International Journal of Health Research and Medico-Legal Practice

REVIEW PAPER

Healing, dignity, and empowerment: a multidimensional medico-legal review of vitriolage care in India

Das A[1], Mitra M[2]

Address for correspondence
[1]Associate Professor
(Corresponding Author)
Forensic Medicine and Toxicology
Jhargram Government Medical College & Hospital, West Bengal 07.
Mobile: +918902640596
Email: abhishek.das.forensic@gmail.com
[2]Hon'ble Justice of Calcutta High Court
(Retired, Member, West Bengal Human Rights Commission
Mobile: +919434881178
Email: mmitra74@gmail.com

Received: 12-01-2026
Revised: 30-04-2026
Editorial approval: 01-05-2926
Checked for plagiarism: Yes
Peer-reviewed article: Yes
Editor approved: Prof. P. Mahanta

ABSTRACT

Acid violence, also referred to as vitriolage, constitutes one of the most egregious crimes, representing a significant violation of human rights and bodily integrity. In the Indian context, it is predominantly a gender-based offence. This review examines the far-reaching consequences of acid attacks in India, addressing medical, social, and legal aspects. It compares national patterns of acid attacks with global data to provide a comprehensive perspective. Additionally, the review analyses the transition from the Indian Penal Code (IPC) to the Bhartiya Nyaya Sanhita (BNS) in 2023, emphasising the need for legal reforms that prioritise survivor-centred rehabilitation. The article advocates for a revised legal framework and enhanced support systems to ensure the protection and well-being of survivors following an attack.

Keywords: *Acid attack; vitriolage; medico-legal; survivor.*

Cite this article: *Das A, Mitra M. Healing, dignity, and empowerment: a multidimensional medico-legal review of vitriolage care in India. Int J Health Res Medico Leg Prae. 2026 Jan-June;12(1):48-52. Doi: 10.31741/ijhrmlp.v12.i1.2026.7*

IJHRMLP
ISSN 2394-806X (Print), ISSN 2454-5139 (Online)

INTRODUCTION

The nature of the "corrosive crime"

We must appreciate the survivors and victims of acid attacks, possibly the most heinous crime, for their continuous struggle and the caregivers, without whose support, assistance, and service, the survivors could not succeed in overcoming the adverse situation faced by them as victims of acid attacks.[1]

Acid attacks are considered one of the most brutal crimes. Acid attacks not only cause disfigurement of the victims' physical bodies but also have adverse impacts on their minds. In most cases, the victims of acid attacks are/were women. In most of the incidents, the offenders are men. Offenders attack or throw acid on the faces of the victims with an ulterior motive for the disfigurement of the faces of the victims to make them permanently disfigured or ugly.[2]

Historically, vitriolage has been used as a "social death" weapon. Unlike homicide, the intent is often to leave the victim alive but marginalised, effectively "erasing" their identity from the public sphere. Acid attack cases may sometimes reflect perverted psychology. The authors had the opportunity to handle a case involving a victim of forcible rape in a banana grove. After the rape, the offender poured acid into the victim's vagina, causing severe injuries

to her private parts. Particularly, the crime of acid attack may be termed a gender-based crime.[3]

Global vs Indian perspectives: a statistical contrast[4]

While acid violence is a global phenomenon, the motives and demographics vary significantly. In developed nations, such as the UK, attacks are often associated with gang violence or robbery, whereas in the Indian subcontinent, it remains fundamentally gender-based.[4]

India: According to the National Crime Records Bureau (NCRB) 2023, India reported approximately 207 cases. However, NGOs like Acid Survivors Trust International (ASTI) estimate the real figure to be closer to 1,000 annually due to significant underreporting and social stigma faced by the victims.[4]

Bangladesh: Once a world leader in acid attacks, Bangladesh successfully reduced incidents from 494 in 2002 to fewer than 15 in 2024 through the stringent regulation of acid sales and fast-track courts.[4]

