Negotiating State and NGO Politics in Bangladesh

Women Mobilize Against Acid Violence

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This note showcases the story of Nurun Nahar, a survivor of acid violence in Bangladesh, to demonstrate that, despite protective measures, state, medical, and legal institutions continually fail to adequately respond to violence against women systematically and deny women rights to state protection, which are affirmatively embodied in law. The failure of state institutions to ensure appropriate care has been somewhat mitigated by nongovernmental organizations (NGOs), particularly women’s groups, which are albeit heavily constrained because of the volume of demand yet scarcity of expertise, infrastructure, and funds. In addition, this note offers some thoughts on how nonstate actors, namely, women’s NGOs, have created alternative strategies and visions for victimized women’s recovery and empowerment.

Keywords: acid violence; Bangladesh; Naripokkho; women's activism

I first met Nurun Nahar in April 1997 at the Naripokkho Office in Dhanmondi, Dhaka, Bangladesh. I was there to interview survivors of acid attacks for a cover story to appear in the Star Weekend Magazine. Naripokkho had just hosted a 3-day workshop, which publicized the growing phenomenon of acid violence against women and girls in Bangladesh, and had invited important state and nonstate actors to hear the stories of a group of adolescent girls. These girls, all teenagers and survivors of acid attacks, narrated their stories at a gathering of state representatives, doctors, lawyers, journalists, and international aid agencies. Naripokkho activists believed and hoped that this remarkable event would catalyze a movement to systematically address the needs of survivors of acid violence as well as redress the structures of oppression sanctioning gendered violence in Bangladesh.

It was my work as a journalist that first introduced me to Nurun Nahar as well as activists of Naripokkho, a Dhaka-based women’s advocacy organization, who were at the forefront of mobilizing a campaign against acid violence in the mid-1990s in Bangladesh. Since then, I have been an ally of, and variably involved with, this campaign. As the campaign developed and grew, so did my relationships with the

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women centrally located within it. What follows is an account of the realities of acid violence in Bangladesh; critical interventions by the state, nongovernmental organizations (NGOs), and the women’s movement; and an analysis of the challenges facing these multiple actors. I use Nurun Nahar’s story, which she narrated to me during several interviews since the first time we met, as my own entry point to the campaign as well as to draw attention to some characteristics of acid attacks on women and subsequent responses to it in Bangladesh.

In 1995, when Nurun Nahar was a student of Class 10 in Bogra Union Madhyomik Biddaloy, a young college student named Jasim Sikdar professed his love for her. When Nurun Nahar refused his proposals, he began harassing her on the way to school. In the middle of the night of July 27, 1995, Jasim Sikdar and a group of his friends broke into Nurun Nahar’s house. She was asleep beside her mother and younger sister. While Sikdar and some of his friends dragged Nurun Nahar out of bed, others held her family members at gunpoint. Sikdar drew a bottle of acid from his pocket and splashed it at Nurun Nahar’s face. She fought back and in the process some of the acid fell on her and her captors’ hands.

After Sikdar and his friends left the scene, her family and some neighbors tried to clean Nurun Nahar’s wounds, not realizing that the corrosive substance eating away her skin and flesh was sulfuric acid. Some neighbors went to get the village doctor who refused to visit Nurun Nahar in person but advised her family to wash her wounds with water, to give her some pain medicine, and to take her to the nearest town for medical treatment.

The next morning, Nurun Nahar’s family made the trip by boat and bus to the nearest hospital in Barisal. By the time they reached the hospital in the afternoon, Nurun Nahar had lost consciousness. She remained in this hospital for 3 days before being transferred to another one in the capital city, Dhaka. This particular leg of the trip took 10 hours on a launch. Nurun Nahar remained in the Orthopedic Pongu Hospital in Dhaka for 8 months and underwent a series of operations. During her stay in the hospital, other patients implied that Nurun Nahar must have done something to provoke such an attack.

Three days after the attack, Nurun Nahar’s mother filed a police report in their village. The police would not accept the case without a doctor’s certificate, which took another 3 days to acquire. By this time, the perpetrators had absconded. Meanwhile, Nurun Nahar’s family had contacted Naripokkho—a women’s advocacy group—and a legal aid clinic, as well as the media to intervene in the case. Because of the subsequent publicity, the police kicked into gear and threatened to oust Jasim Sikdar’s family from the village and seize his associates’ property unless they turned themselves in. Eventually, several months later, Sikdar and his associates surrendered to the police, although their relatives continued to threaten Nurun Nahar’s family to try to get them to drop charges against the young men.

A year after the case was filed, two men, including Sikdar, were given death sentences, and three were given life terms in prison. The others were acquitted.
These convicted men have appealed the sentences in the High Court. When Nurun Nahar returned home, she was uncomfortable with the attention from the people in the village. She returned to school and passed her Secondary School Certificate Examinations but decided to move to Dhaka and enroll in college there.

