committing the crime (Acid Survivors, 2016).
- The Acid Control Act 2002 regulates the import, export, use, and waste management of corrosive substances. The Act directed the establishment of National Acid Control Council (NACC) and District Acid Control Committees (DACC) to develop policies and monitoring systems to regulate the production, trade and use of acid in towns and cities. The Act empowers authorities to temporarily cancel acid selling licenses; lock up shop to prevent the sale of acid; and put a ban on transport carrying acid. It also makes it mandatory for businesses, dealing with acid, to apply for a license (Acid Survivors, 2016; UN Women, 2012).

- The Act provides regulation and oversight of investigative and prosecutorial procedures in cases of acid violence. The Act created special tribunals, Acid Offence Prevention Tribunal, which have exclusive jurisdiction to prosecute acid attack cases, in each district. The tribunals are mandated to provide a verdict within 90 days of the receipt of the file (Acid Survivors, 2016).
- The Act also requires investigation officers to operate on a mandatory time frame of 30 days to complete the investigation and submit the report to the special tribunal. The tribunals are empowered to review and scrutinize the investigation officers, call for their replacement in case their actions are maleficent or investigations are negligent (Bandial, 2012; Acid Survivors, 2016).
- The Act directed the formation of victim support centres at police stations to provide protection against intimidation to victims and witnesses (Bandial, 2012).
- The Act also called upon the state to establish medical, rehabilitation and legal support services for the victims of acid violence (Acid Survivors, 2016).

Despite the reduction in the number of acid attacks in Bangladesh over the years, effective and full implementation of the legislation, along with campaigns aimed at preventing acid attacks, are needed to be better focused to stop such attacks from happening (Avon Global Centre for Women, 2011).

Consultation on strategies to fight acid crime in Pakistan

The context



The HRCP study that sought to assess the effectiveness of the Acid Control and Acid Crime Prevention Act 2011 noted that interventions were needed at different junctures to not only ensure that the acid thrower is brought to justice but also prevent the crime from happening in the first place. In case where an acid attack does occur, there is a need to make cost effective and efficient ways for treatment, rehabilitation and reintegration easily available for the acid attack victims.

Given the complexities of acid crimes, it is evident that effective prevention of the crime and prosecution of the accused would require an integration of services by relevant organs of the government and civil society to yield better results for advocacy and decision-making.

In order to enrich the recommendations section of the study, HRCP held a consultation in Islamabad to benefit from the experiences of experts working in the field.

The agenda

In its consultation on 17 August 2015, the focus of the group deliberations was to brainstorm the possible ways for combating acid violence in Pakistan. The participants were divided in groups of six to seven people. Each group was given a topic to analyse and look for remedies in a participatory manner. The



group members chose a rapporteur from among themselves to present the recommendations. The groups used the S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Timely) technique in phrasing the recommendations. Each group contained experts from diverse academic and professional backgrounds and benefited from their expertise in analysing the problem of acid violence. The groups recommended ways to overcome obvious hurdles in the implementation of suggested recommendations. Equality of expression was ensured during group presentations by providing each participant the opportunity to add her/his views once the rapporteur had presented their collective recommendations.

The groups examined the following issues:

- How to effectively prevent acid attacks and control the sale and distribution of acid?
- What measures can be taken to ensure effective first aid and subsequent medical treatment?
- How can medico-legal examination and reporting by medico-legal officers (MLOs) be made more effective?
- How can police reporting and investigation be made more effective?
- What are the key defects in the current law and what could be the effective remedies?
- What are the advisable strategies for advocacy and adoption of pending provincial bills regarding acid and burn crime?

Participants familiar with the issue of acid violence, who attended the meeting, included Valerie Khan, Zafarullah Khan, Farkhanda Aurangzeb, Manizeh Bano, Dr Anila Khan, Dr Humayoon Temoor,



Saliha Ramay, Uzma Osho, Muhammad Aftab Alam, Dr Saira Afzal, Malik Naeem Iqbal, Saleem Mahir, Sadia Khan and Dr Fayyaz. HRCP council members included Nasreen Azhar, Sajida Jafar and Tarique Sujal. Representatives of Ministry of Human Rights, National Commission on the Status of Women (NCSW) and

National Commission of Human Rights (NCHR) also joined the discussion.

Zafarullah Khan, Executive Director of Centre for Civic Education (CCE), briefed to the participants the executive summary and findings highlighted in the study conducted by HRCP. He told the participants that the study discussed the legal framework evolved in Pakistan to deal with acid crimes and whether this had been effective in serving its purpose. The study also provided details of medical and psychological facilities available to the victims of acid attacks. Generally, the condition of public hospitals was gloomy and the facilities available to treat, rehabilitate and reintegrate acid attack victims were quite limited.

