

RIISING FROM THE FLAMES

**Study of violence survivors due to
burn injury Uttar Pradesh**



Humsafar Support Centre for Women, Youth and Queer Lucknow

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Humsafar-support centre
for women, Lucknow

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[BURN STUDY IN UTTAR PRADESH]

Study of violence committed upon women through burning in the State of Uttar Pradesh

ACKNOWLEDGEMENT

This BURN STUDY is the outcome of the women burn survivors residing in various parts of the State of Uttar Pradesh, who courageously shared their painful memories with HUMSAFAR.

We also wish to thank like-minded organizations and individuals from Uttar Pradesh who have supported us in contacting these women who faced burn injuries.

Thanks are also due to ... who gave their valuable inputs in finalisation of this report.

We resolve to continue our struggle and support women who waging a battle for their rights.

HUMSAFAR Team

Lucknow, November, 2019

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There is a girl

She is wise

And wary of flames

But still, she knows

She will survive the fire

Life scorches sometimes.

She has been the phoenix before

And every time

She burns to ashes

She knows

Exactly how to rise

Again

--- Jeanette Leblanc

PART 1: Executive Summary

“This is the ‘peculiarity’ of this village that women here are burnt alive or hanged or forced to commit suicide through self-immolation without police interference. *Pradhan* or other imminent people of the village take care of the situation and hush up the matter. Women’s life is worthless in this village.”

Statement of a survivor

Death by burning is an execution method has long history as a form of capital punishment and many societies have employed it for criminal activities such as treason, heresy and witchcraft. From ancient Rome to Hebraic tradition, from Portugal to Egypt history has many instances of women been punished by burning. The very famous historical example is of Joan The Arc.

Burning as a means to commit violence upon women is not new to Indian society. The most famous story is of Goddess Sita who was ask to enter flames to prove her chastity by Lord Ram is told in every Hindu household. In pre-independence era when women were burnt alive at the pyre of their husbands and has now, taken the shape wherein women are being burnt to satisfy the greed of their marital family or for exercising their right to sexual autonomy. Though initially not proclaimed as penal offence, the persistence protests compelled the State to declare burning of women as penal offences.

A study was conducted in the State of Uttar Pradesh (UP) to examine the prevalence of violence committed upon women by burning. The study began with identification of women who suffer burn and are willing to be interviewed about the same in various districts of UP. To locate these women, assistance was sought from various women’s right organisations working in different parts of the State of Uttar Pradesh. In this manner, 60 burn survivors were interviewed from 10 districts of UP.

Out of the total sample, 22% women were deliberately set upon fire whereas in 78% cases they were forced to commit self-immolation. Out of the 22% cases where women were deliberately set upon fire, in 83% cases, it is the husband who set women on fire. Similarly, in cases of suicide the role of instigator was also examined and it has been found that in 93% cases it is again the husband who forced woman towards self-immolation whereas in 7% cases it is the son.

As per the study, burning a woman is a life-long phenomenon. Women suffer burning from childhood (12) to old age (55). However, under the study it has been found that 65% cases of burning occur when women are within the age range of 18 to 30 years. In 73% cases it is the domestic violence perpetuated upon women which resulted into burning. Out of the domestic violence, 20% women set themselves on fire due to sexual violence perpetuated upon them immediately before the incident of burning.

Mala is 18 years old girl who lives in Bareilly district. Her elder brother is very abusive towards her and beats her regularly but parents never reprimanded him for his behaviour. 6 years ago when she was only 12 years of age, a woman from the *Mohalla* complained to her brother that she has seen Mala talking to a boy. He came home in a very angry state and threw a burning lamp on Mala to teach her a lesson. When she started burning, he didn't even come to her rescue. Mala sustained 50% burn injuries. No FIR or any case was registered against his brother. Her brother's behaviour is still the same and she has no choice but to live in such abusive conditions.

Of the 60 women interviewed, in 74% cases women suffer more than 40% burn injuries. Of all the burn survivors interviewed, 83% survivors were able to receive institutional care for their injuries through hospital whereas in rest of the cases, treatment was availed from home. Out of the 83% women who went to a Hospital, only 50% were taken to a Government Hospital, the rest were taken to private hospitals. These figures are not representative of all the burns cases in Uttar Pradesh because

- (a) The study only included the survivors. This sample does not include those who succumbed to their burn injuries and;
- (b) The sample is also biased in terms of our ability to reach out and find burn survivors and their willingness to participate in the study.

Despite a large proportion of survivors reaching the institutional care, only in 15% cases basic medicines and food was provided to the survivors by the Government Hospitals whereas in 28% cases no support of any kind was provided from the hospitals. Only at Saharanpur district, the hospital provided full medical and financial support to the survivors. No monetary compensation or benefit under any other welfare scheme is being availed by these survivors.

Survey showed the lackadaisical attitude of police in dealing with crimes occurring within the domestic sphere by revealing that only in 13% cases police intervention was sought. Out of these, in 5% cases FIR has been lodged, in another 5% cases written complaints has been made and in 3% cases police simply refused to register the FIR or consider the complaint. Out of 5% cases wherein FIR has been registered, arrest has been made but police solved these cases through mediation wherein a compromise has been reached and couple were made to live together. In 3% cases police refused to consider the

complaint, there was one particular case, where it was the police personnel who got the woman admitted to the hospital as she ran into the police station after sustaining burn injuries still they refused to register the case because husband paid them the requisite bribe. Here, one has to bear in mind the fact that burning a woman could be construed as attempt to murder which is a non-compoundable offence, and hence the accused (in most cases, the husband) makes every attempt to either not have the case filed or subvert the law once the case is filed.

In case of burn injuries the first responders are the medical practitioners or Doctors who are duty bound to inform the police about every case involving suspicious circumstances. Keeping this in mind, it is surprising to note that though 83% cases of burn were treated in hospitals (50% in Government hospital) still only in 13% cases, police was forced to intervene, that too on account of the efforts made by woman's relatives. This means both duty-bearers – the doctors and the police are not adhering to their obligations.

The women suffering burn violence had to deal with various health issues. These include vision loss, hearing loss, memory loss, amputation and other disfigurement of body along with chronic anaemia, weakness etc. In 18% cases a surgery is required, but either due to poor economic condition or husband's unwillingness, is still pending.

Economically 58% of the survivors are fully dependent upon their family. 8% burn survivors are living separately from their husbands after the incident. Out of these, only one burn survivor is fully supported by her natal family, whereas, the remaining are working and earning and looking after themselves and their children. Here, one need to realise that most of these burn survivors are married women within the age group of 18-30 years. Half of them are just literate and totally dependent upon their husbands for livelihood. If one thinks from the point of view of their natal family, the situation is grim, they had just spent a sizable amount in getting her married, now, she has survived burn injury, which, needs long-term medical care that require investment of both money and constant personal care. In addition, she may also have children which also require the same amount of care due to their innocent age. For her natal family, she has just become a huge liability, so, though the natal family is willing to take care of her in emergency mode, they are not ready to accept her responsibility for long term and hence, they hide behind the so-called custom that "*a woman's place is with her husband*". The husband, on the other hand, takes the woman back in, but in most cases, the requisite medical procedures for treating the after-effects of burning, are not undertaken. This coupled with very low level of FIRs filed by the survivor or her family, indicates that there might be a compromise being achieved between the two families, with the natal family agreeing to withhold filing any charges, while the

husband agrees to take the woman and her children back in. The woman, on the other hand, has no economic fallback mechanism to enable her to stand up for her rights. All in all, nobody wants to take the responsibility of her for the longer period.

In India, for the first time, National Health Policy 2017 identifies gender based violence as priority area under 'Nirbhaya Nari' under which thrust is on "women's access to healthcare needs to be strengthened by making public hospitals more women friendly and ensuring that the staff have orientation to gender – sensitivity issues. The policy notes with concern the serious and wide ranging consequences of gender based violence (GBV) and recommends that the health care to the survivors/ victims need to be provided free and with dignity in the public and private sector¹.

In addition, government has formulated no scheme to address the issue of burn survivors' short-term or long-term rehabilitation. The National Programme for Prevention and Management of Burn Injuries (NPPMBI) is yet to take off in Uttar Pradesh. Thus, left with no option, women were forced to go back to their husband's home to live in the same violent situation and face trauma daily. The situation emboldens the husband to continue the violent behaviour as now he knows that no matter how much violence he could perpetuate, woman has no option left but to suffer.

A lot of recommendations have been made at policy and administrative level so as to reduce the commission of this offence and to improve the medical treatment and other rehabilitation facilities for the survivors.

¹ Point 6 on page 14 of National Health Policy

PART 2: PROLOGUE

I. CONTEXT

Out of 5 burn victims, 4 are women and children.

*(Source: National Health Portal, as viewed on 16.08.2019 at
<https://www.nhp.gov.in/disease/skin/burns>*

Violence against women (VAW) is a global gender, health and human rights issue that transcends geography, class, culture, age, race and religion to affect every community and country in every corner of the world. The UN Declaration on the Elimination of Violence against women defines ‘violence against women’ as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

In India, this continuum of violence perpetuated upon women begins as early as conception (before birth), manifested in gender biased sex selection and continues to accompany a woman in her entire journey from being a girl child, to old age and marks her entire life regardless of who she is and where she comes from.

One of the most painful and common kind of violence perpetuated upon woman is burning a woman alive or instigating self-immolation. As per World Health Organisation (WHO), burns are a global public health problem, accounting for an estimated 18,00,00 deaths annually². In addition, non-fatal burns are a leading cause of morbidity, including prolonged hospitalization, disfigurement and disability. Out of these, 95% of death occur on account of burn injuries that took place in developing countries, out of which 57% took place in Southeast Asia. In 1998, India was the only country in the world where fire was among 15 leading causes of death as per WHO³.

² <https://www.who.int/en/news-room/fact-sheets/detail/burns> as viewed on 05.08.2019

³ Source: Page 1 of ‘Gendered Pattern of Burn Injuries in India: a neglected health issue by Padma Bhate- Deosthali and Lakshmi Lingam

II. BURN INJURIES – INTRODUCTION, WHY, HOW

“One became traumatised while looking at Maya. Burn injuries suffered upon the face and hands severely restricted her abilities due to which she is unable to speak properly and only one hand is functional.”

A Researcher’s reminiscence

India, the second most populous country in the world with over 125 crore people, has an estimated annual burn incidence of 6-7 million. This is based on a data from the major hospitals in India & when extrapolated to whole of the country, burn remains the second largest group of injuries after road accidents. Nearly 10% of these are life threatening and require hospitalization. Approximately 25% of those hospitalized succumb to their injuries. Nearly 1 to 1.5 lakh people die from burns & nearly 2.8 lakh people get crippled, require multiple surgeries and prolonged rehabilitation. Out of 5 burn victims, 4 are women and children.

70% percent of the burn victims are in most productive age group of 15 to 40 years and most of the patients belong to poor socioeconomic strata. India is among few countries in the world where there is very high incidence of burns and is probably still showing a rising trend. This is unlike any developed countries, where the incidence of burn and extent are decreasing significantly.⁴

A person could suffer burn from one of the following:

- **Flames:** Due to leaking gas pipe or cylinder or due to use of kerosene pressure stove.
- **Scalds:** Scald occurs when someone ventures near a vessel containing hot liquid and spills it on himself or herself.
- **Chemicals:** Chemical burn is caused by corrosive substances such as acids and alkalis and is known to cause significant tissue damage when they come in contact with skin surface. It is mostly used to maim or disfigure a women.
- **Electrical:** By touching or forcing a live wire or socket upon women

⁴ Source: Please refer para 1 and 2 of page 3 of Practical Handbook of Burns Management for National Programme for Prevention, Management and Rehabilitation of Burn Injuries (NPPMRBI)

III. SCALE AND MAGNITUDE

Out of every 6 suicide, 1 is committed by a 'housewife'

Source: Snapshots 2015 (Accidental Deaths and Suicide in India 2015 by NCRB)

To examine the scale and magnitude of violence committed upon women by burning, two reports of National Crime Records Bureau (NCRB) were examined namely 'Crime in India' and 'Accidental Deaths and Suicides in India (ADSI)'. These NCRB reports⁵ provides a useful insight on how burning is utilized as a tool to commit violence against women.

MODE OF BURNING

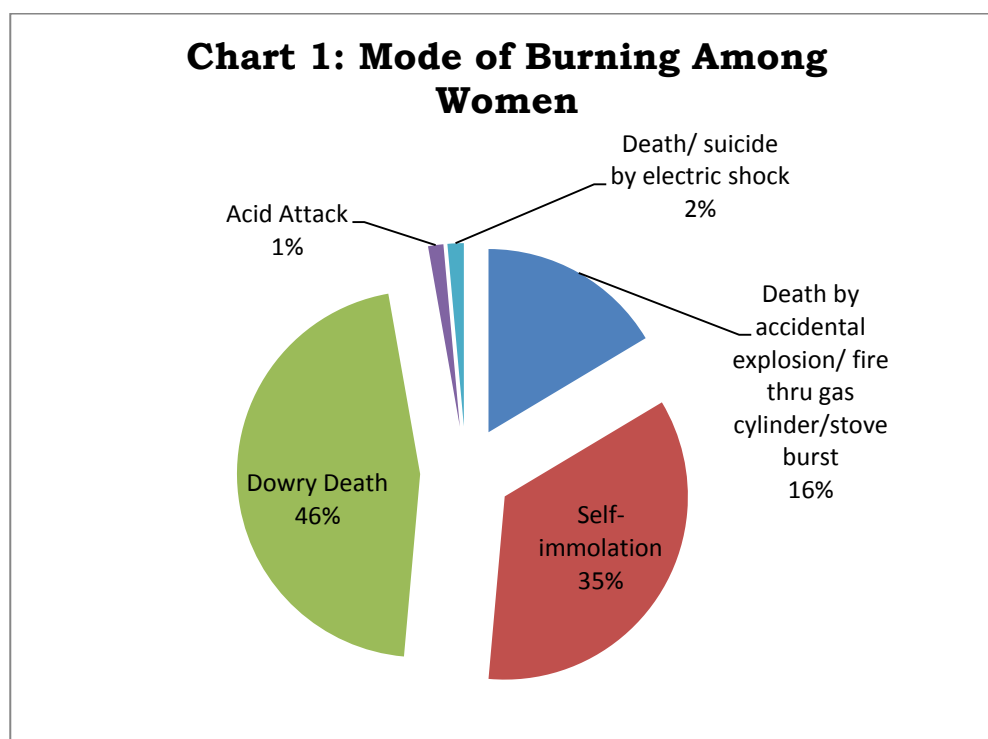
The report states that out of every 6 suicide 1 is committed by a 'housewife' and 'self-immolation' or 'putting oneself upon fire' is one of the major methods of committing suicide. As per the reports, following number of women suffered burning through following means:

TABLE I		
[Death by Accidental Explosion (Domestic Gas Cylinder Explosion)]	Year 2015	
	Male	Female
Persons Injured	55	22
Persons Died	115	152
Death by Accidental Fire (Cooking gas cylinder or stove burst)	Male	Female
Persons Injured	29	54
Persons Died	816	2,584
Death by Accidental Fire (Electric Short Circuit)	Male	Female

⁵ The report has utilised the data from NCRB Reports of 2015 as in the year 2016 the report on Accidental Death and Suicide was not published.

Persons Injured	244	79
Persons Died	1,833	422
Suicide by Fire/ Self-Immolation	3,723	5,832
Suicide by Touching Electric Wire	715	239
Acid Attack (S. 326A-B)	-	225 ⁶ (2016)
Dowry Death (Section 304B)	-	7,634
Total	7,530	17,243

The below graph clearly showcases that out of the total women who were burnt, 16% suffered burn injuries or death on account of stove burst (which could be an accident or otherwise), 35% put themselves on fire, 46% suffered bride burning or dowry death and 1% suffered burning on account of acid. ***It may not be an overstatement to state that most of these women were put on fire or were placed in a situation where they had no other choice but to set themselves on fire (approximately 51%).***



⁶ As the 2015 report do not provide the details of acid attack committed against women, the same is taken from 2016 report.

