

Human Rights Violations Against Women

Acid Violence in Bangladesh

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Introduction

Violence against women is an important public health problem with substantial consequences for women's physical, mental, sexual, and reproductive health that is increasingly being recognized as a serious human rights abuse.^{1,2} The problem is deeply embedded in cultures around the world, although its manifestation differs from one society to another. One of the most serious forms of violence targeted against women is acid violence. This type of violence has been endemic in Bangladesh for decades, and it has been increasingly identified in neighboring South Asian countries.³ As noted by the Executive Director of the Acid Survivors Foundation (ASF) in Bangladesh, "Acid is used because men don't want to kill, they want to disfigure." Acid burns can erode the skin and other tissues down to the bone, often requiring expensive medical care and treatment. Victims often do not report incidents to law enforcement authorities for fear of retaliation from the perpetrators. People in the community often do not help the victims for fear of harassment from the perpetrators, who may be more socially powerful than the victims. Despite the serious consequences of this problem, scientific literature on acid violence is scant. Here, we briefly review the available data, predominately from nonscientific literature, on the magnitude of the problem in Bangladesh, and discuss causes, consequences, and possible next steps in effectively addressing this severe health problem and human rights abuse.

Acid Violence in Bangladesh

Acid violence is a worldwide phenomenon that is not restricted to a particular race, religion, or geographic location. Although acid violence has been reported throughout South and Southeast Asia, a review of the

scientific literature of the past 2 decades suggests that the problem is particularly acute in Bangladesh, which had the highest worldwide reported incidence in the study.⁴ According to a report in 1992, incidence of reported acid violence was more than tenfold higher in Bangladesh than in India, a neighboring country with similar socio-demographic and geopolitical characteristics, albeit different cultural and religious distributions.⁵

The history of acid violence is relatively recent, with the first documented event taking place in 1967 in Bangladesh (then East Pakistan) when a young girl was a victim of a perpetrator when the proposal to marry her was refused by the girl's family.⁵ The number of acid attacks increased steadily in the 2 decades following Bangladesh's independence in 1971, with some leveling off in more recent decades. The ASF was established in Bangladesh in 1999 by UNICEF as an umbrella organization set up to provide medical, legal, and rehabilitative services to survivors of acid violence in the country. Since its establishment, the ASF has worked in collaboration with local nongovernmental organizations (NGOs) to develop a nationwide notification system seeking to identify acid attacks within 24 hours of their occurrence.

Statistics from the ASF, which include reports from newspapers and journalists, in addition to NGOs and private individuals, indicate that during 1999–2012, more than 3420 people were attacked with acid in 3112 separate incidents in Bangladesh.⁶ Most of the victims were females aged 13–35 years.⁶ According to ASF data, perpetrators of these incidents are almost always men, and the most common motives are family-related disputes and disputes over ownership of land and other property. Other motives include revenge for rejection of sexual advances, refusal of marriage proposal, not giving permission for a second marriage, not accepting a spouse's extramarital affairs, and failure to give a dowry.⁷ In most of these cases, the victims are women and the perpetrators are their lovers, husbands, relatives, or local hooligans.⁷ Most attacks take place in rural areas at night and involve throwing acid through an open window.⁷ Men are also attacked, most often because of land and business disputes.⁸ Cases have been traditionally dealt with at the community level rather than pursued in the courts, with community leaders negotiating with the victim or his/her family.

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It is difficult to dissect the root cultural factors of this crime given the paucity of scientific studies on the topic and the reluctance of victims to report the incidents for fear of retaliation by the perpetrators.⁸ In general, Bangladesh culture has been quite progressive regarding women's education and social freedom, achieving progress in these areas faster than neighboring countries.⁹ However, most acid-violence incidents occur in remote areas of the country where there may be tacit social acceptance of such violence as legitimate and a general lack of law enforcement. The widespread availability of cheap acid⁸ and legal and administrative loopholes preventing conviction of perpetrators have also contributed.

