



Breaking The Silence: Social Support Systems For Acid Attack Survivors

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ABSTRACT

Acid attacks are among the most extreme forms of violence, causing severe physical disfigurement, long-term psychological trauma, and profound social exclusion for survivors. This review examines how social support systems can be used to support recovery, rehabilitation, and empowerment, and why they are required to be integrated and survivor-centred. It focuses on the role of informal networks, including families, peer groups, and community groups, and institutional mechanisms including NGOs, advocacy organizations and rehabilitation centers that offer medical care, counseling, vocational training, and livelihoods. The discussion also gives importance to the role of governmental policies and legal frameworks in providing access to compensation, justice, and regulated sales of acid in addition to the weaknesses that are brought about by poor enforcement and bureaucratic delays. In addition, the increasing impact of the survivor-led advocacy movements and awareness campaigns is mentioned, which proves their role in changing the way people perceive the issue, decreasing stigma, and contributing to the change in policy. Although there has been significant improvement, severe lapses are still present in access to care, mental rehabilitation, economic self-sufficiency, and social integration in the long term. The paper concludes by recommending a multi-sectoral strategy involving intersectoral collaboration, expanded mental health services, sustainable livelihood initiatives, and survivor-driven policymaking to establish an inclusive, equitable, and comprehensive framework that empowers survivors to rebuild their lives with dignity, resilience, and independence.

Keywords: Acid attacks, social support systems, Rehabilitation, Policy reforms, Survivor empowerment

1. Introduction

Acid attacks or sometimes referred to as chemical assaults, are a severe kind of interpersonal and gender-based violence where a victim may be disfigured, disabled, or even killed by using corrosive substances, like sulfuric acid, nitric acid, or hydrochloric acid. Beyond their immediate physical impact, these attacks leave survivors grappling with enduring psychological trauma and social exclusion, making them one of the most severe forms of violence against vulnerable populations (Ramírez and Mukherjee, 2024; Kapoor and Sharma, 2023). While acid violence is reported globally, its prevalence is disproportionately concentrated in developing countries, particularly within South Asia, where patriarchal norms, systemic gender inequality, and weak legal enforcement exacerbate the risk for women and marginalized groups (Rani and Yadav, 2023). Underreporting is one of the long-standing problems related to the fact that many victims never report the crimes because of societal stigma, fear of retribution, and the unavailability of justice processes (Wikipedia, 2024).

The number of acid attacks globally is estimated to be in thousands annually, and this is not easily known because of the lack of uniform reporting methods (Wood and Shepherd, 2019). India, Bangladesh, and Pakistan alone contribute to almost 80 percent of the global instances with enormous regional variability in the number of cases and survival rates (Mehta and Varghese, 2024; Rani and Yadav, 2023). In India alone, about 300-500 cases of attack are reported per year, but the actual scale of the issue is estimated to be tremendously larger under the influence of societal taboos about violence and poor institutional support (Bhatia and Khan, 2022). In a case study, it is found that Bangladesh, which was previously regarded as the epicenter of acid violence in the world, has been able to reduce its annual rates by conducting legislative reforms, including the Acid Crime

Control Act and more community-based intervention programs, further showing how policy-driven frameworks can play a significant role in prevention (Sharma and Rahman, 2022). Motivations behind acid attacks are multifaceted and vary across cultural contexts, but common causes include rejection of marriage proposals, refusal of romantic advances, domestic disputes, property conflicts, dowry-related disagreements, and acts of revenge and dominance (Verma and Joshi, 2023; Bhatia and Khan, 2022). In contrast, in high-income nations like the United Kingdom, an emerging trend has linked acid attacks primarily to gang-related violence, organized crime, and interpersonal retaliation, underscoring the need for context-specific prevention strategies (Wood and Shepherd, 2019).

The consequences of acid attacks are devastating and multidimensional, profoundly impacting survivors' physical, psychological, social, and economic well-being. Physically, corrosive burns often result in permanent disfigurement, blindness, nerve damage, and chronic pain, requiring multiple reconstructive surgeries and long-term medical interventions (Bhatia and Khan, 2022). These injuries not only lead to functional impairments but also alter survivors' body image and self-identity, making their recovery journey complex and prolonged. Psychological trauma compounds these physical challenges, as many survivors experience post-traumatic stress disorder (PTSD), depression, anxiety, suicidal ideation, and social withdrawal due to the visible and lasting nature of their scars (Ahmed and Banerjee, 2022). According to Teotia and Singh (2023), survivors who receive consistent emotional, financial, and informational support from family, peers, and community networks demonstrate greater resilience and improved life satisfaction, whereas those isolated from such systems are at heightened risk of long-term psychological distress. The recovery process of reestablishing a sense of identity and autonomy after such a trauma emphasizes the instrumental role that social, institutional and community-based support structures can have in the recovery process.

