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Between Law and Life: Experiences of Acid Attack Survivors and the Gaps in India's Policy Implementation

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ABSTRACT

Acid attacks in India persist as a severe form of gender-based violence that inflicts permanent physical, psychological, and social harm. Despite the existence of a robust legal and policy framework, including provisions under the Bharatiya Nyaya Sanhita (Section 124), government advisories on free treatment and victim compensation schemes, survivors continue to face systemic neglect and procedural delays. This study draws on ten in-depth interviews with acid-attack survivors from rural Uttar Pradesh to understand how the country's legal and welfare mechanisms operate in practice. The narratives reveal common patterns of violence rooted in rejection, domestic conflict, followed by experiences of denied medical care, delayed First Information Reports, slow trials, and inconsistent access to compensation. Survivors also reported long-term exclusion from employment and social life, relying heavily on civil society organisations for recovery and livelihood. The findings highlight a wide gap between the legal framework and its implementation. Strengthening accountability, ensuring immediate and accessible care, and creating survivor-focused rehabilitation mechanisms are critical to translating legal protection into substantive justice.

Keywords: Acid Attacks, Gender-Based Violence, India, Survivors, Policy Implementation.

Introduction

Acid attacks constitute both physical and social catastrophes—inflicting irreversible damage on bodies, livelihoods, and social standing. The consequences often persist throughout the lives of survivors, shaping their access to justice, dignity, and opportunity. This paper examines acid attack cases in rural Uttar Pradesh, highlighting how such violence unfolds within contexts marked by limited local resources, entrenched patriarchal norms, and fragile legal mechanisms. Despite a gradual decline in reported cases, acid attacks remain a deeply troubling issue in India. According to National Crime Records Bureau data, 244 cases were recorded in 2017, 249 in

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2019, 182 in 2020, and 176 in 2021. Independent organisations such as Acid Survivors Trust International suggest that many cases go unreported, and regional studies consistently identify Uttar Pradesh as one of the states with persistently high incidence rates.

The author's engagement with this subject stems from a deep concern for women's safety and dignity, informed by personal experiences and fieldwork with organisations such as Kisan Ghat. These interactions with underprivileged women fostered a strong sense of empathy and a commitment to raising awareness and exploring solutions to combat this form of gender-based violence.

The act of throwing acid on another person's face or body is intended not only to cause grievous injury but also to erase social identity and inflict lifelong humiliation. In India, acid violence primarily targets women and girls and is often driven by motives of rejection, domestic conflict, property disputes, and personal revenge (Barchielli et al., 2023; Kumar, 2021). The social consequences extend beyond disfigurement to include economic marginalisation, ostracization, and psychological trauma that persist for decades (Didcott & Taylor, 2019).

Over the last decade, the Indian state has established a formal legal and policy structure to address acid attacks. The Criminal Law (Amendment) Act of 2013 inserted Sections 326A and 326B into the Indian Penal Code (IPC), recognising acid attack as a distinct offence with minimum imprisonment of ten years and fines directed to the survivor (The Criminal Law (Amendment) Act, 2013, 2013). These provisions were reaffirmed and re-codified under Section 124 of the *Bharatiya Nyaya Sanhita* (BNS) in 2023 (The Bharatiya Nyaya Sanhita, 2023, 2023). Alongside criminalisation, the Ministry of Home Affairs (MHA) and the Ministry of Health and Family Welfare (MoHFW) issued multiple advisories mandating free, no-refusal medical treatment for survivors in both public and private hospitals (Ministry of Health and Family Welfare, 2013; Ministry of Home Affairs, 2013). The National Legal Services Authority (NALSA, 2018) further created a victim compensation framework (NALSA, 2018), while states were instructed to enforce acid sale restrictions under the Model Poisons (Possession and Sale) Rules, 2013.

Despite such legal framework, official data indicate that between 2014 and 2022, the number of registered acid attack cases in India has fluctuated without significant decline. Uttar Pradesh, West Bengal, and Delhi consistently record the highest numbers (NCRB, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023). Table 1 summarises national trends over the past nine years.