It is interesting to note that the method of burning is utilized across the country, however majority of the victims are from Tamil Nadu and Madhya Pradesh. In addition, the top ten States where women suffer burning are as follows:

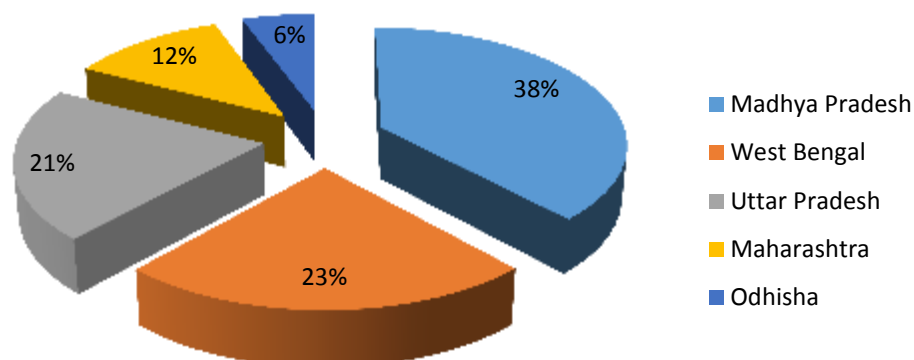
TABLE II			
States	No. of women dying in cooking gas cylinder or stove burst	States	No of Women committing self-immolation
Gujarat	720	Tamil Nadu	967
Tamil Nadu	295	Madhya Pradesh	731
Madhya Pradesh	267	Telangana	707
Karnataka	263	Maharashtra	663
Rajasthan	170	Chhattisgarh	526
Uttar Pradesh	62	Uttar Pradesh	211

Reasons Behind Burning

As per the information provided in ADSI report, out of the total suicide committed in 2015, 31.5% were committed by women⁷. Among women, suicide on account of ‘dowry related issues’ is one of key reasons. In the year 2015, total 1801 women committed suicide on account of the greed of their marital family which resulted in dowry demands. While examining state-wise data on women committing suicide due to dowry, it has been noticed that Madhya Pradesh, West Bengal, Uttar Pradesh, Maharashtra and Odisha are the top five states wherein women are committing suicide due to dowry.

⁷ Source: ‘Suicide Victims by Sex and Age Group’ on Page 199 of Accidental Death and Suicide Report, 2015

Chart 2: Top five States reporting suicide by women due to dowry related issues



From studying chart 2, it came to the notice that more than 55% of these suicides have been reported from the State of Madhya Pradesh and Uttar Pradesh.

Here, it is relevant to mention that these are the cases which were reported to the police authorities. There may be many cases which fail to come to the notice of law enforcement authorities on account of blatant impunity provided to perpetrators of such crimes or on account of non-reporting.

PART 3: AIMS AND OBJECTIVES

This study aims to examine violence committed upon women by burning, specifically in the State of Uttar Pradesh with an attempt to trace the history of recognition of burning as a specific and horrific violence committed upon women in the national perspective.

The study was conducted with these objectives

- To understand the reasons, story and compulsions leading to burn injury/incident.
- To know the support and problems they faced to access medical treatment, monetary compensation, police help, legal support.
- To understand their present economic, physical, medical, psychological status and their coping mechanism.
- To explore legal provisions to access justice for burn survivors and recommend probable legal intervention in light of challenges in filing the cases and accessing justice.
- To review any schemes and entitlements for burn survivors offered by Uttar Pradesh government and recommend probable support, intervention in light of the social and systemic oppression faced by the survivors.
- To do a broad based literature review on subject of burn survivors and exposure visit to PCVC centre running support system for burn survivors to develop strategy for intervention in Uttar Pradesh.

PART 4: METHODOLOGY & LIMITATIONS

I. METHODOLOGY

When choosing the method of sampling, researchers tend to make sure that the samples represent the general population. But there are some cases where we might need an inquiry on certain items that fulfil specific criteria. This is where **Purposive Sampling** is useful.

In purposive sampling, the items are selected in such manner that each of them is rich in information about the parameters that we are trying to study in the population.

There are several methods to obtain a Purposive sampling and for the purpose of this study, we have chosen **Criterion Purposive Sampling** method. This method selects those samples that satisfy certain specified criteria that help us to separate out the information rich samples.

This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell & Plano Clark, 2011). In addition to knowledge and experience, Bernard (2002) and Spradley (1979) note the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner.

Despite its wide use, there are numerous challenges in identifying and applying the appropriate purposeful sampling strategy in any study. For instance, the range of variation in a sample from which purposive sample is to be taken is often not really known at the outset of a study. To set as the goal the sampling of information-rich informants that cover the range of variation assumes one knows that range of variation. Literature review and pilot survey helped us to specify variables.

As our questionnaire was addressed to particular sample and had specific experience requirement (in this case, women who suffer burn injuries, and were willing to participate in the interview), Criterion purposive sampling helped us to select the sample for study.

Apart from sampling method our perspective is very critical in this methodology. This study is envisioned from feminist perspective and believes that violence against women as violation of rights and fundamental freedoms of women. We also strongly believe and support women's own agency and this study draws from survivors own oral narratives. Oral narratives are recognised as an essential method in data collection and opens scope for inclusion of women's experiences and voices. These narratives are then then analysed with

various variables such as caste, class, age, and religion and socio cultural practices to develop more comprehensive and composite understanding of social issues.

Area of the study

The study was conducted in 10 districts of Uttar Pradesh. Uttar Pradesh is divided in 4 regions and hence effort was made to reach out to all 4 regions to get the pan UP picture. The region wise and district wise bifurcation is as follows:

Table III: Region and District wise bifurcation

S. No.	No. of survivors Interviewed in various Districts		
	Region	District	No. of Cases
1	Western region	Bareilly	14
2		Muzaffarnagar	5
3		Saharanpur	7
4	Central region	Lucknow	16
5		Hardoi	2
6		Sitapur	7
7		Kanpur	4
8	Bundelkhand region	Unnao	1
9		Lalitpur	3
10	Eastern region	Varanasi	1

The study began with identification of women who suffer burn and are willing to participate in the interview for the same in various districts of UP. To locate these women, Humsafar approached various gender rights organisation to approach burn survivors from their area. The list of organisations which supported study by allowing us to approach burn survivors known to them are part of Annexure I.

Approaching medical hospitals and medical professionals- -Humsafar had decided to approach hospitals with burn wards and did approach 4 government hospital (3 in Lucknow and one in district Sitapur) and one private hospital specialised in burn injury treatment in Lucknow. Research team also met senior doctors in this respect.

For the purpose of interviewing a semi-structured questionnaire (Annexure II) was developed with the help of the team who have expertise on the issue of violence against women. The next step was to orient the team responsible to conduct interviews with such survivors. For this, a 6-member team was selected and oriented through a short workshop wherein understanding on the questionnaire was developed and protocols were explained with regard to interviewing burn survivors. Informed consent, protecting survivors privacy and confidentiality, empathy and sensitivity were guiding principles for research team.

II. LIMITATION AND CHALLENGES

Ethical Research Considerations

There are many limitation and challenges these teams faced. First challenge was to prepare them for interviewing burn survivors, whose whole body still bore the mark of burn injuries suffered with subsequent disabilities and disfigurements of the body. The interview of the survivor has to be conducted in a polite and empathetic manner without flinching or showing any expression of shock or horror. It was a mammoth task and team members at times felt like crying after interviews but were able to pass this barrier successfully.

For survivors, the major concern relates to apprehension that the interview may lead to re-opening of the case which is now closed. Therefore the family of the burn survivor (or she herself) were afraid that if the past is raked up it could open the case against her or the perpetrators with whom she is still living.

Another concern relates to the post-burning consequences upon the survivors; at times she was not willing to reminisce those painful memories. The recalling was really traumatic, and a lot of survivors cried and tried to shift the blame by claiming that the entire episode as accident, whereas the sequence of the event as narrated clearly showcase that it was not. In one particular case, survivor still didn't have the courage to tell her mother how she got burnt.

Moreover, in some cases husbands got very keen for the interview as they got the impression that survey is being done with the purpose to provide monetary relief. Team counter all such challenges and finally manage to conduct down 60 narratives of burn survivors.

Potential respondents for the study were identified through local Women's Rights Organizations, working in with communities for many years, undertaking various interventions, including direct and indirect support to VAW survivors. Hence, there is a past link with the respondents/ community where the respondents reside and they were not sought out merely for the

purpose of this study. If needed, the WROs are present in the community to provide any kind of support. Humsafar Support Centre has extended the offer to provide legal support to any of the respondents, should they express a desire to seek legal recourse, as a result of participating in these interviews.

The basic principle for inclusion of any respondent in the study was their own consent. In a number of cases, potential respondents identified by the partner WROs refused to participate in the study or indicated mid-way that she wanted to opt out of the interview, and their wish was fully respected.

Interviewers were provided extensive orientation on conducting the interviews in a safe, dignified and sensitive manner. All the interviewers were case workers from Humsafar support centre. Their experience of handling VAW cases ensured that they came with a degree of knowledge of the sensitivity around the interview and the potential danger that an interviewee might perceive in recounting her story.

The most critical problem was approaching burn units in hospitals. All the hospitals denied permission to access information from patients as they are bound by medical oath and legal obligation to not share medical information of patients. Though doctors shared some information they put the condition not to quote them. The information is shared in key finding session.

PART 5: LITERATURE REVIEW

INTRODUCTION

Burns have been described by the World Health Organization (WHO) as the 'forgotten global public health crisis.' 11 million people in a year suffer burns requiring medical attention. More women worldwide are severely burned each year than are diagnosed with HIV and TB combined. The global epicentre of burns is South-East Asia: of the 320,000 global deaths from fire related burns, over half (184,000) occur in this region. Two thirds of these burns affect females, primarily children and young women. In this region, more children die from severe burns than from HIV/AIDS, malaria and respiratory disease combined [WHO, 2008].

Burn represents an extremely stressful experience for both the burn victims as well as their families. Patients who suffer from extensive burn injuries frequently die, while others suffer from long hospitalization, multiple surgeries, and prolonged rehabilitations [Akhtar JM 2010]. Despite advances in injury prevention programs and precautionary measures, burn injuries still represent the fourth most common type of trauma following traffic accidents, falls and interpersonal violence [Ederer, 2019]. There are an estimated 7 million burn injuries in India annually of which 700,000 require hospital admission and 140,000 are fatal out of which 91,000 of these deaths are of women [Bhate-Deosthali, 2016].

The literature on burns has been of two kinds in India, medical or social. The first is written by doctors, forensic scientists or burns specialists whose papers are often retrospective studies using either autopsy/post-mortem reports or hospital records, percentage of burns, causes –suicide/homicide/accident and burns outcomes. The second is written by feminist writers, health researchers or by women's groups raising the issue of burning of women under the broad spectrum of violence perpetuated upon women.

Medical Literature Review

As per medical studies conducted in India age and gender play an important role in person getting burnt. Burns tend to occur more in certain age groups. Amongst children, accidental burns are common due to lack of awareness among children about dangerous substances and poor parental supervision in resource-poor settings where living environments are hazardous. Among males, burn injuries are related to exposure to hazardous situations largely outside home. For women, however, burn injuries and death are found to occur at home [Honnegowda TM, 2019, Vidhate, 2017]. The same has also been confirmed by studies conducted by Dhoble, 2019, Honnegowda TM, 2019, Panda, 2018, Masoodi, 2012, Chawla R, 2010.

Studies suggest that women more than men sustain burn injuries and death due to **accidents** occurring at home specifically within kitchen [Bhatnagar, 2019, Bhate-Deosthali, 2016, Shinde, 2013, Masoodi Z, 2012, Kumar M, 2004, Ambade VN, 2006] which is the traditional work area of an average Indian woman; **suicides** through self-immolation [Panda, 2018, Verma SK, 2016, Parry, 2015, Kumar S, 2013] or on account of **homicide** or deliberate setting up of a woman on fire on account of dowry demand [Verma RK, 2015].

While probing it further, the medical literature is of the opinion that women who sustain burn injuries and deaths are usually **married, illiterate (or having primary level education) women of reproductive age (21-40)** hailing from **low socio-economic background** from **Hindu religious community** [Dhoble, 2019, Naik L, 2019, Kumar, 2018, Parry, 2018, Panda, 2018, Verma SK, 2016, Akhter JM, 2010].

Flame was the most common cause of injury among women occurring at home due to employment of unsafe cooking practices or wearing loose clothes while working near fire in the kitchen [Honnegowda TM, 2019, Kumar M, 2018, Kumar SK, 2018, Shinde, 2013, Chawla, 2010, Akhter JM, 2010].

Study showcase that accidental burns constitute majority of burn deaths in India [Shinde AB, 2013]. This is in reality a deliberate murder or attempt to murder a woman for the greed of dowry. While probing it further, the researcher stated that while study reports 29% deaths on account of bursting of kerosene stove when no stove was found in the kitchen [Jutla RK, 2004]. The paper effectively argues that this is a case of homicides by questioning why so many young women would be so careless in kitchens.

Medical literature has also looked into another aspect of burning which relates to death of women through self-immolation or suicide. Looking into the large number of suicide through self-immolation various studies have highlighted the easy availability of kerosene as the common cause [P Zanjad NP, Godbole HV, 2007, Akhter JM, 2010, Shinde AB, 2013, Parry, 2015, Vidhate SG, 2017, Panda, 2018].

While deliberating the reason behind the suicides, various papers mentioned that it ranges from inter-personal adjustments such as alcoholism, wife beating, extramarital relations, harassment from marital family or other physical or psychological stress of marriage or adjustment problem with husbands to women just being coward [Dhoble, 2018, Shinde 2013, Akhter JM, 2010, Shaha KK, 2006, Rao, 1989].

The researchers also **tried to examine the emotional, social and physical effects of burn on the survivors** [Karabeg, 2009, Lawrence, 1998]. Burn

victim are at increased risk of developing various psychological disorders. Many studies recognise three major disturbances such as depression, anxiety and post-traumatic stress disorder (PTSD) which occurs after burn injuries (Tebble, 2004, Lawrence, 2006). Depression is the most widespread disorder on follow-up, among burn survivors [Lawrence, 2006].

Further, **disgraceful / dehumanising behaviour** such as glaring, double takes, whispering, bullying or can be more subtle like avoidance, lack of eye contact, ignoring, walking faster when approaching from public is experienced each day by those with physical distinction, including burn scars has three effects on people including low body esteem (BE), sense of social isolation and violation of privacy (this is the right to remain anonymous among crowds), as theorised by (Bull R, 1988).

Social Studies Review

This is due to the efforts of women's movement that now dowry death and burn accidents are considered as a penal offence. It was the tireless efforts of feminist scholars which identified burn injuries within the entire spectrum of domestic violence instead of a stray incident as portrayed by the medical researchers. These writings repeatedly raised the issue of large number of suicides or accidents as successful or failed attempt to murder committed upon young married women by their marital families on account of their greed for dowry [Fernandes, 2011]. These papers raised the pertinent question as to why married women of certain age group are the only one suffering burn injuries. These writings highlighted the issue of domestic violence combined with alcohol abuse as another reason for women committing suicide [Bhate-Deosthali, 2016, Daruwalla, 2014, Fernandes, 2011]. Writings also highlighted the partisan role played by the police which in such cases totally work towards protecting marital family. Their writings compelled the police to re-open 100 cases where they found that these unnatural deaths were due to domestic violence and/or dowry harassment. Vimochana also launched a campaign on the right to die with dignity to address the dismal conditions in the burns unit in the city hospital [Bhate-Deosthali, 2016].

