

Sri Lanka Rehabilitation Clinic:

A Partnership between IWCBF, Resurge &

Dr Chandini Perera of the National Hospital of Sri Lanka



Self Immolation: Self Burning **Socioeconomic, Cultural and Psychiatric Patterns**

- 1% of all suicides in high income countries
- 40-70% of all suicides in developing countries
- What regions of the world? What populations and subgroups are most vulnerable? Cultural factors? Local conditions that motivate this behavior? Variations of psychiatric illness in various cultures? By what means? What injuries result? Is prevention possible?

Self Immolation: A brief history

- Legends of people of committing the act of self-immolation date back centuries.
- First instance comes from Sati, one of the wives of the Hindu god Shiva. According to myth, she married a man against her fathers wishes and then burned herself after her father insulted her husband.
- This is often linked to the practice of Sati, where a widow would burn herself on the funeral pyre of her dead husband. This practice was outlawed in 1829.
- History throughout the ages is lined with tales of female spouses, consorts and concubines being consigned to flames, often against their will, to join some warrior king or chieftain.

Self Immolation: Recent history

- Mohamed Bouazzi, the Tunisian man who sparked the “Arab Spring” or democratic uprising throughout the Middle East by dousing himself with gasoline to protest the police on December 17, 2010.
- This has inspired at least 8 known additional self immolations in North Africa.
- Kurds have done this to protest Turkey in 1999
- A Tibetan monk did it to protest the Indian police stopping an anti-Chinese hunger strike in 1998.
- Outlawed Falun Gong practitioners did it in Tiananmen Square in 2009.

Self Immolation **Socioeconomic, Cultural and Psychiatric Patterns**

- Low Income Countries- (world bank)
 1. Young and Adolescent women are over represented in self immolation cases
 2. Adjustment disorders most prevalent psychiatric disorder in many non-western surveys.
 3. Often victims of domestic violence or other forms of abuse.

- High Income Countries- (world bank)
 1. Most often occur in older men
 2. Depressive Disorder, Psychoses and addictions

High Income Countries: Australia & UK

- 1989-1993: 44 burn cases admitted to burn unit in Australia
- 1994-2005: 86 burn cases admitted in UK burn unit
- Average age= 30-37
- Almost all were male
- Alcohol intoxication was common
- 25% had history of alcohol or substance abuse
- 71% were diagnosed with depression, personality disorder or schizophrenia.
- 60%-65% were diagnosed or had previous diagnosis of major psychiatric disorder

Low Income Countries: Kumar et al

- Identifying cases more difficult secondary to lack of transparency, social reasons.
- Some have raised concern of a conspiracy of silence in cultures where women are undervalued.
- Pervasive throughout all social strata, regions and religions
- Most are married (or soon to be married)
- Reside with husband's extended family

- Iran: Up to 10% of suicide attempts, 25-70% completed suicides were self burning. 80% were women, < 30 years of age, were illiterate or had low levels of education and were housewives.

Low Income Countries:

- Families are often ashamed if a woman in their household tries to kill herself.
- Often it is hard to know which cases are genuine accidents and which are suicide attempts.
- Afghan experience: most are women in their teens or early 20's. Recently or soon to be married. Combination of poverty, illiteracy, domestic violence and lack of freedoms continue to drive this trend.

Self Immolation in Low Income Countries: Why?

- Identified marital conflict- commonly associated with dowry disputes
- Form of protest against political and social discrimination
- Form of protest against domestic abuse
- Often committed in the presence of others in an attempt to move others to suffer feelings of guilt. Death may not be immediate goal.
- Often committed as a result of feeling isolated and desperate with pressures placed on them by their husbands or mother in law.

Self Immolation: Prevention?