Experts also added that there only exist three burn centres in the country. Pakistan Institute of Medical Sciences in Islamabad is a state-of-the-art burn centre, which is considered to be one of the best in the world. However, the burn centre can only deal with emergency cases of acid burns, as it does not have the capacity to conduct reconstructive operations over the long term. The burn centre at Civil Hospital in Karachi is the second most well quipped burns treatment facility in the country. The burn centre at Nishter Medical Hospital in Multan, which has been recently built, is one of the major burn facilities in the province, which is adequately equipped. The participants also discussed that rehabilitation centres were insignificant, with only one rehab centre, established by the Acid Survivors Foundation, that provides an overall package of services to the acid attack survivors. Another rehab centre is being established at Nishter Medical Hospital in Multan, which is a public-private partnership project, and is aimed to be completed by 2016.

Zafarullah highlighted that acid violence was a gender issue as around 80 percent of the victims were females, 70 percent of whom were younger than 18. The findings of the study suggested that the crime was mainly perpetrated to settle marriage disputes.



Valerie Khan, from the Acid Survivors Foundation, who was present at the meeting, has been working for the cause of acid violence in Pakistan since 2006. According to her, 2011 was a turning point for acid attack survivors in the country as the Criminal Law Amendment Act was enacted. Sharing her experiences of working with acid attack survivors, Valerie said that after acid was thrown on a person, a journey of challenges started for the victim at various levels - physical, psychological, economic, legal and social.

“Within four seconds of an acid attack, in the eyes of society a woman is transformed into a monster. Regaining her position as a normal woman in her family, community and society is a big ordeal,” said Valerie Khan.

She also said that after a woman was attacked with acid, there was a shift in the traditional breadwinner role associated with men, as women had to look for economic opportunities to support themselves, their families and in many cases their children. Owing to gender division of labour in the household, many women were not equipped to take on this responsibility. Following the attack, women looked for ways and learned new skills to generate income and support themselves and in certain case their offspring.

Before proceeding to the group work, Dr Saira Afzal, Chairperson and Head Community Medicine and Public Health King Edward Medical University Lahore, shared her experience of working with acid burn survivors. Dr Saira Afzal is also pursuing her doctoral degree, which is focussed on the rehabilitation of acid burns.

Acid attacks occur all around the world but this violence was rising in Bangladesh, Pakistan, India, Nepal, Saudi Arabia, Bahrain and Kuwait. Unfortunately, in these countries the post acid attack social support provided to acid attack survivors was lacking, which

increased the burden of social issues and pressures faced by the victims. Dr Saira said that acid violence was an epidemic that not only impacted women but also men. She added that in August 2014, out of six cases that were reported to the hospital, two involved male victims.

Dr Saira had conducted an explorative study based on qualitative techniques that looked in depth at the impact of acid violence on the life perspectives, social performance and social health of the victim. It also looked at the social and rehabilitation support should be offered to the victim. The victims interviewed for the study had an altered perspective of life and exhibited both positive and negative feelings. They reported high levels of anxiety, stress, depression, embarrassment and low levels of confidence and self-esteem. Other negative feelings included fear, insecurity, betrayal, jealousy, guilt, aggression, rejection of marriage proposals, and loss of shelter. The victims found a sense of optimism through their faith in religion, which provided hope for a better outcome and the strength to struggle. Dr Saira emphasized that the positive feelings experienced by the victim provided gaps that service-providers could fill to reintegrate and rehabilitate them.

Dr Saira shared the case study of an acid attack victim, who was attacked by her husband. The victim refused to seek medico-legal support or report the case to the police. The victim's husband had threatened her that if she told anyone about the incident, he would never let her see her children again. As part of her study, she also interviewed a young girl, who wanted to work as a schoolteacher but her mother did not allow her. Opposed to her mother's wishes, she had decided to teach at a school. A few months later, one of her co-workers attacked her with acid. Since the attack, the girl had become guilty and blamed herself for the attack, as she was working despite her mother's will. After the attack, she could not work as a teacher anymore and had to move to a low paid and informal job. The victim received informal social support from her relatives, which included emotional, moral and financial care. However, formal support from service-providing institutes was significantly missing. She was suffering from social withdrawal, stigmatization, exclusion and a lack of self-esteem. The victim also faced job insecurity as she had already lost her job as a schoolteacher and feared that she might also lose her current job. She had developed a sense of fear from not only strangers but also her friends and family.

Dr Saira noticed signs of verbal aggression during her conversations with the victim, who flatly refused to answer certain questions, saying that she would leave the room if a similar question were asked.

Some issues reported by the victim were distractibility, depression, and impulsive behaviour, fear of reprisal, lack of concentration and excessive guilt. Despite that, the victim's struggle to survive was evident.

Dr Saira also discussed the short and long-term social support benefits that were needed by an acid attack victim. The short-term social support included psychological well being, basic life needs and better social health while the long-term support included physical, psychological, and social rehabilitation like a decent job and a work environment free from discrimination and social stigmatisation. Formal social support was provided by government institutions, public sector, hospitals, non-government organisations and rehabilitation centres. She highlighted that the role of formal social support was quite limited and urgently needed strengthening to help the acid burn victims. The rehabilitation centres should be made state-of-the-art with a focus on acid attack survivors.

