LIST OF ABBREVIATIONS

ASF: Acid Survivors Foundation
ASK: Ain-O-Salish Kendra
APP: Assistant Public Prosecutor
ASTI: Acid Survivors Trust International
BLAST: Bangladesh Legal Aid and Services Trust
BNLWA: Bangladesh National Women’s Lawyers Association
BSBI: Bangladesh Society of Burn Injuries
BSELR: Bangladesh Society for the Enforcement of Legal Rights
CIDA: Canadian International Development Agency
DACC: District Acid Control Committee
DFID: Department for International Development (UK)
DMCH: Dhaka Medical College Hospital
DSS: Department of Social Services
FIR: First Information Report
JMS: Jatiya Mahila Sangstha
LAG: Legal Advisory Group
MAG: Medical Advisory Group
MIS: Management Information System
MJF: Manusher Jonno Foundation
MOHFW: Ministry of Health and Family Welfare
NACC: National Acid Control Council
NGO: Non Government Organization
NOI: National Institute of Ophthalmology
PTSD: Post Traumatic Stress Disorder
PP: Public Prosecutor
TK: Taka
UNDP: United Nations Development Program
YEH: Youth Ending Hunger

VISITS 2013

British MP Honorable Niki Morgan and DFID officials Giles Thompson and Jen Marshel visited ASF during various occasions to show UK Aid’s support towards ending acid violence in Bangladesh. UK aid has been supporting ASF since 2004.

Australian Minister for the Status of Women, Honorable Julie Collins handed out cheques to acid survivors for legal and rehabilitation support during her visit to ASF. The Australian Government has been supporting ASF from 2011 to assist survivors with medical treatment, rehabilitation and legal assistance.

UNICEF Bangladesh Country Representative Dr. Pascal Villeneuve visited ASF and met with acid survivors and was given a tour of ASF’s hospital during the visit. UNICEF has been providing support to ASF from 2000.

H.E. Ms. Heather Cruden, Canadian High Commissioner to Bangladesh visited ASF to handover donations raised from Rickshaw Relay that was arranged by the Canadian High Commission in Bangladesh.
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ASF BOARD OF TRUSTEES

As of December 31, 2013

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   Chairperson
02. A.K Masood Ahmed
   Treasurer

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15. Ms. Selina Ahmed
    Ex-officio Member and Executive Director

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VISITS 2013
As of December 31, 2013

1. Ms. Selina Ahmed  
   Executive Director

2. Mahmud Faisal Khan  
   Head of Operational Management

3. Ms. Farina Ahmed  
   Head of Programme

4. Md. Zakirul Haque  
   Head of Research, Monitoring and Evaluation

5. Fatema Parvin Putul  
   Manager, Survivors Support Services Unit

6. Shamim Ara Barna  
   Manager, HR & Admin

7. Dr. Mohib Ullah Khondoker  
   Director Medical

8. Md. Ashik-Uz-Zaman  
   Manager, Finance

Cover Painting:  
Rexona Akter (Acid Survivor)

Photograph:  
ASF Photo Gallery, Shafiqul Alam Kiron, A K Azad

Design & Printing:  
ARKA
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It is with a mixed feeling of satisfaction and anguish that we present the annual report of Acid Survivors Foundation (ASF). We are deeply embarrassed and frustrated that the unspeakable acid violence persists in our country, though with much lesser incidence than when ASF embarked upon its journey to confront the challenge. What follows here are some samples of the kind of cruelty that survivors of this violence are inflicted with. But this report also presents the indomitable spirit, courage and resilience of the survivors that make each of them role models for us. Personally for me every moment that I think of ASF is about the power and beauty of indomitable human spirit.

The report captures, partially though, the work done by ASF in the year 2013 in confronting one of the worst forms of violence and for promoting rights of the survivors. I commend our Executive Director Selina Ahmed Ena and her team for their commitment and ceaseless efforts throughout the year to make ASF a centre of excellence with a holistic approach.

I thank the distinguished members of the Board of Trustees most cordially for their active support and guidance throughout the year. The Foundation is grateful to our donors, especially Manusher Jonno Foundation, UK Aid (DFID) and AusAid, and many other individuals and institutions within and outside the country for their generous support.

The story of ASF is that of a highly valued partnership between us and the Government of Bangladesh. I thank the government for the continued support extended throughout the year. I also thank the media, our network partners, and other stakeholders for their valuable support.

ASF would be highly obliged for any support and suggestion that you may have for its continued endeavours in the days to come to promote the cause of survivors of acid violence.

Dr. Iftekharuzzaman
Chairperson
MESSAGE FROM EXECUTIVE DIRECTOR

2013 was the 15th year of ASF’s journey towards Acid Violence free Bangladesh. Since its inception in 1999, the Acid Survivors Foundation has evolved into one of the greatest non government organization working against acid violence and simultaneously alleviating the plight of the survivors of acid attack and improving their living standards.

As we know the survivors have had to face an un-certain future with broken heart, body and mind. But I see, by their strong will of survival and strong commitment to rebuild their life they have transformed darkness into light, disappointment into hope and have emerged as a fastest growing successful group in the community. Our survivors are now working in government, renowned NGO’s, International organizations, Education Institutes both in home country and abroad. Through this report, I would like to offer my heartfelt thanks and appreciation to our beloved survivors.

I appreciate all staff members for their relentless efforts in making ASF as a center of excellence by promoting Bio-psycho-social model (biological, psychological, Legal and social factors) for effective and sustainable changes in of survivor’s life.

My cordial thanks go to our Chairperson and members of Board of Trustee for their passion and commitment with which they have guided and supervised the work of the Foundation.

We are very grateful to our donors especially Manusher Jonno Foundation, UK Aid (DFID), AusAid, UNICEF, CIDA, Global Fund for Women and many other organizations and individuals around the globe for their continuous supports in 2013 to implement planned initiatives effectively.

A special thanks to the Government of Bangladesh for the support and cooperation we have got in pursuing our mission. I also thank the media, our network partners and other stakeholders for their excellent partnership and collaboration.

Though ASF is emerging with a success by reducing the number of acid attack per year, there remains a huge challenge to ensure justice for the survivors. Also rehabilitation and reintegration into society is one of the major challenges since a great number of attack have been occurred by the close relatives who come from a poor socio-economic background.

However, moving forward, we know that we can count on your steadfast support, which has been the foundation of ASF’s successes over the past years to confront all challenges. On behalf of ASF’s staff, Survivors volunteers and constituents, thank you for ensuring to protect the rights of the survivors and prevent acid violence in Bangladesh.

Selina Ahmed
Executive Director
ASF established a 20 bed hospital to provide holistic burn treatment for survivors. Since then our hospital has become unique in its nature and reputed for its quality services for acid survivors. In 2013 our hospital treated 173 admitted patients among whom 56 were new patients and 117 were old patients. The year 2013 marked a milestone for us when a long term relationship with the Department of Plastic Surgery and Burn Unit of Dhaka Medical College Hospital (DMCH) has developed into a formal partnership to improve burn care services in Bangladesh. From 2013 ASF has also been involved in an Interburns project to implement improved standards of burn care in Bangladesh. Over the years we have identified the need for a skin bank to reduce the mortality and morbidity from burn injuries. Our medical professionals along with others visited Choithram Hospital in Indore and PG Hospital in Kolkata to study the feasibility of setting up a skin bank in Bangladesh.

EXECUTIVE SUMMARY

When the Acid Survivors Foundation was established in 1999 it was the only organization in the world dedicated to address acid violence a vicious form of gender based violence. Over the years similar organizations have developed in other countries where our holistic model has been cited as good practice in addressing the issue of acid violence. The success of ASF provides an excellent example of what can be achieved when private, public, and non-governmental actors come together to ensure that the rights of marginalized groups are upheld and protected.

ASF has had many achievements in the last fourteen years but also faced many obstacles. We have seen these obstacles as opportunities to streamline our work so our approach is more comprehensive in ensuring that survivors have equal rights and opportunities. When we started our journey we realized that burn treatment require specialized facilities which includes physiotherapy and psychotherapy. In 2003
ASF established a 20 bed hospital to provide holistic burn treatment for survivors. Since then our hospital has become unique in its nature and reputed for its quality services for acid survivors. In 2013 our hospital treated 173 admitted patients among whom 56 were new patients and 117 were old patients. The year 2013 marked a milestone for us when a long term relationship with the Department of Plastic Surgery and Burn Unit of Dhaka Medical College Hospital (DMCH) has developed into a formal partnership to improve burn care services in Bangladesh. From 2013 ASF has also been involved in an Interburns project to implement improved standards of burn care in Bangladesh. Over the years we have identified the need for a skin bank to reduce the mortality and morbidity from burn injuries. Our medical professionals along with others visited Choithram Hospital in Indore and PG Hospital in Kolkata to study the feasibility of setting up a skin bank in Bangladesh.
Once we began treating survivors in our hospital we soon realized that there are many other socio-economic factors that affect a survivor’s recovery and these factors cannot be addressed solely through hospital based counseling. These learning have led to the introduction of community based psychosocial support, economic support, legal support, community mobilization, awareness raising, and advocacy to ensure that survivors are able to access holistic support from us to enable them to reintegrate back into their families and communities.

Notably, the recorded numbers of acid incidents this year have reduced quite significantly in comparison to previous years. In 2013 our prevention activities focused mainly on sustainable progress in the declining trend of acid violence. In 2012 we began working with the youth to promote positive relationships between men and women and change notions of masculinity. This year ASF developed a strategic partnership with the youth wing of the Hunger Project to develop leaders who are socially active in raising awareness on gender based violence. We have also recognized the media for their contribution to promoting mass awareness and sensitization on acid violence. We continue to create opportunities for survivors through education support, job placement, training, and self employment to aid in the rehabilitation of survivors. We have also linked survivors with legal service providers to access legal representation and we continue to maintain close coordination with legal service providers and survivors to provide advice on the complicated legal proceedings. Ensuring justice for survivors remains our biggest challenge. In 2013 we have continued to advocate for the proper implementation of the two Acid Acts at the local level through dialogue with government and non government actors and at the national level through dialogue with policy makers.

Given the nature of this form of violence, the stigma attached to disfigurement and the fact that in the majority of cases the perpetrator is someone from the family one of the challenges we have faced over the years is to successfully reintegrate survivors back into their communities. Our community based interventions to aid in the reintegration process include community meetings, community clinics, telephone counseling, and peer support through door to door visit. We recognize the importance of giving survivors a platform where they can talk about the challenges they have faced and share the ways they have overcome these challenges. We conduct district gatherings where survivors come together to share their stories and act as a pressure group to lobby for their rights. We have also developed survivor ambassadors who are working as change agents in their communities and we have developed survivors groups to act as a support system in these communities.

We strive on planning our programmatic interventions based on evidence. Two research initiatives were undertaken by ASF in 2013 one to understand the perspectives of perpetrators’ of acid violence and the other to analyze the status of acid survivors all over the nation and determine their needs. Findings from both research studies have been incorporated into our program designs.

