Journal of Advances and Scholarly Research In Allied Education
Vol.22, Issue No.5 October 2025, ISSN 2230-7540

Acid Violence Against Women in India: A Socio-Psychological Analysis of Causes, Consequences and Prevention

Raghav Bimal[1]*, Dr. Mani Kumar Meena[2]

[1] Research Scholar, Jaipur School of law, Maharaj Vinayak Global University, Jaipur, Rajasthan, India

raghavbimal413@gmail.com

[2] Supervisor, Jaipur School of law, Maharaj Vinayak Global University, Jaipur, Rajasthan, India

Abstract: Acid violence constitutes one of the most brutal forms of gender-based violence because its consequences extend far beyond the moment of physical assault. The throwing or administering of a corrosive substance is frequently intended not merely to injure but to permanently disfigure, socially stigmatise, psychologically traumatise and economically marginalise the survivor. In India, women constitute a significant proportion of acid-attack survivors, and many attacks arise in contexts involving rejection of marriage or romantic proposals, stalking, domestic conflicts, dowry disputes, possessiveness, interpersonal revenge and attempts to control women's autonomy. Acid violence must therefore be understood not merely as an isolated criminal act but as a socio-psychological phenomenon rooted in unequal gender relations, patriarchal entitlement, distorted ideas of masculinity, inadequate emotional regulation and the instrumental use of disfigurement as punishment.

The Indian legal response has evolved substantially. The Criminal Law (Amendment) Act, 2013 introduced specific acid-attack offences through Sections 326-A and 326-B of the Indian Penal Code. Following the replacement of the IPC,1860 Section 124 of the Bharatiya Nyaya Sanhita, 2023 now specifically criminalises causing grievous hurt by acid and attempts to use acid. Victim compensation, free medical treatment, regulation of acid sales and recognition of acid-attack survivors within disability law have further strengthened the legal framework. Nevertheless, gaps remain between formal legal protection and practical rehabilitation. This article examines the historical development, causes, psychological mechanisms, physical and socio-economic consequences, legal responses and preventive strategies concerning acid violence against women in India. Comparative experiences from Bangladesh and the United Kingdom demonstrate that effective prevention requires a combination of strict acid regulation, accountable enforcement, survivor-centred rehabilitation, gender-sensitive education and transformation of social attitudes. The article concludes that sustainable prevention must move beyond punitive legislation towards an integrated public-health, socio-psychological and human-rights approach.

Keywords: Acid violence; acid attack; women; gender-based violence; psychological trauma; patriarchy; social stigma; Bharatiya Nyaya Sanhita; victim compensation; rehabilitation; prevention; gender justice

INTRODUCTION

Violence against women remains a multidimensional human-rights, public-health and social-justice concern. Among its various manifestations, acid violence is distinctive because the

physical instrument of attack is deliberately selected for its capacity to produce permanent and visible injury. While homicide may terminate life, an acid attack often seeks to force the survivor to live with the consequences of violence for decades. The damage may include facial disfigurement, blindness, loss of hearing, contractures, breathing difficulties, nerve damage and repeated reconstructive surgeries. Alongside these injuries, survivors may experience depression, post-traumatic stress, social withdrawal, body-image disturbance, anxiety, humiliation, reduced self-esteem and disruption of education, employment and intimate relationships.

Acid violence is not exclusively committed against women, and male survivors must equally receive legal and rehabilitative protection. Nevertheless, the social meaning of many attacks upon women makes acid violence particularly important within the discourse on gender-based violence. In numerous cases, the attack operates as punishment for a woman's assertion of choice: refusing a relationship or marriage proposal, leaving an abusive partner, seeking education or employment, resisting sexual advances, contesting dowry demands or otherwise exercising autonomy contrary to the expectations of an aggressor. The attack is consequently directed not simply against the body but against identity, agency, dignity and social participation.

Official crime statistics reveal both the persistence and the comparatively low numerical visibility of acid attacks. The latest publicly available *Crime in India 2023* data record 113 acid-attack cases and 41 attempted acid attacks against women during 2023. The corresponding figures for 2022 were 124 and 38. These statistics are important but should not be treated as a complete measurement of the phenomenon. Under-reporting, incorrect categorisation, fear of retaliation, social pressure, informal settlements and unequal access to police institutions may affect the number of cases entering official records.