Dr Saira highlighted that there was a lack of studies that include in-depth interviews of acid burn victims. According to her, that was because of four possible reasons: lack of initiative and funding for research on acid violence; lack of access to interview the victims; victims often prefer not to share their traumatic experience or show their burns; and the victims might also be unwilling to disclose the causes of acid attacks because of fear of further violence or reprisal from the abusers.

Dr Saira concluded that the following actions should be taken to improve the situation of acid attack victims:

- Formal social support, provided by the government and non-government organizations, must be strengthened to back informal social support.
- Inter-sectoral collaboration among relevant stakeholders to rehabilitate and reintegrate acid attack survivors was direly needed. A burn unit at any hospital should not only have a plastic surgeon but also a psychologist, medico-legal officer and a dietician. After an acid attack, a victim might need up to 15 reconstructive surgeries and if the survivor cannot get all the medical facilities at one place, the process can become more burdensome, challenging and agonizing. Collaboration is also needed among police officials, lawyers, and policymakers. To make reintegration in society more efficient, collaboration with employers can also be beneficial.
- Legislation should be made more stringent and steps taken to ensure its implementation.
- Investment in research on acid crimes should become a priority.



- Existing mechanisms to protect the survivors of acid attacks must be evaluated with a view to improving them.

The participants also discussed that acid violence was a symptom, the root cause of which lied in the patriarchal mind-set of those who exerted their power on women and controlled them by subjecting them to violence and abuse. They also pointed out that in order to find a solution to violence perpetrated against women, it was essential to address stereotyped notions of masculinity and femininity that reinforce the hegemony of men. One of the participants shared her experience of working for women empowerment by establishing centres to equip women with specific skills that made them financially independent. According to her, one of the most pressing needs to stop violence against women was to make them financially independent, which would not only provide them with confidence to fight for their rights but also increase their say in all relationships and discourage men from abusing them.

The participants, who had then divided in seven groups, depending on their area of expertise, were given their respective topics to analyse.

Recommendations

Effective prevention of acid attacks and control on the sale and distribution of acid

Group I made the following recommendations:

- An authority should be established at the district or community level to provide licenses to acid sellers. The District Coordination Officer (DCO) could be made the license issuing authority.
- Distribution of acid should be monitored at the district level and the monitoring authority should keep a database of the buyers' record, including name, CNIC, profession, and purpose of buying. Community-based organizations (CBOs) or police could be authorized to maintain record of acid sale and purchase.
- The authorities should actively consider addressing not only the ease of access to acid but also its low price as a measure to reduce acid crimes. Easily seventy per cent economy of the country is rural and cotton is a major crop, which requires acid for cleaning. There is no substitute that can be used for cleaning the cottonseed other than acid. The implementation, therefore, would have to be carefully monitored and imaginative for it to be effective.
- Altering social behavior at the individual, household, and community level is very important if acid crimes need to be tackled. Social behavior can be altered over time using the following measures:
 - o Awareness raising campaigns targeted at the district and community level through radio and social media;
 - o Involving political and religious leaders in the awareness campaigns to promote anti-acid violence messages; and
 - o Inclusion of a chapter on prevention of acid attacks, first aid measures and laws related to acid and poisonous substances in the curriculum for schools and colleges.
- Generally, people avoid accessing the police stations because of lack of sensitization among the police officials on issues of gender-based violence. The authorities should assign a designated officer, who has been sensitized to record and deal with gender-based violence issues.

Measures to ensure better first aid and subsequent consequences

Group II made the following recommendations:

- Dr Humayun Temoor, Forensic Ontologist Board of Medico-legal Surgeon Punjab, discussed that better and efficient first aid measures could reduce the impact of acid burns on the victim. He highlighted that the situation of burn care in Punjab, despite being the biggest province, was deplorable. He explained the three-tier structure of treatment prevalent in Punjab as consisting of (1) basic health care, (2) secondary care, and (3) tertiary care teaching hospital.
- Patients residing in rural areas usually go to basic health units (BHU), from where they might be referred to the tertiary health care centres, depending on the severity of the burns. The first aid measures and subsequent medical treatment at the BHU level is not provided according to the standard operating procedures (SOPs) due to lack of burn specialists.
- Precious time is lost in shifting an acid burn victim from a basic



health care facility to a tertiary health centre, where an adequately equipped burn unit is available to treat the patient. This serves as one of the major reasons for worsening the situation of the victim. Improving the medical treatment at BHU level can not only reduce the severity of the burns but also the

number of patients that are referred to the tertiary health care centre and the number of patient casualties.

