

# **Acid and Burns Violence in Nepal**

A Situational Analysis

**Burns Violence Survivors-Nepal**

in partnership with the Acid Survivors Trust International

November 2011

**Burns Violence Survivors-Nepal (BVS-Nepal)** is a not for profit non-governmental organization (NGO) established in 2008. Its main objective is to promote a holistic approach to supporting survivors of burns violence. This entails working with partners to provide quality medical and psychosocial care, whilst also promoting legal advocacy, vocational training and long-term prevention strategies. In 2010, BVS-Nepal initiated a pilot project aiming to set up and develop a specialist team consisting of counsellors, a physiotherapist and nutritionist. This means BVS-Nepal is able to provide medical, physiological and nutrition support to burns violence survivors. Furthermore, BVS-Nepal intends to provide legal counsel and advocacy, and develop burn prevention training. The second phase of the project will establish a rehabilitation home for burns survivors, where they will be provided post-hospital medical care, psychosocial support and vocational training.

BVS-Nepal aims at developing a solid partnership network with various governmental and private sector service providers. The aim is to partner with these organizations to provide both medical and psychosocial support to victims and survivors of burns violence, especially to the very poor who cannot afford these services.

### **Acknowledgements**

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

This report was written by Ingrid Massage, with the assistance of Sulakshana Rana and Prativa Basnet of BVS-Nepal. It is mainly based on a literature review and draws on media reporting on the subject of burns violence. The March 2009 report *Burns Violence in Nepal*, and other information collected by Alison Marston proved an invaluable source of information to the writer, for which special thanks.

We would like to express our thanks to Saathi-Nepal for their continuing support of BVS-Nepal.

### **What is Acid Violence?**

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

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

# CONTENTS

1. INTRODUCTION .....	4
1.1 Methodology .....	5
2. CONTEXT .....	6
3. ACID AND BURNS VIOLENCE IN NEPAL .....	8
3.1 Incidence .....	8
3.2 Profile of victims .....	9
3.3 Reasons for attacks .....	10
3.4 Impact .....	14
3.5 Access to acid .....	15
4. PERPETRATORS, IMPUNITY AND PROSECUTION .....	16
5. SUPPORT FOR SURVIVORS .....	19
5.1 Specialist medical care .....	19
5.2 Cost .....	20
6. RAISING AWARENESS .....	22
6.1 Community-level initiatives .....	22
6.2 Education .....	22
6.3 Working with traditional healers .....	23
6.4 Women district development officers .....	23
6.5 Using the media .....	23
7. KEY RELEVANT LAWS .....	23
7.1 Domestic Violence Act .....	24
7.2 Laws to criminalize harmful traditional practices .....	25
7.3 Criminalization of suicide .....	25
8. CONCLUSIONS AND RECOMMENDATIONS .....	26
8.1 Recommendations .....	26
BIBLIOGRAPHY .....	29

## 1. INTRODUCTION

In July 2010, Sharada Nepali, a 39-year-old member of the Constituent Assembly and Parliament and mother of six, tried to kill herself by drinking carbolic acid.<sup>1</sup> A member of the disadvantaged Dalit community from Bardiya district in the remote west of the country, she never went to school. In 2008, she was nominated to Parliament by the Communist Party of Nepal-Marxist Leninist and is a member of the Parliamentary Committee for Women, Children and Social Welfare. "I could not handle it anymore," she told a journalist. "There was too much pressure from my family and the party. I was mentally tortured by my husband for not handing over my entire salary as a Member of Parliament to him. I couldn't do that since my party was paying me just a fraction of the money we are allotted by the government. When I raised the issue, the party threatened to sack me."<sup>2</sup>

Sharada's case symbolizes the current situation for many women in Nepal, despite substantial progress to address gender equality at the legislative and policy level since the end of the armed conflict and the transition to democracy in 2006. Several studies show that domestic violence remains widespread and that this, as well as harmful traditional practices such as child marriage and the dowry system are directly implicated in the continuing problem of acid and burns violence.

The government does not collect data on acid and burns violence, and all statistics that have been gathered must be considered with care as survivors often do not reveal the true cause of their burns because of fear or shame. However, various studies do indicate that acid and burns violence remains common in Nepal. A recent study by the Department of Health Services, for example, found that half of suicides in women aged between 15 and 49 followed burns violence. This reflected self-immolation by women and other suicide attempts following domestic violence and, more rarely, attacks by men using acid<sup>3</sup> or kerosene.

---

<sup>1</sup> Carbolic acid is an irritant poison, introduced into the system, either by mouth or through an open surface. It is used as an antiseptic and disinfectant, and is widely available and used as a cleaning agent. The chief symptoms of ingestion of carbolic acid are feebleness of the pulse, which may be either accelerated or retarded, faintness, stertorous breathing, muscular weakness, and finally collapse. Vomiting, diarrhea, vertigo, coma, general anesthesia, and convulsions are also observed in some cases. After the ingestion or application of carbolic acid death can follow within very few hours, or it may be insidious in its onset, with symptoms lasting for several weeks. For more details, see *Acid and Burn Violence. A Literature Review*. John Willott, Faculty of Health & Social Sciences, Leeds Metropolitan University, UK, June 2011.

<sup>2</sup> Kantipur, *Suicides spur mortality rates among Nepalese women*, 3 September 2010,

<http://southasia.oneworld.net/todayshadlines/rising-suicides-spur-mortality-among-nepali-women>

<sup>3</sup> Acid violence is more commonly associated with the throwing of nitric, hydrochloric, or sulphuric acids.

Sadina Khatun, from Morang district, was 20 years old in 2006. She was breastfeeding her baby when her husband Mohamad Aslam poured acid on her, accusing her of having an affair. Both Sadina and her baby were badly burnt. Her husband was arrested the night of the attack, but was released on bail by the Biratnagar appellate court. “My husband is walking around as if nothing happened,” she told the *Nepali Times*. She went to live with her parents, “I have no money to take care of my daughter. Please help me to force him to compensate me.”

Rita Debi Mahato was attacked in 2006 by four men who accused her of having an affair. Her right eye was destroyed and a year later her face was still deeply scarred and wounds on her chest were infected. Police did not arrest the perpetrators although they were well known locally.

In Sunsari district, 18-year-old Indian national Punam Kumari Sabariya was raped by four men who later poured acid on her. Her husband and his family subsequently disowned her.

Palsi Debi Yadav, 17, was doused with acid by her husband and father-in-law who said she had not brought enough dowry. Palsi Debi’s family complained to police, but her in-laws forced her to withdraw the complaint.<sup>4</sup>

This situational analysis focuses on the plight of victims and survivors of acid and burns violence, who in the main are young women with low levels of education living with severe physical, psychological and social scars. Many of their specific needs have not been adequately addressed in the many recent law and policy initiatives. This report highlights ways in which this can be rectified and makes recommendations covering the following areas:

- Ways to prevent of acid and burns violence.
- The need for legal reforms.
- More effective investigations and prosecutions.
- Enhanced support for survivors.

## 1.1 Methodology

The analysis of acid and burns violence in Nepal in this report is drawn mainly from information compiled by BVS-Nepal, including case files and databases relating to assaults, interviews and meetings with survivors and their families, community groups, police, medical and legal professionals.

The report also draws on specialised literature on the subject. Chiefly among these is a 2009 study conducted by Alison Marston and involving nationwide research into at 35 hospitals around the country and data provided by the Burns Unit at Bir hospital in Kathmandu.

---

<sup>4</sup> Manoj Shrestha, “Men are waging chemical warfare on women and getting away with it”, *Nepali Times*, Issue 349, 7-24 May 2007.

Several contacts in Bangladesh and Cambodia linked to BVS-Nepal through their partnership with Acid Survivors Trust International (ASTI), a charity based in London,<sup>1</sup> provided helpful examples of good practice in reducing burns and acid violence.

The testimonies included in the report were obtained by BVS-Nepal, with the full consent of the burns survivors. Interviews were conducted in private, where possible, and care was taken not to re-traumatize the interviewees.

## 2. CONTEXT

Since 2006, significant progress has been made to address gender equality in Nepal. A third of members of the Constituent Assembly (set up to draft a new Constitution and to act as the Parliament) are women. The Act to Amend Some Nepalese Acts to Maintain Gender Equality was passed in 2006, largely eliminating longstanding discrimination in areas of property, citizenship and age of marriage and also addressing marital rape. The Interim Constitution of 2007 guarantees that “no woman shall be discriminated against in any way on the basis of gender”.<sup>5</sup> In June 2007, Nepal ratified the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), giving individual women the right to appeal at the international level if their rights under the Convention have been violated. It also ratified the Convention on the Rights of Persons with Disabilities in May 2010. The Domestic Violence Act of 2009<sup>6</sup> and accompanying Rules of 2010<sup>7</sup> were further important initiatives.