She rented a room in a women’s hostel and worked part-time in Naripokkho to develop a national network of acid survivors. During this time, as the acid campaign gained momentum, Nurun Nahar underwent eye movement desensitization and reprocessing (EMDR), a then experimental therapeutic treatment for posttraumatic stress disorder. UNICEF-Bangladesh had sponsored a team of experts from the United States to provide EMDR treatment to victims of acid attacks in Bangladesh. In 1999, Nurun Nahar was part of a group of young women, sponsored by the Spanish government, who went to Spain for reconstructive surgeries. Since her return, Nurun Nahar has worked for a number of NGOs in Dhaka. At present, she is involved in promoting acid prevention work with an international NGO, ActionAid in Bangladesh.

Nahar’s story illuminates the gaps in evolving services, such as the medical and legal establishments, which obstruct and delay survivors from receiving adequate care. The health care services and professionals at the thana level are incompetent in caring for acid burns. First, although Nahar’s family could well afford health care in their own district, the doctor did not know how to help her. In fact, he even refused to see her at her home because he was afraid that he would end up a target of the offenders. He wanted no association with her. An inadequate infrastructure led to delaying her arrival to the city and, even upon arrival, she had to wait days before admission into the hospital. She was treated for 8 months at the Orthopedic (Pongu) Hospital, during which time her mother and aunt would alternately stay with her. The length and cost of care drained her family’s finances. Because her case received high publicity as a result of Naripokkho’s advocacy efforts, Nahar’s family was able to secure state and private funds.

Second, it took 3 days for her family to actually file a court case, thus allowing the main culprit, Jasim Sikdar, ample time to flee, which he did to India. The police would not accept a case before Nahar’s family was able to provide a doctor’s certificate. In fact, Nahar’s family has cause to believe that the perpetrators’ families bribed the police not to accept the case. This shows not only distrust of the victimized woman’s story by the police but also their own corruptibility. The group of men who attacked Nahar already had the reputation in their village as “hoodlums” who regularly terrorized the public. They obviously wielded influence because the night of the attack they even had a gun. Clearly, these men believed that they would get away with the crime because of their political influence in the village. Nahar’s family was persistently threatened by the offenders’ families in the ensuing months to the extent that her mother had to sleep in their neighbor’s house at night, and Nahar’s younger sister left the village altogether. Moreover, once the perpetrators were sentenced—the police ultimately had to cooperate because of the high profile
of the case as a result of Naripokkho’s intervention—they immediately appealed to the High Court to overturn the ruling, buying them and their families more time to plot threats against Nahar’s family.

Third, Nahar’s story shows us how her family and community had little knowledge about dealing with acid burns. The immediate hours after the attack, which took place at her home, were filled with confusion. That pouring water would have greatly reduced the acid-inflicted damage was not common knowledge at the time prior to the campaign against acid violence and women’s organizations disseminated such information to the public. On the contrary, public perceptions of acid throwers and the women whom they attacked only further victimized the women. For instance, a young woman at the hospital who was sharing Nahar’s room maligned Nahar’s character and held her responsible for provoking the attack. Moreover, when Nahar returned to her community after the long months of treatment in Dhaka, she was made to feel like a misfit. It is the connection that she had made with Naripokkho activists and the nurturing environment that they offered her that enabled Nahar to make the decision to leave Baufol, her village, and move to Dhaka with plans of pursuing further education, finding a job, and working with other survivors of violence.

Although a concerted effort by civil society, the state, and the international donor community is currently under way, systematic and institutional discrimination against women remain at the core of the failure to protect and to make available adequate services for women who are victims of violence. In violence cases, specialized rules of evidence collection are required for the justice system. Women must file a First Information Report (FIR) at the police station, receive the appropriate medicolegal authorization from a police magistrate, then go to a state hospital for a medical exam. The FIR is the first written account of the events and the circumstances of the alleged crime. Even if it is not used as “evidence,” both the prosecution and the defense view it as a valuable legal document. Only after the FIR is issued is a woman authorized to undergo a medicolegal exam from a state hospital. Women are expected to take the medicolegal authorization to a state physician, have all injuries documented, and return the medicolegal form to the police to be kept as evidence until the court date. Moreover, women must find their own transportation to a state clinic or hospital. This is particularly problematic for women living in rural areas because the nearest government clinic could be far away, and many women do not have the means or capacity to travel (Azim, 2001).

On many occasions, doctors have refused to examine a woman who has been violated without an order from the police station or a magistrate (Azim, 2001). Yet timing is critical for the collection of medical evidence. In the case of Nahar, her family was not allowed to file a case for 3 days, which gave the perpetrators ample time to disappear and the “facts” of the case to become unclear. It is observed that the medical institution, perhaps unwittingly, colludes with the criminals in delaying procedures. We certainly saw this happening in Nahar’s case, not only when the police
would not accept a case for 3 days unless a medical report could be submitted but also when the local hospital could not treat Nahar and the local doctor refused to come and see her fearing the consequences. Producing a medical report became impossible.