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Table 1. Registered Acid Attack Cases in India, 2016–2023 (NCRB)

Year	Reported Cases	Major States (Highest Share)
2016	223	West Bengal, Uttar Pradesh, Delhi
2017	244	Uttar Pradesh, West Bengal, Delhi
2018	228	West Bengal, Uttar Pradesh, Odisha
2019	249	West Bengal, Uttar Pradesh, Bihar
2020	182	West Bengal, Uttar Pradesh, Madhya Pradesh
2021	176	West Bengal, Uttar Pradesh, Rajasthan, Delhi
2022	202	West Bengal, Uttar Pradesh, Rajasthan
2023	207	West Bengal, Uttar Pradesh, Gujarat

Source: National Crime Records Bureau, Crime in India Reports 2016–2023.

These numbers, while relatively small compared with other forms of violence, understate the scope of the problem. Under-reporting is common because survivors fear retaliation, prolonged litigation, and social stigma (Pathak, 2022). The persistence of cases despite severe penalties suggests that deterrence through punishment alone has not sufficed, and that the deeper failures lie in prevention, protection, and rehabilitation mechanisms.

Academic and policy debates on acid violence in India have largely focused on the legal reforms of 2013 and their subsequent enforcement. While these discussions have documented structural and administrative challenges such as poor hospital compliance with free treatment rules, delayed victim compensation, and weak monitoring of acid sales, they have rarely centred the voices of survivors themselves. Understanding how policies translate into lived reality requires engaging directly with those who navigate hospitals, police stations, courts, and bureaucracies in the aftermath of the attack.

This study adopts a qualitative, interview-based approach to capture those experiences. It draws upon ten detailed interviews with acid attack survivors across rural Uttar Pradesh, conducted in Hindi and later translated into English for analysis. The research seeks to answer three interlinked questions. First, what social and interpersonal factors underlie these attacks? Second, how do survivors experience the systems of health care, justice, and compensation that are meant to protect them? Third, what institutional or policy reforms emerge from their narratives? By

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interpreting survivors' accounts thematically, the study aims to bridge the gap between the legal text and its execution on the ground.

Literature Review:

Acid attack violence has received increasing scholarly and policy attention over the past two decades, particularly in South Asia, where incidents are strongly gendered and socially motivated. Research in Bangladesh and Pakistan, two countries with comparable socio-legal contexts, shows that acid attacks often emerge from disputes involving marriage proposals, jealousy, property, and control over women's autonomy (Ashraf & Alvi, 2025; Mannan et al., 2004; Shah, 2008). Bangladesh's *Acid Offenses Prevention Act* and *Acid Control Act* (2002) are often cited as early examples of a comprehensive legislative response, pairing severe criminal penalties with regulation of acid production, import, and sale. This combination contributed to a marked reduction in reported attacks over the following decade (Yasmin, 2024). Pakistan followed a similar trajectory with the Acid Control and Acid Crime Prevention Act of 2011, introducing minimum sentences and fines while encouraging state-level rehabilitation programs (Ambereen et al., 2025).

In contrast, European countries have approached acid-related crimes primarily through restrictions on the possession and sale of corrosive substances rather than new offence categories. The United Kingdom's *Offensive Weapons Act* (2019) criminalised the sale of acid to minors and possession in public spaces without "good reason" (Home Office, 2019). Although these contexts differ from South Asia, they demonstrate how control over access to corrosives can complement criminal sanctions.

Within India, scholarly engagement with acid violence has expanded after its formal criminalisation through the *Criminal Law (Amendment) Act* of 2013, which inserted Sections 326A and 326B into the Indian Penal Code. Studies since then have explored patterns of occurrence, gendered motives and social stigma, gaps in compensation and rehabilitation, and survivor coping strategies (Ahmad, 2012; Goswami & Handa, 2020; Salmani et al., 2024). These works collectively underscore that acid attacks are acts of domination and punishment rather than spontaneous violence. Despite this growing literature, most analyses remain descriptive or legalistic, focusing on statutory provisions and aggregate data rather than lived experiences.