In November 2009, the then Prime Minister declared 2010 as the year to end gender-based violence and initiated an inter-ministerial committee to formulate an action plan. The government’s commitment towards ending gender-based violence was endorsed by members of the Women’s Caucus of the Constituent Assembly/Legislative Parliament. The resulting National Plan of Action for “Year Against Gender Based Violence, 2010”, emphasizes protection, prevention and prosecution.<sup>8</sup> It is being coordinated and monitored by a high-level ministerial committee. The then Prime Minister also announced that a separate unit would be set up at his office to monitor and manage complaints related to gender-based violence, headed by the Chief Secretary of the Government of Nepal. The special unit at the Office of Prime Minister and Council of Ministers aims to raise awareness on gender-based violence and ensure that the perpetrators are punished according to the law and that

---

<sup>5</sup> CEDAW Committee, Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women Combined fourth and fifth periodic reports of States parties. Report of Nepal, 9 November 2010, UN Ref: CEDAW C/NPL/4-5, paragraph 8, available at <http://www.un.org/womenwatch/daw/cedaw/reports.htm#n>

<sup>6</sup> Domestic Violence (Crime and Punishment) Act, 2066, available at <http://www.lawcommission.gov.np/en/prevaling-laws/prevaling-acts/func-startdown/424/>

<sup>7</sup> Domestic Violence (Crime and Punishment) Rules, 2067, available at <http://www.lawcommission.gov.np/en/documents/prevaling-laws/prevaling-rules/Prevaling-Laws/Rules-and-Regulations/English/Domestic-Violence-%28Offence-and-Punishment%29-Rules-2067/>

<sup>8</sup> Office of the Prime Minister and Council of Ministers, *National Plan of Action for “Year Against Gender Based Violence, 2010”*, 25 November 2009

victims receive justice.<sup>9</sup> This way, a fairly comprehensive framework to promote gender equality and address violence against women has been set in place.<sup>10</sup>

Nevertheless, much remains to be done to achieve full equality between men and women and to address widespread gender-based violence. The Committee for the Elimination of Discrimination against Women (CEDAW Committee), the treaty body monitoring implementation of the CEDAW, expressed concern in 2011 at the persistence of harmful traditional practices, such as child marriage, the dowry system, son preference, polygamy, widows accused of witchcraft and others.<sup>11</sup> BVS-Nepal's interlocutors agree that many of these practices, especially the dowry system, are directly implicated in acid and burns violence, a distinctively hideous form of gender-based violence prevalent in Nepal.

It is arguable that the widespread dissemination of egalitarian Maoist ideology during the armed conflict between 1996 and 2006 had a positive impact on the general situation of women in Nepal. According to the International Center for Transitional Justice, "factors motivating women to join the Maoist movement included their propaganda about women's liberation, equality of opportunity within Maoist organizations and the Maoists' social reform programs such as their campaigns against alcohol, gambling, sexual violence and exploitation."<sup>12</sup> In areas where Maoists exercised effective control, they prohibited domestic violence, child marriage or abuse, prostitution, extra-marital affairs, alcoholism and gambling. They started to enforce these policies through "people's courts", imposing punishments that included imprisonment.<sup>13</sup> Among the issues raised by the Maoists that attracted women into their ranks were: equal access to inheritance rights and elimination of patriarchal exploitation and discrimination, equal payment for equal work, and the vulnerability of low caste women to sexual exploitation.<sup>14</sup>

A major concern about the Maoist "justice system", however, relates to its handling of cases involving gender-based violence. The International Commission of Jurists reported on incidents where, during hearings at "people's courts", women were made to give detailed evidence in front of large crowds, thereby being re-victimized. In at least one case, the public trial during which a woman was accused of being a sex worker was said to have been very traumatic for her. Neighbours considered that her subsequent suicide was a result of this experience. Cultural prejudice and traditional insensitivity prevailing in the society were sometimes amplified in the name of "justice". The organization also reported a case from Saptari district where the "people's court" had compelled an offender to marry a rape victim as a form of punishment and reparation,<sup>15</sup> a practice that remains quite common.

---

<sup>9</sup> Government of Nepal, *Report to the Human Rights Council under the Universal Periodic Review*, 12 November 2010, UN Doc A/HRC/WG.6/10/NPL/1, paragraph 95.

<sup>10</sup> Joint UN submission for the UN compilation report: United Nations Country Team (UNCT) Nepal Report for Universal Periodic Review – Nepal Tenth session, 24 January-11 February 2011.

<sup>11</sup> CEDAW Committee, Concluding observations of the Committee on the Elimination of Discrimination against Women, Nepal, 29 July 2011, UN Doc: CEDAW/C/NPL/CO/4-5, paragraph 17.

<sup>12</sup> International Center for Transitional Justice (ICTJ), Advocacy Forum, *Across the Lines: The Impact of Nepal's Conflict on Women*, December 2010, page 23.

<sup>13</sup> International Commission of Jurists, *Nepal: Justice in Transition*, February 2008, page 11.

<sup>14</sup> ICTJ, Advocacy Forum, *Across the Lines: The Impact of Nepal's Conflict on Women*, page 24.

<sup>15</sup> International Commission of Jurists, *Nepal: Justice in Transition*, February 2008, page 11-12.

It is unclear whether any positive changes seen during the conflict will endure, or whether traditional patriarchal attitudes and deep-rooted stereotypes that discriminate against women and continue to be entrenched in the social, cultural, religious, economic and political institutions and structures of the Nepali society, as well as in the media, will prevail.

### 3. ACID AND BURNS VIOLENCE IN NEPAL

#### 3.1 Incidence

There are no reliable nationwide statistics regarding the prevalence of violence against women and domestic violence in Nepal. Estimates in individual studies vary considerably. A study by the NGO Saathi in collaboration with The Asia Foundation in 1997 found that 95% of respondents attested to first-hand knowledge of violence against women and girls. In 77% of cases the perpetrators were reported to be family members. In the case of domestic violence, nearly 58% of respondents reported that it was a daily occurrence.<sup>16</sup> In a 2007 study by Giridhari Sharma Paudel, more than a third of the women interviewed had experienced gender-based violence in their homes.<sup>17</sup> Research carried out in 2008 in Surkhet and Dang districts found that 81% of women frequently faced domestic violence.<sup>18</sup> According to the Women’s Cell at the Police Headquarters in the capital Kathmandu, there was an increase in the number of cases of domestic violence reported to the police between 2003 and 2007 (see **Table 1**). How to interpret the variances in these figures is a challenge, but it is clear that domestic violence was and remains widespread in Nepal.

**Table 1: Annual number of domestic violence cases reported to the police<sup>19</sup>**

Calendar year, mid-April to mid-April	Number of cases of domestic violence reported to police
2003/2004	922
2004/2005	730
2005/2006	939
2006/2007	1100

In line with the general absence of statistical data on violence against women and domestic violence in Nepal, no systematic data is collected on acid and burns violence. However, a recent maternal mortality and morbidity study conducted by the Department of Health Services highlighted that suicide is the leading cause of death among women aged 15-49 (16%) in Nepal, compared with 10%

<sup>16</sup> *A situational analysis of Violence against Women and Girls in Nepal*, 1997, page ii.

<sup>17</sup> Giridhari Sharma Paudel, “Domestic Violence Against Women in Nepal”, *Gender Technology and Development*, May 2007, vol. 11, no. 2, pages 199-233, page 210, available at <http://gtd.sagepub.com/content/11/2/199.short?rss=1&ssource=mfc>.

<sup>18</sup> Saathi/UN Population Fund (UNFPA), *Situational Analysis of Gender-Based Violence in Surkhet and Dang Districts Nepal*, 2008, quoted in The Asia Foundation, *Nepal: Preliminary Mapping of Gender-Based Violence*, July 2010, page 1.

<sup>19</sup> Extract from Table 23, CEDAW Committee, *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women. Nepal: Combined fourth and fifth periodic report of States parties*, CEDAW/C/NPL/4-5, page 104. It is to be noted that the category of “domestic violence” comprises the following crimes: rape, attempted rape, trafficking, abortion, polygamy and child marriage.



in 1998 when it was the third most common cause.<sup>20</sup> Of the 16% of deaths that are suicide, 50% follow burns violence.<sup>21</sup>

This finding has focused attention on burns violence, with women attempting suicide through self-immolation (using kerosene), mostly after domestic violence and men attacking women using acid or kerosene.

Ritu Tamang, 16, was burnt by her husband in Besisahar, Lamjung district, in December 2009. She died in the course of treatment at Bir Hospital on 1 January 2010. Her husband, who came from Morang district, had poured kerosene over her body and set fire to her, following a minor quarrel. She suffered burns over 90% of her body. Police said the marriage, which was inter-caste, had taken place two months before the attack. The husband was taken into custody.<sup>22</sup>

### 3.2 Profile of victims

Paudel reports that in Nepal there is a significant correlation between the educational level of women and the incidence of gender-based violence. While 49% of women who experienced gender-based violence at home were illiterate, only 13% who had higher than secondary level education had similar experiences. Of those with primary level education, 36% suffered gender-based violence, compared to 30% of those with lower secondary education and 22% with secondary level education.<sup>23</sup>

A study of 151 suicide burns cases admitted to the burns unit at Bir Hospital in Kathmandu (conducted between 2004 and 2008) found that 83% were women of low socio-economic status. Half were just literate and 22.5% were illiterate.<sup>24</sup> This study also found that the 151 suicidal cases represented around a third of the total admitted burns cases.

