



Policy Brief:

Beyond Punishment

Building a Survivor-Centred Response to Acid Violence in Pakistan

National Commission for Human Rights, Pakistan

This report examines Pakistan's legal and institutional response to acid violence. It reviews gaps in prevention, protection, healthcare and rehabilitation, and highlights opportunities to strengthen regulation, survivor protection, disability inclusion, and long-term access to justice and support.

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Executive Summary

Pakistan has significantly strengthened criminal law on acid violence, and the Supreme Court has recently issued comprehensive directions on rehabilitation, disability inclusion, and sales regulation. Yet the systems that should prevent attacks and support survivors have developed far less evenly, and unevenly across provinces. The central policy challenge is therefore no longer simply whether acid attacks are punished severely. It is whether corrosive substances are traceable, whether institutions respond effectively to threats and attacks, and whether survivors can access long-term healthcare, rehabilitation, disability protection, education and employment.

This brief argues that Pakistan's punitive framework and judicial directions have moved ahead of actual implementation. The problem is no longer an absence of legal recognition, it is the gap between what has been recognised and what has been delivered. It identifies three connected deficits: a prevention deficit in the regulation and traceability of corrosive substances; a protection deficit in investigation, emergency response, data and specialist care; and a reintegration deficit in long-term rehabilitation, disability inclusion and socioeconomic recovery.

Central proposal

Develop National Minimum Standards on Acid Regulation and Survivor Protection. These should not create another criminal offence or displace provincial authority. They should establish nationally agreed minimum outcomes across prevention, emergency response, justice, healthcare, rehabilitation and reintegration, while allowing provinces to determine how those outcomes are implemented.

Five priority actions

- Adopt nationally agreed minimum standards covering acid regulation, survivor protection and long-term reintegration.
- Create end-to-end traceability for controlled corrosive substances, including licensing, purchaser verification, inspection and industrial due diligence.
- Integrate acid violence into the National Police Bureau's national crime-data architecture, using standardised fields that can track cases from incident and FIR through prosecution and outcome, with linkages to compensation and survivor-support data.
- Develop national first-response, referral and minimum burn-care protocols so that essential treatment does not depend on geography.
- Create clear pathways into long-term healthcare, disability protection, education, employment and psychosocial support for survivors with continuing needs.

About this brief

This brief draws on Pakistani legislation and parliamentary records, recent judicial developments, UN human-rights materials, peer-reviewed research on Pakistani acid-attack survivors, available NGO monitoring, hospital-based studies and documented recent cases. The analysis is constrained by the absence of a comprehensive national administrative dataset tracking acid attacks from incident through prosecution, compensation and rehabilitation.

1. The Problem: Why Acid Violence Remains a Human Rights Crisis

Acid violence is distinctive because the harm is often intended to continue long after the assault. Survivors may experience permanent disfigurement, loss of vision, chronic pain, repeated reconstructive procedures, acquired disability, psychological trauma, social isolation and loss of livelihood. Peer-reviewed research on Pakistani survivors has repeatedly shown that the consequences extend well beyond physical injury into family life, employment, education and social participation.¹

The violence is also frequently gendered. Pakistani evidence links attacks to rejected marriage proposals, relationship breakdown, domestic conflict, unwanted sexual advances and attempts to punish women for exercising autonomy. The Supreme Court of Pakistan's June 2026 judgment similarly located acid violence within patterns of patriarchal control and emphasised that such attacks can be intended to alter not only the body, but the survivor's identity, appearance and ability to participate in society.²

At the same time, acid violence should not be reduced to a single motive or victim profile. Small clinical studies from Pakistan show that family and property disputes, revenge and relationship breakdown can all feature in reported cases. The policy response therefore needs both a gender-sensitive analysis and better case-specific data rather than assumptions about every attack.³

The issue engages constitutional protections concerning life, dignity, equality and non-discrimination, and intersects with Pakistan's obligations under CEDAW and the Convention on the Rights of Persons with Disabilities. Where an attack causes permanent impairment or excludes a survivor from education, employment, healthcare or public life, the State's responsibility cannot end with conviction of the offender.⁴

"When you lose your face, you lose the whole world and what hurts you more when your own child gets terrified by seeing the void in place of your face."
— Kanwal Qayyum, an acid attack survivor, speaking on the emotional and physical toll of the violence.⁵

This is not an isolated sentiment. Pakistani studies of acid-attack survivors have documented associations between stigma, isolation, depression, post-traumatic stress and suicidal ideation.