Gaps in existing literature:

(i) Gendered Pattern of Burns or Choice:

From the 1980s to date, burn related injuries and death in India show a gendered pattern, with young women (18-40 years) being the most affected. The vehicle of burns is kerosene and these injuries mostly occur in kitchens. The literature repeatedly raised the question as to why so many young women die of accidental burns in kitchens only after marriage but not within their parent homes despite wearing loose clothes or adopting the same kind of 'unsafe cooking practices' everywhere. This indicates that some factors other

than the loose clothes or unsafe cooking practices from such victims or the quality of the stove in use, etc. are responsible for such incidents. Western workers observed a different trend in burn injury occurrence, where the old and children are considered as vulnerable groups and constitute a major portion of such fatalities.⁸

(ii) Suicide in the most horrific manner

One issue which is missing from the literature significantly relates to women's choice to commit suicide/accident through burning. The response provided within the literature is the easy availability of means of burning (kerosene) within the kitchen which makes it an easier choice for women. However, the question is if a woman chooses to commit suicide why she chooses to commit the same by adopting one of the most painful and horrific method when in the same kitchen, knife and rat poison (in most of the houses) is also available. This needs to be investigated further as to what forces Indian women to attempt self-immolation.

(iii) Investigation in the causes of burn – Ignorance around domestic violence among medical practitioners

The literature while putting blame of being burnt squarely upon women's carelessness fails to recognise the underlying cause of such suicides as a direct result of domestic violence committed upon them. Though it recognises that dowry is one of the main reason on account of which women commit suicide still it fails to categorise it as domestic violence and consider inter-personal adjustment problems such as alcoholic husband, wife beating, extra marital relationship, adjustment problem with husband and in-laws as causes of suicides.

Further, the entire onus of medical practitioners towards medical treatment of their patient without understanding the underline causes of injuries needs to be highlighted in a more prominent manner.

(iv) Mandatory Obligation upon Medical Practitioners

The Protection of Women from Domestic Violence Act and Rules made thereunder imposes a duty on the person in-charge of medical facility to provide any medical aid to the aggrieved women in such medical facility and if no domestic incident report has been made, then **the person in-charge of such medical facility shall make a domestic incident report** in the prescribed format and forward it to the local Protection Officer. Sadly, the literature review has missed the utilisation of this Act by the medical practitioners and no study is available about it.

(v) Emotional, physical and social aspects of burn

⁸ Bangal RS, et al. Thermal injuries—a study of mortality patterns. JFMT 1995;XII(1/2):1–4.

The literature study in India failed to examine different effects of the psychological stress on the burn survivors. This is necessary for designing appropriate rehabilitative program for women burn survivors.

PART 6: LEGAL PROVISIONS RELATED TO BURNS

“Unfortunately, what is happening in our society is that out of lust for money people are often demanding dowry and after extracting as much money as they can they kill the wife and marry again and then again they commit the murder of their wife for the same purpose.”

**Satya Narayan Tiwari @ Jolly & Anr v. State of UP,
Criminal Appeal No. 1168 of 2005
Supreme Court of India**

1. MAKING BURNING AN OFFENCE

The right to a life free of violence is a basic human right enshrined in Article 21 of Indian Constitution. Violence or the threat of violence not only violate this right but restrict women’s freedom and germinates imbalance of power between women and men.

In India, violence against women has always been socially accepted and ignored as a normal practice of society. Men in any capacity such as husband, father, brother, lover (real or presumed), stranger etc. has the right to commit violence upon women and though she is the sufferer, still she would be blamed for violence perpetuated upon her.

Burning, as a means to commit violence upon women is not new to Indian society. It has its origin from pre-independence era when women were burnt alive at the pyre of their husbands and has now, taken the shape wherein women are being burnt to satisfy the greed of their marital family or for exercising their right to sexual autonomy. Though initially not proclaimed as penal offence, the persistence protests compelled the State to declare burning of women as penal offences. Accordingly, Indian Government has defined burning of a woman as penal offence in the following manner:

- (i) Woman burnt alive at the pyre of her husband – Sati
- (ii) Married woman dying in a highly suspicious circumstances mostly being burnt by fire (self-immolation or otherwise) – Bride Burning or dowry death
- (iii) Acid thrown on woman – Acid Attack
- (iv) Attempt to commit murder

In addition, the Protection of Women from Domestic Violence Act, 2005 also include burning a woman or attempt to burn a woman within the definition of domestic violence.

A. WOMAN BURNT ALIVE AT THE PYRE OF HER HUSBAND – SATI:

Sati is a largely mythological Hindu religious practice in which a widow is burnt alive at her deceased husband's funeral pyre. Before independence, this practice was banned by The Bengal Sati Regulation, 1829. Later on, after independence, observing the re-emergence of this kind of violence, the Government of India enacted The Commission of Sati (Prevention) Act in 1987 which is still in force penalizes the attempt to commit Sati or abetting Sati or glorification of Sati in the following manner:

- **Section 3. Attempt to commit Sati** – penalized with imprisonment which may extend to one year or with fine or with both.
- **Section 4. Abetment of Sati**- penalized with death or imprisonment for life and fine.
- **Section 5. Glorification of Sati** – Penalize with imprisonment from one year to seven years and with fine from Rs. 5,000/- to Rs. 30,000/-

As per the NCRB reports from 1989 to 2008, total 147 cases have been registered under the Act from the States of Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, Jammu & Kashmir, Karnataka, Maharashtra, Pondicherry, Punjab, Rajasthan, Uttar Pradesh and West Bengal. After 2008, no new case has been registered under the case.

B. MARRIED WOMAN DYING IN HIGHLY SUSPICIOUS CIRCUMSTANCES -BRIDE BURNING OR DOWRY DEATH

In 1961, the Government of India enacted the Dowry Prohibition Act, 1961 with the objective to prohibit the giving and taking of dowry by penalising the giver and taker of Dowry. The Act, in a nutshell:

- a. defines “dowry” as any property or valuable security given or agreed to be given either directly or indirectly by one party to a marriage to the other party to the marriage; at or before or any time after the marriage in connection with the marriage of said parties.
- b. Penalizes the demanding, giving, taking or abetting the giving and taking of dowry and advertising for dowry.
- c. Provide for the transfer of dowry to the woman within three months of the marriage or receipt of the dowry.

However, the Act in itself was unable to control the greed of dowry. In the latter half of the 1900s there was an alarming rise in dowry related crimes in India wherein young brides were murdered by hanging, burning, poisoning etc., or forced to commit suicide. The situation was so bad that as per a Delhi police report, in the year 1978, almost 200 women were **burnt to death** because of inadequate dowries⁹.

Within the legal system, there was no provision to deal with these so called suicides and accidents. Although, under Indian Penal Code, 1860 (IPC), abetment of suicide is an offence but it was difficult to build a case where death is occurring within closed doors among those who are all perpetrators.

Taking suo motu cognizance of the matter, in the year 1983, the Law Commission of India in its 91st report, recognized this increase in violence perpetuated upon women by

burning them alive on account of the ever-increasing and non-satiable greed of their marital family and termed it as 'bride burning' or dowry death.

Based on the 91st report of Law Commission of India, amendments have been made in Criminal Law (in the year 1983 and 1986), to control the growing menace of bride burning or dowry death. These amendments include:

- **Amendment in Criminal Procedure Code, 1973:** Imposition of a mandatory obligation upon police to conduct post mortem and investigate every case of suicide or death of a married woman occurring in suspicious circumstances especially within seven years of marriage. [Section 174(4) of CrPC]

Basic components of bride burning or dowry death (as per 91st Report of Law Commission of India)

- Sex – The person who dies in a dowry death is always a **woman**.
- Age – She is mostly in **her twenties**
- Status – She is a **married woman**, totally dependent upon her husband or his relatives.
- Mode of death – In the vast majority of cases, the death **occurs as a result of burns sustained by the woman in fire** – though some cases of injuries or poisoning have also been known.
- Condition – The woman is **extremely unhappy**, by reason of the demand of dowry.
- Nature of the act – Usually presented as **accident or suicide and become homicide** only after great persuasion.
- Locate – The 'accident' always take place behind closed doors within the house.
- Reporting – The death, where reported to the police by the husband or his relative is reported as 'suicide' but when reported by woman's own parents or relative, the suspicion of its being homicide is put forth.

⁹. Source: <https://www.indiatoday.in/magazine/special-report/story/19790715-bride-burning-becomes-a-cognizable-blood-sport-in-cities-like-new-delhi-822730-2014-03-03> as viewed on 07.08.2019

- **Amendments in IPC:** Creation of separate offence titled 'dowry death' in case a woman dies on account of burns or bodily injury or otherwise in suspicious circumstances within seven years of marriage and where it is shown that immediately before her death she was subjected to cruelty by her husband or his relatives on account of dowry. (Section 304B IPC)
- **Amendments in the Indian Evidence Act, 1872:** Shifting the onus to prove death of married woman as accident or suicide upon husband or his relative in case such death or suicide occurred within seven years of marriage. [Section 113A IEA]
- Shifting the burden of proof on the accused to prove that he has not committed the dowry death of woman. (Section 113B IEA)

C. ACID ATTACK

Acid is thrown on women with the intent to completely end a woman's life as she was living at that time by disfigurement or death thereby causing death or physical and psychological damage with unfathomable consequences. This is a form of violence wherein acid or corrosive substance is thrown on women for multiple reasons including alleged adultery, turning down advances from men or as a form of domestic violence. "Though acid attack is a crime which can be committed against any man or woman, it has a specific gender dimension in India. Most of the reported acid attacks have been committed on women, particularly young women for spurning suitors, for rejecting proposals of marriage, for denying dowry etc. The attacker cannot bear the fact that he has been rejected and seeks to destroy the body of the woman who has dared to stand up to him"¹⁰.

Before the year 2013, India do not have a separate law governing the crime of acid attack, hence, all such cases were registered under different sections of the Indian Penal Code (IPC) particularly the sections relating to hurt, grievous hurt, grievous hurt by corrosive substances and attempt to murder and murder. However, the nature and effect of the crime of acid attack is very distinct and complex and the Sections relating to hurt and grievous hurt do not provide an adequate relief and punishment. Apart from this the police often use their discretion to decide what sections should be registered in the case of acid attacks and this discretion is at times influenced by gender bias and corruption or is a wrong assessment.

¹⁰ Source: P. 3 of '226th Report of Law Commission of India submitted to the Hon'ble Supreme Court of India for its consideration in the pending proceedings filed by one Laxmi in W.P. (Crl.) No. 129 of 2006 on "The Inclusion of Acid Attacks as Specific Offences in the Indian Penal Code and a law for Compensation for Victims of Crime"

In 2013, amendment has been made in IPC whereby acid attack and attempt to throw acid has been included as separate offence under Section 326A and 326B with the provision that the fine imposed upon the perpetrator(s) would be paid to victim to meet her medical expenses.

D. INVISIBILITY OF WOMEN BEING BURNT

Despite so many women being burnt every day, except in acid attack, the law came into play only when the woman is dead. Nowhere the attempt to burn a woman is made into a specific offence. It is quite surprising that even after acknowledging the commission of this horrific crime (in 91st Law Commission Report, as mentioned above), the Government of India refused to include attempt to burn a woman as specific crime within Indian Penal Code, 1860. Though the police has the authority to construe it as attempt to murder but nowhere, an obligation has been imposed on police [similar to the obligation imposed in case of section 174(4) as mentioned above] to conduct a mandatory investigation in all cases of burning especially caused by flame. It seems that if a woman is dead then it will be considered as crime but in case she is alive then she has no recourse available.

2. REHABILITATION

A. MEDICAL TREATMENT

Unlike other injuries, burn injury is accompanied by trauma, scars and disfigurement, which takes years to heal both physically and psychologically. Many of the burn injury patients require psychological counselling as well as physiotherapeutic rehabilitation and repeated plastic surgeries for many years, thus, augmenting their financial hardship.

However, the death and disability due to burn injury are preventable to a great extent if timely and appropriate treatment is provided by trained personnel.

Keeping in mind this urgent need, a pilot programme was initiated in 2010 under the 11th Five Year Plan by the Directorate General of Health Service, Ministry of Health and Family Welfare, for development of burn units in identified Medical College and District Hospitals. The project has been continued during 12th Five Year Plan as 'National Programme for Prevention and Management of Burn Injuries (NPPMBI)'. The main objectives of the programme are:

- To reduce incidence, mortality, morbidity and disability due to burn injuries;

- To improve awareness
- among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers;
- To establish adequate infrastructural facility and network for behaviour change communication, burn management and rehabilitation interventions; and
- To carry out research for assessing behavioural, social and other determinants of burn injuries in our country for effective need based program planning for burn injuries, monitoring and subsequent evaluation.

Under the programme, financial assistance is provided by the Central Government, to establish burn units which involve addition/ alteration/ modification of existing structure or construction of new structure to locate the burn unit and procure medical equipments for it. In Uttar Pradesh, Medical Colleges located in Kanpur, Lucknow, Gorakhpur, Agra and Allahabad was selected under the project¹¹.

One of a key deliverable under NPPMBI relates to data collection and collation through initiation of the process of Burn Registry. For this, a registration and reporting format has been developed by Ministry of Health & Family Welfare to be filled and communicated to the monitoring cell at GHS. As per the information provided in the Annual Report of MoHFW in 2017-18¹², the burn data registry format along with the software has been developed to collect, compile and analyze data related to burn injuries in the country and the same has been sent for security audit. However, further details about the portal remains unavailable.

In addition, another interesting amendment has been made in CrPC in the year 2013¹³ whereby Section 357C has been inserted. This section obligate every hospital whether private or public to provide free of cost first-aid or medical treatment to survivors of rape or those who had sustained burn injuries through acid attack. Surprisingly, this again does not include survivors of flame burn despite the fact that NCRB reports clearly states that 51% women suffer flame burn injuries in comparison to 1% injury sustained on account of acid attack (as mentioned in Chart 1).

Finally, there is a need to look into the role played by Doctors. In case of burn injuries, the first responder is the medical practitioner or doctor who has to ascertain the gravity of injury sustained and prescribe

¹¹ Response dated 03rd February, 2017 by Ministry of Women and Child Development on Lok Sabha Unstarred Question No. 419

¹² Source: page 128, <https://mohfw.gov.in/sites/default/files/07Chapter.pdf> as viewed on 16.08.2019

¹³ Source: The Criminal Law (Amendment) Act, 2013

appropriate treatment. The medical practitioner under section 39 is duty bound to report every case of suspicious nature to the police but due to the work load and legal complex procedure which involves multiple visit to court, they fail to provide this information to the police, thus disabling survivor's right to access swift and speedy justice.

Here, one also need to look into Section 7 of the Protection of Women from Domestic Violence Act and Rules 17 (3) of the Rules made thereunder which imposes a duty on the person in-charge of medical facility to provide any medical aid to the aggrieved women in such medical facility and if no domestic incident report has been made, then the person in-charge of such medical facility shall make a domestic incident report in the prescribed format and forward it to the local Protection Officer.

B. MONETARY COMPENSATION

In the year 2009, an amendment has been made in CrPC whereby State Government were requested to formulate a scheme for providing funds to the victim or his dependents who have suffered loss or injury as a result of the crime and need to be rehabilitated¹⁴.

Section 357A(4) CrPC states that in case where the offender is not traced or identified, or where no trial take place, the victim or his dependents may make an application to the State or District Legal Service Authority (SLSA, DLSA) for award of compensation and SLSA or DLSA after completing the enquiry within two months shall award the adequate compensation.

In Uttar Pradesh, there are two schemes under which women can avail compensation for burning (i) Uttar Pradesh Victim Compensation Scheme, 2014 (UP VCS) and (ii) Uttar Pradesh Rani Laxmi Bai Mahila Samman Kosh Rules, 2015.

UP VCS framed under 357A CrPC provides compensation in case of burning where person is injured by corrosive substance i.e. acid attack etc. upto the amount of Rs. 3 Lakh and in case of death for earning or non-earning member; similarly under the Rani Laxmi Bai Mahila Samman Kosh Rules, compensation is available only in case of dowry death or burning through acid. Both these Schemes fail to recognise burning of women as specific offence (except in case of acid attack). It seems that the State recognises only dead bodies of women, anything short of it is regretful, but do not demand serious attention.

