

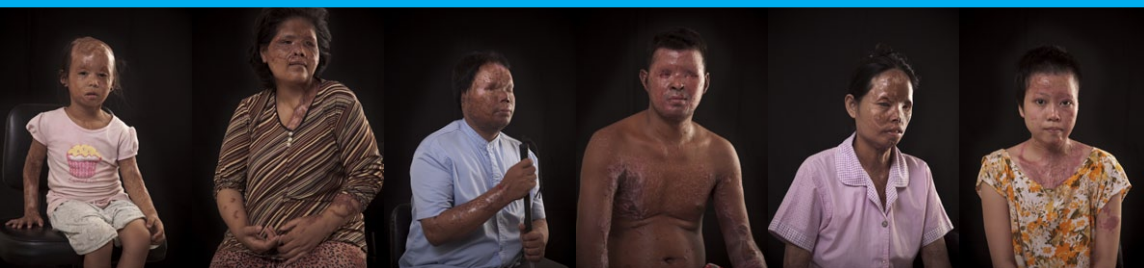
Breaking the Silence:

Addressing Acid Attacks
in Cambodia

May 2010



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អង្គការជួយជនរងគ្រោះកម្ពុជាដោយសារអាស៊ីត
Cambodian Acid Survivors Charity

Breaking the Silence: Addressing Acid Attacks in Cambodia

May 2010

About the Cambodian Acid Survivors Charity

The Cambodian Acid Survivors Charity (the “CASC” hereinafter) was established in 2006 in direct response to the lack of services and the limited options for medical treatment made available to acid burn survivors in Cambodia. CASC serves as the primary organization in Cambodia for acid burn survivors, dedicating its services exclusively to survivors of acid burns.

CASC provides a range of care and post-operative services for survivors of acid attacks, for both of those with recent and less recent burns. CASC recognizes that acid burn survivors require long-term psychological, medical, and social care. Therefore CASC provides survivors with a unique range of services and a holistic approach for their physical and psychological rehabilitation.

CASC develops an in-depth and ongoing relationship with the survivors to ensure the quality of their health and well-being. CASC also provides a sanctuary for survivors to recover and receive the necessary care that they require in a peaceful and safe environment.

The four petals in the CASC logo reflect the different aspects of CASC’s work.

For more information, please visit www.cambodianacidsurvivorscharity.org

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The CCHR is a non-political, independent, non-governmental organisation that works to promote and protect democracy and respect for human rights - primarily civil and political rights - throughout Cambodia.



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The content of this report is the responsibility of the CASC and the CCHR, and does not reflect the views of contributors unless otherwise stated.

Queries and Feedback

Should you have any questions or require any further information about this report, or if you would like to give any feedback, please email either:

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Definitions

AHRC	Asian Human Rights Commission	ILO	The International Labour Organisation
ALRC	Asian Legal Resource Centre	IRIN	Integrated Regional Information Networks
ASF	Acid Survivors Foundation	LICADHO	The Cambodian League for the Promotion and Defense of Human Rights
ASTI	Acid Survivors Trust International		
Burns	Burns: Journal of the International Society for Burn Injuries	NGO	Non-governmental Organization
Cambodia	Kingdom of Cambodia	OSH	Occupational Safety and Health
CASC	Cambodian Acid Survivors Charity	Penal Code	Penal Code of the Kingdom of Cambodia, 2009
CAT	Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	Report	'Breaking the Silence: Addressing Acid Attacks in Cambodia', May 2010 (this report)
CCHR	Cambodian Center for Human Rights	RGC	Royal Government of Cambodia
CEDAW	Committee on the Elimination of Discrimination Against Women	UDHR	Universal Declaration of Human Rights
Constitution	Constitution of the Kingdom of Cambodia	UN	United Nations
CPC	Code of Criminal Procedure of the Kingdom of Cambodia	UNICEF	United Nations Children's Fund
CSAAAW	Campaign and Struggle Against Acid Attacks on Women	UNODC	United Nations Office for Drugs and Crime
CSC	Children's Surgical Center	UNTAC	United Nations Transitional Authority in Cambodia
ECOSOC	United Nations Economic and Social Council	UNTAC	Law Provisions relating to the Judiciary and Criminal Law and Procedure applicable in Cambodia during the Transitional Period, 1992
HSE	The United Kingdom's Health and Safety Executive	WHO	The World Health Organisation
ICCPR	International Covenant on Civil and Political Rights		
ICESCR	International Covenant on Economic, Social and Cultural Rights		

Executive Summary

For too long the problem of acid violence in Cambodia has been hidden in the shadows. If left untreated, then the scars of this violence will not heal; if an effective approach is not implemented, then the problem has the potential to escalate. However, the Royal Government of Cambodia (the “RGC” hereinafter) has begun to take positive steps to combat the scourge of acid violence, and we strongly commend them for this active approach. The Committee responsible for drafting new legislation concerning acid violence has already made significant progress. However, there are still some areas that require consideration.

This report, ‘Breaking the Silence: Addressing Acid Attacks in Cambodia’ (the “Report” hereinafter), is written with the aim of providing the RGC with an overview of the key problems that any approach to addressing acid violence should ultimately consider, and sets out a series of recommendations of how best to address acid violence. The Report is, broadly speaking, divided into four main areas of consideration.

Chapters One and Two outline the background information to the phenomenon of acid violence in Cambodia. This includes setting the context, and also describing the various aspects of acid violence such as demographical information, motivations, and its effects.

Chapter Three is concerned with the relationship between the availability of acid and the incidence of acid violence. We posit that the ease of access to acid strongly exacerbates the situation. We propose a system of regulation through licensing to limit the availability of acid to those who legitimately require it. In this Chapter there are two key issues we address: the first is the problems presented by access to acid; the second being the problems generated by the issue of dangerous transportation and storage, notably, the accidents which arise from this.

One of the most urgent issues that needs to be addressed is that of impunity: perpetrators of acid violence regularly escape prosecution and conviction for their crimes. Chapter Four explores this issue, and establishes the root causes of impunity for perpetrators of acid attacks. The analysis of these problems are grouped under two separate sub-headings: ‘Acid Attacks as a Private Matter’ and ‘Vulnerability of Survivors’. While each point raised has its own specific nuances, the similarities make them best suited to be considered together, which helps to build up

a clearer picture of the problem at hand. Based on this analysis, we have developed recommendations to address each of the respective problems.

Chapter Five discusses the role which public perceptions and stigmas towards acid survivors plays with regard to acid violence. We demonstrate that changing these perceptions is vital to ensuring that any measures adopted are successful. The fundamental means by which these perceptions can be altered is through facilitating the reintegration of survivors into society. We posit that there are three primary means of achieving this: firstly, by providing post-emergency facilities to the victims of acid attacks, such as medical care and rehabilitative measures; secondly, public education and awareness campaigns have significant potential to influence and change public perceptions. Accordingly, we discuss each of these issues in turn (medical, rehabilitation, and public perception), and provide recommendations designed to address these issues.

The Report concludes with a final recommendation that the RGC should establish a Committee to adopt responsibility for all the measures that are proposed in this Report and elsewhere, to address acid violence in Cambodia.

Chapter One: Introduction

1.1 Context: Outlining The Issue

Acid violence: a premeditated form of assault involving the throwing, pouring, or administering of acid, or other similarly corrosive substance, on an individual, with the intention to seriously maim, disfigure, torture, or kill.¹ The effects of acid violence are catastrophic, irrevocably changing – if not destroying – the lives of its victims; for them, it is “a type of torture which never ends.”² The repercussions of acid attacks stretch further, however, creating a huge burden on society.³ Additionally, they also indicate a deep social malaise that requires urgent attention. Indeed, if an appropriate response to the scourge of acid violence in Cambodia – as outlined in this Report – is not forthcoming, the problem will continue to escalate. As Dr. Kek Galabru, President of the Cambodian League for the Promotion and Defense of Human Rights (“LICADHO” hereinafter) remarks, “it is an especially cruel form of brutality which must be eradicated before it grows more and more common.”⁴

In Cambodia a culture of impunity surrounds acid violence. In the majority of cases of acid violence, offenders escape trial and conviction for these heinous crimes. This problem necessarily exacerbates the situation, insofar as it encourages potential offenders to believe that they can avoid criminal repercussions for their actions.⁵ If acid violence is on the rise – as reports suggest it is⁶ – and

perpetrators continue to escape prosecution, then it is entirely likely that it will increasingly be seen as an acceptable means of resolving disputes. The root causes of this culture of need to be considered, and measures devised that will ensure future perpetrators are brought to justice, and act as a deterrent.⁷

The RGC has the opportunity to pave the way in combating this horrific phenomenon through the creation and enforcement of a law – as part of a strategic and holistic approach – that is effective in addressing acid violence.⁸ This Report is written to assist the RGC in this regard.

“It is an especially cruel form of brutality which must be eradicated before it grows more and more common...”⁹

- 1 See, for example: Mom Kunther and Irwin Loy, ‘Acid Attacks Could Earn Life in Prison’, *The Phnom Penh Post*, February 16, 2010; Cambodian League for the Promotion and Defense of Human Rights (LICADHO), ‘Acid Attacks in Cambodia Continue to go Unchecked’, January 29, 2010, available online at: <http://www.licadho-cambodia.org/articles/20100129/105/index.html>; James G. Gollogly, Say Bon Vath, Annika Malmberg, ‘Acid Attacks in Cambodia: Serious Reminders of Personal Conflicts’, *Asian Biomedicine*, Vol. 2, No. 4 (August 2008), pp.329-334; Kate Wesson, ‘A Situational Assessment study of Acid Violence in Bangladesh’, *Development in Practice*, Vol. 12, No. 1 (February 2002), pp.96-100
- 2 LICADHO, ‘Living in the Shadows: Acid Attacks in Cambodia’, 2003, available online at: <http://www.licadho-cambodia.org/reports.php?perm=41>, p.1
- 3 Especially on an already overburdened health service. See, generally: Rebecca Milton, Lawrence Mathieu, Alan H. Hall, Howard I. Maibach, ‘Chemical Assault and Skin/Eye Burns: Two Representative Cases, Report from the Acid Survivors Foundation, and Literature Review’, *Burns: Journal of the International Society for Burn Injuries*, (“Burns” hereinafter) Vol. 36, No. 1 (Jan 2010), pp.1-9 at p.1; J. Branday, G. D. L. Arscott, E. C. Smoot, G. D. Williams, and P. R. Fletcher, ‘Chemical Burns as Assault Injuries in Jamaica’, *Burns*, Vol. 22, No. 2, pp.154-155, at p.155; James G. Gollogly, et. al., op. cit., p.329
- 4 LICADHO, Press Release, ‘More Action Against Torture Needed’, June 26 2004, available online at: <http://www.licadho-cambodia.org/pressrelease.php?perm=70&pagenb=9&filter=>
- 5 James G. Gollogly, Say Bon Vath, Annika Malmberg, op. cit., p.334
- 6 See *infra* p.3 note 18
- 7 Manar Waheed, ‘Domestic Violence in Pakistan: The Tension Between Intervention and Sovereign Autonomy in Human Rights Law’, *Brooklyn Journal of International Law*, Vol. 29 (2003-2004), p.937-976, at p.970
- 8 Under-way at time of writing.
- 9 LICADHO, Press Release, ‘More Action Against Torture Needed’

1.2 Methodology

1.2.1 Primary Research

There is a dearth of research on acid violence in Cambodia. Most of the available literature addresses the situation in Bangladesh – where attacks have reached notorious levels, and are considered a prominent social problem – or focuses on the medical aspects of the injuries inflicted. There is very little information available on the causes and consequences of acid violence or any comprehensive analysis on how acid attacks should be addressed. Although acid violence is a global phenomenon, localised factors play a strong role in attacks. Accordingly, there is a pressing need for individual country-specific investigations, research, and analysis in order to understand the phenomenon better as it relates to each specific location and to devise appropriate legislative, and other responses thereto.

1.2.2 Sources

Much of the information referenced in this Report was collected through interviews, meetings, and correspondence, both formal and informal conducted between February 1st and April 30th, 2010. Sources include representatives from Non-Governmental Organisations (“NGOs” hereinafter), acid attack survivors, and legal advisers. The information and opinions given in this Report are presented with the express consent of these sources.

1.2.3. Case Studies

The case studies contained in this Report were supplied by acid survivors from the Cambodian Acid Survivors Charity (the “CASC” hereinafter). Full copies of these are provided in the appendices.¹⁰ Survivors’ names have been changed in order to protect the identity of the individuals concerned. References to these case studies will be made throughout the Report to illustrate the issues under consideration.

1.2.4 Cross-Country Comparisons

As other countries suffer from acid violence, valuable lessons have been learnt that Cambodia can utilise. These will be considered throughout the Report. Particular attention will be given to Bangladesh, which, thus far, is the only country to introduce legislation that specifically addresses acid violence.¹¹

1.2.5 Photographs¹²

The CASC recognises that the use of photographs of acid survivors can be a sensitive issue, especially when considering the social stigma that is involved, and the fact that many survivors are fearful of retribution if they speak out. Before including any of the photographs presented in this Report, the authors sought and received the consent of the individuals photographed. The use of these photographs is limited to purposes related to the Report. Their consent was given to this end.

¹⁰ Appendix One

¹¹ In 2002 the Bangladesh Parliament adopted the The ‘Acid Control Act’ and the ‘Acid Crime Control Act’

¹² All rights to the photographs used in the Report are owned by Nicolas Axelrod (<http://www.nicolasaxelrod.com/>), however, it has been agreed their use be solely restricted to purposes related to the Report.

Chapter Two: Describing Acid Violence

2.1 What?

The term 'acid violence' "describes an attack against an individual in which [a corrosive substance] is employed as a weapon to cause severe burns."¹³ These attacks are predominantly a premeditated form of violence - rather than spontaneous acts of anger - and are intended to cause great suffering, or even to kill.¹⁴ The results of these attacks are particularly gruesome, as acid melts through human flesh and bones, causing excruciating pain and suffering. Survivors are typically left physically, emotionally, and socially scarred.¹⁵ Due to the nature of the injuries inflicted, survivors often face severe difficulties in returning to a 'normal' life; in the words of a 2008 report by Acid Survivors Trust International ("ASTI" hereinafter), while "acid violence rarely kills ... [it] always destroys lives."¹⁶

Chet Sam Ros is blind as result of her injuries and has difficulty with strength and movement. She has no source of income and is concerned about her future and the future of her children.

According to reports, the number of acid attacks in Cambodia have been growing in recent years, and at an alarming rate over the first few months of 2010.¹⁷ However, as noted by the Asian Legal Resource Centre (the "ALRC" hereinafter), "the exact number of acid attacks ... is difficult to document because many cases go unreported as victims fear reprisals."¹⁸

2.2 Who?¹⁹

Although acid violence is a global phenomenon, the demography of victims appears to vary from country to country. In Bangladesh for example, acid violence is largely a gender specific crime, with the majority of victims being women who have been the subject of an attack by jilted lovers seeking to protect their honour.²⁰ In Cambodia the incidence of reported attacks against men is commensurate to the levels of reported attacks against women.²¹ In Cambodia men and women commit acid attacks, although reports suggest that the perpetrators are more often women than men.

One-third of the people injured in acid attacks are not the intended victims, but rather innocent bystanders that are inadvertently splashed with acid.²² Most commonly, family members – usually children – are the unintended victims.²³

Chet Sam Ros was attacked with acid on February 5th 2008 at approximately 3:30pm, on the street of her family home in Banchepun Commune, Phnom Penh. She was riding a motorbike with three of her children when five men told her to turn around and threw acid at her face, arms, and torso.

Ly Bun Meng was sitting in front of her mother and received severe acid burns on her face, head, neck, and arms. Chet Sam Ros's other two children received minor burns from acid splashes but avoided serious injuries.

- ¹³ Kate Wesson, 'A Situational Assessment study of Acid Violence in Bangladesh', p.98 [Emphasis added]
- ¹⁴ LICADHO, 'Acid Attacks in Cambodia Continue to go Unchecked', January 29, 2010; See also: Acid Survivors Foundation Uganda, 'Third Annual Report', August 2005-July 2006, available online at: <http://www.acidsurvivorsug.org/reports.htm>, p.7: "The perpetrator must plan the attack by obtaining the acid, carrying it safely, and stalking the victim."; Law Commission of India, 226th Report on the 'Inclusion of Acid Attacks as Specific Offences in the Indian Penal Code and a law for Compensation for Victims of Crime', available online at: <http://lawcommissionofindia.nic.in/>, p.4
- ¹⁵ Kate Wesson, op. cit.
- ¹⁶ Acid Survivors Trust International (hereafter ASTI), Annual Review 2008, available online at: <http://www.acidviolence.org/index.php/about/>, p.4
- ¹⁷ By the beginning of March (2010) nine acid attacks had already been reported. See: Mom Kunthear, 'Ninth Acid Attack in 2010 Shows Need for Tighter Laws', *The Phnom Penh Post*, March 5, 2010; Mom Kunthear and Tep Nimol, 'Two More Acid Attacks Reported as Devastating Trend Continues', *The Phnom Penh Post*, February 1, 2010
- ¹⁸ The ALRC, 'Integration of the Human Rights of Women and the Gender Perspective: Violence Against Women', 10 March 2003, Written statement submitted by a NGO in general consultative status (E/CN.4/2003/NGO/96)
- ¹⁹ For a cross-section and more detailed information, see Case Studies, Appendix One
- ²⁰ CASC Statistics, Appendix Two
- ²¹ Op. Cit.; ASF- Pakistan, 'Situational Analysis Report', on file with author, p.7
- ²² CASC Statistics, Appendix Two; See also, Tep Nimol and Mom Kunthear, 'Four Hurt in Takeo Acid Attack', *The Phnom Penh Post*, December 21, 2009
- ²³ ASTI, 'Where It Happens: Cambodia', available online at: <http://www.acidviolence.org/index.php/acid-violence/countries/cambodia>

2.3 Why?

In Cambodia, acid attacks are usually a consequence of, or a perceived means of settling, interpersonal disputes. Indeed, the majority of reported attacks appear to have result from family or personal relationship problems.²⁴ Emotions such as jealousy, anger, and revenge appear to be strong motivational factors. One of the most prevalent reasons cited for attacks, is revenge for sexual infidelity; the wife of an unfaithful husband, assaulting his mistress – or, in some cases, the mistress attacking the wife of her lover.²⁵ “This is such a common theme that the average perception of a female victim in the community is of someone considered to be at fault for 'unfaithfulness'.”²⁶ Business and land disputes are other leading motivations.²⁷ However, in many cases motivations are unclear and perpetrators unidentified.²⁸

Kan Chetchea's wife - Chroy Chreng - was angry because her husband had been seeing other women. Kan Chetchea had admitted to being unfaithful to his wife on several occasions. On December 29th 2009 at approximately 9:00am Chroy Chreng threw acid on his face, arms, and torso as he was waking up in their family home. She has since said that she purchased the acid from a battery vendor.