¹ F. N. Yousaf and B. Purkayastha, "Beyond saving faces: Survivors of acid attacks in Pakistan," *Women's Studies International Forum* 54 (2016): 11–19, doi:10.1016/j.wsif.2015.10.003; Rabia Qazi et al., "Psychosocial correlates of suicidal ideation in acid attack survivors," *Pakistan Journal of Physiology* 15, no. 4 (2019): 31–34.

² Nasir Iqbal, "'Worse than homicide': SC terms acid attacks tool of patriarchy," *Dawn*, 9 June 2026.

³ Tahira Hafeez et al., "Frequency of acid assault in males among burn patients presenting at Jinnah Burn and Reconstructive Surgery Center (JB&RSC), Lahore, Pakistan: A cross sectional study," *Journal of the Pakistan Medical Association* 69, no. 9 (2019): 1299–1302.

⁴ Constitution of the Islamic Republic of Pakistan, especially arts. 9, 14 and 25; UN Treaty Body Database, Pakistan ratification status. Pakistan is a State party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 5 July 2011.

⁵ Hasan Mansoor, "Losing soul after face hurts more, says acid attack victim," *Dawn*, 1 February 2014.

A *Pakistan Journal of Physiology* study of 35 survivors found significant associations between isolation and suicidal ideation and between stigma and poorer social functioning; a small randomised controlled trial involving 16 female survivors also reported improvements in several psychological outcomes following a structured intervention. While these studies are small and should not be treated as prevalence estimates, they demonstrate the need for sustained psychosocial care.⁶

Central Argument

Pakistan has criminalised acid violence more comprehensively than it has regulated the means by which it is committed or addressed the long-term consequences for survivors.

The next phase of reform should therefore connect prevention, protection and reintegration.

⁶ Qazi et al., “Psychosocial correlates of suicidal ideation”; Zaineb Haroon et al., “A randomized controlled trial of a forgiveness intervention program with female acid attack survivors in Pakistan,” *Clinical Psychology & Psychotherapy* 28, no. 4 (2021): 917–928, doi:10.1002/cpp.2545.

2. Pakistan's Response: Strong Criminalisation, Uneven Systems

The Criminal Law (Second Amendment) Act, 2011 (Act XXV of 2011) inserted sections 336-A and 336-B into the Pakistan Penal Code and created a specific penal response to hurt caused by corrosive substances. Section 336-B provides for life imprisonment or imprisonment of not less than fourteen years, together with a minimum fine of Rs1 million. The offence was also made non-compoundable.⁷

The 2011 reform was significant, but it was principally a criminal-law intervention. It did not establish a uniform national system for controlling corrosive substances or guarantee the full range of survivor entitlements required after an attack. Subsequent developments have filled some of these gaps unevenly.

Instrument / development	Verified status	Primary contribution	Policy significance
Criminal Law (Second Amendment) Act, 2011 (XXV of 2011)	In force nationally	Sections 336-A and 336-B; 14 years to life imprisonment; minimum fine of Rs1 million; offence non-compoundable. ⁸	Established a strong punitive baseline.
Acid and Burn Crime Bill, 2018 (ICT)	Passed by the National Assembly; lapsed before enactment	Proposed treatment, rehabilitation, legal support and expedited justice for acid and burn survivors. ⁹	Important domestic legislative precedent for a survivor-centred approach, but not an existing statutory entitlement.
Acid and Burn Crime Bill, 2024/2025	Passed by the National Assembly; final enactment not verified in current parliamentary record	Renewed the effort to establish a comprehensive acid-and-burn crime framework. ¹⁰	Shows continuing legislative recognition of gaps beyond the criminal offence.
Punjab Acid Control Act, 2025 (XXVI of 2025)	Enacted; Punjab Gazette, 2 May 2025	Regulates the business of acid, including distribution, sale,	Shifted policy upstream towards prevention and supply-chain control.

⁷ Criminal Law (Second Amendment) Act, 2011 (Act XXV of 2011), s. 336-B and amendment to Schedule II of the Code of Criminal Procedure.

