

Original Research Paper

Analysis of Custodial Deaths in New Delhi: A 13 Years Study

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Abstract

Custody related deaths are not uncommon in India. A meticulous autopsy becomes a necessary part of the investigation. A retrospective study was done to analyze the prevalence and demographic pattern of custodial related deaths, whose autopsy were conducted at AIIMS, New Delhi. The autopsy reports of 13 years (1999-2011) were analyzed retrospectively. There were total 15 cases of custodial related deaths. All cases were male and majority was in the age group of 25-35 years (8 cases). 9 cases belonged to Hindu and 6 cases belong to Muslim. 10 cases died due to natural disease and 3 cases due to unnatural causes. 10 cases died in the hospital and 5 cases in the custody. Among the 3 unnatural deaths 1 died due to hanging, 1 due to fall from height and 1 from blunt injuries. In 2 cases no exact cause of death could be determined. In India there is overcrowding of prisoners in the jail. In spite of medical screening of the prisoners the infectious diseases like TB is very prevalent in jails. The national human rights commission is taking up the issues to improve the jail conditions in India.

Key Words: Custody; Custodial deaths; Suicide; Human rights

Introduction:

Legally [1, 9], custody is defined as, any point in time when a person's freedom of movement has been denied by law enforcement agencies, such as during transport prior to registering a case, or during arrest, prosecution, sentencing, and correctional confinement.

Death in custody is defined as death occurring in some form of custodial detention, such as police cell or prison. [2]The Royal Commission of Australia into aboriginal deaths, recommended that the definition of a death in custody for the purpose of post-death investigation and for the national monitoring of custodial deaths as follows: [3]

- i. The death wherever occurring of a person who is in prison custody or police custody or detention as a juvenile;
- ii. The death wherever occurring of a person whose death is caused or contributed to by traumatic injuries sustained, or by lack of proper care whilst in such custody or detention;
- iii. The death wherever occurring of a person who dies or is fatally injured in the process of police or prison officers attempting to detain that person; and

- iv. The death wherever occurring of a person who dies or is fatally injured in the process of that person escaping or attempting to escape from prison custody or police custody or juvenile detention.

Death occurring in custody is considered to be a very sensitive phenomenon, as the person is solely dependent on the custodial authority for all of his constitutional rights including access to health care and it is usually considered as unnatural death by the public at large. As such it creates a hue and cry among general population and sometimes, causes political involvement.

But in contrast to general belief, deaths occurring in custody could be due to natural causes along with un-natural causes. Natural deaths may be due to disease or intoxication already existing in the deceased prior to the custody and aggravated thereafter or may have developed after taken into the custody.

These are mainly due to unawareness and sometimes, carelessness on the part of the officials about the health status of the inmates and also, due to poor condition of the cells where inmates are kept. Unnatural death may be due to various causes, such as suicides, various accidents or tortures by the hand of officials and/or fellow inmates and can occur during any period of the custody. [3]

Numbers of studies have been done on custodial deaths by various international agencies and authors in western countries [4-6,

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9-14] but only a few studies have been done in India. [9, 17]

Material and Methods:

The present study is a retrospective demographic study on custody-related deaths, which occurred during the period of 13 years from the year of 1999 to 2011 which were for autopsy to the Department of Forensic Medicine and Toxicology, All India Institute of Medical Sciences, New Delhi. The records were analyzed for demographic profiles, previous history of disease or medication, signs of torture, cause, manner and place of death, and other relevant findings.

Observations:

In this thirteen years retrospective study there were total 15 cases except the year of 2000, 2004 and 2006, when no cases were noted. (Table 1) All the cases were male. Age group of these cases were between 21 to 60 years, maximum cases (8 cases) being between 25 to 35 years. No cases were found below the age of 20 or more than 60 years. (Table 2)

By religion, present study showed that there 9 cases were Hindu and 6 were Muslim. (Fig.1) Out of these 15 cases, 10 deaths occurred in the various hospital and 5 cases were declared brought dead to the hospital. As per manner of death, 10 cases were natural, 3 were unnatural while in 2 cases cause of death remained undetermined. (Fig. 2)

In this study out of 10 natural deaths, 5 cases were of tuberculosis, one case each of cardiac failure, of pneumonia (as a complication of ALL), renal failure, liver failure and septicemia. (Table 3) out of total cases of natural deaths seven cases were having previous history of illness and two cases were of leukemia (ALL). Both the deaths occurred at AIIMS while under treatment. (Fig. 3)

Among the three unnatural deaths, one was of blunt force injury caused by torture, other was of fall from height leading to head injury and last one was a case of suicidal hanging. (Table 3) Only two cases were having concomitant injuries. In one case there was self-inflicted injury in the form of slashing over left arm and died due to head injury consequent to fall from height while trying to escape from custody.