Many acid injuries are a result of accidental circumstances. That is, the burns were not intentionally inflicted, but were the result of situations and circumstances where, for instance, the hazardous substance was not stored in a secure or clearly marked container. Such injuries are usually the result of poor health and safety standards.

*"The average perception of a female victim in the community is of someone considered to be at fault for 'unfaithfulness'."*²⁹

- 24 CASC Statistics, Appendix Two; See also, LICADHO, 'Living in the Shadows', p.2
- 25 James G. Gollogly, Say Bon Vath, Annika Malmberg, op. cit., p.333
- 26 Ibid.; See also, 'Cambodia Gets Tough on Acid Attackers', *ITN*, 1 March, 2010, available online at: <http://itn.co.uk/21507833b3c46d1095c25568584f5c7b.html>
- 27 CASC Statistics Appendix Two
- 28 John Morrison, (Executive Director of ASTI) Factfinding visit to Cambodia 3rd to 9th November 2005. York: ASTI, 2005; Jane Welsh, 'It was like burning in hell: A Comparative Exploration of Acid Attack Violence', The Center for Global Initiatives at the University of North Carolina-Chapel Hill presents the Carolina Papers on International Health
- 29 James G. Gollogly, Say Bon Vath, Annika Malmberg, op. cit., p.333; See also, 'Cambodia Gets Tough on Acid Attackers', *ITN*



2.4 Effects

2.4.1 Substances Used

For many people in Cambodia, acid is an important tool in their everyday lives. Numerous industries and trades utilise acid: “[s]ulphuric acid is readily available for use in car batteries, nitric acid is utilised in jewellery fabrication, and hydrochloric acid is an industrial necessity in rubber production.”³⁰ Large quantities of highly concentrated acids are easily procured from various vendors, and it is perhaps not surprising that these three substances are the most common to be used in acid attacks. It is largely because of this widespread and unregulated use, and the relatively low cost of these substances, that acid has become a choice weapon for settling disputes. In the words of one report, it is “an indelibly easy weapon to obtain and use.”³¹

2.4.2 Physical

The immediate effects of contact with acid (and other such corrosive substances) are “swift and devastating”³² and ultimately permanent. “Superficial burns can occur after only 5 sec[onds] of contact and full-thickness burns after 30 sec[onds].”³³ While prompt action can limit the severity of the effects of acid burns, and reduce fatality,³⁴ a lack of knowledge of first aid treatment amongst the general Cambodian population³⁵ means that victims typically suffer extremely grave injuries. Upon contact, acid quite literally melts through flesh, muscle, and even bone if not washed off thoroughly. It will destroy anything it touches.³⁶ Survivors have described their initial reaction to being attacked as though it were water thrown at, or poured on, them;³⁷ and their subsequent horror at the immense burning heat searing through their body, with the terrifying realisation that their skin is dissolving away.³⁸

However, due to the fact that assaults often target the victim's face, the effects go far beyond skin damage. “Eyelids and lips may burn off completely.

The nose may melt, closing the nostrils, and ears shrivel up.”³⁹ Further, acid usually drips onto and corrodes the limbs of the victim. Subsequently, not only do “acid attacks leave victims horribly disfigured,”⁴⁰ they can also cause severe, permanent disabilities. Survivors are frequently left blind, or deaf, or without the full use of their hands.⁴¹ These effects are primarily the result of attacks using acids of high concentration, and the effects are not quite so severe when diluted acids are employed.

These problems are further complicated by the complex and expensive nature of the treatments required, and the absence of suitable medical facilities in Cambodia.⁴² Survivors “face a lifetime of rehabilitation on multiple levels,” so that they can try to resume ordinary life and reintegrate into society.⁴³ These problems are more manifest in children – who are quite often the unintended victims of attacks – as “their rate of growth necessitates more staged operations than an adult would need and more intensive physiotherapy.”⁴⁴ Ultimately, this is “a far more resource-intensive load than a purely surgical facility can reasonably handle.”⁴⁵

- 30 James G. Golligly, Say Bon Vath, Annika Malmberg, op. cit., p.333
- 31 Ashim Mannan, Samuel Ghani, Alex Clarke, Peter E. M. Butler, ‘Cases of Chemical Assault Worldwide: A Literature Review’, *Burns*, Vol. 33, No. 2 (2007), pp.149-154, at p.150
- 32 Hooma Shah, ‘Brutality by Acid: Utilising Bangladesh as a Model to Fight Acid Violence in Pakistan’, *Wisconsin International Law Journal*, Vol. 26 (2008-2009), pp.1172-1199, at p.1173
- 33 Bari Md. Shahidul, Chodhury Md. Iqbal Mahmud, ‘Acid Burns in Bangladesh’, *Annals of Burns and Fire Disasters*, Vol. 14, No. 3 (September 2001), available online at http://www.medbc.com/annals/review/vol_14/num_3/text/vol14n3p115.asp
- 34 Leonard LG Scheulen JJ, Munster AM., ‘Chemical burns: Effect of prompt first aid’, *Journal of Trauma*, Vol. 22 (1982), pp.420-3
- 35 Marvin Hsiao, Brian Tsai, Pisey Uk, Harrison Jo, Manuel Gomez, James G. Golligly, Massey Beveridge, “What Do Kids Know”: A Survey of 420 Grade 5 Students in Cambodia on Their Knowledge of Burn Prevention and First-Aid Treatment’, *Burns*, Vol. 33, No. 3 (2007) pp.347-351, at p.348
- 36 Asian Human Rights Commission (hereafter AHRC), ‘Effective Remedies are Ineffective in Asia: Governments Ignore United Nations Human Rights Conventions and Domestic Laws’, December 10, 2002, available online at: <http://www.ahrchk.net/Statements/mainfile.php/2002Statement/77/?print=yes>; Jordan Swanson, ‘Acid Attacks: Bangladesh’s Efforts to Stop the Violence’, *Harvard Health Policy Review*, Vol. 3, No. 1 (Spring 2002), available online at: <http://www.hcs.harvard.edu/~epihc/currentissue/spring2002/swanson.php>; Bari Md. Shahidul, Chodhury Md. Iqbal Mahmud, op. cit.; Roksana Noor Khurshid, ‘Acid Attacks On Women in Bangladesh’, Proceedings : 1st Annual Symposium : Graduate Research and Scholarly Projects, Wichita State University, pp.121-122, available online at: <http://soar.wichita.edu/dspace/handle/10057/509>; A. Faga, D. Scevola, M.G. Mezzetti, S. Scevola, ‘Sulphuric Acid Burned Women in Bangladesh: A Social and Medical Problem’, *Burns*, Vol. 26 (2000), pp.701-709, at p.707
- 37 Bari Md. Shahidul, Chodhury Md. Iqbal Mahmud, op. cit.
- 38 Roksana Noor Khurshid, op. cit.
- 39 LICADHO Report, ‘Living in the Shadows’, p.10
- 40 Jordan Swanson, op. cit.
- 41 AHRC, op. cit.
- 42 See *infra* pp.28-29, Section 5.1 ‘Medical Care’
- 43 James G. Golligly, Say Bon Vath, Annika Malmberg, op. cit., p.329; See e.g. Chapter Five
- 44 ASTI, ‘Where It Happens: Cambodia’
- 45 Ibid.

2.4.3 Psychological, Social & Emotional

Even if survivors are fortunate to receive enough adequate medical care to limit and deal with the damage inflicted by the attacks, they are left with permanent, disfiguring, and debilitating scars. However, not only are they left with these life-long reminders of the attack, but they face severe problems in other aspects of their lives. In addition to, and as a result of their physical injuries, survivors often experience extensive psychological, emotional and social problems.⁴⁶

The strength and pervasiveness of the psychological after-effects of acid attacks mean that, without sufficient treatment, these problems can prove to be equally as debilitating as the physical effects of acid burns. The causes of this psychological trauma stems from three key areas: firstly, from "the terror victims suffer during the attack, as they feel their skin burning away;" secondly, from "the disfigurement and disabilities that they have to live with for the rest of their lives;"⁴⁷ and, thirdly, from public perception and reactions.⁴⁸

Of all the causes, disfigurement plays a powerful role in the subsequent psychological and emotional trauma experienced by survivors.⁴⁹ Due to the particularly gruesome nature of the burns, survivors are often afraid of showing themselves in public, afraid and ashamed of the way they look; something which is further exacerbated by public reactions to acid survivors.⁵⁰ Indeed, it would seem that public reactions and perceptions are perhaps a vital component of this psychological trauma. For instance, there is often a tendency for the public to view the survivor as in some way 'deserving' the attack as a result of some wrongdoing.⁵¹

This stigmatisation is so great that survivors frequently become ostracised by society, and are "treated as outcasts by family, neighbours, and

friends."⁵² Public perceptions and stigmatisation are discussed in detail in Chapter Four of this Report.

Common psychological symptoms include depression, loss of self-esteem, insomnia, fear, headaches, and suicidal tendencies.⁵³ Fear is perhaps the most significant of these symptoms, and it extends to: fear of reprisal should they speak out or seek legal action, fear of another attack, and fear of the outside world. Fear makes victims unwilling to pursue legal action or testify against offenders.⁵⁴



"A face burned, corroded and scarred beyond ordinary recognition, is a lifetime reminder..."⁵⁵

⁴⁶ Law Commission of India, op. cit., p.8

⁴⁷ Ibid., p.13

⁴⁸ This last issue is part of a complex and self-perpetuating relationship between the 'power' of attacks, social consensus, and psychological traumas. See introduction to Chapter Five

⁴⁹ On the relationship between physical deformities and psychological traumas, see Ronald P Strauss, 'Culture, Rehabilitation, and Facial Birth Defects: International Case Studies', *Cleft Palate Journal*, Vol. 22, No. 1 (January 1985), pp.56-62; A. Mannan, S. Ghani, A. Clarke, P. White, S. Salmanta, P. E. M. Butler, 'Psychosocial Outcomes Derived from an Acid Burned Population in Bangladesh, and Comparison With Western Norms', *Burns*, Vol. 32 (2006), pp.235-241

⁵⁰ See Chapter Five

⁵¹ A. Faga, D. Scevola, M.G. Mezzetti, S. Scevola, 'Sulphuric Acid Burned Women in Bangladesh: A Social and Medical Problem', *Burns*, Vol. 26 (2000), pp.701-709, at p.707: "The injury is often considered as just punishment for some bad deed."; See also: James G. Gollogly, Say Bon Vath, Annika Malmberg, op. cit., p.333

⁵² Jordan Swanson, op. cit.; See also: A. Mannan, et. al., op. cit., p.239; W. S. Ho, S. Y. Ying, H. H. Chan, C. M. Chow, 'Assault by Burning – A Reappraisal', *Burns*, Vol. 27 (2001), pp.471-474, at p.471; J. Asaria, O. C. Kobusingye, B. A. Khingi, R. Balikuddembe, M. Gomez, M. Beveridge, 'Acid Burns from Personal Assault in Uganda', *Burns*, Vol. 30 (2004), pp.78-81, at p.80

⁵³ James G. gollogly, et. al., op. cit.; LICADHO, op. cit.

⁵⁴ See *infra* pp.21-23, Section 4.4 'Vulnerability of Survivors'

⁵⁵ James G. Gollogly, Say Bon Vath, Annika Malmberg, op. cit., p.329

2.4.4 Economic

Acid attacks disfigure victims to such an extent that they are typically left with acute disabilities. This is perhaps one of the biggest challenges facing survivors following attacks, as they have to adjust to life with these physical impairments, often without the specialised help that is required in such circumstances. It is a consequence of this that many survivors are no longer able to perform simple tasks that previously enabled them to go about their daily lives, and they thus lose their livelihoods. Life, for acid survivors, can be a “perpetual struggle to survive.”⁵⁶ No longer able to study or work⁵⁷ (at least, not without proper assistance and rehabilitation), many survivors become dependent upon others to provide for them. The provision of this support will typically fall on family members,⁵⁸ and since the majority of acid survivors are from low socio-economic backgrounds⁵⁹, this can place extra stress on families who are overburdened and who may not be best suited to provide this support.

Kan Chetchea was blinded as result of the attack. Consequently, he requires assistance for day to day activities, and largely depends on his wife, or other acid burn survivors within the compound at CASC. After his attack Kan Chetchea and his family have no source of income. His three children rely on support from other family members for food.

⁵⁶ Ibid., p.4

⁵⁷ AHRC, op. cit.; Bari Md. Shahidul, Chodhury Md. Iqbal Mahmud, op. cit.; ASF-U ‘Fourth Annual Report’, August 2006 – July 2007, pp.8-10, available online at: <http://www.acidsurvivorsug.org/reports.htm>

⁵⁸ J. Asaria, O. C. Kobusingye, B. A. Khingi, R. Balikuddembe, M. Gomez, M. Beveridge, op. cit., p.80

⁵⁹ Information obtained through interviews



Chapter Three: Access to Acid

3.1 The Problem

There are several reasons to explain why it is that many choose to use acid as a weapon. One reason cited regularly is because it is easy to obtain,⁶⁰ and it is also cheap. Acid is far easier to buy than other deadly weapons, such as a gun,⁶¹ and its effects can be equally devastating. Indeed, part of the problem is that the law has "strong sanctions against possession or use of firearms, explosives and other 'recognised' weapons, but fails to place acid in the same category."⁶² Whilst such devices as explosives and firearms have multiple uses, some of which are legitimate, the criminal law nonetheless recognises them as weapons; however, no such categorisation is given to acid.⁶³ In addition to being easy to obtain, acid is relatively easy to transport and use without attracting too much attention,⁶⁴ especially since possession of it is perfectly legal.

Although the incidence of acid violence cannot be attributed simply to access, it certainly acts as a strong catalyst. For instance, there seems to be a *prima facie* correlation between incidence of attack, and availability of acid. In Kampong Cham province, where acid is widely available due to its use in the process of making rubber, there is a relatively high rate of acid related crimes compared to other provinces.⁶⁵ Thus, to posit that a restriction on the availability of such substances could potentially lead to a decline in the incidence of acid related violence⁶⁶ is a convincing argument. According to one commentary, "[e]fforts should be made to prevent easy access to chemicals by the people who have no business with them. This will reduce the use of this barbaric means of settling disputes."⁶⁷

Chan Kiri's wife became jealous because her husband spent time after work at bars. She suspected him of being unfaithful. One evening in 2008 she threw acid in his face in front of their children whilst they were at their family home in Pursat Province. She has reported that she purchased one litre of acid for 3000 riels (75 US cents) at a vendor down the street from their home.

- 60 Interview for ABC Radio Australia, between Liam Cochrane, Ya Soknim, Naly Pilorge, and Chhun Chenda Sophea, 'Anger Greets Outcome of Cambodian Acid Attack Case', available online at: <http://www.radioaustralia.net.au/connectasia/stories/200909/s2675394.htm>; Sana Masood (Legal Coordinator for ASF-Pakistan), 'Say no to Acid Violence!', available online at: <http://ytga.com/index.php?p=articles&id=201>
- 61 'Cambodia Gets Tough on Acid Attacks', *ITN*
- 62 'Focus: Cambodia's Vote Scuttles Crackdown on Acid Attackers', *Asian Political News*, July 28, 2003, available online at: http://findarticles.com/p/articles/mi_m0WDQ/is_2003_July_28/ai_105896957/
- 63 The new Penal Code, Article 47 provides: "A weapon is any object designed to kill or to wound. All any other object being susceptible to present a danger for the persons in the following cases is considered as a weapon: (1) the object is used to kill, to wound or threaten; (2) the object is designed to kill, to wound or to threaten."
- 64 LICADHO, 'Acid Attacks in Cambodia Continue to go Unchecked': "Acid is a very popular weapon, given that it is almost invisible to the police and the public."
- 65 CASC Statistics, Appendix Two
- 66 Lisa M. Taylor, 'Saving Face: Acid Attack Laws After the U.N. Convention on the Elimination of all Forms of Discrimination Against Women', *Georgia Journal of International and Comparative Law*, Vol. 29 (2000-2001), pp.395-426, at p.422
- 67 Peter B. Olaitan and Bernard C. Jiburum, 'Chemical Injuries from Assaults: An Increasing Trend in a Developing Country', *Indian Journal of Plastic Surgery*, Vol. 41, No. 1 (Jan-June 2008), available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2739541/>

3.2 Controlling and Regulating Acid to Restrict Access

Although establishing and imposing regulation on access to these hazardous substances is an important step to take in the prevention of acid violence,⁶⁸ it is not an easy one. Many would consider such regulation an impossible task. However, as a member of the Campaign and Struggle Against Acid Attacks on Women (the "CSAAAW") pointed out, it is unconscionable "...how any responsible democracy can cite difficulty in regulation as an excuse for not framing laws."⁶⁹

Success is not likely to occur overnight, but will require the combined efforts of several Government Ministries and institutions. The following sections set out some of the important areas and issues that should be considered when drafting measures to control and regulate these substances.

3.2.1 Definition of Acid For The Purpose of Acquisition and Use

The use of acid as a weapon in Cambodia necessitates the need for the law to categorise it as such. Thus, a definition of acid is necessary so as to establish which substances can potentially be employed as a weapon, and so set the scope which any regulative measures should cover. Any definition of acid should be comprehensive and encompass all types of substances that are capable of being employed as a weapon. The following examples illustrate the elements it should seek to include:

"any kind of thick, fluid or mixed ingredients of sulphuric acid, hydrochloric acid, nitric acid, phosphoric acid, carboric acid, battery fluid (acid), chromic acid and aqua-regia and other corrosive items;"⁷⁰

"any substance which has the character of acidic or corrosive or burning nature that is capable of causing bodily injuries leading to scars or disfigurement or temporary or permanent disability."⁷¹

It is important that any definition lists the substances that present a known danger (i.e. could potentially be used to cause harm), and should note their key characteristics, such as their corrosive nature. Finally, it should recognise and state that any given definition is not exhaustive.

3.2.2 Coverage of Legislation

In order for any measure to successfully control and regulate acids it needs to extend to all the areas of society and the economy that encounter acid as a result of the nature of their work, or in all other situations. Thus, there is a strong need for a national database, listing all those who legitimately use acid, or are involved in its production, importation, transportation, sale, and wholesale. Such information is necessary for the legislation to be sufficiently encompassing, and, additionally, it will be essential in ensuring that the RGC is able to extend regulation over all aspects of the 'acid economy'.

