

Acid Violence in Uganda

A Situational Analysis

Acid Survivors' Foundation Uganda

in partnership with the Acid Survivors Trust International

November 2011

Acid Survivors' Foundation Uganda

Acid Survivors' Foundation Uganda (ASFU)¹ was first established in 2003. It is a registered non-governmental organization (NGO) that operates across Uganda with offices in the capital, Kampala. ASFU's mission is to support rehabilitation of acid violence victims through direct support for survivors and to campaign against further acid violence in Uganda. Direct survivor support includes medical support, legal aid, psychosocial support and economic interventions. The organization works collaboratively with a network of other NGOs seeking to end acid violence in Uganda through advocacy and public education. ASFU works closely with the Government of Uganda and civil society to lobby for legal reforms, systems and services for the protection and promotion of the rights of survivors of acid attacks and to develop an effective and efficient response to combat and eliminate acid violence in Uganda.

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What is Acid Violence?

Acid violence is the deliberate use of acid to attack another human being. The victims of acid violence are usually women and children, and attackers often target the head and face in order to maim, disfigure and blind. Acid has a devastating effect on the human body, often permanently blinding the victim and denying them the use of their hands. As a consequence, many everyday tasks such as working and even mothering are rendered extremely difficult if not impossible. Acid Violence rarely kills but causes severe physical, psychological and social scarring, and victims are often left with no legal recourse, limited access to medical or psychological assistance, and without the means to support themselves. It is not possible to provide the support that survivors require through a single intervention like a cleft palate surgery or the construction of a water-well. In order to rebuild their lives, acid survivors need long-term access to a holistic programme of medical support, rehabilitation, and advocacy that can only be provided by a local organisation. Acid violence is a worldwide phenomenon that is not restricted to a particular race, religion or geographical location. It occurs in developed and developing countries including South Asia, South-East Asia, Sub-Saharan Africa and the Middle East, and there is anecdotal evidence of attacks in other regions.

See ASTI's web site: <http://www.acidviolence.org/>

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1 INTRODUCTION

Forty-year-old Daniel¹ was left in agony, severely disfigured and blind, after acid was poured over him in July 2007 because of a family dispute. A resident of Nateete suburb in Kampala District, he was an heir to his father's land and wished to keep it. His siblings wanted to sell it. He was attacked after he rejected several attempts by his siblings to change his mind. After he was discharged from Mulago Hospital in Kampala following nearly a year of treatment, he discovered that his sisters had moved him out of his old house and into a compound formerly occupied by his grandfather. His wife left him and his disabilities meant he could no longer farm. Only his 20-year-old son Allan stood by him. Allan goes out daily to find odd jobs to support them, leaving Daniel locked in the house to protect him from further attacks because the justice system has failed him. Three years after the attack, police investigations had still not been concluded, so Daniel remained at risk of further assault. The case highlights not only the devastating impact on victims of acid attacks, but also the Ugandan state's failure to respond adequately to this heinous crime.

Acid violence is a significant crime in Uganda, with devastating consequences for victims, their families and society. In Uganda, as in other countries, acid violence rarely kills, but it almost always leaves victims with severe physical, psychological and social scarring, and leads to social stigmatization, the break-up of families, poverty and destitution. Attackers usually target the head and face in order to maim, disfigure and blind. Victims are often left with no legal recourse, limited access to medical or psychological assistance, and without the means to support themselves.² Acid attacks also place additional burdens on Uganda's already over-stretched police, judiciary, health and social services.

Urgent measures are needed to prevent this crime and help survivors and their families, including by ensuring the perpetrators are brought to justice. This report makes recommendations aimed at achieving progress in the following areas:

- Improved controls on the availability of acid (specifically importation, transportation, distribution, storage and usage).
- More effective prosecution of perpetrators of acid attacks.
- Improved medical and psychosocial support for survivors of attacks.

¹ The real names of survivors whose cases are cited in this report have been changed to protect them and their families.

² ASTI website, <http://www.acidviolence.org>

1.1 Methodology

The analysis of acid violence in Uganda in this report is drawn mainly from information compiled by Acid Survivors' Foundation Uganda (ASFU),³ including case files and databases relating to assaults, interviews and meetings with survivors and their families, community groups, businesses, police, medical and legal professionals, and government ministries. The report also draws on the first documentation of acid assaults in Uganda – a study of admissions to Mulago Hospital over 18 months in 2001-02 by J. Asaria and colleagues [1] – and an unpublished report into the regulation and management of dangerous chemicals in Uganda, developed in partnership with the Justice and Rights Associates (JURIA)⁴ and Uganda Christian Lawyers Fraternity⁵ in 2009. Other research included individual and group interviews with importers, distributors, retailers and users of acid as well as law enforcement personnel, social service workers, government analysts, and members of the judiciary. Government institutions involved in the regulation of acid were also interviewed.

