

The background of the journal cover features a top-down view of a desk. On the left, a pair of black leather brogue shoes is partially visible. In the center, an open notebook with lined pages and a silver pen lies on a light-colored wooden surface. To the right, a black leather bag with a zipper and a black leather watch with a silver face are also visible. A large, semi-transparent white rectangular box is centered over the image, containing the journal's title and ISSN information.

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RESTORATIVE JUSTICE AND VICTIM-CENTRIC REHABILITATION IN ACID ATTACK CASES: AN EMPIRICAL STUDY IN KERALA

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I. Introduction and Background

The most deliberate and permanently disfiguring crime of gender-based violence under modern criminal law is that of acid violence. The purpose of the attack is not simply to maim or disable, but to permanently destroy-to destroy the face, the persona and the social identity of the victim. Scarring in acid violence is not merely cutaneous; it is occupational, marital, psychological, as well as in terms of one's ability to survive and re-integrate into society, a crime of many decades after the perpetration of the act.

There are three characteristic features of acid violence that make it distinctive from other kinds of serious assault, and that all have serious implications for the appropriate justice response.

First, the permanence and extreme nature of physical harm inflicted: acid is uniquely in its ability to inflict a chemically sustained process of death of skin, tissue, and bone which no other commonly used weapon is able to achieve. This disfigurement cannot be fully remedied through surgery, even in series, but will likely span many years or decades; it is a wound that, once inflicted, does not heal, but permanently transforms the physical body. Second, the social nature of the harm: the face, the seat of social interaction, will become the permanent site of the violence, so that the attack has an effect not only on the face, but on the victim's relationships, employment, and involvement in the community, and does not permit of a normal social existence. Third, the premeditated nature of the attack: Acid violence requires obtaining, transporting and releasing a corrosive substance, an operation of premeditation and intended extreme harm that places it at the most extreme of interpersonal violence.

The NCRB has continually documented that women form the majority of acid attack victims in India and the primary motives-rejection of proposal of marriage, rejection of sexual demands and issues of dowry-are clearly linked to patriarchy as both an ideology and a means of exercising control over women, thereby penalising those who deviate from gender norms. The acid attack, it states, functions both as a crime against an individual woman and as an exercise of social control over women as a gender. While the psychological effects of acid attacks-high

rates of PTSD, depression, anxiety and suicidality-are as profound and long-lasting as the physical ones, the legal and policy sphere has had less to say on this aspect. Therefore, compensation solely on monetary grounds cannot make amends for the damage; a composite rehabilitation program that integrates counseling alongside treatment, legal support and rehabilitation to the social sphere is necessary.

The institutional approach of India toward the issue was incomplete up until 2013, since the attacks were dealt with general provisions for grievous hurt under IPC, 1860, failing to adequately address the peculiar and irreversible gravity of acid attacks. The Criminal Law (Amendment) Act, 2013 inserted sections 326 A and B that specifically criminalized acid as a method of causing grievous hurt. The same provisions have been adopted by the BNS (Bharatiya Nyaya Sanhita), 2023 that has come into effect from 1st July 2024. The judgment by Supreme Court in the case of *Laxmi v. Union of India* (2014) 4 SCC 427 further modified the institutional response by stipulating minimum compensation of Rs. 3 lacs and mandating free hospital treatment, regulation of the sale of acid and constitution of DLSA as CI Boards and thereafter, enhanced minimum compensation up to Rs. 7-8 lacs for facial disfigurement by the NALSA Compensation Scheme, 2018. However, there is still a vast chasm between legal regime and lived experience of the survivors that the dissertation empirically examines in the state of Kerala.

Kerala represents an exceptional space. Being a state that is distinctively characterized by relatively high levels of education, a functioning public health infrastructure and an accessible legal aid system, which KELSAs are among the most well-functioning in the country, acid attack survivors have to face institutional insensitivity, delay in procedure, absence of psychological healing and rehabilitation, exclusion from the labor market and continuing social stigmatisation.

The paradox of having high development indicators at the same time with extremely disabling experiences of survivors is the subject matter of empirical analysis undertaken by this dissertation.

II. Objectives, Research Questions, and Methodology

The six main aims of the dissertation are: (a) to trace the legal regime concerning acid attacks particularly on compensation and rehabilitation; (b) to analyze the theoretical framework of restorative justice and its relevance in cases of acid attacks; (c) to investigate the practical experiences of survivors in Kerala regarding receiving compensation, medical treatment,

psychological support and social rehabilitation; (d) to explore various structural, procedural and attitudinal barriers; (e) to examine how far institutional structures have conformed to, or deviated from, principles of victim-centric rehabilitation and (f) to offer concrete, evidence-based suggestions for improvement.