3.2.3 Licensing

In situations where certain activities or substances are deemed to be dangerous or a threat to the public, the State should seek to regulate and control these activities, and restrict access to these substances. Establishing a licensing or permit-based system is the most feasible means of doing so, as it allows the State to ensure that access is restricted to certain persons and uses, and it can impose conditions of licence that seek to regulate these activities.

In the first place, then, licences should be a mandatory requirement for those who wish to buy, sell, or use acid. However, they should only be made available to those who require acid for legitimate purposes. Thus, the conditions of licence should stipulate which persons are eligible for licence based on the use to which the acids are put.

⁶⁸ Lisa M. Taylor, 'Saving Face', p.422

⁶⁹ Law Commission of India, 226th Report', p.14

⁷⁰ The Acid Control Act, 2002, Article 2(b)

⁷¹ Draft Prevention of Offences (By Acids) Act 2008, National Commission for Women (India), Article 3(a) available online at: http://ncw.nic.in/PDFFiles/OFFENCES_BY_ACIDS.pdf

Application procedures for a licence should be sufficiently stringent, and should establish that the granting of a licence is dependent upon the applicants being able to demonstrate that they fulfil certain criteria. Additionally, licences should only be valid for a limited duration, and upon expiry, renewal should be dependent upon the track-record of the individual, and on whether they continue to meet the relevant criteria for a licence.

This licensing system should also include an obligation on the behalf of the seller, or distributor, of acid to keep a record of sales, in order to add a measure of accountability. Such records should detail specifics such as the date of transactions, the amounts of acid sold, and the names and personal details of the purchasers. This would limit the sale of acid to those who are eligible to procure acids for legitimate purposes, and prevent those who should not be in possession of these substances from obtaining them in the first place. Furthermore, in detailing the amounts sold, the records can be used to ensure that individuals only buy as much as they are allowed.⁷²

Since the imposition of Occupational Safety and Health (“OSH” hereinafter) standards is a necessary component of regulation,⁷³ they should be incorporated into the conditions of licence. Therefore, in order to ensure that individuals adhere to OSH standards and guidelines their eligibility to hold licence should be dependent on whether they operate according to these standards.

The Ministry of Industry, Mines and Energy is already responsible for issuing licences for the importation of acids, and imposes regulations and restrictions on the process.⁷⁴ However, these licensing regulations only apply to the import of acids, and there are few constraints on the sale of acid once it is imported.

Thus, the licensing system for regulation of acid should be extended and developed, and the Ministry of Industry, Mines and Energy, along with the Ministry of Commerce, should be responsible for this.

Bangladesh has adopted similar measures, and while the licensing system outlined in the Acid Control Act is an effective and comprehensive means of seeking to control and regulate acid, reports suggest that the licensing process itself is rather cumbersome, with many who use acid in their everyday lives considering it to be impractical.⁷⁵ As such, although it should be “mandatory on the part of such trades to be registered,” the majority are not.⁷⁶ Thus, there is a need ensure that the process of procuring licences or permits is simple, accessible, but also comprehensive.

Additionally, measures to motivate individuals to take the issue seriously should be considered, the primary means of which should be through monitoring and enforcing regulation.

An extra benefit of this system would be that it has the potential to generate income for the RGC through the sale of licences and through taxes levied on the import, sale, and distribution of acids.

3.2.4 Concentration of Acid

For ease of transportation, acid is typically sold in its highly concentrated form. That is, it is far easier to transport a relatively small amount of concentrated acid, and then dilute it in order to produce large quantities of weaker acid. However, only certain trades and industries require highly concentrated acid. Accordingly, certain restrictions should be placed on the sale and use of highly concentrated acid. In particular, only those individuals that have legitimate reasons for using concentrated acids should be allowed to be in possession of them.

⁷² See *infra* pp.10-11, Section 3.2.4 ‘Concentration of Acid’

⁷³ See *infra* pp.12-14, Section 3.3.2 “Health and Safety Standards for Transportation and Storage

⁷⁴ Information collected through interviews.

⁷⁵ Muhibba Zannat, ‘Perpetrators’ Easy Access to Acid Keeps Violence Unabated’, *The Daily Star*, 26 December, 2009, available online at: <http://www.thedailystar.net/newDesign/news-details.php?nid=119290>

⁷⁶ ‘Acid Violence More Rampant than Reported’, *The Daily Star*, 30 December, 2009, available online at: <http://www.thedailystar.net/newDesign/news-details.php?nid=119652>

Further, they should only be allowed to obtain quantities limited to their needs.

"These effects are primarily the result of attacks using acids of high concentration, and the effects are not quite so severe when diluted acids are employed..."

Those who purchase acid for wholesale should be allowed to buy acids in their highly concentrated form, as it is logical for it to be transported as such. However, they should be permitted only to sell diluted acids. As Chhun Sophea, Programme Manager at CASC, remarked, "there shouldn't be a concentrated form [of acid] that eats away your skin, your face, your bones, so easily available – there should be a diluted form available for general public use."⁷⁷

3.2.5 Monitoring and Enforcing Regulation

As the experience of Bangladesh has demonstrated, without proper regulation of acid sellers and purchasers, and proper enforcement of the law, any regulatory system will fail to have any preventative effect. Despite extensive provisions in Bangladesh's Acid Control Act that are designed to ensure the effective working of a system of regulation, "sales and distribution are ill regulated, not implemented, and not monitored."⁷⁸ Consequently, acid continues to be readily available, which essentially usurps the purpose of the Act. Special attention must be given to ensuring the implementation of any regulatory system, and appropriate measures must be considered to this end.

Perhaps the biggest challenge will be in preventing a black market for acid from arising. Unless a system of regulation includes measures and structures to monitor the production, importation, transportation, sale, wholesale, and use of acid, it is unlikely to be effective in its aims. Thus, it is necessary to design

a means of monitoring these various processes to ensure effective implementation of any proposed system of regulation.

Monitoring should be based on inspections and investigations to ensure that the relevant individuals are acting in legal compliance with the relevant rules and regulations. Enforcement should include notices and warnings issued to those who are in breach of regulations and conditions of licence, as well as prosecution and penalties.

⁷⁷ Mom Kunthear and Brooke Lewis, 'Vendors Worried About Acid Law', *The Phnom Penh Post*, March 23, 2010

⁷⁸ ASF – Pakistan, Situational Analysis Report, p.8



3.3 Dangerous Transportation and Storage

3.2.6 Penalties For Breach of Regulations

The law requires appropriate penalties for circumstances where the conditions of licence are breached. Particular attention should be given to situations regarding forgery of licence, and abuse of, including attempts to abuse, the process. Penalties should include cancellation and suspension of licenses. The following example is taken from Pakistan's Draft Acid Control and Acid Crime Prevention Act:

"Where any person is found to have contravened any of the provisions of this Act, or the rules in respect of any poison [the term used to refer to acid in this Act] and the contravention is of such a nature that the import, export, manufacture or sale of any poison by such person is, in the opinion of the licensing authority, likely to endanger public health, that authority may, after giving such person an opportunity of being heard, cancel the licence to make, manufacture, distribute, sell or import poison issued to that person or suspend such licence for a specified period."⁷⁹

Although the emphasis for OSH standards in any regulatory system should be on prevention, penalties should be incurred where individuals are in violation of the relevant health and safety standards, especially in cases where such breaches present a serious risk to public health. Monitoring of OSH standards is discussed below.

*"Efforts should be made to prevent easy access to chemicals by the people who have no business with them. This will reduce the use of this barbaric means of settling disputes."*⁸⁰

3.3.1 Accidental Acid Injuries

A related issue to the wider problem of acid violence is that of 'accidental' burns. As noted above, a substantial proportion of acid related injuries are the result of inadequate safety measures regarding the handling and storage of hazardous substances.⁸¹ Consequently, there is a strong need to impose tighter restrictions with regard to the manner in which caustic and hazardous substances are handled and stored, and to consider their regulation, with particular emphasis on creating health and safety standards. It is far more cost effective to impose health and safety standards on these substances, than it is to deal with the enormous social costs that result from the absence of such standards.

3.3.2 Health and Safety Standards For Transportation and Storage

Since health and safety is such an important issue to be addressed in relation to these harmful corrosive substances, it should be addressed alongside any measures concerning their regulation. Imposition of such standards will potentially curb the worrying numbers of accidental acid related injuries, and will instil in people a sense of the dangers of handling these substances.

In 2009 the Department of Occupational Safety and Health, part of the Ministry of Labour and Vocational Training, with the technical support of the International Labour Organisation (the "ILO") developed the first 'OSH Master Plan' (2009-2013). It notes that the RGC "places a high priority on improving people's quality of life," and recognised that "ensuring safe, healthy and productive working environments is prerequisite for this purpose." Consequently, "Cambodia needs to redesign stronger national OSH systems in order to provide adequate OSH protection to all workers."⁸² Specifically, the OSH Master Plan states that it will achieve this through three key means:

⁷⁹ Draft Acid Control and Acid Crime Prevention Act, Pakistan, Article 6A(1), available online at: <http://acidsurvivorspakistan.org/acid-crime-prevention-bill-join-the-move>

⁸⁰ Peter B. Olaitan and Bernard C. Jiburum, 'Chemical Injuries from Assaults: An Increasing Trend in a Developing Country', *Indian Journal of Plastic Surgery*, Vol. 41, No. 1 (Jan-June 2008), available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2739541/>

⁸¹ See CASC Statistics, Appendix Two

⁸² Ministry of Labour and Vocational Training, 'The First Occupational Safety and Health Master Plan, 2009-2013', April 2009, p.1

(i) Developing sound policy-legislative frameworks that can support employer's and worker's efforts to advance safety and health at work; (ii) Provide adequate OSH training to all workers; and (iii) Assisting all workplaces in establishing effective OSH management systems. The proposals outlined in this plan represent a significant step toward the instigation of nationwide OSH standards in all workplaces.

It is logical, then, that the OSH framework is extended so as to include and have specific provisions for acid. Similarly, the Department of Occupational Safety and Health, in partnership with the Ministry of Labour and Vocational Training, should adopt primary responsibility for the implementation of OSH standards regarding acid.

OSH rules should extend to the storage, handling, use and transportation of acid, and guidelines should be produced in this regard. Ultimately, they should seek to create a safer environment. Thus, these standards should act as a strong preventative measure against accidental acid injuries, and they should be designed to protect workers and others who may mistakenly come into contact with the substances.

Storage containers must be suitable to hold acid in a safe fashion, and should be clearly marked. If a uniform design of container were to be introduced, it would make the process of monitoring far easier. OSH standards should also establish mandatory labelling for acids, providing guidance and warnings about the following:

- (i) The dangers acids present to personal health;
- (ii) The necessary first aid treatment of acid burns; and

(iii) How to correctly handle, store, use and transport acid.

In the Plan it was recognised that an important step in strengthening national OSH systems involves the dissemination of practical OSH information and training.⁸³ In addition to training on safe practices for individuals and businesses, there should also be publicly available information outlining practical OSH information. For instance, there should be fact-sheets clearly on display at sites where acid is present. These should detail the nature of these substances, their effects and dangers, how to handle them safely, the legal aspects – e.g. that it is illegal to procure without a licence, or to procure more than the legally specified amounts – and what to do in case of accident or injury.

Provision of information detailing what to do in the event of contact with acid will help to mitigate the extent of injury, and thus limit the amount of medical treatment required.⁸⁴ The benefits of such information are clear; in the case of Bangladesh one report has stated that “preventative measures [...] such as information dissemination about the need for immediate contaminated clothing removal and water washing, the delay before initial water decontamination is shorter, [i.e. removing the acid with water] and the incidence and severity (as shown by a lesser need for surgical treatment) have decreased.”⁸⁵

Warning labels and signs should be clear and easy to understand. For example, they should include universal symbols and pictures.

⁸³ Ministry of Labour and Vocational Training, op. cit., p.4

⁸⁴ Mom Kunthear, 'Treating Scars That Never Heal', *The Phnom Penh Post*, June 12, 2009; Lisa M. Taylor, 'Saving Face', p.424

⁸⁵ Rebecca Milton, Laurence Mathieu, Alan H. Hall, and Howard I Maibach, 'Chemical Assault and Skin/Eye Burns: Two Representative Cases, Report from the Acid Survivors Foundation, and Literature Review', *Burns*, Vol. 36, No. 1 (Jan 2010), pp.1-9, at p.7

It is important to stress to those who deal in the sale and distribution of acid, as well as those who use acids as part of their business, that businesses can benefit from following such regulations. For instance, it would produce a safer workplace, thus reducing the risk of injury sustained by employees and so increasing productivity.

3.3.3 Ensuring Compliance

The intention of an OSH framework is to prevent accidents and protect the safety and health of people in the workplace, through the creation of standards designed to minimise any potential risks. Thus, the emphasis of such a framework should be on prevention rather than strong enforcement. However, penalties should be administered in situations where individuals deliberately and repeatedly violate OSH regulations, especially where such violations present a grave risk to public health.

The United Kingdom's Health and Safety Executive (the "HSE" hereinafter) adopts a definition of enforcement of health and safety regulations, which seeks to engender an attitude of cooperation to encourage compliance, rather than strict enforcement. The HSE policy states that: (1) "Enforcement authorities may offer duty holders information and advice, both face to face and in writing. They may warn a duty holder that, in their opinion, they are failing to comply with the law"; and, (2) "Where appropriate, they may also serve improvement and prohibition notices, withdraw approvals, vary licence conditions or exemptions, issue formal cautions, and they may prosecute."⁸⁶ Such an approach is useful as it seeks to develop cooperation, and it recognises that OSH standards may need to be applied incrementally. So, in addition to stringent penalties there should be dialogue –

including dissemination of information and advice – as well as a series of preliminary warnings in the event of a breach.

Random inspections should be carried out to ensure that duty holders are adhering to OSH requirements. Furthermore, a hotline should be established, whereby individuals can telephone anomalously to report situations of violations.

Recommendations

- (i) Introduction of new legislation establishing a regulatory system based on a system of licensing. Regulation should cover all areas of the acid economy.
- (ii) Imposing tighter restrictions on the sale of concentrated forms of acid. Individuals should only be allowed to purchase strict quantities of acid, enough to meet the required purpose.
- (iii) Introduction of new legislation to create a series of OSH standards to be applied to the transportation, storage, handling, and use of acid. Such standards should aim to prevent accidental acid injuries, create a safer environment in which acid is used, and also help to make people more aware of the dangers of acid.
- (iv) Establishing a system of monitoring, to ensure that all relevant persons are acting in compliance with the conditions of license. Monitoring should take the form of random inspections. Enforcement should be based on cooperation, but penalties should be administered to those who violate the conditions, especially in cases where a breach constitutes a serious threat to public health.

⁸⁶ The Health and Safety Executive, 'How HSE Works With The Law', available online at: <http://www.hse.gov.uk/enforce/how.htm>



Chapter Four: Impunity For Perpetrators of Acid Attacks

4.1 The Problem of Impunity

Another major factor contributing to the problem of acid violence in Cambodia is impunity. That is, due to failings and obstacles at the reporting, investigating and trial stages of the criminal justice process, the perpetrators of acid crimes are rarely brought to justice,⁸⁷ thus resulting in a culture of impunity in relation to acid violence. Fundamentally, the failure of the judiciary to bring these perpetrators to justice demonstrates to potential perpetrators that their actions will go unpunished, and as such operates to “encourage other potential perpetrators who have the mindset to do this.”⁸⁸ In other words, impunity is mutually reinforcing. This culture of impunity is an “acute social problem ... as it signifies that the law is no deterrent” and thus puts many others “at risk of similar violent attacks.”⁸⁹ As Ou Virak, President of the CCHR, remarked, “people know they can get away with these attacks. It’s a cruel and successful weapon.”⁹⁰ Therefore, the necessity for the conviction of perpetrators of acid violence stems, not only from the need to punish criminals, protect the public at large, and reinforce the rule of law, but also for its vital role in deterrence.

Acid attacks tend not to be subject to the same judicial treatment as other similarly violent crimes. In the current climate whereby acid violence is prevalent and acid-related attacks are increasingly common in Cambodia, it is evident that insufficient efforts are being made to address the problem of impunity. These shortcomings can be attributed to all levels of the criminal justice process.⁹¹

It is an “acute social problem ... as it signifies that the law is no deterrent” and thus puts many others “at risk of similar violent attacks.”⁹²

4.2 Acid Attacks as a Private Matter

Largely, our research suggests that in Cambodia acid violence is not commonly perceived as a criminal offence,⁹³ which would thus invoke the duty of the State to intervene. The prevailing public attitude, which is reflected in the actions of law enforcement authorities, appears to be based on the inaccurate presumption that it is the victim’s discretion whether to seek justice.

Acid violence falls into the definitions of a number of criminal offences, including: torture, battery, murder, and attempted murder,⁹⁴ all of which are public offences, requiring State intervention, irrespective of whether the victim seeks a remedy.⁹⁵ It is the obligation of the State to prosecute and punish persons who are found guilty of such offences. In order to ensure this distinction is made in the current circumstances, legislation must explicitly address acid violence.

4.2.1 Public versus Private Spheres

In order to understand the culture of impunity surrounding acid violence it is necessary to appreciate the distinction between the public and private legal spheres. Historically, criminal offences are viewed as offences against not just individual victims, but the community as well. As such, it is effectively the duty of the State to take the lead in investigation of such crimes and the prosecution of offenders.

- 87 Mom Kunther and Irwin Loy, ‘Acid Attacks Could Earn Life in Prison’, *The Phnom Penh Post*, February 16, 2010
- 88 ASTI, ‘Acid Attacks On Women Continue’, available online at: <http://www.acidviolence.org/index.php/news/acid-attacks-on-women-continue/>
- 89 Mahbulul Haque, ‘Impunity and Acid Violence Against Women in Bangladesh: Case Studies in Satkhira and Sirajgonj Districts’, op. cit. p.42
- 90 Tep Nimol and Mom Kunthea, ‘Four Hurt in Takeo Acid Attack’, *The Phnom Penh Post*, December 21st, 2009
- 91 The Community Legal Education Center, available online at: <http://www.clec.org.kh/A2J.html> “The majority of Cambodians are unable to access the formal justice system, and the existing local methods of dispute resolution are not sufficiently standardised, professional, or comprehensive to offer viable alternatives.”
- 92 Mahbulul Haque, ‘Impunity and Acid Violence Against Women in Bangladesh: Case Studies in Satkhira and Sirajgonj Districts’, M.A. Thesis, University of Mahidol (2005), p.42, available online at: <http://mulinet10.li.mahidol.ac.th/e-thesis/4737344.pdf>
- 93 Information collected through interviews
- 94 Provisions Relating to the Judiciary and Criminal Law and Procedure Applicable in Cambodia During the Transitional Period, Decision of September 10, 1992. Articles 31, 41 in addition to Article 6 which states: “The police shall observe the Code of Conduct for Law Enforcement Officials...adopted by the United Nations.”
- 95 Code of Conduct for Law Enforcement Officials, Adopted by General Assembly resolution 34/169 of 17 December 1979, Article 1: “Law enforcement officials shall at all times fulfil the duty imposed upon them by law, by serving the community and by protecting all persons against illegal acts, consistent with the high degree of responsibility required by their profession.”

