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ORIGINAL ARTICLE

Examining Legal Recourse and Rehabilitation for Burnt Survivors of Domestic Violence: A Study of Section 337-L (1) in Pakistan

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ABSTRACT

Background: The section 337-L (1) of the Pakistan Penal Code serves as a pivotal legal instrument, providing a framework for addressing injuries for disturbing normal pursuits of life for about 20 days or more. In this context burns inflicted within the realm of domestic violence surfaces as the most notorious mode of injury to be evaluated in light of this particular section of law.
Aim: To identify the correlation between physiological outcomes and the length of hospital stay of survivors of unfortunate victims of burns.
Methodology: Data were collected from Accident and Emergency Department of May Hospital Lahore from December 2023 to December 2024. Physiological outcomes were assessed including scar, movement limitation, disfigurement, loss of feeling of sensation and permanent pain or discomfort; participants were categorized based on gender and age group. Statistical analysis was carried out to find the relation between the return to normal physiology when compared with the one of longer hospital stay.
Results: The results showed strong correlations between burns and some physiological outcomes, such as scarring, motion impairment and permanent pain or discomfort in survivors. Physiological outcomes were correlated with the severity of prolonged hospitalization, reflecting the limitations of survivors in receiving timely and comprehensive healthcare services. The p value 0.009 found the association defined to be statistically grossly significant.
Conclusion: present study demonstrated the urgency to tackle burns through holistic and survivor centered approaches of early detection, trauma informed care, and integrated support services. When healthcare systems prioritize the well-being of survivors and encourage interdisciplinary collaboration, they can contribute to mitigating the ravages of burns and help survivors heal and recover.
Keywords: Domestic Violence, Physiological Outcomes, Hospitalization, Survivor-Centered Care, Trauma-Informed Approach.

INTRODUCTION

Domestic violence leads to burns that are an agonizing expression of abuse, which carry devastating physical, psychological, and legal impacts on victims regardless of their geographic, socio-economic, or cultural status[1]. A particularly devastating form of domestic violence occurs when it is manifested as burns inside the home[2]. In this introduction, it is explored that burns from domestic violence are a complex problem, and that a multifaceted

approach to this problem is called for, including the scope of this problem, its impact on survivors, and the legal aspects of this problem. The paper highlights the multitude nature of burn injuries from domestic violence, the scope of the problem, impact on survivors, and legal issues surrounding such cases[4].

Burns are the form of domestic violence, a continuous and systemic abuse of a person, a physical, a mental or economic abuse. These injuries have lasting scars, both physically and emotionally, whether inflicted directly, by scalding or burning with objects, or indirectly, through arson or other means [5]. The result of the burns from domestic violence are much more serious than initially meets the eye. Often, victims live with long term physical disabilities, chronic pain, disfigurement and functional limitations, which in turn render their ability to live productive lives and even conduct normal everyday activities[6]. The physical trauma inflicted from domestic violence burns not only in the physical form, but also creates significant disruptions to survivors' lives which in turn impact their ability to pick up the slack in their normal lives. Injury that endangers life or involves severe bodily pain, and the legal framework of injuries of this kind, especially by the time of their impairment of life or daily activities[7].

Burns from domestic violence are a significant part of the healing process that survivors have to go through in order to recover physically and emotionally. Not only do the injuries that prevent people from resuming their routine pursuits for twenty days or more indicate significant physical harm but they also signify the extent to which violence has affected people. Conversely, survivors who can return to their normal activities in twenty days, may have a different course of healing and adaptation[7]. The classification of burn survivors into these two groups with shorter duration of impairment and those with longer duration of impairment has implications in the proceedings under the said section of law. This provision is to be used by the survivors who have survived for long and are suffering from prolonged impairment and are facing a lot of problems to resume normal life[10].

Conversely, survivors with shorter healing times may face differing legal considerations, potentially impacting the interpretation and implementation of legal remedies[8]. Understanding the dichotomy in healing times among burn survivors due to domestic violence is crucial for legal practitioners, healthcare professionals, and policymakers alike. It sheds light on the diverse experiences and needs of survivors, informing tailored interventions, support services, and legal advocacy efforts. Additionally, it underscores the importance of legal sections in addressing the spectrum of injuries resulting from domestic violence, including those with varying durations of impairment[7,9].

MATERIALS AND METHODS

In the study we gathered data from 250 individuals who were victims of burns due to domestic violence, specifically focusing on the temporal aspects of their healing and legal implications as time span need for treatment letting them to return their normal pursuits of the life. The dataset was sourced from the Accidents and Emergency Department of Mayo Hospital Lahore filtered in the Medicolegal Clinic of Mayo Hospital Lahore with ethical approval obtained from the Institutional Review Board (IRB) of King Edward Medical University Lahore. Data collection occurred between December 2017 and July 2018. To ensure diverse representation, participants were categorized by gender and age group, resulting in 117 females and 133 males included in the analysis. A convenient non-probability purposive sampling technique was employed by collecting the data through a pretested structured questionnaire. Descriptive cross-sectional analytical study was carried out to infer the results.