The other case was having history of torture by the hand of authorities.

Both the two undetermined cases were having no history of any previous illness or torture. One died in the custody while the other died at AIIMS hospital during treatment. (Fig. 3)

Discussion:

Custody of a person is defined as when his freedom of movement is denied by law enforcing authority. A person in the custody is under the supervision of the authority and dependent on them. So, any death occurring in the custody is considered to be a fault, in one way or other, on the part of the concerned authority. And, as such it causes a hue and cry among general public and draw a lot of political involvement.

Various studies have been done by international agencies and authors on this topic. They have analyzed custody related deaths according to demographic data, their manner of death and roles played by the various authorities into the cause of these deaths.

According to these studies deaths in custody are not always un-natural, as opposed to general belief, but due to various causes ranging from natural diseases, intoxication, accidents and self-destructive behavior of the inmate to the tortures on the hand of authorities and/or fellow inmates. [4-6, 9-12] Some of these studies have concluded that natural and suicidal cases are more common in custody than accidental, homicidal or torture [9, 10] while other studies shown un-natural deaths to be more common. [11, 12]

As per 2011 NHRC report, there were 14,231 custody related deaths in India during the period of 2001 to 2010. They concluded that majority of these deaths were a direct consequence of torture in custody. [7, 15] Despite this fact, only a few studies have been done on this topic in India. [8]

In present study we have retrospectively analysed all the cases of custodial deaths which came to the department for post-mortem examination during the period of year 1999 to 2011. During this period, 15 cases were brought for autopsy in our department. All the cases were analysed for the cause and manner of death along with other demographic profiles.

Regarding manner of death, majority of cases were natural (10 out of 15 deaths) while only one fifth cases were un-natural. This finding is supported by an Indian study of Y S Bansal et al [8] where they too observed that majority of custody deaths were natural. But these findings are in oppose to the study of Wendy L Wobeser et al and Babita D Bhana [5, 6] where they concluded that un-natural deaths such as suicidal or shootings by police were more common.

Among the various causes of natural deaths, infectious diseases (tuberculosis) made

up to half of all the cases. Our finding is in oppose to the study done by Seena Fazel et al [4] where a 20 year case study concluded that more than half of the cases being of circulatory diseases while respiratory diseases were second. Out of 10 natural deaths, 7 cases were having history of illness but it was not available to the authority at the time of custody.

This finding is supported by the study of Y S Bansal et al. [8] As far as pattern of un-natural deaths are concerned, one case of accidental death was during a police chase when the deceased jumped from height and got his head injured, second case was of a suicide, who was found hanging in his cell where he was kept alone and the third person succumbed to the injuries received on the hand of the authorities.

This study suggests that most of the deaths occurring in custody in this part of India are natural (mainly infectious) and they mainly succumbed to their illness. The authorities were un-aware about their health conditions or neglected their treatment. They were rushed to hospitals only when the condition worsened and most of them were declared brought dead to the hospitals.

An important fact responsible for the deaths occurring in custody is the condition of the jails in India. [16] Overcrowding, unhygienic environment, malnutrition and non-availability of health facilities are the conditions which cause spreading of various communicable diseases such as various vector-borne diseases, blood-borne diseases and sexually transmitted diseases. Besides these, inmates are also prone to various non-communicable diseases such as cardio-vascular diseases, respiratory diseases, mental disorders, neurological disorders, substance abuse disorders and cancers. These are mainly due to physical inactivity, unhealthy and stressful environment, unhealthy food, physical and sexual violence, deliberate self-harm, various drug abuse and mental health problems mainly depression, anxiety, adjustment problems and psychosis.