The private sphere, on the other hand, covers areas such as family, personal, and commercial life. Violent crimes are globally considered public offences insofar as they not only endanger the citizens at large, but are offences against the moral social order. Acid attacks are a public crime and therefore the duty to prosecute does not require action on the part of the victim. Whilst the civil party procedure in Cambodian law permits the participation of victims with the assistance of a lawyer in criminal cases,⁹⁶ this is not a prerequisite to prosecution of violations of the criminal law and crimes can, and are, prosecuted without the participation of the victim.

The distinction between public and private spheres has been the subject of serious controversy in the case of domestic violence in Cambodia. Historically, domestic violence was seen as a familial affair in which the State could not intervene, yet it has now become internationally recognised that domestic violence is a criminal offence and the police must intervene in order to protect the victim and the public at large, punish the offender, and deter future occurrences.

Cambodia has made steps toward rectifying this situation by implementing specific legislative and administrative mechanisms to ensure domestic violence is adequately recognised and punishable under criminal law. Article 35 of the 2005 Law on Domestic Violence⁹⁷ provides that “any acts of domestic violence that are considered as criminal

offences shall be punished under the penal law in effect.” The legislation specifically requires both law enforcement and judiciary to treat domestic violence as criminal offences.

Unfortunately, as attitudes toward acid violence do not reflect its status as a criminal offence, it has effectively been relegated to the private sphere. In this manner, the parallels can be drawn from domestic violence and international efforts towards addressing the problem of impunity.



The crime of rape is another example where the victim’s right to seek compensation has been incorrectly seen to negate the criminality of the attack itself. Amnesty International states: “Victims are entitled to pursue both criminal and civil action. A civil action may lead to the perpetrator paying compensation. However, such a payment does not obviate the victim’s right – or the prosecutor’s duty - to proceed with criminal charges against the perpetrator.”⁹⁸

⁹⁶ Code of Criminal Procedure of the Kingdom of Cambodia, 2007

⁹⁷ Law on the Prevention of Domestic Violence and the Protection of Victims, 2005

⁹⁸ Amnesty international, 13 April 2009, Public Submission to the UN Universal Periodic Review Sixth session of the UPR Working Group of the Human Rights Council, Cambodia November - December 2009. The statement further goes on to say: “However, law enforcement officials, including police and court staff, and representatives of local authorities commonly arrange out of court settlements between the victim or their family and the perpetrator. This typically takes the form of a financial settlement, and the victim is then expected to withdraw any criminal complaint and pay a share of the settlement to the mediators. Prosecution of suspected offenders is uncommon.”

4.2.2 Current Criminal Law

Whilst the current law on battery and unlawful killing - as well as a number of other offences - implicitly encompasses acid violence, it is not expressly listed as a criminal offence. Offenders can be charged with battery under Article 41 of the United Nations Transitional Authority in Cambodia Criminal Law (the "UNTAC Criminal Law" hereinafter),⁹⁹ which states that: "Anyone who voluntarily strikes another, resulting in injury leading to permanent disability, or temporary disability lasting more than six months, is guilty of battery, and shall be liable to a punishment of one to five years in prison."¹⁰⁰ Depending on the extent of the disability, punishment can range from six months, to two years;¹⁰¹ and if there is no disability, from two months, to one year.¹⁰² Additionally, "if any weapon is used to strike the blows, the period of punishment shall be doubled."¹⁰³ Thus, the punishments available potentially range from four months to ten years. However, it is uncertain whether the term "any weapon" includes acids. Furthermore, depending on the severity and/or the outcome of the attack, it might be considered as murder,¹⁰⁴ attempted murder, or manslaughter.¹⁰⁵ These crimes fall under Articles 31 and 32 of the UNTAC Criminal Law, and carry a sentence ranging from ten years to life imprisonment.

The current criminal law should be applied to acid attacks. However, the reality is that impunity thrives in relation to this form of violence, thus necessitating legislative reform. "Establishing clear standards on how to prosecute the crime will arguably lead to more successful prosecution of the crime and decrease the rate of arbitrary and inconsistent rulings."¹⁰⁶ It is thus evident that the current legislation in Cambodia fails to give effect to the classification of acid violence as a criminal offence punishable by law.

4.2.3 Penal Code¹⁰⁷

The Penal Code of the Kingdom of Cambodia, 2009, (the "Penal Code") provides some changes in relation to the criminal law. The relevant provisions of the Penal Code, relating to criminal offences, are due to come into force towards the end of 2010. The Penal Code fails also to specifically address acid attacks, but does take some steps that would potentially be beneficial to ensure stronger sentencing of acid offenders in future. The crimes of torturous and barbarous acts, and intentional violence, are considered more serious when those acts result in a maiming or permanent disability of the victim¹⁰⁸ and therefore warrant a higher sentence. Additionally, where violence is committed by a spouse or concubine, the sentence is increased significantly.¹⁰⁹ However, the current perceptions of acid attacks in Cambodian society may ensure that, in practice, these provisions will not be applied to acid violence.

Moreover, although the Penal Code specifically provides for treating use of poisonous substances to causes harm as intentional violence,¹¹⁰ this is expressly limited to the acts of giving others drink, making them swallow or take into their bodies these substances, and is therefore inapplicable to acid attacks.

⁹⁹ Provisions Relating to the Judiciary and Criminal Law and Procedure Applicable in Cambodia During the Transitional Period, Decision of September 10, 1992

¹⁰⁰ Article 41 (1) UNTAC Criminal Law

¹⁰¹ Article 42 (2) UNTAC Criminal Law

¹⁰² Article 41 (3) UNTAC Criminal Law

¹⁰³ Article 41 (4) UNTAC Criminal Law

¹⁰⁴ Articles 31 and 32 of the UNTAC Criminal Law provide as follows: Article 31, Murder: (1) Anyone who kills or attempts to kill another person after premeditating the crime, or by preparing an ambush, or who kills or attempts to kill another person in the course of theft or rape, is guilty of murder, and shall be liable to a punishment of imprisonment for a term of ten to twenty years. (2). Premeditation is the process of conceiving and preparing an attack on another person before the actual execution of the attack. An ambush consists of lying in wait with the intention of committing an act of violence against another person.

Article 32, Voluntary Manslaughter: Anyone who voluntarily kills or attempts to kill another person without any of the aggravating circumstances mentioned in Article 31, whether or not a weapon is used, is guilty of the felony of voluntary manslaughter, and shall be liable to imprisonment for a term of eight to fifteen years.

¹⁰⁵ LICADHO, 'Living in the Shadows', p.21

¹⁰⁶ Hooma Shah, 'Brutality by acid: Utilising Bangladesh as a Model to Fight Acid Violence in Pakistan', *Wisconsin International Law Journal*, Vol. 26 (2008-2009), pp.1172-1200, at p.1184

¹⁰⁷ The Penal Code of the Kingdom of Cambodia, 2009

¹⁰⁸ Article 223

¹⁰⁹ Article 222

¹¹⁰ Article 225

4.2.4 Sentencing

Research has demonstrated that the sentencing in cases of acid violence that do make it to the courts, are inconsistent and are rarely proportionate to the extent of the injury inflicted.¹¹¹ As one commentator has noted, the “[l]ack of clear punishment within the criminal code has caused many victims to remain vulnerable to those who originally perpetrated the crime.”¹¹² Additionally, there have been some cases, such as that of Chet Sam Ros, whereby third parties who are responsible for carrying out the attack have been successfully brought to justice, while the real architect of the violence in question - the person who enlisted the help of the third parties - has not been held accountable.¹¹³

4.2.5 Lack of Confidence in The Legal System

The interviews conducted with acid attack survivors revealed that there was a general lack of confidence in law enforcement agencies and the judiciary. One of the major hindrances to effective prosecution of acid attack offenders is that due to survivor's distrust of law enforcement agencies and the legal system's will to offer them adequate protection from their tormentor, many cases go unreported.

Additionally, survivors have reported a reluctance to pursue legal action against the perpetrators because of a lack of faith in the ability of the system to achieve justice. Many stated that they believed that if they were to attempt to seek justice, the system would not produce a favourable result. This is exacerbated further by the fact that legal proceedings are often a complicated and lengthy process. Essentially, there appears to be an impression amongst many acid survivors that in taking their case to court it would most likely not achieve an effective prosecution, and would ultimately do more harm than good.

Furthermore, there were strong perceptions amongst those interviewed of justice as mainly for the rich, and those who were able to afford legal representation. Additionally, since the victims tend to come from lower socio-economic backgrounds, often with little access to education, there is a prevailing lack of understanding of the legal process, which serves only to further discourage victims from pursuing their case through the courts.

Vin Rany and Vin Samnei do not currently have any legal representation. They have been afraid to file a complaint to the court, fearing reprisals from the perpetrators, who are still at large. They have also been receiving threatening phone calls. On February 22nd 2010, at approximately 14:00 Vin Rany received two threatening phone calls lasting approximately twenty minutes from a young unidentified male, believed to be involved in the attack. The information has been passed on to the police.

Vin Rany has indicated that as long as the perpetrators remain at large, she and her sister will not pursue their case in court or publicize their case. They are relying on the police to perform an effective investigation and apprehend those responsible. Only then will they consider legal action. The two women are of the impression that by taking their case to court it will most likely not achieve an effective prosecution and will ultimately do them more harm than good.

¹¹¹ LICADHO, 'Living in the Shadows', p.23; See also, e.g., Lon Nara and Phelim Kyne, 'Acid Mutilation as a Misdemeanor', *The Phnom Penh Post*, January 5, 2001: "The first case of a viciously mutilated acid attack victim pressing charges against her assailant has shocked legal observers by resulting in a two-year suspended sentence against the suspect. Kampong Cham Municipal Court Judge Tith Sothy dismissed a petition to upgrade the charges ... Sothy justified the ruling on the grounds that [the perpetrator] had no intention of killing the victim but only sought to 'damage her beauty because of jealousy.'"

¹¹² Hooma Shah, op. cit., p.1186

¹¹³ See Case Studies, Appendix One



4.3 Solutions

4.3.1 Criminalise Acid Violence

The law should recognise that acid, or any other corrosive substance, when used in the acts of: (i) throwing, (ii) pouring, or (iii) any other means of administering that are intended to cause grievous bodily harm, death, or disfigurement to any individual, is a weapon and is being utilised as such. The law should recognise the extreme damage that these *weapons* can cause, and attribute their use in this fashion with an accordingly serious place in the law.

The law should include an extensive definition of 'acid', which encompasses all corrosive substances and chemicals that can potentially be employed to the ends described above.

Legislative intervention is an essential requirement to ensure the future prosecution and deterrence of acid violence; as one commentator noted, "codification can help establish procedure, guidelines, and precedent which in turn can help to make the adjudication and prevention of acid crimes more effective."¹¹⁴

4.3.2 Sentencing

1) It is important to recognise that the effects of acid attacks go far beyond mere 'assault': the repercussions are felt in all aspects of life and can last for indefinite durations. Thus, the sentencing measures for these crimes should be proportionate to the level of injury sustained, and should take into consideration:

(i) The extent, depth, and range of physical injuries inflicted;

(ii) The permanent damage caused to victims in terms of: (a) health (e.g. disabilities); (b) loss of livelihood; (c) loss of earnings; (d) damage to social and family status; and

(iii) the intense psychological traumas caused by attacks and their subsequent, ongoing consequences.

2) The premeditated and cruelly calculated nature of the crime; and

3) Punishment for those who aid and abet the crime – including those who are hired as "assassins" or who engage in acid violence on the orders or at the behest of a third party - and any third parties to the crime who have ordered or arranged its perpetration. That is, punishment should be against *all* individuals involved in the crime: i.e. not just the "assassin" but also the person(s) responsible for planning the attack.¹¹⁵

4.3.3 Compensation

Any sentencing should provide for appropriate compensation to be paid, by the perpetrator, to the victim. Compensation should take into account not only the severe and horrific nature of the injuries that acid attacks inflict, but should also be mindful of: (1) the lasting psychological trauma that inevitably follow; (2) the disabilities that result from the physical injuries; (3) the loss of earnings, and loss of livelihood that tends to be a consequence of these disabilities; and (4) the expensive nature of the medical and psychological treatments that is required. Article 14 of the Criminal Procedure Code (the "CPC" hereinafter) provides that compensation for injury "shall be proportionate to the injury suffered."¹¹⁶ Provision of compensation is of particular importance in light of the fact that following acid attacks, survivors are often unable to provide for their families, thus forcing them into destitution.

¹¹⁴ Hooma Shah, op. cit., p.1184

¹¹⁵ For instance, see the case of Chet Sam Ros, Appendix One, Case Study #2

¹¹⁶ Code of Criminal Procedure of the Kingdom of Cambodia, 2007; Note that Article 22 states that a civil action can be brought in conjunction with a criminal action that is before a criminal court.

4.4 Vulnerability of Survivors

4.4.1 Absence of Victim and Witness Protection

One of the principle contributing factors to this culture of impunity directly relates to the psychological issues that develop following acid attacks. Specifically, many survivors have expressed a fear of future attacks, which extends in particular to a fear of reprisal from perpetrators should they seek legal action. This is exacerbated further by the fact that in many cases the perpetrator still remains at large, either because they haven't been apprehended by law enforcement agencies, or because they have paid bail. Furthermore, this fear of retaliation is often justified by the intimidation, harassment, threats and coercion that survivors often receive from offenders and the offender's family after the perpetration of the crime itself.

Our research indicates that these two factors have a series of negative consequences at each stage of the criminal justice process, and act as a hindrance in bringing acid attack offenders to justice. Perhaps the most significant of these is at the reporting stage. Indeed, our evidence suggests that a large number of cases of acid violence fail to be reported due to either the fear of retaliation, or because of intimidation.¹¹⁷ Realistically, irrespective of the duty of the State to prosecute, initial investigation of the perpetrators of acid violence is often reliant on the crime being reported to authorities for investigation. However, once reported the situation is still problematic. For instance, the harassment and coercion that survivors experience often leads to the withdrawal of complaints, thus thwarting thorough investigation of complaints and the prosecution of perpetrators.

Furthermore, it has prevented cooperation from potential witnesses who could provide vital assistance to certain cases of acid violence.¹¹⁸ In the case of Ruas Romdual for example, there were many witnesses present during the time of the attack, but the case has been unable to proceed any further, due, at least to some extent, to the reluctance of witnesses to speak to the authorities.¹¹⁹ Finally, during the trial stage many survivors are unwilling to testify in public trials against the alleged perpetrator as it is threatening both in terms of the risk to their physical safety, and in terms of the psychological torment involved in such confrontation.

Ruas Romdual's legal case against the perpetrator is still yet to go to court. Finding witnesses willing to cooperate is proving difficult and is holding the case back. The other women who were burnt at the same time as Ruas Romdual refuse to act as witnesses or cooperate with the case. They are afraid of reprisal. Whilst three particular individuals would be able to assist in the prosecution due to their access to valuable information gained after the attack itself, cooperation on this matter has yet to be established.

¹¹⁷ See, e.g., the case of Vin Rany and Vin Samnei, Appendix One, Case Study #4

¹¹⁸ Mom Kunthear, 'Ninth Acid Attack in 2010 Shows Need For Tighter Laws', *The Phnom Penh Post*, March 5th, 2010

¹¹⁹ See case of Ruas Romdual, Appendix One, Case Study #3

4.4.2 Victim Protection at Trial

The Penal Code contains certain provisions aimed at combating intimidation of victims or interference with successful judicial proceedings, by increasing the sentencing for certain crimes where the following forms of intimidation occur:¹²⁰

- (1) intimidation of a victim or a civil party in order to prevent the latter from denouncing the offence or demanding the reparation of the damage;
- (2) intimidation of a potential witness in order to prevent the latter from becoming a witness during an inquiry, an investigation or a court proceeding;
- (3) intimidation of a victim or a civil party because he/she has denounced an offence or has demanded the reparation of his/her damage; and
- (4) intimidation of a witness due to his/her testimony given during an inquiry, an investigation or a court proceeding.

Victim protection and safety is internationally gaining recognition as a crucial factor in obtaining prosecutions for crimes such as human trafficking, and can be seen to be equally applicable in relation to acid violence in Cambodia. Article 14(1) of the International Covenant of Civil and Political Rights (the "ICCPR") states that the public may be excluded from all or part of a trial for reasons of morals, public order or national security in a democratic society, or when the interest of the private lives of the parties so requires, or to the extent strictly necessary in the opinion of the court.¹²¹ This is partially echoed in Article 316 of the CPC: measures such as closed hearings, screens and video testimony are methods by which the privacy of the victim can be protected in such cases.¹²²

4.4.3 Failure to Prosecute

Our investigations have uncovered that all too often there is a failure to prosecute acid violence. This inevitably results in victims having to pursue legal justice independently, and as a consequence several problems arise. Notably, the psychological traumas generally experienced prevent survivors from wanting to take legal action. Furthermore, as survivors tend to be from lower socio-economic backgrounds, they are unable to afford legal costs. This last issue is particularly relevant considering the financial difficulties that result from acid attacks, such as expense of treatment, and the loss of livelihood. Additionally, many survivors experience a difficulty in accessing legal aid, thus complicating matters further.

¹²⁰ See the Penal Code, Article 212

¹²¹ International Covenant on Civil and Political Rights (adopted December 16, 1966, entered into force March 23, 1976)

¹²² Code of Criminal Procedure of the Kingdom of Cambodia, 2007

As a police officer Kan Chetcha is of the opinion that the role of law enforcement is crucial in addressing the issue of acid violence in Cambodia. He fully supports the concept of regulating acid sales and believes that stricter guidelines for the sale of acid should be implemented by legislation, and that the police should take a proactive role in the enforcement of these guidelines. Furthermore, he is of the opinion that that the police need to be more proactive in the prevention of people buying acid for no reason, and that foreign imports of acid should be reduced.

4.4.4 Out of Court Settlements

In many cases of acid violence, out of court settlements are reached, thus allowing the offender to escape conviction and punishment for their crime. The contributing factors that result in these settlements in large part relate to those discussed above, and include the following:

(i) Fear of reprisal and acts of intimidation, and a corresponding lack of victim protection. Without adequate protection, survivors often succumb to the pressures of coercion from offenders, and accept bribes in return for dropping or not bringing charges.

(ii) The prevailing lack of confidence in the judicial system, insofar as such settlements seem a preferable option to the lengthy, complicated and unreliable/inadequate process of pursuing justice.