This information has been supplemented by an international literature review as well as by a community survey that examined knowledge of and attitudes to acid violence, both of which were carried out as part of the UN Trust Fund to End Violence Against Women (UNTF) project. ASFU conducted the survey of adults (men and women, aged 15 or over) in three districts of Uganda: Kayunga, Kawempe and Mukono. It comprised a short questionnaire administered by volunteers, and asked respondents about knowledge and attitudes towards violence in their communities in general, and acid and burn violence in particular. The surveys, carried out between 11 April and 4 May 2011, received 1,031 responses.⁶

Several NGOs in Bangladesh, Cambodia and Pakistan linked to ASFU through their partnership with Acid Survivors Trust International (ASTI), a charity based in London,⁷ provided helpful examples of good practice in reducing acid violence.

2 ACID VIOLENCE IN UGANDA

2.1 Incidence

ASFU recorded 382 victims of acid violence in Uganda between 1985 and May 2011. Annual totals are shown in Fig.1. The small numbers in earlier years reflect significant under-reporting, as acid attacks were not systematically recorded. The figures therefore represent only the minimum number of cases; the true totals are likely to be far higher.

³ ASFU was created to improve understanding of the causes of acid attacks and how they can be prevented, and to provide survivors of these attacks with much-needed support.

⁴ An NGO that provides free legal assistance to victims of human rights abuses, particularly in northern Uganda, and promotes laws and politics that protect human rights.

⁵ An NGO that runs student programmes and legal education outreach programmes, and offers legal aid for clients and prisoners in Uganda.

⁶ Selected findings of the surveys are presented in this report. A comprehensive report will be produced in due course – contact ASFU for further information.

⁷ Acid Survivors Foundation Bangladesh at <http://www.acidsurvivors.org/> and Cambodian Acid Survivors Charity at <http://www.cambodianacidsurvivorscharity.org/> and Acid Survivors Foundation Pakistan at <http://acidsurvivorspakistan.org/>

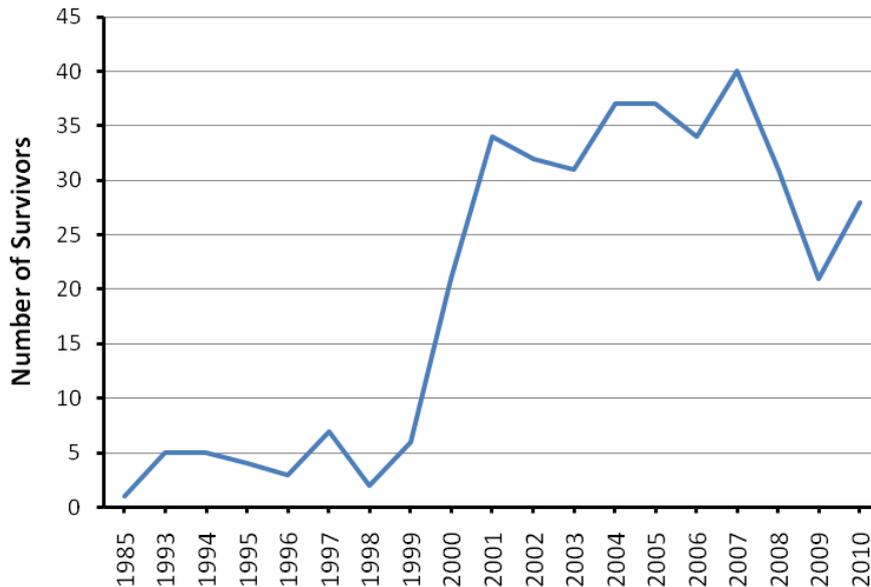


Figure 1. Number of survivors of acid attacks recorded each year by ASFU

Of the 382 cases, the majority (58%) were recorded in the Central region of Uganda (Fig.2). However, as ASFU is based in this region (in Kampala), it is more likely to be aware of survivors there. In more remote areas, there may be significant under-reporting. In any case, experience in other countries suggests that acid violence is often an under-reported form of violence.

Other evidence suggests that this crime is pervasive in Uganda. The community survey for the UNTF project, for instance, showed that about three in four people were aware of acid and burn violence, and one in five knew a victim. Asaria and colleagues found that acid burns from assaults comprised 17% of adults admitted with burns during an 18-month period in Mulago Hospital.

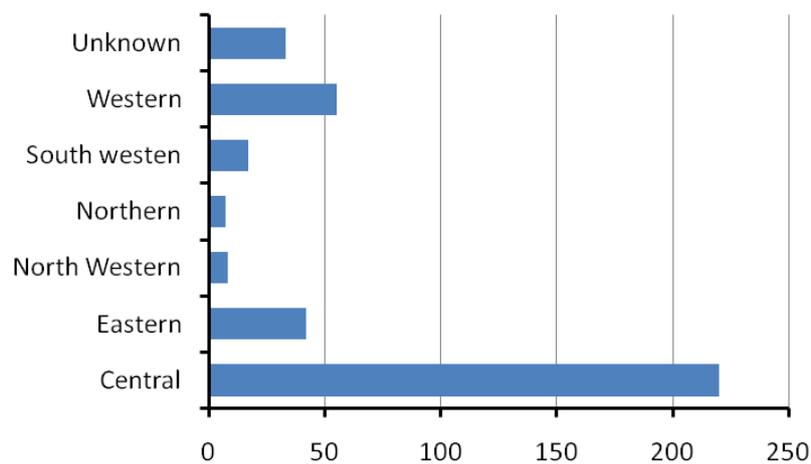


Figure 2. Number of survivors recorded by ASFU in different regions of Uganda between 1985 and May 2011.