By examining the responses of the medical and legal institutions to gendered violence—in this case, acid violence against women in Bangladesh—institutional gaps can be identified in the services available to survivors of violence. The failure of state institutions to ensure appropriate care has been somewhat mitigated by NGOs, particularly women’s groups, but these groups are heavily constrained by the volume of demand; the scarcity of expertise, infrastructure, and accommodation; and limited scope and access to address structural change. Nonstate actors, such as women’s NGOs, have created alternative strategies and visions for victimized women’s recovery and empowerment. The state, by keeping in place loose provisions but failing to implement them effectively, is complicit in perpetuating and sanctioning crimes against women. Gaps in the medical system prevent women from protection guaranteed by law. Procedures created to address gender-based abuse in reality often obstruct women’s access to the health system. Furthermore, the medical institutions operate within a patriarchal and class-determined value system, making their practices unyielding to women, particularly poor women who comprise the majority of acid survivors.

The Context

Acid attacks against women have been reported in Bangladesh since the early 1980s. Although initially such cases were reported sporadically, since the mid-1990s, partly because of improved media coverage, there has been a steady rise in the number of cases reported in newspapers. At present, NGOs and government reports put total cases at about 300 annually. It is a common misconception that acid attacks against women are peculiar to Bangladesh and that attackers are Islamic fundamentalists who punish women for “immodest” behavior (Anwary, 2003). Historical evidence demonstrates that acid attacks were common in England and the United States in the 1800s but declined once the police and court systems were strengthened. Such attacks are also reported in India, Pakistan, Nepal, Cambodia, Vietnam, Laos, China, and Ethiopia (Swanson, 2002). In the national context of Bangladesh, the rise in acid attacks needs to be understood not only in relation to existing gender inequality but also within its complex and shifting socioeconomic, political, and cultural processes as they intersect with neoliberal development policies and globalization.

Approximately 300 people are victims of acid attacks in Bangladesh each year. A decade ago, the majority of reported victims were young women, under the age of 18, who had refused men’s and boys’ proposals of marriage, sex, or romance, and the perpetrators rejected suitors and their male associates. A bottle of sulfuric acid can be easily and cheaply bought from auto repair and jewelry stores. In the last several years, the reasons for attack have been predominantly land disputes and family
disputes. Concurrently, male victims of acid violence have increased dramatically; however, perpetrators remain overwhelmingly male and victims female. Most women are attacked in the face, whereas men’s injuries include other parts of the body. Women, symbolically the honor and possession of the patriarchal family and community, are hence marked as “spoiled goods.”

The intent behind attacking women’s faces is to permanently scar and disfigure but not to kill. The assumption behind the attack is women’s most valuable asset is her appearance. This is an attempt by rejected male suitors to ruin the woman’s marriage prospects and, therefore, her financial security and social status. Perpetrators often attack their victims at home in the middle of the night. Because family members tend to sleep together, they are also burnt in many cases. Victims can be blinded and suffer loss of hearing, making it difficult to return to school or find employment. The scars, both physical and emotional, are permanent. Social reintegration is difficult, and victims are often isolated, if not rejected, by their families and communities.

The growth of acid violence in recent decades needs to be understood in the context of the patriarchal social order, a deteriorating law and order situation, and the uneven impact of neoliberal development policies and globalization and their attendant contestation of existing gender divisions in Bangladesh. Since the 1980s, Bangladesh has witnessed unprecedented labor participation of women—in the garment industry, for instance—providing a kind of visibility to young single women that then allowed them to become targets of gendered violence that attempts to punish women for transgressing norms of social behavior. Women’s increasing mobility and visibility spurred by economic activities generated by neoliberal development policies as well as the growth of the NGO sector coincided with rising unemployment among men and subsequent feelings of powerlessness. Evidence suggests that increasing levels of poverty and unemployment leave women more vulnerable to gender abuse as exemplified by the fact that acid victims are predominantly women and girls, and reasons for attacks are overwhelmingly cited as marital, family, and land disputes; refusal to pay dowry; or rejection of romantic advances and marriage proposals (Islam, 2004). At the same time, the rise of the automechanic industry has facilitated the widespread and unregulated availability of car battery acid; a bottle of sulfuric acid is sold for Tk15 (US$0.25). This has made acid a cheap and available weapon and acid throwing an “expedient” form of violence.1 Afroza Anwary (2003) has further cited men’s viewing of women as property, the emphasis on women’s appearance and marriage as means to achieve security, and the failure of the government to prosecute acid attackers as reasons for this increasing phenomenon. It is important to note, however, that recent decades have seen an escalation of not only acid attacks but also other forms of gendered violence against women (Ain O Salish Kendro, 2004).