Egypt: Recent studies indicate that 90.3% of offenders are known to their victims, with revenge being the primary motive (58.1%).[4]

The medical dimension: the burden of care[5]

The right to live with dignity is considered a basic human right. An acid attack is considered a violation of the rights of individuals, as contained in Article 21 of the Constitution of India. Acid victims experience pain and suffering beyond just bodily injuries. It has a deep-rooted adverse effect on the mental health of the victims. Acid attack victims require various treatments, which are as follows: (1) Multiple reconstructive surgeries, including plastic surgeries; (2) Life-long rehabilitation; (3) Mental health support; (4) Behavioural therapy.

All the private and public medical institutions have the obligation to render free, immediate, and full treatment to acid attack victims.[5]

Pathophysiology and immediate care[6]

Acids cause coagulation necrosis, creating a leathery eschar that initially limits deeper penetration. However, substances like sulphuric acid create an instant exothermic reaction, causing devastating tissue destruction. Immediate medical imperatives include:

- **Copious irrigation**: Continuous lavage with water for 30–60 minutes to arrest the chemical reaction.
- **Airway management**: The inhalation of vapours can cause laryngeal oedema or pulmonary damage.

Ultimately, it heals with contracture and ugly disfigurement of the head and face, with or without blindness.[6]

Reconstructive challenges

Survivors often require 20-30 procedures over several years. These are functional necessities, including eyelid reconstruction to prevent blindness (ectropion repair), contracture release for "neck-to-chest" burns, and microstomia (narrowed mouth) correction. Usually, the plastic surgeons, general surgeons, ENT surgeons, and dermatologists are involved in these procedures to give the survivors a better life (visually and cosmetically) ahead.[6]

The legal framework: from IPC to BNS 2023[7-9]

The Indian legal system has evolved from general "grievous hurt" provisions under the IPC to specific, stringent statutes.

Section 124 (1) of BNS 2023 lays down specific and stringent punishment for the offender of an acid attack. This provision prescribes a minimum punishment of ten years, which may extend to life imprisonment, for an acid attack offender. Crucially, BNS 2023 includes "permanent vegetative state" and "irreversible disfigurement" within its scope, ensuring that the severity of the sentence matches the gravity of the injury.[7-9]

Judicial activism and compensation[10-13]

In Laxmi vs Union of India, our Apex Court issued certain directions on 06.02.2013, to be

IJHRMLP
ISSN 2394-806X (Print), ISSN 2454-5139 (Online)

followed by all the States and Union Territories of India. Those directions are: (1) Enactment of appropriate provisions for effective regulation of the sale of acid; (2) Measures for proper treatment, after-care, and rehabilitation; (3) Compensation payable to acid victims by the state or the creation of some separate fund.[10]

Our Apex Court directed that the concerned State Government shall pay the acid attack victims compensation of Rs. three lakhs. or Union Territory as after-care and rehabilitation costs. Out of these 3 lakhs, Rs. one Lakh is to be paid to the victim within 15 days from the date of the incident or from the date of being brought to the notice of the State Govt. The balance sum of Rs. 2 lakhs shall be paid as expeditiously as may be possible and positively within two months thereafter.[4,11]

This year, our Apex Court has issued a specific direction for the immediate release of compensation to acid attack victims. The acid attack victims' compensation does not affect the trial's outcome. If the victim proves the incident was an acid attack, they are entitled to compensation. An accused may be acquitted for various reasons, but that does not mean the victim of the incident has no right to compensation.[11,12] In many cases, it appears that the compensation of Rs 3 lakhs is inadequate. The cost of reconstructive surgeries is much higher. In that case, if the victim believes the compensation amount is inadequate, the victim can approach the Member Secretary of State Legal Services to file an appeal. The victim has the right to recover the actual cost of their treatment. Rehabilitation depends on the victim's age, status, and injury type. For proper guidance and assistance, the victim may approach the Member Secretary of the State Legal Services Authority.[10-12]