2.2 Profile of victims

The ASFU records show that 57% of acid attack survivors were female and 43% male. The percentages reflect the use of acid in a wide range of contexts, ranging from domestic disputes to robberies and other crimes using violence.[1]⁸ Most of the survivors –around two-thirds – were aged between 20 and 44. Some 10% of victims were children, usually splashed when acid was thrown at a parent (Fig.3). ASFU records show that the victims come from all sections of society.[2]

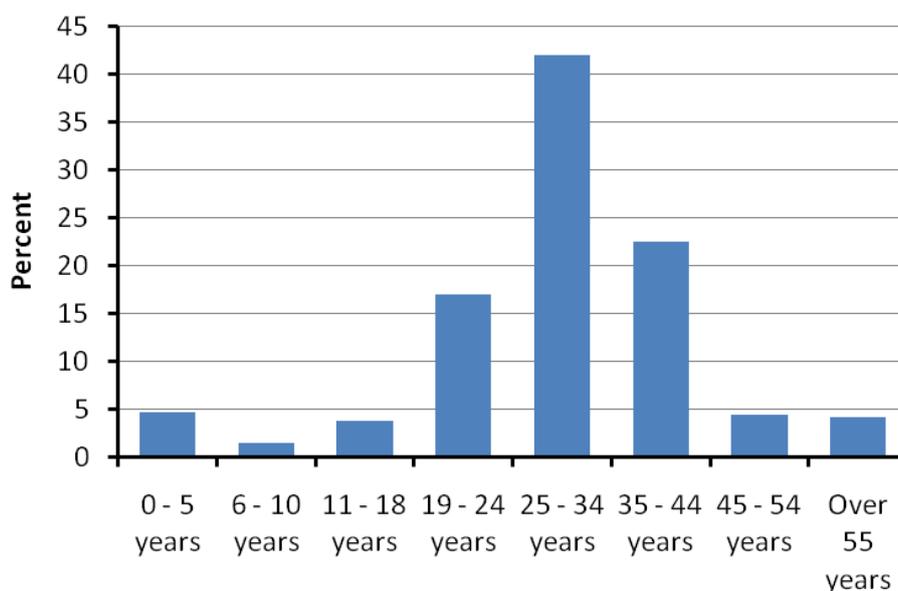


Figure 3. Age of survivors

2.3 Reasons for attacks

According to the ASFU database, the most frequently cited reason for acid attacks was conflict within a relationship (Fig.4), followed by conflicts linked to business or property matters. Nearly a third had an “unknown” cause. This is because there was little or no evidence about the attacks, reflecting that these crimes are often committed in isolated places without witnesses but also reflecting poor record-keeping by police and medical authorities.

⁸ In Bangladesh, India and Pakistan, most victims are women as the assaults are usually linked to a refusal of sexual or marriage proposal, or dowry disputes. [8, 9] In Sri Lanka, most recorded victims are men, a pattern seen when acid is used in general violence and robberies, as well as in domestic settings. [10, 11]

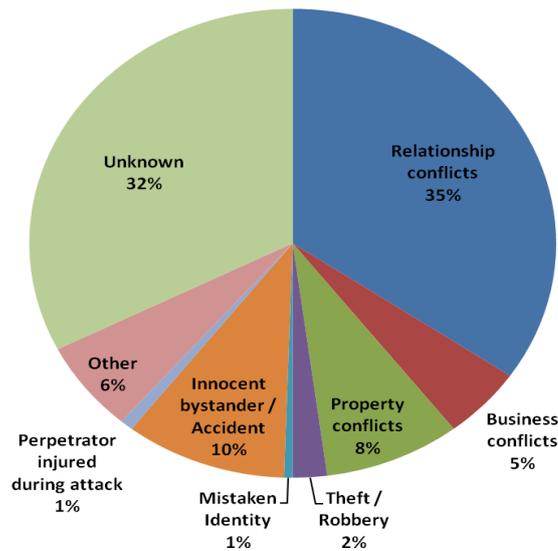


Figure 4. Causes of acid assault injuries in Uganda, ASFU database

Acid attacks reflect serious underlying problems in Ugandan society, including widespread discrimination against women and high levels of crime and violence caused by decades of war and displacement. A 2010 report by Amnesty International describes systematic violence against women and girls in Uganda, the inadequate response by police, medical and judicial authorities, and a culture of acceptance of violence and blaming women for this form of abuse. So entrenched is intimate partner violence that it is regarded as the norm by many women, particularly those who witnessed it as children.[36]

A culture of using burn assaults as a form of punishment also appears to be widespread in Uganda. In one study, more than one in six children reported being burned deliberately by an adult as a form of punishment.[39] The aim is to leave a scar as a reminder of the offence and discourage reoffending.