Statistical analysis was performed using appropriate inferential methods to assess the association between healing time and legal outcomes, considering variables such as gender, age, severity of burns, and duration of hospital stay. Descriptive statistics were employed to summarize demographic characteristics, while inferential statistics, including regression analysis and chi-square tests, were utilized to explore relationships and associations within the dataset. Additionally, subgroup analyses were conducted to discern potential differences in healing time and legal outcomes based on various factors.

RESULTS

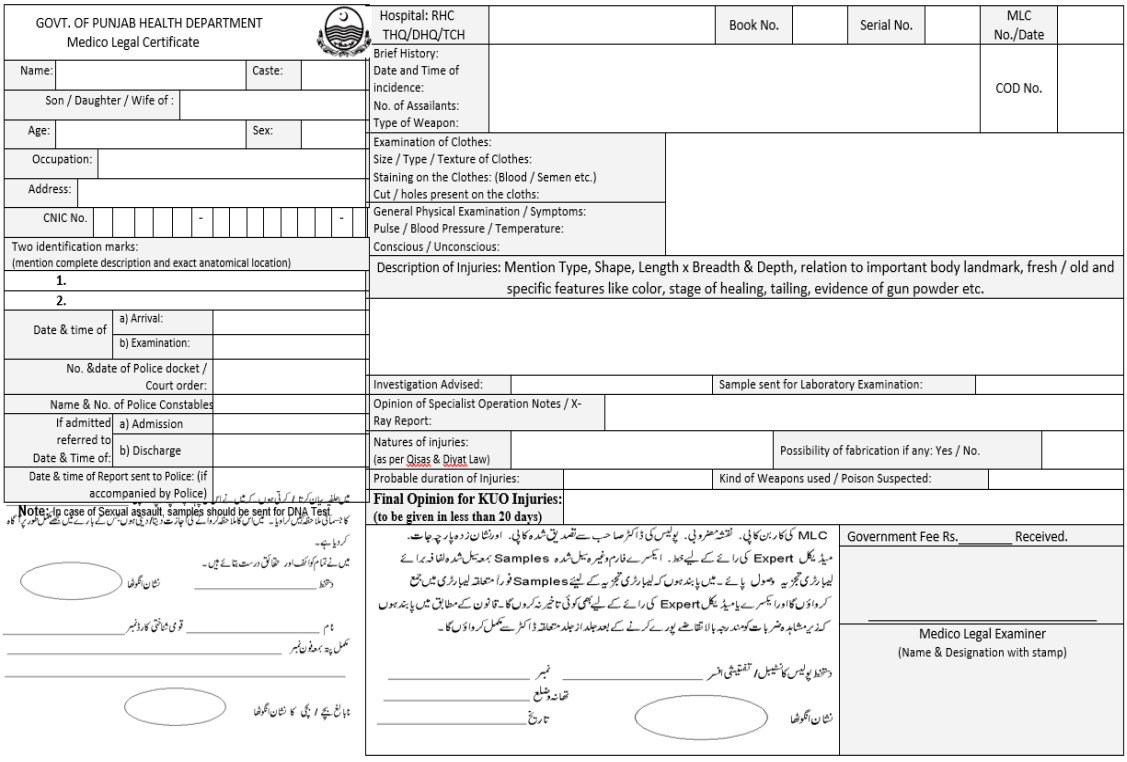
In the results and observations section, the study included a total of 250 participants, comprising 117 females and 133 males aged between 18 to 50 years. Among these cases, 191 individuals had taken time duration beyond 20 days to return to their normal pursuits of life, while the remaining 59 participants were lucky enough to return their routine life in less than 20 days. It is a mandatory section in the legal register/certificate to be filled once an injured has to be assessed in terms of time span to return to ordinary pursuits of life, as shown in the figure 01. The concerned section is highlighted in the form of bold letters. The primary focus of the study was to examine the applicability of Section 337-L(1) in these cases. The results were analyzed as outlined in Table 1.

Table 1 presents the distribution of various classes of burn injuries among participants categorized based on the time span for returning to normal life. A total of 250 participants were included in the analysis, with 191 individuals experiencing to spend more than 20 days while 59 spending less than 20 days to return to their normal life after experiencing the burn trauma in the first place i.e. from day of incident. The classes of burn injuries examined include scarring, movement limitation, and disfigurement, loss of feeling of sensation, and permanent pain or discomfort. The table illustrates the frequency of each type of injury within the two time span categories.