¹⁴ Section 357A CrPC

In 2017, the Supreme Court vide its order dated 12.10.2017¹⁵ directed NALSA to constitute a Committee for preparation of Model Rules for Victim Compensation for sexual offences and acid attacks. The Committee so constituted prepared a separate 'Chapter' or 'Sub-Scheme' within the existing Victim Compensation Scheme titled **"Compensation Scheme for women Victims/ Survivors of Sexual Assault/ other Crimes - 2018"**. This Scheme provides compensation to woman who is suffering from burn injury (other than burn injury suffered by acid). The Apex Court vide its order dated 05th September 2018, ordered all States/UT to adopt the Scheme from 02nd October 2018. The

Amount of Compensation Provide to women under NALSA Scheme		
Injury	Min Amount (in Lakh)	Max Amount (in Lakh)
Victims of Burning		
In case of disfigurement of face	7	8
In case of more than 50%	5	8
In case of injury less than 50%	3	7
In case of less than 20%	2	3
Victims of Acid Attack-		
In case of disfigurement of face	7	8
In case of injury more than 50%	5	8
In case of injury less than 50%	3	5
In case of injury less than 20%	3	4

compensation provided now could not be lower than amount assigned under the aforementioned Scheme but if the State wants they had the authority to raise it further.

Under the Scheme, three kinds of compensation could be awarded to an aggrieved woman. These include:

- (i) Interim Monetary Compensation not less than 25% maximum compensation awardable as per Schedule applicable to this Chapter;
- (ii) Final Compensation
- (iii) Rs. 5000/- or up to Rs. 10,000/- to be immediately disbursed to the victim through preloaded cash card from a Nationalised Bank by the Secretary, DLSA or Member Secretary, SLSA as soon as the application of compensation is received.

SLSA/DLSA shall consider following factors, while granting any kind of compensation:

¹⁵ In case of Nipun Saxena v. Union of India, W. P. (Civil) No. 565 of 2012

- (i). Gravity of the offence and severity of mental or physical harm or injury suffered by the victim;
- (ii). Expenditure incurred or likely to be incurred on the medical treatment for physical and/or mental health including counselling of the victim, funeral, travelling during investigation/ inquiry/ trial (other than diet money);
- (iii). Loss of educational opportunity as a consequence of the offence, including absence from school/college due to mental trauma, bodily injury, medical treatment, investigation and trial of the offence, or any other reason;
- (iv). Loss of employment as a result of the offence, including absence from place of employment due to mental trauma, bodily injury, medical treatment, investigation and trial of the offence, or any other reason;
- (v). The relationship of the victim to the offender, if any;
- (vi). Whether the abuse was a single isolated incidence or whether the abuse took place over a period of time;
- (vii). Whether victim became pregnant as a result of the offence, whether she had to undergo Medical Termination of Pregnancy (MTP)/ give birth to a child, including rehabilitation needs of such child;
- (viii). Whether the victim contracted a sexually transmitted disease (STD) as a result of the offence;
- (ix). Whether the victim contracted human immunodeficiency virus (HIV) as a result of the offence;
- (x). Any disability suffered by the victim as a result of the offence;
- (xi). Financial condition of the victim against whom the offence has been committed so as to determine her need for rehabilitation and re-integration needs of the victim.
- (xii). In case of death, the age of deceased, her monthly income, number of dependents, life expectancy, future promotional/growth prospects etc.
- (xiii). Any other factor which the SLSA/DLSA may consider just and sufficient.

Under the Scheme, no claim made by the victim or her dependent(s), under of Section 357A (4) CrPC, shall be entertained after a period of 3 years from the date of occurrence of the offence or conclusion of the trial. However, in deserving cases, for reasons to be recorded, the delay beyond three years can be condoned by the SLSAs/DLSAs.

C. STATUS OF IMPLEMENTATION OF VICTIM COMPENSATION SCHEME IN UTTAR PRADESH

To ascertain the implementation status of Victim Compensation Scheme in Uttar Pradesh, the organisation took the recourse of the Right to Information

Act, 2005 (RTI Act) Under the RTI Act, information was sought from Uttar Pradesh State Legal Service Authority and District Legal Service Authority of 10 district where this study was conducted. These include:

Bareilly	Hardoi	Kanpur	Lalitpur	Lucknow
Muzaffarnagar	Saharanpur	Sitapur	Unnao	Varanasi

From the DLSAs of aforementioned districts and SLSA of State of Uttar Pradesh following information has been sought under RTI Act with regard to Victim Compensation Scheme and related direction issued by the Hon'ble Supreme Court in Nipun Saxena v. Union of India:

- (i). Since the year 2014, under Uttar Pradesh Victim Compensation Scheme, how much compensation has been awarded to how many women burnt by flame in your district? Please provide year-wise and case-wise information?
- (ii). Since the year 2014, under Uttar Pradesh Victim Compensation Scheme, how much interim compensation has been awarded to how many women burnt by flame in your district? Please provide year-wise and case-wise information?
- (iii). Since the year 2014, the Uttar Pradesh State Legal Service Authority had provided legal aid of what kind to how many women burnt by flame? Please provide year-wise and case-wise information?
- (iv). The Uttar Pradesh State Legal Service Authority is requested to provide the list of name and contact details of all Lawyers who provide legal aid to women burnt by flame, since the year 2014? Also specify what kind of legal aid was provided by these Lawyers? Please provide year-wise and case-wise information?

RESPONSES RECEIVED

With regard to specific queries, following responses have been received:

Response to Question (i):

As per the information received from the Uttar Pradesh State Legal Services Authority (SLSA) and various DLSAs, as on date no compensation is provided to any woman who has suffered flame burning under the aforementioned Scheme. Contrary to that, DLSA, Varanasi admitted that in March, 2018, they provided compensation of Rs. 2 Lakh to one woman burnt by flame.

On what ground or basis, this amount was awarded was not clear as DLSA, Varanasi refused to share further details. Further, DLSA failed to specify under which Scheme this amount was awarded as under the UP Victim Compensation Scheme no compensation is provided for flame burning. And it is relevant to mention that as per the direction issued by Apex Court in Nipun Saxena v. Union of India, the 'Sub-Scheme' within the existing Victim Compensation Scheme titled **"Compensation Scheme for women Victims/ Survivors of Sexual Assault/ other Crimes - 2018"** came into force only in October, 2018.

The rest of the questions generated 'nil', 'no such application received' or no response.

ACCESSING INFORMATION IS AN UPHILL TASK

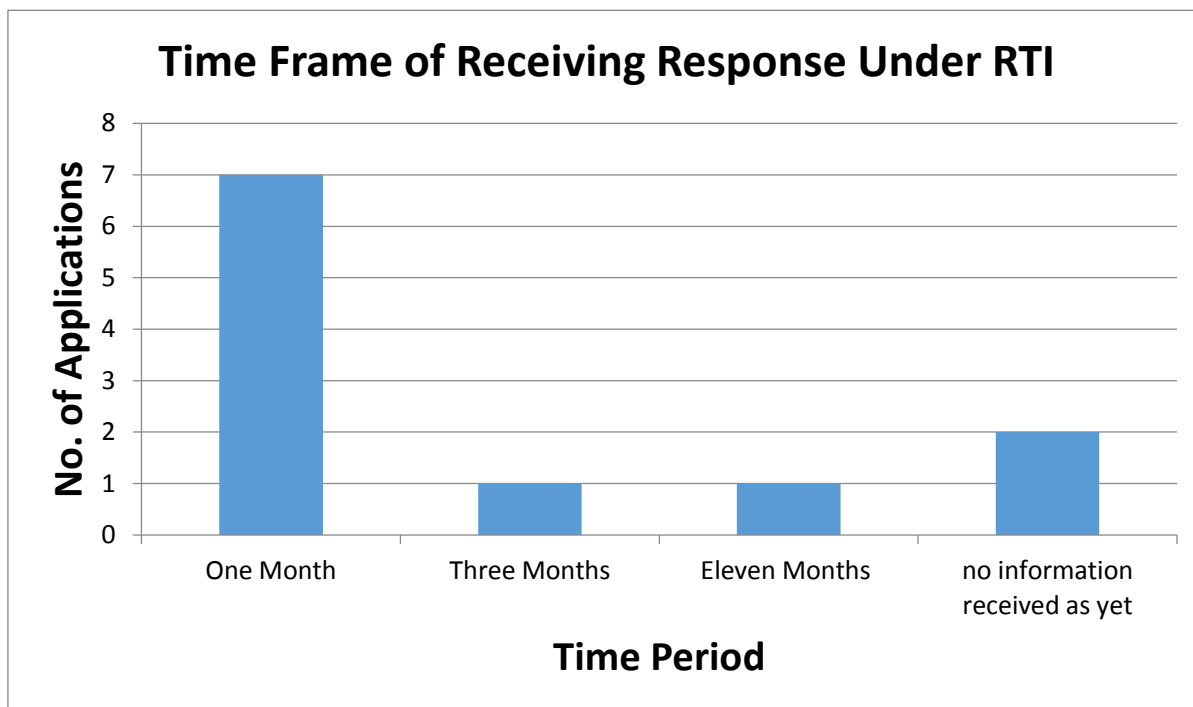
(i) FEES

The Right to Information Act, 2005 was framed with the objective to secure for citizens access to information under the control of public authorities, in order to promote transparency and accountability in the working of every public authority; to contain corruption and to hold Governments and their instrumentalities accountable to the governed but in case of information to be accessed from courts or institutions working under judiciary, it is an uphill task. The first hurdle is the fee. Accessing information from court requires payment of the fees of Rs. 50/ question plus other expenses as cited by the authorities responsible for providing information. In two instances (Bareilly and Varanasi), the initial application was rejected on the basis of non-payment of requisite fees and organisation has to apply again for the same.

(ii) TIME FRAME FOR PROVIDING REQUISITE INFORMATION

As per section 7(1) of the RTI Act, information requested has to be provided within thirty days of the receipt of the request. In case of Uttar Pradesh, the scenario is different; there is no guarantee of time period within which response will be provided. Out of the eleven RTI applications filed by Humsafar, 7 were responded within one month, one each generated response within three months (Bareilly) and eleven months (Varanasi) and two applications (Hardoi and Lalitpur) failed to generate response of any kind.

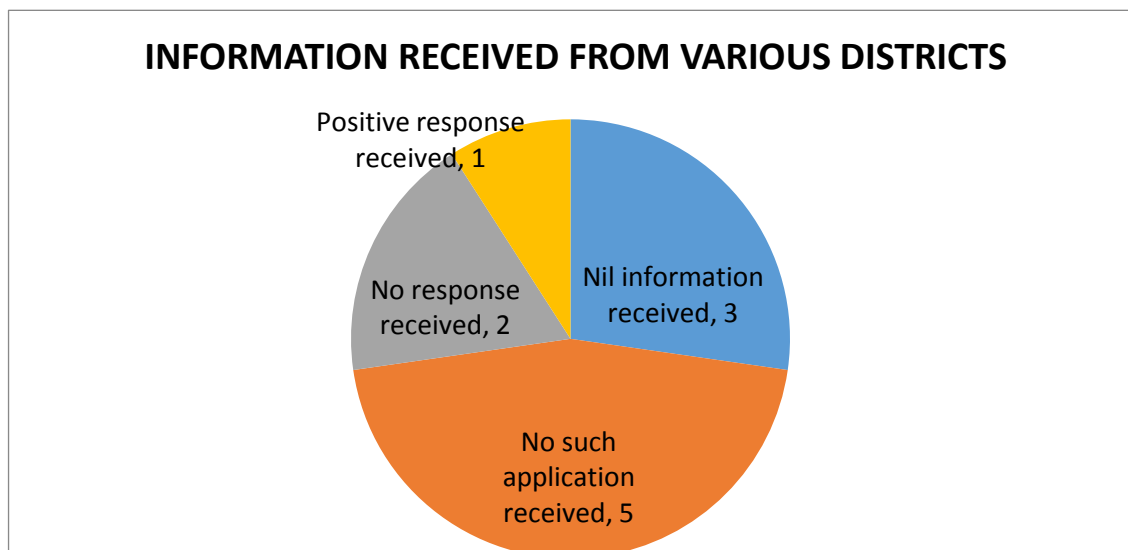
Chart 3: Time Frame for Receiving Response under RTI Act



(III) NATURE OF RESPONSE

On examining the kind of response received which could be seen in the Graph below, it is clear that out of the total 10 districts and SLSA approached, responses were received from 9 districts. Out of the 9 districts (including SLSA) responded, 3 provided 'nil' information, 5 responded as 'no such application received', and only 1 district agreed to granting compensation to a woman for flame burn.

Chart 4: Information Received from Various Districts



These responses from the SLSA/DLSA raise two major issues for consideration;

(i) As per the law, ignorance of fact is an excuse but ignorance of law is not an excuse for any individual. However, the burden of this ignorance around law and Victim Compensation Scheme and such other programmes among citizens can't be put solely on citizen's shoulder as State is also responsible. It is the duty of the State to disseminate information about women centric laws, provisions, programmes and schemes among its citizen especially among women.

Nowadays, under its digital India programme, the Government is promoting awareness through online mediums. Though, uploading the Scheme on websites is a good measure but it can't be the only measure. In the country where 90% population lives in rural areas without the recourse of electricity or stable telephone network or wifi, to assume that individuals especially women would be able to access information about laws, schemes, programmes framed for their benefit and build their capacity around it, just by browsing through websites is not only laughable but showcase the lack of commitment of the Government toward eradication of violence against women. States needs to pro-actively propagate about these schemes, programmes and provisions both among citizens and authorities established towards prevention and redressal of crime against women.

(ii) In addition, one needs to look into the implementation of the RTI Act. Though the Act was framed with the objective to secure for citizens access to information under the control of public authorities, in order to promote transparency and accountability in the working of every public authority; to contain corruption and to hold Governments and their instrumentalities accountable to the governed but in case of information to be accessed from courts or institutions working under judiciary, it is an uphill task. The first hurdle is the fee. Accessing information from court requires payment of the fees of Rs. 50/ question and then there is no guarantee of time period within which response will be provided. The RTI applications filed by Humsafar took from 15 days to 11 months to secure response. This attitude from both SLSA and DLSA functioning in 10 districts of the State showcase a grave reality that despite having positive provisions and court pronouncements, the field functionaries are still working with patriarchal mind-set.

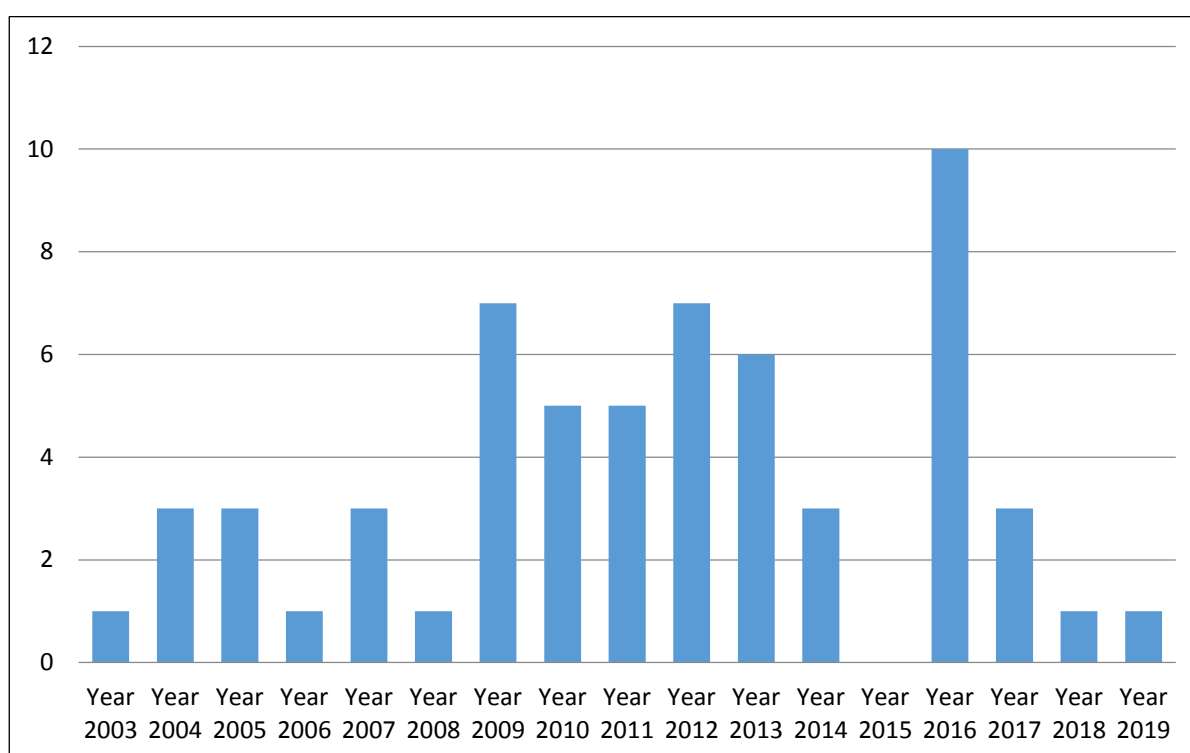
PART 7: FINDINGS OF THE SURVEY

For the study total 60 women burn survivors were interviewed from 10 districts of Uttar-Pradesh. The incident time span spread from 2003 to 2019. The districts that are taken are given above in the **Table III**.