In Nepal, burns violence was found to be more prevalent in the lower hills and the eastern Terai region.<sup>25</sup> A 1998 study found that the Bir Hospital burns unit admitted many patients from the Terai region.<sup>26</sup> In the hills and mountains, burns did occur, but the majority were domestic accidents involving children, open cooking fires and hot liquid.

---

<sup>20</sup> Maternal Mortality and Morbidity Study 2008/2009 undertaken by the Family Health Division of the Department of Health Services at community level looked at changes in maternal mortality in Nepal since 1998, when the last survey was done.

<sup>21</sup> Alison Marston, BVS-Nepal, Situational Analysis, October 2010, page 2.

<sup>22</sup> *Himalayan Times*, "Burnt Woman Dies", 3 January 2010.

<sup>23</sup> Paudel and Giridhari, 2007 quoted in Marston, 2009, page 21.

<sup>24</sup> Narayan Prasad Sharma, *Case study on suicidal burn patients at Bir Hospital Kathmandu*, date not known

<sup>25</sup> Marston 2009, page 12. The author suspects that people in the higher hill and mountain regions choose other more accessible methods, such as jumping off a cliff or into a river.

<sup>26</sup> Minnesota Advocates for Human Rights, *Domestic Violence in Nepal*, September 1998, page 15.



MANOJ SHRESTHA

Scarred for life: Akriti Rai (left) at a meeting of acid victims in Biratnagar in May 2007. Her husband, a soldier, poured acid on her. Akriti and others like her said they were going public because their attackers had not yet been punished. Sadina Khatun and her baby were both injured in an acid attack by her husband and her father-in-law, who were acquitted by an appellate court.<sup>27</sup>

The need to focus on the Terai region when addressing gender inequality was recognized by the government in its report to the CEDAW Committee. It stated: "Disadvantages related to gender discrimination are further reinforced by socio-cultural, institutional and other practices which discriminate against women mainly belonging to marginalized castes and ethnicities. They are susceptible to discrimination due to traditional practices which are guided by religious and social dogmatism. The *dowry* system, still in practice in some parts of the country, is also a challenge in the way to empowering women, particularly, of the *Madhesi* community in the Terai region as their level of awareness and education is relatively low."<sup>28</sup> Some research suggests that urban residents are more likely to commit suicide than rural ones.<sup>29</sup>

### 3.3 Reasons for attacks

In the 1997 study by Saathi and The Asia Foundation, the two leading causes of violence against women and girls, both within and outside the household, were economic problems (52%) and alcohol abuse (49%), followed by torture in police custody (48%). Women's economic dependency on the spouse and extended family were identified as the primary reason (73%) for women not reporting incidents of violence against them, followed by lack of education and a perceived need to keep the family intact due to children (both 49%).<sup>30</sup> It is also to be noted that half of the women reported that they did not seek medical treatment.<sup>31</sup>

<sup>27</sup> *Nepali Times*, Issue 349, 18-24 May 2007, <http://www.nepalitimes.com/issue/349/Nation/13549>

<sup>28</sup> Nepal report to the CEDAW Committee, paragraph 76.

<sup>29</sup> Thapa and Carlough, quoted in Marston 2009, page 11.

<sup>30</sup> Saathi and The Asia Foundation, *A situational analysis of Violence against Women and Girls in Nepal*, 1997, page ii.

<sup>31</sup> Saathi and The Asia Foundation, page 31.

Overall, accidents and attempted suicide are thought to be the most common cause of burns in Nepal, as illustrated in Table 2.

**Table 2: Reason given for burn<sup>32</sup>**

Type	Male	Female	Total
Accidental	38	36	74
Suicidal	7	20	27
Homicidal	1	2	3
<b>Total</b>	<b>46</b>	<b>58</b>	<b>104</b>

Not only are the gendered differences in percentages in accidents, suicide and homicide incidents noteworthy. So too is the considerably higher percentage of less severe burns among men (see Table 3) and the fact that 57% of women suffer burns to over a third of their body compared to 28% of men. This can also be interpreted as part of the higher prevalence of accidental burns among men, as set out in Table 2.

**Table 3: Severity of burns by gender<sup>33</sup>**

Percentage of body burnt	Male	Female	Total
5-20%	22	14	36
20-35%	11	11	22
35-50%	5	11	16
50-65%	5	6	11
65-75%	1	3	4
75-100%	2	13	15
<b>Total</b>	<b>46</b>	<b>58</b>	<b>104</b>

Any statistics have to be considered carefully as women victims of acid and burns violence often do not report the true cause of the injuries out of fear or shame. A nurse at Bir Hospital's burn unit commented in 1996 that, at the time of admission to the hospital, almost all women say they were burnt accidentally. Sometimes, after three to four days, the women reveal that they were burnt in a suicide attempt or an attempted homicide.<sup>34</sup>

In 2008 Narayan Sharma and Bir Bahadur Lama, who had worked in the Bir Hospital burns unit since 2000 as counsellors, started to collect data on patients. They recorded the district origins and address of survivors, their age, sex, ethnicity, marital status, socio-economic background and education level as well as the burns incident/case details, cause and severity of the burns and the psychological state of the women. Most patients (60%) were aged between 20 and 30, followed by 25% who were adolescent (15-19 years). The majority of patients (81.5%) were married.<sup>35</sup> The large

<sup>32</sup> Department of Burns and Plastic and Reconstructive Surgery, Bir Hospital.

<sup>33</sup> Alison Marston, *Burns violence in Nepal*, March 2009, page 8.

<sup>34</sup> Interview with a nurse at Bir Hospital burns unit on 22 November 1996, quoted in Minnesota Advocates for Human Rights, *Domestic Violence in Nepal*, September 1998, page 15. See also Saathi report, page 46, which explains that most victims will not confide the cause of their injuries.

<sup>35</sup> Narayan Prasad Sharma, *Case Study on Suicidal Burn Patients at Bir Hospital-Kathmandu*, date not known

majority (96.7%) of suicide burns were caused by kerosene. All the cases occurred in a domestic environment. Most happened because of adjustment problems (47%), depression (46.4%) and alcohol use/drug use/other (6.6%). The majority of patients (57%) died during treatment. These findings are in line with global findings by the World Health Organization that depression plays a major role in suicide and is thought to be involved in 65-90% of all suicides with psychiatric pathologies.<sup>36</sup>

Both the researchers and counsellors agree that the percentage of burns cases related to suicide is likely to be significantly greater, as many patients do not reveal the truth about the causes of their injuries.

In conclusion, for women, the main cause of burns are attempted suicide, followed by accidents (or alleged accidents) and homicide or attempted homicide. Each of these categories needs a different strategy.

### **Suicide**

The records of the Crime Investigation Department of the Nepal Police show that about nine people commit suicide in Nepal every day – 3,061 people took their lives in the year 2065/2066 (mid-July 2008 to mid-July 2009). The records also show a steady rise: 2,785 people committed suicide in 2007/08, 2,566 in 2006/07, 2,029 in 2005/06, 2,009 in 2004/05 and 1,954 in 2003/04. The rate of increase is around 10% a year, compared to an annual population rise of only 3%.<sup>37</sup>



Eleven-year-old Tara Tamang from Ramechhap district tried to commit suicide after a fight with her 14-year-old sister in April 2010. She locked herself in her bedroom, poured kerosene over herself and lit it. She worked in a carpet factory and had not had much education. Her father carried her to the nearest hospital, which took 45 minutes. Her family told BSV-Nepal that they suspected Tara may have seen someone on television committing suicide using kerosene. Tara suffered 60 degree burns and was referred to Kanthi Children's Hospital in Kathmandu as the Ramechhap hospital did not have the necessary expertise to treat her. After two weeks' treatment, Tara died of her injuries.

<sup>36</sup> World Health Organization 2002, quoted in Marston 2009, page 12.

<sup>37</sup> Nandalal Tiwari, *Increasing cases of suicide*, Gorkhapatra, [http://www.gorkhapatra.org.np/gopa.detail.php?article\\_id=24228&cat\\_id=10](http://www.gorkhapatra.org.np/gopa.detail.php?article_id=24228&cat_id=10)

The number of *attempted* suicide cases show that women outnumber men. For instance, records at Tribhuvan Hospital show a suicide attempt ratio of 65% female and 35% male. The highest incidences of suicide attempts are found among housewives, students, labourers and the unemployed.<sup>38</sup> In 2002, a study found that self-inflicted burns were much more extensive and had a 14 times higher mortality rate than accidental burns (70% versus 5%).<sup>39</sup>

According to psychiatrist Dr Saroj Ojha, the suicide rate is rising due to lack of counselling, low priority for mental health from the government and other stakeholders, and low coverage by media. "Even psychiatric counselling is taken as a social stigma, and this is something that should be changed," he said. Dr Ojha advocates for a Mental Health Act in order to address this growing cause of death.<sup>40</sup>

Traditional healers and religious leaders can provide up to 80% of the care received by the mentally ill. The education of health workers and traditional healers in mental health promotion, explanatory models for distress, problem solving, empathy, various counselling skills and recognition of major mental illness has been trialled in some areas of Nepal. This can link formal and informal care structures, improve access and decrease stigma, as well as improving the mental health of the community.<sup>41</sup>

In terms of causes, the World Health Organization found that "women abused by their partners are at heightened risk for suicide and suicide attempts."<sup>42</sup>

### **Accidents**

Burns as a result of accidents do not directly relate to the focus of the work of BVS-Nepal, but this will be briefly addressed here as it forms part of the wider context relating to acid and burns violence in Nepal, and gives insight into the general problem of burns in the country, especially in inaccessible regions. A small study of people with disabilities in remote parts of Solukhumbu district found that out of 60 people with severe disabilities, 10 had been due to burns caused by accidents, mostly involving children. The majority of the accidents had been caused by the use of open cooking fires. The scars left many unable to walk properly or have full use of their hands, particularly devastating in a community where people rely on manual farm labour to survive. In none of the recorded cases did the victim receive medical treatment or go to hospital. This limited study highlights that there is an urgent need for a public awareness campaign, especially in remote areas, to prevent accidental burn injuries and increase public knowledge of immediate "first aid" treatment and the need to take people to hospital.<sup>43</sup>

---

<sup>38</sup> Benson and Shakya, *Suicide prevention in Nepal: a comparison to Australia – a personal view*, in *Mental Health in Family Medicine*, 2008, Issue 5, page 178

<sup>39</sup> Lalore & Ganesan 2002, as quoted in Marston 2009, page 15.

