Gender-Based Acid Violence In India: A Socio-Psychological Analysis of Emerging Trends

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Abstract: Gender-based acid violence represents one of the most severe forms of interpersonal aggression because it combines physical injury with an intention to disfigure, intimidate, punish and socially marginalise the victim. Although acid attacks may affect persons of any gender, the Indian experience demonstrates a significant gendered dimension in which women and girls are frequently targeted in circumstances involving rejection of romantic or marriage proposals, stalking, domestic conflict, dowry disputes, sexual harassment, jealousy and assertions of female autonomy. The phenomenon cannot therefore be adequately understood exclusively through criminal law. It requires a socio-psychological analysis of patriarchal entitlement, gender socialisation, rejection sensitivity, possessiveness, distorted masculinity, retaliatory aggression, social stigma and institutional responses.

The contemporary statistical pattern also requires careful interpretation. Official data do not demonstrate a continuous year-to-year increase; instead, acid violence against women shows persistence and fluctuation. NCRB-linked data indicate 148 reported acid attacks against women in 2017, 150 in 2019, 105 in 2020, 102 in 2021, 124 in 2022 and 113 cases involving 122 women victims in 2023. Thus, the emerging concern lies not merely in numerical growth but in the continuing occurrence of an exceptionally destructive offence despite specific penal provisions and restrictions on acid sale.

This article examines the historical evolution, contemporary trends, socio-psychological causes and multidimensional consequences of acid violence against women in India. It evaluates the transformation of the legal regime from the Indian Penal Code to Section 124 of the Bharatiya Nyaya Sanhita, 2023, together with victim compensation, free medical treatment, disability rights and acid-sale regulation. Comparative experiences from Bangladesh and the United Kingdom are examined to identify preventive lessons. The article argues that sustainable prevention requires an integrated model combining criminal accountability, regulation of corrosive substances, psychological intervention, gender-sensitive education, survivor rehabilitation, economic empowerment and transformation of social attitudes.

Keywords: Gender-Based Violence; Acid Violence; Acid Attack; Women; Socio-Psychological Factors; Patriarchal Entitlement; Psychological Trauma; Social Stigma; Bharatiya Nyaya Sanhita; Survivor Rehabilitation; Gender Justice.

INTRODUCTION

Violence against women continues to represent a major challenge to equality, human dignity, public health and social justice. It assumes numerous forms, ranging from domestic violence, sexual assault and stalking to trafficking, cyber harassment, forced marriage and homicide. Acid violence occupies a distinctive position within this spectrum because the perpetrator frequently seeks not merely to cause bodily injury but to permanently alter the victim's appearance and, through that alteration, her social identity and future opportunities. The corrosive substance becomes an instrument through which the offender attempts to translate anger, jealousy, possessiveness or perceived humiliation into enduring physical and psychological suffering.

Acid violence may be defined as the intentional throwing, pouring, administering or attempted use of an acidic, corrosive or burning substance upon another person with the purpose or knowledge of causing burns, disfigurement, disability, grievous injury or death. Although victims may include men and children and the law appropriately remains gender-neutral, a substantial body of South Asian experience demonstrates that attacks against women often have specifically gendered motivations. Rejection of marriage proposals, resistance to sexual advances, attempts to leave abusive relationships, refusal of unwanted attention, dowry disputes and assertion of personal independence recur in reported accounts. These circumstances demonstrate that acid violence is often connected with attempts to control women's agency.

The concept of gender-based acid violence therefore extends beyond the immediate act of throwing a corrosive substance. It encompasses the social beliefs that make an aggressor consider disfigurement an appropriate response to rejection; the psychological mechanisms through which wounded entitlement develops into revenge; the availability of corrosive substances; the institutional response before and after an attack; and the social treatment of survivors whose visible injuries may expose them to discrimination.

The severity of acid violence derives partly from its continuing character. The incident may occur within seconds, but the consequences can continue throughout the survivor's lifetime. Concentrated acid can destroy skin and underlying tissue, damage eyes and ears, affect breathing, cause contractures and leave permanent scarring. Survivors may require numerous operations and years of medical care. Alongside physical injuries, they may experience symptoms associated with post-traumatic stress, depression, anxiety, shame, disturbed body image, loss of confidence and fear of social interaction. Research has identified hopelessness, cognitive distortions, shame and suicidal ideation among psychological difficulties following acid attacks, while self-efficacy, social support and positive life orientation may contribute significantly to rehabilitation (Mittal et al., 2021).