A socio-psychological analysis is essential because criminal law alone cannot adequately explain either the motivation of the perpetrator or the long-term experience of the survivor. Acid attacks arise through an interaction of individual psychology and social structure. Anger, jealousy, rejection sensitivity and impulsivity may be relevant at the individual level, yet such emotions become particularly dangerous when reinforced by patriarchal entitlement, cultural acceptance of male control, normalisation of stalking or harassment, weak accountability and easy availability of corrosive substances. Similarly, the survivor's psychological recovery is

influenced not only by the severity of her injuries but also by family support, financial security, community attitudes, opportunities for employment, quality of legal assistance and the degree to which society permits her to reconstruct an identity beyond victimhood.

Studies of acid-attack survivors increasingly demonstrate this interaction. Research involving Indian survivors has identified cognitive distortions, hopelessness, shame and suicidal ideation among maladaptive responses, while self-efficacy, positive life orientation and social support have been associated with improved recovery. More recent research has similarly emphasised stigma, economic instability, interpersonal difficulties and the protective role of families, peer groups and survivor organisations.

The present article therefore treats acid violence as simultaneously a criminal offence, gendered social practice, traumatic event and continuing process of exclusion. It examines the historical development of legal responses in India, the social and psychological factors that contribute to acid violence, its consequences for women and their families, comparative international approaches and measures necessary for effective prevention.

Socio-Psychological Framework of Acid Violence

A socio-psychological approach rejects the assumption that acid attacks are merely sudden expressions of individual anger. Although some offenders may act impulsively, the behaviour frequently reflects learned beliefs concerning gender, ownership, masculinity, humiliation and retaliation. Social learning theory is relevant because attitudes that tolerate harassment, coercive control or violence against women may be acquired through family environments, peer groups, media representations and community norms. Where aggression is repeatedly excused as an understandable response to romantic rejection, jealousy or perceived dishonour, the psychological threshold against extreme retaliatory violence may become weakened.

The concept of patriarchal entitlement is particularly significant. Some perpetrators perceive a woman's refusal not as an exercise of equal autonomy but as a personal insult requiring punishment. Rejection may produce what psychology describes as narcissistic injury or threatened self-esteem. In a socially supportive environment, such feelings may be processed through acceptance, emotional regulation and withdrawal. In an environment reinforcing ownership over women, however, the same rejection can be interpreted as humiliation requiring revenge. Acid then becomes an instrument through which the offender attempts to

restore power by permanently changing the survivor's appearance and anticipated social relationships.

The biopsychosocial understanding of trauma is equally useful for analysing survivors. Physical pain, disfigurement and repeated surgery interact with psychological reactions and social responses. A survivor who receives family acceptance, adequate healthcare, employment opportunities and respectful social interaction may develop resilience despite severe injuries. Conversely, comparatively less extensive physical injuries may produce profound psychological distress where the survivor encounters ridicule, abandonment, unemployment, financial dependency or repeated insensitive treatment within institutions.

Historical Background

Acid violence is not a completely modern phenomenon. Historical references to attacks involving corrosive substances exist in different societies, particularly after industrial development increased access to sulphuric, nitric and hydrochloric acids. The historical expression *"vitriolage,"* derived from vitriol or sulphuric acid, came to describe attacks intended to burn or disfigure. In European contexts during the nineteenth and early twentieth centuries, such assaults were sometimes connected with jealousy, revenge and interpersonal conflict. Industrialisation made powerful corrosive substances increasingly available for manufacturing, cleaning, metal processing and other commercial activities. This accessibility created a paradox that remains central to contemporary regulation: acids possess legitimate industrial and household uses but can become inexpensive and devastating weapons when distribution and possession remain inadequately monitored.

In South Asia, acid violence gradually became visible as a serious human-rights problem during the late twentieth century. Bangladesh attracted substantial international attention because of high numbers of reported cases involving women, children and, in some contexts, male victims involved in land or family disputes. Women were frequently attacked after refusing marriage proposals, resisting sexual advances or becoming involved in dowry and domestic disputes. Bangladesh ultimately introduced two significant statutes in 2002: the Acid Crime Control/Acid Offences Prevention legislation addressing prosecution and punishment and the Acid Control Act dealing with the production, transportation, storage, sale and use of acid. The legislative response recognised an important principle: punishing the attacker after the event is insufficient unless access to the weapon itself is controlled. Bangladesh's

subsequent experience became especially influential in discussions surrounding Indian reform. Studies reported a substantial decline in acid violence following legislative controls, although enforcement challenges remained. One implementation assessment reported an approximately 86 per cent reduction in recorded victims between 2002 and 2014, demonstrating the potential value of combining criminal penalties with supply-side regulation.