(iii) Failure of the authorities and the judicial system to fulfil their respective obligations in terms of investigating acid crimes and apprehending and prosecuting offenders. Also, police officers often play an integral role in settling the issue out of court, encouraging the negotiation of compensation and the exclusion of legal action; and

(iv) Inability of survivors to pay their medical bills. That is, they require extra funds to pay for treatment, and the offer of quick money in return for dropping the charges may seem a preferable option to a process that might not produce favourable results.

4.4.5 Difficulties with Medical Evaluations

The acquisition of a medical report, or 'expert evaluation' from a doctor or institution which will be recognised by the courts is essential for ensuring successful and efficient legal proceedings, as it acts as an official record of the injuries inflicted by the attacks. However, many people are unaware of the importance of obtaining this, and because it is relatively expensive

(the cost of such a report is approximately \$45 USD), they fail to do so, thus further complicating proceedings. Additionally, only certain institutions and doctors are recognised by the courts.

4.4.6 Victim Relationship to Perpetrator

Under certain circumstances, the relationship between victim and perpetrator can be the primary reason for the lack of legal action against offenders. This most frequently occurs in situations where the victim is the husband or wife of the perpetrator. This is because, following the attack, the survivor is often dependent upon their spouse to look after them, and to support their family. It is more commonplace that the husband is the victim of an acid attack perpetrated by his wife, and because – in Cambodian society – the husband is typically the principle earner in the family, the duty to provide will then fall on the wife. Thus, the perverse situation arises in which the offender is the carer for the dependent victim. In these situations, the victim is unlikely to press charges against his/her spouse, due to the issue of dependency that has resulted from the acid attacks.¹²³

4.5 Solutions

We are of the view that any approach taken to address the issue of impunity requires a multidisciplinary outlook, and that such an approach will require more than just the imposition of more stringent punishments to deal with the crime. The experience of Bangladesh – that had, prior to the 2002 legislation, provisions designed specifically to deal with acid violence, including stringent punishments¹²⁴ – is demonstrative of this fact. That is, strong punishments alone are not enough to bring an end to the incidence of acid violence. It is our recommendation, then, that the RGC should adopt a similar legislative approach to Bangladesh, by ensuring that the measures it employs address the core problems inherent in

¹²³ See, for example, two subjects of the case studies – Chan Kiri, and Kan Chetchea – both of whom were attacked with acid by their spouses, but are unwilling to press charges.

¹²⁴ The Penal Code of Bangladesh (1860), Article 326(a); and the Prevention of Oppression of Women and Children (Special Enactment) Act (1995), Articles 4 and 5, which designated acid violence as a capital offence, "punishable by death or life imprisonment depending on the extent of the physical injury sustained."

Chan Kiri has stated that he has no intention of taking his case to court and seeking prosecution of his wife. Not only does he rely upon her to take care of him, but also to support his family as she is now the chief bread-winner. He has said that he feels his case is somewhat unique, and in any other circumstance he would pursue justice and support the prosecution of his perpetrator. Chan Kiri feels that the judicial system in Cambodia is generally perceived to be corrupt, and it is this perception that prevents many survivors of acid attacks, and victims of acid violence and crime from taking their case to court. He believes that if this perception can change, then more survivors will take their case to court.

this culture of impunity surrounding acid violence.

Lessons can be drawn from the legislative reform of the 2005 Domestic Violence Law in Cambodia,¹²⁵ which seeks to criminalise domestic violence therefore clearing up any ambiguity surrounding the criminal nature of the violence, and ensuring that it remains firmly within the sphere of criminal law. The Domestic Violence Law is important also, in that it demonstrates that a range of measures are required to appropriately address crimes such as these. For instance, it recognises that protection of victims is necessary if perpetrators are to be successfully brought to justice.¹²⁶

4.5.1 Victim and Witness Protection

Provision of victim and witness protection is of great importance at each stage of the process of pursuing legal action. As we have demonstrated, the absence of sufficient protection for victims and witnesses of acid violence has been a major contributing factor in perpetuating this culture of impunity. If the RGC wishes to bring an end to impunity in relation to acid attacks, then it is necessary to provide protection to victims and witnesses.

Internationally accepted standards relating to justice for victims of crime and abuse of power require that judicial and administrative mechanisms should be established and strengthened where necessary in order to enable victims to obtain redress through formal or informal procedures that are expeditious, fair, inexpensive and accessible. Victims should be informed of their rights in seeking redress through

such mechanisms.¹²⁷ The international community has reiterated that “judges have a leadership role in ensuring that victims and witnesses are treated with courtesy, respect and fairness;”¹²⁸ this entails ensuring that victims and witnesses are provided with information regarding their rights and prerogatives. Furthermore, judges should use their authority to protect victims and witnesses from harassment, threats, intimidation and harm by:

1. Limiting access to the addresses of victims and witnesses;
2. Ensuring that victims and witnesses are informed that if they agree to be interviewed prior to trial by opposing counsel or investigators, they may insist that the interviews be conducted at neutral locations; and
3. Encouraging legislation or rules requiring parole boards to advise the judge, the prosecutor, the public and the victim, where appropriate, prior to any hearing on the release of an offender convicted of a serious offence.¹²⁹

Victims should be supported in their efforts to participate in the justice system, and this can be facilitated through the following steps: timely notification of critical events and decisions; provision in full of information on the procedures and processes involved; support of the presence of victims at critical events; and assistance when there are opportunities to be heard. The structure of the justice system should take into account the obstacles that any victims encounter in seeking such access.¹³⁰

We recognise the complexity of the situation whereby the victim is unwilling to pursue legal action due to their dependency on the perpetrator.



¹²⁵ Law on the Prevention of Domestic Violence and the Protection of Victims, 2005

¹²⁶ Ibid., Chapter Four

¹²⁷ Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power Adopted by the General Assembly in resolution 40/34 of 29 November 1985; Article 5

¹²⁸ United Nations Office on Drugs and Crime, *Handbook on Justice for Victims*, 1999, available online at: <http://www.unhcr.org/refworld/docid/479eeb1a2.html>

¹²⁹ Ibid.

¹³⁰ Ibid.

Although opinion on this matter is divided, we advocate that offenders should be brought to justice, regardless of the relationship they hold with the victim. This is all the more significant in light of how common these situations are. However, the key issue to be addressed is the victim's reliance on the offender that prevents them from taking action. Thus, we recommend that the RGC provide support services to victims so that they are able to pursue legal action free of these constraints.

4.5.2 Stringent Bail Terms

Imposition of stringent bail terms for alleged offenders is necessary to ensure that victims and witnesses are free from intimidation, harassment, threats and coercion. This is linked to the issue of victim protection, insofar as if perpetrators are allowed to remain at large, then – as the evidence has shown us – it has the potential to destabilise legal proceedings.

4.5.3 Investigation and Prosecution

The CPC provides prosecutorial discretion in the initiation of criminal proceedings and fails to provide for sanctions for individuals within the criminal justice system – judges, lawyers, etc. – whose inaction prevents a case from going to trial. In light of the social perception of acid violence,¹³¹ this is an issue of particular concern and one which ought to be addressed in the law on acid violence.

Article 5 of the CPC provides that “criminal jurisdictions can also receive complaints from government officials or other public agents who are authorised under separate laws.” Thus, there is a potential for the establishment of an officer – or officers – within a relevant Government Ministry or within the police, empowered under Article 5 of the CPC to forward complaints to the Royal Prosecutor. Where such crimes occur, any concerned party could complain to the specialised officer, who would then forward the complaint to the Royal Prosecutor. Such

an officer would have relevant expertise and would be sensitive to the issue of acid violence. Although prosecutorial discretion would remain, the creation of this office could operate as to ensure that cases of acid violence go to trial. Moreover, the existence of a specialised officer dealing with these cases would likely encourage victims to come forward and to seek to address the issue through the criminal justice system.

Articles 17, 18 and 19 of the CPC provide that the following organisations can take part as plaintiffs in civil actions relating to stated offences relating to their expertise: associations for eliminating all forms of sexual violence, domestic violence or violence against children; associations for eliminating all forms of kidnapping, human trafficking and commercial sexual exploitation; and associations for eliminating all forms of racism and discrimination.¹³² These provisions require that the organisations have made a declaration in their governing statutes committing to these issues respectively three years before the cases in question. In order for such an association to take part in any given case, the victim or his/her legal representative has to agree to their participation.

We recommend that any law which addresses acid violence should contain a similar provision aimed at the participation of expert NGOs in trials involving acid violence. However, due to the fact that these issues have only recently come to light, there are currently very few organisations who work with issues surrounding acid violence. As such, we argue that three years is too much.

Such a provision would operate to encourage criminal complaints by acid victims and to counteract any prosecutorial inertia.

¹³¹ See *supra* pp.16-18, Section 4.2 ‘Acid Attacks as a Private Matter’

¹³² Code of Criminal Procedure of the Kingdom of Cambodia, 2007, Articles 17, 18 and 19

Recommendations

4.5.4 Provision of Medical Reports

Given the importance and significance that 'expert evaluation' from a medical practitioner plays in the legal process, it is important that several issues are addressed:

1. These 'evaluations' should be recognised by the courts regardless of the doctor or institution that is responsible for producing them, provided they are registered; and
2. They should be provided free of charge, or the costs should be covered by the court dealing with the case. This could be dealt with through several means, for example: (i) the court identifies doctors who will provide this service, and the court will reimburse victims - this will allow them to choose a doctor of their own; or (ii) the evaluation be provided once victims register their complaints with the police - which could potentially encourage people to report cases of acid violence.

(i) There is an overwhelming need to make acid violence a public, rather than private concern. In doing so, the RGC will recognise that it has a duty to actively prosecute offenders of acid violence. Successful prosecutions will help bring an end to the culture of impunity that currently surrounds acid attacks. An important step, then, is to criminalise the use of acid as a weapon, and so explicitly recognise acid violence as a crime. By changing the institutional attitude to acid violence, the RGC can affect a change in public perceptions of these crimes, the victims and the offenders. This will serve to encourage greater cooperation - by victims and witnesses - with the legal process and will help to prevent the continuing isolation of victims by society.

(ii) Introduction of stringent sentencing guidelines, in order to provide a deterrent to those who might be inclined to perpetrate acid attacks. Sentencing should be proportionate to the level of injury inflicted. It should recognise not only the physical damage inflicted by these crimes, but also the psychological trauma, the loss of livelihood, etc.

(iii) A system of compensation for victims should be established. Compensation should account for the injuries inflicted, the psychological traumas experienced, loss of livelihood, and it should cover medical and legal costs.

(iv) From our research it is self-evident that the absence of victim and witness protection has contributed significantly to this culture of impunity. Thus, there is a strong need for provision of victim and witness protection at all stages of the criminal justice process.

(v) Alongside this should be stringent bail terms for alleged perpetrators to protect victims from further harm.

(v) The RGC should establish a specialist officer, with the duty of forwarding complaints of acid violence to the Royal Prosecutor. Such an officer should have relevant expertise and be sensitive to the issue of acid violence. Additionally, any law addressing acid violence should provide for participation of expert NGOs in trials involving acid violence.

(vi) The RGC should provide legal aid to victims of acid violence.

(vii) The costs of medical evaluations should be subsidised by the RGC.

Chapter Five: Public Perceptions and Stigmatisation Toward Acid Attack Survivors

In Cambodia, public perceptions toward acid survivors and the stigma associated with acid survivors play a powerful role in acid violence. Not only are these elements in large part responsible for some of the psychological traumas experienced by survivors as a result of their ostracism and rejection from society, but they can also serve to legitimise attacks, and therefore contribute to their occurrence. In the first place, legitimisation can be the result of perceptions that the victim is somehow deserving of the attack as a result of an act they had committed, and as such is responsible for it.¹³³ Secondly, there is a suggestion that the consequences of these attacks – the physical deformities, and the resulting social ostracism – are directly linked to the motives.¹³⁴ That is, offenders 'choose' to use acid as a weapon for the effects that it causes.

Thus, acid violence is not only perceived as a means of 'settling scores', and putting a very definitive end to a personal conflict or dispute, but in choosing this weapon the perpetrator is often seeking to punish the victim for some perceived wrongdoing,¹³⁵ and to mark them as an act of revenge. The victim will then carry a permanent and visible mark that will signify to people that he or she is the guilty party. In the words of one report, "[t]he perpetrator wants to find social acceptance by making a mark and socially rejecting the other person. People think beauty is very important, and if you destroy it, you destroy everything."¹³⁶



"The perpetrator wants to find social acceptance by making a mark and socially rejecting the other person. People think beauty is very important, and if you destroy it, you destroy everything."¹³⁷

Unless these perceptions are altered, "there is unlikely to be any change in society's virtual acceptance of acid attacks as aimed at 'stealing beauty', not at inflicting unspeakable suffering."¹³⁸ However, if public perceptions can be changed, then there is a very real chance of combating some of the root causes of acid violence. That is, if stigmatisation is reduced, it will dissipate one of the powerful motivational factors of these attacks, thus rendering them a less 'effective' means of settling disputes.¹³⁹

- ¹³³ Kuch Naren and Simon Marks, 'Draft Law to Give Acid Attackers Life Sentences: Vendors Risk Losing License if They Fail to Provide Authorities with Buyers' Details', *The Cambodia Daily*, April 6, 2010
- ¹³⁴ LICADHO, 'Acid Attacks in Cambodia Continue to go Unchecked'; The Office of International Surgery, 'Acid Burn Survivors Support Group', available online at: <http://www.utoronto.ca/ois/Cambodia/ABSSG.htm>
- ¹³⁵ James G. Golligly, Say Bon Vath, Annika Malmberg, 'Acid Attacks in Cambodia', p.333
- ¹³⁶ Zela Chin, 'Acid Attacks Rooted in Deep Social and Personal Anguish', *The Phnom Penh Post*, December 30, 2009
- ¹³⁷ Ibid.
- ¹³⁸ 'Focus: Cambodia's Vote Scuttles Crackdown on Acid Attackers', *Asian Political News*
- ¹³⁹ UNICEF, Bangladesh Newsletter, Issue 2, December 2005, available online at: <http://www.unicef.org/bangladesh/Newsletter-2.pdf>, p.5

In order to do this, the focus must be on the successful reintegration of survivors into society.¹⁴⁰ However, there are several major obstacles that survivors face in doing so, that are intricately linked to issues of medical care and rehabilitation. In the case of the former, receiving adequate treatments to survive acid attacks and to mitigate their debilitating effects is necessary to ensure the reintegration of survivors. In the latter, rehabilitation should address educating survivors as to how to cope with the physical, psychological and social problems that they typically face, again to ensure reintegration. In the following subsections we will consider the problems involved in these areas, and illustrate how, if not addressed, the fundamental problems regarding public perception and stigma that are so central to the phenomenon of acid violence will continue unabated.

5.1 Medical care

5.1.1 Problems

The severe nature of the injuries inflicted by acid burns are outlined in Chapter Two of the Report.¹⁴¹ These types of burns require prompt and full time care, as well as long and extensive treatments,¹⁴² without which survivors will struggle to cope.

Despite the prevalence of chemical burn injuries across the developing world, and the importance of medical care to ensure that these patients have a strong chance of surviving, there is a corresponding lack of specialised medical facilities to deal with these types of injury.¹⁴³ Unfortunately, this is certainly the case in Cambodia. Research by LICADHO showed that - at the time of writing, in 2002 - there was only one specialist burns facility in Cambodia.¹⁴⁴ Furthermore, this facility was found to be inadequate to deal with the large numbers of burn patients, and with the substantial and lengthy treatments required: "It has two beds for

patients and a staff of three surgeons and three nurses."¹⁴⁵ The report states that although other hospitals sometimes receive acid victims but "are poorly equipped to deal with such injuries."¹⁴⁶ The situation has not improved. Further, since a large proportion of the population live in rural areas, they are ill placed to reach medical facilities, which are typically situated in cities. However, some NGOs - such as the Children's Surgical Centre (the "CSC" hereinafter) - do offer free treatment to acid victims; but, again, the capacity of these organisations is not suited to deal with the large volume of cases that occur.

Not only is there an absence of specialised facilities, but the standard and duration of treatment administered is dependent upon how much patients are willing or able to pay. Frequently, victims are only able to afford initial first aid attention, and have to suffer without receiving adequate treatment.¹⁴⁷ The required treatments are "out of reach for most Cambodians."¹⁴⁸ It is generally considered that higher quality of medical care can be found in Vietnam where there is a more organised and developed health sector, and as such many victims travel there for their treatment. However, the same problems exist there; namely, that quality of care is dependent on how much one can afford to pay. Thus, in many cases, victims arrive in Vietnam having spent a great deal of money travelling there, and are only able to afford either poor quality treatment, or an insufficient duration of treatment.

¹⁴⁰ Ibid.

¹⁴¹ See *supra*, pp.11-14

¹⁴² See, e.g., James G. Gollogly, et al., op. cit.

¹⁴³ Rajeev B Ahuja, Sameek Bhattacharya, 'Burns in the Developing World and Burn Disasters', *British Medical Journal*, Vol. 329 (2004); 447-449, available online at: <http://www.bmj.com/cgi/content/full/329/7463/447>

¹⁴⁴ LICADHO, 'Living in the Shadows', p.18

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ See, for instance, the case of Ruas Romdual, who was only able to pay for one nights worth of medical care, Appendix Two

¹⁴⁸ 'Cambodia: The High Price of Jealousy', *IRIN*, available online at: <http://www.irinnews.org/report.aspx?ReportId=83653>

Vin Rany and her younger sister, Vin Samnei, were attacked on December 10th 2009 at approximately 5:30am. The incident took place in front on Mao Zedong Boulevard, Phnom Penh. The sisters were riding a motorbike when two male assailants drove up next to them and threw acid on them. They were taken to Kosomak Hospital where they paid \$94 USD for eight hours of first aid treatment. They then traveled to Vietnam where they spent \$3,620 for one and a half months of medical treatment. They returned to Cambodia after spending all of the family's available money and starting receiving free medical treatment at CSC from the January 28th 2010. Vin Rany and Vin Samnei moved to the inpatient facility at CASC on February 11th.

The issues of affording healthcare are complicated further by the fact that acid attacks tend to rob victims of their livelihood,¹⁴⁹ and thus survivors are dependent on others to pay on their behalf. It is often the case that families will sell all their material possessions and assets in order to afford the urgently needed medical attention; however, this often buys very little, and families are subsequently left bankrupt,¹⁵⁰ thereby "forcing them into deeper poverty."¹⁵¹ Survivors are also, in certain cases such as that of Chet Sam Ros) sometimes forced to sell their assets to supplement their loss of income, and to support their family.¹⁵²

It is evident, then, that most victims of acid attacks are unable to afford sufficient medical care, unable to carry on with a normal life, victims often retreat to the shadows of society, thus contributing to the stigma attached to these attacks.