In addition, endemic, chronic poverty means that some individuals can be hired to carry out acid attacks for as little as 25,000 Ugandan shillings (about US\$9.60). Indeed, ASFU records suggest that around 15% of assaults are by hired assailants, adding to the difficulties of identifying the instigator of the attack and the attacker, who may not be known to the victim.

In a country where domestic violence and gender inequality are commonplace, women often have little power to stop abuses by men or seek legal redress. In these circumstances, some have chosen to use acid to resolve conflicts.

2.4 Impact

Victims of acid violence face horrific consequences, including death, severe disfigurement, loss of sight and maiming. The impact depends on the type and amount of acid used, its concentration, the nature and duration of contact and whether or not effective first aid was given. Of the 382 cases recorded in Uganda, 16% of the victims died and over half had severe injuries (Fig.5). One study [1] found that on average, patients suffered burns to 14% of their body surface area, with areas most commonly affected including the face (87% of victims), head and neck (67%), upper limbs (60%) and chest (54%). Around a third of victims (31%) suffered complete or partial blindness (Fig.6). The

nature of the injuries reflect the intended purpose of acid attacks: to maim and scar the victim for life, often targeting the face.

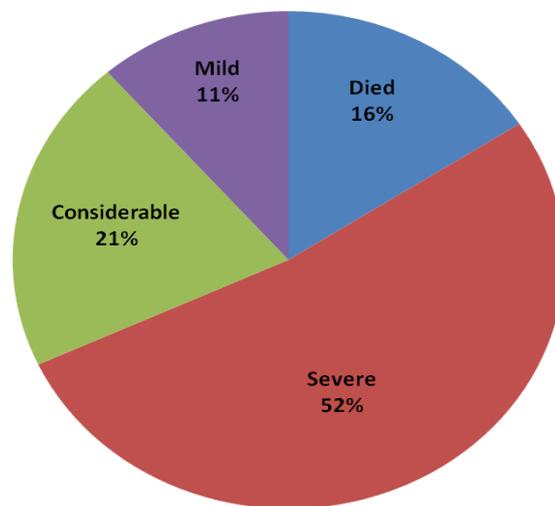


Figure 5. Scale of impact of acid assaults in Uganda, ASFU database

IMPACT OF ACID BURNS ON VICTIMS [12]

Skull: May be partly destroyed or deformed. Hair is often lost.

Ears: Deafness may occur immediately or later. Cartilage in the ear is usually partly or totally destroyed, exposing the victim to future infection and hearing loss.

Eyes: Direct acid contact or acid vapours can damage eyes, causing blindness. Even if the eyes survive the attack, they remain vulnerable to other threats that can cause blindness. Eyelids may have been burned off or may be deformed, leaving the eyes to dry up and go blind.

Nose: Shrunken and deformed. Nostrils may close completely because the cartilage is destroyed.

Mouth: Shrunken and narrowed, and may lose its shape. Lips may be partly or totally destroyed. Lips may be permanently flared, exposing the teeth. Movement of the lips, mouth and face may be impaired. Eating can be difficult.

Chin: Scarred and deformed. The scars may run downward, welding the chin to the neck or chest.

Neck: Often badly damaged, sometimes leaving the person unable to extend the neck or straighten the head.

Chest: Often badly scarred. Inhalation of acid vapours can create breathing problems. In girls and young women, the breasts may stop developing or be destroyed.

Shoulders: May be badly scarred, which can limit the person's arm movement.

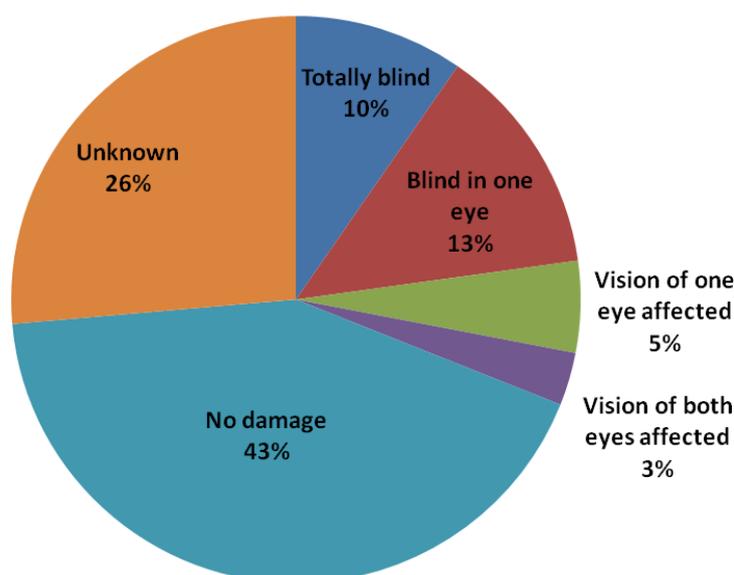


Figure 6. Effects on the sight of victims of assaults, ASFU database

The severe disfigurement, social isolation, prolonged hospitalization, long-term health problems and chronic poverty that usually result from an acid attack frequently also cause severe psychological, social and emotional problems for survivors. These include depression, insomnia, nightmares and fear that the perpetrator will attack them again. Even if they do not suffer serious physical disability, the damage to their appearance and self-image often means that they remain indoors. Even simple tasks such as going to market can be embarrassing and frightening. Being economically inactive and dependent on others can contribute to a sense of worthlessness, compounding their social isolation.