⁸ Criminal Law (Second Amendment) Act, 2011 (Act XXV of 2011), ss. 336-A–336-B and Schedule II amendment to the Code of Criminal Procedure.

⁹ Senate of Pakistan, parliamentary record, “The Acid and Burn Crime Bill, 2018,” showing passage by the National Assembly on 8 May 2018 and lapse on dissolution of the National Assembly on 31 May 2018; Radio Pakistan, “NA passes bill to support victims of acid attacks,” 9 May 2018

¹⁰ Senate of Pakistan, parliamentary record, “The Acid and Burn Crime Bill, 2025,” received from the National Assembly on 12 August 2025 and laid in the Senate on 21 August 2025. The current Senate record does not show final enactment.

		storage and transportation. ¹¹	
Supreme Court judgment, June 2026	Judgment delivered	Recommended tighter sales controls, digital monitoring, rehabilitation funding, disability inclusion and long-term medical and psychological care. ¹²	Judicially reinforced a prevention-and-rehabilitation approach.

The policy problem is therefore fragmentation rather than a complete absence of law, and implementation rather than recognition. Different parts of an effective response have developed through different legal and policy routes: strong criminalisation at the national level, enacted supply-chain regulation in Punjab, repeated parliamentary proposals for a more comprehensive survivor-centred framework in ICT, and recent Supreme Court recommendations addressing regulation, rehabilitation and disability inclusion. Prevention and survivor protection nevertheless remain uneven across jurisdictions.

The July 2026 litigation before the Peshawar High Court seeking licensing and verification requirements for acid sales in Khyber Pakhtunkhwa illustrates the continuing gap between severe criminal punishment and preventive regulation.¹³

The Policy Gap

Pakistan does not need another duplicate criminal offence. It needs a connected framework that links control of corrosive substances, institutional response and long-term survivor protection.

¹¹ Government of the Punjab, notification dated 12 August 2025 amending the Punjab Government Rules of Business 2011, identifying “The Punjab Acid Control Act 2025 (XXVI of 2025)” under the Home Department; Punjab Commission on the Status of Women, Punjab Gender Parity Report 2023 & 2024.

¹² Nasir Iqbal, “‘Worse than homicide’: SC terms acid attacks tool of patriarchy,” Dawn, 9 June 2026.

¹³ Bureau Report, “Peshawar High Court seeks govt response to plea for regulating acid sale,” Dawn, 18 July 2026.

3. Why Criminalisation Has Not Been Enough

3.1 Gendered control and retaliation

Acid violence occurs within a wider environment of gender-based violence and unequal power relations. According to the Pakistan Demographic and Health Survey 2017–18, 28 per cent of women aged 15–49 had experienced physical violence; among ever-married women, 34 per cent had experienced spousal physical, sexual or emotional violence. Of women who had experienced physical or sexual violence, 56 per cent had neither sought help nor told anyone.¹⁴

Acid-specific research and institutional reporting link attacks to rejection, relationship breakdown, domestic conflict and attempts to punish autonomy. These patterns point to coercive control and perceived entitlement as important drivers. Prevention therefore has to begin before an attack, including when harassment, stalking, threats or escalating domestic violence become visible.¹⁵

“The monster who attacked me wanted to remove my eyes because everyone likes my eyes... but Allah saved me.”
— Suman Ali¹⁶

3.2 Access to corrosive substances

An acid attack requires access to a corrosive substance. Because acids have legitimate uses in batteries, laboratories, agriculture, textile processing and other industries, the policy objective cannot be blanket prohibition. It must be traceability: knowing who is authorized to sell, who purchases, how stock is stored, and whether loss or diversion can be detected.¹⁷

This shifts the prevention question from the severity of punishment after an attack to the governance of risk before it.

3.3 Weak certainty of accountability

Deterrence depends not only on sentence severity but on the likelihood that an offence will be effectively investigated and prosecuted. Available monitoring has historically shown gaps between FIR registration and prosecution, while broader UN assessments of gender-based violence in Pakistan continue to identify weak implementation and professional capacity as recurring concerns.¹⁸

¹⁴ National Institute of Population Studies (NIPS) [Pakistan] and ICF, Pakistan Demographic and Health Survey 2017–18, Summary Report, p. 15.

¹⁵ Yousaf and Purkayastha, “Beyond saving faces”; Iqbal, “‘Worse than homicide’,” Dawn, 9 June 2026.