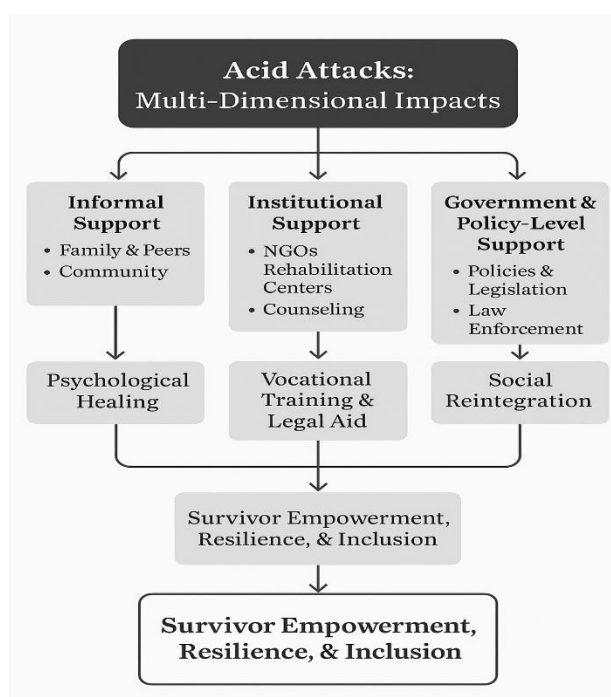


Figure 1: A Conceptual Framework of Social Support Systems to Acid Attack Survivors

The conceptual framework of social support shows the interrelationship between informal networks, institutional support, and government-led policies in the facilitation of recovery. It underscores such pathways as psychological healing, empowerment and social reintegration, with the end result being the resilience, empowerment and inclusion of survivors. Make-up Kits to Acid Attack Survivors

Acid attacks also have significant social and economic impacts, oftentimes causing a lifetime of marginalization and exclusion. In numerous communities, it is a stigma to be a survivor because of the physical characteristics, and that leads to the discrimination in the spheres of education, work, and social life (Rani and Yadav, 2023; Verma and Joshi, 2023). Those survivors who only have limited access to vocational opportunities and money are trapped in dependency and poverty cycles, and medical costs add to their already fragile situations. A combination of trauma and inequality in the system contributes to the complexity of situations that survivors have to face, as economic reintegration becomes challenging and they can hardly lead independent and dignified lives (Bhatia and Khan, 2022). Additionally, victim-blaming social beliefs tend to increase isolation resulting in loss of social networks and prospects of personal and professional development (Kapoor and Sharma, 2023).

It is in such a difficult landscape that social support structures become a pertinent factor that determines the recovery process of survivors. The support can be informal, which includes family members and friends, who offer emotional support, monetary aid, and caretaking services right after the attack (Teotia and Singh, 2023). In addition to informal support, institutional and organizational interventions are needed to enable rehabilitation. The existing NGOs, including the Acid Survivors Foundation, Make Love Not Scars, and Sheroes Hangout have innovated a survivor-oriented model and can offer access to reconstructive surgeries, psychological counseling, vocational training, legal advocacy, and social empowerment platforms (Dhakal, D. (2024); Sheroes Hangout, 2024). They also take part in policy advocacy and awareness campaigns to address stigma and to raise funds towards the holistic recovery of survivors. On the systemic level, the legislative framework and governmental measures also play a huge role in prevention and rehabilitation. As an example, the legal reforms undertaken in Bangladesh proved that, when combined with monetary support to the victims, the regulation of acid sales can be incredibly effective in curbing the number of cases (Sharma and Rahman, 2022). There are still unequal access to healthcare, delays in receiving legal services, and sustainable economic services, particularly in areas of resource deficiency and underdeveloped institutions (Kalsi and Griffiths, 2018; Mehta and Varghese, 2024).

Although the current advances in the field were gained due to advocacy, healthcare, and policymakers, the lack of coherence in the current system of social support services signifies the necessity of more holistic and survivor-empowering systems. Wide-range intervention of healthcare professionals, psychologists, legal advocates, NGOs, and policymakers is necessary in providing care to survivors catering to their multidimensional needs (Ramirez and Mukherjee, 2024). Although physical injuries, they should be rehabilitated comprehensively and address the psychological health of the survivors, so that they can become a part of the education, work, and community again (Kapoor and Sharma, 2023). The most important key in establishing empowering recovery pathways is to understand that acid attack survivors are people with agency and not passive victims. By creating a synthesis of the evidence provided by various sources, the review aims to discuss the rates and complex effects of acid attacks, assess the importance of social support systems in the recovery process and determine the areas of institutional and policy failures in addressing the problem. The final aim is to bring to the fore strategies that facilitate holistic healing, resilience and social reintegration, among survivors in various cultural and socio-economic settings.

2. Epidemiology and Impact of Acid Attacks

Acid attacks are an emerging worldwide concern, a public health and social crisis that affects thousands of people annually, but one whose prevalence is hard to estimate because of the gross under-reporting of the attacks and inconsistent or nonexistent legal recording. The phenomenon crosses geographical, cultural, and socio-economic borders and happens in both high-income and low- and middle-income countries; however, the causes and the profile of the victims are quite different. According to the World Health Organization (WHO), each year the number of acid-related burn injuries is estimated at hundreds of thousands, but a large part is not reported in connection with the stigma of the victim and the lack of motivation in the justice system (Ramirez and Mukherjee, 2024; Kapoor and Sharma, 2023). Although acid violence is not limited to a certain region alone, the highest cases are reported in South and Southeast Asia, especially in India, Bangladesh, and Pakistan, which contribute to almost 80% of the reported cases globally (Rani and Yadav, 2023). Across these regions, social hierarchies, gender discrimination, and legal inefficiencies contribute to the continuation of attacks, leaving survivors without adequate protection or access to medical and social resources.