The main hypothesis is that the regime is structurally lacking in victim-centricity due to its slow and ineffective procedural machinations, low quantum of compensation, absence of integrated pathways to rehabilitation, and the dominant institutional focus on retribution rather than restoration. The approach combines a doctrinal analysis of the BNS, the BNSS, various NALSA schemes, and Kerala's Victim Compensation Scheme, with primary empirical research in Kerala. Fourteen acid attack survivors in Kerala were interviewed using semi-structured and structured interviews, along with eight legal professionals and DLSA officials, six practitioners in social work and NGO sector; and a structured questionnaire administered on the survivors. All victim identities are completely anonymised. These primary empirical data are augmented by secondary data from the NCRB reports, the NCW MIS review and Parliamentary Standing Committee reports.

III. Theoretical Framework

Retributive justice, the predominant paradigm in contemporary criminal law, views crime as an offense against the state, and believes punishment to be the appropriate response, with punishment corresponding in proportion to the wrong. In the case of acid attacks this rationale led to the BNS sections imposing minimum 10 year sentences. However, the disadvantages of the retributive approach are extensive: the focus is entirely on the offender, and the interests of the state in punishment, rather than the needs of the victim. It is structurally incapable of addressing the problem of a crime where the harms continue long after any possible sentence can be served; life imprisonment cannot reconstruct a victim's face, life or mental well being. A logically consistent alternative came in the form of restorative justice, based upon Howard Zehr's fundamental observation that crime is above all an offense against people and their relationships, rather than against a legal norm. Whilst retributive justice addresses 'What law was broken, who broke it, and what do they deserve?', restorative justice asks 'Who has been harmed, what are their needs and whose obligation is it to meet those needs?' This move away from offender focus to victim focus is the key feature of the restorative justice paradigm and its crucial relevance for acid attack survivors. Acknowledging the work of Zehr, Braithwaite, and Van Ness and Strong, there are five core principles: Victim Centrality, where the needs of the

victim form the central framework of the justice process; Offender Accountability, where it is seen to be an active and relational requirement; Community Engagement, a recognition of the community as a stakeholder; Reparation, focused on the repair of all forms of harm; and Reintegration, both of the victim and the offender into society in meaningful ways.

The paradigm of victim centered rehabilitation, however, posits that the state's duty cannot be limited to the prosecution of crimes but that full and continuous victim-centered support should be extended to survivors in the medical, psychological, economic and social aspects (all of which are intertwined since neglect in any one domain impacts overall recovery). The UN Basic Principles and Guidelines on the Right to a Remedy and Reparation (Resolution 60/147, 2005) explicitly sets out five constituent elements of full reparation: restitution, compensation, rehabilitation, satisfaction and Guarantees of non-repetition. Within the domestic constitutional realm, the expanded interpretation of Article 21 of the Indian Constitution by the Supreme Court-including rights to dignity (Francis Coralie Mullin) emergency medical treatment (Paschim Banga Khet Mazdoor Samity) and livelihood (Olga Tellis) - establishes the survivor's rights not just as benefits but as fundamental constitutional entitlements. This synthesized evaluative framework compares institutions response on five points: centrality of the victim, completeness, promptness, institutional coordination and restorativeness.

IV. The Legal Framework: Provisions and Persistent Gaps

As Section 124(1) of the BNS provides a punishment of minimum ten years extendable up to life with a fine payable to the victim for meeting the medical expenses for voluntarily causing acid grievous hurt and section 124(2) provides 5-7 years of punishment for attempt, the term 'acid' is defined widely to include "any corrosive or burning substance which is capable of causing a scar, or disfigurement, or disability and such damage is not necessary to be permanent" The NALSA 2018 Scheme for the first time mentions minimum compensation amount of Rs.7 lakh and maximum of Rs.8 lakh as compensation for disfigurement of the face of the victim. The NALSA 2016 Scheme for awarding compensation mentions that the DLSAs should ensure that in case of such crime the interim relief of Rs. 1 lakh be disbursed within 7 days and final proceedings should be initiated within 60 days and they are duty bound to proceed 'suo motu'. The BNSS follows the additionality principle in awarding the state compensation for the purpose for the injury caused with the fine awarded by the court.