A study conducted by Women for Women, a Dhaka-based feminist research group, reveals that acid victims are often characterized as women who are “wayward...
and disobedient” (udhyoto meye) by their community (Akhter & Nahar, 2003). Another study on the increasing feminization of labor in Bangladesh reveals that women workers are increasingly victims of three-dimensional violence: (a) in the workspace, (b) on the way to work, and (c) in the domestic sphere (Halim & Haq, 2005). In sum, indigenous and global patriarchy, the changing gendered social order, globalization, and structural adjustment policies of the government in response to neoliberal development have led to the precipitation of gender violence in the national context of Bangladesh.

The Role of the State

The official Bangladeshi state narrative on gender violence is critical for understanding the state’s role in developing and offering services for women victimized by violent attacks. Meghna Guhathakurta (1985) has argued that the Bangladesh state is a “soft state,” that is, a state that has been unable to firmly institutionalize its own statist interests and thus caters to diverse, fragmented, and often contradictory interests (e.g., international capital, donor governments, the rural rich, the urban middle class, and certain state functionaries such as the army and the police force). Such fragmentation in the state’s discourse is reflected in the ad hoc and contradictory nature of many of its policies, especially those relating to women. She characterizes the state intervening at the level of social or ideological reproduction, which helps to keep intact existing discriminating practices in gender relations. This ideological plane consists of those processes within society that help the perpetuation, imposition, and internalization of male-dominant values and existing oppressive structures in society in which women are subordinated. The soft state functions as an ambiguous power that seeks to sustain and support discriminatory practices, yet allowing spaces for them to be challenged. This paradoxical nature of the Bangladeshi state, on one hand, offered spaces for discriminatory practices toward women to be challenged yet, on the other hand, allowed those practices to continue by not intervening strategically or systematically.

Since the 1970s, Bangladesh has projected itself as an independent, modernizing state committed to equality and justice. Sociologist Sadeka Halim (2003) argued that irrespective of which political party might be in power, the changing plane of the state’s official stance regarding women, influenced by its contradictory and fragmented interests, shapes the ways in which it engages in its interventions to address gender discrimination. These interventions often appear in 5-year packages, which reflect the rhetoric of the discourse of “women in development” and, more recently, “gender and development” generated by global feminism. The government of Bangladesh is a signatory of the Platform for Action (PFA) adopted at the Fourth World Conference on Women in Beijing, which emphasizes mainstreaming women’s development into government policies and programs, but national plans do not
reflect its active integration. The PFA commands the government and other actors to promote an active and visible gender perspective in all policies and programs so that, before decisions are taken, an analysis is made of their effects on women and men, respectively.

Halim (2003) contended, however, that rather than changing policies to integrate gender, the government took an “add-on” approach and brought some “gender specialists” into projects. However, they have not challenged structural subordination of women. Also, many of the English terms used in these agendas are difficult to translate into Bangla, and officials tended to adopt these terms at the behest of donors, but without understanding the underlying assumptions and responsibilities that they entail.

Furthermore, said Halim (2003), in Bangladesh, the gender mainstreaming agenda has been the hostage of political shifts in the country. During the Bangladesh National Party (BNP) government of the late 1970s, the Department of Women’s Affairs was raised to the level of a full-fledged ministry. Later, Women’s Affairs was demoted to a department of the Social Affairs Ministry under President Ershad in the 1980s. It was reinstated as a ministry when the BNP returned to power in the early 1990s. However, these frequent shifts have resulted in an unclear mandate and deficiencies in staff, financial resources, and administrative privileges. Currently, the Department of Women’s Affairs is part of the Ministry of Women and Children Affairs. The ministry’s formal mandate combines an advocacy role with a program implementation role. In the mid-1990s, gender mainstreaming focal points had been identified in 33 ministries or divisions. However, even after the government of Bangladesh in 1997 declared national policies on women, no discernible changes took place in terms of implementing the proposed national policies through these focal points. These focal points remain, in most cases, inactive. Halim (2003) concluded that gender mainstreaming did little to challenge the prevailing socioeconomic and political structures within which the programs were to be implemented.

In a comparable study of gender violence in India, Shally Prasad (1999) suggested that violence against women in India is sanctioned by ancient religious texts and perpetuated by contemporary social practices. Despite public awareness campaigns, criminal laws, and the rise of antiviolence rhetoric, violence against women has remained an acceptable form of dominance and control that supersedes the rule of law. These observations are relevant in studying violence against women and the state response in Bangladesh. In Bangladesh, despite laws to protect women, state misconduct for cases of violence against women appears to be the norm rather than the exception. This misconduct or willful negligence, says Prasad, is indicative of a widespread belief that women are the property of men and, therefore, they are poised to be sexually abused and physically brutalized without state interference (p. 479). Worse yet, state authorities are known for committing acts of sexual violence against women themselves (Pereira, 2002). Many laws exist that aim to address violence against women. However, because of ineffective implementation of these laws by the
state and inherent conceptual defects in some of them, such laws fail to punish the perpetrators of violence against women. These laws are thus useless, ornamental additions to the statute books. Lack of funds for collecting and preserving evidence; protecting the victims and witnesses; improper documentation of testimony; and lack of understanding and sensitivity of violence against women issues among police, judges, doctors, and social workers all contribute to lack of punishment of the perpetrators of violence against women and inadequate redress to the victims of such violence.