The social dimension is equally important. A survivor may experience interruption of education, loss of employment, economic dependence, abandonment by a partner, difficulty securing accommodation or employment and intrusive public attention. These reactions create what may be described as a secondary process of victimisation. The original offender attempts to exclude the victim through disfigurement, while discriminatory social reactions may unintentionally reproduce that exclusion.

The contemporary Indian position also requires statistical caution. Acid attacks remain a relatively small category within the overall volume of crimes against women, but their seriousness cannot be measured by numerical frequency alone. NCRB-linked data show 113 reported acid-attack incidents against women involving 122 victims in 2023, along with 41 attempted acid attacks. The pattern in preceding years fluctuated rather than demonstrating an uninterrupted increase. Consequently, the expression “emerging trends” should be interpreted broadly to include persistence, changing circumstances of victimisation, improved reporting, new legal provisions, online stalking preceding offline violence, survivor activism and evolving rehabilitation approaches.

This article adopts an interdisciplinary perspective combining law, social psychology, sociology, gender studies and victimology. It argues that punishment alone cannot eliminate acid violence. Effective prevention requires addressing the social production of gender entitlement, improving responses to stalking and threats, regulating the availability of corrosive substances, strengthening criminal justice, ensuring immediate medical treatment,

providing long-term psychosocial rehabilitation and creating a society in which facial difference does not determine a woman's dignity or social worth.

Historical Background

Acid violence has a longer history than contemporary discussions sometimes suggest. With the growth of industrialisation during the nineteenth century, substances such as sulphuric, nitric and hydrochloric acid became increasingly available for commercial, manufacturing and household purposes. In parts of Europe, attacks involving corrosive substances were historically described as *"vitriolage,"* derived from the term vitriol used in relation to sulphuric acid. Such attacks were associated with revenge, romantic jealousy, domestic disputes and interpersonal hostility. The historical availability of strong acids established a pattern that remains relevant today: corrosive chemicals have extensive legitimate uses, yet their relatively low cost, portability and destructive capacity can transform them into weapons when access is poorly regulated. Unlike many conventional weapons, acid may initially appear to be an ordinary commercial or household substance. This dual character has made its regulation particularly difficult and has required States to balance legitimate industrial use with public safety.

The modern recognition of acid violence as a gender and human-rights issue emerged prominently in South Asia during the late twentieth century. Bangladesh became internationally associated with a high incidence of acid attacks during the 1990s and early 2000s. Women and girls were commonly attacked following rejection of marriage proposals, refusal of sexual advances, dowry-related disputes and domestic disagreements, although land and property disputes also affected male victims. The work of women's organisations and the Acid Survivors Foundation made attacks more visible and demonstrated the necessity of a specialised legal response. In 2002, Bangladesh adopted two complementary statutes dealing with acid offences and acid control. The significance of this approach was that it addressed both the perpetrator and the weapon. Severe punishment alone was not considered sufficient; regulation was extended to the importation, production, transport, storage, sale and use of corrosive substances. The subsequent reduction in reported incidents attracted international attention and influenced discussions in neighbouring countries, including India.

For many years, Indian criminal law contained no specific offence labelled an "acid attack." Cases were prosecuted through general provisions of the Indian Penal Code, 1860 concerning hurt, grievous hurt, attempt to murder or murder. Such provisions could punish serious violence, but they did not adequately capture the distinctive features of acid attacks. The permanence of disfigurement, the extremely high cost of reconstructive treatment, the social consequences of facial burns and the intentional use of appearance as a site of punishment required specific recognition. The absence of a separate offence also made statistical identification more difficult because incidents were distributed among general penal categories.

The growing visibility of survivors significantly changed the legal discourse. One of the most influential developments was the public-interest litigation initiated by Laxmi, an acid-attack survivor who had been attacked as a teenager after rejecting a man's proposal. Her litigation challenged the inadequacy of regulation governing the sale of acid and sought stronger compensation and institutional protection for survivors. The case became symbolically important because it shifted the discussion from individual victimisation to State responsibility. The ability of an offender to purchase a highly corrosive substance with minimal scrutiny could no longer be treated as a purely private matter.