However, in spite of these provisions there are five structural loopholes. Firstly, the amount compensation ceiling of maximum Rs.8 lakhs which appears to be significantly inadequate to

meet the actual cost of lifetime rehabilitation of the victims. Secondly, there are frequent and huge delays in the prescribed timeline for the victim. The delays have direct impact on victim's lack of resources at the critical post-attack phase. Thirdly, while provision for financial compensation exists, there is no mandated framework for integrated rehabilitation that can provide emotional/psychological support, vocational rehabilitation or social re-integration. Fourthly, the application of additionality principle is still not consistent in the field. Fifthly and most fundamentally, the operational dynamics of the victim compensation regime remains victim offender-centric in its structure: the timeline and resource allocation for case management revolve around the criminal trial rather than a holistic framework centered on the victim's needs, an aspect which, this dissertation tries to explore for a restorative framework for the victims.

V. Empirical Findings

From the data derived from Kerala the pattern of consistent mutually reinforcing failure in all five areas of victim-centric rehabilitation stands out. One of the most striking and consistent observation amongst the survivor respondents was the almost non-existence of initial knowledge about compensation rights. None of the survivors had been informed about their rights to compensation either by the police officials who attended the scene of attack or who registered the FIR. In every instance (all 14 cases) knowledge of rights was gained second hand, through hospital social workers, volunteers of NGOs, family or relatives. This runs in direct opposition to the suo motu obligation that District Legal Services Authorities bear under the NALSA 2016 Scheme and an institutionalized way in which knowledge about one's rights continue to be vested with the victim rather than the state.

Ninety-two point nine percent of the survivor respondents did not receive interim relief within the prescribed period of fifteen days. The time lag between attack and first receipt of compensation varies anywhere between 3 months and 2+ years (median at roughly 8 months) amongst the survivor respondents in Kerala. Every survivor respondent, without exception, stated that the compensation they received was not sufficient for their actual rehabilitation. The number of surgeries varied between 15 and 40, with 78.6% reporting to have spent more than Rs. 5 lakhs and 35.7% of all survivors spending more than Rs. 10 lakhs out of pocket, for surgeries.

Due to financial constraints they had to postpone functional surgeries (seven), were unable to procure materials for scar management (nine) and had to discontinue physiotherapy (six).

Compensation is, as most survivors stated, received much after acute surgical intervention.

The psychological toll on the survivor respondents was tremendous and pervasive. All 14 survivors described severe psychological suffering including PTSD consistent presentations (in 12 cases) and indicators of clinical depression (in 11 cases). A universal theme was what the respondents described as 'grief for the former self' and continued mourning over the life, self and identity lost after attack. However, not one survivor was referred for psychological counseling by the DLSA; only one victim received hospital integrated mental health services; and three were provided with no mental health support of any nature. The institutional infrastructure for the psychological rehabilitation of victims is in the context of Kerala, as shown by the above evidence, practically nonexistent.

All 14 survivors expressed experiencing stigmatisation in terms of public stare factor, unsolicited pity and exclusion from the community and marital prospects due to what they termed as 'social death'. Only 35.7% of the survivor respondents were engaged in any livelihood activity at the time of interview. 64.3% of survivors had faced discrimination in recruitment on grounds of their appearance, and 57.1% were removed from employment. Only 3 survivors were aware of their right to disability entitlements under the Rights of Persons with Disabilities Act, 2016 and only one had obtained a disability certificate. None of the survivor respondents had undergone any skill-enhancement or employment provision from the state machinery.

Key informant interviews established the non-implementation of the suo motu obligation owing to absence of an automatic FIR-to-DLSA notification process, wholly inadequate and insufficient quantum of compensation and average court conviction duration in acid attack cases in Kerala at between 5 and 7 years. NGO informants described their role as one where they are filling gaps in service delivery with state mandated functions for the rights awareness, compensation navigation and psychological referrals being discharged by their organizations in lieu of state apathy or incompetence. The system remains essentially retributive, with institutional resources and pressures aimed at trial and conviction and survivor rehabilitation being an ancillary undertaking receiving a fraction of institutional capacity and attention.

VI. Recommendations

The dissertation propose five categories of evidence-based remedy. The first is compensation reform- automated electronic notification of FIR to DLSA to activate suo motu duty; raising of NALSA entitlement ceiling from Rs. 5 lakh to Rs. 15-20 lakh; a model of periodic maintenance-

monthly annuity/pension - to seriously disabled dependents; omission of means test, and streamlined electronic application mechanism and door step service. Each reform targeted at the most widespread single problem encountered by both survivor and lawyer respondents.

