

Acid Violence in Cambodia

A Situational Analysis

For Government

Cambodian Acid Survivors Charity

in partnership with the Acid Survivors Trust International

November 2011

Cambodian Acid Survivors Charity

The Cambodian Acid Survivors Charity (CASC) was formed in March 2006 by its partner organization, the Children’s Surgical Centre. Professor Massey Beveridge from the University of Toronto started the burn treatment project at the centre in 2002. It remains one of the few medical facilities in Cambodia that provides free skin grafting and reconstructive surgery, two common medical treatments required by survivors of acid attacks. CASC is the only organization in Cambodia working with survivors of acid attacks using a holistic approach, working on several different levels. For acid burn survivors, CASC provides extensive support and skills training. To limit accidental acid burns, CASC promotes education and awareness in safe handling and storage of acid. At the national level, CASC works to eradicate acid violence by campaigning for strict regulations to limit acid availability and by encouraging legislation that classifies acid violence as a public, criminal offence.

In 2010, CASC relocated to a new site in Kandal province, south of Phnom Penh. In this rural setting it is developing an agricultural programme to help transfer practical agricultural skills to survivors of acid burns.

Acknowledgements

Production of this report was funded by a grant to the Acid Survivors Trust International (ASTI) from the UN Trust Fund (UNTF) to End Violence Against Women, administered through UNWomen. The grant is for a two-year project: “Towards a comprehensive strategy to end burns violence against women” (January 2011 to December 2012).

Written by Ben Rutledge with support from Mr Ziad Samman and Dr Horng Lairapo.

We would like to express our thanks to the following organizations and individuals for their support of CASC: Acid Survivors Trust International (ASTI), UNTF, the Children’s Surgical Centre, the Cambodian Center for Human Rights, Dr James G. Gollogly, Ms Kanyapak Reinvetch, Mr Robert Finch and Mr Matthew Sprigg.

What is Acid Violence?

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

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

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1 INTRODUCTION

Meas Srey Poa was asleep with her two young daughters in September 2010 in Kampong Cham province when a woman burst in and threw acid over them.¹ Somehow Meas Srey Poa managed to grab the attacker, and the police arrested the woman at the scene. The attacker believed Meas Srey Poa was having an affair with her husband. The three victims and the attacker suffered acid burns, and one of the young girls was blinded in one eye. Despite the arrest and expert medical testimony about the injuries, the provincial court dropped the case, stating that the burns had been caused accidentally. The perpetrator, who was related to a senior military officer, was released. After intervention by the Cambodian Acid Survivors Charity (CASC), the case did go to trial. Despite a confession by the attacker, she was sentenced to only a period of probation, signalling that the state does not take seriously such a serious crime.

Some 283 incidents of acid violence affecting 342 victims have been recorded by CASC since 1990.² Approximately 13% of victims were children,³ and around a third were not the intended victim but were inadvertently splashed. The statistics do not include unreported cases and thus do not accurately represent the full scale and scope of the problem of acid violence in Cambodia. Estimates by experts in the field suggest that reported cases probably account for less than half of the actual total.⁴

Acid violence is the premeditated, deliberate use of acid to attack another human being. Attackers often target the head and face in order to maim, disfigure and blind. Acid has a devastating effect on the human body, often permanently blinding the victim and denying them the use of their hands. As a consequence, many everyday tasks such as working and even mothering are rendered extremely difficult, if not impossible. The physical and psychological impact of an acid attack can be highly damaging and permanent. Victims often require a significant amount of medical, psychological, legal and financial support, creating a lasting burden on their families, society and the state.

It appears that the number of acid attacks in Cambodia has been on the rise over recent decades, although the statistics are skewed by significant under-reporting during the 1990s because of the general insecurity in the country in that decade, among other reasons. Even though the security situation has improved, cases still go undocumented due to a fear of reprisals, a lack of information regarding rights, poor medical services available to victims and a corrupt criminal justice system. There is no formal system for collecting data, so the figures in this report represent only the minimum number of cases.

Acid attacks take place in a variety of contexts, ranging from disputes at work to domestic settings, which is reflected by the similar numbers of recorded male and female victims. However, there is a strong gender dimension to understanding and tackling acid violence. Many attacks primarily stem from or are a means of settling ongoing disputes, or relate to family or personal relationships.

¹ See below, Section 3.2 on Impunity, for full details of this case.

² Statistics generated by Acid Survivors in Cambodia (CASC). October 2011.

³ Statistics generated by CASC. Based on definition of children being 13 or under. October 2011.

⁴ Statistics generated by CASC. October 2011. Estimates of unreported cases given by CASC expert medical team.

Common perceptions about the social place of men and women in society, power relationships, and women's economic dependency on men are frequently relevant factors in attacks. It is not uncommon for women to attack other women with acid. In these cases, the victim is typically the wife of the perpetrator's sexual partner or alleged to be the mistress of the perpetrator's husband. In a society in which women are often socially and economically insecure without a male provider, women may carry out such attacks to break up a relationship by disfiguring the "other woman" and thereby secure their own social and economic position.⁵ Also, the level of support provided by communities and social services to female victims and their families is often less than that provided to men, even though the stigmatization and longer term consequences for female survivors can be far worse.

The Royal Government of Cambodia (RGC) has begun to address the issue of acid violence. It created a committee within the Ministry of Interior in February 2010 and tasked it with drafting new legislation to regulate the use of acid and punish perpetrators of acid attacks. At the time of writing in November 2011, a second version of the Draft Acid Law on Regulating Concentrate Acid (Draft Acid Law) had been approved by the Council of Ministers and the National Assembly, and was expected to be enacted in December 2011.⁶ The RGC should be praised for seeking to address the phenomenon through the drafting of new legislation to regulate the access, sale and use of acid. The Government has also been proactive in contacting CASC for information regarding victims and the services required to treat them. CASC and the Cambodian Center for Human Rights provided extensive advice to the Government prior to the drafting of the Draft Acid Law and offered feedback during the informal consultation period.