<sup>40</sup> Kantipur, "Seven persons a day commit suicide", 17 November 2007, <http://www.kantipuronline.com/kolnews.php?&nid=128564>

<sup>41</sup> Regmi S, Pokharel A, Ohja S *et al.*, *Nepal Mental Health Country Profile*, *International Review of Psychiatry*, 2004, Issue 16 (1-2), pages 142-9.

<sup>42</sup> World Health Organization 2002, quoted in Marston 2009, page 10.

<sup>43</sup> Alison Marston, Notes of meeting with Brian Smith, humanitarian worker, 3 May 2008.

## **Homicide**

Acid throwing is not very common in Nepal. Mannan et al (2007) described such attacks as “crimes of passion” but they are now recognized to be premeditated. However, acid throwing should be considered to be, at least, attempted homicide.

Ambika Dhamala, 41, a resident of Chabahil, Kathmandu district, suffered burns on 40% of her body after her husband Murari, 45, allegedly attacked her. Murari, who is a government official, allegedly committed the crime on 22 May 2008. Police arrested him on the charge of attempted murder.<sup>44</sup> Ambika received treatment at Bir Hospital for eight days, but died.<sup>45</sup> A mother of two daughters, she had been living separately after her husband married a second time. According to Ambika’s younger brother, her husband had been torturing Ambika for more than a decade because she had not given birth to a son. Though Murari had been living with his second wife for seven years, he used to visit Ambika at Chabahil three times a week and abuse her physically and verbally. After locking up his younger daughter, he asked Ambika to serve dinner. Soon after she ignited the gas stove, he poured kerosene on her from behind and set her ablaze.<sup>46</sup>

### **3.4 Impact**

Victims of acid violence face horrific consequences, including death, severe disfigurement, loss of sight and maiming. The impact depends on the type and amount of acid used, its concentration, the nature and duration of contact and whether or not effective first aid was given.

As well as loss of life, “assault through the use of chemical agent brings with it a spectrum of complications, namely the onset of severe scarring and deformities. The target is often the face in an effort to maximize the impact of what is often an indelibly easy weapon to obtain and use. In recent years, the uptake has been most notable within the developing world, where management is often difficult and limited.”<sup>47</sup>

---

<sup>44</sup> <http://www.kantipuronline.com/kolnews.php?&nid=148613>

<sup>45</sup> [http://www.gorkhapatra.org.np/detail.php?article\\_id=1119&cat\\_id=8](http://www.gorkhapatra.org.np/detail.php?article_id=1119&cat_id=8)

<sup>46</sup> <http://www.southasianmedia.net/cnn.cfm?id=503301&category=Women&Country=NEPAL>

<sup>47</sup> Mannan et al, 2007, quoted in Marston 2009, page 10.

### **IMPACT OF ACID BURNS ON VICTIMS <sup>48</sup>**

*Skull:* May be partly destroyed or deformed. Hair is often lost.

*Ears:* Deafness may occur immediately or later. Cartilage in the ear is usually partly or totally destroyed, exposing the victim to future infection and hearing loss.

*Eyes:* Direct acid contact or acid vapours can damage eyes, causing blindness. Even if the eyes survive the attack, they remain vulnerable to other threats that can cause blindness. Eyelids may have been burned off or may be deformed, leaving the eyes to dry up and go blind.

*Nose:* Shrunken and deformed. Nostrils may close completely because the cartilage is destroyed.

*Mouth:* Shrunken and narrowed, and may lose its shape. Lips may be partly or totally destroyed. Lips may be permanently flared, exposing the teeth. Movement of the lips, mouth and face may be impaired. Eating can be difficult.

*Chin:* Scarred and deformed. The scars may run downward, welding the chin to the neck or chest.

*Neck:* Often badly damaged, sometimes leaving the person unable to extend the neck or straighten the head.

*Chest:* Often badly scarred. Inhalation of acid vapours can create breathing problems. In girls and young women, the breasts may stop developing or be destroyed.

*Shoulders:* May be badly scarred, which can limit the person's arm movement.

### **3.5 Access to acid**

One obvious step to prevent acid violence is to limit the availability of acids. This has not been done in Nepal. However, to do so would be in line with action taken in 1971 to bring into force the Flammable Fabrics Act to reduce the number of children who suffer severe burns while wearing cheap but highly flammable clothing.<sup>49</sup>

Bangladesh provides a striking example of what can be achieved through appropriate legislation. The number of acid attacks there has decreased steadily by between 15% and 20% a year since 2002, when public awareness programmes accompanied the introduction of legislation to restrict the sale and distribution of acid and to increase the penalties for attacks.[15] Fines and custodial sentences are imposed on perpetrators, and the money is used to compensate victims or their families.

---

<sup>48</sup>

Branday, J., et al., Chemical burns as assault injuries in Jamaica. Burns, 1996. 22(2): p. 154-155.

#### 4. PERPETRATORS, IMPUNITY AND PROSECUTION

Historically, women survivors of gender-based violence have rarely sought support from official services or institutions to obtain justice and redress. This is due, among other reasons, to the lack of trust in the police and the courts; the often long distance from their home to these institutions; and reliance on informal systems, including community leaders and traditional healers.

Due to the absence of the state in large parts of the country, historically the preferred mode of concluding civil disputes (and, on occasions, criminal cases) has been for community leaders to find a compromise between the parties involved. During the armed conflict, the Maoists used mediation as a means to settle civil and sometimes criminal cases. Maoist estimates in various parts of the country are that between 75% and 85% of all cases before the Maoist “justice system” were concluded through mediation and compromise. However, parties in some cases felt implicitly coerced into reaching a compromise, rather than genuinely reaching a win/win outcome for both parties.<sup>50</sup>

Forty-year-old Janaki Debi Mehta was attacked with acid by a group of men for speaking up at a meeting to resolve a land dispute. Because a doctor at the Inaruwa district hospital registered the case as an accident, the attackers could not be tried. Two local women’s organizations, the Women’s Rehabilitation Centre (WOREC) and SIKSA, tried to help Janaki obtain justice through the court system but faced numerous legal hurdles.<sup>51</sup> Since most victims survive acid attacks, the courts do not register the cases as “attempted homicide” but categorize them as less severe crimes under the *Muluki Ain* or more recently under the Domestic Violence Act.

Even when people complain to the police, mediation is often used to settle a case, rather than investigation and prosecution. In the Terai region, women from Dalit and indigenous groups in particular have stated that they did not want to report rape and other forms of violence as they do not expect to get justice. In a study conducted in 2009, the few women who did attempt to file complaints with police stated that police either refused to file their cases or failed to conduct proper investigations. Therefore, women often feel they have no alternative but to tolerate violence, including rape. Advocacy Forum-Nepal has collected testimonies describing how police push women to use traditional informal community justice systems or to strike a deal with the perpetrator.<sup>52</sup> This finding is in line with an Amnesty International report which states: “Instead of investigating incidents, women are pushed by police, family and community to accept traditional informal community justice where payment of bribes, discrimination and the lack of importance of the crime

<sup>50</sup> ICJ, *Justice in Transition*, page 13.

<sup>51</sup> Manoj Shrestha, “Acid attacks. Men are waging chemical warfare on women and getting away with it”, *Nepali Times*, Issue 349, 18 May-24 May 2007.

<sup>52</sup> Advocacy Forum-Nepal, *Torture and extrajudicial executions amid widespread violence in the Terai*, January 2010, <http://www.advocacyforum.org/downloads/pdf/publications/terai-report-english.pdf>



committed often prevent real justice.”<sup>53</sup> This culture of silence and inaction by the state has resulted in a complete lack of accountability for sexual violence, particularly in the Terai region.<sup>54</sup>

In interviews conducted with police during the study by Saathi and The Asia Foundation, when asked “What do you generally do when you are called to a domestic dispute in which a woman or girl has been assaulted?”, nearly 60% of the surveyed police personnel said they registered a case in the police station, while 35% said they tried to settle the incident at the site and arranged for both parties involved to compromise.<sup>55</sup>

With the coming into force of the Domestic Violence Act and Rules of 2009 and 2010 respectively, a new legal framework was created to potentially bring perpetrators of acid and burns violence to justice. Paudel and Giridhari noted that in the past, police dealing with cases of domestic violence did not ask about gender-based violence as they thought of it as a private matter and saw no need to intervene.<sup>56</sup> The new legal framework, at least in theory, has forced the police to redress this.