For instance, in the late 1990s, the Dhaka Medical College Hospital (DMCH), the premier state medical institution in the country with the nation’s sole Burn Center, offered only eight beds. DMCH was further plagued by lack of funds and appropriately trained doctors and personnel (Azim, 2001). Although advocacy campaigns by local women’s groups have brought attention to the inadequate care available for abused women, stories abound of gender and class-based discrimination within the medical system. A research study shows that when a poor patient with severe burn wounds objected to sharing a bed with another patient at DMCH, the attitude of the hospital authorities took a turn for the worse. Most of the women patients interviewed in this department reported they were scared of the hospital staff and were frequently shouted at and treated badly (Azim, 2001). The *ayahs* (nursing assistants) had to be bribed and begged by patients and their family members to change the dressing on the wounds daily, a necessary treatment for acid burn. Bina Akhter, a survivor of acid violence, noted that she was taken to DMCH at 2:30 A.M. and was left on the verandah without care until the next morning. When her family members complained because a doctor did not reappear for 3 days, the medical staff responded, “Why don’t you perform your own surgery if you have so many requests?” (Bina Akhter, personal communication, February 21, 1997). Without the financial means to pursue private facilities, acid survivors and their families are routinely subjected to medical maltreatment and emotional harassment.

A research study conducted by a women’s legal aid organization shows that crucial evidence is often lost as a result of needless delays in the production of medical reports (Matin et al., 2000). Women face further delays in undergoing tests because of bureaucratic policies. For instance, one such policy asks that forensic tests may only be conducted on the deposit of three passport-size photographs of the victim attested by the duty officer of the police station. In most cases, it is not possible to produce these, or they are not duly signed or attested. Women’s reluctance to undergo forensic tests is caused by the lack of women doctors. The study concludes that the recording of the medical case history and the collection of medical evidence remain inadequate with serious consequences for the investigation of the cases for effective prosecution (Azim, 2001).

The director of the Legal Unit at the Acid Survivors Foundation (ASF), an umbrella organization in Dhaka set up in 1999 by UNICEF that provides medical, legal, and rehabilitative services to survivors of acid violence, pointed to the complicated
process of seeking justice under the current system (Khuku, personal communication, April 15, 2003). The different groups involved in the process, such as investigating police officers, court officials, medical officials, witnesses, media representatives, and civil surgeons, are often in conflict with one another and, instead of cooperating, obstruct acid cases from moving forward. For instance, witnesses, threatened or bribed by the accused, fail to appear in court. Medical professionals refuse to travel long distances to testify in local courts. Vendors refusing to face the bureaucracy and expense involved in acquiring a license to sell acid continue to do so illegally. “Abuse of power occurs at every level. The investigation process takes anywhere between 4 and 5 years, so pending cases fall on the wayside. One rarely sees cases reaching completion” (Khuku, Interview, April 15, 2003). Although acid cases in theory are filed and handled by the state, obstruction in every step makes the process ineffective.

In 2002, the government of Bangladesh, as a result of lobbying and advocacy by ASF and various women’s NGOs, passed two new laws. The laws, Acid Crime Prevention Law 2002 and Acid Control Law 2002, provide stringent measures against acts of acid throwing and selling, as well as strengthen existing provisions of the Women and Child Repression Act on acid throwing (“Two Laws,” 2002). An Acid Control Board and Special Tribunal were introduced, and provision for bail for the accused during trial was eliminated. In addition, capital punishment for the accused was mandated with a fine of Tk1 lakh (US$14,000) if the victim in question was dead or lost her eyesight, or hearing ability, or was injured in the face, breasts, and sexual organs. If other parts of the victim’s body were burned, the accused faced a maximum of 14 years in prison with a fine of Tk 50,000 (US$723.00). For attempted acid throwing, the accused faced a minimum of 3 years and a maximum of 14 years in prison with a fine of Tk 50,000. The new laws, in addition, prioritized acid cases and ensured speedy trials under Special Tribunals. Many women’s groups in the region, however, have criticized these laws for punishing the accused according to the grade of injury and not charging them with attempted homicide and hate crimes against women.

ASF research shows that despite the introduction of the Special Tribunals commanding completion of case investigation within 30 days, and the trial within 90 days following the filing of the FIR, the reality on the ground was quite different. Because investigative officers were charged with legal actions if they were unable to complete the investigation within the allotted 30 days—more often than not an impossible task given their heavy case loads—they produced shoddy work. On the other hand, the 90-day trial stipulation in the lower court almost never worked because cases were often sent to the higher court on appeal where they sat indefinitely. Moreover, guilty verdicts for the accused passed in the lower court were sometimes overturned in the higher court, where a lone judge would rule by reviewing the case file only and not have the benefit of hearing witness testimony (Khuku,
personal communication, April 15, 2003). Given the patriarchal structure of the legal system, this did not work in favor of women.