The year 2013 has been paved with successes and challenges. Ensuring justice is a challenge that has resurfaced every year and we will continue to address this through research, advocacy and lobby. ASF will also continue to explore different ways to address the root causes of acid violence with special emphasis on promoting gender equality. We plan on initiating research based activities to address the social stigma that is often attached with disfigurement, people’s perception of disfigurement and how that affects a survivor’s private and public life. Finally in the coming years we will work towards strengthening ASF’s bi-psycho-social model to enable survivors to be able to participate as equal members of society and exercise their rights.
ACID SURVIVORS FOUNDATION has been extensively involved in awareness raising campaigns, focusing prevention methods through print media, television and radio. ASF’s advocacy and lobbying efforts have also been fruitful as it was the influential drive behind two legislations in Bangladesh in 2002. ASF’s efforts combined with those of other relevant stakeholders including the Government, civil society, private sector, the media etc. have transformed the trend that was growing ever popular in Bangladesh, raising numbers of cases to high figures to decline beginning in 2002. This decrease in numbers has continued in the year 2013:

The scatter chart above shows that between the years, 1999 – 2013, a total of 3,512 people encountered acid attacks from 3,184 different incidents. Although the numbers have been declining a total of 85 victims have been reported in the year 2013, which indicates about one victim being reported every four to five days.

Comparison between Causes of Acid Attacks - 2013

- 22% Refusal/rejection of love/marriage/sex
- 4% Dowry
- 8% Family related dispute
- 7% Marital dispute
- 32% Land/property/money dispute
- 20% Others
- 7% Not known
As it was in the previous years, land, property and money related disputes continue to be the dominating cause of all attacks that occurred in Bangladesh in the year 2013. A value that read 25% last year has increased to 32% this year. As the total number of cases decreased, so have the percentages of causes including dowry and family related disputes from 9% and 17% to 4% and 8% respectively in 2013. The statistics points towards the future need for awareness raising campaigns focusing on land, property and money related disputes and how to deal with them through non-violent means.

As the most significant cause of all cases in 2013, the above graph depicts the gender-based segregation of victims over the years. Living in Bangladesh, typically in the rural areas, women are deprived of very basic needs. For women to have a say in land, property or money related issues is rare. Most disputes related to such concerns occur between men as they are in charge of land and money. However, the graph above illustrates that women are more common victims of land, property or money related disputes. There could be several causes for this, such as but not limited to:

1. The dispute is between a woman and her husband or family
2. Women are less powerful in those communities and/or are less mobile therefore are easier to victimize
3. Perpetrators attack wives/daughters of those that they have the dispute with considering them as “assets”.

As the gender based segregation for land/money/property disputes as a cause for acid attack - (1999-2013)
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This pie chart illustrates the percentage division of the perpetrator’s relationship with survivors. A major portion of the perpetrators are unknown, this is due to the fact that on many occasions perpetrators chose to attack at a time when the survivors cannot identify them and are unable to take any legal action.

This may include, attacking at night, when the survivors are asleep or at times when the victims are least expecting it. In some cases, perpetrators run away from the neighborhood and return at a later time, as if unaware of what had occurred.

This pie chart also illustrates that a large percentage of perpetrators happen to be the survivors’ neighbors. The reason for this may be linked to the fact that the highest percentage of survivors are attacked due to land/property related disputes and the survivors and their attackers happen to be neighbors.

This table shows the top 10 districts in Bangladesh with the highest number of acid violence incidents recorded by ASF since 1999. Although Dhaka is known to have had most acid violence cases, cumulatively the rural areas have a higher amount of victims.

Our implementing partners assist us in ensuring prompt notification of acid violence incidents and identification of survivors, however, limitations in the process exist due to incidents occurring in very remote areas and the fact that survivors and their families do not speak up and may even go into hiding after the incidents.
Since 1999 most of the incidents that have been reported are from rural communities, this is often due to lack of awareness within those regions and therefore perpetrators take no fear in the attacks. Moreover, authoritarian legal actions are not imposed in those areas quite as strictly as is demanded. We continuously focus on increasing awareness in these areas and will continue to do so to ensure the reduction of acid violence incidents.

Of all the survivors between 1999 – 2013: 2,410 were female (69%), and 1,102 male (31%). The second graph displays that overwhelming number of victims are women and girls making up more than half the victims since 1999. Due to the culture in Southeast Asian region as well as the way the patriarchal societal structure functions, females are often deprived of their basic rights and are at high risk of facing violence.

From the third graph it can be seen that most victims fall in the 19 to 35 years age group. The last graph displays that the literacy rates of victims are very minimal; 95% of the survivors have received below 10th grade or equivalent education, of which 14% are completely illiterate and 33% can only sign their own names. This again demonstrates that victims who live in the rural communities, which are typically known to have a population with minimal to no education are the ones who most often face this form of violence.
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The use of water post attack aids to minimize the severity of the injury. It is strongly recommended that clean water is continuously poured in the affected area for at least 30 minutes immediately after the attack. In order to ensure awareness our “pour water” campaign has informed communities of the benefits of water use post attack in several rural communities within Bangladesh.

Out of all victims since 1999, in 63% of cases there was awareness of the benefits of water use on burn injuries and the survivors had applied water to affected areas. This awareness continues to spread even today. However, over the past year, some victims due to their lack of knowledge have applied other substances (e.g. egg yolk, turmeric, mud), believing it would minimize burn injuries.

The high medical sensitivity of acid survivors, require immediate medical attention post incident. However, due to the lack of information and understanding within the rural communities, where the incidents are most prevalent, a majority of the patients are not given any form of medical care within 48 hours of the attack.

One major cause for this is that the medical procedures required for acid victims are exorbitant in price and therefore many of these families who come from lower socio-economic status cannot afford treatment at local hospitals. Although ASF is a free of cost hospital, we are quite far from the rural regions so many families cannot bring acid victims to ASF immediately.

In addition to the acid attack victims, ASF has also been supporting other burn victims since 2008. This number has been increasing, and ASF plans to continue this support along with acid survivors in the coming years.
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This year 173 old and new patients have been admitted to our hospital among which 56 were new patients and 117 were old patients. Of the total admitted patients, 159 sustained acid burns and 14 patients had suffered from other burn. In February a foreign medical consultant volunteered his services to our hospital resulting in a high admission rate for that month. On average the hospital witnessed 10-15 patient admissions per month. The majority of patients were women and girls who accounted for 74% of the admitted patients. We also provide outdoor treatment facilities and referral services for patients. Patients often need ophthalmologic, otolaryngeal, chest surgical, gastroenterological support, medicine and nutritional support and these patients are referred to other healthcare service providers. In 2013 a total 541 survivors received medical services as outdoor patients at the hospital and 187 patients have been referred to different consultants.

**Surgical Management in 2013**

A total of 89 patients went through surgery in the year 2013 among which 89% of the patients were treated for acid burns and 11% were treated for other burns. Reconstructive correction involves multiple surgical interventions to get optimum results that reduce physical and functional complications and patient can sometimes require a number of surgeries to improve their physical capabilities.
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### Surgical Treatment

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid Burn Victim</td>
<td>11%</td>
</tr>
<tr>
<td>Other Burn Victim</td>
<td>89%</td>
</tr>
</tbody>
</table>

### Types of surgical procedures performed at ASF:

- Surgical debridement
- Skin harvesting and graft
- Forehead flap to reconstruct nose or upper face scar
- Full thickness skin graft to reconstruct eyelids
- Neck contracture release by FTSG or local flap or use of tissue expander
- Scalp reconstruction by transposition flap
- Release of contracture by Z-plasty
- Primary or secondary closure

### Surgery in 2013

- Women-45
- Men-18
- Girls-22
- Boys-4
- total-89
Psychotherapy

Burn injuries are often very distressing to patients and their families, and can sometimes be difficult to cope with in the ward or and at home. Burn injuries pose an array of serious psychological issues for patients and families. In addition to the shock and stress of being acutely injured, patients may face changes in appearance, threats to self-esteem, adherence to sometimes painful treatments and therapy, and the frustration of a long hospital stay.

During the hospital stay and after discharge family roles may shift, parents may feel responsible for the injury, and siblings may feel guilty or slighted. We start psychological treatment as soon as a patient is admitted in our hospital. ASF’s trained psychotherapists assess the psychosocial distress status of the patient using Anxiety + Depression PTSD scale and based on the assessment they conduct psychotherapy sessions. ASF’s peer counselors who are survivors themselves assist the psychotherapists to provide counseling sessions to survivor. ASF also arranges different therapeutic activities, like music and art therapy, to encourage patients, especially children, in creative expression and recreation. While admitted in the hospital the survivors also receive social skill development training to enhance social competence and confidence that helps them define a new positive self image.

Type of Psychotherapy Services:

In 2013, the patients of our hospital who received psychotherapy services were women, men and children. Their age ranged from 18 months to 50+ years and they were all acid survivors. These patients received support such as counseling, psychotherapy, group psychotherapy, family counseling, art classes and music therapy.
Psychotherapy

Types of Psychotherapy Services Provided in 2013:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Activities</th>
<th>No. of Sessions Conducted</th>
<th>Types of Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>01</td>
<td>Individual Psychotherapy</td>
<td>67</td>
<td>23</td>
</tr>
<tr>
<td>02</td>
<td>Individual Counseling</td>
<td>200</td>
<td>35</td>
</tr>
<tr>
<td>03</td>
<td>Group Counseling/Therapy</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>04</td>
<td>Family Counseling</td>
<td>09</td>
<td>-</td>
</tr>
<tr>
<td>05</td>
<td>Emotional Support</td>
<td>264</td>
<td>53</td>
</tr>
<tr>
<td>06</td>
<td>Support to DMCH (July - December)</td>
<td>166</td>
<td>68</td>
</tr>
<tr>
<td>07</td>
<td>Support to VSC (July - December)</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>08</td>
<td>Support to Taranga (Only July)</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>09</td>
<td>Art Therapy Session</td>
<td>48</td>
<td>08</td>
</tr>
<tr>
<td>10</td>
<td>Music Therapy Session</td>
<td>47</td>
<td>52</td>
</tr>
<tr>
<td>11</td>
<td>Social Skills Training</td>
<td>07</td>
<td>08</td>
</tr>
</tbody>
</table>

Physiotherapy

Physiotherapy is a key component of burn rehabilitation for acid survivors. It comprises of the physical exercises and rehabilitations necessary for survivors to regain key muscle and limb function, and includes mostly manual therapy conducted by a trained physiotherapist. Exercises, massage, manual manipulation, mobilization, stretching, and other activities using ultrasound, infrared radiation (IRR), or a muscle stimulator as needed. Therapies commence once the patient has been sufficiently deemed ready for physical activity.

The goal of physiotherapy is to aid the patient in regaining as normal or functional physical capabilities as possible, ideally returning him or her to their pre-attack functionality. Secondary goals are to prevent contracture, to maintain joint range of motion, and to prevent or reduce scarring. From January 2013 to December 2013 ASF’s hospital provides physiotherapy services to 33 old and 44 new admitted patients and 2 outdoor patients.

Types of physiotherapy procedures:

- Stretching
- Strengthening
- Manipulation
- Mobilization
- Active movement
- Passive movement
- Positioning
- Splinting
- Different types of Massage
- Ultra Sound Therapy (UST)
- Infra Red Radiation (IRR)
- Pressure Garments
SURVIVOR’S CASE STUDY
SABINA

“You disfigured me, but look where I am today. The physical constraints cannot stop me… I am not too worried about my appearance. I am not dead and life has to go on. I will not pay attention to looks, and instead I will focus on what I want to do with my life,” said Sabina in an interview after her acid attack.