The Law Commission of India provided a major intellectual and legislative foundation for reform through its 226th Report in 2009, entitled *The Inclusion of Acid Attacks as Specific Offences in the Indian Penal Code and a Law for Compensation for Victims of Crime*. The Commission recognised that general provisions relating to grievous hurt were insufficient to address the particular nature of acid violence and recommended specific penal provisions together with a meaningful compensation mechanism. The report also examined comparative experiences, particularly those of Bangladesh, and emphasised the need to recognise long-term medical and rehabilitative consequences (Law Commission of India, 2009).

The national debate surrounding sexual and gender-based violence intensified after 2012, culminating in the Criminal Law (Amendment) Act, 2013. This legislation introduced Sections 326A and 326B into the Indian Penal Code. Section 326A addressed the completed act of causing permanent or partial damage, burns, maiming, disfigurement, disability or grievous hurt through acid and prescribed a minimum imprisonment of ten years, extendable to life. Section 326B separately criminalised throwing or attempting to throw acid or attempting to

administer it, prescribing imprisonment ranging from five to seven years. The law also required that the fine imposed under Section 326A be sufficient to meet the medical expenses of the victim and be paid to her. The reforms were significant because they recognised that attempted acid violence deserves punishment even where the corrosive substance fails to make contact.

Judicial developments reinforced the statutory framework. In *Laxmi v. Union of India* (2014), the Supreme Court issued important directions regulating retail sale, including verification of purchaser identity, maintenance of records and restrictions intended to prevent unrestricted access. The Court also addressed compensation and directed State authorities to provide financial support for survivors. These directions reflected recognition that prevention requires supply-side regulation in addition to criminal sanctions.

The Supreme Court continued this survivor-centred approach in *Parivartan Kendra v. Union of India* (2016). The Court highlighted the severe and continuing consequences faced by acid-attack survivors and clarified that the minimum compensation identified in earlier directions should not operate as an absolute ceiling. The judgment was especially important in recognising that medical expenses alone cannot quantify the injury. Loss of education, employment, psychological well-being, social relationships and future earning capacity must be taken seriously within compensation and rehabilitation.

The Rights of Persons with Disabilities Act, 2016 represented another significant stage in the historical development of survivor protection. Acid-attack victims were expressly included within the Schedule of specified disabilities. This legal recognition shifted the conceptual understanding from temporary victim assistance towards long-term rights, accommodation and inclusion. Survivors may require support in employment, education, accessibility and rehabilitation extending well beyond the completion of criminal proceedings.

The National Legal Services Authority's compensation framework for women victims and survivors further sought to promote greater uniformity in financial assistance. These developments progressively transformed the legal identity of the acid-attack survivor from a mere prosecution witness into a rights-bearing individual entitled to treatment, compensation, rehabilitation and social participation.

The replacement of the Indian Penal Code by the Bharatiya Nyaya Sanhita, 2023 marks the latest stage in this evolution. From 1 July 2024, acid violence is specifically governed by Section 124 of the BNS. Section 124(1) continues to prescribe imprisonment of not less than ten years, extendable to life, for causing permanent or partial damage, burns, maiming, disfigurement, disability or grievous hurt through acid, together with a fine intended to meet medical expenses. Section 124(2) punishes throwing or attempting to throw acid or attempting to administer it with imprisonment of five to seven years and fine. The Bharatiya Nagarik Suraksha Sanhita, 2023 complements this provision through Section 397, which requires public and private hospitals to provide immediate first aid or medical treatment free of cost to victims covered by Section 124(1). Thus, the historical development of Indian law demonstrates a gradual transition from generalised punishment towards a more integrated model incorporating prevention, treatment, compensation and rehabilitation. Nevertheless, continuing incidents demonstrate that legal recognition alone cannot eliminate the social and psychological conditions from which acid violence emerges.

Socio-Psychological Foundations of Gender-Based Acid Violence

Acid violence is best understood through interaction between individual psychological processes and broader social structures. It would be simplistic to attribute such attacks exclusively to mental illness or uncontrolled anger. Most perpetrators are capable of recognising social rules, planning conduct and selecting a substance precisely because of its capacity to inflict permanent damage. The psychological explanation must therefore be located within social understandings of gender, masculinity, possession, honour and entitlement.

Patriarchal Entitlement and Control

Patriarchal entitlement represents one of the most important explanatory factors in attacks against women. Patriarchy does not imply that all men are violent; rather, it describes social systems in which men may be granted greater authority and women's autonomy may be restricted through cultural expectations. When such norms are internalised rigidly, a man may perceive a woman's refusal of his proposal as illegitimate rather than as an exercise of equal choice.