For those having scars due to burn injuries there were 19 victims taking less than 20 days making 9.5% of the total cases, with just 5 or 2% of the victims taking less than 20 days to return to routine life. The incidence is suggestive of increased sufferings of the unfortunate burn survivors. Likewise limited movement among the burn victims present with 90(45%) victims taking more than 20 days comparing with 23 (11.5%) taking less than 20 days to start a life like the one before the incident.

When the same came into assessment of disfigurement there were 1.5% taking more than 20 days while those with sensational loss to touch or other response the study tolled 13.5% of the victims again taking more than 20 days 5.5% being normalized as that of prior to burn incident within 20 days. The permanent agony (pain) was present by 52 (26%) of victims requiring more than 20 days and about 10% of the victims taking just 20 days to restart a normalized life style from the day of being involved in burns due to domestic violence. The p-value, a parameter of statistical significance was found grossly significant when the sequel of the burns were assessed in term of time taken to return to normal physiology of life. The data analysis revealed p-value of 0.009.

Figure 1:


GOVT. OF PUNJAB HEALTH DEPARTMENT
Medico Legal Certificate

Hospital: RHC THQ/DHQ/TCH | Book No. | Serial No. | MLC No./Date

Name: | Caste:
Son / Daughter / Wife of :
Age: | Sex:
Occupation:
Address:
CNIC No.

Brief History:
Date and Time of incidence:
No. of Assailants:
Type of Weapon:
COD No.

Examination of Clothes:
Size / Type / Texture of Clothes:
Staining on the Clothes: (Blood / Semen etc.)
Cut / holes present on the cloths:
General Physical Examination / Symptoms:
Pulse / Blood Pressure / Temperature:
Conscious / Unconscious:

Two identification marks:
(mention complete description and exact anatomical location)
1.
2.

Description of Injuries: Mention Type, Shape, Length x Breadth & Depth, relation to important body landmark, fresh / old and specific features like color, stage of healing, tailing, evidence of gun powder etc.

Date & time of: a) Arrival: | b) Examination:
No. &date of Police docket / Court order:
Name & No. of Police Constables
If admitted referred to Date & Time of: a) Admission | b) Discharge
Date & time of Report sent to Police: (if accompanied by Police)

Investigation Advised: | Sample sent for Laboratory Examination:
Opinion of Specialist Operation Notes / X-Ray Report:
Natures of injuries: (as per Qisas & Diyat Law) | Possibility of fabrication if any: Yes / No.
Probable duration of Injuries: | Kind of Weapons used / Poison Suspected:

Final Opinion for KUO Injuries: (to be given in less than 20 days)

Note: In case of Sexual assault, samples should be sent for DNA Test.

MLC کی کاربن کاپی، لفٹنٹ معروفی، پولیس کی ڈاکٹر صاحب سے تصدیق شدہ کاپی، اور نشان زدہ پیمائش۔
میڈیکل Expert کی رائے کے لیے خود۔ ایکسرے فارم وغیرہ سیل شدہ Samples بمعہ سیل شدہ لفافہ برائے لیبارٹری تجزیہ وصول پائے۔ میں پابند ہوں کہ لیبارٹری تجزیہ کے لیئے Samples فوراً متعلقہ لیبارٹری میں جمع کرواؤں گا اور ایکسرے یا میڈیکل Expert کی رائے کے لیے بھی کوئی تاخیر نہ کروں گا۔ قانون کے مطابق میں پابند ہوں کہ ذیر مشاہدہ ضربات کو مندرجہ بالا نقاطے پورے کرنے کے بعد جلد از جلد متعلقہ ڈاکٹر سے مکمل کرواؤں گا۔

Government Fee Rs._____ Received.

Medico Legal Examiner
(Name & Designation with stamp)

دستخط پولیس کانسٹیبل / تفتیشی افسر _____ نمبر _____
تھانہ وشلع _____
تاریخ _____
نشان انگوٹھا

Table 1: Assessment of Burn Injuries in Relation to Time Span for Returning to Normal Life

Class of Burn Injury	Time Span for Returning to Normal Life			P value
	Beyond 20 Days (*n*=191)	Less than 20 Days (*n*=59)	Total (*n*=250)	
Scarring	19	5	24	0.009
Movement Limitation	90	23	113	
Disfigurement	3	0	3	
Loss of Feeling of Sensation	27	11	38	
Permanent Pain or Discomfort	52	20	72	

DISCUSSION

The study emphasizes on the sequel of the time span for returning to normal life following burn injuries to be applied to the basic concepts of legal implications. Firstly, the statistically significant association between scarring and a longer time span for returning to normal life underscores the enduring impact of severe burn injuries on survivors. Scarring not only represents a visible reminder of the trauma endured but also carries profound psychological implications, potentially affecting self-esteem, body image, and social interactions[10]. The higher prevalence of scarring among individuals with prolonged life routine disturbancewell-being[7] challenges faced highlights the by survivors in achieving physical and emotional recovery[10], emphasizing the critical need for comprehensive support services and rehabilitation programs[11].