Aside from the gendered obstruction in accessing the available provisions, women in Bangladesh are also subject to discrimination in the application of laws (Pereira, 2002). Although the Constitution of Bangladesh grants equal rights to women and men in all spheres of public life, in family matters such as marriage, divorce, custody of children, and inheritance, personal laws prevail that are discriminatory against women. The government did not fully subscribe to the UN Convention on the Elimination of Discrimination Against Women (CEDAW) and had reservations on critical articles, which concern women’s equal rights in all family matters, including Articles 2 and 16, which are the defining articles of the whole convention. Despite strong demand from various women’s groups to change these laws, nothing has in reality changed.

The laws function to punish the crime once committed, but they do not really seek to challenge or change the subordinate status of women in society, without which none of the legislation can be effective. Guhathakurta (1985) described an interview with a state official in which the minister for women’s affairs was asked what could be the chief cause for the recent trend of acid throwing on women. The minister replied that the cause is mostly “unrequited love,” or when a woman quarrels with her husband or divorces him, the chief concern of her relatives and friends is almost always to try to send her back to her husband. Maintaining social respectability seems to be the foremost consideration, as well as a deliberate attempt to “keep the personal from becoming political.” In other words, as long as women’s subordination under existing social relations remains a fact, very little can be achieved through legislative measures. On the other hand, if laws operate to simply “patch up” issues, keeping intact existing social relations, then in the long run they are reinforcing the subordinate status of women in society.

Thus, the paradoxical nature of the Bangladeshi state: On one hand, this state offered spaces for discriminatory practices toward women to be challenged. Yet, on the other hand, it allowed those practices to continue by not intervening strategically or systematically. The Constitution ensures equal rights to all citizens, yet discriminatory practices such as male violence against women prevail and are often perceived by state institutions, such as the medicolegal establishments, as acts of individual brutality, but not as symptomatic of gender discrimination. Despite laws to protect women, state misconduct for cases of violence against women appears to be the norm rather than the exception. Such misconduct is indicative of systematic and institutional beliefs that women are the property of men and can therefore be brutalized without fear of state reprisal. Often, the state apparatus itself is the violator. Laws tend to be ornamental, as perpetrators receive inadequate redress for their crimes and the medicolegal system fails to respond appropriately to women’s needs.
The Role of the NGO

In the decades following the independence of Bangladesh, the NGO sector has seen remarkable growth. In part, the state has promoted the image of a modernizing nation to garner development funds as well as to promote women’s participation in development programs (Karim, 2004). Women’s increased participation in the workforce has also been catalyzed by funds and programs generated during and since the UN Decade for Women (1975-1985). These trends have created new networks and forms of dependencies between the state, donors, and NGOs. Currently in Bangladesh, there are more than 13,000 NGOs, among which at least 1,200 are directly supported by foreign aid and 549 work directly with women (Karim, 2004). These NGOs have stepped in to provide many of the services traditionally provided by the state, such as credit, education, health care, voter education, legal aid, and literacy. NGOs and women’s rights organizations have been in the forefront of challenging intersecting local, national, and global socioeconomic, political processes reifying women’s subordination. The urban, educated, middle-class national women’s movement operates inside the structure of the NGO with its links to the government, donors, and other NGOs. These institutional structures provide women activists with alliances and opportunities but also impede feminist practice and ideology autonomous of the same structures. Naripokkho’s interventions to combat acid violence must be seen within these networks of dependencies and strategic alliances with state and nonstate actors.

Patricia McFadden (2005) has referred to this characteristic of women’s movements as a consequence of distinctive developmentalist frameworks prevalent in “underdeveloped” countries where only particular kinds of women’s movements and other civil society activism—those structured by NGO politics—are likely to occur. The politics of such women’s movements, she suggests, are in collusion with the neocolonial state, international capitalism, and the international donor community and seek to define their goals within the framework of development, itself a regime of repression. Nonetheless, as Obioma Nnaemeka (2003) has observed, one cannot underestimate the power of women’s struggles, as structured as they might be, to affect social change, not through conflict and disruption but rather through accommodation and negotiation. Although the women’s movement’s agenda in Bangladesh may be perceived as donor- and development-driven and thus complacent, women are nonetheless simultaneously able to be complicit yet resistant of those same historically constituted structures and networks of dependencies.