Policy analyses have also highlighted the uneven implementation of survivor welfare schemes. Government advisories from the Ministry of Home Affairs (2013) and the Ministry of Health and Family Welfare (2013) mandate free treatment in all hospitals, while the *National Legal Services Authority (NALSA) Compensation Scheme* (2018) specifies financial relief ranging from ₹3 lakh to ₹8 lakh for acid attack survivors (NALSA, 2018). However, evidence from state-level reviews

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shows that compensation remains slow and inconsistent, with bureaucratic delays, excessive documentation, and weak coordination among legal services authorities. As noted in (*Only Intentions, No Practice | Economic and Political Weekly*, 2018), only a minor number of eligible survivors have received compensation despite clear Supreme Court directions, reflecting how strong legal provisions often fail in implementation.

Across these studies, one recurring absence is the survivor's own perspective on how these systems actually function. Few peer-reviewed works in India have relied on in-depth, qualitative interviews that allow survivors to articulate their full trajectory, from the moment of the attack to medical treatment, legal proceedings, and social reintegration. The present study addresses this gap by using survivor narratives as empirical evidence to evaluate the translation of legal rights into lived outcomes. By situating personal accounts within the framework of law and policy, the research seeks to humanise institutional failures that statistical summaries often obscure.

Methodology:

This study uses a qualitative design to examine the lived experiences of women survivors of acid attacks in India. Ten adult survivors were interviewed between February and April 2025 state Uttar Pradesh. All had experienced the attack at least one year earlier. Participants were identified using contact networks of non-governmental organisations that provide medical and legal support. Each survivor was assigned a pseudonym (P1–P10) to maintain anonymity.

Interviews were semi-structured and conducted in Hindi using an open-ended guide covering nine areas: cause and motive, medical treatment, legal and police response, financial strain, family and community support, barriers to compensation, employment challenges, role of NGOs, and psychological impact. Each interview lasted between 60 and 90 minutes, was recorded with consent, and later transcribed and translated into English. Translation followed a two-step verification to preserve meaning and emotional tone.

Data were analysed thematically following Braun and Clarke's (2006) six-phase approach (Braun & Clarke, 2006). Key ideas were coded and grouped into themes that appeared across interviews. The aim was to identify common patterns rather than focus on individual cases. The themes were refined as the analysis progressed, highlighting recurring experiences such as being denied free medical care despite legal rights or facing delays in police action and compensation.

Ethical safeguards were central to the design. Participation was voluntary, informed consent was obtained, and confidentiality was maintained throughout. Interviews were stopped when participants showed distress, and information on counselling and support services was shared after each session. The study adhered to the World Health Organization's (2001) ethical recommendations for research on violence against women (WHO, 2001).

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As a small, purposively selected sample, the findings are not statistically generalisable. Survivors connected to NGOs may have greater access to information and services than those outside formal networks. Nevertheless, these interviews provide critical qualitative insight into how India's legal and policy mechanisms operate in practice, illustrating the disjunction between statutory protection and everyday experience.

Findings

The narratives of ten women survivors of acid attacks reveal how gender, power, and institutional response shape their lives before and after the assault. While each story is individual, common experiences emerged across participants. The analysis identified six key themes: (1) motives and triggers, (2) access to medical treatment, (3) the justice process, (4) compensation and livelihood, (5) family and social support, and (6) psychological recovery and resilience.

For anonymity, all participants are referred to as P1 through P10 throughout this section.

Motives and Triggers: Rejection, Control, and Punishment

In every case, the survivor knew the attacker personally. The most frequent motives were rejection of marriage or romantic proposals, domestic conflict, and property disputes. Several survivors described the attack as punishment for defiance or independence.

P2, who had left an abusive marriage, reported that her husband threw acid on her after she refused to return. P3 explained that her assailants wanted her to withdraw another rape case against them. P10 was stalked and harassed for months before she was "punished" for rejecting their advances multiple times.

Across accounts, acid was used to vandalise women rather than to kill them. It was a way to control or silence them through permanent disfigurement. These narratives reinforce earlier studies that describe acid violence as a social act of domination and humiliation within patriarchal structures (Barchielli et al., 2023; Kumar, 2021). The findings underline that such attacks are less about momentary anger and more about the assertion of power through visible harm.