India initially lacked a distinct statutory offence specifically describing acid attacks. Prior to 2013, prosecutions generally depended upon broader provisions of the Indian Penal Code relating to hurt, grievous hurt, attempt to murder or murder depending upon the circumstances and outcome. This approach failed to capture the distinctive nature of corrosive violence. Conventional grievous-hurt provisions did not sufficiently reflect permanent disfigurement, repeated medical treatment, psychological trauma and the extraordinarily high rehabilitation costs faced by survivors. The absence of a distinct offence also affected statistical visibility because cases could be recorded under different general penal provisions.

The advocacy of survivors and women's organisations substantially changed public and legal discourse. The case of Laxmi, herself an acid-attack survivor, became a major turning point. Her public-interest litigation before the Supreme Court sought stronger regulation of acid sales, adequate compensation and institutional responsibility towards survivors. Parallel advocacy by civil-society organisations increasingly framed acid attacks not simply as assaults causing bodily injury but as violations of dignity, equality and the constitutional right to life.

A major institutional development came through the Law Commission of India's 226th Report, *The Inclusion of Acid Attacks as Specific Offences in the Indian Penal Code and a Law for Compensation for Victims of Crime*. The Commission expressly recognised the inadequacy of general criminal provisions and recommended creation of specific offences and stronger compensation mechanisms. The report was important because it shifted legal attention from the immediate act of causing burns towards the survivor's continuing physical, psychological, social and economic needs.

The Criminal Law (Amendment) Act, 2013 subsequently inserted Sections 326-A and 326-B into the Indian Penal Code. Section 326A criminalised causing permanent or partial damage, deformity, burns, maiming, disfigurement, disability or grievous hurt by use or administration of acid. It prescribed imprisonment of not less than ten years, extendable to life, together with a fine required to be just and reasonable towards meeting the victim's medical expenses.

Section 326B separately punished throwing or attempting to throw acid, with imprisonment ranging from five to seven years and fine.This represented a fundamental change: Indian criminal law now recognised the special intentionality and consequences associated with corrosive attacks.

Judicial intervention developed simultaneously. In *Laxmi v. Union of India*, the Supreme Court issued directions concerning control over the retail sale of acid and compensation for survivors. Government authorities were required to strengthen regulation through mechanisms including identification of purchasers, maintenance of records and restrictions concerning sale. The Ministry of Home Affairs subsequently circulated revised Model Poison Rules and preventive guidelines to States and Union Territories following the Court's directions. The Supreme Court also directed that acid-attack survivors should receive minimum compensation for immediate treatment and rehabilitation.

The decision in *Parivartan Kendra v. Union of India* further strengthened the survivor-centred approach. The Court emphasised that acid violence has lasting social, economic and personal consequences and clarified that the compensation level referred to in earlier judicial directions was a minimum rather than a ceiling. The case demonstrated judicial recognition that the severity of acid violence cannot be adequately assessed solely by calculating medical bills. Loss of employment, social stigma, repeated reconstructive surgery, psychological treatment and long-term rehabilitation must form part of the justice response.

Another significant development was the Rights of Persons with Disabilities Act, 2016. Its Schedule expressly recognises an “acid attack victim” within specified physical disabilities, describing such a person as one disfigured due to a violent assault involving acid or a similar corrosive substance. This recognition expanded the conceptual framework from compensation alone towards inclusion, accessibility and equal participation. A survivor should not be treated merely as a recipient of charity but as a rights-bearing person entitled to educational, occupational and social opportunities consistent with disability legislation.

The National Legal Services Authority's 2018 compensation framework further sought greater uniformity in victim compensation. Under the model scheme for women victims and survivors of sexual assault and other crimes, compensation for facial disfigurement from acid attack may range from a minimum of ₹7 lakh to ₹8 lakh, with different ranges according to the extent of injury. Such schemes represent an improvement over earlier minimal amounts, although the

actual effectiveness of compensation depends upon awareness, timely applications, institutional responsiveness and prompt disbursement.