Nevertheless, entrenched impunity for past and present abuses, inherited from periods prior to the conflict, continues to be a central obstacle to reform of government institutions, particularly local governance bodies, law enforcement agencies and the criminal justice system. Particularly destabilizing to the peace process has been the failure to reform the police, which has led to a public security crisis that is central to a deteriorating human rights situation.<sup>57</sup> The public security crisis is most acute in the Terai region, adding to the challenges faced by women when seeking justice for gender-based violence.

Before the Domestic Violence Act came into force, women who had experienced domestic violence had the option of reporting it to the local administration, including the police, and seeking legal redress against the perpetrators. However, very few women took this action because of the lengthy system for filing a case and the subsequent slow response from the police and lawyers.<sup>58</sup> The fact that under Section 4 of the Domestic Violence Act, women survivors can complain to three different institutions (the police, the National Women’s Commission and a “local body”<sup>59</sup>) makes it more likely that complaints will be acted upon. However, the maximum penalty provided for under Section 13 of the Act is only six months’ imprisonment and a fine of NRs25,000 (about US\$318), which makes it inappropriate as a charge in severe cases. So, the likelihood of women victims of acid and burns violence obtaining justice has not necessarily increased despite the Domestic Violence (see below).

---

<sup>53</sup> Amnesty International, *Nepal’s Government fails to protect women human rights defenders*, 10 April 2009, accessed on 1 October 2009, <http://www.amnesty.org/en/news-and-updates/news/nepal-government-fails-protect-women-human-rights-activists-20090410>

<sup>54</sup> Advocacy Forum-Nepal, *Torture and extrajudicial executions amid widespread violence in the Terai*, January 2010, <http://www.advocacyforum.org/downloads/pdf/publications/terai-report-english.pdf>, page 24

<sup>55</sup> Saathi and The Asia Foundation, page 36.

<sup>56</sup> Giridhari Sharma Paudel, *Domestic Violence against Women in Nepal*, Thousand Oaks: Sage Publications, 2007.

<sup>57</sup> OHCHR, 2009 <http://www.ohchr.org/EN/Countries/AsiaRegion/Pages/NPIndex.aspx>, quoted in Marston 2009.

<sup>58</sup> Joshi, S.K., *Injuries in Nepal: A Growing Public Health Problem*, in *Kathmandu University Medical Journal*, January - March 2007, pages 2-3.

<sup>59</sup> This refers to Village Development Committees and District Administrative Offices, the main administrative offices within the Nepal state structure.

The gradual increase in reports of domestic violence to the police between 2003 and 2007 (see **Table 1** above) may be an indication of a change of attitude among the police, or of a change of attitude among those reporting domestic violence. It was not possible to obtain police statistics for the period since the Domestic Violence Act came into force, so it is too early to attribute any impact in that respect.

Hasrun Hidrisi escaped with her life after her husband, mother-in-law, sister-in-law and two brothers-in-law set fire to her in November 2007 for failing to bring enough dowry. In January 2009, the Banke District Court found her husband guilty of attempted murder and sentenced him to seven years' imprisonment. Her mother-in-law was sentenced to five years' imprisonment. Her brothers-in-law, however, were acquitted and Hasrun as a result feared for her life and the life of her two young children. "They had threatened me, and the court's decision has made me insecure, as they may try to harm me again," Hasrun told a journalist.<sup>60</sup> Hasrun appealed for help to the local administration to provide protection. In April 2008, she was invited as a chief guest at an inaugural function of Samata Shiksha Sadan, an organization aiming to provide quality education to students from deprived and under-privileged communities.<sup>61</sup>

Nepal has no victim and witness protection legislation. Women survivors must rely on their relatives and some women's safe-houses set up by women's organizations such as WOREC. Since the Domestic Violence Act came into force, if a victim is found to need immediate protection on the basis of a preliminary investigation of the complaint, a court may issue orders to the parties to make arrangements to live separately, but there is no mention of ordering the detention of the perpetrator during the investigation.

The Domestic Violence Act also provides for the establishment of service centres.<sup>62</sup> Such centres have been set up in 15 districts (Jumla, Panchthar, Doti, Kanchanpur, Baglung, Sunsari, Solukhumbu, Nawalparasi, Kavrepalanchwk, Makawanpur, Dang, Saralahi, Saptari, Tanahu and Bardiya). They are operated by women cooperatives established under the Women and Children's Office (WCO). The Department has allocated an annual budget of NRs 800,000 (US\$10,615) for each district for the running of the safe house and their branches (*Upa-sewa Kendra*). Each branch receives about NRs 80,000 (US\$1,615). So far, the Government has not allocated buildings to operate safe houses. Instead, they are operated by women cooperatives established under the WCO either in the building of the cooperative or in a rented house. The women victims of domestic violence, physical assault and rape are kept in safe houses for a maximum of 15 days, where they are given care, medical support and, if needed, legal assistance to lodge a complaint with the concerned authority (in major cases of violence).

This call for the government to establish a comprehensive victim and witness protection programme through legislation and policy and to enact appropriate penalties for anyone who intimidates

<sup>60</sup> *Kathmandu Post*, "Tortured homemaker pleads for justice. Fears her dowry-hungry in-laws may target again", 21 January 2009.

<sup>61</sup> <http://hamropalo.com/page/899>

<sup>62</sup> Domestic Violence Act, Section 11.

witnesses and victims has also been made repeatedly in relation to crimes committed during the armed conflict.<sup>63</sup>

In addition to the need to protect victims and witnesses, there is a more specific concern about possible threats to doctors involved in the treatment of acid and burns violence victims. Soon after the Domestic Violence Act was passed, the President of Nepal Medical Association, Kedar Narsingh K.C., welcomed the law but doubted its enforcement if lawlessness continues in the country. "During my two years' tenure alone, there have been 40 cases of violence against health institutions and professionals. Not a single person was prosecuted," he said. In recent years, the country has seen an alarming trend of relatives of patients who have not survived treatment attacking health institutions and professionals, accusing them of carelessness and demanding compensation.<sup>64</sup> This trend may also need to be monitored and addressed, if it persists.

## 5. SUPPORT FOR SURVIVORS

### 5.1 Specialist medical care

One of the major problems in dealing with acid and burns violence in Nepal is the shortage of specialized burns units and plastic surgeons, especially outside Kathmandu. The main specialized burns facilities are based in the capital, although there are good facilities to treat burns patients, including ones that can perform skin grafts and surgery, are also found in Pokhara, Kaski district and Tansen, Palpa district, both in the Western Region. Other hospitals that have burns units, such as the Bheri Regional Government Hospital in Nepalgunj, Banke district (which in 2008 had 12 beds),<sup>65</sup> are not able to treat patients adequately, due primarily to a lack of resources, including staff. The Bheri Hospital, for instance, can only offer surgery and skin grafts for patients with first degree burns, although they receive patients with much more serious burns.<sup>66</sup> First degree burns with only a small percentage of the body burnt are rarely seen in cases of homicide or suicide.<sup>67</sup>

Bir Hospital has the main burns units in Kathmandu. It was established in 2001 under the former head of burns and plastic surgery, Keshav Das Joshi. It was initially staffed by two dressers and five nurses, and always full. Overflow patients were kept in the emergency ward until a bed in the unit became available.<sup>68</sup> By 2005, staffing consisted of one medical consultant (director and plastic surgeon), one surgical trainee registrar, one junior intern doctor, thirteen nursing staff, two dressers (nursing ancillaries responsible for wound dressings), and four cleaners.

AusAid and other donors have provided support to increase the unit's capacity. For instance, two nurses received three-week training in Perth in Australia with support from AusAid in 2005 as part of an education partnership between the burns teams at the Royal Perth Hospital and Bir Hospital. "In

---

<sup>63</sup> Advocacy Forum and Human Rights Watch, *Waiting for Justice*, October 2008, page 53.

<sup>64</sup> Womensphere, <http://womensphere.wordpress.com/2009/05/05/laws-enacted-to-check-domestic-violence-in-nepal/>

<sup>65</sup> Marston study.

<sup>66</sup> Marston study.

<sup>67</sup> Lalore & Ganesan 2002, as quoted in Marston 2009, page 15.

<sup>68</sup> *Nepali Times*, "A burning issue".

Australia, we saw patients with 90 percent burns survive. Here, we can lose patients with 30 percent burns," one of them was quoted as saying.<sup>69</sup>

Between 2005 and mid-2011, the Bir Hospital burns unit was without a much-needed plastic surgeon after Dr Joshi moved from Bir Hospital to the Kathmandu Medical College.<sup>70</sup> In mid-2011 a new surgeon joined the unit and a new operating theatre was opened.

Services such as physiotherapy, occupational therapy, dietary advice and social work were not available in the Bir Hospital burns unit until quite recently. The Director of the unit invited the Western Australian Burns Team to form a partnership to investigate the feasibility of developing a multi-disciplinary burns team service delivery approach in the Bir Hospital burns unit.<sup>71</sup> Such a unit has now been set up.