Furthermore, the distribution of other types of burn injuries, such as movement limitation, loss of feeling of sensation, and permanent pain or discomfort, underscores the diverse range of challenges faced by survivors in their journey towards recovery[12].

These outcomes not only impede physical functioning but also contribute to long-term disability and diminished quality of life. Healthcare providers, policymakers and legal practitioners need to understand the prevalence and impact of these outcomes to develop tailored interventions and support services aimed at addressing the multifaceted needs of survivors[13]

The observed associations between time span for return to normal life and certain types of burn injuries have legal implications for the application of Section 337-L(1) of the Pakistan Penal Code. In this provision, survivors who experience prolonged impairment may be considered eligible for legal recourse and compensation, which reinforces the need to accurately record and appraise the degree of injuries in the legal structure[14].

Additionally, the study results demonstrate the complex nature of injuries from domestic violence burn injuries and underscore the need for multidisciplinary approaches that combine medical, psychological, and legal interventions to assist survivors in recovering and seeking justice. Stakeholders can help provide a holistic response to domestic violence, empower and rehabilitate survivors by addressing a diverse range of survivor needs and advocating for survivor's rights[16].

CONCLUSION

Present study demonstrated the urgency to tackle burns through holistic and survivor centered approaches of early detection, trauma informed care, and integrated support services. When healthcare systems prioritize the well-being of survivors and encourage interdisciplinary collaboration, they can contribute to mitigating the ravages of burns and help survivors heal and recover.

DECLARATION

Acknowledgement:
We would Like to Acknowledge our collegues and paramedical staff of hospital for supporting us for data collection and making current study possible.

Authors contribution
Each author of this article fulfilled following Criteria of Authorship:

1. Conception and design of or acquisition of data or analysis and interpretation of data.
2. Drafting the manuscript or revising it critically for important intellectual content.
3. Final approval of the version for publication.

All authors agree to be responsible for all aspects of their research work.

Ethical Considerations:
Institutional Review Board gave ethical clearance.

Competing interests:
The authors declare that the research was conducted in the absence of any commercial or fnancial relationships that could be construed as a potential confict of interest.

Conflict of Interest:
Authors declare no conflict of interest.

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REFERENCES

1. Kishawi, D., A.W. Wozniak, and M.J.J.B. Mosier, TBSA and length of stay impact quality of life following burn injury. 2020. **46**(3): p. 616-620.
2. Jawad, A.M., et al., Recovery of Functional Independence following Major Burn Survival: a Systematic Review. 2024.
3. O'Brien, K.H.J.B., Dimensions of burn survivor distress and its impact on hospital length of stay: A national institute on disability, independent living, and rehabilitation research burn model system study. 2020. **46**(2): p. 286-292.
4. Bayuo, J., F.K.Y.J.J.o.B.C. Wong, and Research, Intervention content and outcomes of postdischarge rehabilitation programs for adults surviving major burns: a systematic scoping review. 2021. **42**(4): p. 651-710.
5. Żwierełło, W., et al., Burns: classification, pathophysiology, and treatment: a review. 2023. **24**(4): p. 3749.
6. Palackic, A., et al., Rehabilitative exercise training for burn injury. 2021. **51**(12): p. 2469-2482.
7. Jeschke, M.G., et al., Burn injury. 2020. **6**(1): p. 11.
8. Deng, H., et al., A Narrative Review of Outcomes in Burn Rehabilitation Based on the International Classification of Functioning, Disability, and Health. 2023.
9. AYMAN, A.E., et al., Impact of Psychological Rehabilitation on Healing of Burn Patients. 2021. **89**(September): p. 1471-1479.

10. Wang, B.B., et al., Adolescents with and without head and neck burns: comparison of long-term outcomes in the burn model system national database. 2022. **48**(1): p. 40-50.
11. Lodha, P., et al., Post-traumatic stress disorder (PTSD) following burn injuries: a comprehensive clinical review. 2020. **33**(4): p. 276.
12. Wiechman, S.A.J.H.o.B.V.R. and Rehabilitation, Long-Term Outcomes Following Burn Injuries. 2020: p. 15-23.
13. Swain, S.K.J.I.J.o.C.P., Facial burn in children: a review. 2024. **11**(1): p. 94.
14. Agiananda, F., I.J.S.b.S.-I.B. Kusumadewi, and T. Aspects, The Role of Mental Health Professionals in Burn Centers and Units. 2021: p. 217-229.
15. Bergeron, N., et al., Mental Health in Burn Survivors. 2021: p. 147-164.
16. Alzahrani, H., et al., Relationship of Substance Abuse and Living Situation on Burn Survivors. 2022.