India's general criminal-law transition in 2024 created another historical stage. The Indian Penal Code was replaced by the Bharatiya Nyaya Sanhita, 2023, which entered into force on 1 July 2024. Section 124 now deals with voluntarily causing grievous hurt by the use of acid. Section 124(1) retains severe punishment of not less than ten years and potentially life imprisonment, together with a fine intended to meet medical expenses and payable to the survivor. Section 124(2) criminalises throwing, attempting to throw or attempting to administer acid, providing imprisonment of five to seven years together with fine. The Bharatiya Nagarik Suraksha Sanhita, 2023 also places explicit obligations upon public and private hospitals. Section 397 requires immediate free first aid or medical treatment for victims of specified offences including acid attacks under Section 124(1), while Section 200 of the BNS provides punishment for those in charge of hospitals who contravene the statutory treatment obligation.

The historical progression therefore demonstrates a gradual transformation from invisibility under general hurt provisions to recognition of acid violence as a distinctive offence requiring control of acid availability, stringent punishment, free medical care, disability recognition, compensation and rehabilitation. Yet history also demonstrates that legislation develops most effectively when survivor activism, civil society, medical expertise, psychological research and judicial intervention operate together.

Causes of Acid Violence Against Women: A Socio-Psychological Analysis

1. Patriarchy and the Desire to Control Women's Autonomy

Patriarchal social structures constitute one of the most significant contextual factors behind gendered acid violence. Patriarchy does not imply that every man will behave violently; rather, it refers to social arrangements in which unequal gender roles and expectations may legitimise male authority over women's choices. An offender who has internalised such expectations may perceive a woman as someone whose consent should conform to his wishes.

The refusal of romantic or marriage proposals frequently appears in reported narratives of acid violence in South Asia. The psychological mechanism involves conversion of rejection into perceived humiliation. Instead of accepting refusal as the exercise of another person's

autonomy, the perpetrator interprets it as an assault upon status or masculinity. Violence becomes a retaliatory method of reasserting control.

2. Revenge and Punishment for Rejection

Acid attacks differ from some spontaneous assaults because disfigurement itself is frequently central to the offender's intention. The logic is punitive: “If the woman will not accept me, she should not be accepted by anyone else.” Such reasoning reveals possessiveness rather than affection. The offender attempts to destroy the survivor's socially valued appearance and anticipated prospects for relationships, employment and public participation.

This motive demonstrates why prevention must address cultural understandings of romantic relationships. Persistent pursuit after refusal is sometimes normalised in popular culture as proof of love rather than recognised as harassment. Gender-sensitive education must teach that consent applies not only to sexual activity but to emotional and romantic relationships and that rejection creates no entitlement to continued pursuit.

3. Dowry, Domestic and Marital Conflicts

Acid violence may also occur within marital or family disputes. Dowry demands, domestic cruelty, allegations concerning fidelity, separation and property disagreements can escalate into corrosive violence. In such situations the attack may form part of an existing pattern of coercive control rather than an isolated event. Warning signs may include threats, stalking, physical assault, obsessive monitoring, economic abuse and explicit statements concerning disfigurement.

Early intervention in domestic violence and stalking is therefore relevant to acid-attack prevention. Police and protection mechanisms should treat threats involving acid with exceptional seriousness because acquisition of corrosive substances may transform a threat into irreversible injury within seconds.

4. Distorted Masculinity and Gender Socialisation

Masculinity becomes dangerous where it is associated with dominance, emotional suppression, aggression and inability to tolerate perceived loss of status. Boys taught that “real men” must always control relationships may find rejection psychologically threatening. Violence can then become an instrument for restoring a damaged social identity.

Prevention consequently requires more than instructing women how to protect themselves. Boys and men must be included in programmes concerning emotional literacy, non-violent conflict resolution, consent, respect and responsible responses to rejection. Gender justice cannot be achieved if preventive responsibility is placed exclusively upon potential victims.

5. Jealousy, Possessiveness and Cognitive Distortions

Psychological factors such as obsessive jealousy, catastrophic thinking and externalisation of blame may contribute to violence. A perpetrator may convince himself that his emotional suffering has been "caused" by the woman and that she deserves punishment. This cognitive distortion converts personal disappointment into moral justification for aggression.

The existence of psychological variables, however, must not lead to the assumption that acid attackers are necessarily mentally ill. Most violence cannot be explained by psychiatric illness alone. Socio-cultural beliefs, opportunity, planning and perceived impunity often play important roles. Labelling perpetrators as "mad" can conceal the social norms that support coercive gender relations.