The emerging legislation has created an opportunity to address other aspects of acid violence in Cambodia. A coordinated, holistic, multi-track approach must now be taken to ensure that the new legislative penalties are accompanied by urgently needed government-sponsored medical, legal and financial support to victims and their families. At present, the lack of effective investigations and prosecutions into acid attacks and the lack of government-funded medical and other support for survivors reinforces the perception that acid attacks are not seen by the state and society at large as a serious crime.

This report was written during the consultation period of the Draft Acid Law on Regulating Concentrate Acid (Draft Acid Law). The report seeks to present a broad overview of acid attacks in Cambodia using statistical data to produce evidence-based recommendations that relate to the implementation of the Draft Acid Law and inter-connected issues. These recommendations relate to several areas, including:

- Enhanced support for survivors
- Prevention and awareness-raising
- The need for legal reform.
- Improved investigations and prosecutions in acid violence cases.

⁵ Kalantry, S. and J.G. Kestenbaum, *Combating Acid Violence in Bangladesh, India, and Cambodia*, Avon Global Center for Women and Justice and Dorothea S. Clarke Program in Feminist Jurisprudence, 2011, Page 3.

⁶ The National Assembly approved the law on 4 November 2011.

1.1 Methodology

The analysis of acid violence in Cambodia in this report is drawn largely from information compiled by CASC. This includes case files and databases relating to assaults, interviews and meetings with survivors, police, medical and legal professionals, and government ministries. The report also draws on community surveys of survivors conducted by CASC to collect and collate information about their personal circumstances before and after attacks. The surveys comprised short questionnaires and were conducted during August and October 2011 at the CASC Rehabilitation Centre. The information has been supplemented by an international literature review, which provided further insight into acid attacks in Cambodia.⁷ Case studies have been compiled detailing specific attacks and the subsequent legal procedures. The names of victims and perpetrators have been changed, and all survey and case study participants provided informed consent to use the information for this report.

2 ACID VIOLENCE IN CAMBODIA

2.1 Incidence

CASC has recorded a total of 283 attacks affecting 342 victims since 1990. Figure 1 illustrates that although the annual totals fluctuate, reported attacks have generally been increasing since the 1980s. From 1990 to 1999, a total of 54 attacks were recorded, compared with 190 between 2000 and 2009. The increase can be attributed to several factors, including on the one hand, greater access to acid because of economic development and, on the other, improved rates of reporting of attacks.

Reporting of acid violence remains inconsistent primarily because the media are selective in their coverage and the medical sector lacks communication and referral networks. This means that many acid attacks, especially those in more remote regions, go unreported. CASC has tried to address this problem by engaging directly with communities, but this outreach work has limited resources and capacities.

Rising population rates and density may drive increases in violence and criminal acts.⁸ Cambodia's population has more than doubled in the last 30 years, rising from 6.7 million in 1981 to 14.8 million today.⁹ The country is also becoming more urbanized as people move to industrial centres to find employment. The population of Phnom Penh grew from 862,000 in 1998 to 1.3 million in 2008, and currently stands at approximately 2.2 million.

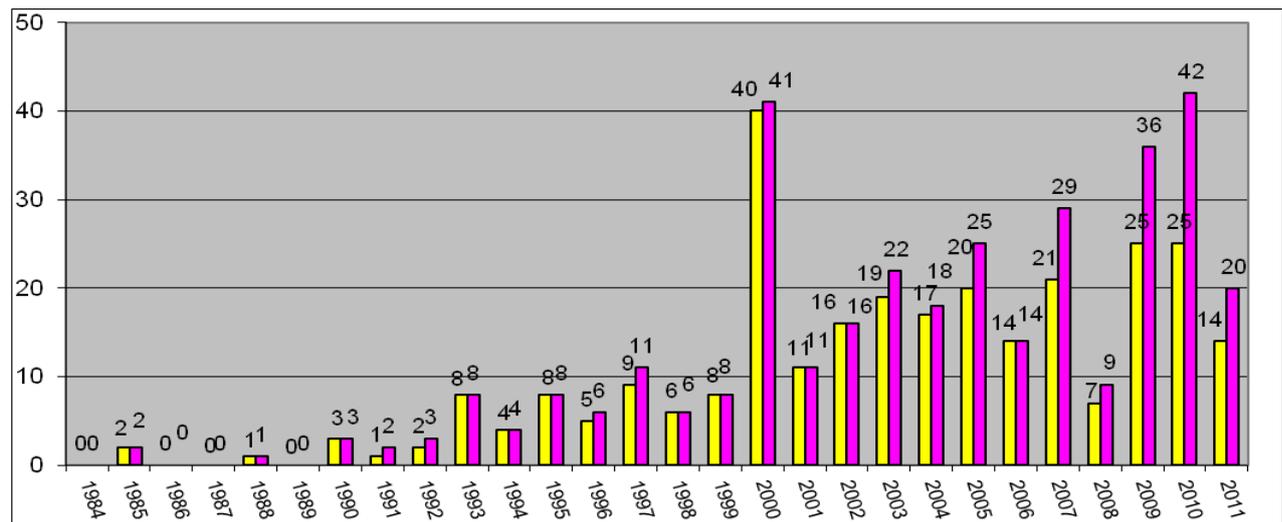
⁷ Acid & Burn Violence, A Literature Review. John Willott, Faculty of Health & Social Sciences, Leeds Metropolitan University, UK, June 2011.