¹⁶ Farhad Mirza and Sophie K Rosa, “‘That post saved my life’: social media offers new hope of justice in Pakistan,” *The Guardian*, 26 October 2017.

¹⁷ Sindh Integrated Emergency & Health Services (SIEHS), “150 Rupees for a Lifetime of Scars: Why We Must Control Acid Sales,” 2026

¹⁸ Acid Survivors Foundation monitoring reported in APP/The News, 5 August 2019

Competent acid-violence investigation requires more than generic gender-sensitisation. It can require forensic examination of containers and substances, tracing the source of acid, documenting injuries, investigating prior threats, preserving CCTV or digital evidence, and coordination between police, prosecution and medico-legal services. The Supreme Court's June 2026 judgment specifically directed expedited trials, reflecting judicial recognition that delays in the criminal justice system undermine both accountability and deterrence.

"I can't say anything about the future...maybe I won't be alive. I will try, for my kids, to get back to how I was. I have to work to build a future for them. If I can't I'll do what one or two other girls have done. They killed themselves."- Shama

The words of Shama are tragically echoed in the story of Fakhra Younis. A former dancer, Fakhra was attacked with acid by her husband, an ex-MPA and son of a former Punjab governor, in 2000 . The attack happened after she left him due to domestic violence and his previous marriages. She underwent 39 reconstructive surgeries in Italy, where she was provided care by the Italian government for 12 years . Despite this extensive medical support, she continued to suffer. Fakhra Younis ended her 12-year struggle by jumping from the sixth floor of her apartment in Rome . She left a suicide note stating that she was ending her life because of "the silence of law on the atrocities and insensitivity of Pakistani rulers".¹⁹

3.4 The invisible problem: underreporting and missing data

Publicly available national data do not currently provide a comprehensive acid-specific system capable of following cases from incident to final outcome. The National Police Bureau's Gender Crime Cell compiles annual data on acid throwing cases from FIRs, court records, and other sources but these figures primarily capture reported incidents rather than tracking cases through the justice system or linking to survivor outcomes.

Current knowledge is assembled unevenly from police figures, NGO monitoring, hospital records, court cases and media reporting. The National Police Bureau already has a mandate to maintain national crime data, and its National Crime Data Analytics Unit provides an existing institutional architecture through which standardised acid-violence case tracking could be developed rather than creating a wholly separate database.²⁰

Publicly available national data do not currently allow five basic questions to be answered consistently

How many attacks occur? Where did the acid come from? How many cases reach prosecution and final judgment? How many survivors receive compensation? How many receive long-term rehabilitation?

The absence of reliable national data is therefore not simply a research limitation. It is an accountability deficit: a system cannot be evaluated if the State cannot consistently measure where cases are lost, delayed or left unsupported. The gap is not that Pakistan has no data at

¹⁹ Orla Guerin, "Pakistani Women's Lives Destroyed by Acid Attacks," *BBC News*, 19 April 2012

²⁰ National Police Bureau, "Functions," stating that the Bureau maintains national Crime and Trafficking in Persons databases; National Police Bureau, "National Crime Data Analytics Unit (NCDAU)"

all, it is that the data Pakistan collects is not standardised, not linked across institutions, and does not follow cases from incident through prosecution to rehabilitation.

Two connected journeys

Acid lifecycle	Survivor pathway
Manufacture / import → distribution → purchase → storage → diversion → attack	Attack → first response → hospital → police → prosecution → rehabilitation → education / work → reintegration
Key policy question: can the substance be traced and controlled before misuse?	Key policy question: can the survivor move through the system without falling through institutional gaps?

Pakistan currently regulates parts of both journeys, but not yet as a connected system. That is the implementation deficit.

4. Where the System Breaks

A. Prevent

4.1 From point-of-sale control to lifecycle traceability

Regulation should follow corrosive substances across their lifecycle, not only at the final retail transaction. For instance, the Punjab Acid Control Act 2025 already requires retail licensing, purchaser verification, and stock reporting, a significant step forward but this does not address industrial theft, workplace diversion, and black-market channels.

A preventive system should be capable of tracking manufacture or lawful acquisition, distribution, commercial purchase, storage, internal transfer, disposal, theft and unexplained loss.