Chan Kiri originally received medical treatment at the Battambang Referral Hospital, where he received a skin graft and stayed on site for a total of twenty one days. He did not have to pay for this treatment because his employer covered the costs through insurance.

He then travelled to Phnom Penh to receive treatment at the Ghev Meng Clinic for his eyes, where he stayed for a total of seven months and paid \$4900 USD in medical fees. As a result of this financial burden Chan Kiri was forced to sell his family home to pay for the treatment.

5.1.2 Medical Treatment

Medical care is not only important to ensure that patients survive – depending on the severity of the injuries, many complications can arise if proper treatments are not administered – but also to help them regain some semblance of a normal life. That is, acid attacks can be largely debilitating (for instance, inflicting blindness, deafness, or other such disabilities),¹⁵³ the effects of which can be mitigated by surgical procedures. It is necessary, then, that any approach that the RGC adopts should include provision of medical care. This should encompass not only the initial first aid treatment but also timely and regular surgical procedures, as both are essential to allow survivors to perform acts that are a necessary part of everyday life.

Since the majority of cases of acid violence occur in rural areas,¹⁵⁴ a system needs to be developed to ensure that these victims received adequate help and medical attention. They should be made aware of the medical services that are available to them, and local medical facilities should refer patients to specialist facilities. Travel expenses should also be provided.

¹⁴⁹ See *supra* p.7, Sub-section 2.4.4 'Economic'

¹⁵⁰ See Case Studies, Appendix One

¹⁵¹ LICADHO, op. cit., p.19

¹⁵² See Appendix One, Case Study #2

¹⁵³ See *supra* p.5, Section 2.4 'Effects'

¹⁵⁴ See CASC Statistics, Appendix Two

Responsibility in this respect should be born by the Ministry of Health, which should seek cooperation and consultation from all interested stakeholders, especially those organisations and institutions of civil society that are involved in providing these services.

Ensuring that victims receive medical assistance falls under the general principle that victims of violent crime must be treated as victims. International law provides that States must offer victims of violent crime “adequate, effective and prompt reparation for harm suffered.”¹⁵⁵ Article 14¹⁵⁶ of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power¹⁵⁷ provides that victims should receive the necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means. Article 15 states that victims should be informed of the availability of health and social services and other relevant assistance and be readily afforded access to them.

5.2 Rehabilitation and Reintegration

There is an intimate relationship between the psychological trauma experienced by acid burn survivors, and the reaction and perception of the public toward survivors. The two components of this ‘relationship’ – the psychological traumas, and public perception – serve to re-enforce each other. That is, social stigmas contribute in various ways to the trauma experienced by survivors, which invariably results in social ostracism. It is this isolation from society that is responsible for further entrenching the same public perceptions that legitimise these attacks. For instance, survivors are fearful of the public responses they will face because of their disfigured appearance,¹⁵⁸

something which is often legitimised by the reactions that occur.

Due to the debilitating nature of these attacks many survivors are unable to perform the duties that previously enabled them to earn a living, and are dependent upon others for support. Unless victims learn to live with the physical effects of their injuries, and to cope with the psychological trauma that accompanies them, it is unlikely that they will be successful in becoming a member of the community once more. As one report noted, “[t]he rehabilitation period is relatively difficult due to significant loss of function. Common outcomes include depression, post-traumatic stress disorders, unemployment and isolation from society.”¹⁵⁹

¹⁵⁵ Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, GA Res. A/RES/40/34, 1985

¹⁵⁶ Ibid., Articles 14 and 15

¹⁵⁷ Ibid.

¹⁵⁸ Ashim Mannan, Samuel Ghani, Alex Clarke, P. White, S. Salmanta, Peter E. M. Butler, 'Psycho-social Outcomes Derived from an Acid Burned Population', p.240

¹⁵⁹ C.C. Malic, R. O. S. Karoo, O. Austin, A. Phipps, 'Burns Inflicted by Self or Others – An 11 Year Snapshot', *Burns*, Vol. 33 (2007), pp.92-97, at p.93



Furthermore, since the adoption of the Declaration of Basic Principles of Justice for Victims of Power and Abuse of Crime, important progress has been made in many nations to assist victims of crime.¹⁶⁰ Yet there are few, if any, nations where the Declaration has been fully implemented in a comprehensive and systematic way. Victim assistance is still mainly provided informally by family and friends or indirectly by general welfare and medical programmes, where they exist. In Cambodia, NGOs are struggling to fill this niche: "[v]irtually all services for disabled people in Cambodia are delivered by NGOs. Despite the impressive number of organisations working in the sector, services for disabled people are inadequate, and are particularly lacking in remote and rural areas."¹⁶¹ However, the RGC has recognised that it has a responsibility "to rehabilitate physically, mentally and vocationally in order to ensure that persons with disabilities are able to participate fully and equally in activities within society."¹⁶²

"acid violence rarely kills ... [it] always destroys lives."¹⁶³

5.2.1 Psychosocial Care

Without psychological care, this self-perpetuating cycle will continue. Provision of psychological care is a necessary aspect of facilitating the rehabilitation and reintegration into society of acid victims. As the Office of International Surgery has stated; "[t]he therapeutic value of creating an environment where acid burn survivors have the opportunity to interact with each other to share stories, information about resources, treatments, develop friendships and skills to perform day-to-day activities cannot be underestimated."¹⁶⁴ However, facilities for the provision of this type of care are very limited,¹⁶⁵ and most would not consider the option. Thus, the RGC

needs to ensure that acid survivors have access to psychosocial care, and that sufficient facilities are available.

The use of acid survivors as role models in providing psychosocial care can be used to great effect. CASC has already adopted this approach, as it employs some acid survivors as counsellors. A survivor working as a counsellor for ASF Bangladesh has said that: "[s]urvivors feel confident when they see me – a survivor who has overcome the treatment and is leading a normal life – they see me as a bit of a role model."¹⁶⁶ The RGC should expand upon and develop this approach, and it should provide the appropriate training to survivors.

5.2.2 Physical Rehabilitation

Ensuring the physical rehabilitation of survivors is necessary in order to help them overcome the difficulties that result from the physical injuries caused by acid attacks. The RGC therefore needs to establish centres to provide physical rehabilitation services, and to provide training to healthcare professionals so that they are able to provide physiotherapy and occupational therapy to survivors. The RGC has recognised its obligations to provide such services in Chapter Four of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities. Article 14 states that the RGC "shall develop programmes for physical and mental rehabilitation aiming at enabling persons with disabilities to fulfil their potential and to fully exercise their capacities and talents in society." This includes the establishment of facilities to facilitate this goal, and provision of training to ensure that professionals can deal with patients effectively.

Furthermore, although Cambodia has not ratified the Convention on the Rights of Persons with Disabilities,¹⁶⁷ it has, however, signed the Convention and Protocol in 2007, and it must therefore be

¹⁶⁰ United Nations Office on Drugs and Crime, *Handbook on Justice for Victims*, 1999, p.88

¹⁶¹ Disability Knowledge and Research, 'Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role', April 2005, p.11, available online at: <http://www.disabilitykar.net/pdfs/cambodia.pdf>

¹⁶² Law on The Protection and The Promotion of The Rights of Persons With Disabilities, Cambodia, July 2009, Art.2

¹⁶³ Acid Survivors Trust International (hereafter ASTI), Annual Review 2008, available online at: <http://www.acidviolence.org/index.php/about/>, p.4

¹⁶⁴ The Office of International Surgery, 'Acid Burn Survivors Support Group', available online at: <http://www.utoronto.ca/ois/Cambodia/ABSSG.htm>

¹⁶⁵ Ashim Mannan, Samuel Ghani, Alex Clarke, Peter E. M. Butler, 'Cases of Chemical Assault Worldwide: A Literature Review', *Burns*, Vol. 33, No. 2 (2007), pp.149-154, at p.150

¹⁶⁶ UNICEF, op. cit., p.5

¹⁶⁷ Convention on the Rights of Persons with Disabilities, (adopted December 13, 2006, came into force May 3, 2008)



presumed, in the absence of clear legislation to the contrary, that Cambodia intends to honour its voluntary international obligations. Article 4 of the Convention provides that States are obligated to: “[t]o provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities.”¹⁶⁸ Furthermore, the Disabilities Convention¹⁶⁹ requires States to take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To this end, States Parties shall organise, strengthen and extend comprehensive habilitation and rehabilitation services and programs, particularly in the areas of health, employment, education and social services.

The Disability Action Council is best placed to coordinate these issues. The Ministry of Social Affairs, Veterans and Youth Rehabilitation and the Ministry of Health should assume primary responsibility, and should seek consultation and cooperation from the World Health Organisation (the “WHO”) project on disability. Additionally, there are a wide range of NGOs working in the field of disability, such as the Cambodia Trust, that should be consulted concerning any action taken in this regard.

5.2.3 Vocational and Skills Training For Acid Survivors

Another important aspect that contributes greatly toward reintegration is vocational and skills training; in other words, the training of survivors to learn new skills, not only to cope with new disabilities that would impair their ability to cope with day to day tasks, but also to teach them a new vocation.¹⁷⁰

As UNICEF has stated, “[p]roviding survivors with further education or vocational skills helps their reintegration by helping them to get work.”¹⁷¹ In breaking the ties of dependency and support that survivors rely upon they will have a better chance at reclaiming independence, and will therefore be more likely to succeed in reintegrating back into society.

Essentially, “every developing country will have to make a choice. The choice is between (a) enabling people with disabilities to become productive members of society and earn a livelihood for themselves and their family; or (b) provide unemployment allowance and support them financially for lifelong.”¹⁷² Thus, the most logical and cost-effective option is to help survivors adapt to their physical impairments, and become self-sufficient.

Chapter Seven of the Cambodian Disability Law addresses the issue of employment and vocational training for persons with disabilities, and the preface states that all persons with disabilities will receive free of charge physical rehabilitation and vocational training services. The Committee charged with drafting the legislation covering acid crimes has, in a commendable move, recognised the significance of introducing measures to prevent workplace discrimination against survivors.¹⁷³ However, it is important to ensure that survivors have equitable employment opportunities, which requires further action, such as “pre-employment training, on-the-job training, and need-based support.”¹⁷⁴

5.2.4 Skill and Capacity Building Training For Healthcare Professionals

In order for the RGC to be able to provide acid victims with the treatments – both immediate and long-term – that they require to make as full a recovery as possible from the injuries inflicted, the RGC needs

¹⁶⁸ Ibid.

¹⁶⁹ Article 26

¹⁷⁰ William Grut, ‘Cambodian Acid Violence Against Women’

¹⁷¹ UNICEF, op. cit., p.5

¹⁷² D. K. Menon, Reeta Peshawaria, Rahul Ganguli, ‘Public Policy Issues in Disability Rehabilitation in Developing Countries of South-East Asia’, *Italian Association Amici di Raoul Follereau*, p.3

¹⁷³ Mom Kunthear and Irwin Loy, ‘Acid Law to Have Article on Bias’, *The Phnom Penh Post*, April 27, 2010

¹⁷⁴ D. K. Menon, Reeta Peshawaria, Rahul Ganguli, op. cit., pp.2-3

to ensure that the Cambodian healthcare system has the facilities to provide such treatment and any related services, and that the relevant professionals have the correct skills and training in this respect. Thus, there needs to be an allocation of funds from the budget to develop specialist facilities and burn centres, and to provide healthcare professionals with specialist training to deal with acid burns. Additionally, training should include psychosocial care – not only for some specialist professionals, but for all those involved in the provision of treatment to acid survivors; medical treatment – first-aid, and the surgical procedures that are also required; and physiotherapy and occupational therapy.

The Convention on the Rights of Persons with Disabilities¹⁷⁵ provides that States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services. Furthermore, States shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

5.3 Perceptions of Survivors in the Community

As discussed above, public perception of acid violence in many way holds the key to mounting a successful campaign to combat the various problems discussed in this Report, and in making the provisions and sentiments of any potential legislation a social actuality. That is, unless attitudes and perceptions are changed, attacks are likely to continue to be considered a legitimate means of settling disputes and conflicts. The following section outlines areas that should be addressed in order to ensure the success of any campaign to affect change in public perceptions of acid violence, its victims and perpetrators.

5.3.1 Raising Public Awareness and Education

It is possible to “reduce social ostracism by raising awareness and understanding in communities.”¹⁷⁶ Thus, public awareness and education campaigns can also play an important role in bringing about a change in public perception, and in reducing stigma of acid survivors. The Cambodian Domestic Violence Law recognises that public education is an important aspect of addressing the crime.

The 2005 law outlines the importance of ‘Education, Dissemination and Training’, thereby acknowledging that changing public perceptions and attitudes can help address the crime. In this respect, the law also advocates the promotion and education of “ways to solve conflicts through non-violent means.”¹⁷⁷

An important aspect of any campaign should be to engender empathy, sympathy and support for the victims of these attacks: in essence, to create a more humanising perspective that should ultimately be aimed to dispel current notions, such as the attachment of blame to the victims. An understanding of the depth and extent of the suffering experienced should be communicated.¹⁷⁸ As one report has stated, “[e]ducation to let the people know the implication of these injuries and its consequences on the victims is important in its prevention.”¹⁷⁹ However, such campaigns should be conducted in a sensitive fashion, so as not to avoid a situation whereby others who might be inclined to commit similar atrocities are encouraged to do so.

Unless these perceptions are altered, “there is unlikely to be any change in society’s virtual acceptance of acid attacks as aimed at ‘stealing beauty’, not at inflicting unspeakable suffering.”¹⁸⁰

¹⁷⁵ Articles 26 (2) and (3)

¹⁷⁶ UNICEF, op. cit., p.5

¹⁷⁷ Law on the Prevention of Domestic Violence and the Protection of Victims, 2005, Art. 33

¹⁷⁸ CEDAW, ‘Consideration of Reports Submitted by States Parties Under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women’, Fifth Period Report of States Parties, Bangladesh, January 3, 2003, CEDAW/C/BGD/5: “Combating this evil is a tremendous challenge for all concerned. ... Some of the important steps ... [include] creating mass awareness against acid throwing and its evil effects.”

¹⁷⁹ Peter B. Olaitan and Bernard C. Jiburum, ‘Chemical Injuries from Assaults’

¹⁸⁰ ‘Focus: Cambodia’s Vote Scuttles Crackdown on Acid Attackers’, *Asian Political News*

Recommendations

It is important also to raise awareness about safe practices regarding acid, in order to strengthen any OSH frameworks put in place. This should necessarily include information about first aid following an acid attack, or in the event of accidental acid burns.

Any campaigns should seek to mobilise the mass-media so as to reach the widest possible audience. Additionally, to add a sense of legitimacy, they should incorporate an authority figure. Such campaigns should also try to involve the public – for example, through public events – and should target children in particular since they are most likely to be accidentally burnt. Thus, the issue of public awareness and education should be handled not only by the Ministry of Information, but also by the Ministry of Education, Youth and Sports.

Additionally, education and awareness should extend to education “about the serious punitive measures that will be taken by the local authorities”¹⁸¹ where these acts do occur. Furthermore, any such campaigns should also include education concerning conflict management, demonstrating how to solve conflicts in an effective and non-violent manner, and not resorting to ‘settling scores’ through the use of weapons such as acid.¹⁸²

(i) Facilitate the rehabilitation and reintegration of acid survivors into society through investment in and provision of medical care. Specialist facilities should be established, and free-of-charge treatments should be provided to all acid survivors. Treatments should include emergency treatment, and long-term medical care.

(ii) Psychosocial care should be provided to all survivors. Acid survivors should be trained as counsellors so that they can act as role models to other acid survivors.

(iii) Survivors should have access to physiotherapy and occupational therapy, so that they can learn to live with their disabilities, and adapt to their altered circumstances. Additionally, vocational and skills training should be provided, so that survivors can regain independence, and become active members of society again.

(iv) Training should be provided for healthcare professionals, so that they have the skills necessary to provide all the relevant services to acid survivors.

(v) The RGC should develop public awareness and education campaigns. These should mobilise the mass media, and should involve schools.

(vi) The RGC should work in cooperation with other organisations to ensure adequate social structures are in place to facilitate rehabilitation, both physical and psychological, and reintegration of victims of acid violence, in the ways described in this Chapter.

¹⁸¹ Lisa M. Taylor, ‘Saving Face’, p.30

¹⁸² ‘Another Face of Violence’, *The Hindu*, 15 August, 2004

Chapter Six: Conclusion

As this Report has sought to demonstrate, any attempts to address the problem of acid violence should adopt a multidisciplinary approach. The four main areas to be addressed – as set out in the Report, namely: access to acid, impunity, provision of post-emergency facilities to victims, and public perception – require a variety of different measures to address the specific issues and problems inherent in each.

Essentially, prevention presents itself as the most efficient means of combating acid violence, and the most cost effective;¹⁸³ indeed, “prevention is the key; truly the best way to treat a burn is to prevent it from happening in the first place.”¹⁸⁴ Prevention extends to controlling and regulating access, deterrence in the form of ensuring that perpetrators are brought to justice, and social reform which should help to bring about a public attitude that will lessen the social power that these attacks wield.

One commentator noted that “[t]ougher laws which ensure the prosecution of perpetrators, protection of [victims] and legislation with regard to the sale of hazardous materials can deter potential assailants.”¹⁸⁵ While it is the case that deterrence is a significant step toward prevention of future attacks, any approach that aims to address acid violence should simultaneously address a number of other issues, such as victim protection and rehabilitative measures.

There is one lesson of particular importance that the RGC should take away from Bangladesh's experience in dealing with acid violence. That is, although a relatively comprehensive law designed to address the problem of acid violence has been brought

into force, its effect has been minimal. The general consensus is that the primary reason for the failings of the law is due to “absence of proper enactment,”¹⁸⁶ and ineffective implementation. It would seem “that it is not so much a question of giving more teeth to the laws as it is of implementing and enforcing them.”¹⁸⁷ Thus, the RGC should pay heed to these lessons, and give appropriate attention to measures of implementation.

In each of the areas and issues we have discussed thus far the solutions recommended require the involvement and active participation of a number of actors. For an effective and holistic approach toward the problem of acid violence to be successfully implemented it requires the cooperation of all these actors. Thus, as a final recommendation, we propose that the RGC establish a Committee composed of all the relevant actors, charged with the responsibility for addressing the situation of acid violence in Cambodia.

The Committee should include representatives from all the Government Ministries and Departments mentioned in the Report, and all those who adopt responsibility for aspects of the new law. Representatives from key civil society organisations should be consulted, as should other experts in the field of acid violence (e.g. the CASC, ASTI, Acid Survivors Foundation (“ASF” hereinafter) Pakistan, ASF-Bangladesh), and experts in other relevant fields. For any approach to addressing acid violence to be effective, the Committee will need the collaboration of a wide range of organisations and service providers working alongside the RGC.