6. Easy Availability of Corrosive Substances

The destructive capacity of acid is amplified by availability. Corrosive substances are legitimately used in industries, workshops, laboratories, jewellery work, cleaning and battery-related activities. Where strong acids can be purchased anonymously or stored without adequate supervision, an angry individual may obtain a devastating weapon at relatively low cost.

India's regulatory framework following *Laxmi* attempts to restrict unregulated retail access, but effective prevention depends upon actual inspection, retailer compliance, identity verification, maintenance of registers and penalties for illegal sale. Regulation must extend to online and informal supply channels as commerce evolves.

7. Perceived Impunity and Delayed Justice

The deterrent force of law depends not only upon severe punishment but upon certainty and speed of enforcement. When offenders believe that witnesses can be intimidated, evidence weakened or trials delayed indefinitely, the psychological deterrent value of a statutory minimum sentence decrease. Effective investigation, forensic documentation, protection of

survivors and witnesses and timely trials are therefore preventive measures as much as procedural safeguards.

Consequences of Acid Violence

Physical and Medical Consequences

Acid can cause immediate chemical burns and continuing tissue destruction depending upon the substance, concentration, exposure time and part of the body affected. Facial attacks can damage the eyes, eyelids, nose, ears, lips and respiratory passages. Survivors may lose vision, experience hearing impairment or suffer contractures restricting movement. Treatment may involve emergency burn management followed by numerous reconstructive procedures over several years.

The medical burden is therefore long-term rather than episodic. A survivor may need repeated hospitalisation, plastic surgery, ophthalmological care, physiotherapy, scar management, dental treatment, pain management and psychological services. This reality explains why the law requires free immediate treatment and why compensation should reflect more than initial hospital expenses.

Psychological Trauma and Post-Traumatic Stress

The psychological impact can be profound. Many survivors repeatedly recollect the attack, fear recurrence, experience nightmares or avoid locations associated with the incident. Hypervigilance, sleep disturbances and anxiety may occur. Depression may result from grief for lost appearance, interrupted education, relationship breakdown or uncertainty concerning future employment.

Research involving acid-attack survivors has documented shame, hopelessness, cognitive distortions and suicidal ideation, while rehabilitation can promote self-efficacy and positive life orientation. A 2025 Indian study involving 35 survivors, predominantly women, found meaningful psychological and interpersonal difficulties and emphasised socioeconomic circumstances, marital status, family support, group therapy, vocational training and NGO support as important elements of recovery.

Body Image and Identity

Because many attacks target the face, psychological injury is intensified by the relationship between facial appearance and personal identity. Survivors may experience difficulty recognising themselves after severe burns or surgery. Mirrors, photographs and social gatherings can become sources of anxiety. The person may feel that the public sees only the scar rather than the individual.

The resulting challenge is not simply to restore appearance but to reconstruct identity. Psychological rehabilitation should therefore avoid suggesting that the survivor's recovery depends upon looking as she did before the attack. Therapy should support bodily acceptance, agency and a sense of self that is not controlled by social beauty standards.

Social Stigma and Isolation

Stigma may constitute a “second assault.” Survivors sometimes face staring, intrusive questioning, avoidance or discriminatory assumptions about their capabilities. Prospective employers may treat facial difference as incapacity even when the individual is fully qualified. Families may become overprotective or, in some cases, withdraw support due to perceived social embarrassment.

Recent qualitative research involving women acid-attack survivors in Noida identified devaluation of disfigured bodies, family rejection, abuse and loss of educational and employment opportunities, while supportive survivor organisations contributed to self-acceptance and advocacy.

Social stigma therefore transforms an offender's private act into continuing public harm. Every discriminatory interaction can reinforce the attacker's original objective of exclusion. Society participates in rehabilitation when it treats survivors with ordinary dignity rather than pity, spectacle or avoidance.

Economic Consequences

Medical expenditure and interrupted employment can produce severe financial pressure. Survivors may be unable to work temporarily during surgeries or may lose jobs because of discrimination. Family members may leave employment to provide care. Travel to specialised hospitals can impose additional costs, particularly on rural households.

Economic rehabilitation must therefore include vocational training, educational continuity, reasonable accommodation, access to disability benefits where eligible, entrepreneurship support and equal employment opportunities. Compensation should function as an immediate safety mechanism rather than as a substitute for sustainable economic independence.

Impact on Family and Relationships

The consequences of an acid attack extend to parents, spouses, children and siblings. Family members may experience guilt, anger, fear and financial exhaustion. They may also become essential sources of resilience. Research on survivors has consistently emphasised the role of social support in reducing isolation and facilitating coping. Mittal, Singh and Verma's qualitative research involving 30 female survivors highlighted the importance of family and social networks in rehabilitation.