⁸ See Blau, Judith R. and Blau, Peter M., 1982, "The cost of Inequality: Metropolitan Structure and Violent Crime", *American Sociological Review* 47:114-129; Morenoff, Jeffrey D. and Robert J., Sampson, 1997, *Violent Crime and the Spatial Dynamics of Neighborhood Transition: Chicago, 1970-1990*. Social Forces.

⁹ 2008 General Population Census of Cambodia. National Institute of Statistics, Ministry of Planning. August 2008.

Approximately 60% of recorded acid violence incidents were in Phnom Penh and Kampong Cham province. This is perhaps not surprising given the combined populations of Kampong Cham province (1.6 million) and Phnom Penh comprise roughly a quarter of the national population, and both areas have high population density.¹⁰ Cramped and poor urban environments are conducive to rises in violent behaviour, particularly when law enforcement is – and is considered to be – lax. Indeed, in Cambodia’s rural provinces, acid attacks are much rarer and there are proportionately fewer violent crimes in these areas than in more heavily populated regions. However, in rural provinces, literacy rates tend to be lower and there is less knowledge of human rights and the criminal justice system as a whole, so acid attacks are less likely to be reported.

Figure 1. Number of recorded attacks by year



Total Attacks = 286
Total Survivors = 345

In Battambang province, home to 1 million people, only 10 acid attacks have been recorded since 1985, a disproportionately low number compared to other highly populated areas. Over the same period, nine attacks were recorded in Kampong Chhnang province, which has less than half the population (471,000) of Battambang province. Banteay Meanchey province, which is one of the most densely populated regions in Cambodia,¹¹ had just five recorded attacks.

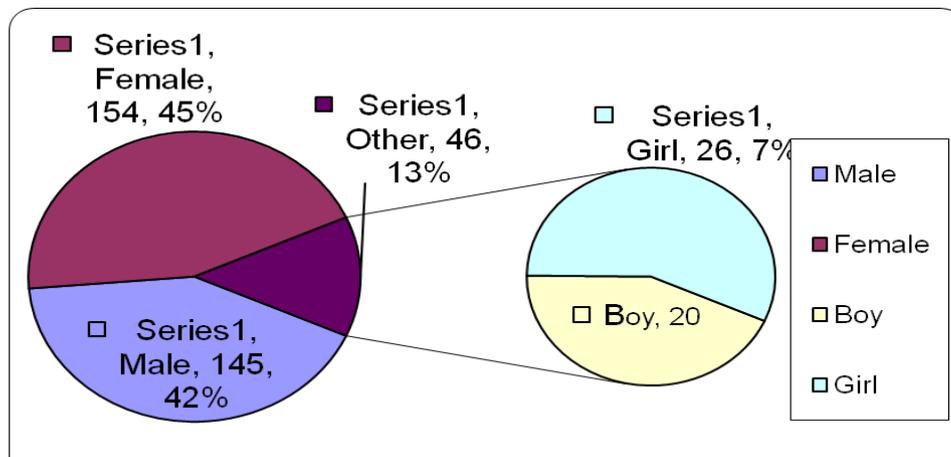
In short, population size and density may explain why more attacks occur in certain areas, but without other factors being taken into account, they do not explain in full the wide differences in the number of acid attacks from province to province. A number of other causal factors need to be established to explain adequately the concentration of attacks in certain areas, as well as the spike in numbers in particular years.

¹⁰ 2008 General Population Census of Cambodia. The city of Phnom Penh now encompasses parts of Kandal Province, which is why the capital’s population is greater than the province of Phnom Penh.
¹¹ 2008 General Population Census of Cambodia.

2.2 Profile of victims

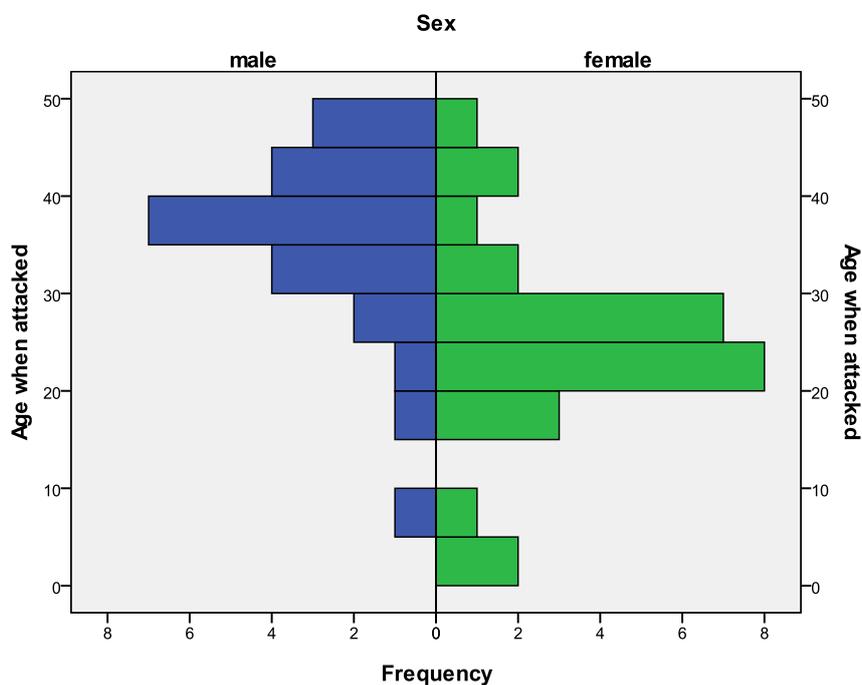
Some 52% of victims are female and 48% are male. This reflects the use of acid in a wide range of contexts, ranging from domestic disputes to robberies, land disputes and other violent crimes. Some 13% of victims are children, usually splashed when acid is thrown at a parent or other intended victim.