In India, the National Crime Records Bureau (NCRB) reports between 300 and 500 officially recorded acid attacks annually, though advocacy groups estimate that the actual number could exceed 1,000 incidents per year due to systemic underreporting (Bhatia and Khan, 2022). These attacks disproportionately affect young women aged 15 to 35, and are often rooted in rejection of marriage proposals, refusal of romantic advances, domestic violence, and dowry-related disputes. By comparison, Bangladesh, once the country with the highest incidence globally, has seen a significant 70% reduction in reported cases since the introduction of the Acid Crime Control Act of 2002 and community-driven interventions, highlighting the transformative role of legal reforms and societal awareness campaigns (Sharma and Rahman, 2022). Similarly, Pakistan continues to report a high incidence of attacks, particularly in rural areas, where deeply entrenched patriarchal norms and limited access to justice increase women's vulnerability (Verma and Joshi, 2023). Beyond South Asia, Cambodia has traditionally had issues with cases concerning domestic quarrels and cases of jealousy-related violence, whereas Colombia reports an increase in cases related to organized crime and personal revenge (Kapoor and Sharma, 2023). In high-income countries, particularly the United Kingdom, the problem of corrosive substances in gang violence has exploded and men make up a large proportion of the victims, and thus acid attacks are not limited to gender-based violence in every setting (Wood and Shepherd, 2019).

Table 1: Global Trends and Regional Patterns of Acid Attacks

Country / Region	Reported Annual Cases	Trend / Key Insights	Primary Causes	Most Affected Demographic	References
India	300–500 officially reported; estimated >1,000 actual cases	Underreporting remains widespread despite NCRB data	Rejection of marriage proposals, refusal of romantic advances, domestic violence, dowry disputes	Women aged 15–35 years	Bhatia and Khan, 2022
Bangladesh	Declining; once the highest globally	70% reduction since the Acid Crime Control Act (2002) and community-driven awareness campaigns	Dowry disputes, domestic violence, jealousy-related attacks	Predominantly women	Sharma and Rahman, 2022
Pakistan	High, especially in rural regions	Incidents persist due to patriarchal norms and limited access to justice	Domestic disputes, revenge attacks, refusal of proposals	Women in rural areas	Verma and Joshi, 2023
Cambodia	Lower total cases but significant locally	Historical challenges due to domestic conflicts and jealousy-driven attacks	Intimate partner violence, jealousy-related disputes	Women, primarily young adults	Kapoor and Sharma, 2023
Colombia	Rising incidents	Linked to organized crime, interpersonal conflicts, and revenge	Gang-related disputes, retaliation	Both genders affected	Kapoor and Sharma, 2023
United Kingdom	Increasing trend	Surge in gang-related acid attacks in recent years; men are majority of victims	Organized crime, interpersonal revenge	Men, mostly 18–35 years	Wood and Shepherd, 2019

The population distribution of the acid attack victims also depicts the high social disparities. Worldwide, women make up a majority of the victims, with most of the victims being low-income earners or members of marginalized groups that lack access to medical care, education, and legal protection (Rani and Yadav, 2023). In South Asia, most survivors are economically dependent women, while in regions like Latin America and Europe, victims are more likely to include men due to the association of acid violence with organized crime and street-level conflicts (Wood and Shepherd, 2019). Being economically vulnerable frequently coincides with gender, adding to the fact that the survivor cannot get proper treatment and legal help. Also, survivors of rural areas are more severely disadvantaged since they usually have geographic limitations related to accessing specialized healthcare and less awareness of the potential support available in institutions (Mehta and Varghese, 2024).

The motivations behind acid attacks are diverse and culturally contextual. In South Asia, interpersonal disputes, perceived violations of honor, and power dynamics within intimate relationships dominate as primary causes (Bhatia and Khan, 2022). Dowry-related violence, particularly prevalent in rural India, remains a significant contributor to acid assaults, reflecting deep-rooted gender inequalities and commodification of women in marriage (Rani and Yadav, 2023). In contrast, in the United Kingdom and Western Europe, attacks are more often linked to gang rivalries, drug-related disputes, and criminal intimidation, demonstrating how the same weapon—a corrosive substance—can be mobilized differently based on social and cultural conditions (Wood and Shepherd, 2019). These cross-regional differences emphasize the need for context-sensitive intervention strategies that address local motivations and target population-specific vulnerabilities.

The physical consequences of acid attacks are immediate, devastating, and often lifelong. Survivors sustain deep dermal burns, resulting in the destruction of skin, muscle, and sometimes underlying bone. Injuries commonly affect the face, neck, chest, and hands, leading to permanent disfigurement, blindness, and impaired mobility (Bhatia and Khan, 2022). Treatment typically involves multiple reconstructive surgeries, skin grafts, and long-term hospitalizations, yet in low-resource settings, access to such interventions remains limited due to high costs and scarcity of specialized burn-care facilities (Verma and Joshi, 2023). Inadequate early medical treatment often leads to secondary infections, contractures, and respiratory complications, which further worsen recovery outcomes (Sharma and Rahman, 2022).

Beyond physical trauma, survivors face profound and enduring psychological consequences. Research demonstrates that acid attack survivors have significantly elevated risks of post-traumatic stress disorder (PTSD), depression, anxiety disorders, social withdrawal, and suicidal ideation (Ahmed and Banerjee, 2022). Persistent psychological distress is frequently compounded by stigmatization and societal victim-blaming, particularly in cultures where physical appearance is closely tied to notions of honor, beauty, and social value (Rani and Yadav, 2023). In their study, Teotia and Singh (2023) found that survivors who received consistent emotional and informational support from family, peers, and NGOs reported better coping outcomes, higher life satisfaction, and greater resilience than those who remained socially isolated. Nevertheless, the absence of easily accessible mental health services in most of the affected areas increases the duration of emotional strife

in survivors, who are left to deal with the emotional impact of trauma without professional advice (Kapoor and Sharma, 2023).

