The Effort to End Acid Violence

April 8, 2011 by Shakthi Jothianandan | 4 Comments

“This is a form of gender terrorism,” says Sital Kalantry, director of Cornell Law School’s International Human Rights Clinic. “If we [women] deviate from what’s expected of us, this is the punishment that we receive.”

Kalantry, an associate clinical professor, is speaking of acid violence—when corrosive acid is thrown on women’s faces and bodies, sometimes killing victims or causing blindness or permanent disfigurement.

Acid attacks occur across the globe, from the United States to Uganda, but the practice is escalating in Bangladesh, India and Cambodia. With Jocelyn Getgen of the Virtue Foundation, Kalantry has published the first comparative study on acid violence in those nations. The culmination of nearly two years of on-the-ground fact-finding missions in each country, it paints a sobering portrait of the extent of the practice—hitherto underreported and extremely difficult to count. On a hopeful note, it also contains novel recommendations for combating the problem, including corporate accountability.

None of the governments in question keep records of acid attacks, so Kalantry, Getgen and their team had to rely on numbers from NGOs, news reports and court cases. According to Bangladesh’s Acid Survivors Foundation, since 1999, almost 2,500 attacks have left more than 3,000 victims in their wake. In 2010 alone, Bangladesh saw 115 attacks—its highest number in three years. The Cambodian Acid Survivors Charity cites 271 acid victims receiving treatment at hospitals in the past 15 years; a perusal of Indian newspaper articles yielded 153 reported instances of acid violence over the past 8 years. Not surprisingly, the general consensus among the report’s researchers is that acid attacks are underreported and that their data is at best a modest portrait of the breadth of this problem.

The report found that women were most often attacked for refusing marriage proposals or sexual advances. The attackers believe that if they can't "have" the victim, then no one should. Thus, they seek to “destroy what society considers to be one of the most valuable traits of a woman—her beauty.” Acid is also thrown at women for transgressing the boundaries of expected behavior, or...
for exercising seemingly any modicum of independence. Women have been attacked for initiating divorce proceedings or attempting to keep wages they've earned at a job.

Acid attacks cost victims not only their appearance and sometimes their health, but often any professional potential to support themselves in lieu of being supported by a spouse. Consider the case of the teacher who, after having acid thrown at her, was forced to quit her job because her students found her terrifying. Victims often become reclusive social pariahs, branded with the assumption that they must have done something to deserve being attacked. Indeed, acid violence reinforces social mores of female subjugation, but also thrusts women into poverty and robs them of any agency and ability to function in society.

Compounding the problem, women in these countries rarely receive proper medical treatment for their burns and wounds. Kalantry spoke to women who had oils rubbed into their wounds instead of having the acid washed off (acid must be washed off immediately or it will continue to burn into the skin, and sometimes into the bone). According to Judge Janet Arterton of Connecticut, who was a part of the delegation to Cambodia, “people really don’t understand its [acid’s] properties, much less do they understand how to render effective first aid that won’t make it worse.”

If there’s the slimmest silver lining in the report it’s that, according to Kalantry, acid violence is not as entrenched as stoning or honor crimes. Though acid violence is borne out of centuries-old discriminatory attitudes towards women, it is essentially a crime of the last 50 years. The first reported attacks date back to 1967—one in India and one in Bangladesh. “The introduction of these chemicals [usually sulfuric or hydrochloric acid] parallel the start of these attacks,” she explains.

That means there’s an effective—and commonsense—approach to reducing acid attacks: prevention. The fact is, acid is widespread and easy to obtain in each of these countries. Acids are used industrially, but also domestically—as a cleaning agent in the home, to shine jewelry, to fuel old card batteries. Acids can be purchased in unlabeled bottles at any corner store, and for pocket change. Sulfuric acid can be bought in Dhaka, Bangladesh, for the equivalent of a mere fifteen cents. Unlike chemicals in the U.S., these have no warning labels for consumers.

Says Judge Arterton,

> Regulating access to acid is probably the single most efficacious step that governments can do. ... The regulation process itself educates people to the danger. ... It also broadens the stake-holders in this problem. ... So if you include in the regulatory process the vendors, the manufacturers, the importers ... the distributors, the stores, you now have a whole coterie of stakeholders in this problem who are subject to the regulation and who are therefore subject to being a part of the solution to the problem. It also gives the police and public officials another point of intervention, a very early point of intervention.