Spouses of survivors may feel ashamed of their partners, leading to separation and divorce. Children then lose out on family support and may suffer great hardship if left with the mother, as many women are financially dependant on their husbands. The percentage of female survivors abandoned by their spouses (25%) is much higher than for male survivors (3%).

The hospital treatment necessary following an acid attack is usually prolonged, expensive and means the survivor cannot work. Acid violence has a significant cost to the country too. The sustained medical treatment required places an enormous burden on the under-resourced health services.[1, 12, 13]

For many survivors, their disability often prevents them from returning to their original work, and discrimination makes it difficult to find new jobs or start businesses. Many survivors are left dependent on their families, leading to family conflicts. Despite this, many survivors can and do successfully rebuild their lives if they receive the proper support.

3 ACCESS TO ACID

3.1 Availability

Acid and other chemical substances are often used in assaults because they are readily available and cheap. In Uganda, concentrated sulphuric acid intended for car batteries, which is freely available from petrol stations, street sellers and other outlets, is the primary agent used in assaults.[1] It costs around 2,000 Ugandan shillings (about US\$0.70) a litre and can be supplied in any container

provided by the buyer. Car batteries commonly use acid diluted to 20% - 25%. If sulphuric acid was only available at this dilution rather than in its concentrated form, the consequences of any assault using this acid would be far less devastating.

3.2 Legislation

A range of acts, regulations, requirements and procedures issued by public authorities in Uganda relate to the control of chemicals and the protection of the public from acid violence. The most significant in terms of the management of chemicals is the **National Environment Act, Cap 153**. Others include the **Uganda National Bureau of Standards Act, Cap 327**; the **Control of Agricultural Chemicals Act, No 1 of 2007**; the **East African Community Customs Management Act, No 1 of 2005**; the **Occupational Safety and Health Act, No 9 of 2006**; and the **Investment Code, Cap 92**. The **Rotterdam Convention**, a multilateral treaty ratified by Uganda, covers pesticides and industrial chemicals that have been banned or severely restricted for health or environmental reasons by states that have signed up to the Convention.

However, these laws are a “framework”, designed to deal with the general subject of chemical management. Explicit, detailed and specific legislation for hazardous industrial chemicals, including acids, is needed too. ASFU found that most dealers in industrial chemicals were not aware of any laws pertaining to chemicals’ management, and that the available laws are inadequately enforced.

Good practice

Bangladesh provides a striking example of what can be achieved through appropriate legislation. The number of acid attacks there has decreased steadily by between 15% and 20% a year since 2002, when public awareness programmes accompanied the introduction of legislation to restrict the sale and distribution of acid and to increase the penalties for attacks.[15] Fines and custodial sentences are imposed on perpetrators, and the money is used to compensate victims or their families.

3.3 Licensing, distribution and storage

Industries as well as research and education facilities legitimately use concentrated acids and other chemicals that can potentially be used in assaults. However, no special procedure is required to import, distribute or use such chemicals in Uganda. In addition, inadequate personnel and resources in relevant government agencies mean chemicals are sometimes imported without appropriate scrutiny and documentation, posing a risk to the communities in which they are used. The Government’s focus has been on securing tax revenues from sales, rather than investigating any potential health and safety implications.

In fact, no specific provisions, regulations or guidelines relate solely to the importation, transportation, storage, distribution and use of industrial chemicals in Uganda applicable for all dealers, unlike for agricultural chemicals. For example, most hazardous chemicals are transported by road, but the majority of organizations interviewed by ASFU did not have trucks designated to carry corrosive or toxic chemicals with well-defined, labelled and safe carriers. There is also inadequate coordination of sectors involved in chemicals’ management.

Indeed, industrial chemicals are largely unregulated, putting workers and the general public at risk from accidental spillage or contamination, and allowing for the sale of chemicals for criminal purposes, such as acid attacks.

4 PERPETRATORS, IMPUNITY AND PROSECUTION

4.1 Criminal law

The general law on criminal offences in Uganda, the **Penal Code Cap 120**, creates the offence of acid violence and describes sentencing for perpetrators. Specifically, Sec.216 (g) provides that perpetrators of acid or burn violence intending to maim are liable to life imprisonment. Should an acid attack committed with “malice aforethought” lead to death, then it is considered murder (Sec.188) and is punishable by death (Sec.189). The lesser crime of attempted murder, covered by Sec.204, provides for up to life imprisonment.

However, even if an assault is premeditated – requiring the procurement of acid, possibly the hiring of the assailant, and planning the attack – prosecutions rarely entail the charge of murder or attempted murder because of actual or perceived difficulties in proving intent. Instead, suspects are often charged with the lesser crime of grievous harm, punishable by seven years in prison (Sec.219), or actual bodily harm, punishable by five years (Sec.236).