- 183 M. Mondozi, M. Harper, 'In Search of Effective Education in Burn and Fire Prevention', *Journal of Burn Care and Rehabilitation*, Vol.22 (2001), pp.277-281; Bishara S. Atiyeh, Michel Costagliola, Shady N. Hayek, 'Burn Prevention Mechanisms and Outcomes: Pitfalls, Failures and Successes', *Burns*, Vol. 35 (2009), pp.181-193
- 184 Michael Peck, Joseph Molnar, and Dehnan Swart, 'A Global Plan for Prevention and Care', *Bulletin of the World Health Organisation*, Vol. 87 (2009), pp.802-803, at p.803
- 185 Y. S. Lau, 'An Insight into Burns in a Developing Country: A Sri-Lankan Experience', *Public Health – Journal of the Royal Institute of Public Health*, Vol. 120 (2006), pp.958-965, at p. 963
- 186 Salma Ali (Executive Director, Bangladesh National Women's Lawyers' Association), 'Legal Approaches, Reforms, Different Areas of Laws, Assessment of the Effectiveness of Particular Legal Framework/Provisions, Lessons Learned, Good Practices and Highlighted Promising Practices in Bangladesh', Expert Paper Presented at the Expert Group Meeting on Good Practices in Legislation to Address Harmful Practices Against Women, 11 May 2009, (EGM/GPLHP/2009/EP.16)
- 187 'Acid Violence More Rampant than Reported', *The Daily Star*

The primary function of the Committee should be to ensure the implementation of the various measures set out in any future legislation that addresses acid violence. Its mandate should encompass and be divided into the four key areas - as addressed in this Report - each of which necessitates cooperation and coordination between the relevant actors. The Committee should be responsible for monitoring and evaluating the implementation of the measures and policies, and should act in an advisory capacity, providing recommendations to make improvements where existing measures fail. It should provide a forum to bring together all concerned stakeholders, and it should seek to engender cooperation between all parties. Furthermore, acid survivors should be given a voice.

We urge the RGC to ensure transparency throughout the process of drafting new legislation to address acid violence, and to hold public consultations with relevant experts. The CASC is willing to provide assistance in this process to break the silence surrounding acid attacks in Cambodia.



Appendices

Appendix One: Case Studies

Case Study #1

Name: Chan Kiri
Sex: Male
DOB: 6/06/1970
Date of Attack: 17/05/2005

Background Information

Prior to his attack Chan Kiri was a successful business man working for the Coca Cola Company. Chan Kiri is a highly educated individual who was well respected within his local community in Pursat Province. He is a father of three, two girls and one boy, and was the sole provider for his family before he was blinded in the attack.

Incident Summary

Chan Kiri's wife became jealous because her husband spent time after work at bars. She suspected him of being unfaithful. One evening in 2008 she threw acid in his face in front of their children whilst they were at their family home in Pursat Province. She has reported that she purchased one litre of acid for 3000 riels (75 US cents) from a vendor on the street of their home.

Aftermath

Chan Kiri was blinded as result of his attack. Chan Kiri still requires assistance for day to day activities, depending on his wife, and other acid burn survivors within the CASC compound.

Prior to his attack on Chan Kiri was earning \$475 USD each month; however since the attack he has no source of income.

Chan Kiri originally received medical treatment at the Battambang Referral Hospital, where he received a skin graft and stayed for a total of twenty one days. He did not have to pay for this treatment because his employer covered the costs through insurance.

He then traveled to Phnom Penh to receive treatment at the Ghev Meng Clinic for his eyes, where he stayed for a total of seven months and paid \$4900 USD in medical fees. As a result of this financial burden Chan Kiri was forced to sell his family home to pay for the treatment. For five months Chan Kiri stayed at a relative's house in Phnom Penh where he had to pay for his own medical care. He came to CSC on June 5th 2006. Since then he has received four operations.

In February 2010 he was employed by CASC in the capacity of counsellor and earns \$70 USD a month. This modest salary supports his children who live with relatives in Pursat. He is currently learning the piano and is also taking singing lessons, hoping one day to use these skills to gain an income to further support his family. Chan Kiri and his wife have been living at CASC for approximately 4 years.

Legal

Chan Kiri has stated that he has no intention of taking his case to court and prosecuting his wife. Not only does he rely upon her to take care of him, but also to support his family as she is now the chief bread winner. He has stated that he feels his case is somewhat unique, and in any other circumstance he would pursue justice and support the prosecution of his perpetrator. Chan Kiri feels that the judicial system in Cambodia is generally perceived to be corrupt, and it is this perception that prevents many survivors of acid burns, and victims of violence and crime from taking their case to court. He believes that if this perception can change, then more survivors will take their case to court.

Case Study #2

Name: Ms. Chet Sam Ros & Ly Bun Meng
Sex: Female
DOB: Chet Sam Ros - 1974
Ly Bunra - 2005
Date of Attack: 5/02/2008

Background Information

Chet Sam Ros married her husband Ly Bunra in 1996 and have had three children thereafter: two girls; Kim Siha, aged twelve years, and Ly Bun Meng, aged four years; and one boy, Kim Meng You, aged thirteen years.

In 2004 Ly Bunra moved to France after falling in love with his French business partner in Cambodia. Chet Sam Ros has seen him since he moved, the last time being in January 2008 when he visited Cambodia for twenty one days, approximately one week before she was attacked. Prior to her attack Chet Sam Ros worked as a cook in a restaurant near the airport in Phnom Penh. She was earning approximately \$110 USD a month at the time.

Incident Information

Chet Sam Ros was attacked with acid on February 5th 2008 at approximately 3:30pm, down the street from her family home in Banchepun Commune, Phnom Penh. She was riding a motorbike with her three children when five men told her to turn around and threw acid at her face, arms, and torso.

Ly Bun Meng was sitting in front of her mother and subsequently received severe acid burns on her face, head, neck, and arms. Chet Sam Ros's other two children received minor burns from acid splashes although they avoided serious injuries.

Motivation

Chet Sam Ros's husband moved to France with his girlfriend Meas Srey Pechr a few years prior to the attack. Meas Srey Pechr was jealous of Chet Sam Ros and arranged with the perpetrators to carry out the attack.

Ly Bunra was in Cambodia one week before the attack took place. He was staying with Chet Sam Ros when Meas Srey Pechr told him over the phone about the attack she was planning. Ly Bunra warned Chet Sam Ros that she was in danger but did not inform her from what. He only told her to be careful.

Aftermath

Chet Sam Ros is blind as result of her injuries and has difficulty with strength and movement. She has no source of income and is concerned about her future and the future of her children. Her two eldest children live with their auntie, Chet Sam Ros's sister in law, and Ly Bun Meng stays with Chet Sam Ros and studies at Friends International. Ly Bun Meng has suffered serious burns over a large proportion of her body, the acid has also left her bald. Since their admission to CSC on June 27th 2008 Chet Sam Ros has received two operations and Ly Bun Meng has received four operations. Chet Sam Ros has subsequently sold her house to supplement the loss of her income.

Legal

A lawsuit that was sponsored by Chet Sam Ros's mother in law was successful in finding four of the five men guilty of throwing the acid on Chet Sam Ros and her children. They were arrested on February 21st 2008, and were each sentenced to between ten and fourteen years imprisonment.

The identity of the fifth perpetrator is not known, and it is suspected that this person has fled to Thailand. However, whilst four people have been charged and are currently living out their sentences the orchestrator of the attack has not been held accountable. Chet Sam Ros feels that Meas Srey Pechr is the person who is truly responsible for the injuries inflicted on her daughter and herself. Meas Srey Pechr has not faced any legal action for this attack.

Chet Sam Ros wishes to continue pursuing her legal case, and prosecute Meas Srey Pechr, however none of the legal aid organisations that have been approached are willing to pursue the case any further. The fact that the case has already been presented to the courts and the result was somewhat successful has discouraged these legal organisations from further action. In this case there is the perception, essentially, that she should give up 'while she is ahead'.

Chet Sam Ros has expressed that she is not yet satisfied with the courts ruling. She suspects that the mastermind behind her attack is protected by influential people. She is afraid that this is an ongoing issue that is common in cases of acid violence.

Case Study #3

Name:	Ruas Romdual
Sex:	Female
DOB:	1973
Date of Attack:	17/01/2009

Background Information

Prior to her attack Ruas Romdual worked as cook in a restaurant in Siem Reap. Her husband died of HIV related complications in 2002, leaving her as the sole provider for her four children ever since. Both of her parents died during the civil war.

Incident Information

On January 17th 2009 Ruas Romdual was the victim of a brutal acid attack at the hands of her brother-in-law. Ruas Romdual received injuries to her face, eyes, shoulders, left hand, and the left side of her back.

Ruas Romdual believes that she was attacked because she had filed a law suit against her brother-in-law for selling his two year old daughter Mey Sophea, and vocally expressing her concerns for the young girl's safety. According to Ruas Romdual, the selling of Mey Sophea took place in September 2008. After Ruas Romdual was attacked with acid the child trafficking law suit against her brother-in-law was dropped. She was unable to pursue it due to her physical condition, and other family members were afraid of the repercussions of getting involved.

The attack took place at the perpetrators house. According to the local newspaper reports five other women were affected by the attack, including the perpetrators wife, Ruas Romdual's sister, as they were sprayed with acid when it was thrown on Ruas Romdual. None of these women have sought treatment from CASC and are reported to still live in Siem Reap.

According to Ruas Romdual there were many people witnessed the attack, including an off duty policeman and his wife who lived next door to where the incident took place. The off duty police officer was reported to have called his office for assistance to try and catch the perpetrator, however they failed to arrive in time to catch him. The police officer and his wife have thus far refused to agree to testify in any legal proceedings regarding this incident.

Ruas Romdual initially received medical care at a local hospital however she could only afford to pay for one night of medical care. She went to live with her sister in Kandal Province for a few months were she received no treatment for her burns. On April 30th 2009 Ruas Romdual arrived at CASC with her fifteen year old son and registered to receive our services free of charge.

Current Status

Upon completion of her medical treatment she will be hired by CASC as a cleaner and has also expressed interest in taking part in the agricultural skills training program. One of her sons is receiving skills training at Friends International to become a cook.

Ruas Romdual's legal case against the perpetrator is still yet to go to court. Finding witnesses willing to cooperate is proving difficult and is preventing the case from moving forward. The child trafficking case made against the perpetrator of her attack also never went to court.

Legal

During the water festival holiday period in early November 2009, acid burn survivor Ruas Romdual and her son travelled to Siem Reap, accompanied by members of CASC staff, to perform an initial testimony for her legal case. During the visit CASC staff worked closely with a lawyer from LICADHO in an attempt to identify potential witnesses that could cooperate with the legal proceedings.

The other women who were burnt at the same time as Ruas Romdual refuse to act as witnesses or cooperate with the case. They are afraid of reprisal. Whilst three particular individuals would be able to assist in the prosecution due to their access to valuable information gained after the fact, cooperation in this matter has yet to be established. Ruas Romdual is scheduled to return to the Siem Reap Court at a later date.

On November 5th the CASC team arrived at Siem Reap Court at approximately 8:15 am. The purpose of this session was for Ruas Romdual to perform a pre-trial testimony of the events that took place which

resulted in her acid burn to the court. Only the victim and attorney were allowed to participate in the 'pre-trial' testimony. Ruas Romdual did not perform her testimony to a judge, but to a court official.

Ruas Romdual and CASC staff were informed by the LICADHO attorney that her presence at future proceedings will most likely be required at various points throughout the legal process. When her presence is required has yet to be specified.

Potential Witness

On November 4th the CASC team, along with the LICADHO lawyer, identified the need for the cooperation of Ruas Romdual's sister, Chet Py, to be of extreme value towards Ruas Romdual's legal case. Whilst Chet Py, a Karaoke bar tender, was not a witness to the actual incident, she does have valuable information about the perpetrator and the incident that she has gained after the fact.

According to Ruas Romdual, her sister told her that she either knows or is friends with the perpetrator's girlfriend. Ruas Romdual has also reported that Chet Py informed her that she is in regular contact with both the perpetrator and his girlfriend who pick her up almost every night outside the Karaoke bar where the incident took place.

Whilst Chet Py is not a witness, her cooperation would greatly assist Ruas Romdual's case.

However, Chet Py has thus far indicated that she is not willing to cooperate with the case. This could be due to a number of different reasons. Some of these reasons would most likely include:

- (i) Fear of reprisal;
- (ii) Lack of confidence or trust in the legal system, and the expectation that her cooperation will not be of help;
- (iii) Lack of trust or confidence in the lawyer; or
- (iv) A lack of understanding of the value of her cooperation to the case.

On several occasions Ruas Romdual has vocalized her opinion that the perpetrators of acid violence should receive strict punishment, and in some cases the penalty of death. She believes that there is no way to compensate victims of such violent crimes. Financial compensation will not heal the wounds the acid violence causes, therefore it could never and should never be the sole repercussion for the perpetrator. Ruas Romdual calls for more cooperation and assistance from local communities to put perpetrators behind bars, however she believes this will be difficult to achieve so long as victims feel that they cannot trust the judicial system and are not adequately protected from reprisal.

Case Study #4

Name: Vin Rany
Sex: Female
DOB: 1992
Date of Attack: 10/12/2009

Summary of Incident

Vin Rany and her younger sister, Vin Samnei, were attacked on December 10th 2009 at approximately 5:30am. The incident took place on Mao Zedong Boulevard, Phnom Penh. The sisters were riding a motorbike when two male assailants drove up next to them and threw acid on them. They were taken to Kosomak Hospital where they spent \$94 USD on eight hours of first aid treatment. They then travelled to Vietnam where they spent \$3,620 USD for one and a half months of medical treatment. They returned to Cambodia after spending all of the family's available money and starting receiving free medical treatment at CSC from January 28th 2010. Vin Rany and Vin Samnei moved to the CASC in-patient facility on February 11th.

Motivation Behind Attack

At this point several suspected motivations behind the attack have been identified however none can be confirmed at this time.

Status of Perpetrator

The sisters have indicated that they have several suspects. They suspect a former colleague, Keo Neang, a twenty-six year old woman, with whom they had quarrelled with approximately one year before the incident may have been involved in the attack. Their differences with Keo Neang arose from a business dispute. They also suspect that a Mr. Oddom, twenty-eight years old, who had indicated his plans to engage Vin Rany but was subsequently refused, could have been involved in the orchestration and perpetration of the incident. The police still have not arrested any suspects in this case, or indicated to the victims the status of the investigation and its progress.

Case Status

Vin Rany and Vin Samnei do not currently have any legal representation. They have been afraid to file a complaint to the court, fearing reprisals from the perpetrators, who are still at large. They have also been receiving threatening phone calls. On February 22nd 2010, at approximately 14:00 Vin Rany received two threatening phone calls lasting approximately twenty minutes in total from a young unidentified male, believed to be involved in the attack. The information has been passed on to the police.

Vin Rany has indicated that as long as the police fail to catch the perpetrators she and her sister will not pursue their case in court or publicize their case. They are relying on the police to perform an effective investigation and to identify and catch those responsible. Only then will they consider legal action. They are of the impression that by taking their case to court it will most likely not achieve an effective prosecution and will ultimately do them more harm than good.

Case Study #5

Name: Kan Chetchea
Sex: Male
DOB: 1970
Date of Attack: 29/12/2009

Background Information

Prior to his attack Kan Chetchea was a police officer in Kiri Vong District, Takeo Province. He occasionally worked in agriculture and had a small eatery that served dog meat. His monthly income prior to his attack varied although it was approximately on average \$50 USD.

He is a father of three, two girls and one boy, and was the primary provider for his family before he was blinded by the attack.

Incident Summary

Kan Chetchea's wife, Chroy Chreng, was jealous because her husband had been seeing other women late at night. Kan Chetchea had admitted to being unfaithful to his wife on several occasions. On December 29th 2009 at approximately 9:00am Chroy Chreng threw acid on his face, arms, and torso as he was waking up in their family home. She has since stated that she purchased the acid from a battery vendor.

Chroy Chreng immediately notified the police of her actions. The police took Kan Chetchea to Kiri Vong Referral Hospital for treatment. They asked him what they should do with his wife. He indicated that he would not like any repercussions or punishment for his wife, and she has never been held in custody.

Aftermath

Kan Chetchea was blinded as result of the attack. Consequently, he requires assistance for day to day activities, and largely depends on his wife, or other acid burn survivors within the CASC compound.

After his attack Kan Chetchea and his family have no source of income. His three children rely on support from other family members for food.

Kan Chetchea originally went to Kiri Vong Referral Hospital for medical treatment and was immediately referred to CASC. On December 30th 2009 Kan Chetchea was admitted to CSC for medical treatment. Since then he has received three operations, all free of charge.

Legal

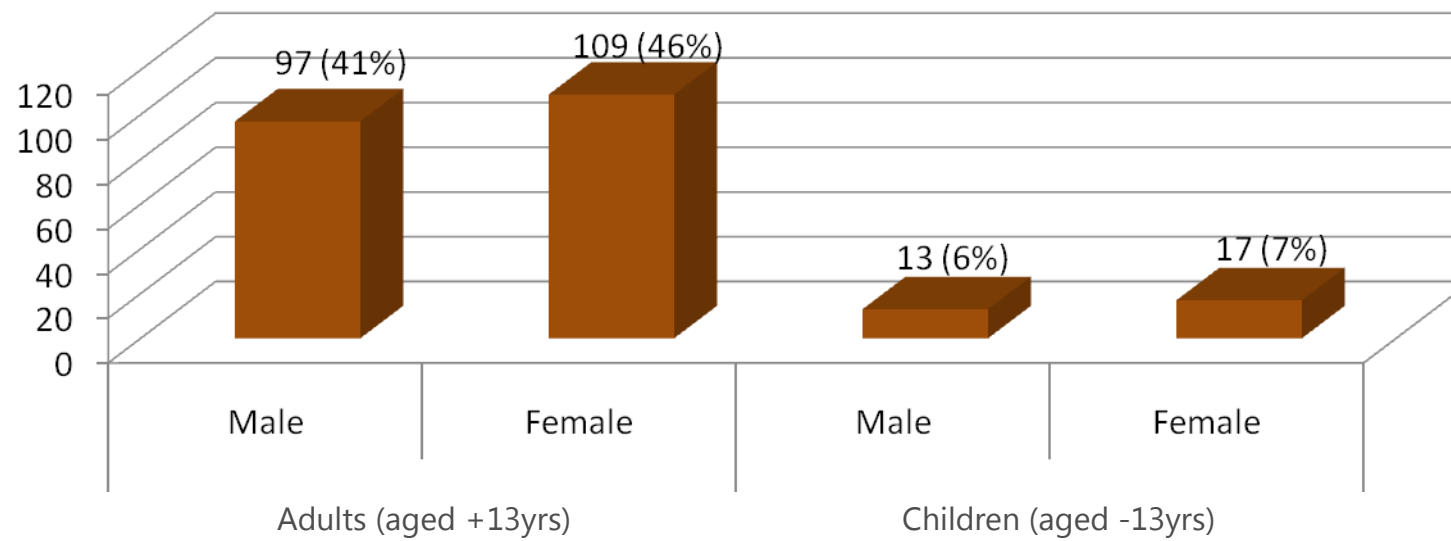
Kan Chetchea has no intention of taking his case to court and prosecuting his wife. Nevertheless, he still supports the full prosecution of the perpetrators of acid violence, provided the victim has issued consent.