Access to Medical Treatment: Between Legal Entitlement and Reality

Government advisories clearly state that acid attack survivors are entitled to free and immediate medical care in both public and private hospitals. However, all participants reported delays, upfront payments, or a lack of adequate treatment.

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P2 reached the hospital alone and was refused admission until she deposited cash; over the next few years, she underwent twenty-five operations. P1 managed seven surgeries in public hospitals, yet had to purchase every medicine herself. P4 spent fourteen lakh rupees over sixteen procedures, first assisted by a local Member of Legislative Assembly, later by an NGO and a sympathetic doctor who waived fees.

Some received partial institutional support. P6 was treated in Safdarjung's ICU free of charge, though only after repeated NGO requests. P8 completed seventeen surgeries with help from the Acid Survivors and Women Welfare Foundation, having earlier exhausted her savings. P10 endured over two dozen reconstructive operations; inadequate initial care left her permanently blind.

These accounts show a clear gap between formal entitlements and practice. Despite the legal guarantee of free treatment, survivors often depend on personal networks or NGO support to access care. The uneven quality of medical attention also deepens inequality in recovery outcomes.

The Justice Process: Delay, Bail, and Fear

The experience of dealing with police and courts was described as exhausting and discouraging. Many survivors faced resistance while filing First Information Reports (FIRs). Some waited for months for police action, while others were told to settle the matter privately.

P1 never filed an FIR because her mother feared police retaliation. P5 was silenced by her brother-in-law and the local police; her case was finally registered twenty-one years later, after NGO pressure. P2 withdrew testimony following threats to her brother's life. P3 filed online but never received an acknowledgment.

Even when police acted, outcomes rarely restored security. P8's assailants were arrested and sentenced within two years, but later obtained bail. P6 continues to face harassment from her attacker, now out on bail despite an open case in the Allahabad High Court.

These experiences suggest that justice mechanisms often replicate the imbalance of power that enabled the violence. The process itself becomes a form of secondary victimisation, prolonging trauma instead of offering redress.

Compensation and Livelihood: Entitlements without Access

Statutory compensation schemes promise ₹3 lakh to ₹8 lakh, yet eight of the ten women either never received payment or learned of eligibility only through NGOs.

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P1 wanted to open her own boutique, but could not because she was excluded due to the absence of an FIR. P2 was never informed of the scheme**.** P3 applied with documents, but heard nothing for two years. P4 received ₹5 lakh, but used it for her daughter's marriage, leaving herself with nothing. P5 remained ineligible because her FIR came two decades late.

Some partial exceptions illustrate how support is conditional. P7 and P9 received small state payments. P8 received ₹5 lakh as compensation. P10's stability came only after she won ₹25 lakh on a television quiz show, an outcome of chance, not policy.

Employment possibilities remain constrained by appearance, pain, and stigma. Cafés and handicraft units run by NGOs employ several survivors, but most remain economically insecure. Compensation, where it arrives, rarely matches the magnitude or duration of loss.

Family and Social Support: Care, Abandonment, and Stigma

Family responses ranged from solidarity to rejection. P1's husband supported her, but her in-laws distanced themselves, citing shame. P2 lost both parents soon after the assault and grew estranged from her brother. P4's husband and in-laws left, and her mother became the primary caregiver. P5 was blamed by her sister, but got married 8 years later, only for her husband to abandon her. P6 was deserted by her immediate family and survives through her sister's household.

A few stories reflect enduring care. P7 retained backing from both families, though she avoids public gatherings. P8 attributes recovery to her children's encouragement. P9 rebuilt a modest life with her daughter's help and local community support. P10's family initially faced depression and debt, but later became her partners in activism.

The contrast demonstrates that consistent familial care significantly improves survivors' reintegration, while stigma and economic exhaustion deepen isolation.

Psychological Recovery and Resilience: Trauma and Rebuilding

Psychological effects persisted long after wounds healed. Depression, panic, and withdrawal were common, especially where justice or financial security remained uncertain. P2 attempted suicide during prolonged litigation; P6 experiences recurring anxiety because her attacker is free. P3 struggles with compounded trauma from both sexual assault and acid violence.