Figure 2. Age and sex of survivors



The CASC community surveys provide valuable insight into the typical age and sex of recent victims. The majority of females are young, with most aged 24 or younger. The males tend to be older, with a mean age of 35. If a woman is attacked, there is a 95% chance that she will be aged between 20 and 28, while a man is most likely to be aged between 31 and 39.

Figure 3. Age when attacked



2.3 Reasons for attacks

CASC statistics demonstrate that the most frequently cited reason for acid attacks was hate or jealousy in relationships; however two-thirds of attacks are not motivated by such emotions. The number of acid burn survivors who are the victims of accidents or who are unintended targets (36.2% combined) is roughly the same as those arising out of relationship problems (36.8%). This does not account for the fact that a proportion of victims who were the unintended targets will have been splashed as a result of an attack stemming from a relationship problem. The proportions may also prove to be different when more of the “unexplained attacks” are properly reported and recorded. The fact that the cause of 15% of attacks is unknown probably reflects poor record-keeping by police and medical authorities, the reluctance of survivors to speak out for fear of reprisals, and the impunity enjoyed by perpetrators.

Some of the 22.6% of cases in which burns are the result of accidents happen because poor labelling did not alert people to harmful substances in containers. This type of incident should in theory be most preventable through the regulation and enforcement of labelling and restricting access to acid.

Figure 4: Numbers of survivors by category of attack

Motive	Number of Survivors	Percentage (%)
Accident	78	22.6
Business dispute	14	4.1
Extra-marital affair	20	5.8
Hate/jealousy	107	31
Robbery	2	0.6
Unintended target	47	13.6
Unknown	52	15.1
Dispute	6	1.7
Family dispute	15	4.3
Property dispute	2	0.6
Suicide	2	0.6
Total	345	100

Domestic violence, which remains widespread in Cambodia, is a key factor behind many acid attacks. Beneath different forms of gender-based violence are underlying ideas about masculinity, femininity, sexuality and authority.¹³ These notions play a role not only in creating but also in reinforcing, different kinds of violence.¹⁴ The violent history of Cambodia¹⁵ is also often cited as a

¹³ Gender Mapping of Cambodia. Stockholm University, Gender Helpdesk. 2010

¹⁴ Guedes, *Addressing gender-based violence from the Reproductive health/Hiv Sector: a literature review and analysis*, 2004; United Nations, *In-depth study on all forms of violence against women*, 2006

¹⁵ For example, the Khmer Rouge era of 1975-79, the 1979-98 civil war and the coup in 1997.

major factor behind the high level of domestic violence,¹⁶ a view shared by the Cambodian Women's Crisis Centre.¹⁷

Chap Srey is a code of conduct for women taught at primary schools across Cambodia. It encourages women to obey their husbands, and is reinforced by the highly patriarchal Cambodian society. A survey conducted by the Ministry of Women's Affairs found that 64% of respondents knew a husband who was violent towards his wife. In addition, 22.5 percent (25%) of the female respondents had personally suffered violence by their husbands.¹⁸

There are some indicators suggesting that domestic violence is actually increasing.¹⁹ Local non-governmental organizations (NGOs) confirm that men are unaware that domestic violence might be penalized and see disciplining women and children with violence as necessary and natural.²⁰ Despite new legislation and significant efforts undertaken by the Government and civil society groups to address the issue, there is still too often an inadequate response by the police, medical and judicial authorities to incidents of domestic violence. In some reported cases, women have resorted to acid attacks after domestic abuse when they felt that they had no support or other options.²¹

To eradicate acid violence, the Government must address its root causes, which include inequality and discrimination against women. Cambodia has already ratified a number of international laws to promote, protect and fulfil the rights of women, including the Convention on the Elimination of Discrimination against Women (CEDAW) and its Optional Protocol, and the International Convention on Economic, Social and Cultural Rights (ICESCR). And, while considerable progress has been made in addressing domestic violence and gender mainstreaming in the health and education sectors, gaps remain. For example, the current strategy of promoting and protecting women's rights excludes certain vulnerable groups such as urban-poor women, and there is a lack of Government capacity to carry out the strategy and to enforce principles of non-discrimination across all ministries.

2.4 Access to acid

The rise in attacks appears to be partly because acid has become accessible. For example, the increased number of cars has meant that sulphuric acid, commonly used in car batteries, has become easier and cheaper to obtain. So too has hydrochloric acid, used in rubber production, and nitric acid, used in jewellery production. Despite the rapid rise in the availability of potentially harmful acid, its use remains unregulated to date.

Ease of access is a catalyst and contributing factor to the high rate of attacks in urban and industrialized areas such as Phnom Penh and Kampong Cham province. Regulating the sale,

¹⁶ Royal Government of Cambodia, *National Action Plan to Prevent Violence on Women (NAPVW)*, 2009b.

¹⁷ Lilja, "Traverse the Particular through the Universal: The Politics of Negotiating Violent Masculinities in Cambodia", 2010

¹⁸ Royal Government of Cambodia, *National Action Plan to Prevent Violence on Women (NAPVW)*, 2009b.

¹⁹ LICADHO 2007, page 8; Lilja, 2010; *Neary Rattanak III*, page 5.

²⁰ Lilja, 2010.