Socio-psychological impact and empowerment

Survivors of the acid attacks have to face mental health challenges such as trauma, flashbacks, fear of reattacking, and isolation from family and society. Acid attacks on the face, which cause permanent disfigurement, often result in rejection and dejection from neighbours, society, and even family members. These can result in a suicide attempt by the victim. Often, families further humiliate the victims of acid attacks, causing them to lose their confidence. If the victim survives, the chronic complications lead to Post-Traumatic Stress Disorder (PTSD), which is a psychiatric disease requiring thorough psychological counselling and antipsychotic drug therapy.[13-15]

Well-wishers and family members of the victims are required to be sensitised so that they can stand by their side physically as well as mentally. They should keep in mind that victims need special therapy to rebuild their confidence and overcome the situation so that they can come back to the mainstream of life. They also need long-term care to overcome the adverse impacts of acid attacks on their individuals and minds. They need special care and attention to rebuild their confidence and feeling that they have many things to do for society, and they are part and parcel of society.[14-16]

They should be proud to be survivors of acid attacks; the offenders who committed the crime should be isolated from society, and others should take a lesson not to commit such a heinous crime.

Need for a holistic approach

We know that the state has a duty to protect the right to life, liberty, property, and the dignity of individuals and to make a crime-free society. While BNS 2023 provides the necessary legal protection, true empowerment requires social acceptance and economic inclusion. The medical community must provide the "hands" for healing, while society must provide the "heart" for reintegration.

Vitriolage is not merely a physical injury but a deliberate attempt at "social death" and the annihilation of a person's social existence. To effectively combat this heinous crime, we must pave a multidimensional Road to the Future that integrates medical, legal, and social reforms.

IJHRMLP
ISSN 2394-806X (Print), ISSN 2454-5139 (Online)

Legally, while the Bhartiya Nyaya Sanhita (BNS) 2023 provides the necessary "teeth" for prosecution via Section 124, the focus must shift toward a Restorative Justice model. This includes the immediate payment of compensation and the important 2026 Supreme Court order to take and sell the accused's assets to cover the high costs of lifelong rehabilitation. Additionally, it is crucial to strictly control the sale of harmful substances over the counter by requiring ID checks and specifying purchase reasons, shifting from reactive problem-solving to proactive prevention.

Medically, India must standardise forensic and first-aid protocols, ensuring that every primary health centre is equipped with immediate, copious irrigation and specialised airway management. Reconstructive surgeries must be legally reclassified as functional necessities rather than cosmetic procedures, ensuring they are provided free of cost across both private and public institutions. Crucially, psychological rehabilitation—using adaptive "psychological make-up" and community-based support—should be initiated simultaneously with surgical interventions to mitigate chronic trauma and social withdrawal.

Socially, the paradigm must shift from viewing survivors as "victims of disfigurement" to "champions of resilience." This requires sensitising families and communities to dismantle the patriarchal mindset that views women as "possessions" and treats rejection as a justification for violence. Empowerment through vocational training (such as the *Sheroes Hangout* model) and economic inclusion is the only way to ensure that survivors are not isolated but are instead reintegrated as part and parcel of society.

Ultimately, the state has an absolute duty to protect the dignity of individuals under Article 21 of the Constitution. The road ahead requires the medical community to provide the "hands" for healing, the judiciary to provide the "teeth" for deterrence, and society to provide the "heart" for true empowerment.

CONCLUSION

In conclusion, while the BNS offers essential legal frameworks to protect individuals, true empowerment against crimes such as vitriolage requires a comprehensive approach that integrates medical, legal, and social reforms. The state must prioritise the protection of life and dignity, transitioning from punitive measures to restorative justice, including immediate compensation and the seizure of assets for rehabilitation funding. Medical protocols must be standardised to ensure accessible and necessary treatments for survivors, while psychological support should accompany physical healing. Socially, a shift in perception is crucial, viewing survivors as resilient individuals rather than victims and fostering economic inclusion through vocational training. Ultimately, a collaborative effort by the medical community, the judiciary, and society is essential to create a supportive environment for survivors and to uphold their dignity, as mandated by the Constitution.