Acid violence can consequently function as punishment for autonomy. The underlying message may be that a woman who refuses emotional, sexual or marital control must suffer for that refusal. The assault seeks to re-establish dominance by transforming her body into a visible reminder of the attacker's power.

Rejection, Humiliation and Retaliatory Aggression

Rejection is an ordinary human experience, but its psychological interpretation varies significantly. Healthy coping requires acceptance that another person's affection cannot be demanded. In contrast, individuals with strong entitlement may interpret rejection as humiliation. When self-worth is excessively dependent upon dominance, romantic rejection can be experienced as a threat to masculine identity.

This process may produce retaliatory aggression. The offender does not merely seek to hurt the victim; he may attempt to damage her appearance so that, in his distorted thinking, she will be denied future relationships. The frequently reported reasoning that “if she cannot be mine, she should belong to no one” exposes the relationship between possessiveness and gender violence.

Social Learning and Normalisation of Pursuit

Social learning theory offers another useful explanation. Behaviour and attitudes are learned through observation of family relationships, peer groups, media and community responses. Where stalking, repeated pursuit after refusal and controlling behaviour are romanticised as persistence, individuals may fail to recognise the boundary between courtship and harassment.

Popular cultural representations can sometimes reinforce the idea that sustained pursuit will eventually transform rejection into acceptance. Although media representations do not directly cause acid violence, they can contribute to environments in which women's refusal is treated as negotiable. Prevention must therefore promote an understanding of consent that includes emotional and romantic autonomy.

Jealousy, Possessiveness and Cognitive Distortion

Jealousy may occur in intimate relationships without producing violence. It becomes dangerous when combined with possessiveness, externalisation of responsibility and beliefs that another person's behaviour justifies punishment. Cognitive distortions may allow the aggressor to reinterpret violence as deserved revenge. He may blame the victim for his own anger and perceive himself as responding to an injury rather than creating one.

These distortions are important for offender-oriented prevention. Anger-management interventions alone are insufficient unless they address beliefs concerning gender entitlement, victim blaming and ownership within relationships.

Domestic Violence and Coercive Control

Some acid attacks occur after a history of domestic violence. The corrosive assault may represent escalation within a broader pattern of coercive control involving threats, surveillance, financial abuse, physical violence and isolation. Separation can be a particularly dangerous period because an abusive partner may perceive the woman's attempt to leave as a loss of control.

Threats involving disfigurement must therefore be treated seriously by police, families and support services. Statements threatening to burn a woman's face or throw acid should not be dismissed as ordinary domestic arguments, particularly when combined with stalking or previous assault.

Emerging Trends in India

The contemporary pattern of acid violence requires nuanced interpretation. Official data show persistence rather than a continuous linear increase. NCRB-linked statistics record 148 reported acid attacks against women in 2017, 131 in 2018, 150 in 2019, 105 in 2020, 102 in 2021, 124 in 2022 and 113 in 2023. In 2023, these 113 incidents involved 122 women victims, while 41 attempted acid attacks involving 42 victims were also recorded. The figures therefore show fluctuation, including a pandemic-period decline followed by an increase in 2022 and a moderate reduction in 2023.

Several conclusions follow. First, relatively low numbers should not lead to complacency because each incident may generate lifelong medical and psychosocial consequences. Second, official statistics represent reported and registered cases rather than the complete universe of victimisation. Third, State-wise variations require cautious interpretation because policing practices, awareness, population differences and reporting behaviour may affect registered numbers.

A further emerging trend is the increasing relevance of technology within interpersonal harassment. Contemporary romantic and domestic conflicts frequently involve messaging applications, social-media surveillance, repeated calls, fake profiles and online threats before physical escalation. Digital stalking does not necessarily lead to acid violence, but where threats of bodily harm accompany obsessive pursuit, cyber evidence may provide an opportunity for earlier intervention.

Another significant trend is survivor visibility. Survivors increasingly participate in public advocacy, entrepreneurship, legal reform campaigns and awareness initiatives. This development challenges older representations in which survivors appeared exclusively as passive recipients of sympathy. Survivor-led advocacy reframes rehabilitation around agency, economic independence and citizenship.