As a police officer Kan Chetchea is of the opinion that the role of law enforcement is crucial in addressing the issue of acid violence in Cambodia. He fully supports the concept of regulating acid sales and believes that stricter guidelines for the sale of acid should be implemented by legislation, and the police should take a proactive role in the enforcement of these guidelines.

Furthermore, he is of the opinion that that the police need to be more proactive in the prevention of people buying acid for no reason, and foreign imports of acid should be reduced.

Age and Gender (1985-2009)

Adults (aged +13yrs)		Children (aged -13yrs)	
Male	Female	Male	Female
97 (41%)	109 (46%)	13 (6%)	17 (7%)
206 (87%)		30 (13%)	
Total = 236			



Number of Attacks and Survivors (1985-2009)

Year	# of Attacks	# of Survivors
2009	28	33
2008	5	7
2007	15	22
2006	11	11
2005	28	30

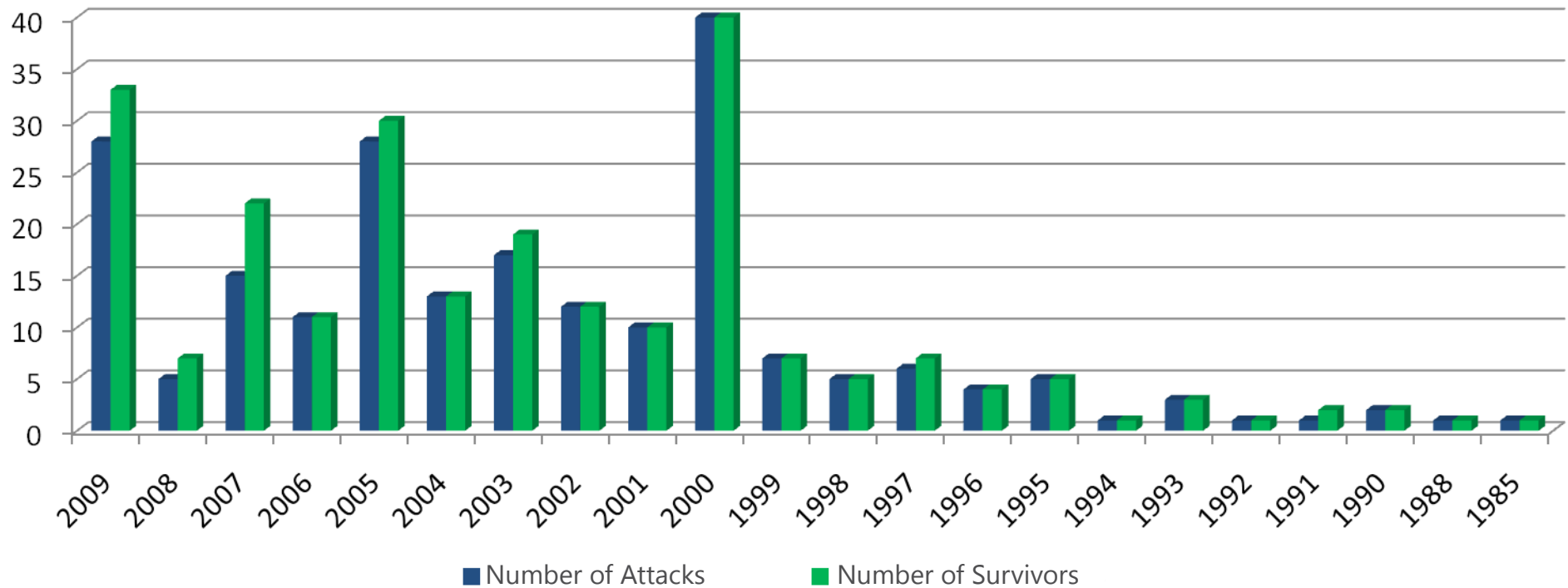
Year	# of Attacks	# of Survivors
2004	13	13
2003	17	19
2002	12	12
2001	10	10
2000	40	40

Year	# of Attacks	# of Survivors
1999	7	7
1998	5	5
1997	6	7
1996	4	4
1995	5	5

Year	# of Attacks	# of Survivors
1994	1	1
1993	3	3
1992	1	1
1991	1	2
1990	2	2

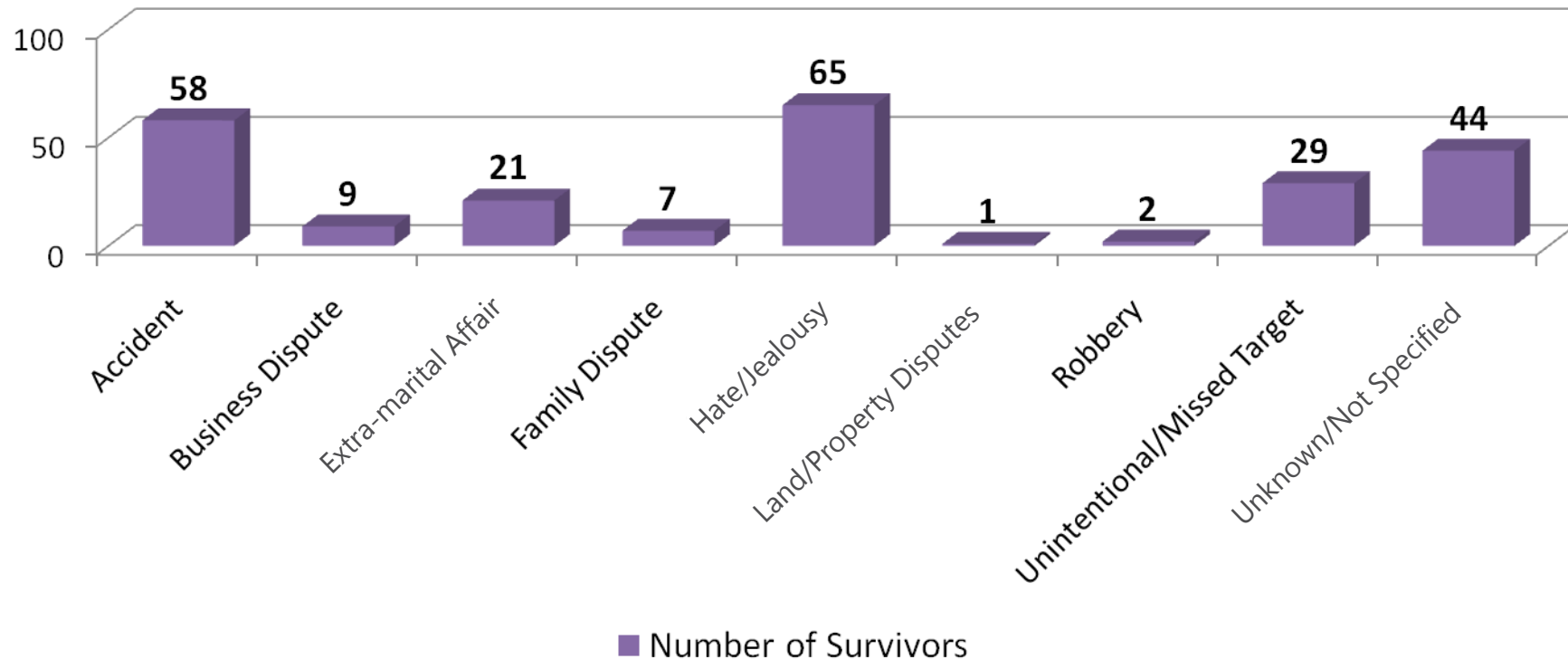
Year	# of Attacks	# of Survivors
1988	1	1
1985	1	1

Total	Number of Attack	Number of Survivors
	216	236



Causes and Motivations of Attacks (1985-2009)

Causes & Motivations of Attacks	Number of Survivors	Percentage of Survivors
Accident	58	25%
Business Dispute	9	4%
Extra-Marital Affair	21	9%
Family Dispute	7	3%
Hate/Jealousy	65	28%
Land/Property Disputes	1	0%
Robbery	2	1%
Unintentional/Missed Target	29	12%
Unknown/Not Specified	44	19%
Total	236	

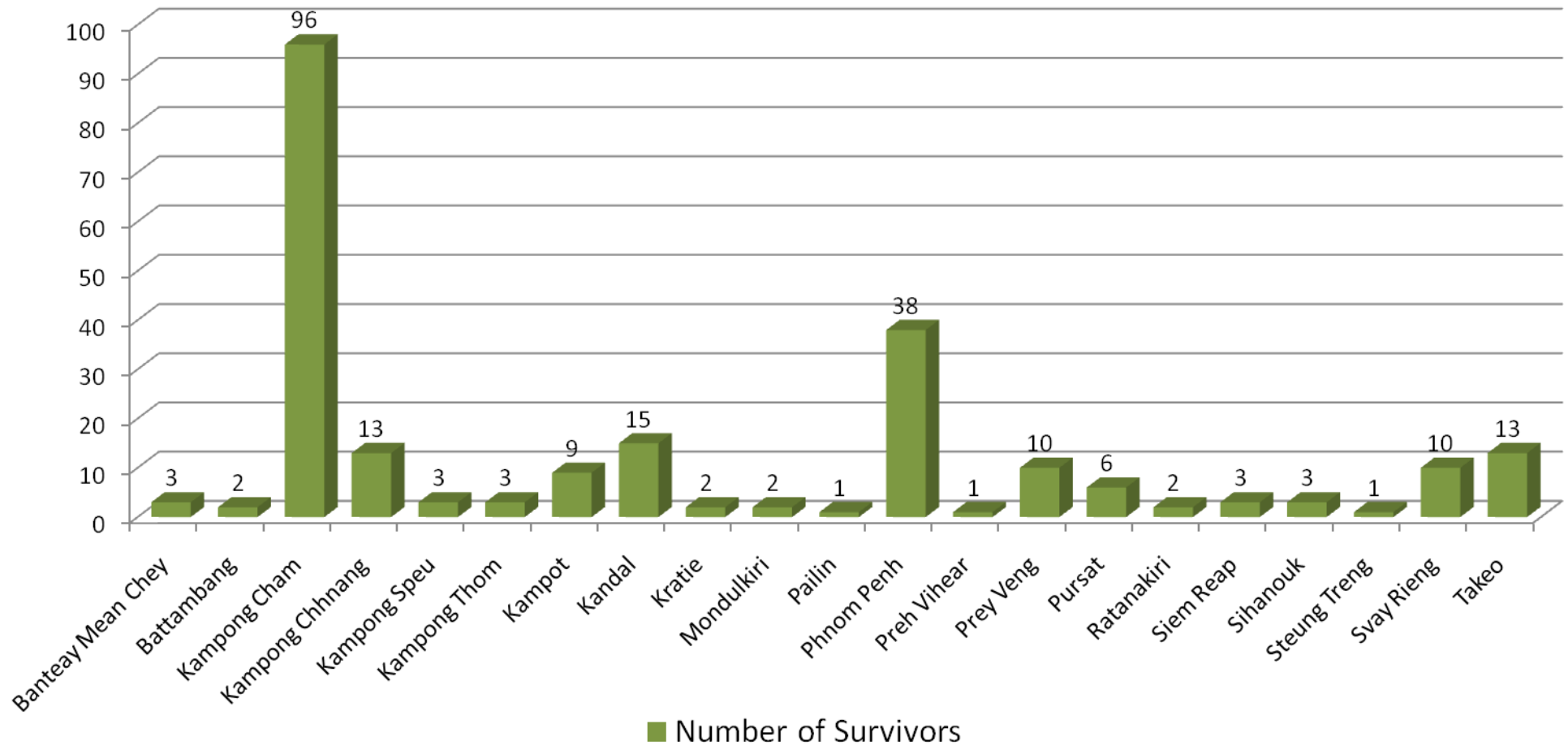


Numbers of Attacks and Survivors (1985-2009)

Year	Number of Attacks	Number of Survivors	Percentage of Total Attacks	Percentage of Total Survivors
2009	28	33	13%	14%
2008	5	7	2%	3%
2007	15	22	7%	9%
2006	11	11	5%	5%
2005	28	30	13%	13%
2004	13	13	6%	6%
2003	17	19	8%	8%
2002	12	12	6%	5%
2001	10	10	5%	4%
2000	40	40	19%	17%
1999	7	7	3%	3%
1998	5	5	2%	2%
1997	6	7	3%	3%
1996	4	4	2%	2%
1995	5	5	2%	2%
1994	1	1	0.46%	0.46%
1993	3	3	1%	1%
1992	1	1	0.46%	0.46%
1991	1	2	0.46%	1%
1990	2	2	1%	1%
1988	1	1	0.46%	0.46%
1985	1	1	0.46%	0.46%

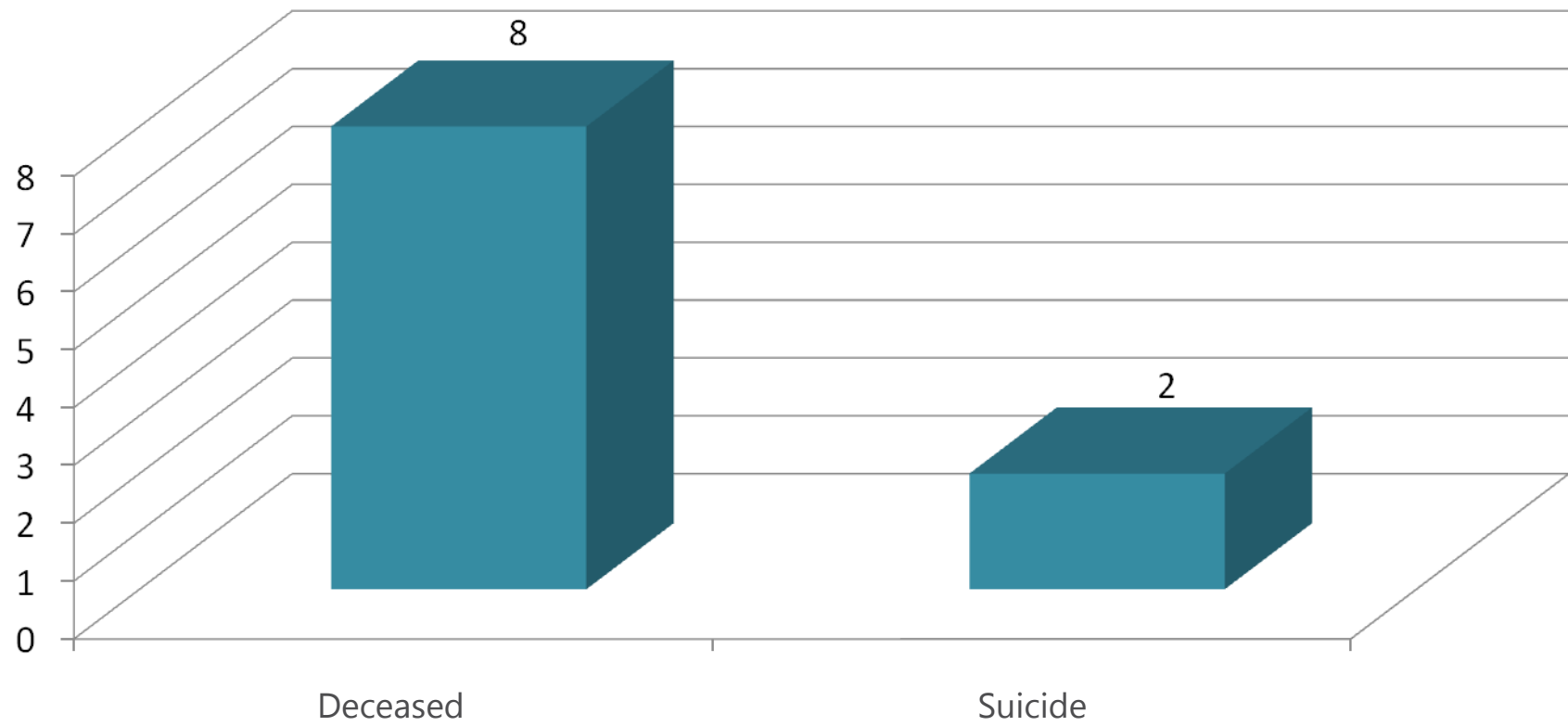
Total:	Number of Attacks	Number of Survivors
	216	236

Location of Attack (by Provinces) (1985-2009)



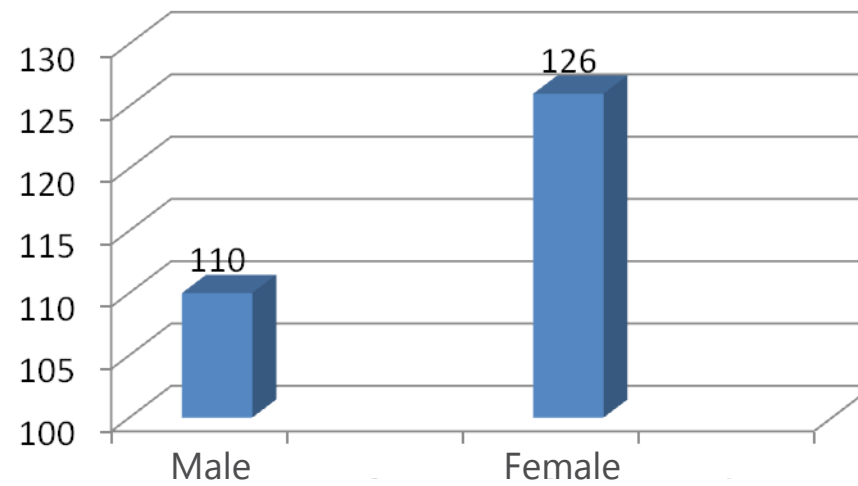
Total = 236

Number of Deceased (1985-2009)



Percentage of Survivors by Gender (1985-2009)

Percentage of Survivors	
<i>Male</i>	<i>Female</i>
47%	53%
Total	236



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