²¹ LICADHO, 2003, *Living in the Shadows: Acid attacks in Cambodia*, page 26.

distribution and possession of acid is therefore a vital component in efforts to tackle acid violence, especially as 22.6% of all victims said their burns were due to accidents.²²

The Government has taken concrete steps to regulate acid by mandating the establishment of a regulatory regime through the Draft Acid Law. However, there are still gaps and areas of concern. The draft law stipulates that the production, import, export, packaging, transportation, possession, distribution, purchase, sale, storage and use of all kinds of concentrated acid will be licensed or conditional on a letter of permission as regulated by other relevant laws and standards. The conditions for selling, buying, storing, distributing, transporting, packaging, possessing and using concentrated acid will be included in a separate sub-decree that has yet to be made public. It is essential that strict eligibility requirements, based on strict industry standards set by experts, are included in the sub-decree. Licences should be issued for a finite period, with renewals contingent on passing a review. This is fundamental for security and for ensuring against corrupt practices and breaches of regulatory requirements. Furthermore, breaches of the law should be sufficiently penalized. Unfortunately, the Draft Acid Law is silent on acid waste disposal and labelling.

3. PERPETRATORS, IMPUNITY AND PROSECUTION

3.1 Criminal law

The Penal Code 2009, which came into force in December 2010, failed to create a specific offence for acid violence.²³ Heavy sentences can, however, be imposed for crimes considered to be tortuous and/or barbarous, or for intentional violence that results in the maiming or permanent disability of the victim.²⁴ In addition, where acts of violence are carried out by a spouse, the sentence can be significantly increased.²⁵ The Law on the Prevention of Domestic Violence and the Protection of Victims (2005) criminalized domestic violence and clarified the nature of attacks requiring state intervention on behalf of the victims. Although such legislation is altering the perception of domestic violence – by converting it from a private family matter to an issue of importance in the criminal justice system – it does not cover violence carried out by friends, colleagues or strangers.

Even if assailants are prosecuted, they tend to be dealt with by family law courts rather than criminal courts, as acid attacks are associated with domestic violence. Furthermore, even though they constitute assault, acid attacks typically only result in prison sentences of a few months, or a few years if the victim is severely injured or dies.²⁶ This means that the current legal process does not send out a clear message that such crimes will be severely punished and are not tolerated by society.

The Draft Acid Law criminalizes acid violence and includes a specific obligation on the state to investigate acid attacks and prosecute offenders. It also provides that legal entities such as corporations have a responsibility in relation to unintentional death or injury caused by negligence

²² Statistics generated by Acid Survivors in Cambodia (CASC). October 2011.

²³ Penal Code, Articles 27-28, 47-48 and 199-201.

²⁴ Article 223.

²⁵ Article 222.

²⁶ Gollongly, J. G., S. B. Vath, et al. (2008). "Acid attacks in Cambodia: serious reminders of personal conflicts." *Asian Biomedicine* 2(4): Pages 329-334.

or carelessness, or as a result of the violation of their obligations of security relating to licensing and restricting access to acid.

Under the draft law, people convicted of intentional violence by using concentrated acid can be punished by two to five years in prison and a fine of 4 million to 10 million riel (about US\$1,000 to US\$2,500).²⁷ The penalties can increase to between 5 and 10 years in prison if the act leads to the piercing of the skin or leads to permanent disability, and 10 to 20 years if the act unintentionally leads to the death of the victim. Those convicted of acts that unintentionally lead to injury can be punished by one month to one year in prison and a fine. The sentence increases to between six months and three years if the act unintentionally leads to the piercing of the skin or permanent disability. Acid attacks considered “tortuous or cruel” are punishable by 10 to 20 years in prison, or 15 to 25 years if the offence causes to the piercing of the skin or leads to permanent disability, and 20 to 30 years if the offence leads to the unintentional death or causes the victim to commit suicide. Acts that lead unintentionally to the death of others due to carelessness, or that violate the obligations of security or care that laws or standards prescribe in order to regulate concentrated acid, are punishable by one to five years in prison.

In many acid attack cases, two or more people are involved, either through hiring an assailant or in the planning. Unfortunately, the Draft Acid Law contains no provisions related to the punishing of co-perpetrators or accomplices. This means that individuals who do not actually use the acid but are complicit in the crime will not be charged unless under the more general provisions of the Penal Code 2009. The Draft Acid Law also fails to distinguish between attacks carried out by minors and adults, or where victims are children. Underage perpetrators will therefore be treated and punished as adults, and perpetrators who target children may receive no more severe a punishment than those who target adults. However, the Draft Acid Law does allow judges to take into account the circumstances and severity of the crime, as well as any mitigating factors, which might include the age of the attacker.

In the October 2011 CASC community survey, all but one of the survivors favoured harsher sentencing for perpetrators who attack children with acid. All favoured harsher punishments for perpetrators who injure more than one person. Some 60% felt that the same sentences should apply to co-perpetrators, accomplices and instigators, although the other 40% did not. In fact, most of the 40% thought that “instigators should receive harsher punishments than the perpetrators” due to their instrumental role. The feedback on the survey focused on the instigators of attacks, not the accomplices or co-perpetrators.

All survivors thought that two to five years in prison for intentionally causing injury, and 5 to 10 years in prison for causing permanent disability, were insufficient punishments. The general consensus was that such sentences do not reflect the nature of the crime and should be harsher – from 10 years in jail to the death penalty. The majority (72.5%) favoured a life sentence of 30 years or more. Medical and legal experts at CASC have also expressed concern that sentencing provisions in the Draft Acid Law are too lenient, considering the potential physical and mental trauma suffered by victims.

²⁷ Exchange rate as of 20 November 2011.