The socioeconomic cost of acid attacks is also immense and manifold. The obvious disfigurement often results in the loss of job opportunities, being cast out of social spheres, and destruction of personal relations, which puts one at a risk of financial insecurity and marginalisation (Verma and Joshi, 2023). This has a lot of consequences on survivors as they are often forced to forego education or career goals, and rising medical expenses and long rehabilitation processes further reinforce poverty and dependence cycles (Bhatia and Khan, 2022). Rural and conservative societies are especially prone to social exclusion of survivors as they can be ostracized or accused of causing the attack themselves and thus lose access to informal support systems including extended families and local communities (Rani and Yadav, 2023). Economic empowerment services, legal assistance, and employment skills training have been particularly vital in restoring independence and dignity to the victims, although their scope is still narrow, leaving quite a few gaps in rehabilitative processes (Mehta and Varghese, 2024).

Together, these results point out that acid attacks are not individual acts of crime but are an expression of inequality and structural violence that affects women and marginalized groups most. The survivors are challenged by overlapping issues such as lack of access to healthcare, justice, mental health, and socioeconomic integration. The epidemiological distribution and multidimensional outcomes of acid attacks are essential to understanding to formulate effective prevention strategies and create sound social support systems that can support the holistic needs of acid attack survivors (Ramirez and Mukherjee, 2024; Kapoor and Sharma, 2023).

3. Social Support Systems

The problems that acid attack victims have to contend with are varied and multi-dimensional that are far beyond the direct impact of assault. Their rehabilitation process entails coping with physical disability, mental trauma, social stigma, and economic marginalization, and thus, social support systems are critical success factors in rehabilitation process. The conceptualization of the social support in this instance is based on the Social Support Buffering Hypothesis which states that emotional and instrumental support can help overcome the negative psychological consequences of traumatic experiences (Cohen and Wills, 1985). Also, according to the Resilience Theory, the presence of effective support networks helps individuals adjust successfully even when the situation is difficult (Kapoor and Sharma, 2023). Combining these models, this one recognizes four interrelated aspects of social support to the acid attack survivors: emotional support, instrumental support, informational support, and institutional support. Collectively, these areas constitute an exhaustive framework with the goal of improving the psychological well-being, socio-economic independence and social reintegration of the survivors.

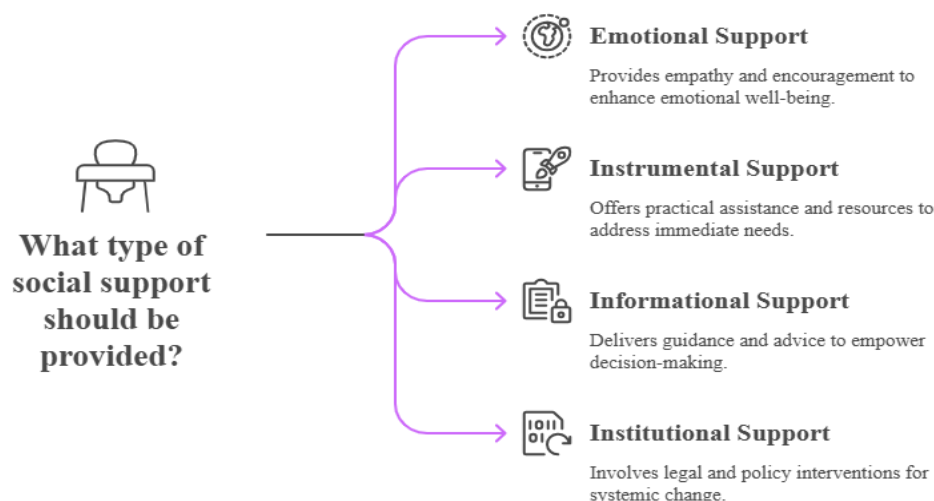


Figure 2: Types of Social Support Systems for Acid Attack Survivors

Social support systems to the acid attack victims include emotional, instrumental, informational and institutional support. These offer sympathy, practical assistance, advice and policy-based intervention to help survivors to recover physically, emotionally, and socially and long-term rehabilitation and reintegration.

3.1 Emotional Support

Emotional support is the key to recovery of acid attack survivors since it directly aims at psychosocial effects of trauma. The survivors usually have a severe identity crisis as they are visibly disfigured, they lose their social acceptance as well as they feel shame and worthless. Research indicates that up to 72% of survivors report severe anxiety, depressive symptoms, and post-traumatic stress disorder (PTSD) within the first year following

an attack (Ahmed and Banerjee, 2022). Consistent emotional support from family members, friends, and peer groups fosters resilience and provides a sense of belonging, which helps reduce social isolation and promotes positive self-reconstruction (Teotia and Singh, 2023). Peer-support groups play a transformative role by offering survivors the opportunity to share experiences, normalize their emotions, and rebuild self-esteem in safe spaces (Kapoor and Sharma, 2023). NGOs such as Sheroes Hangout have pioneered survivor-led models, enabling women to collectively heal while simultaneously advocating for social change (Sheroes Hangout, 2024). From a theoretical lens, Resilience Theory suggests that emotional support promotes adaptive coping by reinforcing survivors' confidence and enabling the development of post-traumatic growth (Ramírez and Mukherjee, 2024). Culturally sensitive psychotherapy, particularly trauma-focused cognitive behavioral therapy (TF-CBT), has also been shown to reduce anxiety and foster emotional stability among survivors in South Asia, where stigma against mental health remains prevalent (Verma and Joshi, 2023).