I. ABOUT THE BURN INCIDENT

The study collates burn incident from period of 2003 to 2019.

Chart 5: Time span of burn incident

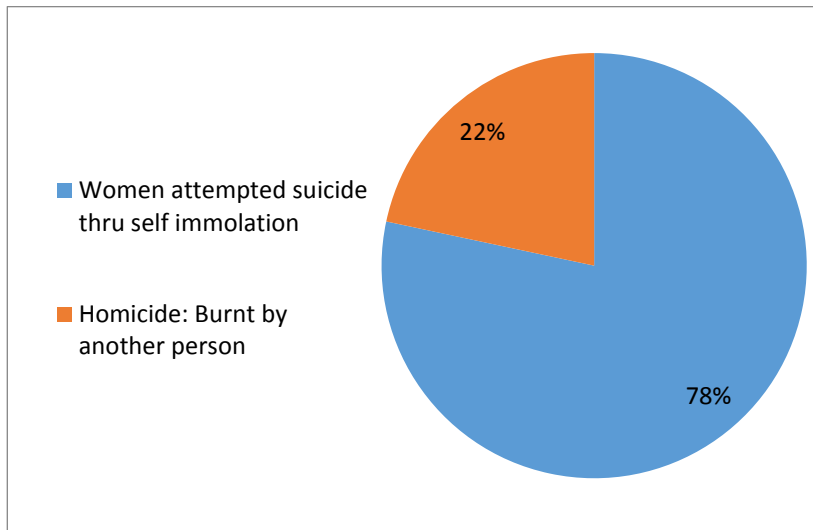


As one can see in the above graph that for past 16 years, the study has at least one representative case from every year except for the year 2015. However majority of cases interviewed were from period between 2009-2013 and later in year 2016 comprising in total 40 cases for the study. This does not mean that these numbers indicate the prevalence of burning in Uttar Pradesh but just the fact that some women who sustained burn injuries in these years were ready to be part of the study.

SUICIDE OR HOMICIDE

All women interviewed suffered burning on account of being set on fire after being drenched with kerosene which as per law is a penal offence. Out of the total 60 survivors, 22% women were deliberately put on fire whereas in remaining 78% women were forced to commit self-immolation.

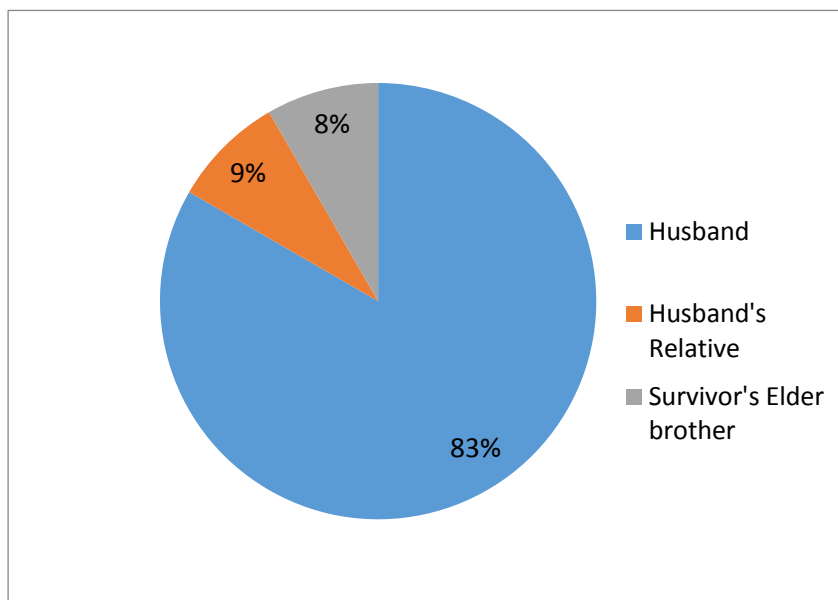
Chart 6: Mode of Burning



PERPETRATORS

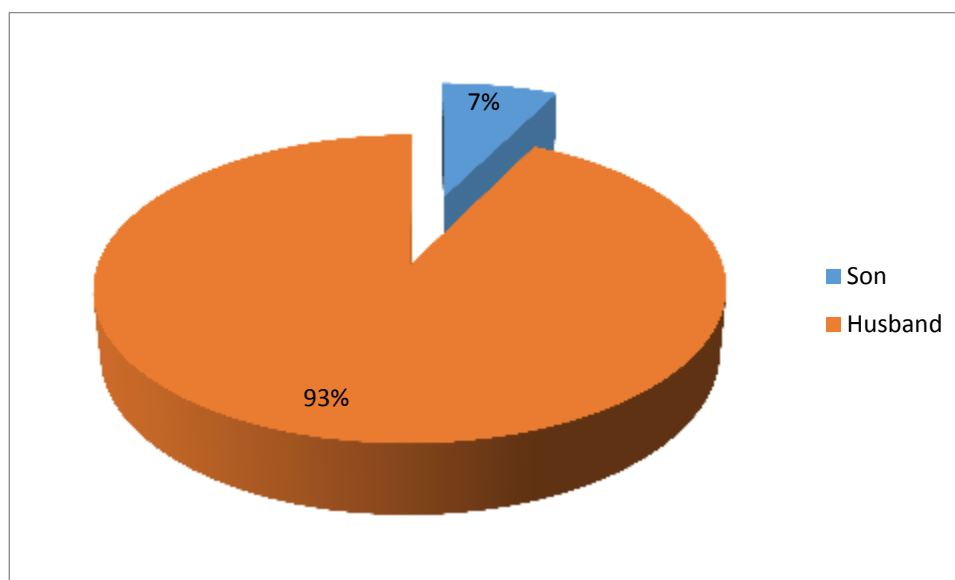
According to the findings of our survey, out of the total cases in which women were deliberately set on fire, in 83% cases it was the husband who put women on fire, in 9% cases husband's relative and in 8% cases it was the brother of the girl (minor) who set her on fire.

Chart 7: Who set women on fire?



While examining the instigator who forced women towards self-immolation, it seems that in 93% cases, it was the husband and in 7% cases it was the son who forced woman to attempt suicide through self-immolation.

Chart 8: Instigator in burning



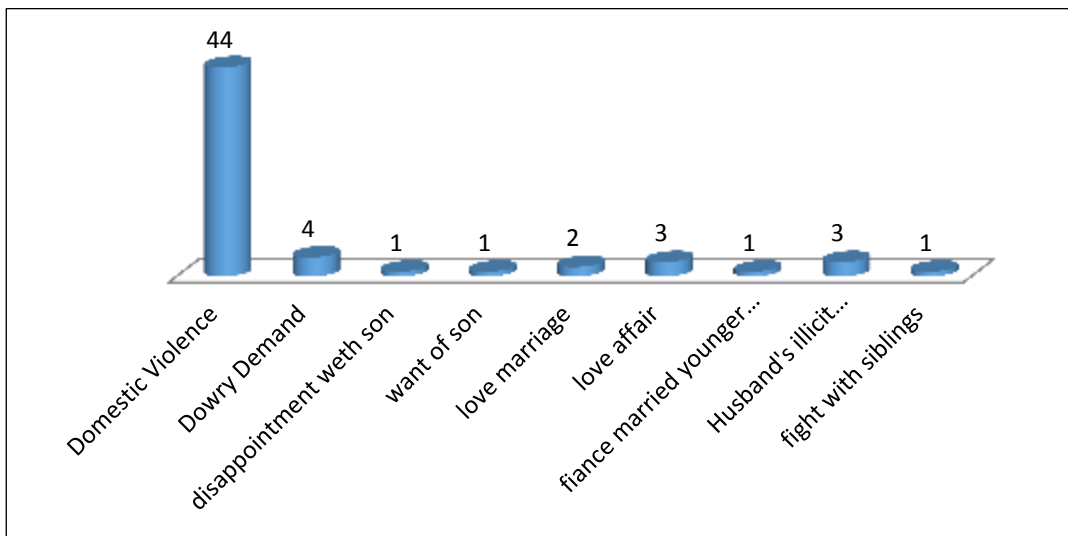
If we add together both those who committed homicide or instigated women to self-immolate, the totals comes to 80% cases wherein due to direct attempt or instigation of husband, women were forced to suffer violence though burning.

ABOUT THE BURN INCIDENT

Now we come to actual incident. Time span of these 60 cases are from the year 2003 to 2019.

It is very clear from our findings that that the most prominent cause of violence through burning is domestic violence as defined under the Protection of Women from Domestic Violence Act, 2005 (PWDVA), however, within that the survivors also mentioned the specific category of domestic violence which resulted into their present dreadful condition. The chart below showcase that out of the above table 73% of the incidents were caused due to various forms of domestic violence. In addition, dowry (which is also a kind of domestic violence) has also been cited as a specific offence along with other mentioned below.

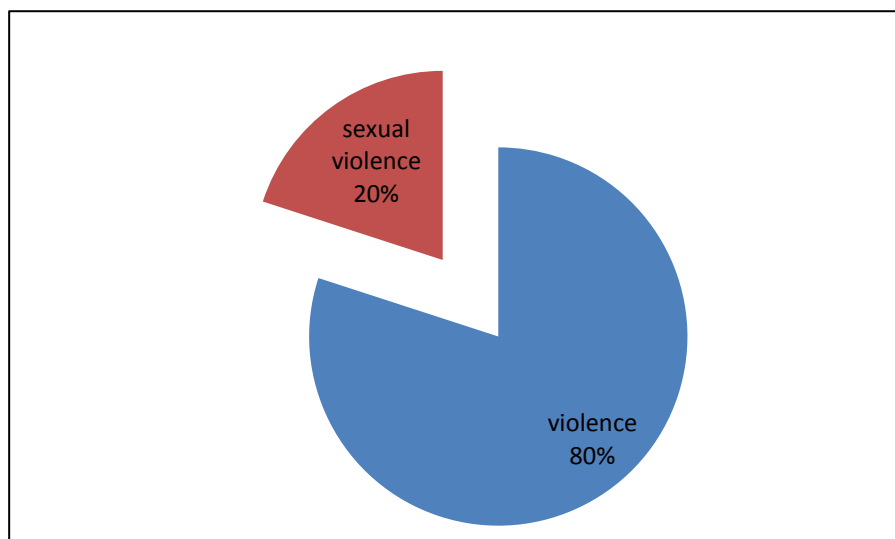
Chart 9: Cause of the burn incident



Once they started talking, survivors were very open about their situation and shared in detail the kind of violence they were and are facing. As per the survivors 20% were suffering from sexual violence. Here it is important to mention that sexual violence doesn't stop after the incident but is in continuation, only in one case situation got somewhat better, but otherwise survivors have no choice but to live in the same adverse conditions.

Vaijanti is a 40 year old woman whose husband drives a truck. Her husband has a habit of torturing her physically and sexually. 3 years ago, on Karva chauth, he came home drunk and demanded sex then and there. At the time, Vaijanti was cooking and refused. Her refusal enraged him, he poured the petrol on her and burned her alive. Hearing her screams neighbours came and took her to hospital. No FIR was registered. Husband is still behaving in the same manner.

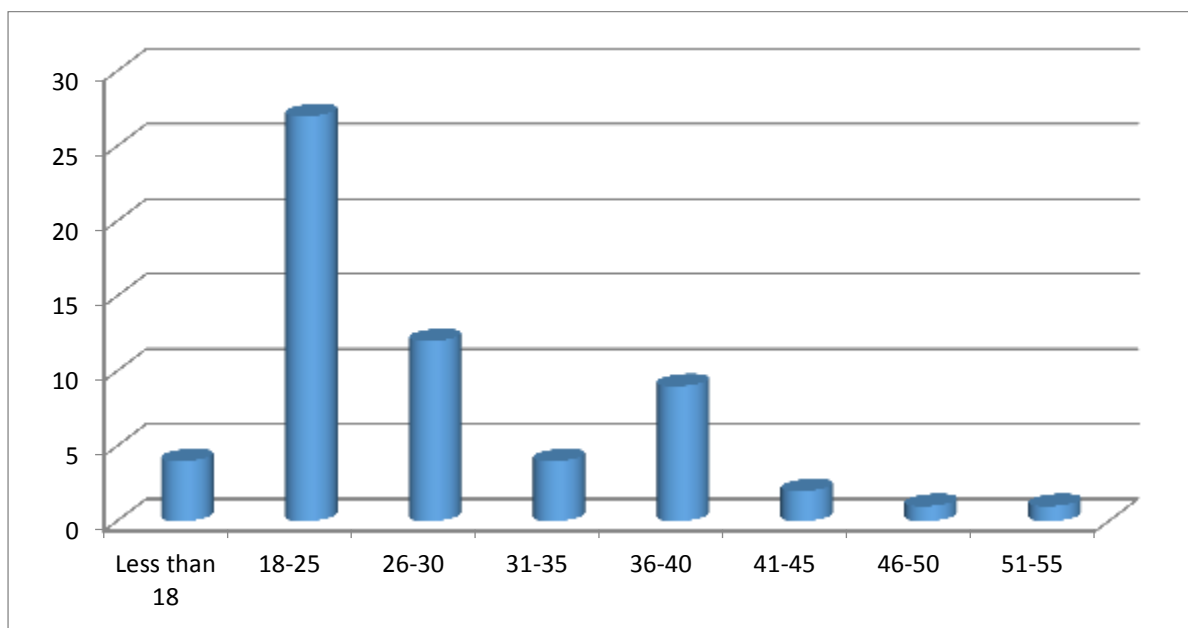
Chart 10: Prevalence of Sexual Violence



WHO ARE THESE WOMEN

Presently, all the women in the study were in the age group between 18 years to 60 years. However, the age at which these women suffer violence through burning varied from 12 to 55 years. Chart below is an example of the fact that women encounter this horrific kind of violence in every part of their lives.

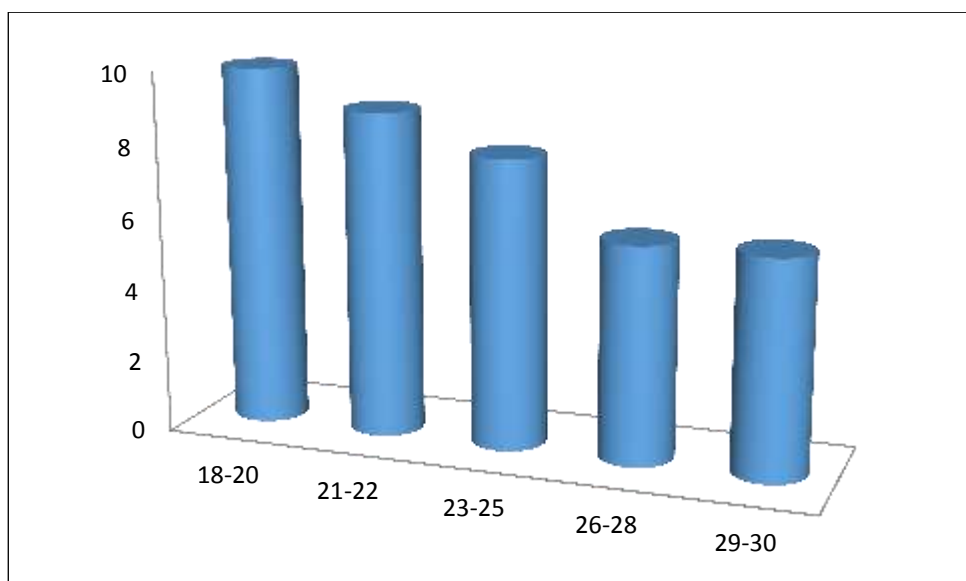
Chart 11: Age range of survivors



If one studies the graph of age range, 65% of the survivors fall in between the age range 18 to 30 years. It is relevant to mention that 7% burn survivors suffered this violence when they were minors (only 12 years of age). The chart clearly showcase a gradual decrease in the burn incidents from 18-25 age (when it is at the highest) to 31-35 age-range. Again there is an increase in burn incident in the age group of 36-40 which later on get decreased in the later age range group. 7% survivors are from the age range of 51 to 55, who were the victim of the norms of patriarchal society and where son ended up being the instigator.