3.2 Impunity

The perception that perpetrators of acid attacks enjoy impunity persists in Cambodia, despite the existing legal provisions to prosecute and punish attackers. The perception is fuelled by a widespread belief that acid attacks are primarily a domestic matter that will be dealt with outside the criminal justice system. Ouk Kimlek, Secretary of State at the Ministry of Interior and deputy director of the acid committee, said that under the current legal framework, perpetrators often get off with light punishments or none at all.²⁸ Among the reasons cited for this are failings and obstacles at the reporting, investigation and trial stages of the criminal justice process,²⁹ and the reluctance of many victims to seek justice because of fear of further attacks or ostracism by their family or community, on whom they may depend. In the October 2011 CASC community survey, 70% of male and female survivors interviewed stated that the perpetrator received no form of punishment, and 22.5% of survivors felt that the punishments did not reflect the gravity of the crime.



There are no available statistics on conviction rates for acid attacks. Municipal court staff interviewed in preparation for this report and who were asked for data on convictions stated that no such records exist. Legal and medical professionals do not have the capacity to provide documentation to courts to distinguish between different types and causes of burns. In addition, there is a lack of expertise and necessary equipment, particularly in rural areas, to accurately document and classify acid attacks.

Low rates of reporting and criminal convictions are emblematic of people's lack of knowledge of the criminal justice system and their lack of faith in the judiciary to resolve issues in an expeditious and just manner. Survivors' lack of awareness about their legal rights and resources available to them is a contributing factor to the general culture of impunity and to the light sentences handed down to perpetrators. Victims are either required to attend court to give testimony in person or to ensure that testimony is provided by medical experts who have assessed the victim. Access to specialists is limited in urban areas and absent in most provinces, particularly in rural areas. Victims are often required to pursue legal claims independently, which can be prohibitively expensive and extremely difficult if the victim has suffered physical and/or mental trauma.

When perpetrators are convicted, sentences are often alarmingly light given the nature of the crime and intent of the perpetrator, as illustrated by the case of Meas Srey Poa on the following page.

²⁸ Mom Kunther and Irwin Loy, 'Acid Attacks Could Earn Life in Prison', *The Phnom Penh Post*, February 16, 2010

²⁹ CASC, *Breaking the Silence: Addressing acid attacks in Cambodia*, 2010, 4.1

At about 11.30pm on 2 September 2010, Meas Srey Poa, aged 26, was sleeping along with her daughters Sokha, aged 6, and Pagna, aged 2, at their house in Cheng Prey district, Kampong Cham province. She was awoken by an intruder, and all three suddenly felt excruciating burning pain on their bodies. The children's screams awoke their grandmother who managed to stop the attacker's attempts to throw more acid over them. Meas Srey Poa grabbed the perpetrator by the arm and managed to hold her until the police arrived. The perpetrator allegedly suspected Meas Srey Poa of having an affair with her husband. As a result of the attack, the three victims and the perpetrator suffered acid burns. Pagna was blinded in one eye.



Meas Srey Poa and her daughter Pagna went to Kompong Cham provincial hospital for medical treatment, and a day later travelled to a private hospital in Phnom Penh. On 14 September 2010, she asked CASC for help.

Even though the perpetrator was caught by the police inside the victim's house immediately after the attack, and expert medical testimony was provided by a government municipal hospital, and the case was filed by the relevant authorities, Kampong Cham Provincial Court dropped the case saying that the incident had been an accident and that the perpetrator did not understand what liquid she was carrying. The perpetrator was released. She eventually received medical treatment at the Children's Surgical Centre so that the police could take her back into custody. The perpetrator is reportedly related to a high-ranking military officer and this connection allegedly influenced the decision of the court. The victim and her husband also allege that they were repeatedly threatened and told to drop the charges.

The case only proceeded after CASC informed the Department of Corruption in Phnom Penh of the situation. An investigation conducted by the Ministry of Justice led to another trial, which was held on 31 May 2010. After the perpetrator confessed, stating that she intended only to threaten the victims, Kampong Cham Provincial Court sentenced her to three years of probation for intentional violence with aggregated circumstances. She spent no time in prison. The victims received US\$3,750 in an out-of-court settlement.

Failure of the justice system to prosecute attackers reinforces the perception that acid violence will probably go unpunished, and light sentences reinforce the view that these egregious crimes are not treated seriously by the state. Harsher sentences under the new Draft Acid Law need to be publicized and used.

4. SUPPORT FOR SURVIVORS

4.1 Medical care

Acid attacks can have devastating, long-term effects on survivors. Corrosive substances such as acid dissolve the skin immediately upon impact, and can burn through tissue, muscle and bone if left untreated. Attackers often target the victim's face, causing blindness, deafness and severe damage to the lips and nostrils. Victims often lose the full use of their hands and can be left with permanent, disfiguring and debilitating scarring across their bodies. The psychological impact can also be devastating.

Prompt action can limit the effects of burns. Severe burns usually require extensive and long-term medical treatment. However, medical services for acid survivors are extremely limited in Cambodia, and there is a severe lack of medical expertise or resources to treat victims. The Preah Kossamak Hospital in Phnom Penh currently has the only unit dedicated to treating acid burns, but patients have to pay for treatment. Other hospitals that treat victims are the Kantha Bopha Children's Hospital in Phnom Penh and the Angkor Hospital For Children in Siem Reap, both of which provide treatment free of charge, and Calmette Hospital in Phnom Penh, where patients must pay. The Children's Surgical Centre, also located in Phnom Penh and where treatment is provided free of charge, is where all survivors who contact CASC are taken. Other hospitals that receive acid burns victims are ill-equipped to deal with such injuries. Victims living in rural areas have significantly less access to adequate facilities than those in urban centres.

Treatment is restricted to what victims can afford, which is often only initial "first aid" treatment.³⁰ For those living far from a hospital, the travel costs may deter them from attending medical appointments. Survivors and their families are often forced to sell property, land or other assets such as cattle to fund treatment, forcing them deeper into poverty. Just 17.5% of survivors in the CASC community surveys received all their medical treatment from state or public medical institutions. The majority had to use private hospitals, NGO-run clinics or other facilities. A quarter of survivors did not use state/public facilities at all during their recovery, which indicates that there is a chronic lack of suitable and accessible public medical facilities throughout the country.