- license manufacturers, distributors and retailers handling controlled corrosive substances;
- verify purchasers and retain transaction records;
- conduct risk-based inspections of licensed premises;
- require secure storage and periodic stock reconciliation;
- require prompt reporting of theft, loss and unexplained diversion;
- permit investigators, where acid is recovered, to trace it backwards through the lawful supply chain.

4.2 Corporate and industrial due diligence

Acid-control policy should not assume that risk begins and ends with a small retailer. Industrial and institutional users may lawfully possess significant quantities of corrosive substances. Proportionate due-diligence requirements should therefore include inventory records, restricted access, designated responsible personnel, documentation of transfer and disposal, staff training and mandatory reporting of stock discrepancies.

The principle is not automatic liability for legitimate users. It is reasonable accountability proportionate to the risk associated with hazardous substances.

4.3 Institutional and workplace safety

The June 2026 attack on Dr Mahnoor Nasir while she was on duty at Civil Hospital Quetta demonstrates that acid violence can occur inside workplaces and public institutions. The case illustrates the need to treat chemical assault as a workplace and institutional safety concern. More broadly, where harassment, stalking or threats precede serious violence, institutions should have mechanisms for recognising and escalating risk.²¹

²¹ Saleem Shahid, “Suspect killed after acid attack on female doctor,” Dawn, 7 June 2026; Dawn, “Doctors go on strike in Quetta over heinous acid attack,” 8 June 2026; Press Information Department, PR No. 47.

Hospitals, educational institutions and large workplaces do not necessarily need separate acid-attack policies. Chemical assault should instead be integrated into existing frameworks on harassment, workplace violence, occupational safety, security and emergency response.

4.4 Prevention through social norms

Regulating the weapon does not remove the motive. Prevention initiatives should therefore address coercive control, entitlement, harmful constructions of masculinity, gender stereotypes and the normalisation of violence in response to women's autonomy. Generic awareness messaging is unlikely to be sufficient where the underlying issue is the perceived legitimacy of controlling another person's choices.

B. Protect

4.5 Investigation and case management

Strong penalties have limited deterrent value if cases do not move effectively from complaint to investigation, prosecution and adjudication. Acid-violence investigation protocols should specify the operational tasks that matter: timely survivor and witness statements where medically appropriate; preservation and testing of corrosive substances; tracing of supply; medico-legal documentation; examination of prior threats; collection of CCTV or digital evidence; and coordination with prosecutors.

"Even if he [the attacker] gets caught, he'll pay police off and he'll get away with it in most parts of Pakistan...It's the easiest way to punish a woman. You can just throw acid and destroy her entire life in one second." – Marvi Memon²²

4.6 National data and standardised reporting

Acid violence should be integrated into the National Police Bureau's national crime-data architecture using a standardised acid-violence dataset that follows cases from incident through outcome rather than merely counting reported attacks. It should capture location, survivor demographics, alleged motive, relationship to the accused, type and source of corrosive substance, FIR status, arrest, prosecution, judgment, sentence, compensation and access to healthcare and rehabilitation. This would build on existing national crime-data functions rather than create a parallel bureaucracy.

The National Police Bureau / National Crime Data Analytics Unit, provincial police, prosecution departments, medico-legal services, courts where administratively feasible, and designated hospitals should work towards compatible definitions and reporting fields while protecting confidentiality and avoiding double counting.

4.7 Emergency response and referral

Acid violence is simultaneously a crime and a medical emergency. The first response can affect the extent of injury. Nationally recognised protocols should therefore cover immediate

²² Orla Guerin, "Pakistani Women's Lives Destroyed by Acid Attacks," *BBC News*, 19 April 2012

decontamination, burn and airway assessment, urgent eye assessment, referral criteria, transport to specialist services, medico-legal documentation and preservation of evidence without delaying treatment.²³

The transfer of Dr Mahnoor Nasir from Quetta to Karachi for specialised treatment illustrates why referral pathways matter. Access to appropriate care should operate as a system rather than depend on exceptional intervention.²⁴

4.8 Minimum standards for burn care

Survivors may require acute burn management, reconstructive surgery, ophthalmology, physiotherapy, scar and pain management, assistive services and psychological care over many years. The policy requirement is not identical specialist infrastructure in every district, but a functioning referral network and a minimum continuum of care available irrespective of geography or ability to pay.²⁵