It is relevant to mention that in the study, most cases (65%) of burning occurred within the age range of 18 to 30. If we take a closer look and examine this range more closely a clear pattern is visible:

Chart 12: Case between 18 to 30 years of age

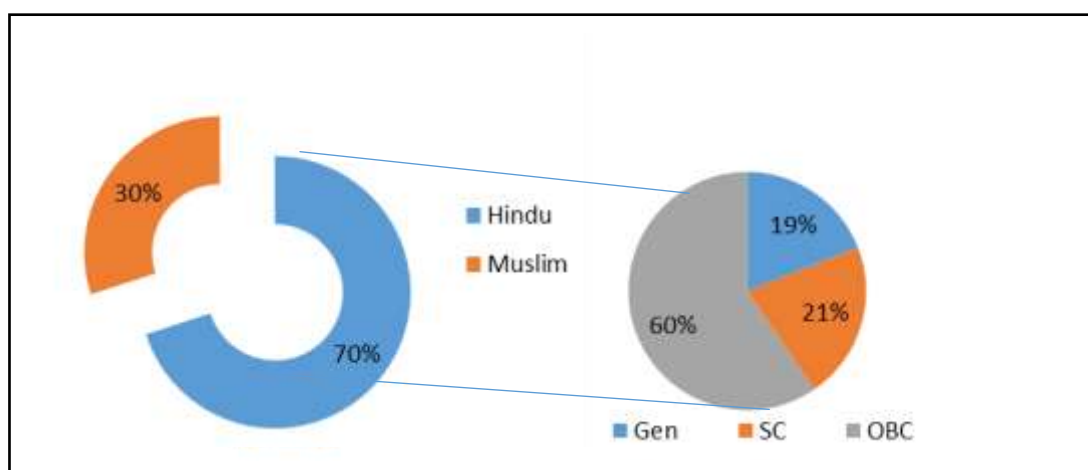


Burn incidents are decreasing consistently. There are higher, 17% of cases from 18-20 age range which subsequently decreased by 15%, 13%, 10%, 10% in the later age range group.

RELIGION AND CASTE

While looking at the spread of violence through burning community wise, it has been noticed that as per the data available, 30% cases hailed from Muslim community and 70% from Hindu community. Among 70% cases hailing from Hindu community, only 19% incidents took place within upper caste (general) women, 21% incidents with Scheduled Castes and 60% took place within OBCs.

Chart 13: Religion & caste division

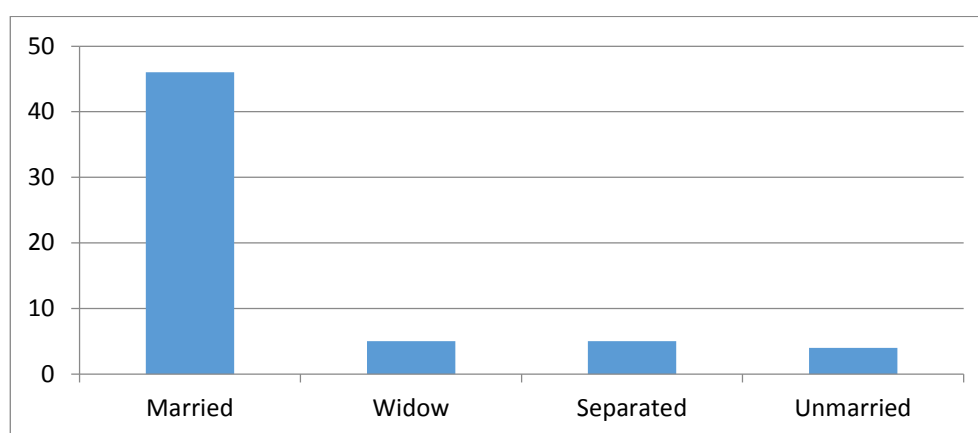


Here it is important to mention that although our data is showcasing 70% cases from Hindu community out of which 61% cases were from OBCs, but this does not in any way endorse the fact that this particular kind of violence is not happening in General or SC communities within Hindu religion. It is just due to the fact that the partner organizations which collaborated in locating these survivors were mainly working with OBC community.

MARITAL STATUS

Out of the total sample, 75% survivors were married women whereas the rest were single women which include women who were widowed, separated or unmarried. This break the myth which associates burning of women with marriage.

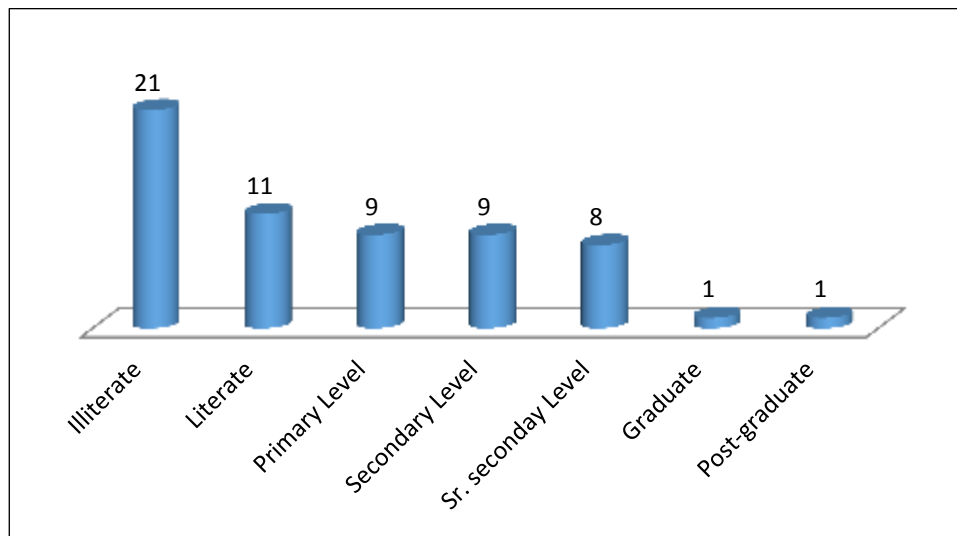
Chart 14: Marital status of survivors



EDUCATION LEVEL

If we looked at the education level of the burn survivors, it varies from the level of illiteracy to post graduate. However, 35% of these survivors in the study were illiterate, whereas 60% women possess educational qualification upto senior secondary level. Only one each has higher degrees of graduation and post-graduation. Here, again it is reiterated that this does not mean that majority of women who sustain burn injuries are either illiterate or have qualification upto senior secondary level. It is just that these women were the ones who agreed to be part of the study.

Chart 15: Education Level



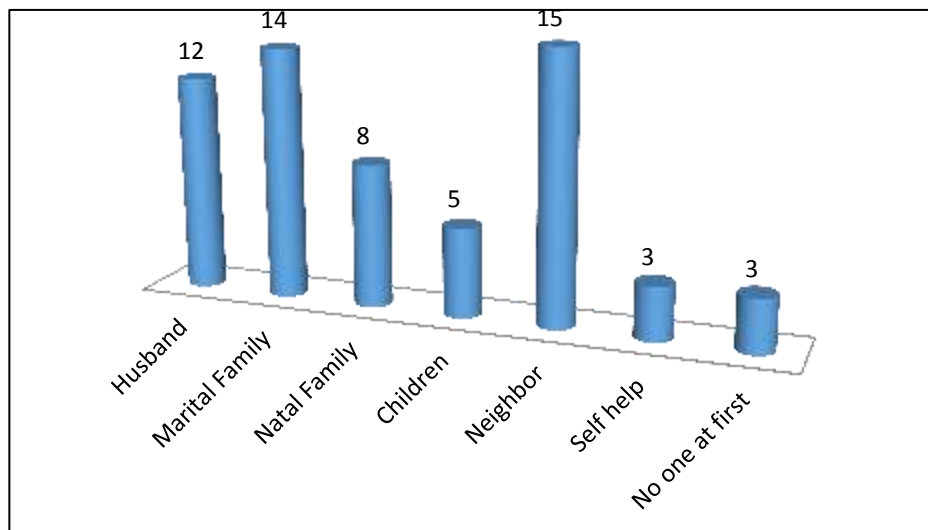
RESCUE

It is very clear from the data that in 83% cases, it was husband who was the perpetrator as he either set fire on survivor or instigate them to do so, yet ironically it is again the husband who rescues the survivor when she started burning. In 20% of cases husband helped putting off the fire either in fear or in confusion. Although it is important to note not all husband helped these survivors willingly but may be due to the pressure exerted by family and neighbours.

Second are marital family relatives who in 23% cases came to rescue and helped in extinguishing the fire. Neighbours role is very important as they too came to rescue in 25% of cases. However in one case, neighbours were mute spectators and waited for survivor's father to come. She was lying all day helplessly at home with no one to help. Her father came by evening and then took her to hospital.

13% cases are such where survivor's natal family lived nearby or they were with them at the time, who extinguished fire. In 8.3% cases, it was the children of the survivor who came to her rescue. However, the most horrible cases are those where nobody came to help or rescue the survivor.

Chart 16: Who came to rescue



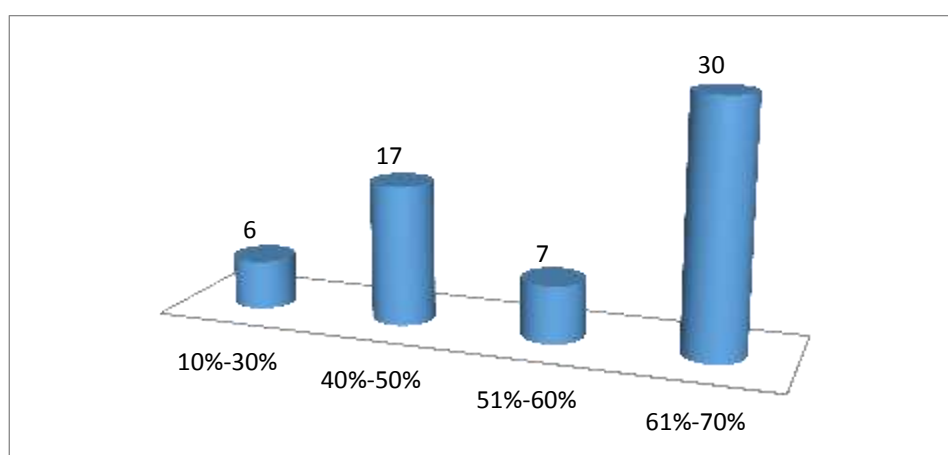
In one case survivor was lying in an unconscious state at her marital home for hours, when she gained consciousness and cried for help then neighbours informed her sister who lived nearby, who took her to hospital. In another case when nobody helped at home survivor ran out of the house and thus got the help from neighbours. Third case we have already discussed in the above paragraph.

3 woman used their quick senses and extinguished fire themselves. In one case, Husband set fire on her and she immediately torn her clothes to get rid of it and later applied ointment (she suffered minimum injuries), another pour water on herself which she kept for her bath and the third one wrapped herself with a blanket to put off the fire.

In one case survivor got help from her brother who was staying with her at the time and then ran towards the police station, police got her admitted to the hospital. One women was visiting her mother when her husband set fire on her and himself (he died), her mother called the police and they took her to hospital. But in one case we saw very crude face of police as they made the survivor sit at the police station in her burnt state all night long and took her to hospital only in the morning.

These survivors were suffering from various degree of burns, which made their whole life miserable and full of pain.

Chart 17: Burn percentage of survivors

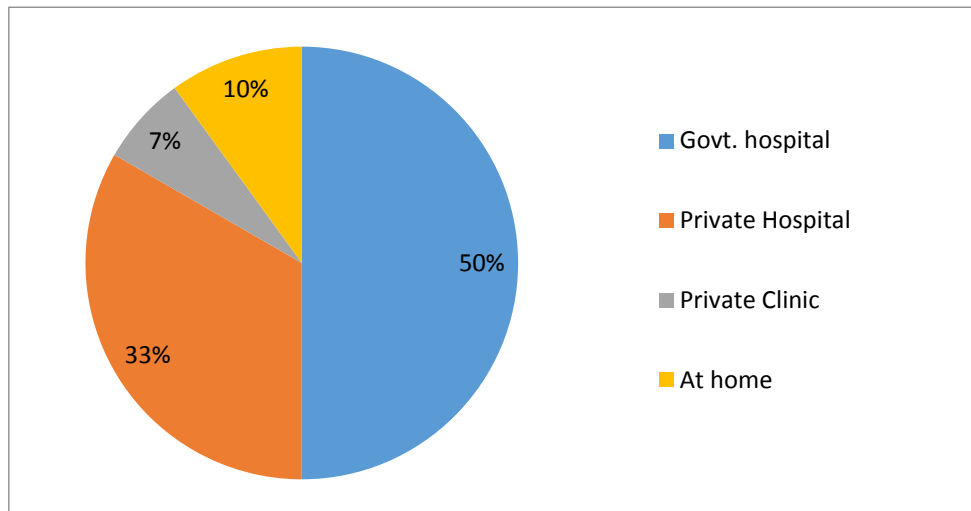


As one can see in the above chart 50% of the burn survivors sustained more than 60% burn injuries. 10% survivors sustained less than 30% burn injury, 28% sustained 40-50% burn injuries and 11% sustained 51-60% burn injury. The chart is based upon the recollection of person who sustained the injury but irrespective of the burnt percentage the survivors were in lot of pain. This incident has made their life miserable and in most cases resulted in disability of one of more kind. The sample is covering survivors only and that's why it has cases upto 70% burn injuries because no one can survive more than 70% burn injury.

TREATMENT & HOSPITAL

Also all survivors were not lucky to obtain institutional care and treatment; in many cases due to fear of law and lack of money, treatment was conducted within the confines of home. Though suffering from more than 15% burn (as mentioned in Chart 15), it is evident from the chart below that only 83% survivors were able to received institutional care through hospital whereas in rest of the cases, treatment was availed from home. For the 83% women who receive institutional care, only 50% obtain it in a Government Hospital. However, 17% cases which were treated at home or through private clinics were a major cause of concern. It's not that these survivors have lesser degree of burn but due to the fear of law hospital services were denied or avoided.