The Draft Acid Law states that relevant authorities must immediately bring the victim to the closest health centre, state-owned hospital or other state-owned health institution.³¹ The health centre or state-owned health institution will then provide support and treatment to the victim free of charge.³² Support, rehabilitation and reintegration of the victim into society are to be put under the competence of the Ministry of Social Affairs, Veterans, and Youth Rehabilitation.³³ These are positive provisions that will, in theory, ensure that essential medical support is given to victims free of charge. However, it is unclear how such support will be provided given the lack of facilities and expertise in most areas of the country. Furthermore, due to the nature of acid-related injuries, it is

³⁰ Living in the Shadows. LICADHO. Page 18

³¹ Article 10.

³² Article 12.

³³ Article 13.

essential that referrals are to a facility where doctors are trained to deal with acid burns. Lastly, prolonged medical treatment, psychological care and physical rehabilitation are usually required to treat injuries and to allow the survivor to reintegrate into society, but the Draft Acid Law does not require long-term medical support to be provided.

In the October 2011 CASC community survey, only 7.5% of the survivors surveyed did not have to pay for any of the medical treatment that they received. Of the 90% who paid for at least some of their treatment, the amount paid ranged from US\$6 to US\$7,000, with the mean cost of treatment being US\$1,856.³⁴

Under the Draft Acid Law, a specialized committee established by the Ministry of Health will identify the extent of the victim's disability. This decision will determine what level of medical support should be provided to the victim. However, it is unclear how this committee will be constituted, whether it will be based exclusively in Phnom Penh or operate through provincial offices, and whether experts in relevant fields will be appointed. Immediate care should not be contingent on the committee's decision.

The provision of free healthcare will be difficult to achieve without sustained investment in dedicated facilities and the training of expert medical practitioners throughout the country.

4.2 Social support

The psychological trauma and social stigmatization that victims suffer feed into one another and are mutually reinforcing: social stigma contributes to and intensifies the trauma suffered by the victim, which can then result in further isolation. In addition, the injuries often deprive victims of income. According to the CASC community surveys, 52% of both male and female survivors earn less than they did prior to the attack. Some 58% of survivors worked in jobs that involved direct contact with the public, such as working as a market vendor or waitress, compared to 22% afterwards. The rate of unemployment rose from 4% to 13% for men, and from 18% to 52% for women.

Without continued medical treatment, victims often lose the ability to perform everyday acts necessary to support themselves and their families. Almost all (90%) of the survivors interviewed had children; 86.1% of these said that the financial hardship they suffered because of the acid attack affected their children, most of whom were unable to go to school as a result. In many cases, survivors ended up removing themselves from society.

The majority of long-term social support received by survivors is currently provided by CASC, which has to date helped 256 people to recover and develop new skills. The community surveys illustrate that with appropriate medical treatment and social support, many survivors can become economically active, although not always in their previous work. Just over a quarter of survivors actually increased their monthly income after the attack, demonstrating that acid violence does not

³⁴ The amounts paid do not reflect the entire cost of necessary treatment. Rather, they reflect what was actually paid for and received.

have to cost victims their livelihood. Medium-term state social support would potentially decrease the amount of assistance that victims require in the long-term.

Although the Draft Acid Law stipulates that compensation shall be paid by perpetrators, this involves relatively small one-off payments and many perpetrators will not be able to afford even this. Therefore, the obligation of financing long-term support must be borne by the state.

It is unclear from the Draft Acid Law which body will be responsible for co-ordinating the logistics of providing long-term medical, legal and social support. Experts at CASC have suggested that a national acid burns centre be established to centralize responsibility for rehabilitation and social support. Such a centre could also serve to educate the public about acid violence through outreach and advocacy work.

On the evening of 18 January 2011, Chan Sreymom, aged 25, was on her motorbike with her friend Ek Leakhena, aged 24, in Khan Mean Chey district, Phnom Penh. Two men drew up beside them on another motorbike and threw acid on them. Chan Sreymom suffered serious acid burns to her left eye, her face, arm and leg. Ek Leakhena, who was not the intended target, suffered burns to her arm. The perpetrators drove away, but were arrested two hours later. One of them had been burned on his neck as a result of the attack.



Both women were initially sent to a private hospital in the community. Chan Sreymom then was transferred to Calmette Hospital in Phnom Penh as her injuries were serious. Ek Leakhena discharged herself and the next day went to CASC.

Phnom Penh Municipal Court convicted three people for the attack – a 23-year-old woman, her husband and her brother-in-law. Sok Pagna was sentenced to three years in prison for masterminding the attack, whilst her husband and brother-in-law were found guilty of intentional violence and sentenced to three and four years in prison respectively. The three were also ordered to pay 20 million riel (approximately US\$5,000) to Chan Sreymom and 10 million riel to Ek Leakhena in compensation. The victims later stated that the sentences had been too light and pleaded for the adoption of the Draft Acid Law with its provision of tougher sentences.

4.3 Legal support

The provision of adequate legal support remains a fundamental challenge in fighting impunity and protecting victims and witnesses, as most victims lack access to and sufficient knowledge of the criminal justice system. The Draft Acid Law stipulates that legal support must be provided to victims, but does not clarify what kind or at what cost. It is essential that free legal aid is provided to victims, as many cannot afford legal representation. Such representation should cover the submission of documents prior to trial and representation during trial. Legal support should be extended to victims and witnesses who have been threatened by the perpetrator or associated parties. If this provision is not expanded before the Draft Acid Law comes into force, a sub-decree or other binding instrument will be needed to guarantee free legal support and protection.