- The average time spent before first aid measures are provided to the victim after an acid attack is at least twenty minutes, during which the acid has seeped in and damaged the skin. A participant shared her experience of working with three acid attack victims, who were blinded. Their cornea transplant could not be done because the acid had seeped deep in their eyes and the doctors said that if water was splashed on their eyes right after the attack, an eye transplant could have been possible.
- Generally, water is used as a first aid measure, depending on the type of acid that was used for perpetrating the attack, as some substances do not dissolve in water and others might result in a chemical reaction if water is splashed on them. If the acid used dissolves in water, copious amounts of water should be poured to dilute acid and lessen its impact. The affected area should be irrigated by splashing water from a running to neutralize or flush away the chemical. The burns, however, should not be soaked in water. Experts have also prescribed avoiding the use of high-pressure stream of water as it may worsen the burns. Awareness campaigns at the community level should educate the people about the different types of effective first aid measures, depending on the acid used for the attack and its chemical properties.
- The rescuer, be it the family, community, doctor or police, should wear protective gloves, mask and eye protectors to avoid coming in contact with the chemical.
Clothing, ornaments, watch, belt, socks, shoes or other accessories contaminated with the acid must be immediately and completely removed if possible. If the clothing is stuck to the burns, it should not be removed.
- There is a lack of proper burn care centres even in the tertiary hospitals. The first aid provided in the emergency wards does not follow the SOPs developed for the provision of first aid. Government should invest in certain treatment protocols, which are expensive but imperative to the treatment of acid burns.
- In case of acid burns, skin scars have to be treated with particular care and due to lack of properly trained surgeons, the treatment becomes challenging. Investment should be made to build the capacity of plastic surgeons to deal with acid burns efficiently.
- Paramedics, particularly at the BHU level, must possess first aid training to deal with acid burns. There are certain ointments such as sulfacetamide or sulfadiazine, which are not available at most hospitals and many doctors do not even know that these are needed for first aid in case of acid burns. SOPs need to be

developed to train and create awareness among the paramedics not only about first aid measures but also about different types of acids and their chemical properties.

- In some countries, there are poison control centres to regulate the sale and purchase of acid and other chemicals and also provide immediate, free and expert advice and assistance over the telephone in case of exposure to poisonous or hazardous substances. It was suggested that a poison control centre should also be established in Pakistan.

Effective medico-legal examination and reporting by medico-legal officers

Group III made the following recommendations:

- Medico legal expertise is lacking due to which reporting and investigation becomes flawed. Generally, this is the major reason due to which 98 percent cases do not result in a conviction. In addition to generalized medico-legal examination forms, there is a form for sexual assault victims' examination but none specifically for burns. Separate burn victim record/assessment form should be developed, as the generalized forms are deficient in recording burn victim injuries.
- Medico-legal reports contain technical medical language, which is difficult for the judges and police to understand. The forms must be designed such that they can be filled in simple language, easily understandable by all stakeholders.
- First Aid Act or Injured Persons Act 2006 empowers every health facility to provide initial treatment to the burn victims even if the police have not registered a case. Awareness campaigns, targeted at medical professionals, medico-legal experts and the community, should direct their focus on these laws and their implementation.
- Lack of infrastructure for MLOs is quite visible in Punjab. In remote districts, there is usually an absence of a separate medico-legal examination room. The emergency ward, where a number of other patients are also present, is used for medico-legal examinations. Investment in the infrastructure for medico-legal examination should be made.
- Training and capacity building of medico-legal experts must become a priority. Mostly, medico-legal officers have generalized forensic medicine qualification and lack medico-legal jurisprudence, which is needed for examining acid burns.

- First aid training and civil defence training could be initiated in schools and colleges.

Effective police reporting and investigation

Group IV made the following recommendations:

- Media and civil society should coordinate with the police in voicing the positive role of police in assisting the victims of violence. The police officials stated that this could enhance the number of reported cases as distrust in the police will be reduced, which could be one reason for low reporting of acid attack cases.
- Provisions of Anti-Terrorism Act should be added when an acid attack case is registered.

National Commission on Human Rights (NCHR) has judicial and suo motu powers. They can intervene in cases and also get cases registered through courts. NCHR should play a role in registration of acid attack cases and also provide oversight to the investigation process. Other non-government and civil society organizations are also advised to benefit from the Commission and work collectively on the issue of acid attacks.

- The Investigation officers (IO) at the police station do not have the expertise required to conduct investigations of special crimes, such as acid attacks, as they are solely experts of general investigation. To make the law effective, the investigation process needs to be modernized and the expertise of IOs enhanced.
- The police should tactfully gather all relevant witnesses, as in case of acid crimes witnesses are generally unwilling to record their statements, which can make the case weaker and conviction of the accused difficult.
- The entire staff of the hospital, including the paramedics and medico-legal officers, should cooperate in preparing the medico-legal report, which must clearly mention 'disfigurement through acid'. Otherwise, the police cannot use acid sections when registering the case, which impacts the investigation process and the punishment for the offence.
- Owing to the sensitivity of acid crimes, the families might not be forthcoming in providing information about the case on account of a number of factors, including shame, threats of further violence or implication of a family member. The police should be trained and sensitized to win confidence of the victim's family and tactfully gather information about the case.