The legal transition from the IPC to the BNS also constitutes an important contemporary development. Although the substance of the acid-attack offence remains broadly continuous, Section 124 now forms the governing penal provision. Legal scholarship, police training and public awareness must therefore update terminology and avoid continuing to describe Sections 326-A and 326-B of the IPC,1860 as the present law for post-1st July 2024 offences.

Consequences of Acid Violence Against Women

Physical and Medical Consequences

The immediate consequences of acid exposure depend upon the chemical substance, concentration, quantity, duration of contact and part of the body affected. Strong corrosives can rapidly destroy skin, muscles and other tissues. Where the face is targeted, the eyes, eyelids, nose, lips and ears may suffer extensive damage. Survivors may experience blindness,

hearing loss, difficulty eating, breathing problems and restricted movement caused by scar contractures.

Medical treatment may extend over several years. Multiple reconstructive surgeries, skin grafts, ophthalmological procedures, physiotherapy, dental treatment and scar management may be required. Such prolonged care creates financial burdens not only for survivors but for entire households.

Psychological Trauma

The psychological effects are often equally severe. Survivors may experience intrusive memories, nightmares, hypervigilance, anxiety and avoidance of places associated with the assault. Fear of another attack may continue even after the perpetrator has been arrested. Depression can develop from pain, altered appearance, interrupted life plans and discriminatory treatment.

Mittal, Singh and Verma (2021) identified cognitive distortions, hopelessness, shame and suicidal ideation among maladaptive psychological responses in female acid-attack survivors. Importantly, their research also demonstrated the possibility of psychological recovery, including development of self-efficacy and positive life orientation through rehabilitation.

This finding supports a critical distinction between trauma and permanent psychological incapacity. Survivors should not automatically be portrayed as psychologically "destroyed." Such descriptions may unintentionally reinforce stigma. With appropriate medical care, counselling, social support and economic opportunity, many survivors develop substantial resilience.

Body Image and Identity

Facial injury presents particular psychological challenges because the face is deeply connected with identity and social recognition. Survivors may struggle with mirrors, photographs and public attention. The contrast between pre-attack appearance and post-injury appearance can produce grief and body-image disturbance.

Social beauty standards can intensify these effects for women. Where women's social value is disproportionately connected to physical attractiveness, facial disfigurement may be interpreted by the survivor and community as loss of femininity, marriageability or social worth. This cultural response reproduces the attacker's objective. Psychological rehabilitation must therefore challenge appearance-based definitions of identity rather than treating cosmetic reconstruction as the sole path to recovery.

Social Exclusion and Stigma

The reaction of society may become a second source of trauma. Survivors may encounter staring, intrusive questions, avoidance and discriminatory treatment. Employers may wrongly assume reduced competence. Educational institutions may fail to make necessary accommodations. Prospective partners may withdraw because of stigma rather than disability.

Mittal et al. (2021) emphasised that social support plays a crucial role in psychological rehabilitation. Family acceptance, peer networks and survivor organisations can reduce isolation and strengthen coping. Conversely, rejection by family or community can deepen psychological distress.

Economic Consequences

Acid violence can cause immediate and long-term loss of income. Survivors may be unable to work during treatment or may lose employment due to discrimination. Families may sell property or incur debt to finance surgery. A caregiver may also leave employment to accompany the survivor during repeated hospitalisation.

Compensation is therefore essential but cannot constitute the whole economic response. Sustainable rehabilitation requires education, skill development, accessible employment, entrepreneurship opportunities and enforcement of disability rights. Economic independence is psychologically significant because it restores decision-making power and reduces dependency.

Consequences for Families

Parents, siblings, spouses and children may also experience trauma. Caregivers can develop anxiety, anger and financial stress. Families may struggle to balance protection with the survivor's need for autonomy. Excessive protection can unintentionally create dependency. Family counselling should therefore form part of comprehensive rehabilitation where necessary.

Indian Legal and Institutional Response

The contemporary Indian legal response is built around criminal punishment, medical treatment, compensation, regulation and rehabilitation. Section 124 of the Bharatiya Nyaya Sanhita, 2023 is the principal substantive criminal provision. Section 124(1) applies where acid causes permanent or partial damage, deformity, burns, maiming, disfigurement, disability, grievous hurt or a permanent vegetative state. Punishment is imprisonment of not less than ten years and may extend to imprisonment for life, together with fine. The fine must be just and reasonable to meet medical expenses and is payable to the victim.