3.2 Instrumental Support

Instrumental support refers to the tangible, practical resources survivors require to overcome physical and economic barriers. Following an acid attack, survivors face substantial financial burdens, including the cost of emergency care, reconstructive surgeries, and ongoing treatments. Many require six to twelve surgical interventions to manage disfigurement and restore basic functional capacity (Bhatia and Khan, 2022). However, financial constraints, particularly among survivors from lower socioeconomic backgrounds, often restrict access to adequate healthcare, forcing them to rely on NGOs and charitable foundations for treatment. Organizations such as the Acid Survivors Foundation and Make Love Not Scars have developed robust rehabilitation models, offering free or subsidized reconstructive surgeries, transportation to burn units, and housing support (Acid Survivors Foundation, 2024). Beyond healthcare, instrumental support also encompasses vocational training, job placement, and microfinance programs, which are critical for restoring economic independence and combating long-term dependency (Mehta and Varghese, 2024). Studies show that survivors who receive sustained financial and livelihood support report higher self-sufficiency, better psychological outcomes, and greater reintegration into their communities (Teotia and Singh, 2023). The Social Support Buffering Hypothesis further explains that these practical interventions reduce stress by mitigating the negative consequences of economic insecurity and healthcare inaccessibility, enabling survivors to focus on psychological healing and identity restoration (Cohen and Wills, 1985).

3.3 Informational Support

Informational support plays a critical mediating role in recovery by equipping survivors with the knowledge, resources, and guidance needed to navigate complex healthcare and legal systems. In the event of an attack, proper access to information regarding first aid treatment, reconstructive surgery services, legal compensation, and rehabilitation services may greatly influence the results of recovery (Kapoor and Sharma, 2023). Unfortunately, ignorance and misinformation tend to put off suitable treatments, leading to infections, further disfigurement, and a longer-term trauma. NGOs, advocacy platforms and social media campaigns have emerged as the major sources of reliable information. As a case in point, the Make Love Not Scars has created survivor-centered online materials that offer a step-by-step process on how to access reconstructive support, state programs, and vocational training (Acid Survivors Foundation, 2024). Studies have indicated that early informational support by the survivors increases the chances of seeking legal justice, compliance with medical procedures, and use of rehabilitation opportunities at the community level (Mehta and Varghese, 2024).

3.4 Institutional Support

Institutional support offers the organizational backup to the rehabilitation of the survivor through incorporating legal provisions, healthcare system and policy-based response to form organized systems. In many low-resource settings, survivors face prolonged legal battles, limited access to compensation, and insufficient rehabilitation facilities (Verma and Joshi, 2023). Strong institutional frameworks are therefore essential for promoting justice, dignity, and social inclusion.

Bangladesh's Acid Crime Control Act (2002) is widely recognized as a model for reducing incident rates through comprehensive strategies, including strict regulation of acid sales, fast-tracked court procedures, and government-sponsored financial aid (Sharma and Rahman, 2022). Similarly, the National Legal Services Authority (NALSA) in India facilitates free legal representation, medical support, and rehabilitation programs for survivors, although implementation challenges remain significant (Rani and Yadav, 2023). NGOs frequently collaborate with governments to bridge systemic gaps by advocating for survivor-centric policies and facilitating multidisciplinary burn units where reconstructive surgeons, psychologists, and occupational therapists work together to deliver holistic care (Bhatia and Khan, 2022). However, institutional support remains uneven across regions, particularly in rural and marginalized communities where survivors face compounded barriers such as poor healthcare infrastructure, underfunded legal services, and entrenched gender discrimination (Mehta and Varghese, 2024).

4. Types of Social Support Systems for Acid Attack Survivors

Acid attack survivors grapple with profound physical destruction, psychological trauma, and systemic marginalization. Recovery necessitates comprehensive social support, which can be conceptualized through four interlinked layers grounded in theory and empirical evidence. The stress-buffering hypothesis suggests that social support can mitigate the harmful effects of traumatic stress (Cohen and Wills, 1985), while resilience theory highlights how supportive networks foster adaptation in the aftermath of crises (Salu and George, 2025). Integrating these models, this framework encompasses informal networks, institutional supports, informational resources, and policy-level interventions.

Informal support networks—comprising survivors' family, friends, and communities—play a foundational role in stabilization and identity reconstruction. Immediate emotional reassurance, caregiving, and financial assistance from loved ones act to buffer acute trauma and reinforce survivors' sense of belonging (Cohen and Wills, 1985). Family and close-knit social circles often facilitate early rehabilitation by providing caregiving and advocating for treatment access, particularly when formal services are delayed or inaccessible (Teotia and Singh, 2022). Survivor-led peer initiatives such as Sheroes Hangout cafés offer invaluable safe spaces for expression, emotional solidarity, and economic embedding; survivors report improved resilience, self-worth, and mutual empowerment through such group engagement (Salu and George, 2025; Sheroes Hangout, 2025). Institutional support involves organized interventions by NGOs, rehabilitation centers, and mental health professionals. Organizations like Make Love Not Scars, Atijeevan Foundation, and the Acid Survivors Foundation (Bangladesh) provide reconstructive surgeries, psychological counseling, vocational training, and legal assistance, filling critical service gaps in healthcare and social protection systems (Make Love Not Scars, 2025; Prasun, 2019; Acid Survivors Foundation, 2025). These interventions embody the resilience framework by equipping survivors with agency, resources, and a renewed sense of purpose. However, qualitative investigations reveal persistent obstacles—ranging from bureaucratic inefficiencies to uneven service access—that constrain the effectiveness of rehabilitation programs (Kaur and Simon, 2024).

Informational support plays a core role in empowering survivors with critical knowledge on legal rights, available medical pathways, and livelihoods. Timely awareness of compensation mechanisms, reconstructive treatment options, and psychological services enables informed autonomy and encourages active engagement in recovery (Mehta and Varghese, 2024). Scholars emphasize that access to accurate information early on enhances survivors' ability to navigate complex systems and engage with available resources, thus reinforcing coping capacity (Bronfenbrenner, 1979).