Mental-health services should therefore be available not only to the individual survivor but also, where appropriate, to family caregivers. Rehabilitation is strengthened when families are taught how to support autonomy rather than creating dependency.

Legal Framework and Preventive Response in India

Indian law presently provides a comparatively comprehensive formal framework. Section 124 of the Bharatiya Nyaya Sanhita, 2023 addresses both completed acid attacks and attempts. A completed offence under Section 124(1) carries imprisonment of not less than ten years and may extend to life, together with a fine intended to meet treatment expenses and payable to the survivor. An attempt under Section 124(2) carries imprisonment of five to seven years and fine.

The procedural framework is equally important. Section 396 of the Bharatiya Nagarik Suraksha Sanhita concerns victim compensation schemes, while Section 397 requires public and private hospitals to provide immediate free treatment to acid-attack survivors falling within the specified provision. Refusal of such treatment can attract criminal consequences under Section 200 of the BNS.

Compensation must be survivor-centred and timely. The NALSA framework provides considerably higher indicative amounts than the minimum contemplated in the early *Laxmi* directions, including ₹7–8 lakh for facial disfigurement in relevant circumstances. However,

a legally available benefit is meaningless if survivors do not know of it or are forced to repeatedly approach government offices while recovering from trauma. Hospitals, police stations, District Legal Services Authorities and courts should therefore follow automatic referral systems.

The inclusion of acid-attack survivors under the Rights of Persons with Disabilities Act, 2016 is another important component. Disability recognition should be operationalised through accessible certification, educational support, employment inclusion and reasonable accommodation where applicable.

Prevention additionally requires strict enforcement of acid-sale regulations. Retailers dealing in strong corrosive substances should maintain reliable purchaser records and comply with age, identity, purpose and storage requirements. Industrial institutions should monitor inventories and immediately investigate unexplained losses. Digital systems could strengthen traceability without unnecessarily obstructing legitimate commercial use.

The police response is equally critical. Threats such as “I will burn your face” or “I will throw acid” should not be dismissed as emotional statements. In cases involving stalking or previous domestic violence, such threats may indicate escalation. Risk-assessment protocols should identify access to acid, prior violence, obsessive pursuit, violation of protection orders and threats of disfigurement.

Schools and universities also have an important preventive role. Curriculum and orientation programmes should address consent, respectful relationships, rejection, anger management, cyberstalking and gender stereotypes. Intervention at adolescence may be more effective than attempting to change violent attitudes after they are deeply established.

International Perspectives

Acid violence occurs across different regions, although its motives, gender distribution and legal responses vary. International comparison demonstrates that prevention works best when criminal justice is combined with regulation of corrosive substances and survivor rehabilitation.

Bangladesh

Bangladesh provides perhaps the most frequently cited South Asian comparison. Faced with high levels of acid violence, it enacted specific legislation in 2002 addressing both acid offences and regulation of acid availability. The framework established controls over production, storage, transport and sale while strengthening investigation and adjudication. Bangladesh also developed institutional mechanisms concerned with survivor treatment, rehabilitation and legal assistance. Human Rights Watch notes that the Acid Control Act created national and district institutions concerned with survivor support and awareness, although implementation has sometimes been weakened by irregular meetings and enforcement gaps.

The recorded decline following the reforms is significant. Acid Survivors Foundation assessments reported a substantial reduction after 2002, although under-reporting remained possible. Bangladesh demonstrates that reducing access to corrosive substances may be as important as increasing criminal sentences. It also illustrates that even strong statutory structures require continuous monitoring.

United Kingdom

The United Kingdom experienced increasing concern over the criminal use of corrosive substances, prompting specific regulation through the Offensive Weapons Act 2019. Among other measures, the legislation regulates corrosive products and creates offences relating to possession of corrosive substances in public places without good reason or lawful authority.

The UK model is relevant to India because it treats corrosive substances not simply as industrial commodities but as potential weapons requiring targeted preventive regulation. India's regulatory context is different due to the size of informal retail markets and the widespread legitimate use of acids, yet the broader principle of traceability, age restrictions, responsible retailing and control over possession remains instructive.