Prosecutors prefer these lesser charges because they are easier and quicker to prosecute. Offences carrying a life penalty require the defendant to have legal representation, but the shortage of state defence attorneys means that cases are adjourned or the charges reduced. This can mean that perpetrators of acid attacks receive light sentences, fuelling the perception that acid violence is not treated seriously, that attackers will not be punished severely or at all, and that victims may be left vulnerable to further attacks.

Acid assaults committed during an actual or attempted robbery are liable to 10 years’ imprisonment if convicted by a magistrate’s court or to life imprisonment if convicted by the High Court (Sec. 286(3)(ii)).

In many acid attacks, two or more people are involved, either through hiring an assailant or in the planning. In such cases, the individuals who do not actually pour the acid but are complicit in the crime are charged under Sec.208 and liable to 14 years in prison if they intended to murder the victim, or seven years if such intent cannot be proved (Sec.390).

The community survey showed that 45% of people did not know the sanctions for acid assaults. Many of those who claimed to know the sanctions believed the punishment would be a fine. It is therefore more accurate to say that approximately 56% of people surveyed did not know the sanctions or the seriousness with which an acid attack is viewed in law.

Syson Muganga, a resident of Mbarara, poured acid on the face of Prudence Komujinya whom she suspected of having an affair with her husband, according to a report in *The New Vision* daily newspaper.⁹ Muganga lost her second appeal on 24 September 2008 after the appeal court ruled that the magistrate’s court in Mbarara had been right to convict her of attempted murder and to sentence her to life imprisonment. The newspaper said that Muganga went to Komujinya’s home at Muntuyera High School on 28 July 2001 and poured acid on her from a jug concealed in a polythene bag.

⁹ “Jealous woman imprisoned for life”, *The New Vision*, 4 September 2008.

In 1985, Uganda ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). However, it has yet to ratify CEDAW's Optional Protocol, which would give individual women the right to appeal at the international level if their rights under the Convention have been violated, including the right not to be subjected to domestic and other forms of violence. If Uganda took this step, it would show that the government is serious about tackling violence against women – a major factor behind acid attacks against women and girls worldwide.

4.2 Impunity

A climate of impunity for perpetrators prevails in Uganda for several reasons. Even though acid violence is a criminal offence, which means the authorities are obliged to investigate, prosecute and punish perpetrators, there is still a public perception that it is a “domestic” matter and so requires the victim to press charges. Victims are often reluctant to seek justice because of fear of further retribution or being ostracized by their family, on whom they may depend. This is particularly likely if the perpetrator is a family member. Due to the crime's popular but inaccurate association with marital infidelity, survivors are sometimes perceived as having brought the situation on themselves.

In interviews with police, they state that acid violence cases are taken seriously and, as stated too by the Commissioner, that great care is taken in assigning officers to handle such cases. However, there is huge variation in the length of time taken to investigate acid violence cases, the quality of investigations, and the success rate in bringing cases to court.

The charge itself largely depends on the police surgeon's report. This records details such as the time the victim was examined, the body part targeted, and the depth of the injury. This can mean that if a victim suffers relatively minor injuries, the attacker may only be charged with a minor assault, even though the intention was to kill or cause serious harm.

A government chemist must also give evidence to show a corrosive chemical was used. However, there is only one government chemist, based in Kampala, serving the whole country. This causes long delays in court hearings, and makes transporting exhibits costly and time-consuming.

Chronic under-funding of the police's Criminal Investigation Department also causes delays in prosecutions, mainly due to slow investigations. Logistical support is often lacking, such as transport for investigating officers to visit the crime scene, take exhibits for analysis, make arrests and take the file to court. While it is clearly the state's responsibility to ensure access to justice for all, ASFU has sometimes paid the transport costs for investigating officers to enable cases to proceed.

Identification of offenders can often be difficult since acid attacks are normally committed in the dark without witnesses, in isolated places or the home. The stigma attached to victims and their fear of reprisals can mean they are not willing to testify, leading to the dismissal of the case. Proving a conspiracy is difficult in cases that involve more than one offender.

ASFU has evidence that perpetrators have been released on a police bond or bail, even though this should not happen in cases involving serious crimes. In some cases, bail has been set as low as 50,000 Ugandan shillings (about US\$17.50), which provides little deterrence for breaching the terms. Up to a quarter of suspects released on bail have absconded, bringing the cases to a close.

Sentences applied to those convicted of acid attacks vary widely, ranging from a few months to life imprisonment. The police and judicial discretion applied often leads to sentences that do not reflect the seriousness of the crime in law, nor the devastating consequences for the survivors. Before ASFU

began their campaigning work in 2003/4 62% of convicted acid attack perpetrators received sentences of less than 10 years. Since then, the figure has dropped to 46%, but this still does not reflect the seriousness of the crime.