Section 124(2) recognises the seriousness of attempted attacks. Throwing or attempting to throw acid, attempting to administer acid or otherwise attempting to cause the specified injury attracts imprisonment of not less than five years and up to seven years, together with fine. This is important because prevention cannot depend upon the fortunate circumstance that an intended victim manages to escape contact with the corrosive substance.

The Bharatiya Nagarik Suraksha Sanhita, 2023 strengthens the survivor's immediate medical rights. Section 397 requires all hospitals, whether public or private, to provide immediate first aid or medical treatment free of cost to victims of specified offences including an acid attack under Section 124(1). Prompt treatment is crucial because early and appropriate decontamination and burn management can influence medical outcomes.

Victim compensation constitutes another pillar. The development of compensation jurisprudence through *Laxmi* and *Parivartan Kendra* established that acid-attack survivors require immediate financial assistance and that compensation must reflect the severity of long-term consequences. District and State Legal Services Authorities therefore have an important role in ensuring that survivors obtain compensation without excessive procedural delay.

The Rights of Persons with Disabilities Act, 2016 provides a further legal foundation by recognising acid-attack victims within specified physical disabilities. The importance of this provision lies in its long-term perspective. A survivor's rights do not terminate when criminal proceedings conclude. Depending upon the nature and extent of disability, the statutory framework may support access to education, employment and other measures intended to facilitate equal participation.

The regulation of acid sales remains essential. Supreme Court directions require stronger scrutiny of retail transactions. Identity verification, maintenance of registers and responsible storage can reduce anonymous access. The challenge lies primarily in enforcement, particularly where corrosive substances can be purchased through informal markets or used legitimately in industries and workshops.

Prevention and Rehabilitation Strategies

A sustainable response must operate at three levels: primary prevention before violent attitudes develops, secondary prevention where identifiable risk exists and tertiary prevention after an attack to reduce continuing harm.

Primary prevention requires gender-sensitive education. Schools and universities should incorporate discussions of consent, respectful relationships, emotional regulation, rejection, stalking and non-violent conflict resolution. Young people should learn that affection cannot be demanded and that refusal is a legitimate exercise of autonomy.

Programmes directed at men and boys are particularly important. Prevention should not place the burden exclusively upon women through advice about avoiding danger. Boys should be encouraged to develop emotional literacy and non-dominating concepts of masculinity. Romantic rejection should be normalised as an ordinary human experience rather than interpreted as humiliation.

Secondary prevention requires serious responses to threats, stalking and coercive behaviour. Police personnel should be trained to recognise threats involving acid as potential indicators of escalation. Previous violence, obsessive pursuit, access to corrosive substances and violation of restraining or protective measures should inform risk assessment.

Acid-sale control should increasingly employ traceability. Commercial establishments dealing with high-concentration corrosives should maintain reliable records. Industrial users should monitor stock and investigate unexplained losses. Online sale of corrosive products also requires effective age and identity verification.

Tertiary prevention involves comprehensive rehabilitation. Emergency medical treatment should be followed by reconstructive care, psychological counselling, legal assistance, educational continuity and vocational rehabilitation. Peer-support groups may be particularly valuable because they allow survivors to discuss experiences without fear of misunderstanding.

Media reporting should also become survivor-centred. Photographs and personal medical information should not be published without consent. Reports should avoid language that portrays disfigurement as the end of a meaningful life. The emphasis should instead be placed upon offender responsibility, survivor rights and social inclusion.

International Perspectives

Bangladesh

Bangladesh provides one of the most important comparative models. Following substantial public concern, the country enacted the Acid Offences Prevention Act and Acid Control Act in 2002. The combined approach addressed criminal punishment alongside licensing, production, transportation, storage and sale of acid. Studies of implementation have documented a substantial decline in incidents after enactment, although weaknesses in investigation, prosecution and institutional enforcement remain.

The major lesson for India is that restricting access to the weapon can complement punishment. Severe sentencing provisions may deter some offenders, but prevention becomes stronger where acquiring highly corrosive substances requires identifiable, legitimate transactions.

United Kingdom

The United Kingdom developed a distinctive response after growing concern regarding corrosive-substance attacks. The Offensive Weapons Act 2019 introduced restrictions

concerning defined corrosive products, prohibited their sale to persons below 18 years and created an offence relating to possession of corrosive substances in public without good reason or lawful authority.