Every year approximately 120 patients are admitted to Bir Hospital's burns unit, of whom 70% are women and girls. These figures are similar to those reported by burn units across the Asian region.<sup>72</sup>

In 2005, it was noted that a lack of a consistent supply of wound care products impeded the achievement of the best possible outcomes. This resulted in delayed burn wound healing and an increased requirement for surgery with consequent poorer outcomes.<sup>73</sup>

The Government of Nepal's focus is currently on improving primary health care and achieving the Millennium Development Goals.<sup>74</sup> The National Health Training Centre, which falls under the Ministry of Health, is responsible for a programme of training for rural and community health workers. Its Director, Arjun Bahadur Singh, acknowledged that burns and their consequences pose a considerable health burden in Nepal and was very positive about the suggestion that a basic burns management course could be incorporated into the curriculum for training health practitioners. Such a programme would involve initial training sessions, training for the trainers and lead to sustainable delivery by Nepali health workers. It would also mean a uniform and consistent approach throughout the country.<sup>75</sup>

## 5.2 Cost

In the past, costs often prevented victims of acid and burns violence from obtaining effective treatment. Bir Hospital's burns unit receives some support from international organizations and individuals, but there is always a need for more assistance. "The help does not necessarily need to be monetary," says Marston. "Those interested can contribute by providing things like protein-rich food, towels and bed sheets."<sup>76</sup> While Bir Hospital provides basic medical supplies, patients may

---

<sup>69</sup> *Nepali Times*, "A burning need", Issue 242 (8 April-14 April 2005), [www.nepalitimes.com.np/issue/2005/04/08/NepaliSociety/78](http://www.nepalitimes.com.np/issue/2005/04/08/NepaliSociety/78)

<sup>70</sup> *Nepali Times*, "A burning need".

<sup>71</sup> Edgar D., Tonkin C., Baker T., Goodwin-Walters A., Wood F., "A partnership in burn care education – Nepal and Australia", in *Annals of Burns and Fire Disasters* - vol. XVIII - n. 4 - December 2005

<sup>72</sup> Edgar D., Tonkin C., Baker T., Goodwin-Walters A., Wood F.

<sup>73</sup> Edgar D., Tonkin C., Baker T., Goodwin-Walters A., Wood F.

<sup>74</sup> Sian Falder, *Notes of visit to Nepal*, December 2008.

<sup>75</sup> Sian Falder.

<sup>76</sup> *Nepali Times*, "A burning issue".

have to pay for some expensive drugs themselves. The hospital's Krishna dispensary, however, does provide some drugs for free to those with no money.<sup>77</sup>

With the coming into force of the Domestic Violence Act and accompanying Rules, there is a provision that the perpetrator (and, in cases where the perpetrator has no money, the state) will pay for the treatment of victims. According to the government's draft report to the UN Committee on Economic, Social and Cultural Rights, a gender-based violence prevention fund has been set up.<sup>78</sup> This fund can be used to immediately rescue; provide legal aid, psychological treatment and psychosocial counselling services to; and rehabilitate victims of gender-based violence. The scheme is applicable throughout the country and implemented by a district-based relief mechanism with representation of both government and non-government sectors.<sup>79</sup>

One particular long-term need that is very costly is nutrition. Survivors need to be fed high protein diets to give their bodies the strength to fight the extreme injuries. The monthly cost of the patients' diet, based on calculations of two meals of rice, lentils, vegetable and mutton curry per day, works out at around NRs 11,600 (US\$147) a month, in addition to approximately NRs 6,175 (US\$77) for the standards meals provided by the hospital (for which patients have to pay as well as for their dressings; unless they are indigent). The patients require a further NRs 13,500 per month for additional nutritional supplements such as Horlicks, milks, eggs, fruit juices, glucose, B-protein powder and biscuits. Such costs are prohibitive for most patients.<sup>80</sup>

Survivors of acid and burns violence often have to live with the consequent scars and disfigurement. The physical and psychological effects are huge and extremely complex. Social re-integration is difficult and psychological morbidity may be long standing and complex. This is a feature particularly pronounced in developing countries.<sup>81</sup>

In 2005, as part of the Australia-Nepal partnership referred to above, a programme was developed with the additional support of Rotary International to send burn therapists from Australia to Nepal to provide a movement therapy input within the Bir Hospital burns unit. The aim was to train Nepali staff on rehabilitation methods after burn injury and ultimately for those staff to become movement therapists.<sup>82</sup>

In 2005, there was no long-term care and counselling for survivors of acid and burns violence in Nepal,<sup>83</sup> but the situation has improved somewhat over the last few years. According to Marston's study conducted in June to October 2008, Lumbini and Bheri government hospitals and Palpa mission hospital in addition to the facilities in Kathmandu provide physiotherapy.<sup>84</sup> Nevertheless, there is a dire need for more physiotherapists to be trained; and to be specialized to help acid and burns violence survivors.

---

<sup>77</sup> *Nepali Times*, "A burning issue".

<sup>78</sup> The fund is said to have been established under the Gender Based Violence Prevention (Operation) Regulation, 2010

<sup>79</sup> Government of Nepal, *Third periodic report on measures taken to give effect to the International Covenant on Economic, Social and Cultural Rights*, Advance Unedited Version, 2011, paragraph 59.

<sup>80</sup> BVS-Nepal, *Concept paper for nutritional support*, undated, page 4.

<sup>81</sup> Mannan et al 2007, quoted in Marston 2009, page 9.

<sup>82</sup> Edgar D., Tonkin C., Baker T., Goodwin-Walters A., Wood F.

<sup>83</sup> *Nepali Times*, "A burning need", Issue 242 (8 April-14 April 2005)

<sup>84</sup> Survey conducted by Alison Marston in 2008

## 6. RAISING AWARENESS

### 6.1 Community-level initiatives

Initiatives can be taken to make the general public more aware about how to prevent and treat burns generally and acid and burns violence more specifically. Lessons can be learned from experiences in Bangladesh, where acid violence has been prevalent. Many successful initiatives at community-level there have resulted in a marked decline in acid and burns violence, so much so that experts are now predicting that the problem may be eradicated by 2015.<sup>85</sup>

The involvement of men and boys in awareness raising activities has been found to be crucial. Acid Survivors Foundation in Bangladesh has conducted campaigns with men and boys – by involving famous movie actors – to raise awareness on gender-based violence and the consequences of acid throwing. They have also organized training workshops for youth volunteers, where boys talk to other boys about acid violence.<sup>86</sup>

A public awareness campaign in Nepal, especially in remote areas, to prevent accidental burn injuries and increase public knowledge of the immediate “first aid” treatment and the need to take people to hospital, would have general public health benefits. It would need to include awareness raising activities about the safe storage of kerosene and other dangerous substances, and spread the general message regarding immediate measures to take in the event of severe burn injuries.

Dinesh Karki, a 19-year-old student from Morang District, suffered 50% burns after he tried to commit suicide. He burnt himself after his girlfriend had been lured back to her parental home. She was from a different caste, and they had known each other for one and a half years and had completed a marriage formality at a temple. Her parents did not approve of the union and he had been unable to find a place for them to live. He received treatment at Bir Hospital and was discharged after 20 days.

### 6.2 Education

Crucially, education can combat burns violence. Children need to be educated against such violence and also on a more practical level be taught how to prevent accidents. Education should also focus on accepting difference to reduce discrimination against those people physically challenged or bearing scars. This should include education at both the primary and secondary levels. Education and literacy classes for women are also key for unity and empowerment.<sup>87</sup> As one humanitarian worker said: “As a result of poor medical facilities in the villages and remote parts of the country there is often also a sever lack of trust in ‘western medicine’. Traditions and a culture of going to the local healers or ‘witch doctors’ have to be overcome as well. Without education people do not understand the importance of early medical treatment and therefore often leave cases to develop

<sup>85</sup> UNFPA, “Working to end acid attack in Bangladesh by 2015”, 30 September 2009, [http://www.unfpa.org/public/news/pid/3917;jsessionid=31A5276E8E76873B05ED105BDAD171C4/cache/bypass/template/news\\_rss.rss](http://www.unfpa.org/public/news/pid/3917;jsessionid=31A5276E8E76873B05ED105BDAD171C4/cache/bypass/template/news_rss.rss)

<sup>86</sup> Save the Children Sweden-Denmark, “Working with Men and Boys to promote gender equality and to end violence against boys and girls”, report of a workshop, March 2004, Kathmandu, page 8.

<sup>87</sup> Marston 2009, page 21.

till the point where there is little or nothing that can be done. Educating people in what to do and where to go when such cases occur is a crucial part of a preventative awareness campaign. In order to do this though, hospitals and clinics that can provide the necessary care need to be identified.”<sup>88</sup>

### 6.3 Working with traditional healers

Working with *jhankris* (traditional healers) in the prevention of ABV is also important, given their prominent role in communities. Thapa found that more than 40% of victims had consulted a *dhami jhankri* for their problems prior to the suicide. Less than 15% had contacted a government health worker.<sup>89</sup> The author believes that the involvement of such healers is key to tackling and preventing the problem not only of suicide, but burns violence as a whole. Working with religious leaders is also key to creating positive change.<sup>90</sup>

### 6.4 Women district development officers

In some districts in Nepal, women district development officers, appointed by the Ministry of Women, Children and Social Welfare, play a key role in raising awareness around gender-based violence and in assisting survivors. These officers need better support from the government and district administration.