**Background**

17-year-old Sabina the eldest of seven siblings used to live with her 3 brothers, 3 sisters and father; her mother had passed in 2009. After losing his business, Sabina’s father became a farmer but his work was not enough to support the family, causing Sabina to have to also seek employment. She obtained a job at a garment factory, where she started as a helper and was then promoted to dying clothes.

This was where she met Moin. He made advances at Sabina who kept refusing any step he took. After a point the harassment began to go outside of the factory as well. Moin even made a child refer to Sabina as his wife in front of her colleagues. She ended up leaving her job as a result of his tormenting. She later found employment at another factory but that did not stop Moin.

Sabina asked her father to tell Moin to stop and she told Moin to have his parents talk to hers about an arranged marriage even though she did not reciprocate his feelings, just as long as he stopped harassing...
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This was where she met Moin. He made advances at Sabina who kept refusing any step he took. After a first month's stipend to start a business. Her father attempted to start the business but failed and now he plans on studying chemistry, to build a career and have a family in the future. She has also expressed her hopes to use her training at our tailoring project to start a tailoring shop in her neighborhood and earn a living.

The Future

Sabina also has her own plans: she is currently studying in class 9 at Open University in her hometown. She plans on studying chemistry, to build a career and have a family in the future. She has also expressed her hopes for other acid and other burn violence survivors.

Sabina’s Psychological Transformation

After Sabina’s incident she felt a sense of hopelessness about herself, her future, and her relationship with others. She often had flashbacks of her incident and showed signs of sadness, loneliness, anger, fear and distress. Sabina’s psychotherapists soon diagnosed her with anxiety, depression, low self-esteem and confidence and began treatment.

The treatment included ventilation techniques which allowed her to share her problems and feelings, psycho-education about the operations and wound dressing that she would need to undergo, cognitive restructuring to remove negative thoughts and beliefs she harbored, distancing techniques for pain management, relaxation techniques to manage stress and anxiety, social skills trainings to increase her communication with people in her surroundings, group therapy and counseling to help her understand her problems and those of others and at the same time receive emotional support from other group members.

Since her admission at our hospital, Sabina has made significant improvements psychologically. Her feelings of lack of self-worth, hopelessness about her future and other negative thoughts have reduced. She is able to speak to everyone openly now. Recently she has been a part of the tailoring training here at ASF, where she learnt how to make clothes and pressure garments for other acid and other burn violence survivors.

The Incident

On February 26, 2013, around 8pm Sabina was walking with her friends having received her weekly salary. Moin called out to her from the dark asking her to stop and speak with him and he told the others to leave. Sabina refused to do so and asked her friends to stay with her but they left anyway. Terrified, she dropped her belongings and ran away but Moin continued to chase her until he caught up with her. Grabbing her hair and pulling her head back he poured a bottle of acid on to her.

Sabina cried for help as she ran towards home. She stopped at a mosque where a man after hearing what happened to her tried to help by pouring water on her burns. All she remembers is that the water was so cold that she had to ask him to stop.

She was taken to the local hospital but they refused to take her in and she was transferred to Dhaka Medical College Hospital instead. Sabina was there for 1 month and 21 days and underwent one surgery.

Her attacker has been reported to the police, however, remains at large.

At ASF

Sabina was admitted to our hospital on the 17th of April, 2013. Our doctors evaluated her burns and found that she had injuries on her face, scalp, eyes, nose, upper lip, neck, arms and chest. Sabina was treated at the hospital under close supervision of Plastic Surgeons, Physiotherapists and Clinical Psychologists. Her eyesight was damaged by the acid and her vision now blurry, requires her to wear glasses. However, after three surgeries at our hospital for her various burn injuries she is now considered physiologically stable. She still has a few scars on her body but due to her treatment the scar severity has reduced considerably and she no longer faces any functional problems as a result of the scars.
In year 2002, two laws were enacted to address acid violence, namely, the ‘Acid-Offences Prevention Act 2002’ and the ‘Acid Control Act 2002 (amended) 2010’. The two Acts were enacted with the purpose of controlling acid crimes by imposing stringent punishments; controlling the import, production, transportation, hoarding, sale and use of acid; and ensuring provisions for treatment, rehabilitation and legal support to victims of acid violence. An Acid Crime Case Monitoring Cell was also established under the Ministry of Home Affairs to regularly monitor acid crime cases and ensure effective implementation of the Acts. While these initiatives have contributed to the institutionalization of action against acid violence, ineffective implementation of the laws remains our biggest challenge.

In Bangladesh, the legal process surrounding violence against women and girls (VAWG) laws are time consuming, costly, complicated and uncertain, in turn, also hindering prevention efforts for eliminating VAWG and disabling the protection of rights of women who have been victims of violence. Women and marginalized groups rarely choose to interact with the formal courts in Bangladesh due to prohibitive expenses involved in pursing court cases. Factors such as bribes, corruption, years of backlog and delays, social stigmatization and fear of discrimination are reasons why marginalized groups including women are apprehensive about pursuing legal action. The scenario is similar with survivors of acid violence. Findings from our ‘National Survivors Conferences’ (in 2006, 2010, and 2013), a legal consultation workshop (in 2012) and a need assessment survey (in 2011 and 2013) all showed that despite the existence of the two Acid Acts, survivors and service providers both identified weaknesses in their implementation. The major
weaknesses that have been acknowledged by us include: lack of access to legal information and social justice issues, ignorance, inefficiencies and misconduct from relevant duty bearers including law enforcement personnel, PPs, court officials, pending appeals, lack of community support, political influence, mutual agreements between the victim and the perpetrators to resolve cases outside of court, absence of witnesses, absence of victim and witness protection mechanisms.

According to the Acid Crime Case Monitoring Cell report of the Police Headquarters, 93 new cases have been filed in 2013 and thus from 2002 to 2013 a total of 1,887 cases have been filed. However, out of the total number of cases 1,124 cases meaning 60% of cases filed in the last eleven years are still under trial even though according to the Acid Offences Prevention Act 2002 cases are supposed to be completed within 90 days. Also, among all the cases in which the court has pronounced a verdict, approximately 74% of the accused have been acquitted and only 26% have been convicted. These figures raise questions on whether there are gaps in each stage of the trials that have resulted in these ambiguities. There are also social consequences that emerge from these gaps in the justice system. In many cases where judgments have been passed against alleged perpetrators for the death sentence or life imprisonment in district courts, perpetrators receive bail or are acquitted from the high court. These perpetrators return to their communities and lead a normal life and even continue harassing their victims. On the other hand the victims are left without support from law enforcement agencies and are often persuaded by their communities to undertake alternative dispute resolution with the perpetrator. These informal mechanisms leave victims at a loss and they lose faith in the formal justice system. This also sends a bleak message about the implementation of the Acid Acts in society.

**ASF’s Legal Support**

We provide legal support to survivors of acid violence by referring acid cases to our legal aid partners which include BRAC, Ain O Salish Kendro, Bangladesh Society for Enforcement of Legal Rights, Bangladesh National Women’s Lawyer’s Association, Nari Pokkho, Jatiyo Mahila Sangstha, Bangladesh Society for Enforcement of Human Rights and Bangladesh Legal Aid Services And Trust. These organizations work at the grassroots level to assist in survivors’ day to day legal procedures and advocate for their cases at court. Moreover, we maintain a Case Management System where survivors’ incident and case related information are recorded and is updated and shared with relevant legal aid partners. We also communicate with survivors and their family and community members, police authorities (including Deputy Commissioners, Superintendents of Police (SP), Officers in Charge (OCs), Investigation Officers (IOs)), national and local Government organizations and personnel including the Acid Crime Case Monitoring Cell, Union Parishad,
District Acid Control Committees (DACC), Civil Surgeons, Doctors, Judges and Partner Organizations, PPs, Media Personnel to follow up on cases and facilitate effective investigations, necessary correspondence and speedy trials.

In a selected number of cases we also provide direct legal support to survivors based on the level of sensitivity and need of the particular cases. The kinds of support provided in such cases include visits to courts to assist in case procedures; lobbying with officers of court; visiting crime scenes; visiting survivors and their communities to raise awareness through one on one meetings and/or legal clinics; meeting with media personnel; meeting and regularly following up with partners on survivors’ cases; supporting ASF and other outside doctors before they testify in court; visiting local administrations and personnel including the District Commissioners and Civil Surgeons; visiting law enforcement agencies requesting necessary actions towards survivors’ cases etc.

On 23 March 2013, a legal conference was jointly organized by Acid Survivors Foundation and Brac with the PPs, APPs and lawyers conducting acid cases, to exchange their ideas and experiences with government policy makers to ensure legal assistance to the acid survivors. Mr. Shawkat Mostafa, Honorable Joint Secretary of the State Ministry of People’s Republic of Bangladesh and Chairman of the Acid Crime Case Monitoring Cell was present in the meeting as chief guest. Mr. Md. Selim, Deputy Attorney General, Bangladesh Supreme Court was present as special guest. The government has taken different steps to prevent misuse of acid. Besides that, the chief guest provided reassurance on correcting the Acid Offences Prevention Act 2002 with the help of the Ministry of Law, Justice and Parliamentary Affairs. The special guest in his speech emphasized on the participation of the Police Administration and district Civil Surgeons in the testimony sessions of acid violence cases.

Through the open discussion, quite a few recommendations came out to eliminate the obstacles in conducting the acid violence cases. On the basis of these recommendations, the chief guest and the special guest provided reassurance of solving these problems through discussions at the top level of the government. The speakers also provided some valuable directions in this context. Nina Goswami, Deputy Director, Law & Arbitration Center, was the moderator of the meeting. Staff lawyer of BRAC, panel lawyers, APPs and PPs also participated in the meeting.
Recommendations from the conference included:

- Judicial processes must be completed within 90 days to ensure proper and stern implementation of the Acid Offences Prevention Act 2002 and the Acid Control Act 2002 (amended) 2010.
- Each and every police station should have their own individual cells to combat acid violence.
- Ensuring proper coordination between courts and the police division with the Acid Crime Case Monitoring Cell is very important.
- Ensuring positive frame of mind of PPs in conducting acid cases.
- Ensuring proper help of relevant authorities of ongoing acid cases in High Court.
- Ensuring maximum support from the Police Department to complete investigations within the stipulated time.
- Increasing coordination among PPs and tribunal judges.
- Preparation of a new "Security Law" to ensure the security of the victims and their family members.
- Preparation of a new "Witness Security Law" to ensure the security of the witnesses of acid cases.
- Taking necessary steps to ensure that the witnesses are present on the imposed date.
- Providing monetary assistance from the government’s legal help treasury to ensure smooth running of the acid cases.
- Taking proper steps to make sure that any sort of compromise does not happen in case of acid violence.
- Making sure of the presence of a doctor and an investigation officer in the stages of receiving testimony.
Social and economic rehabilitation and reintegration is a critical part of our holistic approach in providing comprehensive support services to survivors of acid violence. ASF statistics show that 69% of the victims are women and girls belonging to poor economic backgrounds with little to no education. In most cases the perpetrator is somebody that the victim recognizes and is from the same household or community. Survivors of acid violence suffer from psychological breakdown such as identity crisis and feelings of guilt. Furthermore, in a culture based quite largely on the idea of ‘saving face’ where a woman’s value is closely linked with marriage and childbearing it makes it very difficult for unmarried women and girls to come to terms with their disfigurement. For female survivors maintaining a positive body image is challenging when they have to continuously encounter negative reactions to their disfigurement from others; society’s strong reaction can drastically alter a survivor’s self esteem and sense of identity.