Information recorded during a DANIDA funded ASFU Legal Aid project (from August 2008 to July 2010) revealed:

- 98 cases initially under investigation
- 43 cases remained under active investigation and 55 cases became dormant along the way.
- Out of these 43 active cases, 13 concluded investigations along with 6 cases that commenced before the DANIDA project started. In all, investigations were concluded for 19 cases and went forward to court.
- 9 of these 19 cases concluded in court
- 10 of these 19 cases were still pending in court
- A total of 79 of the initial cases therefore remained pending at the end of two years

Impunity or light sentences for perpetrators is aided by survivors' lack of awareness about their legal rights and resources available to them. In the community survey, fewer than 17% of people thought they could access legal aid if attacked with acid, with 30% thinking they could not and the remainder not knowing. ASFU works with survivors to address this problem, through workshops, and home and hospital visits. Cases that go beyond ASFU's scope are referred to other relevant organizations. ASFU's legal department ensures that survivors are supported during court cases, and ASFU works directly with the police's Criminal Investigation Department, the Directorate of Public Prosecutions, and the judiciary. ASFU has also developed a "court user's guide" to provide information to the public and survivors on their rights and the relevant offices they should contact in the event of acid violence.

5 SUPPORT FOR SURVIVORS

5.1 Medical care

Although the national referral hospital (Mulago), Mengo hospital and International Hospital Kampala have been supportive in providing medical services to acid violence victims it is nevertheless true that medical services for acid survivors are extremely limited in Uganda. Most patients of acid burns go to Mulago Hospital, which opened a special burns unit in 2003. Depending on their wounds, acid patients may stay in hospital for months or over a year, although some survivors discharge themselves before they are fully recovered. After their initial discharge, they often need further operations.

How long a patient stays in hospital and the quality of treatment they receive may depend on what they can afford – and the medical costs do not end when they leave hospital. They often need bandages, antibiotics, pressure garments and other medicines while recovering at home. If they lack understanding of their treatment or hygiene, or do not follow medical advice, they can suffer re-infection of wounds.

For those living far from the hospital, the travel costs may deter them from attending medical appointments. Survivors and their families may be forced to sell land or other property to pay the medical and travel costs, forcing them into deeper poverty. Some survivors may not even go to hospital immediately after an acid attack, but may try to treat themselves or go to local medics or

traditional healers. Those who do not receive prompt and appropriate emergency treatment often suffer more severe health problems, scars and deformities in the long term.

ASFU estimates that three-quarters of acid-affected patients admitted to hospitals for medical treatment are unable to meet medical costs. Where possible, ASFU buys drugs or covers medical treatment costs. For survivors who can partially afford medical costs, ASFU shares the cost to maximize the use of very limited funds. Pressure garments to cover affected areas are highly beneficial in helping to reduce scar swelling and minimizing the amount of corrective surgery needed. ASFU produces these in a pressure garment workshop that employs several acid violence survivors. It has also produced guidelines for accessing medical services to help survivors understand their options for rehabilitation.

After marrying at the age of 18, Hamida and her husband Lule had a daughter. Unfortunately, soon afterwards the couple had marital problems, which prompted Hamida to return to her father's home. Lule demanded that she return, but she refused. One night in 2006 he visited her and then poured acid on her. He has not been seen since. Hamida sustained severe burns on her face, chest, neck and arms, and suffered excruciating pain. She spent two weeks in Nkokonjeru Hospital. Her condition did not improve, but her father could not afford to transfer her to Mulago Hospital for specialized treatment. ASFU offered help. Hamida's father said:

"This was a breakthrough, I did not know what do with my daughter, but when ASFU came all doors opened. To my surprise and joy, they were willing to transport us to Mulago and meet all our requirements. We received welfare, nutritional support, drugs, dressing materials for the burns and surgery for the 12 months that Hamida was admitted."

While in Mulago Hospital, Hamida learned that her three-year-old daughter had died of malaria. ASFU and its partner NGO Compassion Outreach & Mission Evangelism (COME) ensured she received counselling. After several attempts, Hamida's skin graft was successful and she was finally discharged in July 2007. ASFU is currently supporting Hamida with transport costs so that she can attend medical reviews at Mulago and has provided her with pressure garments at no cost.

5.2 Social services

Psychosocial support, which is vital in helping survivors to cope with the trauma, isolation, loss of self-esteem [3, 5, 30], is provided by an ASFU social worker and volunteers, through home and hospital visits and survivor workshops. A survivor guide was developed in 2005 to support this work. As a result, at least 85% of acid attack survivors known to ASFU have received psychosocial support. ASFU also encourages peer counselling and exchange visits amongst survivors, helping them to share experiences and coping mechanisms. Fewer than 10% of the people surveyed knew of any social welfare services that acid violence victims could access, suggesting more work is needed to raise awareness.

With appropriate medical treatment and support, many survivors can become economically active again, although not always in their previous work. ASFU has provided vocational training, welfare support and a few grants to some survivors to help them cope with financial difficulties arising from their attack. Limited funds prevent a larger number of survivors from receiving this support. After

discharge from hospital, social workers help survivors plan for the future and identify viable income-generating projects. ASFU then offers loans of up to 300,000 Ugandan shillings (just over US\$100) to help survivors start or boost business projects.