Acknowledgement: Nil

Ethical clearance: Not needed.

Financial support: Nil.

Conflict of interest: None.

Availability of data: No additional data which is not included in this manuscript.

Ethical matters: No photographs, experimental animals, or human subjects are involved in this article. Institutional Ethics Committee approval is not needed.

Author contribution: The authors named in this article worked and will bear all liabilities related to its content.

IJHRMLP
ISSN 2394-806X (Print), ISSN 2454-5139 (Online)

REFERENCES

1. Sarkar PC. The Bharatiya Nyaya Sanhita, 2023: A Commentary. New Delhi: LexisNexis; 2024.
2. Goswami M. A review of the literature on acid attacks in India. MSSV Journal of Humanities and Social Sciences 2017;1(2):1-10
3. Singh P, Keshri VR, Rathi R, Jagnoor J. Stigma, disfigurement and resilience among acid attack survivors: a qualitative body mapping study in Noida, India. BMJ Public Health. 2026;4:e002693. https://doi.org/10.1136/bmjph-2025-002693
4. Shehata SA, Abdelrahman KM, Hagras AM, Kamar AH. Medico-legal assessment of acid attack (Vitriolage) injuries in Egypt: Fate, outcomes and permanent infirmity. Leg Med (Tokyo). 2022;56:102046. doi: 10.1016/j.legalmed.2022.102046.
5. Standard treatment guidelines for management of burns [Internet]. India [cited 2026 June 25]. Available from: https://www.mohfw-dohfw.gov.in/static/uploads/2025/12/5aeed536ccef65b865334dceeb8e4f9f.pdf
6. VanHoy TB, Metheny H, Patel BC. Chemical Burns. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK499888/. [Last Updated 2023 Jul 17].
7. Laxmi v. Union of India, (2014) 4 SCC 427 [Internet]. India [cited 2026 June 25]. Available from: https://indiankanoon.org/doc/90443079/
8. Constitution of India, Article 21 [Internet]. India [cited 2026 June 25]. Available from: https://indiankanoon.org/doc/1199182/
9. Bharatiya Nyaya Sanhita (BNS), 2023, Section 124 [Internet]. India [cited 2026 June 25]. Available from: https://devgan.in/bns/section/124/
10. Barchielli B, Lausi G, Pizzo A, et al. A Medical-Legal and Psychological Systematic Review on Vitriolage Related to Gender-Based Violence. Trauma, Violence, & Abuse. 2023; 24(5): 2953–2965.
11. Parivartan Kendra v. Union of India, (2016) 3 SCC 571 [Internet]. India [cited 2026 June 25]. Available from: https://indiankanoon.org/doc/16029001/
12. Verma JS. Report of the Committee on Amendments to Criminal Law. Government of India; 2013 [Internet]. India [cited 2026 June 25]. Available from: https://prsindia.org/policy/report-summaries/justice-verma-committee-report-summary
13. Karmakar RN. Forensic Medicine and Toxicology (Theory, Oral & Practical). 5th ed. Kolkata: Academic Publishers; 2006.
14. Deb A, Roychowdhury P. A Fate Worse than Death: A Critical Exploration of Acid Attack Violence in India. Law Mantra 2015;2(5):1-11.
15. Mohapatra CK, Nanda H. Acid Attack and Women in India: A Critical Analysis. Global Journal for Research Analysis 2015;4(7).
16. Nehaluddin, Ahmad. Acid Attacks on Women: An Appraisal of the Indian Legal Response. Asia Pac. J. on Hum. Rts. & L. 2011;12(2):55-72

IJHRMLP
ISSN 2394-806X (Print), ISSN 2454-5139 (Online)