The second is medical rehabilitation reform- a mandated standardised Acid Attack Medical protocol in all hospitals regulated by the Clinical Establishments Act, specifying prompt pH neutralization, airway management and DLSA notification; designated district level burns and reconstructive surgery centers at each of the 14 Government Medical Colleges in Kerala; a permanent acid attack survivor's medical card providing comprehensive continuing care free of cost; and mandatory inclusion of a disability certificate issuance into the protocol for acute hospitals, within 48 hours of admission.

The third is psychological rehabilitation reform- mandating trauma-informed counseling within 72 hours of case registration by DLSA; ensuring that each survivor receives at least 3 years of structured psychological care with an appropriate case management approach along the lines of the integrated framework by the Acid Survivors Foundation in Bangladesh, and providing organized caregiver support and local peer support groups at district level with the help of KELSA. The vacuum of institutional psychological rehabilitation, the largest single absence in the current system, requires systemic, not aspirational, solution.

The fourth is social rehabilitation reform- the setting up of Acid Attack Survivor Rehabilitation Centres at the divisional level -One-Stop Centres for combining legal, medical, psychological, occupational and social support services under one roof eliminating the need to navigate many agencies in compromised mental and physical condition; a KELSA dedicated program for employment assistance; provision for livelihood grant and vocational training; and the implementation of a state-sponsored anti-stigma program with mandatory sensitization of police, hospital, DLSA and judicial personnel.

The fifth is legislative and judicial reform- recalibration of Section 124 BNS fine in line with the true medical cost, mandating medical cost reports at sentencing; designated fast-track court procedures for all Section 124 BNS cases with the High Court monitoring for closure within 12 months; and the establishment of a centralized registry and comprehensive audit of compliance with Poisons Act among retail acid vendors in Kerala. Together, the proposed reforms cover all the five categories of reparations of the UN-compensation, restitution, rehabilitation, satisfaction and guarantees of non-repetition.

VII. Conclusion

The first, fundamental conclusion of this dissertation is that acid violence constitutes a sui generis category of harm - unique in the indelibility of its physical violation, the irrevocability of its social annihilation through disfigurement, and the deliberate specificity of its intentionality-that requires an individualized and justice response categorically distinct from that offered to ordinary battery. Its harms do not end with the moment of attack, but continue irrevocably into the future; its justice response must continue with them. The second is that the institutional and legal regime in India, as realized in Kerala, is substantively retributive in its operative orientation although formally victim-centric. Resources, attention, urgency and professional culture revolve around the prosecution of offenders. Survivors' needs for comprehensive redressal and rehabilitation remain unaddressed in the institutional domain beyond the auxiliary, inadequately resourced and disjointed mechanisms which receive but a fraction of the attention devoted to conviction and sentencing. The third is that the systemic failings noted in this study are structurally produced, and not merely incidental: the compensation non-disbursement pattern, the psychotrauma void, the labor market banishment and the social shunning are not the product of isolated failures of empathy or capacity on the part of individuals. These failings are the result of a legal and institutional system whose logic has not yet been reconfigured around the restorative principle that the survivor's needs should serve as the operative frame around which a justice response must be organized. This structural diagnosis is both grim and optimistic: structural failures can be fixed with structural remedies, and every one of the reform proposals this dissertation makes is constitutionally and legally viable. The fourth and final conclusion of this dissertation is that constitutional Article 21- guaranteeing every acid attack survivor's right to live with human dignity - is both the legal basis and the normative authority for the reforms proposed herein. Inadequate medical treatment, delay and non-payment of compensation, and a profound lack of restorative services for psychotrauma and social integration are not merely policy failures; they amount to potential fundamental rights violations which the courts have both the right and the responsibility to correct. Acid attack survivors, whose stories constitute the spine of this dissertation, have suffered a harm whose finality cannot be undermined. Neither their bodies nor their stories can be restored from the assault. What the law can and must do-- as argued herein-is reorient its present institutions and procedures around a restorative justice norm so that their human dignity, livelihoods, social participation and psychotrauma will be redressed, to the greatest degree that human ingenuity and public resources permit, within existing

constitutional and legislative constraints. The institutions, constitutional and legislative framework, and civil society resources for bridging the gap between present and ideal were overwhelmingly present at every level this study explored; it is only the will for systemic reform based on a restorative model which needs to be mustered so that the survivor, not the prosecution, assumes the organizing role in a response for justice.