The report also calls for stronger laws and better enforcement in all three countries. In India, which has no acid-specific regulations outside of environmental codes, blinding someone with acid carries a maximum penalty of only five years in prison.

Bangladesh has been the only country of the three to adopt a law that creates a licensing regime to govern acid’s sale, storage, distribution and use. Another law “heightened criminal penalties and tightened criminal procedures for acid violence cases.” Since Bangladesh secured these measures in 2002, it has seen a 15- to 20-percent decline in acid attacks annually. Cambodia is drafting a law that includes acid regulations, and called upon Kalantry and her team to review the draft and advise (they happily obliged).

Where governments fail to keep acid out of wrong hands, corporations can act. The report puts the onus on corporations and other transnational purveyors of industrial acids to take steps to limit its widespread availability. The report cites John Rugge, a United Nations expert on transnational corporations, who argues that companies are obligated to evaluate and mitigate the negative human rights impacts of their activities on a local level.
In the case of acid, two important measures companies can take are to track their supply chain and to make sure that their regional distributors are compliant with strict labeling, safekeeping and disposal practices.

“Many of these corporations [that supply acid] are transnational and they are quite used to labeling and being very careful under our environmental laws with these very products,” says Stephen Kass, Chair of the Committee on International Human Rights of the New York City Bar Association. “It would seem to me a very short jump for them to understand the importance and demonstrate and take leadership to showing ways to label this stuff and actually to manifest it in terms of its delivery.” Kass added that if the U.S. leads in requiring its corporations to track and safeguard the dissemination of acid internationally, then other countries will follow.

Kalantry says, “Clearly a Dow Chemicals doesn't intend that their acid be used as a weapon.” She adds:

> We intend to reach out to corporate social responsibility officers. [The report is] written in a way that we hope engages them, and doesn’t threaten them, it’s a carrot. And that’s the only way it’s going to work, if it’s voluntary.

Those involved with the report ultimately champion a multidisciplinary, holistic approach to confront acid violence, because the phenomenon is at the intersection of women's rights, justice, health and the law. Kim Azzarelli, of the Avon Global Center for Women and Justice at Cornell Law School, (which co-produced the report with Kalantry's clinic, the Virtue Foundation and the New York City Bar Association), says:

> What's the silver bullet? I think there's absolutely no silver bullet. You can talk about the law but you need everybody pushing on every front.

Kalantry adds,

> The underlying issue is gender inequality and discrimination. That’s a long-term issue that’s going to require public awareness, education, shifting of attitudes, economic empowerment of women, women not being so dependent on male actors. But this report was about what can we do now, in the short term: Let’s make the weapons not accessible, let’s have the governments provide [victim] compensation, let’s have strong laws that are implemented and that people are aware of.

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4 Comments

### Comments

#### Corde says:
April 9, 2011 at 11:00 pm

Oh my… This is horrible, it has got to stop! We are in the 21st century for God's sake!!!! I can't believe things of this sort are still happening.... This is a great article.

**Reply**

#### Cosmetic Surgeries says:
May 9, 2011 at 12:34 am
The five year sentence should be increased. It's a shame and truthfully there are more patients today who have plastic surgery due to acid attacks than there ever has been.

The physiological damage caused to these burn victims is traumatic.

Reply

sam rosey says:
May 20, 2011 at 1:12 am

This crime is known as 'Vitriolage' or more commonly known as 'Acid throwing.'

If you want to watch globally acid throwing cases visit
http://www.carbonated.tv/blogs/acid-throwing-is-t...

Reply

Dr.M.Bapuji says:
August 10, 2011 at 11:02 am

1. Protect the victim – people around should immediately organise themselves for helping the victim: plenty of water, preferably cold water- plenty of it- wash, wash till no part is sour to taste (caution- do not swallow, do not take more quantity into your mouth- touch a bit of the affected part with tongue)- use soapwater then fresh water-then go to a doctor.

2. Educate victims about acids and their effects. Their chemical differences and reaction with skin etc. condition to Time for reaction etc.

3. Approach a doc after the first aid.

Reply

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