Police must be trained about the types of acid, their chemical properties and impact on the body. This will help as the first point of contact and also in correct registration of the FIR.

- Reliable legal advice for police stations should be furnished by the local police office in the form of in-house criminal law experts to guide on what sections of criminal law should be applied in a given criminal complaint.

Effective remedies to the defects in the current acid legislation regime

Group V presented the following observations:

- The Criminal Law Amendment Act passed in 2011 has at least acknowledged acid attacks as a crime. Since the Act is not synchronized with PPC and CrPC, when acid sections are applied according to the current PPC and CrPC, there are hurdles in the reporting, registration and investigation process. This makes it overall inevitable to propose a new architecture for criminal justice in Pakistan. Criminal procedure needs to be amended urgently to foster effective delivery of justice from Article 154 till 168.



and heinous crimes court' to clarify that all crimes are not terrorist ones; and (b) two types/levels of jurisdictions can exist in the country so that heinous crimes such as acid attack cases can be prosecuted in priority. This would not multiply the number of courts but serve the purpose by including serious and heinous crimes within the existing structure. Double jurisdiction for less serious and more serious crimes is present in many countries, which avoids multiplying courts, as the system involves two levels of courts. Implementing this special system would not mean that the other courts should not be allotted with relevant resources and training. Instead, the two-level jurisdiction would result in better allocation of resources and quicker access to justice and should both provide quality services. The principle of setting up special courts for each crime/issue is clearly rejected.

The courts should take into consideration the emerging crimes in the modern society, as initially acid crime was not considered a crime. Legal reforms need to consider modernity within the legal framework as crime patterns have evolved in the country.

The Poison Act should be reviewed as well as the SOPs.

- Criminal Law Amendment Act does not mention compensation to the victim. It is essential to address the compensation regime in the architecture of the PPC. The possibility of redirecting the amount of the fine towards the victims should also be considered.
- Disfigurement (according to Qisas and Diyat law) should be changed to disability, which would make it a liability on the state to compensate the victim and also make the victim eligible for Benazir Income Support Programme.
- Comprehensive rehabilitation services and support must become part of legal support, as it is a constitutional obligation and also part of Pakistan's national and international commitments.
- NCHR and NCSW could serve as monitoring mechanisms for acid attack cases and the post-attack medical and rehabilitation process.
- Lubna Mansoor, Regional Coordinator of Ministry of Law, Justice and Human Rights, told that participants that the Ministry had established a relief fund for acid attack survivors to provide financial assistance.
- An effective reporting system and emergency response scheme should be put in place that trains law enforcement agencies to respond to acid violence.
- A mechanism should be developed to ensure monitoring and enforcement of protective orders, forbidding perpetrators from contacting victims and providing shelter where victims may seek refuge.

Advisable strategies for advocacy to change social attitudes

Group VI recommended the following:

- Media could play a positive role by highlighting cases of acid attacks, particularly the victims who were provided effective medical treatment and rehabilitation services as these could serve as model cases. This should be supported by an up-to-date database of acid attacks maintained by government and non-government organizations working in the field. Media's role to alter social attitudes instead of reinforcing violent behavior was stressed. It was highlighted that TV serials and TV commercials, which reinforced entrenched gender stereotypes should be reviewed and specific instances where the husband was shown threatening his wife that he would throw acid on her if she disobeyed should be strictly banned.
- A network of victims and their family members must be developed, which would particularly focus on effective rehabilitation and reintegration of acid attack survivors. This network could be allied with the ones that already exist, including Eradicate Violence Against Women And Girls (EVAWG), Insaani Haqooq Ittehad (IHI) and Women Action Forum (WAF) to sensitize lawmakers on issues of gender-based violence. Awareness campaigns should include dissemination of pamphlets, and broadcasting social service messages and jingles to educate people about acid attacks and the law related to it.
- Documentaries and theatre performances on gender-based violence to be shown in educational institutions and also at the grass-root level, particularly in remote and rural areas.
- Early childhood education (ECE), through the use of coloring books, should include gender sensitization to raise awareness among children about issues of violence against women.

Effective rehabilitation and reintegration of acid attack survivors

Group VII made the following observations:

- Rehabilitation centres should have first aid measures for acid attack survivors.