### 6.5 Using the media

Marston identified how the government could make more use of radio to provide advice to illiterate families.<sup>91</sup> FM radio is now a main medium of communication in the country and is widely listened to, including in remote areas. This can be used by the government to educate the public.

Working with the media to stop attacks and promote sensitized ways of reporting these has been a succession Bangladesh. The emphasis has to be on responsible reporting, to ensure women’s protection and dignity and also to avoid copycat attacks.<sup>92</sup>

## 7. KEY RELEVANT LAWS

The legal and policy framework developed over the last few years has created an opportunity to address gender-based violence and domestic violence, including acid and burns violence, more effectively. However, there is a need for certain amendments to law and changes to policy. This section will briefly examine the key laws and policies that have been put in place to address gender-based violence and domestic violence since the end of the armed conflict.

The Interim Constitution prohibits “physical, mental or any other form of violence” against women.<sup>93</sup> The five-year strategic plan of the National Women’s Commission deals extensively with strategies to combat violence against women, although it does not address ABV as such. Clause 7.6 of the Comprehensive Peace Agreement of November 2006 committed the parties to the agreement to incorporate the rights of women and children. The clause said that “both sides fully agree to provide

---

<sup>88</sup> Alison Marston, Notes of meeting with Brian Smith, humanitarian worker, 3 May 2008.

<sup>89</sup> Thapa & Ganesan 2000, quoted in Marston, 2009, page 18.

<sup>90</sup> Marston 2009, page 18.

<sup>91</sup> *Nepali Times*, “A burning issue. Bir Hospitals burns unit does its best to provide top class care at rock bottom prices”, Issue 382 (11 January 2008 - 17 January 2008)

<sup>92</sup> Marston 1998, page 21.

<sup>93</sup> Interim Constitution of Nepal 2007, Article 20.



special protection to the rights of women and children, to immediately prohibit all types of violence against women and children, including child labour, as well as sexual exploitation and harassment.”<sup>94</sup>

## 7.1 Domestic Violence Act

Reportedly as a result of a 2008 study on traditional cultural malpractices by the Ministry of Women, Children and Social Welfare, the Domestic Violence Act was promulgated in 2009. The Act commits the state to work actively to prevent domestic violence and to investigate and punish any acts that do occur. Victims have the option of filing claims under the Act to three different bodies: the National Women’s Commission, local bodies or the police.<sup>95</sup> It provides for up to six months’ imprisonment and/or up to NRs25,000 (US\$318) fine for perpetrators of domestic violence, and half the punishment for accomplices. Under the Act, the government will also establish service centres for victims to ensure security, treatment and rehabilitation. Such centres will provide victims with legal aid and psychological counselling, among other services.<sup>96</sup>

The Act provides for the courts to order perpetrators to pay compensation to the victims and for the perpetrators to pay for the medical treatment of the victim.<sup>97</sup> Where a perpetrator does not have the means to do so, the court may order the service centre to provide treatment expenses to the victim.<sup>98</sup>

While formally this law complies with Nepal’s international legal obligation of due diligence to prevent, investigate and punish abuses by non-state actors, only with time will it be clear if and how the Act is implemented in practice. Already, the Act has been criticized in terms of content and for its weak implementation.

The definition of “domestic violence” is limited to “any form of physical, mental, sexual and economic harm perpetrated by person to a person with whom he/she has a family relationship and this word also includes any acts of reprimand or emotional harm”. From a point of view of ABV survivors, this is a narrow definition as regularly the attacks are carried out by actors outside the immediate family circle. Some attacks, especially those using acid, go beyond this definition, and should be considered as attempted homicide.

The Act does not provide for the alleged perpetrator of domestic violence to be held in custody while the charges are investigated, allowing for the possibility of intimidation of victims and witnesses. Section 6 provides that if the court has any reason to believe, on the basis of preliminary investigation of the complaint, that the victim needs immediate protection, it may issue orders to the parties to make arrangements to live separately but there is no mention of ordering the detention of the perpetrator during the course of investigation. There is also a 90-day statute of limitation for filing complaints, which is very short, considering that victims may, for example, be hospitalized for several months.<sup>99</sup>

---

<sup>94</sup> Comprehensive Peace Agreement, Clause 7.4, available at <http://www.peace.gov.np/uploads/Publication/cover%20and%20con.pdf>

<sup>95</sup> Domestic Violence Act, Section 4.

<sup>96</sup> Domestic Violence Act, Section 11.

<sup>97</sup> Domestic Violence Act, Section 9 and 10.

<sup>98</sup> Domestic Violence Act, Section 9(2).

<sup>99</sup> ICTJ, Advocacy Forum, *Across the Lines: The Impact of Nepal’s Conflict on Women*, page 72.



Under the Domestic Violence Act and Rules, survivors of acid and burns violence can apply for legal aid from a specially created service fund.<sup>100</sup> However, the survivors of the most severe attacks (which would be dealt with as attempted murder) or indeed the relatives of women who died as a result of acid and burns violence may not qualify for legal aid because domestic violence is not prosecuted by the state. Domestic violence is not set out in Schedule 1 of the State Cases Act, which lists the crimes prosecuted by the state. This means that women victims have to find their own lawyers or rely on legal aid if they want perpetrators to be brought to justice, unless they can convince the police to file the case as an attempted homicide case (which would be prosecuted by the state). This deters women who do not have access to resources from bringing forward claims of domestic violence.

As of October 2011, no cases filed under the Domestic Violence Act had reportedly reached the stage of judgment, so it remains early days to assess the law's impact. Anecdotal evidence, however, suggests that the police process the large majority of complaints filed under the Act under Section 4(8) of the Act, which empowers the police to conduct reconciliation between both parties.

## 7.2 Laws to criminalize harmful traditional practices

Among the key causes of domestic violence and acid and burns violence more specifically, are harmful traditional practices such as dowry and child marriage. This is recognized by eminent international bodies. For instance, in its General Recommendation No. 19, the CEDAW Committee notes: "Tradition attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence or coercion, such as family violence and abuse, forced marriage, dowry deaths, acid attacks, and female circumcision. Such prejudices and practices may justify gender-based violence as a form of protection or control of women. The effect of such violence on the physical and mental integrity of women is to deprive them of equal enjoyment, exercise and knowledge of human rights and fundamental freedoms."

At the point of writing, these harmful practices are not outlawed in Nepal. A draft Penal Code, Criminal Procedure Code and Sentencing Bill are pending in Parliament. Section 169 of the draft Penal Code criminalizes child marriage (for anyone under 20 years; or under 18 with the consent of the parents), making it punishable by up to one year's imprisonment. Section 171 criminalizes bigamy, punishable by three years' imprisonment. Section 170 makes dowry illegal, and makes it punishable with imprisonment up to three years and/or a fine. While these are welcome inclusions, some problems remain regarding the statute of limitations. For each of these crimes, a complaint has to be filed within three months of the alleged offence.<sup>101</sup>

## 7.3 Criminalization of suicide

In Nepal, suicide and the abetment of suicide are illegal. This criminalization of suicide is given as a reason why hospitals do not keep records of suicides.<sup>102</sup> The draft Penal Code currently before Parliament provides for the abetment of suicide to be punishable by up to five years' imprisonment and a fine.<sup>103</sup>

---

<sup>100</sup> Domestic Violence Rules, section 15.

<sup>101</sup> Draft Penal Code, Section 172.

<sup>102</sup> Marston, 2009, page 14.

<sup>103</sup> Draft Penal Code, Section 180.

If gender-based violence is to be addressed by the state, the laws relating to suicide need to be amended urgently.

## 8. CONCLUSIONS AND RECOMMENDATIONS

In July 2011, the CEDAW Committee urged Nepal to prioritize combating violence against women and girls and to adopt comprehensive measures to address such violence. The World Health Organization has argued that many Millennium Development Goals (MDGs) will be missed if violence against women – one of the most blatant manifestations of gender inequality – is not addressed.<sup>104</sup> Acid and burns violence violates the intent of a majority of the MDGs. In this context, the next three years (until 2015, when the MDGs are to be achieved) present Nepal with a key opportunity to address violence against women, and acid and burns violence more specifically.

Below are a number of concrete recommendations, mainly addressed to the Government of Nepal.

### 8.1 Recommendations

#### Prevention

- Introduce systematic gathering and analysis of data relating to domestic violence and ABV by all relevant agencies.
- Introduce a programme of education for health workers, women development officers and traditional healers in mental health promotion and prevention of acid and burns violence across the country, with priority given to the Terai region.
- Develop a uniform nationwide data collection programme on cases of violence against women and establish a monitoring mechanism for effective implementation of the Domestic Violence Act and the new Penal Code (when it becomes law).<sup>105</sup>
- Fund delivery of prevention and treatment programmes to address alcoholism as a health issue.