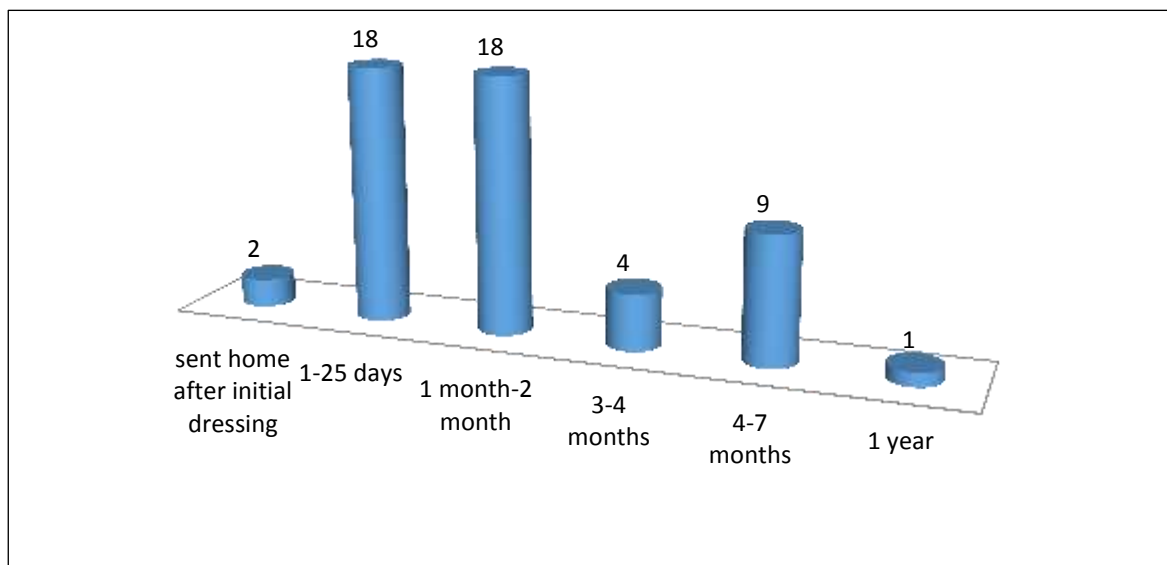
Chart 18: Treatment



HOSPITAL STAY AND EXPENSES

We have already discussed that these survivors got burns from 10% to 70%. 3% of the survivors had been sent home after initial dressing, out of them one survivor was severely burnt and was taken to a private hospital but after initial treatment, the relatives took her home fearing intervention from police.

Chart 19: Duration of Hospital stay



More than 50% survivors stayed in hospital for the duration of 1 day to 2 months. Only one survivor stayed on in hospital for a whole year for her treatment. We have already established that 50% of survivors were taken to government hospital, where it is supposed that one will get medicine and food free of cost. But government hospitals gave only basic medicines (mostly

glucose) and food, other expenses had to be borne by the survivor's family. Doctors usually write medicines which has to be purchased from outside. 33% who went to private hospitals had to bear all the expenses on their own. These hospitals were way too expensive and survivors family had to take loan or sell their assets for the treatment.

Only in one case a survivor is able to get the surgery free of cost for her hand, which cannot be straightened after the incident. She got her *Ayushman card* made and that made it possible.

Experience of interviewing struggling burn survivor women from Sitapur District, UP

There are 2 Burn Units in District Hospital of Sitapur with 8 beds each. When I entered the hospital, I saw that there were 2 children and 6 women admitted in one of the burn units and it smelt as if burnt flesh was lying there for many days. It was the month of June. Upon entering the ward I could see a fan in the room but there was no electricity for many hours. The patients were crying because of pain and heat. The beds have rexine mattress with no cloth cover, water was oozing out of wounds and dropping on the floor. The relatives accompanying the patients were cleaning this. It was heart rending to see the state of affairs given the precarious situation of patients exposed to the danger of infection.

(A researcher's Reminiscence)

Research team who met medical doctors were categorical that sensitive trained case workers should be present along with police while taking the statement from survivor as she is not in mental and physical condition to narrate the true fact behind burn injury.

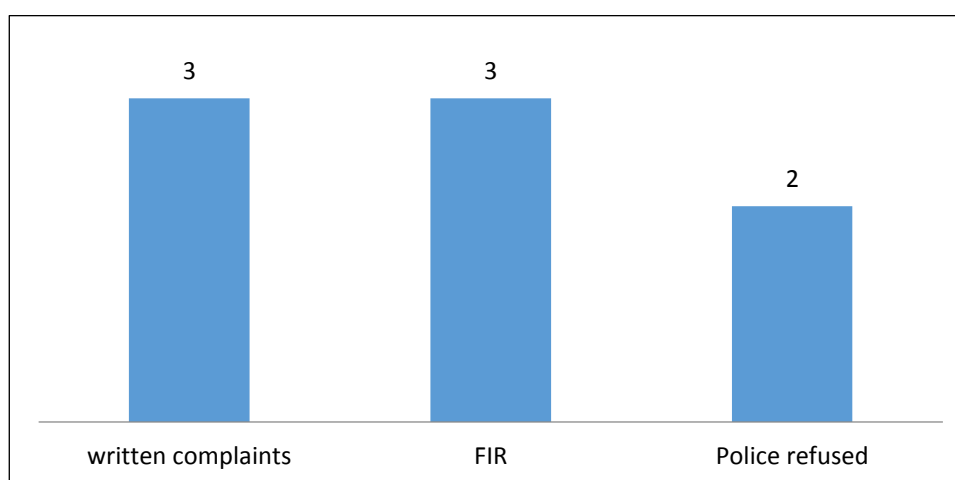
POLICE INTERVENTION

After perpetuating violence upon women through burning, the woman is taken to a hospital (whether private or public) or clinic for medical treatment or to declare the death as accident or suicide. The doctor, if he is good enough, could easily deduced through initial screening whether the injuries were self-inflicted or caused by someone else. After determining the nature of injuries, the doctors are duty bound to inform police officers or protection officers about the same.¹⁶ Once so informed the police/protection officer has to make inquiry by taking statement of survivor, relatives, doctors etc. and in case it came to its notice that any crime has been committed or attempt has been made to commit a crime, he will proceed as per the provisions of CrPC.

As stated earlier, after the injury, the survivors were in no condition to start any legal proceedings on their own and their relatives whether marital or natal, all busy hushing up the matter in most of the cases. Survivors even don't remember clearly whether any police proceeding were taken up or not. Still in 13% cases survivor remembered about the police intervention and give us details as per their remembrance.

¹⁶ Section 39 of CrPC & Rule 17 of the PWDV Rules

Chart 20: Engagement with law



Out of these, in 5% cases FIR has been lodged, in another 5% cases written complaint has been made and in 3% cases police simply refused to register the FIR or consider the complaint. Out of 5% cases wherein written complaint has been made to the police, husband bribed the police in one, in second husband ran away before any action could have been taken against him and in third the *gram Pradhan* (village head) intervened and complaint was withdrawn. In cases where FIR has been registered, arrest has been made but as always police solved them through mediation whereby compromise has been reached and couple started living together. In 3% cases police refused to consider the complaint. In one particular case, it was the police personnel who got the woman admitted to the hospital as she ran into the police station after sustaining burn injuries still they refused to file the case because husband paid them the bribe. Here, one has to bear in mind the fact that burning a woman could be construed as attempt to murder which is a non-compoundable offence.

Shakeela Bano, 33 years, is a resident of Lucknow district. 9 years ago she fall in love with Manoj and got married to him against the wishes of both their families. 3 years ago around 9 o'clock at night, Manoj's elder brother, his son-in-law and his brother attacked her when she was alone in the house. They threw a burning kerosene lamp on her which set her on fire. She ran outside the house and threw herself in wet mud which was lying there in her lane, it put out the fire. Then she asked her neighbour to call her husband and police. Among all this culprits were still at her place and when her husband came they beat him too. Finally Police came and took everyone to police station. Shakila was under so much pain because of burning. Her groin, both legs and arms got burnt but police here didn't take cognizance to her condition. They kept her along with the husband and the culprits in the police station the whole night. Finally in the morning they registered her FIR and send her to the hospital. Shakeela Bano couldn't pursue the case further due to her financial and medical condition.

Most of the survivors express their helplessness and ignorance with regard to legal procedure, as police took their statement when they are

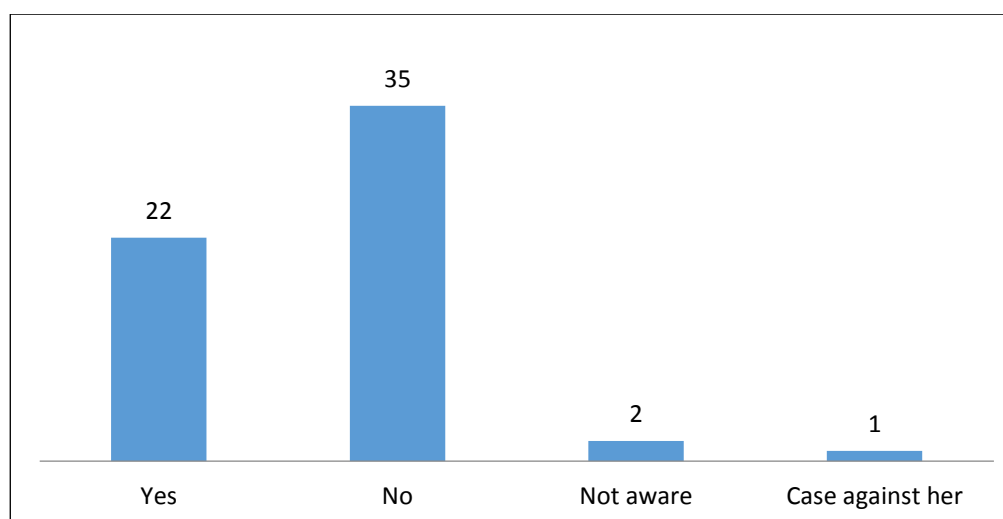
struggling with their life while in control of their perpetrators. Many said they wanted to change their statement but police refused to take it and said that only first statement is valid and can be taken into account, so whatever she said in her first statement, she has to stick to it.

In case of burn injuries, the first responders are the medical practitioners or Doctors who are under section 39 CrPC duty bound to inform the police about every case involving suspicious circumstances. Keeping this in mind, it is surprising to note that though 83% cases (50% in government hospitals) of burn were treated in hospitals still only in 10% cases police was forced to intervene that too on account of the efforts made by the women or her relatives. This means both doctors and police are not adhering to their obligations as the crime occurred within the domestic sphere of home which is considered sacred and safe for women.

WILLINGNESS TO INITIATE CRIMINAL PROCEEDINGS

As stated earlier, most of the cases were reported as accidents, so in general no police complaint has been made. However, during our questionnaire we asked the survivor's whether they wanted to file a case. Answer largely meet our expectations when 58% answer it in a clear no. But surprise was in store, when 37% answered in affirmative and 3% said they were not even aware about criminal procedure at that time. Here this needs to be clarified that this does not mean that FIR have been registered in 37% cases, it simply means that these many survivor's thought about filing an FIR but then mostly succumb to the social pressure.

Chart 21: If they wanted to file a criminal case



Unfortunately no records of any kind are available with any of the survivor, making it difficult to determine in reality what happen at that time. Whether

police was called (as it is necessary in burn cases) or not. What has been shared by survivors is taken on good faith and relied upon.

In cases where police did come to the hospital to take the statement, due to the severity of the injury, the survivor was not in the condition to share the gruesome details of the violence. In one case Husband set survivor and himself on fire at her natal place, he even threw the burning lamp on his mother-in-law who came rushing to help her daughter. All three of them got severely burnt and were taken to hospital by the police called by the same mother-in-law. In the hospital, husband succumbed to the burn injuries and wife was critical and couldn't tell the police clearly about the incident when they ask for her statement. Later when she wanted to file an FIR, police said that she cannot change her statement now. On the other hand her marital family filed a case against her of theft of household jewellery.

MEDICAL & FINANCIAL HELP AND SUPPORT

5% out of sixty cases shared that they got little financial help. In one case, neighbours and nearby construction workers donated some money for the treatment, in another Rs.10,000 were given by a local leader and in third one village head helped financially. Other than that survivors and their family got no help from elsewhere and after spending everything they had they had to take loan. Most of them are still repaying that loan.

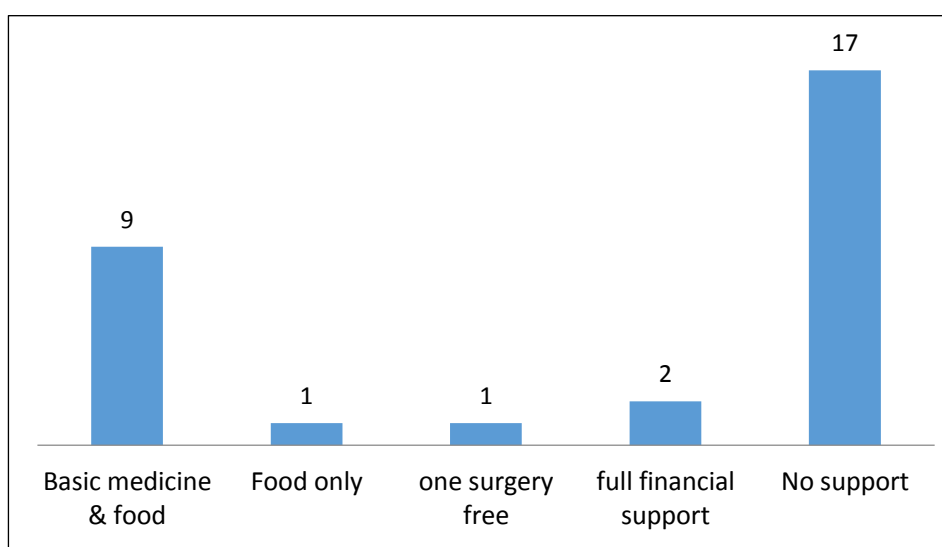
If we talk about hospitals, private hospitals are obviously out of question but 50% survivors who went to government hospitals were not provided with minimum help and support. The government hospital provided them basic medicine and food but most of the medicine had to be purchased from outside. In Lucknow Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGI) they have a scheme, under which there is a provision to provide monetary relief to burn survivors; one survivor applied for the same but before it could be granted she was discharged from

Vimla is a 26 year old woman who lives in Lucknow. 7 years ago she got married and started facing the continuous torture for not bringing enough dowry as per the expectation of her in-laws. Her husband regularly beat her. One day in a fit of rage, her husband pour kerosene on her and light a match stick but hearing her screams, he got afraid, put out the fire and took her to hospital. In hospital she gave statement against her husband and he along with mother-in-law, sister-in-law and her husband were put in jail after 15 days for 1.5 months.

Vimla sustained 50% burn injury. She was referred to SGPGI where she was treated for two months. Due to her poor financial condition, she applied for 50% waiver on food and medicine but before her application was decided, she was discharged from the hospital. She also published an appeal in local newspaper requesting financial support but it made the doctors angry as they thought that she is trying to make money out of her injuries. She finally received the money from government and when she enquired she was informed that her money was returned back to state by hospital.

the hospital and money was returned back. In another case in Lucknow survivor wanted to apply for a social welfare scheme but doctors refused to provide necessary undertaking. From the below chart it is clear only in 15% cases basic medicine and food was provided whereas in one case only food was provided. One government hospital in Lucknow district did one surgery free of cost and in Saharanpur the hospital provided full medical and financial support to the survivor. Whereas in remaining 28% cases there was no support of any kind from the hospitals.

Chart 22: Hospital Support



LEGAL HELP & SUPPORT

It has already been discussed that police took cognisance of three cases only and police intervention was sought in 10% cases only. Otherwise survivors family never wanted to report the case. Only in two cases they got help from outside agencies which resulted in good hospital care and support. Nobody had any awareness about compensation. Although two survivors file for monetary relief under some social welfare scheme but otherwise they never had the information about compensation to burn victims.

BURNING INDUCED DISABILITY

Burn incident happened, it happened in a moment of frenzy either or in a pre-planned way but survivor is still facing its consequences. Their whole body got affected and changed. There are many kinds of disabilities that they are suffering from. Treatment is still on and in a way, it's for life time because for survivors with lessor degree of burns, it itches a lot during summers, during rainy seasons at times there is pus in wounds and in winter they cannot wear

warm or thick clothes. Apart from these common issues survivors are facing various health issues and disabilities.

- Partial vision loss in 80% of cases
- Partial hearing loss in 40% of cases
- Memory got affected in one case
- One survivor's right hand got imputed
- Severe weakness
- Chronic anaemia
- Skin got stuck at places
- Arms and neck cannot be straightened
- Cannot sit for long
- Cannot do heavy work
- Disfiguration in body and face
- Swelling in body
- Blood pressure remains low

In 18% of cases surgery is needed but either due to bad economic condition or husband's unwillingness it is still pending. Economic condition is very bad for these survivors and when there are other responsibilities such as children etc. and above all the burden of loan, survivor's wellbeing is last on the agenda. One survivor shared that at times she doesn't have money to buy ointment to sooth her itching.