This fact explains why there are more natural deaths in Indian jails due to infectious diseases. In Delhi the central prison is the Tihar jail. Many cases are referred to AIIMS hospital for treatment. Therefore majority of the cases died in the hospital during treatment and the autopsy was conducted at AIIMS mortuary.

All these cases, be it natural deaths or un-natural, show some sort of carelessness and disrespect for human life on the part of authorities. Authorities are not aware about any history related to health of inmates and they take

action only when the condition deteriorates and the inmates ultimately succumb to their conditions.

Keeping all these in view, National Human Right Commission has instructed the jail authorities to follow a formal medical screening format whenever a new inmate enters the jail so that health status of the inmate can be known beforehand and can be managed accordingly.

It has also made guidelines for investigation into the custodial deaths. As per the guideline, it is mandatory to report all the custody related deaths to the NHRC within 24 hours and the inquiry has to be done by a magistrate. The autopsy should be conducted by board of doctors with complete videography.

A copy of the video has to send to the NHRC. NHRC has also framed a common post-mortem form to be followed in custodial death cases. [2, 17]

Conclusion:

This study concludes that death occurring in the custody is mainly natural and in most of the cases, previous history of illness is present but the authorities are never aware of those facts. However, the number of case in this study is less.

It has been observed that there is overcrowding in majority of the Indian jails which can lead to spread of various communicable diseases like tuberculosis and also increase chances of non-communicable diseases.

This study stresses the need of a complete medical screening, as per NHRC recommendations, of all the inmates entering the prison and to provide them timely and proper medical treatment. There is also a need for proper jail reform to avoid deaths due to suicide, violence and self-harm among the inmates. There is a need to have constant surveillance over them and install Cameras to supervise their activities to prevent violence and suicide.

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Table 1: Case Distribution

Year	Cases
1999	2
2000	0
2001	1
2002	1
2003	2
2004	0
2005	1
2006	0
2007	2
2008	2
2009	1
2010	1
2011	2
Total	15

Table 2: Age wise Distribution

Age Group(yr)	Cases
18-20	0
21-25	1
26-30	5
31-35	3
36-40	2
41-45	1
46-50	2
51-55	0
56-60	1
>61	0

Table 3: Cause of Death

Natural	Cases
CVS	1
Respiratory System	5
Kidney Disease	1
Liver Disease	1
Septicaemia	1
ALL & its complication	1
Un-natural	
Blunt Injury	1
Head Injury	1
Suicidal Hanging	1
Undetermined	2

Fig. 1: According to Religion

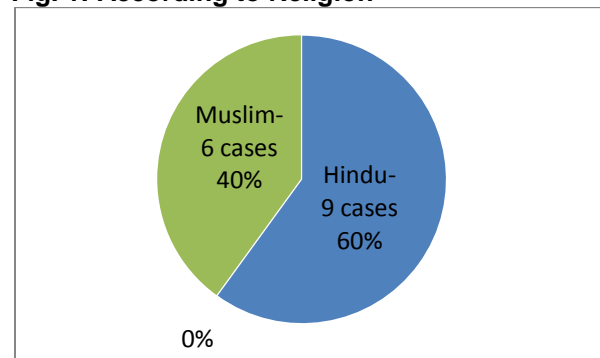


Fig. 2: Manner of Death

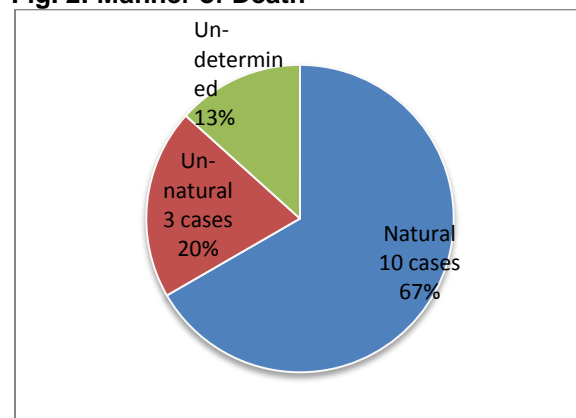


Fig. 3: Place of Death