Partial vision loss, as in P9, limits daily activity and reinforces dependence. Yet within these constraints, survivors constructed new identities. P5 regained confidence through her café work. P8 rebuilt her purpose as an entrepreneur employing others like her. P10 transitioned from petitioning for euthanasia in 2012 to running her own survivor foundation.

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Such pathways show that recovery is as social as it is medical. Dignity and agency return when survivors control work, mobility, and representation of their own narratives.

Filling Institutional Voids: The Role of NGOs

Non-governmental organisations were central to every survivor's story. They provided immediate medical referrals, arranged surgeries, assisted with police complaints, and created employment opportunities.

Chhanv Foundation facilitated P4's surgeries and compensation. Sheroes Hangout employed P5 and P9, and also helped file delayed FIRs. Kisan Trust and Brave Souls Foundation supported P6 and P8 through treatment and education. P10 now runs her own NGO that extends these services to new survivors.

The prominence of NGOs in all cases indicates that civil society actors perform state functions in practice. They translate legal entitlements into action, often bridging the gap between policy and access. However, their work remains project-based and uncertain, which limits the continuity of support. The findings thus confirm that the state's formal framework, legal protection, medical care, and compensation depend on informal intermediaries to reach those it intends to protect.

Discussion

The interviews show that acid violence in India is not just a crime of anger but an act of control. All ten survivors in this study were attacked by people they knew. Most of the motives were linked to rejection, domestic conflict, or disputes over money and property. These findings confirm earlier research that connects acid violence to patriarchy and power, where men use acid to punish women for saying no or asserting independence.

Although India has well-defined laws, survivors continue to face the same barriers at every step. Health, police, courts, and welfare systems often fail to work together. The Ministry of Health and Family Welfare's order that no hospital may deny treatment to acid attack victims is widely known. Yet, almost every survivor narrated that they were asked to pay before receiving help. This shows that laws and advisories alone do not guarantee care unless hospitals are monitored and made accountable. Similar problems were once seen in Bangladesh and Pakistan, where stronger enforcement later reduced cases.

The legal system also remains slow. Survivors spoke about delayed First Information Reports, fear of police, and bail for offenders. Long trials leave women unsafe and exhausted. This pattern supports earlier studies showing that gender-based crimes in India often fail at the level of everyday practice rather than law itself. Section 124 of the Bharatiya Nyaya Sanhita provides a

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minimum ten-year sentence for acid attacks, but punishment loses meaning when trials drag for years.

Economic hardship was another strong theme. Many survivors lost jobs and spent huge amounts on surgeries and medicines. State compensation under the *NALSA Scheme* (2018) reached only a few, and usually after long delays. Without timely financial help, survivors depend on NGOs and private donors. Such delays come from poor coordination between departments. The interviews in this study clearly show how that gap keeps survivors in debt and dependency.

Almost every participant said NGOs helped more than the government. They arranged surgeries, filed FIRs, and created work opportunities in cafés and workshops. This reflects the weakness of official systems, where civil society ends up performing state duties.

Recovery is not only physical. Survivors also need mental health support and chances to work with dignity. This study found that employment and peer networks restore confidence and stability more effectively than one-time financial aid.

Overall, the results show that India has built a strong framework on paper but struggles in practice. Laws exist, but enforcement is uneven. Survivors need reliable hospitals, faster trials, and regular compensation, not new legislation. The focus now must shift from creating more policies to ensuring that the ones already written actually work.

Conclusion

The experiences of acid attack survivors in this study make one thing clear: India has built a strong legal and policy framework, but the real challenge lies in how that framework works in practice. Survivors continue to struggle for access to the rights already guaranteed to them, free medical treatment, quick justice, and financial compensation. The ten women interviewed for this research described a consistent pattern of exclusion: hospitals demanding payment before care, police officers delaying or discouraging complaints, courts granting bail to offenders, and compensation arriving late or not at all. These findings confirm that implementation, not law-making, is now the central issue.