- The doctors must be trained to conduct need-based assessment of the acid attack victims. Considering the complexity of acid burns, timely and accurate assessment of the needs of the victim is essential as each case of acid burns is different from the other and requires individual assessment.
- Pre-and post-surgery psychological counseling must be provided to the acid attack victims. Before surgery, the victims might require psychological counseling to be able to deal with trauma and the painful reconstructive surgeries.
- Group counseling or group psychotherapy should be available for acid attack victims. Interacting with other victims, facing the same problems - exclusion, trauma and disfigurement - would provide them with an opportunity to share their experiences. Similar victims if counseled collectively would feel that they are not alone in the society.
- Counseling of the victim's family members is also direly needed. The family, being the closest and strongest support, must be sensitized to deal with the acid attack victims and make their journey to start a new life smooth.
- Effective physiotherapy services are imperative to the rehabilitation of the acid attack survivors to avoid their muscles and bones from becoming stiff.
- Community elders should be sensitized and included in door-to-door awareness raising campaigns for effective reintegration of acid attack victims. With their collaboration, reintegration efforts can be more effective with the view that community members listen to the elders.
- Rehabilitative support must focus on the importance of self-help to an acid attack victim and how the victim can improve her/his self-image.
- Investment in adequate equipment for reconstructive surgeries should become a priority.



Concluding remarks

The amendment legislation 2011 was only a small step to acknowledge acid attacks as a crime but there is a long way to go. The best of laws failed to provide protection as long as the root causes of violence against women are not addressed, whether in terms of biased social attitudes, culture of impunity, or failure of

police to investigate gender-based crimes. Recommendations by experts should be incorporated in the draft bills on acid and burn crime in Punjab and KP to bring the focus on compensating and rehabilitating victims and not just bringing the perpetrators to justice. Not only should legislation criminalizing acid crimes be adopted in Punjab, KP and the Federal but Sindh and Balochistan should also draft bills on the subject and ensure implementation of the law. Recommendations by experts regarding the amendments in PPC and CrPC should also be taken seriously as only within a more comprehensive justice system can the state's criminalization of acid crimes and its commitment to gender equality become a reality. If remedial action is not taken and the duties of due diligence through the provision of an amended legal framework not discharged, violence against women will continue to blight generations to come and Pakistan will become complicit in the violation of human rights of its own people, as the current trend shows.

Annexures

Annex 1

Interview questions

Question for acid attack survivors

Name:

Age:

Marital Status:

City:

Date/year when the incident happened:

- What is the main reason that this incident happened?
- Was it possible for you to pre-empt and avoid it? Did you receive any threats before the incident happened?
- Who was the perpetrator?
- What was the immediate medical help that you received?
- Did you register a case against the perpetrator or did you settle it out of court? Which police station?
- What was the attitude of the police?
- Did you get legal support?
- Has the perpetrator been punished?
- Is your family supportive? How are they dealing with the issue?
- How do you feel about the relationships in your life after the incident?
- How does the society treat you?
- Do you think there should be a ban on the sale of acid?
- Do you think you have recovered and are prepared to start a new life?
- What hopes do you have for the future? Do you want to get training and learn a new skill so that you can become economically independent and you can reintegrate within the society?
- Are you satisfied with the treatment?
- Do you still fear another attack?

Question for medical experts

- How many acid burn patients does Mayo Hospital treat per year?
- Age bracket of the acid burn victims?
- How many beds does the burn ward have?
- What are the most frequent causes of acid attacks?

- What is the immediate first aid needed?
- Please explain the process of medical treatment (number of surgeries, acute care, reconstructive care).
- What are the complexities faced during treatment?
- Is the required equipment and other facilities for burn care available? If not, is it one of the major reasons due to which complexities are faced during treatment?
- Are medicines free?
- How long does the treatment take?
- Acid burn victims need to follow a special diet plan. Is a dietician available? Does the hospital provide this?
- Are the nurses trained for intensive burn care of the patients? What is the role of medico-legal reports? Who is responsible to produce a medico-legal report in the hospital?
- How do the acid burn victims deal with the trauma?
- How long does it take for them to accept their disfigurement?
- Can they totally recover from the psychological scars the acid attack leaves on them?
- Do the patients need regular follow up even after their surgeries and medical treatment is over?
- What is the usual reaction of the acid victims, do they have hope for the future or do they feel withdrawn and miserable?
- What is the importance of psychological treatment in the overall rehabilitation process?
- Do you think if psychological treatment is not provided, many acid attack victims could choose suicide as an option?

Question for lawyers

- What are the root-causes of acid related crimes?
- Easy and cheap availability of acid, as a cleaning fluid or for use in the cotton industry, is cited as one of the major reasons for acid attacks. How can the sale of acid be controlled and what is the fine for not conforming to the law? Who is responsible to monitor the sale of acid?
- Which law in the Pakistan Penal Code dealt with cases of acid attacks before Acid Control and Crime Prevention Act 2011 was passed?
- In case of acid attacks medical evidence is available and the intention of the perpetrator is known as well. Still the conviction rate is so low. Why do you think this is so?
- How far do you think out of court settlement with the perpetrator can said to be responsible for the low conviction

rate?