At present in Bangladesh, the success of the acid campaign can be measured by the creation of the ASF, as a result of women activists’ negotiations with the state and international donor community. Financed by international aid agencies, ASF provides consolidated and coordinated services to the survivors of acid violence. The success of the acid campaign can also be measured by the passing of new and more stringent legislation by the government, criminalizing the sale of acid without a permit and the creation of the National Acid Council with branches at the district
levels. Furthermore, the level of engagement and interest from international media and organizations reflects the present-day grander scale and scope of the campaign. These successes, however, are ambiguous. The creation of the ASF, the proliferation of services for acid survivors, the diversification of actors who became involved with the campaign in the mid- to late 1990s, and the passing of new legislation reflect the culmination of Naripokkho’s networking and advocacy at a national and global scale that enabled transnational coalitions of nongovernmental, governmental, and intergovernmental actors to exert pressures on one another and other influential political bodies to invoke desired policy changes on the ground in Bangladesh.

Yet, at the same time, these same transnational coalitions co-opted the local women’s issues and agenda and led to its deradicalization. Naripokkho’s approach was survivor-centered, emphasizing the empowering of survivors of violence so that they were able to avail themselves of services, to make informed and meaningful decisions about their own lives, and to participate in leading the campaign against acid violence. At ASF, the survivor-centered campaign that Naripokkho developed has gradually transformed into a welfarist one, which does not always resonate with the lived experiences of the women who have endured acid attacks. Survivors are increasingly being treated as “clients” who are channeled into various productive schemes designed by the rehabilitation program of ASF. In the absence of real choices, women are actively incorporated into service positions that do very little to disrupt global, national, and local systems of hierarchies based on gender, class, race, and nationality. Nonetheless, it would be misleading to see current developments in the movement simply as a reinscription of power inequalities because it has facilitated the emergence of a national network of services for acid survivors. It is in this paradoxical space where women’s agency is often negotiated.

On one hand, UNICEF funding (through ASF) was crucial to the acid campaign’s organizational growth, but it also created tensions for members and clients of the campaign. On the other hand, UNICEF itself generated new strains in terms of its own engagement with the campaign—for instance, the welfarist rehabilitation programs and the imposition of experimental and imported counseling programs, such as EMDR, for acid survivors. Nasreen Huq (personal communication, July 10, 1998) alluded to the donors’ whimsical practices, such as sponsoring EMDR treatment for acid burn patients:

With the same amount of money that is being spent on EMDR we could have sponsored medical treatment for 30 to 40 girls. Bina Akhter and Nurun Nahar had been nurtured in Naripokkho for 1 year before they received EMDR treatment. They are strong girls. They are working, they are networking, and they are unusual. The fact that they reacted positively to EMDR was not surprising. EMDR is not necessarily responsible for their positive attitude toward life.

NGOs are not a monolithic structure. Some are more powerful because of their ties to the state or international aid agencies and others are more connected to local
communities. Naripokkho was a well-positioned one because of its leadership, which is made up of influential, urban, educated professionals who are well situated within the national women’s movement and are connected to influential networks. At the same time, though, there is considerable competition among NGOs for limited resources, which hinders collaboration among them. Women’s groups are often vying for the same pool of money and forced to shape their agenda to match the donors’ agendas, which may not be suited to realities on the ground. The inter-NGO dynamics of competition enhance the dependence of NGOs on external interventions and compromise their agenda, autonomy, and possibilities of meaningful collaborations.

Other recent interventions by women’s groups such as Naripokkho have resulted in the Multi-Sectoral Project to Combat Violence Against Women that was developed by the Ministry of Women and Children’s Affairs of the government of Bangladesh in 1998 (Azim, 2001). This project involved developing the institutional capacity to work with victims of violence, legal redress, and raising public consciousness. Health services have their role both in providing care and support to the survivors as well as in evidence collection to assist the legal process. Improving the complaints procedure and police handling requires training and reform. Prevention of violence necessitates that justice is administered in incidents of violence against women and that the cases are not unduly delayed. This also requires sensitization of the legal system and monitoring. The project would be implemented by government working groups consisting of representatives from the Ministry of Women and Children Affairs; the Health Ministry; the Ministry of Home Affairs; and the Ministry of Law, Justice, and Parliamentary Affairs in collaboration with NGOs and women’s groups, including Naripokkho, with financial assistance from the government of Bangladesh and donor agencies, including the Danish International Development Agency (DANIDA) (Naripokkho, 1998).

These alliances, Naripokkho believed, would contribute to institutional changes, including questioning the very fabric of the cultural and social institutions and value systems. Together with the government of Bangladesh, and with donor assistance, the Multi-Sectoral Project would aim to educate and raise awareness among medical and legal professionals, state officials, and the general public. Gender dynamics within adolescent relationships would be a high priority because so many of the survivors of acid violence that Naripokkho had assisted in the 1990s were teenagers. This initiative proposed a campaign to work with parents and teachers nationally to raise awareness about adolescent behavior patterns. Second, there are plans to work with young men to demystify socially constructed notions of masculinity, thereby hoping to build a climate where accepting rejection is not such a threat to their “manhood.” Nasreen Huq (personal communication, April 5, 2003), the coordinator of Naripokkho’s acid campaign, said, “Aggressive male behavior is commonly accepted in Bangladeshi society. We need to change these behavior patterns.” Third, this project would focus on changing the treatment of women as “victims” in Bangladeshi society. Often, following an
assault, their own family, the medical community, and the legal community further victimize women.