International Human-Rights Perspective

Acid violence against women engages international principles of equality, dignity, bodily integrity and freedom from gender-based discrimination. The Convention on the Elimination of All Forms of Discrimination against Women requires States to address discriminatory

practices affecting women's equal enjoyment of rights. Contemporary international understanding recognises violence against women as both a manifestation and a mechanism of gender inequality.

The public-health dimension is similarly important. The World Health Organization has consistently documented the relationship between violence against women and depression, anxiety, post-traumatic stress, social isolation and long-term health consequences. Acid violence therefore cannot be addressed exclusively through criminal courts. Healthcare, mental-health systems, social welfare, education and employment policies are integral components of State responsibility.

Prevention: Towards an Integrated Socio-Psychological Model

Effective prevention should operate at primary, secondary and tertiary levels. Primary prevention seeks to stop violent attitudes from developing. Gender-sensitive education, respectful relationship programmes, campaigns against stalking and possessiveness, emotional-regulation education and responsible media representations can challenge the belief that rejection justifies retaliation.

Secondary prevention focuses upon individuals and situations presenting identifiable risk. Police and domestic-violence institutions should promptly respond to stalking, repeated threats, acquisition of corrosive substances and prior assaults. Retailers and industries should report suspicious purchases or theft where legally required. Schools, colleges and workplaces should develop complaint mechanisms capable of recognising escalating harassment.

Tertiary prevention concerns survivors after an attack and seeks to prevent further harm. Emergency treatment must be immediate and free. Thereafter, rehabilitation should include reconstructive surgery, mental-health counselling, occupational therapy, education, vocational support, legal aid and long-term social reintegration. Psychotherapy should be trauma-informed and survivor-directed. Group counselling and peer networks can be particularly effective because they reduce isolation and allow survivors to interact with others who understand experiences that may be difficult to communicate in ordinary social settings.

Media reporting also requires ethical standards. Survivors should not be sensationalised or repeatedly reduced to “before and after” images without consent. Reporting should protect

privacy, avoid victim-blaming and focus upon offender accountability, legal rights and survivor agency.

Finally, prevention requires society to reject appearance-based stigma. The perpetrator frequently intends disfigurement to destroy the survivor's social future. When educational institutions, employers and communities accept survivors without discrimination, they undermine the very objective of acid violence. Social inclusion is therefore not simply rehabilitation after crime; it is itself a form of prevention because it challenges the assumption that physical disfigurement can permanently remove a woman from social life.

CONCLUSION

Acid violence against women represents an extreme convergence of physical aggression, gender inequality, psychological domination and social punishment. Its distinguishing feature is the intention or foreseeable consequence of causing continuing harm through disfigurement, disability, psychological trauma and social exclusion. The phenomenon cannot therefore be adequately explained as momentary anger. In many cases it reflects patriarchal entitlement, revenge for rejection, coercive control, distorted constructions of masculinity, jealousy and a desire to punish women for exercising autonomy.

India has made substantial legal progress. Specific acid-attack offences were introduced in 2013 and are now embodied in Section 124 of the Bharatiya Nyaya Sanhita, 2023. Free medical treatment is expressly protected through Section 397 of the Bharatiya Nagarik Suraksha Sanhita, while victim-compensation frameworks, Supreme Court jurisprudence, regulation of acid sales and disability legislation provide additional safeguards. Nevertheless, the existence of legislation is not equivalent to effective implementation.

A comprehensive response must integrate criminal justice with psychological rehabilitation, medical care, economic empowerment and social inclusion. The State must ensure rigorous regulation of corrosive substances, effective policing, timely prosecution, adequate compensation and accessible healthcare. Families, educational institutions, workplaces, media organisations and civil society must simultaneously challenge attitudes that legitimise coercive control or stigmatise survivors.

The ultimate test of justice is not simply whether an offender receives a severe sentence. It is whether the survivor can regain autonomy, education, employment, relationships, social

participation and dignity. Acid violence should therefore be addressed through a survivor-centred model in which prevention, punishment, treatment, rehabilitation and social transformation function as interconnected elements of gender justice.

FUTURE SCOPE

Future research on acid violence in India should move beyond descriptive case counts and develop longitudinal evidence concerning the life-course experiences of survivors. National studies are required on post-traumatic stress, depression, body-image adjustment, employment, family relationships, reconstructive surgery, disability certification and the long-term effectiveness of compensation schemes. Research should also examine male and child survivors without weakening the necessary gender-based analysis of violence disproportionately directed against women.