- Screening for domestic violence
- High rate of adjustment disorder- identify and reach out to young women, who are often married (<2-5 years), demoralized,
- In low income countries, environmental risk factors and stress play a major role.
- Deliberate burning of individuals in these societies are felt to desensitize others that may in fact self immolate.
- Improve status of women

Self Immolation & Acid Assaults: Sri Lanka experience

**Dr Chandini Perera (Plastic Surgeon and Clinical
Champion)**



Sri Lanka: “Our 6 Month Clinic Experience”

**Data Provided by Dr Chandini Perera & Clinical Team
February-September 2011**

- Total Number of All Patients Treated: 304
- Total Number of Females= 195 (64%)
- Total Number of Males= 109 (34%)
- Total Number of Patient Visits:
- Average Total Body Surface Area (TBSA) Burned= 12.4%
- Average TBSA Females= 13.95%, Males= 10.04%
- On average 1.4 body parts burned per patient

Sri Lanka: “Our 6 Month Clinic Experience”

Etiology (Mechanism of Burn)

304 Total Patients

- Acid Burns= 29 (10%)
- Contact Burns= 21 (7%)
- Electrical Burns= 10 (3%)
- Flame-Fire= 174 (57%)
- Gun Powder= 4 (1%)
- Hot Oil= 21 (7%)
- Scald-Hot Water= 45 (15%)

Sri Lanka: “Our 6 Month Clinic Experience”

Age Group of Patients

304 Total Patients

- 1-5 years= 2
- 6-10 years= 5
- 11-15 years= 8
- 16-19 years= 31
- 20-29 years= 98
- 30-39 years= 65
- 40-49 years= 54
- 50-59 years= 26
- 60-69 years= 11
- 70-79 years= 4

Sri Lanka: Who self immolates and where?

- 94% are women of which:
- 65% burn themselves in front of spouse, 20% alone, and 6% either in front of a parent or sibling.
- 50% of these women are between the ages of 20-39.
- 6% male all with a single witness.
- Self burning by fire represents 100% all self immolation cases.
- Age range of women: 11-49 years of age.
- Faces, Chest and Hands represent 85% of all body parts burned through self immolation

Sri Lanka: Acid Burns

29 Acid Assaults- Acid Injuries

- 29 Acid Assaults- Acid Injuries in 6 month time period
- 10% of all burns recorded within clinic

- Acid Assaults or Acid Injuries:
 - 6 Unintentional (4 at work)
 - 5 Suspected Abuse
 - 18 Known Abuse

- >50% of facial burns have eye & ear involvement which complicate the medical care

Sri Lanka: Acid burns-Assaults

“Our 6 month experience”

29 Acid Assaults-Acid Injuries recorded

The Assailants were identified by patient to be:

- Self=8
- Friend=6
- “Other”=5
- Relative=4
- Parent=1
- Mother=2
- Father=1
- Spouse=1
- Sibling=1



Psychosocial aspects the Sri Lankan Scenario Acid Assaults

Always has a **sexual component**

An estranged or wronged lover

Most victims present late for medical care.

Intent is to make maim the victim but not kill. Make him or her suffer.

Taking legal action becomes very complicated due to reluctance of victim to provide evidence to prove guilt. Often the lack of an independent and willing witness to the crime.

Acid Assault Burns

**Generally result with injuries to the Face & Neck.
Blindness is a common result following this type of injury.**



IWCBF & Resurge Burn Clinic

Average Costs to open up a comprehensive rehabilitation clinic

Start up Cost of Clinic:

\$25,000.00 US Dollars

1'716'692 Sri Lanka Rupee

- International shipping of supplies and materials
- Purchases of equipment and components
- 1-2 IWCBF & Resurge Volunteers
- 3-8 Medical Mission Trips over 3 years
- Telemedicine

Services to be provided

Average U.S. cost~

Splint \$125: 14'305.8 Sri Lanka Rupee

Mask \$1,000: 114'446 Sri Lanka Rupee

Garment \$125: 14'305.8 Sri Lanka Rupee

Therapy Visit \$100: 11'444.6 Sri Lanka Rupee

Duration of Treatment: Unknown