Plans were under way to establish a Burns Center at Gono Shastho Kendro, the leading national NGO providing affordable health care to the poor, to train medical professionals of all levels to care for burn patients. Many of the acid-throwing incidents occurred outside of Dhaka City, but DMCH was the only Burns Unit in the country, so it was very important to have hospitals and staff in every district that were equipped to care for burn patients. In addition to training medical staff, public awareness campaigns were necessary. For instance, Naripokkho activists had already started distributing flyers nationwide with instructions for immediate care of acid victims. Indeed, there had been reports of cases where women had heeded these instructions and washed their wounds with water right away, thereby somewhat reducing the acid-inflicted damage.

Most of the women who survived acid attacks were the rural and urban poor who found it difficult to afford the periodic visits to DMCH and the accompanying long-term treatment. These women needed a hostel where their family members could also stay with them during the treatment. They needed food and transportation. The Burns Center at DMCH catered to patients with all kinds of burns and was not equipped to deal with the increasing number of acid burn cases.

The profile of acid burn victims and their perpetrators was changing slowly, but surely. Whereas the previous years had shown acid throwing as an act of revenge by rejected suitors against young women, recent acid attacks were increasing in a range of domestic violence situations, including unmet dowry demands, land disputes, and family disputes. Young women were no longer the primary targets. Men, women, children, and the elderly were all targets of the violence. “Acid is becoming a weapon of violence, a weapon of vengeance” (Nasreen Huq, personal communication, April 5, 2003). Thus, the need to cater to an increasing number of people with acid burns was becoming more urgent.

Still, services remain inadequate. Although the government did pass new laws that prohibited the sale or possession of acid without a license, acid is still widely available, especially in auto-mechanic and jewelry shops. In areas where there are few or no vehicles, the sale of acid is nonexistent. Perpetrators, once caught, are rarely asked where they acquired the acid they used in the crime. The person who sold the acid to the person who used it to attack someone should be held accountable, too.

Despite the fact that state responsibilities were being supplanted by the NGO sector, the latter could not replace the former’s role in protecting citizens. Thus, stronger involvement of the state for the sustainability of services is essential. Women’s rights groups have proposed developing “One Stop Centers” for victims of violence, where they can receive medical treatment, legal aid, and counseling. The women’s movement has been active in lobbying the government to live up to its commitment to the CEDAW. To that end, women’s rights organizations have lobbied to introduce changes to the most important law related to women, Suppression of Violence Against
Women and Children Act 2000, which, rather than addressing root causes of violence or structural violence, deals only with punitive measures. Like the Acid Crime Prevention Law 2002 and Acid Control Law 2002 mentioned earlier in the note, recent changes in law tend to be geared toward increased penalties without addressing societal structures that sanction gendered abuse.

Women activists believe it is imperative to improve the burn care treatment in Bangladesh at all levels. ASF has begun to bring foreign experts to train medical, legal, and social work professionals. Attention has to be paid to developing educational materials for schools to raise awareness among students. The Ministry of Education can work on incorporation of relevant literature into textbooks. Because of successful efforts of the women’s advocacy groups like Naripokkho, reporting of acid cases has improved. As a result, there is more information available. State involvement will ensure sustainability of this ongoing work. Finally, state services need to recognize that acid victims have particular needs. Typically, their mobility is seriously hindered. They are isolated and stigmatized. Developing solidarity networks among survivors is crucial, so they can exchange their stories and struggles and collectively politicize those experiences in the public domain, access to which is often denied to women with acid burns. In Nasreen Huq’s words, “They are not dead people. They have a right to be on the streets without being marked as such.”

In this note, I have narrated the realities of acid violence in Bangladesh, foregrounding Nurun Nahar’s experience as characteristic of the landscape of acid violence against women, and Naripokkho’s interventions to involve important state and nonstate actors in mobilizing a social campaign against acid violence with implications for the larger women’s resistance movements against gender violence. Although I have focused specifically on acid attacks because of my particular position and subsequent knowledge of this campaign, I do not want to fragment or minimize other forms of violence against women, nor the struggles of the larger women’s movement in Bangladesh. However, this case study, I believe, can be instructive in illuminating some of the complex negotiations that constitute individual and community acts of resistance in the face of multiple and complex layers of subordination. The role of women’s groups in naming gendered violence and bringing about small, albeit qualitative changes to victimized women’s lives in Bangladesh are not insignificant contributions in struggles of resistance against multilayered oppressions.

Notes

1. Uma Narayan (1997) has demonstrated that the “dowry murder” phenomenon in India is an “expedient” form of violence against women, wherein the fire that kills the victim also effectively destroys all evidence of the crime. Moreover, most middle-class households have handy kerosene stoves and extra cans of fuel.

2. Please see http://www.emdr.com for further details.
References


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