The Draft Acid Law is silent on the issue of bail conditions for alleged attackers. Victims have reportedly been harassed and intimidated by perpetrators and their families, who have attempted to coerce them into dropping charges. Implementation of the Draft Acid Law should address this issue and provide suitable, legally binding protective mechanisms. Protection of victims and witnesses is a crucial element of legal support. At present there is no witness protection programme in the Cambodian legal system.

Failure of the state to prosecute perpetrators successfully means individuals need to pursue legal cases independently. In the October 2011 CASC community survey, 85% of survivors interviewed said that they would have pursued justice if the state had provided legal support. One in eight said they would *not* have pursued a legal case even if state support had been provided. This attitude was attributed to a lack of faith in the judicial system and law enforcement. The fear of reprisals, the psychological trauma experienced by victims and the prohibitive legal and medical costs can make pursuing a case unsustainable or simply impossible from the outset.

4.4 Medical-legal procedures

In cases involving severe injuries, survivors are not required to be present in court. Medical expert testimony can be provided as well as, or in place of, personal testimony. This expert testimony is decisive in establishing the extent of the injuries suffered by the victim, which in turn determines the severity of the sentence and the amount of compensation that perpetrators are required to pay.

This often means that in practice, expert medical testimony is a pre-requisite to pursuing a legal case through the courts. However, survivors have to pay for this service, which can be beyond their means or simply unavailable in remote areas. Victims and local communities are often unaware of the legal procedure and potential assistance on offer. Expert medical testimony services are currently available in seven of Cambodia's 24 provinces.³⁵ If the victim is from a remote rural area, they may be unable to travel to urban centres due to disability or costs. Therefore, to ensure successful prosecutions and appropriate sentences, expert medical testimony must be made accessible and freely available across the country.

³⁵ Information provided by CASC Medical Team. October 2011 interview.

5. CONCLUSIONS AND RECOMMENDATIONS

Acid violence is a significant and increasingly prevalent crime in Cambodia, with often devastating consequences for victims, their families and communities. The Government should be praised for addressing the phenomenon by drafting new legislation to regulate the access, sale and use of acid, and for contacting CASC for information regarding victims and the services required to treat them. However, the Draft Acid Law has shortcomings, particularly with regards to sentencing guidelines and the provision of legal and medical support to victims. The Government should continue to seek the advice of field experts during the consultation process and implementation of the Draft Acid Law.

For those who survive attacks, serious long-term health consequences include psychological and emotional trauma. Expert medical attention is required at the outset, and long-term medical and social support is essential if acid violence is not to lead to social stigmatization, the break-up of families, poverty and destitution. A lack of state support implicitly reinforces the perception that acid attacks are not a serious crime deserving of harsh penalties and special support to victims. It is essential that the state is proactive and provides sufficient resources and technical expertise to ensure that additional responsibilities placed on the police, judiciary, health and social services through the Draft Acid Law are respected and fulfilled. CASC should provide supplementary and complementary long-term rehabilitative support only.

This report shows that tackling the problem of acid violence requires a holistic approach, with coordination across a wide range of areas and agencies, including the Ministries of Interior, Health, Justice and Social Affairs, all 24 municipal governments, civil society and private legal and medical practices.

The World Health Organization has argued that many Millennium Development Goals (MDGs) will be missed if violence against women – one of the most blatant manifestations of gender inequality – is not addressed.³⁶ Acid and burns violence violates the intent of a majority of the MDGs. In this context, the next three years (until 2015, when the MDGs are to be achieved) present Cambodia with a key opportunity to address violence against women, and acid and burns violence more specifically.

The following recommendations, addressed to the Royal Government of Cambodia, reflect some of the issues that need to be addressed.

³⁶ World Health Organization, “Addressing violence against women and achieving the Millennium Development Goals”, http://www.who.int/gender/documents/women_MDGs_report/en/index.html

5.1 Recommendations

Legal reform

- Enact the Draft Acid Law as soon as the final administrative process has been completed and implement it without delay.
- Draft sub-decrees and allocate sufficient financial and technical resources to ensure that the provisions of the Draft Acid Law are implemented in full.
- Adopt a multi-agency approach, involving coordination by the Ministry of Interior and the support of the Ministries of Health, Justice, Social Affairs and all 24 municipal governments, to ensure effective implementation of the law and subsequent policies.

Investigation and prosecution

- Ensure and adequately resource police investigations into acid attacks and provide training on implementation of the Draft Acid Law once enacted.
- Prosecute and punish perpetrators of acid attacks, ensuring due sentencing when convicted.
- Ensure that expert medical testimony and legal aid are provided before and during a legal case, free of charge and in a timely fashion.
- Protect victims from threats that could undermine investigations and prosecutions.
- Provide survivors with legal advice and training on the criminal justice system.
- Ensure burns classification feature in law enforcement and medical records, and that medical and police reports differentiate between acid burns and other types of burns. To this end, police and health care providers should receive appropriate training.

Support for survivors

- Provide and make accessible rehabilitation services to acid burn survivors across the country.
- Establish a national burns centre at Preah Kossomak Hospital to centralize responsibility for rehabilitation and social support.
- Run training sessions for Ministry of Health and health care professionals across the country to ensure adequate initial medical treatment and long-term care for survivors of acid attacks.

Prevention and awareness raising

- Run public education and awareness programmes to change attitudes towards acid violence and reduce the stigma that survivors suffer. Cooperate with civil society and specialist organizations, including CASC, to combat acid violence and deal with its impact.
- Devise and implement a formalized process for reporting and logging acid attack cases to highlight the true extent of the problem in Cambodia, provide greater insight into the nature of the acid violence and why it happens, and help develop prevention campaigns.

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