The gap between law and experience has several causes. Health institutions often treat the government's "no-refusal" order as optional, citing lack of funds or improper documentation. Legal processes remain slow and intimidating, particularly for women facing social stigma. Compensation systems are fragmented across departments, and most survivors depend on NGOs for even basic support. Civil society groups have become the main bridge between policy and reality. While their role is vital, such dependence reflects the weakness of formal institutions that should be directly accountable to survivors.

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Closing this gap requires a focus on five priorities that emerge from both the interviews and wider evidence.

First, **compensation must be automatic and time-bound**. Payments should begin as soon as an FIR and medical certificate are filed, eliminating the need for survivors to follow up with multiple offices. The *NALSA Scheme* (2018) can be modified to include a clear timeline for disbursal and to release funds in stages that match the recovery process—initial treatment, surgeries, rehabilitation, and employment training.

Second, **hospital accountability must be enforced**. The directives of the Ministry of Health and Family Welfare and the Ministry of Home Affairs on free treatment (2013) need to be backed by state-level monitoring. Every district should maintain a register of acid attack cases and treatment details, audited periodically. Non-compliance should lead to penalties or loss of empanelment.

Third, **the justice process must become faster and safer**. Fast-track courts should prioritise acid attack cases with fixed deadlines for investigation and trial. Bail decisions must include an assessment of survivor safety, and police officers should receive sensitivity training to prevent intimidation or informal settlements.

Fourth, **acid sales must be effectively regulated**. Although states have notified the Model Poisons Rules, enforcement remains weak. A digital register of licensed sellers and buyers, with quarterly inspection by district authorities, can help restrict access to dangerous acids. Bangladesh's example shows that stricter control on the sale of certain items, coupled with consistent prosecution, can significantly reduce attacks.

Fifth, **state partnerships with NGOs should be institutionalised**. Non-governmental organisations already perform essential tasks such as filing cases, funding surgeries, and creating livelihoods. Governments can formalise these roles through funding contracts and performance-based support for counselling, legal aid, and vocational training. This would ensure continuity and expand reach beyond a few urban centres.

Beyond these policy steps, the study highlights the importance of dignity and social inclusion in recovery. Survivors repeatedly said that employment, community support, and visibility restored confidence more effectively than any one-time assistance. Rehabilitation, therefore, must go beyond compensation to include opportunities for meaningful work and recognition.

In essence, acid violence in India is not only a legal problem but a test of how the state delivers on its own commitments. The country does not need more laws; it needs institutions that act. Hospitals must treat without hesitation, compensation must reach without delay, and justice must

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conclude without intimidation. Listening to survivors makes it evident that justice is measured not by the number of rules written, but by the ease with which those rules can be used by those who need them most.

References

Ahmad, N. (2012). Weak Laws against Acid Attacks on Women: An Indian Perspective. *Medico-Legal Journal*, *80*(3), 110–120. https://doi.org/10.1258/mlj.2012.012020

Ambereen, D. B., Ishfaq, M. S., Afzaal, D. A., & Noor, M. M. (2025). Unveiling Legal Hurdles: The Roadblocks to Justice for Acid Attack Survivors. *PAKISTAN JOURNAL OF LAW, ANALYSIS AND WISDOM*, *4*(4), 93–100.

Ashraf, A., & Alvi, A. S. (2025). Spectrum of Vitriolage in Pakistan: A Gnawing Violence against Women. *The Regional Tribune*, *4*(2), 191–204. https://doi.org/10.55737/trt/SG25.105

Barchielli, B., Lausi, G., Pizzo, A., Messineo, M., Del Casale, A., Giannini, A. M., & Ferracuti, S. (2023). A Medical-Legal and Psychological Systematic Review on Vitriolage Related to Gender-Based Violence. *Trauma, Violence & Abuse*, *24*(5), 2953–2965. https://doi.org/10.1177/15248380221121288

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Didcott, S., & Taylor, J. (2019). The impact of assault by vitriolage on quality of life: Integrative review. *Journal of Advanced Nursing*, *75*(11), 2461–2477. https://doi.org/10.1111/jan.14021