Governmental and policy-level support provides the structural scaffolding for comprehensive recovery. Laws such as India's Criminal Law (Amendment) Act of 2013, enforcement of judicial directives like *Laxmi v. Union of India* (2013), and compensation schemes including the Victims of Acid Attacks Rehabilitation Bill (2022) offer survivors legal recourse, medical cost coverage, and institutional accountability (Sharma and Rahman, 2022; Jha and Waheed, 2019). Still, implementation challenges, especially in rural and underserved regions, limit survivors' timely access to benefits (Mehta and Varghese, 2024). Recognizing these gaps, scholars advocate for restorative justice models that blend legal redress with psychological repair and community reintegration (Jha and Waheed, 2019).

Together, these four dimensions—rooted in buffering, resilience, and ecological theories—form an integrated support ecosystem that enables survivors to transition from trauma toward healing and social reentry. Still, sustained improvement requires coordinated intersectoral collaboration, greater resource mobilization, and continuous evaluation of service efficacy.

Table 1: Theoretical Foundations and Support Mechanisms

Support Type	Function and Example	Theoretical Basis
Informal Networks	Emotional reassurance, caregiving; Sheroes Hangout peer support	Stress-buffering hypothesis; Resilience theory
Institutional Support	Surgeries, counseling, livelihood training via NGOs	Resilience theory; Recovery frameworks
Informational Support	Legal, medical, vocational awareness and guidance	Ecological Systems Theory
Policy-Level Support	Legal protections, compensation, restorative justice frameworks	Structural justice; Ecological theory

5. Role of Healthcare Systems

The healthcare system plays a pivotal role in the rehabilitation of acid attack survivors by addressing complex physical, psychological, and social consequences through a multidisciplinary approach. Guided by the biopsychosocial model (Engel, 1977), effective recovery requires collaboration among reconstructive surgeons, dermatologists, ophthalmologists, psychologists, and physiotherapists to provide integrated and patient-centered care (Bhatia and Khan, 2022). Survivors often undergo multiple reconstructive surgeries to manage facial deformities, contractures, and vision impairments, but access to specialized procedures remains limited in low-resource and rural settings, leading to inequities in recovery (Mehta and Varghese, 2024). The high cost

of treatment—including repeated surgeries and rehabilitation—often forces survivors to rely on NGOs and charitable organizations such as Make Love Not Scars and Atijeevan Foundation, which offer subsidized medical aid, vocational training, and counseling to bridge healthcare gaps (Prasun, 2019). However, rehabilitation extends beyond physical recovery, as acid attacks frequently result in post-traumatic stress disorder (PTSD), depression, anxiety, and social withdrawal, necessitating structured psychological interventions such as trauma-focused cognitive behavioral therapy to improve resilience and coping strategies (Ahmed and Banerjee, 2022; Salu and George, 2025). Globally, healthcare responses vary: while the UK has strengthened burn units to address increasing gang-related acid violence, Bangladesh demonstrates an integrated policy–healthcare model, establishing specialized multidisciplinary burn units and training healthcare professionals through collaborations between government and NGOs, which has significantly reduced incident rates (ASTI, 2025). Applying ecological systems theory (Bronfenbrenner, 1979), optimal recovery requires healthcare systems to operate within coordinated networks involving policy enforcement, NGO participation, and community-driven rehabilitation. Strengthening these frameworks by improving equitable access, mental health integration, financial assistance mechanisms, and systemic collaboration is crucial for restoring functionality, dignity, and social reintegration among acid attack survivors.

6. Media, Advocacy and Public Awareness

Media is transformative in the way a society perceives and formulates policy towards acid attacks and this can be well explained by agenda setting theory, which denotes that the media influences the priorities and discourse of society (McCombs and Shaw, 1972). Global examples demonstrate this power: the Academy Award–winning documentary *Saving Face* by Obaid-Chinoy and Junge (2012) drew international attention to acid violence in Pakistan and directly influenced government interventions, including the strengthening of the Acid Control and Acid Crime Prevention Act (Nation, 2012). Nevertheless, some believe that a sensationalized framing by mainstream media is common, focusing on the physical deformations of survivors instead of looking at the underlying structural issues like patriarchy, violence towards women, and the inadequacy of the law to protect people (Johanssen and Garrisi, 2021). This type of representation potentially contributes to stigma instead of undermining the cultural and systemic forces that allow acid violence (Face Equality International, 2021).

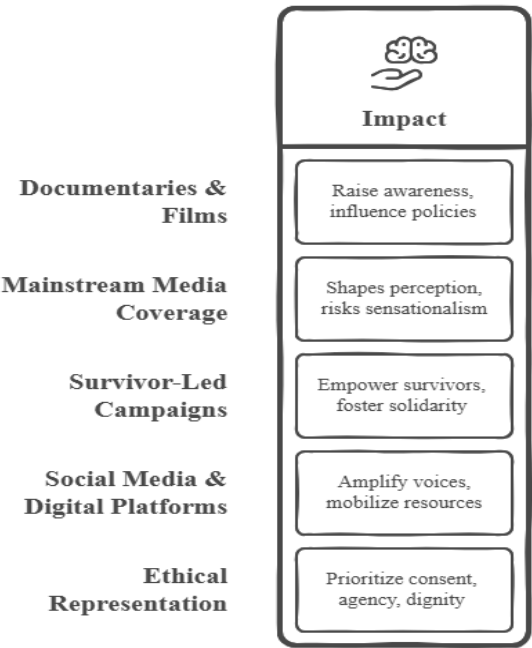


Figure 3: Media, Advocacy, and Public Awareness in Supporting Acid Attack Survivors

Media, survivor-led campaigns, and digital platforms raise awareness, influence policies, and amplify voices, while ethical representation ensures dignity and agency, fostering empowerment, solidarity, and societal change for acid attack survivors.