#### Legal reform

- Ensure the new Constitution incorporates the principle of equality between women and men, and prohibits both direct and indirect discrimination against women, violence against women, including ABV, and harmful practices.
- Regulate the production, distribution, packaging, storing, selling and using of concentrated acids.<sup>106</sup>
- Enact legislation or a code of conduct to limit the range of available pesticides, and to ensure emetics are added to pesticides and that they are diluted to non-lethal levels.<sup>107</sup>

---

<sup>104</sup> World Health Organization, “Addressing violence against women and achieving the Millennium Development Goals”,

[http://www.who.int/gender/documents/women\\_MDGs\\_report/en/index.html](http://www.who.int/gender/documents/women_MDGs_report/en/index.html)

<sup>105</sup> Recommendation 18(c) of CEDAW Committee, July 2011.

<sup>106</sup> In Bangladesh, the Acid Control Act of 2002 provides for a prison term of 3-10 years for the unlicensed production, import, transport, storage, sale and use of acid; those who possess chemicals and equipment for the unlicensed production of acid can receive the same prison term. Cambodia is considering enacting a similar law.

<sup>107</sup> Vijayakumar L, John S, Pirkis J *et al*, *Suicide in developing countries*, Crisis, 2005, pages 112-124.

- Make acid and burns violence part of the Domestic Violence Act, introducing rigorous sentences and ensuring victims of acid and burns violence can be provided with all the necessary medical treatment and after-care, at the expense of the government, if necessary.
- Ensure the effective implementation of the Domestic Violence Act and other existing legislation, including by the proper prosecution and punishment of perpetrators.<sup>108</sup>
- Amend the draft Penal Code to ensure that it covers all forms of harmful practices, extend the statute of limitation on these crimes, enact the Code and ensure full implementation without delay.<sup>109</sup>
- Bring into law a Mental Health Act to address depression, provide therapeutic support and introduce initiatives to prevent a further rise in suicide.
- Decriminalize suicide as a concrete step towards more accurate medical records and reporting of gender based violence and acid attacks including to the police.

### **Investigation and prosecution**

- Take concrete steps to significantly improve medical documentation of injuries as a result gender based violence and acid attacks to ensure forensic evidence is retained that can support the laying of appropriate criminal charges.<sup>110</sup>
- Ensure women's access to justice and make legal aid available and accessible to all women.
- Introduce more effective victim and witness protection, including through application of exclusion orders by police with, if broken, the possibility to rescind bail.
- Ensure and adequately resource police investigations into acid attacks and provide appropriate training.
- Prosecute and punish perpetrators of acid attacks.
- Protect victims from threats that could undermine investigations and prosecutions.

### **Support survivors**

- Increase and improve physical rehabilitation and medical care for acid burns survivors, including by providing physiotherapy.
- Integrate the prevention and treatment of acid and burns into strategies for the primary health care sector, also taking into account the state's obligation under the newly ratified Convention on the Rights of Persons with Disabilities.

### **Raise awareness**

- Provide the police with the necessary training on domestic and sexual violence and monitor closely their application of the relevant laws to reports of incidents of gender based violence and acid attacks.
- Provide public prosecutors, the judiciary and other relevant Government bodies, as well as healthcare providers, with training on domestic and sexual violence and suicide prevention.
- Undertake gender based violence and acid attacks awareness raising programmes in all communities, including the Dalit community, specifically targeting men and boys.<sup>111</sup>

---

<sup>108</sup> CEDAW Committee recommendation 20(a) of July 2011.

<sup>109</sup> CEDAW Committee recommendation 18(c) of July 2011.

<sup>110</sup> Saathi and The Asia Foundation, page 36.

- Incorporate awareness raising about acid and burns violence and burns prevention generally into primary level education.
- Introduce a public awareness campaign, especially in remote areas, to prevent accidental burn injuries and increase public knowledge of immediate “first aid” treatment and the need to take people to hospital.
- Develop a programme of work with traditional healers to increase their awareness of acid and burns violence, burns and suicide prevention.
- Increase support to women district development officers.
- Abide by responsible journalism guidelines to raise awareness about acid violence and its impact, and to reduce the stigma attached to survivors.

---

<sup>111</sup> CEDAW Committee recommendation 20(d) of July 2011.

## BIBLIOGRAPHY

Advocacy Forum and Human Rights Watch, *Waiting for Justice*, October 2008

Advocacy Forum-Nepal, *Torture and extrajudicial executions amid widespread violence in the Terai*, January 2010

Amnesty International, *Nepal's Government fails to protect women human rights defenders*, 10 April 2009

Benson and Shakya, *Suicide prevention in Nepal: a comparison to Australia – a personal view*, in *Mental Health in Family Medicine*, 2008, Issue 5

BVS-Nepal, *Concept paper for nutritional support*, undated

CEDAW Committee, Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women Combined fourth and fifth periodic reports of States parties. Report of Nepal, 9 November 2010, UN Ref: CEDAW C/NPL/4-5,

CEDAW Committee, Concluding observations of the Committee on the Elimination of Discrimination against Women, Nepal, 29 July 2011, UN Doc: CEDAW/C/NPL/CO/4-5

Comprehensive Peace Agreement, November 2006

Domestic Violence (Crime and Punishment) Act, 2066 (2009)

Domestic Violence (Crime and Punishment) Rules, 2067 (2010)

Draft Penal Code (2011)

Edgar D., Tonkin C., Baker T., Goodwin-Walters A., Wood F., "A partnership in burn care education – Nepal and Australia", in *Annals of Burns and Fire Disasters* - vol. XVIII - n. 4 - December 2005

Falder S, *Notes of visit to Nepal*, December 2008

Government of Nepal, *Report to the Human Rights Council under the Universal Periodic Review*, 12 November 2010, UN Doc A/HRC/WG.6/10/NPL/1

Government of Nepal, *Third periodic report on measures taken to give effect to the International Covenant on Economic, Social and Cultural Rights*, Advance Unedited Version, 2011

*Himalayan Times*, "Burnt Woman Dies", 3 January 2010

Interim Constitution of Nepal, 2007

International Center for Transitional Justice (ICTJ), Advocacy Forum, *Across the Lines: The Impact of Nepal's Conflict on Women*, December 2010

International Commission of Jurists, *Nepal: Justice in Transition*, February 2008

Joshi, S.K., *Injuries in Nepal: A Growing Public Health Problem*, in [Kathmandu University Medical Journal](#), January - March 2007

Kantipur, "Seven persons a day commit suicide", 17 November 2007

Kantipur, *Suicides spur mortality rates among Nepalese women*, 3 September 2010

*Kathmandu Post*, "Tortured homemaker pleads for justice. Fears her dowry-hungry in-laws may target again", 21 January 2009

Marston A, Notes of meeting with Brian Smith, humanitarian worker, 3 May 2008

Marston A, *Burns Violence in Nepal*, March 2009

Marston A, BVS-Nepal, Situational Analysis, October 2010

Minnesota Advocates for Human Rights, *Domestic Violence in Nepal*, September 1998

Ministry of Women, Children and Social Welfare, *National Plan of Action on Gender Based Violence*, 2010

*Nepali Times*, "A burning need", Issue 242 (8 April-14 April 2005)

*Nepali Times*, Issue 349, 18-24 May 2007

*Nepali Times*, "A burning issue. Bir Hospitals burns unit does its best to provide top class care at rock bottom prices", Issue 382 (11 January 2008 - 17 January 2008)

Office of the Prime Minister and Council of Ministers, *National Plan of Action for "Year Against Gender Based Violence, 2010"*, 25 November 2009

Paudel G S, "Domestic Violence Against Women in Nepal", *Gender Technology and Development*, May 2007, vol. 11, no. 2, pages 199-233

Regmi S, Pokharel A, Ohja S *et al.*, *Nepal Mental Health Country Profile*, International Review of Psychiatry, 2004, Issue 16 (1-2), pages 142-9

Saathi and The Asia Foundation, *A situational analysis of Violence against Women and Girls in Nepal*, 1997

Save the Children Sweden-Denmark, "Working with Men and Boys to promote gender equality and to end violence against boys and girls", report of a workshop, March 2004, Kathmandu

Sharma N P, *Case study on suicidal burn patients at Bir Hospital Kathmandu*, undated

Shrestha M, "Men are waging chemical warfare on women and getting away with it", *Nepali Times*, Issue 349, 7-24 May 2007

The Asia Foundation, *Nepal: Preliminary Mapping of Gender-Based Violence*, July 2010

Tiwari N, *Increasing cases of suicide*, Gorkhapatra, Friday Supplement, undated

United Nations Country Team (UNCT), Joint UN submission for the UN compilation report, Nepal Report for Universal Periodic Review – Nepal Tenth session, 24 January-11 February 2011

UNFPA, “Working to end acid attack in Bangladesh by 2015”, 30 September 2009

Vijayakumar L, John S, Pirkis J *et al*, *Suicide in developing countries*, Crisis, 2005

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

World Health Organization, “Addressing violence against women and achieving the Millennium Development Goals”, undated

---

<sup>i</sup> Acid Survivors Foundation Bangladesh at <http://www.acidsurvivors.org/> and Cambodian Acid Survivors Charity at <http://www.cambodianacidsurvivorscharity.org/> and Acid Survivors Foundation Pakistan at <http://acidsurvivorspakistan.org/>