The trauma associated with any kind of burn injury alone is physically and psychologically overwhelming and moreover, burn treatment involves painful and intrusive medical procedures. A majority of acid survivors lack the financial and social support to enable them to deal with such crisis. Survivors of acid violence also have to face the trauma associated with the violent nature of acid attacks. Trauma related to violence is associated with prolonged psychological distress, and providing psychosocial care to alleviate some of the mental trauma is vital in ensuring the long-term recovery of survivors. The attack damages survivors’ self image, self worth and leaves them to long for what has been lost and angry at the same time. In addition to the health shock, survivors are exposed to the uncertainty of whether the perpetrators will be brought to justice. The prolonged legal proceedings and in many cases seeing the perpetrator set free add to the psychological trauma that survivors have to endure.

When we established our 20 bed hospital in 2003, we learnt that a survivor’s mental health and recovery is strongly dependent on many social factors including their economic vulnerability, insecurity, harrowing wait for justice, and family and society’s reaction and acceptance. ASF recognized that optimally, care should be both medical and psychosocial. However, in Bangladesh the reality is that even if the medical needs are met, there is little or no attention given to the emotional and social needs of the survivor. Therefore, we started to focus on the recovery of physical and functional ability as well as recuperation from personal, social and economic loss.

**ASF’s Approach- Rehabilitation and Reintegration**

Our mission is to aid the recovery of survivors of acid violence and their reintegration into mainstream society. We aim to address the complex psychosocial needs of each survivor and facilitate the recovery of the survivors’ self worth, self-esteem, help the survivor develop new perceptions of themselves and reconnect with life. Our rehabilitation strategy focuses on personal development through psychological and psychosocial support and socio-economic development through capacity development and networking opportunities.

Acid attacks initially remove survivors’ ability to work or study. The financial burden placed upon survivors and their families after an attack increases their chances of slipping further into poverty. Following treatment, survivors also need rehabilitation to continue with education or develop a better quality of life through training, credit or a grant.
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**Personal Development**
- Self esteem
- Courage
- Confidence
- Strength
- Happiness
- Solidarity
- Sense of control
- Dignity
- Vision for the future

**Socio-Economic Development**
- Access to resources
- Legal rights
- Training
- Social integration work/school
- Reintegration into family/community
- Improved social capital-networks
We are one of the few holistic service providers with the capacity to provide hospital based psychological support and community based psychosocial support to aid victims and their families to help them adjust to their changed situation. When a patient is about to be released from the hospital we prepare a plan to facilitate their re-entry and reintegration into life at home. For many patients this means returning home to their families, but for some whose attackers were family members it meant starting a new life. Many survivors are ambivalent about leaving the safe environment of the hospital in fear of social rejection or ridicule because of their changed abilities and/or appearance.

<table>
<thead>
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<tbody>
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</tr>
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Rehabilitation Support:

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<td>Community Clinics</td>
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<tr>
<td>Telephonic counseling</td>
<td>continuous</td>
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Reintegration Support:
We are one of the few holistic service providers with the capacity to provide hospital based psychological support and community based psychosocial support to aid victims and their families to help them adjust to their changed situation. When a patient is about to be released from the hospital we prepare a plan to facilitate their re-entry and reintegration into life at home. For many patients this means returning home to their families, but for some whose attackers were family members it meant starting a new life. Many survivors are ambivalent about leaving the safe environment of the hospital in fear of social rejection or ridicule because of their changed abilities and/or appearance.

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Empowering Survivors to Become Change Agents

When ASF was established in 1999 the organization played an instrumental role in mobilizing civil society and government to ensure the state’s obligation to prevent acid violence and protect the rights of survivors. In 2010 we started developing survivors as grassroots community workers to act as change agents to make the government, civil society, and community more accountable to protect the rights of acid survivors. Twelve change agents work in six districts to raise awareness of acid violence and advocate for survivor’s protection and rights by mobilizing government, media, civil society and community elites.

Since 2006, we started arranging survivors’ conferences at the national and district levels, which have provided the opportunity for survivors to meet, share any issues and concerns and celebrate their achievements in the community. These conferences have enhanced solidarity among the survivors and have empowered them to raise collective voice for their rights. From this experience we have been able to identify the need to establish a sustainable support system at the community level where survivors are able to periodically meet, share their problems and collectively find solutions to these problems. In 2012, we began developing survivors groups that function as a platform for collective voices to demand justice, protect rights, and act as advocates for social change.

There are currently 21 groups in 6 districts. These groups encompass almost 300 survivors who participate in various local level activities including monthly group meetings, meetings with the local community for survivors’ psychosocial support, meetings with the Union Parishad, Department of Social Services, Police Officers and District Acid Control Committees to seek support for survivors. Survivors’ groups are not only addressing issues pertaining to acid violence but as a result of their social involvement also addressing other social issues at the same time. Moreover, all survivors’ groups have started monthly savings schemes for the groups’ sustainability. In order to address the state of poverty and malnutrition in their communities, groups have taken initiatives in planting vegetables, fruits and have started farming as well. Some group leaders have taken further initiatives in the addressing of violence against women, dowry related disputes and early marriage in their communities by undertaking mediation activities.

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A
SF has been instrumental in facilitating the process for the drafting and enactment of two Acid Acts. This process involved a series of workshops and dialogue with legal and administrative officials. As a result, the government of Bangladesh introduced the Acid-Offences Prevention Act 2002 and the Acid Control Act 2002 amended 2010, the first one to provide for exemplary punishment against perpetrators of acid violence, and the other to establish effective control over the availability of acid. Following this example, activists in India, Pakistan and Cambodia are advocating for acid control laws to be introduced in their respective countries as well.

The Acts are holistic in their approach and do not only deal with the effects of acid violence but also has provision for awareness raising and providing medical, legal and rehabilitation support to victims. The government established the National Acid Control Council (NACC) and District Acid Control Committees (DACC) under the Acid Control Act 2002, which provides for an independent fund to “procure funds to fulfill the goal of creating public awareness about the bad effect of the misuse of acid and it’s dangerous aspects and to provide treatment and legal assistance to the victim and to rehabilitate them”.  

1 Bangladesh Acid Control Act Article 10
Our advocacy strategy seeks to properly implement the Acts and mobilize civil society to prevent further discrimination or stigmatization of survivors and help ensure full and effective participation and inclusion of survivors in society.

**Community Mobilization for Prevention and Protection**

ASF has focused on advocacy at the grassroots level through a series of awareness raising campaigns and meetings. We have created a forum for survivors to share their stories and tactics for overcoming legal and social barriers, and to express solidarity. We also conduct community meetings involving community elites including UP members, chairmen, teachers and
need and are legally entitled to. Currently, the level of government support given to victims of acid violence legally and financially, has not been provided to their intended targets. We maintain necessary advocacy and lobbying activities with relevant groups to facilitate a dialogue between survivors and government officials concerning their grievances and proposals for aid.

In 2013, we partnered with NGOs to dialogue with relevant government agencies in six districts comprising of Sathkhira, Narsingdi, Comilla, Netrokona, Sirajgonj and Bogra. In these events all survivors of the districts were assembled to raise their voice to demand justice and protect their rights. A group of acid survivors have had direct dialogue with the DACC and raised concern about their sufferings to attain justice and social and economic rehabilitation services from government agencies. Survivors' direct engagement in those meetings has resulted in increased funds release from the NACC to DACC and from the DACC to the actual acid survivors.

Our advocacy strategy at the national level focuses on influencing policy and decision makers to advocate for policy reform and effective implementation and enforcement of policies.

ASF arranged a National Survivors' Conference on October 26th 2013 with the aim of uniting survivors of acid violence from all over the country and undertaking workshops in order to provide a platform for sharing and using this opportunity to determine survivors' needs on psychosocial issues. The objective of the workshops was for acid survivors to share their experiences and identify their needs and expectations, and the level of satisfaction of services received from service providers at each stage of their lives since the attack. The types of services include medical, psychological, legal, rehabilitation and reintegration.

National level advocacy

National Acid Survivors' Conference

other professionals to motivate communities to take an active role in ensuring that survivors are able to reintegrate into society. We have also developed survivors to act as change agents to advocate for rights of acid survivors. Change agents hold informal meetings and advocacy and lobby meetings with members of the Union Parishad, local DSS officials, local MOWCA officials, local police and the Deputy Commissioner's office. In 2013, we conducted 156 community meetings, and 114 advocacy and lobby meetings.

District level advocacy

ASF has focused on advocacy at the district level by mobilizing the local government, NGOs, media, and other agencies to support survivors in their bid for access to the public services that they
need and are legally entitled to. Currently, the level of government support given to victims of acid violence legally and financially, has not been provided to their intended targets. We maintain necessary advocacy and lobbying activities with relevant groups to facilitate a dialogue between survivors and government officials concerning their grievances and proposals for aid.

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On the first day of the conference survivors were divided into three groups (women, men and children) and were asked to undertake various group activities. The activities focused on discussing the various problems they faced after their incidents and finding solutions to them. Representatives from the Department of Clinical Psychology of Dhaka University facilitated the group activities and initiated discussions relating to all aspects of survivors’ lives including their health, socio-economic rehabilitation and development, and legal status. The discussions resulted in a set of recommendations to strengthen existing psychosocial support services in Bangladesh. The set of recommendations from the workshop will be used to strengthen our existing mechanism of providing psychosocial support services by incorporating specific needs of the three target groups and also advocating with other service providers to incorporate the recommendations to strengthen their services.

Mr. Tarikul Islam, Secretary to the Ministry of Women and Children’s Affairs was present on the last day of the conference as the Chief Guest. Also present on the day were Special Guests Mr. Shawkat Mostafa, Joint Secretary, (Legal & Planning) to the Ministry of Home Affairs and President of the Acid Case Monitoring Cell; other respected guests included Ms. Ashrafunnessa, Joint Secretary to the Ministry of Women and Children’s Affairs, Mr. Kamal Uddin Ahamed Chowdhury, Associate Professor, Department of Clinical Psychology, Dhaka University and Mr. A.K. Masood Ahmed, Treasurer, ASF Board of Trustees. The program was chaired by Dr. Iftekharuzzaman, Chairperson of ASF and the welcome speeches were delivered by our Executive Director Ms. Selina Ahmed and Advisor Ms. Monira Rahman.
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Advocacy with National Acid Control Council

We are an active member of the National Acid Control Council which was established under the Acid Control Act 2002 (amended) 2010 with the Minister of Home Affairs as its Chairperson and other members include the Minister of Women and Children Affairs, secretaries from the Ministries of Commerce, Industry, Home Affairs, Health, Women and Children Affairs, members of the civil society and professional associations representing acid-using industries such as the garment and jeweler industries. The NACC meetings provide us with the platform needed to advocate for policy changes and raise concern regarding effective implementation of the policies. In 2013, the government took initiatives to disseminate promotional materials developed by us on various media including private and public TV channels free of cost. Two billboards have been created and displayed in front of the Netrokona District Commissioners Office and district prison by the Netrokona District Acid Control Committee containing anti-acid violence messages and mentioning the support services that we provide for victims of acid violence.