In contrast, survivor-led media advocacy and art-based campaigns have emerged as powerful tools for empowerment, awareness, and policy reform. For example, Bollywood’s *Chhapaak*, inspired by the life of survivor and activist Laxmi Agarwal, not only challenged societal perceptions of beauty but also triggered state-level reforms, including pension schemes for survivors in Uttarakhand (Padukone, 2020). Grassroots campaigns like the Stop Acid Attacks Campaign and the Chhanv Foundation have also used digital media and innovative narratives to give a voice to the survivors, to mobilize funds, and to create a sense of community with each other (Sharma and Rahman, 2022). Such survivor-focused style concurs with framing theory that argues that narratives are crucial in shaping the minds of the public (Entman, 1993). However, issues of ethical

dilemmas still prevail because repetitive visual dissemination can re-traumatize victims and take advantage of their experiences. To be responsible advocates, one must make sure that there is informed consent, that the agency of survivors is centered, and that they are the builders of narratives within awareness campaigns (Kapoor and Sharma, 2023). In the end, both when used responsibly, media and advocacy campaigns can shift social norms, eliminate stigma and change the law through a shift in the community engagement, which moves beyond sympathy and towards structural change.

7. Barriers to Effective Support Systems

Acid attack survivors often face multi-faceted social and cultural challenges that largely influence the rehabilitation and reintegration of the victims. Studies indicate that strong patriarchal norms and victim-blaming motives create a stigma, which discourages survivors to seek medical, legal, and psychological services (Psychologs, 2023). Through the Social Ecological Model (Bronfenbrenner, 1979), it is possible to interpret these problems to be multi-layered with personal trauma being complicated by social bias and institutional indifference. In India, women aged 15-35 make up more than 70 percent of the survivors of acid attacks and the attacks are associated with dowry conflicts, refusal to marry, or refusal to accept a marriage proposal or even romantic attention (Bhatia and Khan, 2022). In a similar manner in Pakistan, Johanssen and Garrisi (2021) discovered that survivors are systematically unable to access education and job opportunities on account of gendered stereotypes and the weak institutional support. In contrast, a clear case study is in Bangladesh where the enactment of the Acid Crime Control Act (2002) and the active campaign by the community saw a decline in the number of reported attacks by 70% (Sharma and Rahman, 2022). These results demonstrate that, when no policies are in place to dispel cultural perceptions, cultural perceptions subordinate survivors further, and appropriately informed policies can lead to major changes.

Survivors also experience economic, institutional, and legal barriers that obstruct long-term recovery. Financial instability is a major concern, as over 65% of survivors in India report borrowing money to cover treatment and rehabilitation (Acid Survivors Trust International [ASTI], 2024). Institutional resources such as trauma-focused counseling, reconstructive surgery, and vocational training remain scarce, especially in rural areas (Mehta and Varghese, 2024). From the perspective of structural violence theory (Galtung, 1969), systemic inequalities—such as underfunded rehabilitation programs and inadequate healthcare access—perpetuate cycles of disadvantage. Legally, while several countries—including India, Pakistan, and Cambodia—have enacted laws restricting acid sales and mandating compensation, weak enforcement and bureaucratic delays hinder their effectiveness (Kapoor and Sharma, 2023). In India, for instance, less than 30% of survivors receive compensation within three years of filing claims, with some cases delayed for decades (Times of India, 2025). A global comparison reveals divergent patterns: while Bangladesh's strict regulation and victim-centered aid demonstrate significant progress, the UK faces increasing acid attacks linked to gang-related violence, requiring broader policy frameworks that address public safety rather than gender-based harm (Wood and Shepherd, 2019). These disparities highlight that without stronger institutional accountability, comprehensive healthcare access, and survivor-centered legal mechanisms, support systems remain fragmented and insufficient.

Table 2: Barriers to Effective Support Systems for Acid Attack Survivors

Type of Barrier	Description	Impact on Survivors	Global Examples	Key References
Social and Cultural Barriers	Deep-rooted patriarchal norms, gender bias, and victim-blaming restrict survivors' willingness to seek support.	Leads to stigma, isolation, and limited access to healthcare and justice.	India: 70% of survivors are women aged 15–35; Pakistan: strong societal exclusion.	Psychologs (2023); Johanssen and Garrisi (2021)
Economic Challenges	High treatment and rehabilitation costs with limited access to financial aid or livelihood programs.	Survivors face debt, poverty, and delayed recovery due to insufficient economic resources.	India: 65% survivors borrow for surgeries; Rural survivors lack vocational support.	ASTI (2024); Mehta and Varghese (2024)
Institutional Limitations	Scarcity of trauma counseling, rehabilitation centers, and rural healthcare infrastructure.	Incomplete rehabilitation and reduced chances for psychosocial recovery.	Bangladesh has better NGO-driven rehabilitation; Rural India struggles with limited resources.	ASTI (2024); Sharma and Rahman (2022)
Legal and Policy Barriers	Weak enforcement of acid sale regulations and bureaucratic hurdles delay justice and compensation.	Survivors face delayed relief and prolonged legal battles.	India: <30% receive compensation within 3 years; Bangladesh's 2002 reforms reduced attacks by 70%.	Kapoor and Sharma (2023); Times of India (2025)
Global Policy Gaps	Absence of a unified international framework and inconsistent policy responses across countries.	Survivors face unequal protections and varying legal outcomes.	UK: Rising gang-related attacks; Colombia: Organized crime driven acid violence.	Wood and Shepherd (2019); Sharma and Rahman (2022)

8. Future Directions and Recommendations

The survivors of acid attacks in spite of the policy reforms and the NGO-led interventions still experience major obstacles in the form of healthcare, justice, and socio-economic re-integrations. In order to achieve a sustainable improvement, the future strategic direction should be multidimensional (a survivor-centered approach), evidence-based, and grounded in the theoretical frameworks, e.g., the Social Ecological Model (Bronfenbrenner, 1979). Support systems can be more inclusive, equitable and effective through fostering collaboration, strengthening rehabilitation, reforming policies and using survivor-led advocacy.