Greater empirical attention should be given to perpetrators. Studies should investigate the interaction between gender attitudes, stalking, rejection sensitivity, previous domestic violence, peer-group influences, alcohol or substance misuse, access to acid and perceived likelihood of punishment. Such research may assist in developing evidence-based risk-assessment tools and preventive interventions.

Technology may further improve acid regulation. A national digital licensing and inventory system for specified corrosive substances could help identify suspicious purchasing patterns, repeated purchases and unexplained stock losses while protecting legitimate commercial activity. Evaluation should also determine whether State rules implementing Supreme Court directions are being uniformly enforced.

Future policy should establish dedicated multidisciplinary rehabilitation centres or coordinated referral networks connecting burns specialists, plastic surgeons, ophthalmologists, psychiatrists, clinical psychologists, social workers, legal-services authorities and vocational agencies. Psychological care should not be treated as an optional supplement after surgery but as a fundamental element of treatment.

Finally, future scholarship should examine survivor leadership. Acid-attack survivors should increasingly participate in designing laws, research, rehabilitation programmes, awareness campaigns and workplace policies. Moving from a model that speaks *for* survivors towards

one that develops policy *with* survivors can transform the discourse from victimhood to citizenship, resilience and agency.

References

1. United Nations. (1979). *Convention on the Elimination of All Forms of Discrimination Against Women*. United Nations.

2. Government of Bangladesh. (2002). *Acid Crime Control/Acid Offences Prevention Act, 2002*. Government of Bangladesh.

3. Government of Bangladesh. (2002). *Acid Control Act, 2002*. Government of Bangladesh.

4. Law Commission of India. (2009). *The inclusion of acid attacks as specific offences in the Indian Penal Code and a law for compensation for victims of crime* (Report No. 226). Government of India. (Law Commission of India)

5. Kalantry, S., & Getgen Kestenbaum, J. (2011). *Combating acid violence in Bangladesh, India, and Cambodia*. Avon Global Center for Women and Justice, Cornell Law School.

6. World Health Organization. (2013). *Understanding and addressing violence against women*. World Health Organization.

7. Government of India. (2013). *The Criminal Law (Amendment) Act, 2013*. Government of India.

8. *Laxmi v. Union of India*, (2014) 4 SCC 427. Supreme Court of India.

9. *Parivartan Kendra v. Union of India*, (2016) 3 SCC 571. Supreme Court of India.

10. Government of India. (2016). *The Rights of Persons with Disabilities Act, 2016*. Government of India.

11. Khoshnami, M. S., Mohammadi, E., Addelyan Rasi, H., Khankeh, H. R., & Arshi, M. (2017). Conceptual model of acid attacks based on survivors' experiences: Lessons from a qualitative exploration. *Burns, 43*(3), 608–618. https://doi.org/10.1016/j.burns.2016.10.003

12. National Legal Services Authority. (2018). *Compensation Scheme for Women Victims/Survivors of Sexual Assault/Other Crimes—2018*. NALSA.

13. Government of the United Kingdom. (2019). *Offensive Weapons Act 2019*. The Stationery Office.

14. Mittal, S., Singh, T., & Verma, S. K. (2020). Role of psychological makeup in psychological rehabilitation of acid attack victims. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520905100

15. Sharmin, A., Humayra, Z. U., & Khan, M. A. (2020). Causes and consequences of acid violence among victims attending a specialized acid survivor center in Dhaka city. *Journal of Surgical Sciences, 23*(1), 29–32. https://doi.org/10.3329/jss.v23i1.44242

16. Mittal, S., Singh, T., & Verma, S. K. (2021). The influence of social support in the rehabilitation of acid attack victims: A qualitative inquiry. *Journal of Community & Applied Social Psychology, 31*(2), 228–240. https://doi.org/10.1002/casp.2497

17. Sharma, S., Jain, M., Dhawan, S., Jain, A., Gupta, N., Khattar, S., & Saxena, A. (2022). From victims to survivors: Understanding the psychological impact of trauma experienced by acid-attack survivors through qualitative research. *International Journal of Indian Psychology, 10*(2), 237–248. https://doi.org/10.25215/1002.024

18. Government of India. (2023). *The Bharatiya Nyaya Sanhita, 2023 (Act No. 45 of 2023)*. Ministry of Law and Justice, Government of India. (India Code)

19. Government of India. (2023). *The Bharatiya Nagarik Suraksha Sanhita, 2023*. Ministry of Law and Justice, Government of India. (India Code)