Workshop with Brac

When we started our work we developed a nationwide notification system with the help of Brac. We also have a strategic partnership with two of Brac’s empowerment programs namely Community Empowerment Program (CEP) and Human Rights and Legal Services (HRLS) to provide legal and rehabilitative support to survivors of acid violence. In 2013 we arranged a workshop with Brac’s CEP and HRLS programs to talk about the services that we aim to provide through our partners and discussed challenges and solutions in providing the necessary support to survivors of acid violence.
**Jharna**

**The Incident**

Jharna, a fourteen-year-old student of class 8, and her husband Rahim Sheikh were sleeping in their home on 13th September 2013, when Hanif along with two accomplices attacked them with acid. The perpetrators cut through the bedroom window where the two were asleep and splattered them with acid. Upon the attack Jharna’s right cheek, shoulder and arm were burnt severely. Rahim, who was not the main target and was merely sleeping next to his wife, was also burnt as a result of some spillage of the acid.

Upon receiving the news, Jharna’s father filed a lawsuit against the perpetrators at the local police station. Meanwhile, the injured couple was taken to the local hospital. The next day the two arrived at our foundation with the hopes of receiving treatment.

**Background**

Two previous attempts had been made to try and attack Jharna before this incident, all of which were triggered by her refusal to a proposal for the advancement of a love relationship. Jharna was fortunate enough to have escaped without any injuries during the first two attacks, however, her parents worried about her safety and resorted to child marriage. They married off the minor to Rahim Sheikh, a young man from the neighboring village, assuming that she will be safer with her in-laws. However, what Jharna’s parents had anticipated to be a sweet escape was in fact no escape at all.
**ASF’s Intervention**

After receiving news of Jharna’s incident, our team visited the site and spoke to the local people in the neighborhood. With deep regret the locals requested for quick and proper authoritarian action against the perpetrators. They also notified the team of their doubtfulness in complete and genuine support from the police as they were initially hesitant to look into the case. However, due to the encouragement of the local community they were bound to take the case on board.

Our representative team also met with the chairperson of the Union Parishad and the local leader, requesting him to keep an eye on Jharna and her family. To further reinforce the significance of the case, the team then visited the local police station to meet the officer in charge of the lawsuit and the Police Superintendent, both of whom confirmed that the police will remain active on the case and will take all necessary measures to arrest the perpetrators.

**Case Status**

Five days after the incident, on September 18, 2013 the three convicted men were arrested. Although Hanif still serves his time in prison, his two accomplices have been out on bail. Jharna and her husband presented themselves at court for the witness hearing, where the police officials not only presented three charge sheets against the three perpetrators involved in the incident but also presented two more against Jharna’s family members. Jharna and her husband reported that the accused family members were not involved in the incident and that the police officials were also delaying the presenting of the charge sheets, meaning that the perpetrators may have influenced the acts of the police officials in their attempt to derail the case. The lawsuit is currently being processed under the Acid Crime Control Tribunal with help from the Public Prosecutor as well as BRAC’s panel lawyer; a settlement is yet to be reached.

**Post Attack Life**

Despite all the actions that have been taken against the perpetrators, they still continue to be a threat to Jharna and Rahim’s families. A couple of months ago, they set Rahim’s father’s kitchen on fire and have sent life-threatening letters to the family. Despite being informed, the local leader and the police station have taken no action to prevent further distress or to ensure the safety of the family. Jharna and Rahim could not return home under these volatile circumstances and Jharna’s father left their neighborhood seeking protection at a neighboring village. However, apparently Police officials demanded that her father visit the station in order to come to a mutual agreement with the perpetrators and conclude the case without any legal actions being carried out.

At this stage, Rahim’s family members began to blame Jharna for the situation and decided that they would file for divorce. However, through the counseling of Brac and ASF, the family had been convinced not to make any advancement in those regards. However, soon after, one night, Rahim’s neighbor’s house was lit on fire, resulting in a significant loss of valuables. This event once again ignited an antipathy towards Jharna, holding her accountable for the situation.

**At ASF**

After receiving necessary treatment at the ASF Hospital, Jharna and Rahim were allocated to our tailoring project along with other survivors of acid violence in the hopes that they would be able to establish a sustainable source of income for themselves. Here, the couple received training in sewing and making pressure garments and other clothing items. They also received a monthly stipend to allow them to support themselves during the training tenure.

**The Future**

After the completion of their training, Jharna and Rahim made plans to return to their homes, however, the fact that two of the perpetrators were roaming about their village made it risky for them. Now, the couple is living with Jharna’s father in a neighboring village away from the perpetrators’ sight. Here, Jharna plans to resume her education and once she has settled in her new environment, use the skills she and her husband gained from the tailoring training at ASF to do tailor-work in the neighborhood.

* Pseudonyms have been used to protect identity
Bangladesh has had one of the highest numbers of acid violence incidents in the world. Acid attacks are almost always perpetrated by a person known to the victim; frequently a spouse or parent and often triggered by rejected advances or marriage proposal, dowry or land disputes. Historically, the vast majority of attacks are against women, with 99% of the perpetrators being men. In more recent years there is an increase in crimes staged against men, frequently relating to land rights. Sometimes children are also targeted, where for example; the child is unwanted because she is a girl or may be caught up indirectly in an attack as they sleep beside their parent.

Since 1999, acid violence crimes have been publicized in national and international media outlets, giving rise to legislative and social mechanisms aimed at preventing acid-related crimes. We started our prevention activities from 2002 by mobilizing the government, civil society, media and celebrities, which have resulted in a steady decline in the number of acid attacks.

Our prevention campaigns focus on raising awareness of the multiple causes and consequences of acid attacks and the immediate steps that should be taken to minimize the detrimental effect of burn injuries. The media is a powerful instrument for social change and over the years we have been working with the media to keep anti-acid violence campaigns a priority. We try to reach a wider audience through different types of media interventions. In 2013, we broadcasted public awareness raising messages on T.V and radio channels on the legal consequences of acid violence and to promote the use of water to reduce physical damage of acid. We also arranged three talk shows, which focused on how to strengthen medical, legal and rehabilitation support for acid survivors. The talk show allowed us to raise important issues for policy and decision makers.
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Recognizing the Media for their contribution in raising awareness on acid violence

National and international media has played a pivotal role in bringing the issue of acid violence to the forefront and creating pressure for the introduction of legislation to address acid attacks. In 2002, we started the Media Awards to honor individuals in print and electronic media for their contribution in promoting mass awareness and sensitization against acid violence.

We held our 5th Media Awards at the Bangabandhu International Conference Center on April 18th 2013. The awards were given in seven different categories for contribution in creating awareness and public opinion against Acid Violence through published and telecast reports, features, photos, TV programs and videography on national dailies and TV channels between the years 2010 to 2012. In each section the best...
Engaging Youth to stop acid violence

In Bangladesh, violence committed by men is deeply rooted in ideologies of male entitlement patriarchy and the notion of masculinity. According to a study, dominant notions of masculinity in Bangladesh are linked to certain traits such as toughness, honor, sexual prowess and dominance, which promote violence against women and girls. In previous years, we have carried out mass awareness raising campaigns. Since 2012, we initiated a more targeted approach for sustained progress on preventing acid violence.

An untapped resource in dealing with any form of violence against women is Bangladesh’s youth; they make up approximately 30% (i.e. 46.7 million people) of the country’s population. Moreover, our statistics show that 55% of all recorded survivors of acid violence fall under the youth category (i.e. those between the ages 18 – 35). According to a recent survey conducted on survivors of acid violence by us in 2013, it was found that 45% of the survivors’ alleged perpetrators were within the youth category at the time of the acid attack. Adolescence is a critical period during which many values and norms around gender equality are accessed at http://www.un.org.

1 Men’s Attitudes and Practices regarding Gender and Violence Against Women in Bangladesh- Preliminary Findings published by ICDDR, B, 2011.
attack. Adolescence is a critical period during which many values and norms around gender equality are formed. Therefore, since 2012 we have been focusing on prevention campaigns with and towards the youth group by undertaking school and college campaigns to have a more sustainable impact on preventing gender-based violence including acid violence. The awareness raising and education of the youth population will hopefully reshape their outlook to instigate more positive gender relationships, peaceful conflict resolution and social responsibility thus contributing to the prevention of violence against women and girls.

In 2013, we hosted events at various school and college campuses to motivate students to take an active role in advocating for the prevention of acid violence in their local communities and to raise awareness of the enabling social mechanisms of acid violence. Multimedia presentations are given alongside viewings of docudramas, after which interactive discussions are moderated between students and our staff. The campaigns are also aimed at sensitizing the youth on the social rehabilitation needs of victims and to encouraging students to be attentive to survivors’ needs while reintegrating into their schools and communities. Students are also provided with information on where to go for help and the immediate steps that should be taken if an incident of acid violence occurs. In 2013, we conducted 12 school campaigns with the participation of 2,211 students and teachers.

**Bazaar Campaigns**

In Bangladesh the local market known as haat bazaar is a common meeting place for farmers, producers, and consumers but it also serves the vital role of being an information center for local communities. In 2013, we conducted various awareness raising campaigns in hat bazaars. We used popular theatre, which has proven to be an innovative communication tool for disseminating information to communities through entertainment. The method is interactive as it involves the participation of the audience to answer questions and reinforce the social messages being portrayed in the play. Awareness raising materials including posters, leaflets, and brochures are disseminated at these campaigns. In 2013, we arranged 3 bazaar campaigns along with 802 participants.

**Sensitizing Acid Sellers and Users**

ASF arranges dialogue with acid sellers and users to prevent the use of acid for criminal offenses and for better implementation of the Acid Control Act 2002 (amended) 2010. The Acid Control Act of 2002 (amended) 2010 has been introduced to control ‘the import, production, transportation, hoarding, sale and use of acid, and to provide treatment to victims of acid violence, rehabilitate them, and provide legal assistance’. The Act punished the unlicensed production, import, transport, storage, sale and use of acid. ASF arranges meetings with acid sellers and users to prevent the sale and use of acid without a license and raise awareness for proper enforcement of the Act. In 2013, ASF arranged 6 meetings with acid sellers and users in 6 districts.

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Participation in Social Movements

ASF joined a movement to address violence against women
On January 30th 2013 ASF joined an initiative by the Prothom Alo trust along with many other NGOs to mobilize civil society members including activists, academics, students, journalists, lawyers and policy makers to address the increasing trend of violence against women and submit a memorandum to call for immediate measures to stop violence against women. The memorandum raised a three-point demand, which included the proactive role of the law enforcing agencies to stop violence against women, exemplary punishment for the criminals, and improved laws to ensure justice for victims of violence. Following the procession at the Shaheed Minar, Brac Chairperson Sir Fazle Hasan Abed read the memorandum. A small representative team headed by Sir Fazle Hasan Abed went to the parliament to submit the memorandum to the Speaker.