8.1 Strengthening Intersectoral Collaboration

A holistic recovery process requires cross-sector partnerships that integrate healthcare providers, NGOs, law enforcement, policymakers, and community networks. Evidence shows that survivors accessing coordinated medical, psychological, and legal assistance are 60% more likely to achieve long-term rehabilitation compared to those dependent on isolated services (Bhatia and Khan, 2022). Organizations such as the Acid Survivors Trust International (ASTI) and Chhanv Foundation demonstrate the benefits of collaborative models by connecting survivors with free reconstructive surgeries, trauma counseling, and skill-building programs (ASTI, 2024). Community-driven initiatives like Sheroes Hangout cafés in India further highlight the power of grassroots engagement, where survivors take leadership roles in public-facing businesses and advocacy campaigns (Kapoor and Sharma, 2023). Strengthening such partnerships ensures that resources are better coordinated and that survivors receive holistic and timely care.

8.2 Enhancing Psychological and Vocational Rehabilitation

Acid attack survivors frequently experience long-term trauma, anxiety, and social withdrawal, which hinder recovery and social reintegration. Studies reveal that nearly 72% of survivors develop post-traumatic stress symptoms, and 45% require long-term therapy for functional recovery (Mehta and Varghese, 2024). Early access to trauma-focused cognitive behavioral therapy (TF-CBT), group counseling, and peer-support programs has been shown to improve self-esteem and reduce chronic mental health burdens (Sharma and Rahman, 2022). Equally critical is vocational rehabilitation, which restores dignity and financial independence. Programs like ASTI's Skill Development and Livelihood Initiative have empowered more than 300 survivors globally to gain stable employment (ASTI, 2024). Expanding access to digital training platforms, tele-therapy services, and community-based employment programs—especially in rural and underserved regions—would ensure wider outreach and sustained rehabilitation outcomes.

8.3 Policy Reforms for Sustainable Support

While legal protections exist, weak enforcement, bureaucratic delays, and insufficient funding limit their impact. In India, the Supreme Court's 2013 ruling restricted acid sales and mandated free medical care, yet less than 30% of survivors receive government compensation within three years (Times of India, 2025). In contrast, Bangladesh offers a model of success: the Acid Crime Control Act (2002) coupled with NGO-government partnerships has resulted in a 70% reduction in reported cases since implementation (Rahman and Akter, 2021). Future reforms should prioritize streamlined compensation systems, stronger regulation of acid sales, and survivor representation in policymaking to make policies responsive to lived experiences. Furthermore, international collaborations—such as standardized compensation frameworks and cross-border reporting mechanisms—can strengthen the global response to acid violence and create uniform protections for survivors.

8.4 Promoting Survivor-Centric Research and Advocacy

There remains a critical gap in survivor-led research exploring the long-term effects of acid violence, especially concerning mental health outcomes, employment challenges, and social reintegration. The majority of existing research is limited to legal statistics and immediate medical care but does not take into consideration survivor narratives and lived experience (Johanssen and Garrisi, 2021). The participatory models of research would give more insights that could be used in policy and program design because the survivors would be empowered. Survivor-led movements, like Stop Acid Attacks and Make Love Not Scars, have demonstrated how they can change the narrative and lead to an uplift in laws (Wood and Shepherd, 2019). Digital media, narrative campaigns, and international media partnerships can also help maximize the voices of survivors without reinforcing ethically questionable forms of representation. The role of positioning survivors as agents of change instead of passive beneficiaries is critical to implementing reforms that are systemic and creating inclusive narratives in society.



Figure 4: Future Directions and Recommendations for Acid Attack Survivors

The flowchart indicates four strategic pillars, namely intersectoral collaboration, psychological and vocational rehabilitation, policy reforms, and survivor-centric research and advocacy, that would help establish an integrated, survivor-focused recovery system that would empower, bring justice, and reintegrate the society in the long-term.

9. Conclusion

Acid attacks are one of the most inhumane violence and leave their mark on their victims in the form of long-term physical and psychological traumas, as well as social exclusion, and this is why rehabilitation and empowerment of the victims should be considered as a complex approach. In spite of the advancement in laws, sensitization and institutional provisions, there is still a long way to go in providing the victims with the means to receive medical help, psychiatric support, legal rights and means to livelihoods. A lasting answer to the problem requires holistic social care systems that are comprised of family units, communities, non-governmental organizations, governments, and survivor-controlled organizations that coordinate care to provide comprehensive care and social rehabilitation. By enhancing intersectoral collaborations, survivors avail of coordinated medical, legal, and vocational services, and counseling services along with peer-support and skills-building programs restore dignity and make them independent. Also, sound policies, highly regulated sales of acids, simplified compensation system, and representation of the survivors in decision-making are crucial to meaningful reforms. Survivor-driven advocacy movements are important to transform perceptions, influence legislation and amplify the voices of the marginalized and put the survivors of sexual violence at the center of the change, as agents of change and not to be the recipients of aid. Perhaps, the only way to stop the silence around acid violence is to have a societal effort which does not only entail compassion, justice but also empowerment to help create the inclusive settings where acid violence survivors can heal, thrive, and reclaim their place within the society with dignity and resilience.

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