The Act also addresses remote sale and delivery in specified circumstances. This is particularly relevant in an era of e-commerce. India's regulatory system could benefit from continuing assessment of online availability and digital verification mechanisms.

The United Kingdom's experience demonstrates that acid violence need not always follow the same gender pattern found in South Asia. Corrosive substances may also be used in robberies, gang conflicts and other forms of interpersonal violence. Comparative analysis therefore confirms that acid attacks should simultaneously be understood as a broader violence problem and, where evidence demonstrates gendered motivations, as a specific form of violence against women.

International Human-Rights Perspective

Gender-based acid violence engages internationally recognised rights to life, equality, bodily integrity, health and freedom from discrimination. CEDAW and subsequent international standards concerning violence against women require States to exercise due diligence in prevention, investigation, punishment and survivor protection.

The international perspective also supports a public-health approach. Violence produces long-term effects upon mental health, reproductive health, employment and family well-being. Medical institutions, social welfare agencies and psychological services must therefore be treated as essential components of the justice system rather than peripheral services.

CONCLUSION

Gender-based acid violence in India represents more than an offence causing physical burns. It is frequently an attempt to exercise power over women's autonomy by turning disfigurement into punishment. A socio-psychological analysis reveals interaction between patriarchal entitlement, distorted masculinity, possessiveness, rejection sensitivity, jealousy, retaliatory aggression, social learning and opportunity. The attacker's psychological motivations cannot

be separated from cultural environments that may normalise coercive control or treat women's refusal as negotiable.

Recent data do not demonstrate a simple continuous increase in acid attacks. Instead, the phenomenon shows persistence and fluctuation: 150 cases were reported against women in 2019, falling during 2020 and 2021, increasing to 124 in 2022 and declining to 113 incidents in 2023. The continuing occurrence of more than one hundred attacks annually remains significant given the extraordinary harm associated with each incident.

India has considerably strengthened its legal framework. The earlier IPC provisions introduced in 2013 have been succeeded by Section 124 of the Bharatiya Nyaya Sanhita, 2023. Victim compensation, mandatory free medical treatment, acid-sale restrictions and recognition under disability legislation provide a broad formal structure. The principal challenge is therefore not absence of law but consistent implementation and integration.

An effective approach must combine punishment with prevention, and prevention with social transformation. Regulation of acid sales, early response to threats and stalking, psychological intervention, gender-sensitive education, survivor-centred medical treatment, long-term counselling and economic rehabilitation are mutually reinforcing rather than alternative strategies.

The success of the justice system should ultimately be measured not only by conviction and sentence but by whether the survivor can return to education, employment, relationships and public life with dignity. Society defeats the purpose of acid violence when it refuses to allow disfigurement to determine the survivor's identity or social worth.

FUTURE SCOPE

Future scholarship on gender-based acid violence should adopt more extensive empirical and longitudinal methods. National and State-level studies are required to examine survivors over several years and assess physical health, post-traumatic stress, depression, employment, family relationships, educational outcomes, disability certification and access to compensation. Such studies would provide stronger evidence for designing rehabilitation policies.

Research should also focus upon perpetrators. Existing literature predominantly analyses survivors and legal responses, while considerably less is known about offender psychology. Empirical examination of rejection sensitivity, gender attitudes, coercive control, previous stalking, exposure to family violence, substance misuse and access to corrosive chemicals could contribute to more effective risk-assessment models.

Another important area is the relationship between digital harassment and physical escalation. Future studies should examine whether online stalking, threats, location tracking and social-media abuse precede acid attacks and whether digital evidence can facilitate earlier protective intervention.

Technological regulation of corrosive substances also deserves further examination. A secure national system for high-risk corrosive products could potentially link sellers, authorised users and regulatory agencies while preserving legitimate industrial access. Research should compare the costs, privacy implications and preventive effectiveness of such systems.

The implementation of disability rights requires systematic evaluation. Studies should investigate whether acid-attack survivors are obtaining disability certificates, educational support, workplace accommodation and employment opportunities available under existing law.

Most importantly, future research and policy should increase survivor participation. Survivors should be represented in committees designing rehabilitation schemes, training police and medical personnel, developing awareness campaigns and evaluating compensation systems. A survivor-led approach would shift policy from paternalistic welfare towards rights, agency and empowerment.

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