Goswami, S., & Handa, R. K. (2020). The Peril of Acid Attacks in India and Susceptibility of Women. *Journal of Victimology and Victim Justice*, *3*(1), 72–92. https://doi.org/10.1177/2516606920927247

Home Office. (2019, August 15). *Offensive Weapons Act 2019: Draft statutory guidance*. https://www.gov.uk/government/consultations/offensive-weapons-act-2019-draft-statutory-guidance

Kumar, V. (2021). Acid Attacks in India: A Socio-Legal Report. *Dignity: A Journal of Analysis of Exploitation and Violence*, *6*(1). https://doi.org/10.23860/dignity.2021.06.01.05

ISSN: 2455-8834

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Mannan, A., Ghani, S., Sen, S., Clarke, A., & Butler, P. (2004). The Problem of Acid Violence in Bangladesh. *The Journal of Surgery*, *2*(1), 39–43. https://doi.org/10.1016/S1743-9191(06)60025-3

Ministry of Health and Family Welfare. (2013, May 2). *Providing free medical treatment to acid attack victims*.

Ministry of Home Affairs. (2013, August 30). *Measures to be taken to prevent acid attacks on people and for treatment and rehabilitation of survivors*. https://www.mha.gov.in/sites/default/files/2022-09/AdvisoryAfterSupremeCourtOrderInLaxmCase_Short_1%5B1%5D.pdf

NALSA. (2018). *Compensation Scheme for Women Victims/Survivors of Sexual Assault/other Crimes—2018*. https://cdnbbsr.s3waas.gov.in/s32e45f93088c7db59767efef516b306aa/uploads/2025/04/20250408125577559 5.pdf

NCRB. (2016). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/post/16959893381653885627CrimeinIndia2017-Volume100.pdf

NCRB. (2017). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/post/16959893381653885627CrimeinIndia2017-Volume100.pdf

NCRB. (2018). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/1653734481_Crime%20in%20India%202018%20-%20Volume%201_3_0_0.pdf

NCRB. (2019). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/1653730573_CII%202019%20Volume%201.pdf

NCRB. (2020). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/post/16959885631653645869CII2020Volume1.pdf

NCRB. (2021). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/1696831798CII2021Volume1.pdf

ISSN: 2455-8834

Volume:10, Issue:11 "November 2025"

NCRB. (2022). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/crime-in-india-year-wise.html?year=2022&keyword=

NCRB. (2023). *Crime In India*. Ministry of Home Affairs. https://www.ncrb.gov.in/uploads/files/1CrimeinIndia2023PartI.pdf

Only Intentions, No Practice | Economic and Political Weekly. (2018, May 25). https://www.epw.in/journal/2018/21/editorials/only-intentions-no-practice.html

Pathak, A. (2022). Acid Attacks: A Major Threat to Woman. *Indian Journal of Law and Legal Research*, *4 Issue 4*, 1.

Salmani, R., Mishra, G., & Singh, A. K. (2024). Acid Attacks in India and the Role of Stakeholders: A Journey From Victim to Survivor. *Vision*, *28*(2), 251–262. https://doi.org/10.1177/09722629231191620

Shah, H. (2008). Brutality by Acid: Utilizing Bangladesh as a Model to Fight Acid Violence in Pakistan. *Wisconsin International Law Journal*, *26*, 1172.

The Bharatiya Nyaya Sanhita, 2023, No. 45, Parliament of India (2023). https://www.mha.gov.in/sites/default/files/250883_english_01042024.pdf

The Criminal Law (Amendment) Act, 2013, Parliament of India (2013). https://www.iitk.ac.in/wc/data/TheCriminalLaw.pdf

WHO. (2001, June 16). *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. https://www.who.int/publications/i/item/WHO-FCH-GWH-01.1

Yasmin, T. (2024). *Implementation Status of the Acid Offences Prevention Act 2002 and the Acid Control Act 2002 in Bangladesh*. Acid Survivors Foundation (ASF). https://acidsurvivors.org/wp-content/uploads/2021/11/Implementation_status_of_Two_Acid_Acts.pdf