ASF expressed solidarity with One Billion Rising
According to the UN one in three women will be abused either sexually or physically in their lifetime. One Billion Rising (OBR) is a global campaign calling for an end to violence against women and girls. In 2013, one billion people in 207 countries participated in this global event making it the biggest mass global action to end violence against women and girls. We participated in the One Billion Rising celebration at Gulshan 1 in front of Azad Masjid to say “NO” to violence against WOMEN & GIRLS. All participants were dressed in red and shouted out slogans, danced, and demanded an end to violence.

International Women’s Day 2013
On 8 March 2013, a colorful rally and torch procession was organized in Dhaka by One Billion Rising (OBR), Naripakkha, and Manusher Jonno Foundation to mark International Women’s Day. The rally started from Asad Gate and ended at Dhanmondi 8 via Dhanmondi 27. Representatives from ASF, other NGOs and the civil society also participated in the rally and raised their voice to help stop violence against women.
Press Conference: Immediate Response to Address Horrific Act of Acid Violence

On 24th August 2013 ASF the organized a press conference with the aim of protesting against and preventing the recent horrific acts of acid violence. The conference took place at the VIP lounge of the National Press Club. The event was chaired by ASF’s Chairperson Dr. Iftekharuzzaman, also present were ASF’s Executive Director Ms. Selina Ahmed, Advisor Ms. Monira Rahman and Executive Director of the Manusher Jonno Foundation Ms. Shaheen Anam. Ms. Selina Ahmed and Ms. Monira Rahman informed participants of the recent situation of acid violence and gave examples of particularly disturbing cases. Ms. Shaheen Anam informed participants that in times of political instability violence against women and girls increase, and necessary initiatives must be taken in light of the situation. Survivor representative and Officer-Survivor Support Services of ASF, Ms. Tahmina Islam urged cooperation among all relevant organizations to see to the prevention of the recent horrific forms of acid violence. The speakers answered various questions posed by journalists and also discussed a case where a particular acid case was dismissed after political consideration. The speakers informed the audience about the necessary initiatives that are required regarding the issues of illegal selling and use of acid, the Police’s role in acid cases, lack of implementation of the Acid Acts, and the overdue meetings of the National Acid Control Council and District Acid Control Committees. Advisor Monira Rahman also urged journalists to regularly follow up and write about acid violence incidents. At one point Dr. Iftekharuzzaman expressed shame in the fact that most acid violence incidents are perpetrated by men.

The press conference further discussed issues relating to necessary socio-economic development of survivors and ways to ensure that allocated funds that are due to the survivors are properly distributed and electronic media is used on a regular basis to officially protest and prevent acid violence through various forms of advertising; TV talk shows, round table meetings protesting and preventing acid violence are undertaken, along with government based initiatives ensuring survivors’ education and development, and ensuring that relevant duty bearers undertake necessary actions to ensure proper acid case proceedings.
KNOWLEDGE SHARING AND PARTNERSHIP

Partnership

Partnership with the National Institute of Burn and Plastic Surgery Dhaka Medical College Hospital (DMCH)

On the basis of a long-term relationship with Dhaka Medical College Hospital (DMCH) a MoU was signed on December 24th 2013 between ASF and the National Institute of Burn and Plastic Surgery (DMCH). The partnership aims to improve burn care especially acid burns in Bangladesh through knowledge sharing, training, and technical support in psychosocial counseling and physiotherapy.

Collaboration with Interburns UK

In order to reduce mortality and morbidity from burn injuries through a comprehensive approach encompassing training, education, research, prevention and capacity building, Interburns, National institute of Burn and Plastic Surgery (Burn Unit of DMCH), Bangladesh Society of Burn Injuries (BSBI) and ASF have agreed to engage in a collaborative partnership. The goal of this collaboration is to implement operational standards of burn care for basic, intermediate and advanced levels of service is low and middle income countries driving improvements in clinical practice and improved outcomes for burn patients.

Partnership with Brac

ASF has a formal partnership with Brac for notification, referral, rehabilitation and legal support. The partnership is with two of Brac’s empowerment programs; Human Rights and Legal Services (HRLS) and Community Empowerment Program (CEP). In 2013 the partnership between ASF and Brac was extended for another two years.

ASF’s Implementing Partners

ASF has formal partnerships with six partner NGOS in six districts with high numbers of acid survivors to aid in ASF’s prevention, medical, legal, rehabilitation and reintegration services. ASF’s implementing partners include Lighthouse in Bogura, Aid Comilla in Comilla, Agrogati Sangstha in Sathkhira, Manab Mukti Sanstha (MMS) in Sirajgonj, Sabalamby Unnayan Samity (SUS) in Netrokona and PAPRI in Narsingdi.
Strategic Partnership with the Youth Wing of the Hunger Project

ASF and the Hunger Project signed a Memorandum of Understanding (MOU) on 9th November 2013 for three years with the aim to combat acid and other forms of violence against women and girls through awareness raising campaign initiatives. Youth group will be the main target participants of this planned campaign. As strategic partner the Hunger Project with our support will undertake awareness raising campaigns among schools and colleges of different district levels. Intervention areas will be selected by the Hunger project based on which districts are identified as having the highest acid attack rates.

Knowledge Sharing:

Support to DMCH and Victim Support Centre

ASF’s psychotherapists and physiotherapists also provide support to patients in the burn unit of DMCH. DMCH established a 50-bed burn and plastic surgery unit in 2003 and now it has integrated 100 beds covering Red, Blue and Green units. In 2013, our psychotherapists provided treatment to chemical, flame-induced and electrical burn patients at DMCH with their age ranging from 1 month to 60+ years old. Our physiotherapists not only provide services to patients but also training to DMCH physiotherapists.

ASF’s psychotherapists also provide services to the Victim Support Centre which was established in February 2009 in order to address the issue of violence against women rampant in the Bangladesh society; the Victim support Centre is a groundbreaking initiative of the Bangladesh Police and provides integrated services like counseling, medical help, legal assistance and guidance on access to justice. Our psychotherapists provided services to women and children at the Victim Support Centre.
Cross Learning Visit to India

Skin is the largest organ of the human body, representing approximately 16% of the total body weight. In extensive burns, the protective barrier, the skin, is burnt away and may often lead to infection that can be fatal. Dead burnt skin can be replaced with skin from the skin bank, and this prevent infection and improves the survival rate of a patient, meaning that if skin is available a patient can be saved. Restoration of an intact barrier is of critical importance and may be achieved in numerous ways, including grafting. A skin graft is used to permanently replace damaged or missing skin or to provide a temporary wound covering. The best alternative available is skin allografts obtained from a human donor.

Skin banking is a facility where the skin is collected from an eligible donor, processed as per international protocols and stored in the skin bank at 4°C – 8°C for up to 2-3 years. There is no skin bank in Bangladesh till date. We plan on exploring the feasibility of establishing a skin bank in Bangladesh. Hence, to learn more about the skin bank with more practical experience, a cross learning visit was conducted. In this learning visit, a Skin Bank at Choithram Hospital in Indore and another in PG Hospital, Kolkata, India were visited.

ASF also made a visit to ASF India in Kolkata. Senior Management of ASF including ASF’s Executive Director met with the governing body of ASF India. The meeting allowed ASF and ASF India to share their experience and challenges through presentations followed by a question and answer session which resulted in a rich discussion.

Capacity Building of Local Health Professionals

ASF has partnered with Interburns, an international network of expert burn care professionals seeking to transform the global provision of burn care in low and middle-income countries. Essential Burn Care (EBC) orientation course for healthcare professionals is a unique training tool developed by Interburns to help mitigate the number of deaths and disabilities caused by burns all around the world. This course was designed specifically for low resource environments and is appropriate for non-specialist doctors, nurses, and therapists. EBC has been internationally endorsed by the Royal College of Surgeons (Edinburgh) and the International Society of Burn Injuries (ISBI). In 2013, we organized 37 EBC trainings for 1,275 participants in various Medical College Hospitals and District Hospitals in collaboration with the Ministry of Health and Family Welfare.
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Since its inception in 1999, ASF has continuously been striving to support survivors of acid violence through well developed and evidence based activities. In 2013, we undertook two research initiatives, the first to understand the perspective of perpetrators of acid violence and the second to understand the current needs of survivors of acid violence in Bangladesh. The background, major findings and recommendations of the two are as follows:

**Understanding Perpetrators’ Perspectives: A Study on Gender Based Violence with Special Emphasis on Acid Violence in Bangladesh**

In 2006, we undertook a study called “Conflict Dynamics of Acid Violence” in order to understand the underlying dynamics that lead to the escalation of conflicts resulting in acid violence. The study identified the need to further understand the perspectives of perpetrators which led them to commit acid-based violence and “Understanding Perpetrators’ Perspective: A Study on the Perspectives of Gender Based Violence with Special Emphasis on Acid Violence In Bangladesh” was a result of this requirement.

This study served to analyze personality traits, motivations and interests of perpetrators of gender based violence, understand the interrelations between experiences, attitudes and values of perpetrators and the cultural context, specifically socio-cultural conditions that influence ideas, decisions and actions of perpetrators; it also opened up intervention options and appropriate strategies for violence prevention.
Country Wide Need Assessment Survey on Acid Violence Survivors

In 2013, we undertook a country-wide need assessment survey on all known survivors of acid violence in Bangladesh. The initiative was able to reach a total of 1,991 survivors of acid violence (which includes survivors who were previously unknown to ASF or the Department of Social Welfare, Government of Bangladesh) in 62 districts of the country. The major findings of the survey were based on survivors' demographic situation (Figure 1); physical, psychological, social and familial consequences of the survivors after their attacks (Figure 2); and survivors' future needs (Figure 3).

### Findings and Recommendations

<table>
<thead>
<tr>
<th>Findings</th>
<th>Recommendations</th>
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<tr>
<td><strong>1. Lack of Knowledge on Human Rights</strong></td>
<td>Community based interventions based on raising awareness on basic human and constitutional rights, positive traditional values and relating them to issues of violence against women and its elimination will be necessary.</td>
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<tr>
<td>Knowledge on basic human and constitutional rights and positive traditional values remain minimal.</td>
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<td><strong>2. Acceptance of Physical Punishment</strong></td>
<td>National and local (community and family) level awareness raising interventions focusing on non-violent forms of teaching need to be undertaken by NGOs, CSOs, CBOs and the government agencies; for example, the issues should be incorporated in relevant Education (B.Ed/M.Ed) curriculums.</td>
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<td>The concept of physical punishment continues to be prevalent and accepted in the name of disciplining/&quot;teaching&quot; children and adults (especially wives, daughters and sisters) at the family, schools and broader community level.</td>
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<td><strong>3. Existence of Patriarchal Values</strong></td>
<td>Interventions to incorporate issues of reproductive health, sexuality and love relationships inside the national education curricula to raise awareness among adolescent boys and girls will be important; and existing initiatives of NGOs working with these issues need to be critically examined and acknowledged.</td>
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<td>Existing patriarchal values and attitudes are reinforced through political and cultural forces resulting in the suppression of women and the denial of their rights.</td>
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<td><strong>4. Lack of Conflict Management/ Dispute Resolution Systems</strong></td>
<td>Interventions based on building community level conflict monitoring systems and developing conflict management skills of community members should be undertaken.</td>
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<td>The lack of conflict management and dispute resolution skills of members of the community, who are often privy to information on local conflicts, violence and perpetrators; and the absence of efficient conflict monitoring mechanisms.</td>
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<td><strong>5. Personality Problems</strong></td>
<td>Family and community level interventions should be targeted towards early childhood development to influence the growth of healthy personality traits (for example, through counseling opportunities at the community level and/or at schools).</td>
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<tr>
<td>Neurotic and/or obsessive behavioral patterns (i.e. rage, fear and depression) were identified in perpetrators which led to them committing acid violence.</td>
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The end result of the survey was that it allowed us to update its information on survivors especially those of their current situation and needs. Moreover, the findings of the survey and recommendations helped in directing our future support interventions.