C. Reintegrate

4.9 Acid violence as an acquired-disability issue

Acid violence may result in permanent visual, physical, sensory or psychosocial impairment. The Supreme Court's June 2026 judgment explicitly directed that survivors with lasting impairments be accommodated within disability quotas and called for national rehabilitation guidelines providing lifelong medical and mental healthcare. The Court also directed provincial governments to certify eligible survivors as persons with disabilities and link them to the Benazir Income Support Programme. These directions require administrative action to become operational. Survivors who meet the relevant legal criteria should therefore have a clear route into existing disability-protection systems rather than remain administratively visible only as victims in a criminal case.²⁶

- disability assessment and certification;
- assistive devices and reasonable accommodation;
- social-protection programmes;
- education support;
- skills and employment schemes;
- applicable employment quotas.

This does not mean categorising every survivor as a person with a disability. Eligibility should depend on individual impairment and the applicable legal framework.

²³ World Health Organization, “Burns,” first-aid guidance: chemical burns should be irrigated with large volumes of water and patients transported to an appropriate medical facility; NHS, “Acid and chemical burns,” reviewed 5 June 2024

²⁴ Dawn, “Doctors go on strike in Quetta over heinous acid attack,” 8 June 2026, reporting that Dr Mahnoor Nasir was shifted to Karachi and treated at Aga Khan University Hospital after initial treatment in Quetta

²⁵ NHS, “Acid and chemical burns,” reviewed 5 June 2024; Yousaf and Purkayastha, “Beyond saving faces,”

²⁶ Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Pakistan, CRPD/C/PAK/CO/1 (2026)

4.10 Long-term healthcare as continuity of care

Emergency stabilisation should be the beginning, not the end, of the healthcare response. Where clinically necessary, public support should extend to staged reconstruction, ophthalmological treatment, physiotherapy, pain and scar management, assistive services and psychological or psychiatric treatment.

A useful principle is clinical need rather than an arbitrary period after the attack.

4.11 Economic and educational reintegration

Acid violence can interrupt education, remove a survivor from employment and create long-term financial dependence. Rehabilitation should therefore include re-entry into education, flexible academic arrangements, reasonable accommodation, return-to-work support, vocational training, employment placement and livelihood assistance where necessary.²⁷

Economic reintegration should be treated as a rights and autonomy issue, not as an optional charitable intervention.

4.12 Psychosocial recovery and social participation

Pakistani studies of acid-attack survivors have documented associations between stigma, isolation, depression, post-traumatic stress and suicidal ideation. A Pakistan Journal of Physiology study of 35 survivors found significant associations between isolation and suicidal ideation and between stigma and poorer social functioning; a small randomised controlled trial involving 16 female survivors also reported improvements in several psychological outcomes following a structured intervention. These studies are small and should not be treated as prevalence estimates, but they demonstrate the need for sustained psychosocial care.²⁸

Minimum support should therefore include trauma-informed counselling, psychiatric assessment where indicated, suicide-risk screening, peer support and assistance with community reintegration. Psychosocial recovery should not be reduced to helping survivors 'accept' disfigurement; it must also address the exclusion and discrimination they may face.

²⁷ Yousaf and Purkayastha, "Beyond saving faces," documenting survivors' difficulties continuing education, employment and other social/economic activities and the resulting risk of dependency.

²⁸ Qazi et al., "Psychosocial correlates of suicidal ideation"; Haroon et al., "A randomized controlled trial of a forgiveness intervention program with female acid attack survivors in Pakistan."

5.A National Framework for Prevention, Protection and Reintegration

The next policy step should be the development of National Minimum Standards on Acid Regulation and Survivor Protection. These standards should not be understood as another federal criminal law or as a single uniform administrative model imposed on every province. They should operate as nationally agreed benchmarks that define the minimum outcomes every jurisdiction should secure, while allowing provinces to use their own legislation, rules, SOPs and administrative systems to meet them.

What would 'National Minimum Standards' mean?

A nationally agreed baseline, developed through federal-provincial consultation, that specifies the minimum safeguards and survivor entitlements that should exist everywhere. The standards would harmonise outcomes rather than duplicate existing provincial systems.