Consequences of Acid Violence

Acids commonly used in Bangladesh for these crimes are sulphuric, hydrochloric, and nitric acid. The results are permanent disfigurement, often blindness, and sometimes hearing loss, depending on the location of the contact. Unlike other causes of burns, acid (especially sulphuric and nitric) continues to burn tissues after the source is removed, and it erodes through the skin and tissue, often revealing bone.⁸ Acid attacks also can cause hair loss and complete closure of nostrils due to destruction of cartilage. The neck and chest can also be badly damaged and scarred. In girls and young women, affected breasts may stop developing or be destroyed.⁷ The psychological scars can be even more damaging than the physical scars.⁷ The resultant social isolation, ostracism, and associated loss of self-esteem can seriously undermine the victims' professional and personal futures, and often leads to suicide.¹⁰

Recent Trends and Developments

Although traditionally a crime against women and girls, acid violence has increasingly been used against boys and men. In 2002, the government of Bangladesh, acknowledging the seriousness of the situation, enacted laws to contain this heinous crime. Two major legal instruments are the Acid Control Act 2002, which regulates and controls the import, export, sale, and use of acids, and the Acid Crime Control Act, which imposes life imprisonment or the death penalty on perpetrators.⁶ Since the enactment of these laws in 2002 (through March 2013), 1812 cases have been filed in Bangladesh courts, 172 of which resulted in convictions of 298 people with 13 death sentences, 114 life imprisonments, and 171 other convictions.⁶

Although the government has enacted laws for acid-violence acts and has made some progress in securing the conviction of perpetrators, implementation of these laws is often challenging in developing countries like Bangladesh

because of lack of necessary legal and social infrastructure. Government enforcement of these laws may be enhanced if policymakers, social activists, and the general public can be sensitized through appropriate interventions that are based on well-conducted scientific studies on the key aspects of the problem. In addition, community-based organizations can play a considerable role through education and awareness of the health effects of acid burns.

Conclusion

Acid violence against women is internationally an under-reported crime¹ causing serious health, psychosocial, and economic consequences. Women are the primary victims, although attacks on men are increasing. Systematic research efforts, coupled with action-driven prudent policy are urgently needed to address the medical, rehabilitation, prevention, awareness, and policy aspects of the problem involving all stakeholders, including researchers, activists, and policymakers. There is an urgent need for the Bangladesh government and human rights organizations to collect more data, including using medical records from medical facilities involved in the treatment of victims, as well as a need for the government to ensure the use of swift and full enforcement of existing laws against the crime.

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References

1. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet* 2006;368(9543):260–9.
2. Salam A, Alim A, Noguchi T. Spousal abuse against women and its consequences on reproductive health: a study in the urban slums in Bangladesh. *Matern Child Health J* 2006;10:83–94.
3. Bandyopadhyay M, Khan MR. Loss of face: violence against women in South Asia. In: Manderson L, Bennett LR, eds. *Violence against women in Asian societies*. London: Routledge, 2003, isbn 9780700717412.
4. Mannan A, Ghani S, Clarke A, Butler PEM. Cases of chemical assault worldwide: a literature review. *Burns* 2007;33:149–54.
5. Huq N. Cities 1992 figures from the Bangladesh Bureau of Statistics. In: Hayward RF, ed. *Breaking the earthenware jar: lessons from South Asia to end violence against women and girls*. UNICEF, 2000.
6. Statistics and reports from the Acid Survivors Foundation (ASF); www.acidsurvivors.org.
7. Begum AA. Acid violence: a burning issue of Bangladesh—its medicolegal aspects. *Am J Forensic Med Pathol* 2004;25(4):321–3.
8. Wesson K. A situational assessment study of acid violence in Bangladesh. *Dev Pract* 2002;12(1):96–100.
9. Human Development Report 2013; United Nations Development Programme 2013. www.undp.org/content/dam/undp/library/corporate/HDR/2013GlobalHDR/English/HDR2013%20Report%20English.pdf.
10. Bari MS, Choudhury M, Mahmud I. Acid burns in Bangladesh. *Ann Burns Fire Disasters* 2001;14:115–8.