- Are there any loopholes or defaults in the design of the law?
- What are the major implementation lags?
Do you think sentences in effect for acid crimes reflect the seriousness of the crime, keeping in mind the physical pain, psychological trauma, life-long disfigurement and social ostracism the victim has to suffer?
- How would you measure the effectiveness of the law?
Is it too expensive for the poor people to afford expenses of the legal recourse or does the state provide legal support? If any fee is charged, what is it approximately?
What, in your opinion, are the major reasons due to which only a handful cases are registered?
- Bangladesh introduced a law in 2002, which made acid attacks punishable by either life imprisonment or death penalty depending on the severity of the burns. It also controlled the sale of acid by creating a regulatory body called the National Acid Control Council (NACC). They also have a special court, Acid Violation Prevention Tribunal, to deal with acid cases. These measures have resulted in a reduction of 75% according to Acid Survivors Trust International. How can Bangladesh' model be used as an inspiration to tackle the issue of acid attacks in Pakistan?
- What would you say about the role of police in handling cases of acid attacks? Do you think the police lacks gender-sensitivity training to deal with such issues and there exists a general lack of interest among the police officials who take bribes to settle cases?
- The new comprehensive bill, "Acid and Crime Bill 2014" aims to address difficulties and gaps in police investigation and includes clauses guaranteeing treatment of the victims and their rehabilitation. Do you think if these amendments are made, it will be effective to reduce acid attacks or like previous legislation it will not have much effect?
What is causing delay in passing the bill?
- Do you think establishing special courts can be a big step to tackle the issue?
- Do you think the informal justice system (panchayat etc.) in rural and tribal areas hinder the outcome of these cases and the decision thereafter?
- Laws are there for punishing such heinous crimes but they are ineffective and it seems like a cul-de-sac situation. What do you think is a way out?
- Have you dealt with any acid attack case? If yes, what was the case?

Question for psychologist

- How do the acid burn victims deal with the trauma?
- How long does it take for them to accept their disfigurement?
- Can they totally recover from the psychological scars the acid attack leaves on them?
- Do the patients need regular follow up even after their surgeries and medical treatment is over?
- What is the usual reaction of the acid victims, do they have hope for the future or do they feel withdrawn and miserable?
- What is the importance of psychological treatment in the overall rehabilitation process?
- Do you think if psychological treatment is not provided, many acid attack victims could choose suicide as an option?

Question for police

- How many cases of acid attacks do you observe per year?
- Has the number of cases reduced or increased since the legislation was passed in 2011?
- Has the reporting of cases increased since the legislation was passed?
- Is there a change in the number of perpetrators convicted since 2011? Has it increased as a result of the new law?
- Do the police officers have knowledge about the amendment legislation 2011? (Ask a few SHOs about the law that deals with acid attack cases?)
- Do you have a database of acid attack cases?
Do officers receive any form of gender sensitive training to deal with gender-based violence cases?
- Do you think there exists a culture of gender exclusion and abuse within the police department?
- Do you think acid throwing is the right punishment for women who 'misbehave', 'reject a marriage proposal', 'do not cover their heads', or are generally 'non-docile'?
- What do you think are the implementation lags in the law for acid crimes?
- What is the reason behind most of the cases in South Punjab? Why do you think acid violence is more prevalent in Southern Punjab?
- How can medico-legal reports help the police department in

nabbing the perpetrator?

- What is the role of out of court settlement in dispensing justice to the acid attack victims?
- Do you think there is an increase in public awareness regarding the crime of acid attacks and the punishment for the perpetrator since the legislation passed in 2011? Please comment.
- What are the problems faced in finding the culprit? Who carries out the investigation process (is it the SHO)?
- How long does it normally take to conclude an investigation since an FIR is lodged?
- Have you ever faced pressure from the perpetrator to influence the investigation process in his favor?
- What do you think are the recommendations for the police department to make this law more effective?

Annex 2

Public awareness survey

1. Age group? *
 - Below 18 years
 - 18 - 28 years
 - 29 - 45 years
 - 46 - 62 years
 - Over 62 years
2. Gender? *
 - Female
 - Male
3. Occupation?
4. Education?
 - No education
 - Primary
 - Secondary
 - Higher (BA/BSc/MSc/MA)
 - PhD
5. Have you ever heard about acid attacks in Pakistan?
 - Yes
 - No
6. What do you think are the main reasons for the occurrence of acid attacks?
 - Domestic abuse
 - Male ego
 - Moral policing
 - Feudalism
 - Easy and cheap availability of acid
 - Suspicion
 - Property issues
 - Divorce settlement
 - Rejection of marriage proposal or sexual advances
 - Dowry issues