Pillar	Minimum standard	Primary responsibility	Measure of implementation
PREVENT	Traceable acid sales	Provincial Home Departments / designated licensing authorities	% licensed sellers inspected; purchaser records maintained
PREVENT	Industrial due diligence	Provincial Home Departments / designated regulators / industry	Inventory controls; loss/diversion reporting
PREVENT	Institutional safeguarding	Hospitals, educational institutions, employers	Threat escalation and emergency-response protocols
PROTECT	National case tracking	National Police Bureau / NCDAU, with provincial police and relevant prosecution, court and health authorities	Cases tracked from incident to final outcome using common fields
PROTECT	First-response and referral protocols	Health, rescue, police	Standard protocol in use; mapped referral facilities

PROTECT	Minimum burn-care pathway	Provincial health departments	Access to specialist treatment and continuity of care
REINTEGRATE	Disability inclusion	Disability / social-protection authorities	Eligible survivors certified and linked to supports
REINTEGRATE	Long-term rehabilitation	Health and social-protection departments	Continuing care based on clinical need
REINTEGRATE	Education and employment pathways	Education, labour and social-protection departments	Return-to-study/work and accommodation mechanisms

The Federal Government should convene a federal-provincial working mechanism to develop the Standards, with representation from the Ministries of Human Rights and Interior, the National Police Bureau, relevant federal health authorities, provincial Home and Health Departments, women-development and social-protection authorities, and other relevant institutions. Provinces would retain responsibility for translating the agreed baseline into their respective laws, rules, SOPs and administrative systems.

5.1 Implementation Challenges: Political Economy, Informal Markets, and Financing

No policy framework is credible without an honest assessment of the obstacles to implementation. Three challenges are particularly significant.

Political Economy and Federal-Provincial Coordination. The 18th Amendment devolved significant authority to provinces, creating a complex landscape for national coordination. The Punjab Acid Control Act 2025 is a positive step, but it also illustrates the risk of a fragmented response, Khyber Pakhtunkhwa is only now litigating for similar regulations. A national framework will require sustained political will, not merely technical agreement. The Federal Government must play a convening role without overreaching; provincial governments must see the Standards as a resource, not a mandate.²⁹

The Informal Economy. Acids have widespread legitimate uses, but they are also available through unregulated channels. The Society for International Economic and Health Studies (SIEHS) has documented that acid is often "sourced by stealing small amounts from workplaces, purchasing surplus stock from corrupt factory storekeepers, or buying unregulated industrial waste fluid." This reality means that licensing retailers, while necessary, is

²⁹ Committee on the Rights of Persons with Disabilities, CRPD/C/PAK/CO/1 (2026), recognizing legislative reform following the Eighteenth Constitutional Amendment; Government of Pakistan, CRPD/C/PAK/RQ/1 (2025), stating that disability rights were transferred to the provinces following the Amendment

insufficient. The framework must also address industrial due diligence, workplace security, and black-market diversion.³⁰

Costing and Financing. The proposals for long-term healthcare, rehabilitation, and the National Acid Survivors' Rehabilitation Fund are essential but will require substantial resources. The brief does not currently estimate these costs³¹. While precise figures would require a separate costing study, indicative funding mechanisms could include:

- A dedicated levy on the manufacture and sale of controlled corrosive substances, similar to pollution taxes, which would align the cost of regulation with the industry that profits from the product.
- Reallocation of existing social-protection and health budgets, with a portion of federal and provincial funds specifically designated for acid-attack survivors.
- International partnerships and donor contributions, particularly for capacity-building and specialist training, which could be mobilised through Pakistan's development partners.
- A portion of fines imposed on offenders (under Section 336-B) directed into a survivor rehabilitation fund.

Without a credible financing plan, the Standards risk becoming aspirational rather than operational. This is not a reason to delay action, the urgent need for better protection is undeniable, but it is a reason to begin costing and budgeting in parallel with standard-setting.