5.3 Public perceptions

Experts stress the importance of raising public awareness about acid assaults, although they caution that raising awareness may lead to “copycat” attacks.[1]¹⁰ As shown in Section 3.2 of this report, acid attacks have decreased steadily in Bangladesh since 2002, when public awareness programmes started in conjunction with new legislation to combat acid violence.[15] This demonstrates that a holistic approach to prevention is vital, one which includes community mobilization; empowering girls and women; involving men and boys in the campaign against acid and burns violence; and working with the media, acid sellers and legal authorities.

ASFU produces a range of information, education and communication materials which it disseminates to health centres, police, media groups, NGOs, corporations and the donor community. These include posters and brochures highlighting the danger of acid and the public’s role in the event of an attack. ASFU contracted a media company to produce a 30-minute documentary on acid violence in Uganda to support awareness-raising and advocacy. Acid violence-related issues are featured in key daily newspapers, radio and television broadcasts.

However, a general fear remains that media coverage may incite acid violence, and acid attack survivors are still reluctant to share their stories because they do not trust journalists to report their experiences sensitively and accurately. Responsible journalism does not reveal potentially harmful information to the public, including the types of acid used in attacks or how readily available it is. Media stories should focus on the criminality of the act, the pursuit of justice and fighting the stigma faced by survivors.

Worryingly for Uganda, the community survey suggested that only around half of people thought attitudes to gender-based and acid violence could change (42% of men, 58% of women). Attitudes to violence and gender relations are clearly deeply entrenched, and strong leadership is needed from politicians, community and religious leaders and NGOs to address this issue in Uganda. About half of those surveyed thought they had a role to play in reducing violence, so there are people in the community who could be enlisted to support educational and advocacy initiatives.

6 CONCLUSIONS AND RECOMMENDATIONS

This report has shown that tackling the problem of acid violence requires a holistic approach, with coordination across a range of areas and agencies. The main areas that need to be addressed are: regulating access to acid; effective prosecution of perpetrators of attacks; and providing survivors with the support they require.

Prevention is the key: it represents the most cost-effective approach and avoids the human misery associated with attacks and their consequences. In practical terms, prevention means controlling and regulating access to acid and other harmful substances, deterring potential attackers by effective prosecution of perpetrators with sentences that reflect the severity of the crime; and raising public awareness about the crime.

¹⁰ This is a possible reason for an increase in recorded attacks after publicity surrounding an attack on a well-known singer in Cambodia.[15]

The major legal challenges include ineffective implementation of existing laws, the lack of resources to prosecute cases, the lack of legal support for victims, and the shortage of defence lawyers. Survivors also need comprehensive support to enable them to access justice, and receive the medical, psychological and economic help required to rebuild their lives.

The World Health Organization has argued that many Millennium Development Goals (MDGs) will be missed if violence against women – one of the most blatant manifestations of gender inequality – is not addressed.¹¹ Acid and burns violence violates the intent of a majority of the MDGs. In this context, the next three years (until 2015, when the MDGs are to be achieved) present Uganda with a key opportunity to address violence against women, and acid and burns violence more specifically.

6.1 Recommendations

Legal reform

- Ban the sale of concentrated acid to the general public.
- Enact stricter legislation to control the storage, sale and distribution of concentrated acid.
- Establish a government agency with the authority and resources to ensure compliance with legislation.
- Ratify the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.

Investigation and prosecution

- Ensure and adequately resource police investigations into acid attacks and provide appropriate training.
- Charge perpetrators of acid attacks with murder or attempted murder, rather than lesser crimes with sentences at the discretion of the police.
- Automatically involve the Directorate of Public Prosecutions in cases involving acid attacks.
- Protect victims from threats that could undermine investigations and prosecutions.

Support survivors

- Compensate victims from funds generated through fines to allow them to meet medical costs and avoid destitution.
- Cooperate with civil society organizations and specialist organizations, including ASFU, to combat acid violence and deal with its impact.
- Increase and improve physical rehabilitation and medical care services for survivors of acid and burns violence.
- Increase and improve the mental health care system so that it can help prevent and deal with the consequences of acid and burns violence.

Raise awareness

- Provide the police with the necessary training on domestic and sexual violence and monitor closely their application of the relevant laws to reports of incidents of gender based violence and acid attacks.
- Provide public prosecutors, the judiciary and other relevant Government bodies, as well as healthcare providers, with training on domestic and sexual violence and suicide prevention.

¹¹ World Health Organization, “Addressing violence against women and achieving the Millennium Development Goals”, http://www.who.int/gender/documents/women_MDGs_report/en/index.html

- Undertake gender based violence and acid attacks awareness raising programmes, specifically targeting men and boys.¹²
- Incorporate awareness raising about acid and burns violence and burns prevention generally into primary level education.
- Abide by responsible journalism guidelines to raise awareness about acid violence and its impact, and to reduce the stigma attached to survivors.

¹² CEDAW Committee recommendation 20(d) of July 2011.

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Endnotes

¹ For further information about acid violence, see ASTI at <http://www.acidsurvivorsug.org/index.htm>