The survey showed that the top 5 needs expressed by survivors were primarily to do with financial, business, medical treatment, education and income generating activities.

The survey showed that more stronger interventions were needed in the following areas to satisfy the survivors' needs:

**Safety and security:** A rehabilitation support centre where survivors can receive short and long term support (education, life skills, vocational training etc.) in a safe and secure environment, until they are ready to face the outside world.

**Education:** Provision of both formal and informal education to ensure that survivors are able to make their own decisions, adequately use the support they have received and independently take initiatives to positively transform their lives.

**Psychosocial support:** Increased and systematic psychosocial support and counseling i.e. through the setting of minimum standards for support provision to ensure that survivors are able to cope with and overcome anxiety and depression caused by the aftermath of their attacks.

**Social empowerment:** Continuation of district level survivor group building so that survivors can help one another in times of need, undertake initiatives for local level awareness raising, advocacy and lobbying to prevent future acid and other forms of violence in their communities and protect the rights of existing survivors.

**Legal support:** Continuous direct and indirect legal support (e.g. through sensitization of law enforcement officers, officers of the court) to ensure implementation of the two Acid Acts and justice for survivors.

---

### Physical, Psychological, Social and Familial Consequences of Survivors after their Attacks

#### Physical

- The top five organs injured due to acid violence were the face, hands, back, throat and breasts/chest
- 73% of survivors have at least one disfigured organ due to their attacks

#### Psychological

- 72% of survivors currently suffer from or are likely to suffer from anxiety or depression.

#### Social and Familial

- All survivors face some form of harassment after their attacks
- The most common place survivors face harassment is from their societies followed by their families, relatives, friends and workplaces/education institutions
- Male survivors face more harassment from the public sphere (i.e. their friends and educational institutions) whereas female survivors face more harassment from the private sphere (i.e. from family members and relatives)
- The top three ways they reported harassment were: avoidance; teasing, back biting and laughing; and friends refusing to talk to them
- Nearly half of the survivors do not or very rarely participate in social programmes

The survey showed that the top 5 needs expressed by survivors were primarily to do with financial, business, medical treatment, education and income generating activities.

The survey showed that more stronger interventions were needed in the following areas to satisfy the survivors' needs:

- **Safety and security:** A rehabilitation support centre where survivors can receive short and long term support (education, life skills, vocational training etc.) in a safe and secure environment, until they are ready to face the outside world.
- **Education:** Provision of both formal and informal education to ensure that survivors are able to make their own decisions, adequately use the support they have received and independently take initiatives to positively transform their lives.
- **Psychosocial support:** Increased and systematic psychosocial support and counseling i.e. through the setting of minimum standards for support provision to ensure that survivors are able to cope with and overcome anxiety and depression caused by the aftermath of their attacks.
- **Social empowerment:** Continuation of district level survivor group building so that survivors can help one another in times of need, undertake initiatives for local level awareness raising, advocacy and lobbying to prevent future acid and other forms of violence in their communities and protect the rights of existing survivors.
- **Legal support:** Continuous direct and indirect legal support (e.g. through sensitization of law enforcement officers, officers of the court) to ensure implementation of the two Acid Acts and justice for survivors.
The end result of the survey was that it allowed us to update its information on survivors especially those of their current situation and needs. Moreover, the findings of the survey and recommendations helped in directing our future support interventions.

The top 5 needs expressed by survivors were primarily to do with financial, business, medical treatment, education and income generating activities.

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- **Safety and security:**
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**Psychological Physical Social and Familial Consequences of Survivors after their Attacks**

- **All survivors face some form of harassment after their attacks**
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- **The top three ways they reported harassment were: avoidance; teasing, back biting and laughing; and friends refusing to talk to them**
- **Nearly half of the survivors do not or very rarely participate in social programmes**

**Survivors’ Future Needs**

- 4.3% Help for initiating IGA (Cattle rearing/poultry)
- 3.8% Other
- 37.1% Financial help
- 3.0% Want job
- 2.7% Building house
- 6.3% Education support
- 25.0% Help for business
- 3.1% Purchasing land
- 14.1% Treatment
- 0.7% Legal assistance to run the case
Background

Ayesha Begum, was just a child when her father left her mother to fend for the family. She had three other siblings: two sisters and a brother who were all very young at the time. Ayesha’s mother being the only working member in the family due to her low income was unable to put Ayesha through school, instead leaving her to take care of her siblings at home. When Ayesha was a little older, she was married off to Karim Miah, a man who had previously been married to another woman. Their marriage was a very tumultuous one with continuous arguments and disputes. At one point, Ayesha’s father-in-law demanded money from her mother so as to fund a poultry farm, but Ayesha’s mother refused. After that Ayesha’s husband and her in-laws continuously tortured and belittled her.

On 10th December 2012, after a sequel of previous arguments, Karim Miah gave in to his anger and decided to plan an attack on Ayesha, his 18-year-old wife. Later that evening, around 7:30 pm, Ayesha woke up to a burning sensation all over her body – her husband had literally lit her on fire.

After the incident Ayesha was treated at the Upazila Health Complex, the Sadar Hospital and the Dhaka Medical College Hospital. Her mother who accused Ayesha’s husband and three other accomplices of the attack filed a case.

The Future

Ayesha was admitted at ASF’s hospital on 28th January 2013 at 5pm. ASF doctors diagnosed her with 20% burn through flame burn, which affected various parts of her body including her neck, arm and thigh. Soon after, Ayesha was treated at our hospital under close supervision of plastic surgeons, physiotherapists and psychotherapists and received four operations for her injuries. Ayesha’s case is considered one of the most successful ones in terms of non-acid burn treatment provided at our ASF. The major flame burns she acquired from the attack could have distorted the functionality of various parts of her body, however, early treatment allowed her to regain function to her burnt areas.

In preparation for her post attack life, ASF gave her family assistance support, counseling and information on available government and NGO funds that she could apply for once she returns. ASF was able to advocate for her case with the Department of Social Services, which subsequently granted her BDT 5,000 and the District Commissioner’s Office that gave her a blanket.

In terms of providing assistance with her legal case, ASF sent a Medical Certificate to the relevant police authorities to prove that her attack was from flame burns, which would help with her case proceedings. However, as the police authorities have not yet presented the case charge sheets, the case proceedings have been delayed and despite being jailed for a month Ayesha’s perpetrators have been let out on bail.

Ayesha’s post attack life has been a challenging one; she initially went back and lived with her mother and siblings, however, upon receiving the news of her return her husband forced her to return to his home. Here her husband and in laws continued to put pressure on her to dismiss the case filed against them and they would not allow Ayesha to have any contact with other people. Afraid of what they would do next, Ayesha fled from her husband’s home and returned to her mother. However, her troubles did not end there. Ayesha was back to where she had started, with two sisters who were too young to work and a brother who was married and lived separately. Her mother was still the only one who could work to make ends meet. Moreover, without any education, inadequate skills, and a shy nature it was difficult for her to find a source of income to support herself and her family.

Ayesha continues to visit ASF to receive treatment and advice whenever she faces any post-treatment discomfort to her burnt areas. She has often complained about not being able to eat due to her throat being affected by the attack. Ayesha often expresses how difficult life has become for her and that the only positive has been that her own family members are supportive of her situation.

Realizing the importance of education in her life, Ayesha has enrolled herself into a Madrasa in her community where she is studying in fourth grade. ASF has continued to encourage her to apply for education support available in her community through various government organizations and NGOs so that it enables her to continue her education.

Currently, Ayesha’s mother is in Lebanon working as a maid; she has left Ayesha at her father’s home away from the perpetrator’s sight, and she left her other children with her son. One of Ayesha’s cousins has arranged for Ayesha to join an embroidery training course, which she can use in the future to start her own business.

Although Ayesha continues to be a shy and soft-spoken young lady, she is determined to make a difference to her life and hopes that the new skills that she will acquire will open up new paths to success.

* Pseudonyms have been used to protect identity
At ASF

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Post Attack Life

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# Lessons Learned and Challenges

<table>
<thead>
<tr>
<th>Lessons Learned</th>
<th>Way Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid violence and other types of gender based violence need to be addressed at grassroot and national level</td>
<td>Continue targeted awareness raising, advocacy and lobby activities at the community, district and national level</td>
</tr>
<tr>
<td>Awareness campaigns through electronic and print media is an effective tool to influence policy makers and other relevant stakeholders and it should be institutionalized and mainstreamed in government and NGO level interventions</td>
<td>Advocate and lobby to mainstream and institutionalize awareness raising media campaigns in government and NGO interventions</td>
</tr>
<tr>
<td>There is a need for continuous lobby and advocacy for proper implementation of two acid laws</td>
<td>Activate ASF’s Legal Advisory Group (LAG) to act as a pressure group and advocate for proper implementation of two laws</td>
</tr>
<tr>
<td>Strengthening public and private partnership is an effective way to address acid violence and burn violence</td>
<td>Increase coordination with relevant ministries to improve medical, legal, rehabilitation, and reintegration services for survivors of acid and other burn violence</td>
</tr>
<tr>
<td>A multidisciplinary approach with the engagement of different professionals and proper case management system is effective to address the multidimensional needs of survivors of acid and other burn violence</td>
<td>Strengthen ASF’s case management system</td>
</tr>
<tr>
<td>Survivors presence and their active voice create positive changes in advocacy and sensitization efforts</td>
<td>Provide capacity development support to survivor ambassadors and survivor’s groups empowering them to claim their rights</td>
</tr>
</tbody>
</table>
### Challenges

<table>
<thead>
<tr>
<th><strong>Prevention</strong></th>
<th>Land and property dispute is a dominating root cause for acid violence and it is difficult to address this cause through project based interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td>Burn care involves high expense for wound management materials, staffing, equipment, and long term scar management products.</td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td>There are many challenges in ensuring legal support to survivors which include easy availability of acid, weak monitoring mechanism, lack of victim and witness protection, influence of perpetrator, insensitive police behavior towards women and children, and lengthy legal procedure.</td>
</tr>
<tr>
<td><strong>Rehabilitation</strong></td>
<td>The trauma associated with acid violence has long term effects specially when the survivor is from a poor socioeconomic background, and a family member is the perpetrator which is the case for 46% of ASF's recorded cases. Therefore it is often very challenging to develop a successful reintegration plan for survivors within a given time frame. When survivors return to their communities they may face challenges like negative reaction to their disfigurement that might trigger a relapse and they may need further support from ASF.</td>
</tr>
</tbody>
</table>
Auditors' report to the Board of Trustees of Acid Survivors Foundation

We have audited the accompanying consolidated financial statements of Acid Survivors Foundation ("the Foundation"), namely, consolidated statement of financial position (balance sheet) as at 31 December 2013 and the related consolidated statement of comprehensive income (income and expenditure statement), consolidated statement of cash flows and notes thereto for the year then ended.