5.2 Five priority actions

1. **Agree National Minimum Standards:** The Federal Government, in consultation with provincial governments and relevant institutions, should develop nationally agreed minimum standards covering regulation, emergency response, justice, healthcare, rehabilitation, disability inclusion and socioeconomic reintegration.
2. **Build end-to-end traceability for controlled corrosive substances:** Provincial regulatory systems should combine licensing, purchaser verification, transaction records, inspections and industrial due diligence. The objective should be to make acid used in an attack traceable backwards through the lawful supply chain wherever reasonably possible.
3. **Expand existing crime-data systems to enable acid-violence case tracking:** The National Police Bureau's Gender Crime Cell already compiles incident data. The recommendation is to build on this foundation: working with provincial police, prosecution, court and health authorities to agree common definitions and reporting fields so cases can be followed from incident and FIR through prosecution, judgment, compensation and rehabilitation.
4. **Standardise first response, referral and minimum burn care:** Health, rescue and police authorities should develop practical emergency protocols, mapped referral pathways and minimum care expectations covering acute burns, ophthalmology, reconstruction, physiotherapy, pain and scar management and mental-health support.
5. **Implement the Supreme Court's rehabilitation directions:** The Court has already directed state-funded lifelong medical and psychological care, disability certification

³⁰ Sindh Integrated Emergency & Health Services (SIEHS), "150 Rupees for a Lifetime of Scars: Why We Must Control Acid Sales," 2026.

³¹ Iqbal, "'Worse than homicide'," Dawn, 9 June 2026. The Supreme Court urged federal and provincial governments to establish a National Acid Survivors' Rehabilitation Fund

and linkage to social protection, and a National Acid Survivors' Rehabilitation Fund. The priority is to operationalise these directions: clear pathways into rehabilitation, compensation, disability protection where eligible, continuing healthcare, education and employment support.

5.3 Proposed Implementation Horizon

Timeframe	Priority actions	Illustrative outputs
0–12 months	Map existing laws, licensing systems, referral facilities and available data; agree common case definitions; review existing first-response guidance and, where gaps exist, develop harmonised interim guidance.	National baseline mapping; common dataset fields; referral maps; harmonised frontline guidance where required.
1–2 years	Develop and adopt minimum standards; strengthen licensing and inspection; operationalise acid-violence case tracking within national crime-data systems; integrate survivor pathways into disability and social-protection systems.	Minimum standards; traceability requirements; operational case tracking; survivor referral pathways.
3–5 years	Evaluate compliance and outcomes; refine regulatory controls; address geographic service gaps.	Compliance reports; outcome indicators; revised standards based on evidence.

5.4 Illustrative indicators

- percentage of controlled-acid retailers licensed and inspected annually;
- percentage of acid-violence cases in which investigators examine and record the source of the corrosive substance;
- percentage of recovered corrosive substances whose lawful source can be successfully traced;
- proportion of reported cases proceeding from FIR to prosecution and final judgment;
- median time from FIR to final disposition;
- percentage of survivors reaching an appropriate specialist referral facility;
- percentage of compensation orders actually received within a defined period;
- percentage of survivors requiring continuing treatment who remain in care;
- percentage of eligible survivors successfully linked to disability, education or employment support.

A policy window: Supreme Court of Pakistan, June 2026

The Court's recommendations and directions on tighter acid-sale controls, digital monitoring, expedited trials, rehabilitation funding, disability inclusion and long-term medical and psychological support create an important opportunity to translate existing legal recognition into a coordinated implementation framework.

Legal-status note: The 2018 ICT measure is treated in this brief as a legislative precedent, not an enacted Act: it passed the National Assembly but lapsed before enactment. The Punjab Acid Control Act 2025 (XXVI of 2025) is treated as enacted law. The June 2026 Supreme Court judgment contains judicial recommendations and directions; this brief distinguishes between what the Court has ordered and what has been implemented by government. The brief argues for implementation of existing directions and harmonisation of existing frameworks, not for new criminal offences or legislation where adequate frameworks already exist.

Conclusion

Pakistan has already demonstrated that acid violence warrants one of the strongest responses in its criminal law. The unresolved challenge is the distance between formal legal prohibition and lived protection.

An effective response must be able to act before, during and long after an attack: before, by controlling access to corrosive substances and recognising escalating threats; during and immediately after, through competent investigation, emergency treatment and referral; and afterwards, through rehabilitation, disability inclusion, education, employment and psychosocial support.

National Minimum Standards on Acid Regulation and Survivor Protection would provide a practical way to connect these stages without duplicating existing criminal law or erasing provincial responsibility. The objective is not uniform bureaucracy, but a uniform floor of protection.

The measure of an effective response to acid violence is not only the sentence imposed on an offender, but whether the State prevents avoidable attacks, responds competently when they occur, and enables survivors to rebuild their lives.



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