PRESENT ECONOMIC STATUS

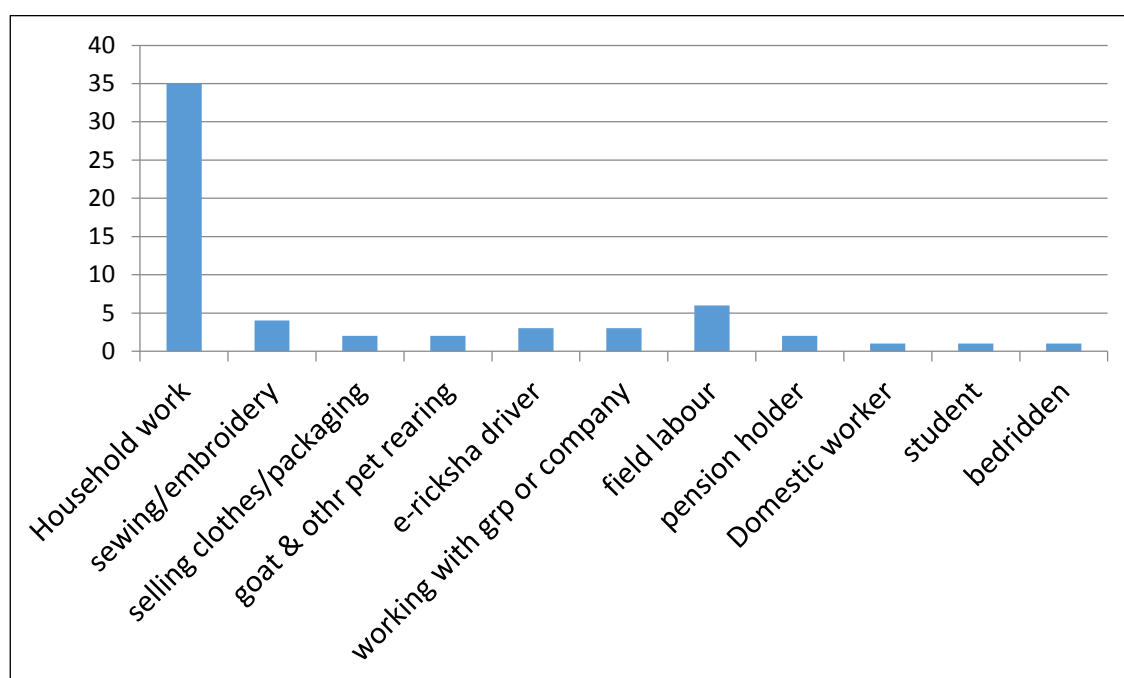
Economically 58% of the survivors are fully dependent which make their situation even worse. Others are assisting their husbands or have a job of their own. Also there is one woman who is now bedridden due to the paralysis and cannot do anything but is totally dependent.

Overall economic condition of these women is very bad. Only one survivor's husband works in a private company in Delhi and earns

Rs.35,000/-But other than that all of them are suffering from bad economic condition where their treatment is never on priority list.

Sheela, a 32 year old widow from Lucknow was sustaining herself and her 2 sons by selling minor items. One day, she met Ravi and after a while they got married in a mass marriage ceremony. However, Ravi was very suspicious and used to quarrel with her. In the morning of June, 2011, Ravi set Sheela on fire after throwing oil upon her. On hearing her screams, neighbours and labourers working nearby came and persuaded Ravi took Sheela to hospital. After initial medical treatment, Ravi took her back to house where she was denied detailed medical care despite suffering severe burn injuries on hand, neck and face. However, Sheela was resolved to live and tried to heal her hand, neck and face through home remedies and local doctor's support. She left Ravi and took training as driver, is raising her sons by driving e-rickshaw for living.

Chart 23: Present economic condition



8% women are living separately from their husbands after the incident. It is interesting to note that only one is being supported fully by her natal family and the remaining four are working and earning whatever they can and looking after themselves and their children. Another interesting fact that come up in the analysis relates to the role played by natal family during this entire episode.

In all 60 cases, mostly it was natal family who took care of all the medical expenses after the incident (either by taking loans or selling their assets) and looked after the daughter and her children well-being but at the backhand they were all busy negotiating with the marital family to take the woman back as no one wants to take additional responsibility.

Here, one need to realise that most of these burn survivors are married women within the age group of 18-30 years. Half of them are just literate totally dependent upon their husbands for livelihood. If one thinks from the point of view of their natal family, the situation is grim, she has survived burn injury, which, needs long-term medical care that require investment of both money and constant personal care. In addition, she also have children which also require the same amount of care due to their innocent age. For her natal family, she has just become a huge liability, so, though the natal family is willing to take care of her in emergency mode, they are not ready to accept her responsibility for long term and hence, they hide behind the so-called custom that “a woman’s place is with her husband”. All in all nobody wants to take the

responsibility of her for the longer period. Thus, left with no option, women were forced to go back to their husband's to live in the same violent situation and faced trauma daily. The situation emboldens the husband to continue the violent behaviour as now he knows that no matter how much violence he perpetuate, woman has no option but to suffer as she has no other place to live.

PART 8: EPILOGUE

Generally a woman spent most part of her life near stove and know very well the pain of burning. Still many of these women tried taking their life by the same horrific procedures and ended up making rest of their lives miserable. However, one shouldn't forget that there is a history behind every such burning full of violence, which may vary in kind but which drove these women to the verge of trying to take their own life through a very painful way.

One thing that came up very strongly in the analysis is that violence is everywhere and it is the harsh reality of our life that despite having many awareness building exercises and campaigns to end violence against women or to change the patriarchal mind-set of society; it is still prevalent in its crudest form resulting at times in these burning incidents.

After examining all the legal and rehabilitatory provision (including compensation), a very interesting and unfortunate scenario is emerging. For the flame burn survivors, all these come into force in case of death.

The findings of the survey conducted confirmed that all the survivors are badly in need of rehabilitation and in 80% cases medical treatment of the survivor's have been stopped due to bad economic condition. Ironically, though on paper it seems the provisions have been made for medical treatment and financial compensation, nothing concrete has been done to make survivor's life easier, no scheme except Rani Laxmi Bai Mahila Samman Kosh that can support their medical expenses or can provide rehabilitation.

During the course of the survey, it came to light that 47 out of 60 cases were of self-immolation and only 13 could be considered as homicide where survivor was set on fire by husband, husband's relative or her own family. However, the instigator in 47 cases of self-immolation is majorly husband or son. Here it is important to think from survivor's perspective who was struggling for her life and at the same time is constantly in fear of law on account of attempted bid to suicide which is considered as an offence under IPC.

Police intervention could be viewed in only 6 cases. It is true that survivors were taken to private hospital to avoid any legal procedure but still 50% cases went to government hospital. A doctor usually has an expertise to analyse which burn injury are common occurrence in the normal course of daily life and which could be inflicted in an attempt to end life (suicidal or homicidal). Therefore, why doctors are not reporting to the police, is a big question. NPPMBI has made registry of burn incidents mandatory for hospital. Which is yet to be implemented.

Rehabilitation of these survivor is still bigger question. So far the well-being of the survivors was not on the priority list. The first objective in such scenario was how to escape police proceedings. Then there were financial constraints on the family. Mainly it was natal family who put money in the treatment of the survivor either by taking loan or selling their assets. In few cases marital family too took that responsibility. Survivors were given treatment up to a certain limit, however, once the threat to life is over, nothing has been done to remove the disabilities requiring surgical interventions. Families already have put more than enough money, and cannot afford to provide more money as there were other priorities such as children etc. to be taken care of.

Therefore, some provision for the rehabilitation for these survivor should be made where they can get help in their post hospital treatment. There is a need for the effective operationalization of NPPMBI. One such example is a case wherein a woman registered herself under Ayushman Scheme which enabled her to get free surgery for her hand which couldn't be straightened up after the incident. For these women, a help desk could be constituted in the hospitals to guide them about these schemes or programs which can help in their rehabilitation.

PART 9: RECOMMENDATIONS AND SUGGESTIONS:

The study found that despite so many women being burnt every day, except in acid attack, the law comes into play only when the woman is dead. The Government of India has not made ‘attempt to burn a woman’ into a specific criminal offence under the Indian Penal Code 1860, despite acknowledging the commission of this horrific crime (in 91st Law Commission Report). Though the police have the authority to construe it as attempt to murder but nowhere, an obligation has been imposed on police to conduct a mandatory investigation in all cases of burning. It seems that if a woman is dead, then there are provisions to treat it as a crime but in case she is alive, then she has no recourse available.

The study recommends:

- 1. Enactment of a specific provision acknowledging the ‘Attempt to burn’ as specific crimes within the IPC, 1860**
- 2. Impose an obligation on police (similar to obligation imposed in case of section 174 (4) to conduct a mandatory investigation in all cases of burning, especially those caused by flame.**

Study findings suggest that despite a large proportion of survivors reaching the institutional care, only in 15% cases, respondents informed that basic medicines and food was provided to the survivors by the Government Hospitals whereas in 28% cases no support of any kind was provided from the hospitals. Most burn survivors received just basic food and medicines and had to spend money on medication prescribed by the doctor. The survivors and her caretakers further face challenges in navigating the system to seek approvals for specific care and treatment support.

One of the disturbing findings is the abysmally low number of cases registered with the police, even though 50% of the cases were brought to Government hospitals and another 33% to private hospitals. Doctors, who are obliged to register a medico-legal case with police, failed to comply with their obligations.

In light of these challenges, **it is recommended:**

- 3. To create provision for psycho-social and legal help desk at the hospital premises, operated by competent civil society**

organizations, to provide immediate support to the burns survivor and her caretakers in

- **Supporting the survivor and her caretakers to deal with the trauma**
 - **Informing them of their entitlements and supporting them to access those**
 - **Advising them on legal recourse available and supporting them to access the legal system**
- 4. To sensitize and build capacity of the doctors in providing trauma and domestic violence informed services to the survivors**
 - 5. To fix the accountability of the attending doctor to register burns incident with the police and strict actions against a doctor and the hospital in cases where they fail to register a burn incident. Additionally, work with the hospital management and doctors to provide technical inputs regarding the nature of the case (accident, self-inflicted or attack) to record specifics of the case.**
 - 6. To further explore, the utilization of money allocated to hospitals under the NPPMBI and case registrations once the survivor reaches the hospital. Standard guidelines for utilization of NPPMBI money for providing protein rich diet, all medication and specialized clothing should be developed, and monitoring procedures put in place.**

A number of survivors could not fully recount the process of providing their first statement to the police, as it happened at a time when the physical pain and emotional trauma of the even of burning was still very recent. In that state, women, were under too much of stress about the legal consequences of their actions (in case of self-immolation) and unsure about their future, to be able to recount in detail, the circumstances leading up to the incident of burning – whether burnt by others or self-immolation. In many cases, the woman recounted the incident as a stand-alone accident, without recording the circumstances preceding the incident, thus protecting the perpetrator. In some cases, this was also done in exchange of the promise from the husband to provide for her for the rest of her life. Once a statement was recorded, the woman did not have an option to record a second statement, even though in some cases, respondents expressed the desire to record a new statement at a later stage.

In order to help the survivor, take a decision based on her situation while dealing with the physical pain and trauma of burning, **it is recommended:**

7. **To have mandatory psychological counselling available for all burn survivors soon after medical aid is administered, and her physical condition stabilizes.**
8. **To ensure that the survivor receives more than one session of psychosocial counseling before giving her a discharge from hospital.**
9. **To amend the procedure of filing the FIR. The recommendation is that the Police should take the report from doctor and write the occurrence of the incident in their general diary. Later, as the woman's physical and emotional condition stabilizes, her statement should be recorded and if they find a valid case, then criminal procedure should be followed to register an FIR.**
10. **To register Domestic Incident Report and forward the same to the local Protection Officer.**

Applying a feminist understanding of violence against women to the case stories of the survivors, the study finds that the incidence of burning is not a stand-alone event, rather it occurs within a broader framework of gender-based subordination of women and 'normalization' of various forms of violence. Based on participant experiences, the event of burning is preceded by an environment of economic dependence and violence by men, emotional violence perpetrated by the man and the family and/ or sexual violence. At the same time, this violence and subjugation does not end with the event of burning, but continues unabated, in most cases. Yet, in most cases, survivors reported going back to live in their marital homes where the violence was perpetrated. This points to deeper systemic oppression of women, where they lose their agency to stand up and assert their rights, seek justice or even walk out of the violent relationship.

In light of this systemic nature of the violence, wherein burning is just one manifestation of the violence and discrimination that women face, **the recommendation is:**

11. **To create an integrated response mechanism that brings together different support services and women's empowerment programs such as medico-legal support, psycho-social support and economic opportunities to enable women survivors to not**

only survive the experience of burning, but thrive and integrate back into the society.

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10. ANNEXURES

Annexure I

List of Organisations

S. No.	District	Org.
1	Lucknow	HUMSAFAR
2	Sitapur	Sangtin
3	Saharanpur	Disha Social Organization
4	Muzaffarnagar	Astitwa Samajik Sangthan
5	Bareilly	Sakar
6	Kanpur	HUMSAFAR
7	Hardoi	HUMSAFAR
8	Unnao	HUMSAFAR
9	Lalitpur	Shajani Shikshan Kendra
10	Varanasi	Lok Chetna Samiti

ANNEXURE II

QUESTIONNAIRE

- Uke&
- fi rk dk uke &
- ekrk dk uke &
- i fr dk uke &
- mez &
- /kel &
- tkfr@mi tkfr &
- शिक्षा –
- oSkfgd Lrj &
- 0; ol k; @jktxkj &
- cPpk dh I a[; k] mez o fyx &
- i rk orëku &
- i rk ek; dk &
- i rk I I gky &
- ; g ?kVuk dc ?kVr gq h o dš \
- ?kVuk ?kVus ds ckn vki dh enn I cl s i gys fdl us dh \
- D; k vki , Q0 vkbD vkj0 ntZ djuk pkgrh Fkh ; k gš
- D; k , Q0 vkbD vkj0 ntZ gq h Fkh@gš gka rks fnukd
- , Q0 vkbD vkj0 fdl us ntZ dj; h\
- ; fn gka rks vHkh dš dh D; k fLFkr gš \
- D; k fdl h dh fxj¶rkjh gq h Fkh \ dc\
- bykt dgka dj; k o fdrus I e; rd vLi rky eš jgh\
- चोटों की गंभीरता (जलने का प्रतिशत) क्या था /है \
- bykt eš fdruk [kpkZ gqk \
- क्या आपका इलाज अभी भी चल रहा है यदि हां (स्पष्ट करें)
- यदि नहीं तो (क्या जरूरत नहीं है या करवा नहीं पा रहे) कारण स्पष्ट करें
- vHkh rd vki dks dgka& dgka I s I gk; rk feyh gš ¶I jdkj] xš I jdkjh I dLFkk] vLi rky] i Mkd h] vU; ½
- D; k vki dks fdl h i xdkj dh fpfdRI dh; I gk; rk feyh gš ¶fpfdRI k] nokbz; k] अस्पताल के बाद की जाने वाली देखभाल, पौष्टिक भोजन, अन्य)
- D; k vki dks fdl h i xdkj dh vkfFkd I gk; rk feyh gš ; fn gka rks fdl @ dgka I š

- D; k vki dks fdl h i xdkj dh l kekftd l gk; rk feyh gS %cPpk dh ns[kHkky dh सुविधा, पेशेन्ट केयर, अन्य)
- D; k vki dks fdl h i xdkj dh dkuuh l gk; rk feyh gS ; fn gka rks fdl @ dgka l \
- D; k vki dks fdl h i xdkj dk eqvotk feyk gS ; fn gka rks fdruk o dc \
- eqvotk feyus ea fdruk l e; yxk \
- eqvotk feyus dh i fdz k D; k jgh %dgka fdl foHkkx o vf/kdkjh½\ D; k& D; k fnDdra gq ha\
- वर्तमान शारीरिक स्थिति (क्या किसी अंग में किसी प्रकार की गंभीर क्षति हुयी है या कमजोरी है) स्पष्ट करें।
- orleku vkfFkd flFkrA

By

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