Respective responsibilities of management and auditors

Management of the Foundation is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Bangladesh Accounting Standards and Bangladesh Financial Reporting Standards. Our responsibility is to express an independent opinion on these consolidated financial statements based on our audit.

Basis of our audit opinion

We conducted our audit in accordance with Bangladesh Standards on Auditing. Those standards require that we plan and perform the audit to obtain a reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of financial statements. We believe that our audit provides a reasonable basis for our opinion.

Opinion

In our opinion, the consolidated financial statements, prepared in accordance with Bangladesh Accounting Standards and Bangladesh Financial Reporting Standards, give a true and fair view of the state of the Foundation’s affairs as at 31 December 2013 and the results of its operations and its cash flows for the year then ended and comply with the requirements of Foreign Donations (Voluntary Activities) Regulation Ordinance and Rules 1978 and other applicable laws and regulations.

We also report that:

(a) we have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purposes of our audit, and made due verification thereof;

(b) in our opinion, proper books of account as required by law were kept by the Foundation so far as it appeared from our examination of those books; and

(c) the said financial statements dealt with by this report are in agreement with the books of account maintained by the Foundation and examined by us.

Dated, 31 March 2014

S. F. AHMED & CO
Chartered Accountants
### Acid Survivors Foundation

**Consolidated Statement of Financial Position**
(Balance Sheet) at 31 December 2013

<table>
<thead>
<tr>
<th>Assets</th>
<th>Notes</th>
<th>31 Dec 2013</th>
<th>31 Dec 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>3</td>
<td>7,404,228</td>
<td>6,483,309</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>4</td>
<td>482,433</td>
<td>482,433</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td>98,868,334</td>
<td>84,546,682</td>
</tr>
<tr>
<td>Advances and deposits</td>
<td>5</td>
<td>794,112</td>
<td>4,879,424</td>
</tr>
<tr>
<td>Receivable</td>
<td>6</td>
<td>-</td>
<td>502,633</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>7</td>
<td>22,240,775</td>
<td>47,476,300</td>
</tr>
<tr>
<td>Liabilities: Current liabilities</td>
<td>8</td>
<td>121,383,674</td>
<td>137,887,472</td>
</tr>
<tr>
<td>Account payable</td>
<td></td>
<td>-</td>
<td>8,457,473</td>
</tr>
<tr>
<td>Provision for expenses</td>
<td>9</td>
<td>57,500</td>
<td>63,350</td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td>57,500</td>
<td>8,520,722</td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td>123,328,174</td>
<td>129,366,749</td>
</tr>
<tr>
<td>Total assets</td>
<td></td>
<td>130,733,402</td>
<td>135,850,558</td>
</tr>
</tbody>
</table>

**Financed by**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment fund</td>
<td>10</td>
<td>16,941,459</td>
<td>16,941,459</td>
</tr>
<tr>
<td>General reserve</td>
<td>11</td>
<td>104,825,911</td>
<td>109,679,883</td>
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<tr>
<td>Income generating fund</td>
<td>12</td>
<td>8,848,420</td>
<td>9,112,612</td>
</tr>
<tr>
<td>Stipend fund</td>
<td></td>
<td>30,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Secured loan</td>
<td></td>
<td>86,604</td>
<td>86,604</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>130,733,402</td>
<td>135,850,558</td>
</tr>
</tbody>
</table>

*See annexed notes*

**Signed in terms of our report of even this annexed**

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*S. F. AHMED & CO*
Chartered Accountants

**Treasurer**

**Executive Director**

House 51 (3rd Floor), Road 09, Block F
Banani, Dhaka 1213, Bangladesh
Dated, 31 March 2014
# AUDIT REPORT

## Acid Survivors Foundation

**Consolidated Statement of Comprehensive Income (Income and Expenditure Statement)**

for the year ended 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>Amounts in Taka</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year ended 21 Dec 2013</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>Project donations</td>
<td>68,130,895</td>
</tr>
<tr>
<td>Donations from organisations</td>
<td>4,789,733</td>
</tr>
<tr>
<td>Donations from individuals</td>
<td>1,028,922</td>
</tr>
<tr>
<td>Other income</td>
<td>74,049,250</td>
</tr>
<tr>
<td>Recovery from projects as Head Office overhead</td>
<td>11,493,308</td>
</tr>
<tr>
<td><strong>Total income (A)</strong></td>
<td>86,881,583</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Program</strong></td>
<td></td>
</tr>
<tr>
<td>Support to survivors</td>
<td></td>
</tr>
<tr>
<td>Medical support program</td>
<td>21,833,338</td>
</tr>
<tr>
<td>Research advocacy and prevention unit</td>
<td>18,653,056</td>
</tr>
<tr>
<td>Psychosocial support unit</td>
<td>24,763,688</td>
</tr>
<tr>
<td>Legal unit</td>
<td>405,534</td>
</tr>
<tr>
<td>Increase organisational capacity-building</td>
<td>63,635,592</td>
</tr>
<tr>
<td>Human resources development</td>
<td>606,825</td>
</tr>
<tr>
<td>Increase organisational capacity</td>
<td>1,901,714</td>
</tr>
<tr>
<td>Audit fee</td>
<td>51,250</td>
</tr>
<tr>
<td><strong>Total expenditure (B)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Excess/(deficit) of income over expenditure (C=A-B)</strong></td>
<td>(4,767,360)</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td>(4,767,360)</td>
</tr>
</tbody>
</table>

See amended notes.

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Signed in terms of our report of even date annexed

For Acid Survivors Foundation

Treasurer

Executive Director

S. F. AHMED & CO
Chartered Accountants
### Consolidated Statement of Cash Flows for the year ended 21 December 2013

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount in Taka 31 Dec 2013</th>
<th>Amount in Taka 31 Dec 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project donations</td>
<td>68,130,895</td>
<td>89,776,909</td>
</tr>
<tr>
<td>Interest received</td>
<td>33,408</td>
<td>38,599</td>
</tr>
<tr>
<td>Interest on investment</td>
<td>14,582,018</td>
<td>8,088,085</td>
</tr>
<tr>
<td>Other donation received</td>
<td>5,918,655</td>
<td>2,176,273</td>
</tr>
<tr>
<td>Income from sustainable project</td>
<td>2,692,046</td>
<td>2,504,155</td>
</tr>
<tr>
<td>Received for stipend fund</td>
<td></td>
<td>15,000</td>
</tr>
<tr>
<td>Recovery from projects as Head Office overhead</td>
<td>1,338,728</td>
<td>780,853</td>
</tr>
<tr>
<td>Bank charges</td>
<td>(36,982)</td>
<td>(23,931)</td>
</tr>
<tr>
<td>Support to survivors through various units</td>
<td>(68,611,822)</td>
<td>(44,838,230)</td>
</tr>
<tr>
<td>Increased organizational capacity</td>
<td>(2,507,976)</td>
<td>(2,199,803)</td>
</tr>
<tr>
<td>Advances and loan realisation</td>
<td>(3,856,132)</td>
<td>3,568,103</td>
</tr>
<tr>
<td>Other received</td>
<td>1,885</td>
<td>84,739</td>
</tr>
<tr>
<td>Paid for management and internal operation</td>
<td>(21,215,683)</td>
<td>(15,867,413)</td>
</tr>
<tr>
<td>Paid against previous year’s provision</td>
<td>(57,500)</td>
<td>(57,250)</td>
</tr>
<tr>
<td><strong>Net cash from/(used in) operating activities (A)</strong></td>
<td>(6,812,496)</td>
<td>43,006,810</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDR encashment</td>
<td>35,984,949</td>
<td>31,081,248</td>
</tr>
<tr>
<td>Investment in FDR</td>
<td>(51,706,601)</td>
<td>(69,212,378)</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(13,101,377)</td>
<td>(5,039,718)</td>
</tr>
<tr>
<td>Sale of property, plant and equipment</td>
<td></td>
<td>3,612,538</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities (B)</strong></td>
<td>(18,425,039)</td>
<td>(20,538,110)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents (A+B)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening cash and cash equivalents</td>
<td>47,476,300</td>
<td>24,107,860</td>
</tr>
<tr>
<td>Closing cash and cash equivalents</td>
<td>22,240,775</td>
<td>47,476,300</td>
</tr>
</tbody>
</table>

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S.F. AHMED & CO
Chartered Accountants

Signed in terms of our report of even date annexed.

For Acid Survivors Foundation

Treasurer

Executive Director

House 51 (3rd Floor), Road 09, Block F
Banani, Dhaka 1213, Bangladesh
Dated, 31 March 2014

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Chartered Accountants
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ASF would like to thank the people who have donated their time to ASF. We have made every effort to ensure accuracy in our donor list. We apologize for any errors and would like to request any necessary changes to be brought to our attention so we may rectify our records.

ASF Partners
ASF is grateful for the support that its partners have provided over the years. Their innumerable contributions and collaborations have allowed ASF to provide essential services to its survivors. We thank them for being there at every step of the rehabilitation process, from legal support, to grassroots advocacy, to social reintegration.

- BRAC
- Aid Comilla
- Manab Mukti Sangstha (MMS)
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- Bangladesh Legal Aid Services and Trust (BLAST)
- Men & Boys Network
- Girl Child Advocacy Forum
- The Hunger Project
CONTRIBUTION OF LOCAL AND INTERNATIONAL DOCTORS & SURGEONS

**Plastic surgeons**
- Prof. Dr. AJM Salek
- Prof. Dr. Shafquat H. Khundkar
- Dr. Ronald W. Hiles
- Dr. Shareef Hasan
- Dr. Muhammad Quamruzzaman
- Dr. Ahmad Seraji
- Dr. Kishore Kumar Das
- Dr. Md. Rashedul Islam
- Dr. Ahmedul Kabir Chowdhury

**Anaesthetists**
- Dr. Ragib Manjur
- Dr. Waheed Murshed
- Dr. Tasleema Chowdhury
- Dr. Mohsin Mollah
- Dr. M. Saidur Rahman Khan

**Ophthalmologist**
- Dr. Sarwar Alam
- Dr. Faridul Hasan

**ENT Consultant**
- Prof. Dr. Kamrul Hassan Tarafder
- Dr. A. Allam Chawdhury

**Thoracic Surgeon**
- Dr. A.K.M. Razzak

**Assistant Surgeon**
- Dr. Mohammed Mazharul Haque
- Dr. Hasan Naziruddin
Acid Survivors Foundation (ASF)
House: 12-13, Road: 22, Block: K, Banani Model Town, Dhaka – 1213
Telephone: (02) 9880142, 9886383, 9891314, 9862774, Fax: +88 (02) 9888439
URL: www.acid survivors.org, E-mail: asf@acid survivors.org
Hotline for acid violence information: 01713 010461