7. How much of a problem do you think acid violence is in Pakistan?
- Not a problem
 - Minor problem
 - Moderate problem
 - Serious problem
 - Don't know
8. Do you think women are the only victims of acid attacks?
- Yes
 - No
9. Which part of the country has the highest rate of acid attacks?
- Balochistan
 - Khyber Pakhtunkhwa
 - South Punjab
 - North Sindh
10. Do you think women survivors of acid attacks should be blamed for the attack on charges of having illicit relations with someone, saying no to a man, or inappropriately dressing?
- Yes
 - No
11. How many cases of acid attacks are 'reported' in Pakistan per year?
- 0 - 150
 - 150 - 500
 - 500 - 1000
 - 1000 or more
12. Is acid violence criminalized in Pakistan?
- Yes
 - No
13. Are you aware of the Acid Control and Acid Crime Prevention Act 2011?
- Yes
 - No

14. Do you think it is important to know about these laws?

- Yes
- No

15. What do you think should be the punishment for the acid attacker?

- Death
- Acid should be thrown on him/her
- Life imprisonment
- Imprisonment not less than 14 years and fine

16. Acid attack survivors often lose their jobs, are denied admission in schools and denied all sorts of social reintegration. Do you think this is justified?

- Yes
- No

17. If you come across an acid attack survivor, what would be your response?

- Avoid looking at her
- Treat her like a normal person
- Ask her what happened to her
- Console her

18. How important do you think is the psychological support provided to acid attack survivors to deal with the trauma?

- Not important
- Moderately important
- Very important
- Don't know

19. Have you heard about the Oscar winning documentary, "Saving Face", by Sharmeen Obaid Chinoy?

- Yes
- No

20. Have you seen it?

- Yes
- No

21. How do you think acid attacks should be controlled in Pakistan?

- Control the sale and distribution of acid
- Social and cultural transformation
- Public awareness
- Effective implementation of the law
- Death punishment for the perpetrator

Annex 3

Balochistan cases

S. No	Date.	Place	Name and	Age	Action	Responsibility claimed
1	26/04/2010	Kalat	Saima, Samina, Fatima	16/14	FIR lodged	No
2.	30/04/2010	Dalbandin (Chaghi)	Dur Jamal and Gul Begum	14/16	FIR lodged	Baloch Ghairathman d Group
3.	6/06/2010	Kharan	Ijaz ahmed	20	FIR lodged	No
4	25/2/2011	Quetta	Muhammad Ibrahim	25	FIR lodged	No
5.	24/09/2011	Quetta	Surriya, Robina, Fazila & Sajida	20/25	FIR lodged	No
6.	21/07/2014	Quetta	4 girls	16/20	FIR lodged	No
7.	22/07/2014	Mastung	Mahawish and Sehrish	14/16	FIR lodged	No
8.	29/07/2014	Pashin	4 women	20/45	FIR lodged	No
9.	21/03/2015	Quetta	Amjad Ali and Muhammad Ajmad	18/30	FIR lodged	No
10	15/05/2015	Quetta	Hina and Reshma	20/30	FIR lodged and accused arrested.	

Annex 4

South Punjab cases

2010 - 164 cases

Sajida, Nasreen, NaziaParveen, Nawaz Bibi, Rehana, Ruqia, Zubaida, Sardaran Mai, Samina, Zainab, Aziz Mai, Faizan, Sajal, Ruqia, KhatonBibi, RaziaTahir, NaseemBibi, Rasheeda, Zarina

2011 - 108 Cases

Sr#	Name	City
1	Ayesha Rana	BahawalPur
2	Memooona	Head Sindhani
3	Faiz Mai	QaderPur
4	Sadia	MuhsinWal
5	Aasia	Rang Pur
6	Shazia	DunyaPur
7	Fozia	SaraySindho
8	Nasira	Ada Laar
9	ZahidaBibi	Mumtaz Abad
10	SaminaNaz	Mumtaz Abad
11	Nazia	Mumtaz Abad
12	Irum	Mumtaz Abad
13	ShaheenBibi	Jatoi

2012 - 26 Cases

2013 - 76 Cases

2014 - 112 Cases

Sr #	Name	City
1	Javedan Mai	Ada Khokhran
2	Shaista	KotAdu
3	Shabnum	Jhang

2015 - 17 Cases

Sr #	Name	City
1	Ateeqa	Rasheed Abad
2	Bhagan Mai	KhanewalChak # 93 /10 R
3	Nazeeran	Mitro
4	Rukhsana	Mitro
5	MahnazKoser	BahawalPurMuzaDeralzat
6	Shabana	Multan
7	ZafaranBibi	Head PanjnandBastiMohana
8	AfshanNaheed	BurayWalaChak # 299 E.B

9	Samina	Muzafergarh
10	Shazia	KaramPur
11	Mukhtar Mai	KaramPur
12	Kalsoom	Mahmood Kot
13	Saima Bibi	Taranda Muhmmad panah
14	Channar Mai	Taranda Muhmmad panah
15	Ruqia Bibi	Taranda.
16	Wazeera mai	Raja ram Teh Shujaabad
17	Kalo Mai	Raja ram

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Front cover: a painting adapted from Shahid Mirza's collection of mix-media works.