

ORIGINAL ARTICLE

A Retrospective Study of Custodial Deaths in Chhattisgarh Region

Bansal SJ,¹ Jaiswani AK,² Manjhi SN,³ Dengani M.⁴

Associate Professor,^{1,2} Senior Medical Officer,³ Statistician cum Lecturer.⁴

1,3. Department of Forensic Medicine and Toxicology, Pt Jawaharlal Nehru Memorial Medical College, Raipur, Chhattisgarh.

2. Department of Forensic Medicine and Toxicology, Shri Balaji Institute of Medical Science, Raipur, Chhattisgarh.

4. Department of Community Medicine, Pt Jawaharlal Nehru Memorial Medical College, Raipur, Chhattisgarh.

Abstract:

The death of a person in custody has always been in the limelight. Some people in custody die because of some form of violence, some due to accidents and some because of natural disease. In this study, we have attempted to identify the various causes of death in a person under custody in the Chhattisgarh region. A single-centre, retrospective study was conducted for all cases (n=35) of custodial death between the years 2018 and 2019. Data collected included age, sex, manner of death, place of death and cause of death. Male inmates have a higher rate of custodial deaths. 100 % of male and 90 % of female deaths in custody are natural deaths. The most affected age group was the 51-60-year age group. The hospital was the place of death for 100 % of males and 90 % of females. Tuberculosis and cirrhosis of the liver were among the common causes of death in a person in custody. Deaths in custody in Chhattisgarh are primarily natural deaths. Regular health screening and proper health care facilities for the prisoners are the need of the hour.

Keywords: Custodial deaths; Custody; Prisoner.

Introduction:

The death of a person either during pre-trial or after the conviction is called a Custodial death. It is important to emphasize that it not only includes deaths in jail or police lockups but also includes deaths in hospitals as well as in police or any other vehicle. Custodial deaths can occur as a result of direct or indirect involvement of police or it can be due to some disease. The issue gets highlighted when the death is unnatural and there is some sort of involvement of the police.¹ The death of a person in custody falls under the scrutiny of mass media as well and becomes a matter of public apprehension.² National Human Rights Commission (NHRC) of India has made guidelines to be followed mandatorily in every state in cases of custodial deaths. It is observed that lack of awareness and carelessness of the custodial authorities towards the health status of the jail inmates along with the unhygienic status of the cells are the main reasons for untimely custodial deaths.³ It should be noted that not all custodial deaths are the result of violent acts of police, but at times it may also be due to natural disease or due to inadequate medical facilities and delayed treatment.⁴ Many studies have been conducted on custodial deaths in different states of India except in Chhattisgarh. In the current study, we have tried to figure out the cause of custodial deaths in the Chhattisgarh region which can aid the policymakers in making necessary reforms in the prevailing condition of jail inmates.

Corresponding Author

Dr. Arun Kumar Jaiswani

Email : arunjaiswani@gmail.com

Mobile No.: +91 9827959335

Article History

DOR : 02.12.2023; DOA : 03.02.2024

Materials and methods:

Study setting: A single centre, retrospective study of custodial death cases which were brought to the Department of Forensic Medicine and Toxicology in a tertiary health care centre from January 2018 to December 2019. It is the largest tertiary health care centre in Chhattisgarh, which is also an authorised centre for conducting custodial death inquiries. Our original research was approved by the Institutional Ethics Committee.

Samples: During this period of 2 years, a total of 35 custodial death cases were analysed. Persons who were out on parole were excluded from our study. Prisoners in our study included both the convicted and those who were undertrial.

Procedure: Preliminary details of the deceased and their history were collected from magistrate inquest papers, autopsy reports and hospital indoor records.

Data analysis: Data analysis was done using Microsoft Excel version 2007 and Open Epi version 3.0 software package.

Results:

Background characteristics of two-year data of custodial deaths: Out of the total 35 cases, the majority were male (91.4%) and only 3(8.57%) were female. Natural death occurred in 92% of the cases. The cause of death was natural in 31(88.6%) cases and the majority (92%) of the deaths occurred in 2019. 10(28.57%) of the custodial deaths occurred in the age group of 51-60 years. Most of the deaths occurred in the hospital [Table.1].

Manner and Cause of Death in Years 2018 and 2019: Natural deaths accounted for 23(92%) deaths whereas 2(8%) cases were of unnatural deaths in 2018 and 2019, Natural deaths occurred in 8(80%) cases and unnatural deaths occurred in 2(20%) cases. Tuberculosis and Cirrhosis of the Liver were the most common

causes of natural death, followed by Pulmonary Consolidation. Among the unnatural deaths, accidents constituted 8.57% of cases and homicide constituted 2.85% of cases cumulatively in 2018 and 2019.

Discussion:

When a person's freedom of movement is restricted by a law enforcement agency, that individual is said to be under custody. A person in captivity is reliant on and under the watchful eye of the authorities. Therefore, any death that occurs while under the care of a person's authority is seen as their fault in some way.³ As per NHRC annual report, 1936 custodial deaths were reported in the year 2018 and 1700 custodial deaths were reported in the year 2019.^{5,6} A total of 35 custodial deaths occurred in Chhattisgarh in the year 2018 and 2019 out of which the majority were males (91.4%, n=32). A smaller number of female custodial deaths were reported by the National Human Rights Commission as well as in the research of the other authors.^{4,7} The reason which can be attributed to this is the lesser number of crimes committed by females. In the present study most affected age group was the 51-

Table 1. Background characteristics of two-year data of custodial deaths.

Background		2018 (n=25)	2019 (n=10)	Total (n=35)
Sex	Male	24 (96%)	8 (80%)	32 (91.4%)
	Female	1 (4%)	2 (20%)	3 (8.57%)
Manner of death	Natural	23 (92%)	8 (80%)	31 (88.6%)
	Unnatural	2 (8%)	2 (20%)	4 (11.42%)
Age-group (in years)	<20	1 (4%)	0 (0%)	1 (2.85%)
	21-30	3 (12%)	3 (30%)	6 (17.14%)
	31-40	3 (12%)	1 (10%)	4 (11.42%)
	41-50	4 (16%)	1 (10%)	5 (14.28%)
	51-60	7 (28%)	3 (30%)	10 (28.57%)
	61-70	4 (16%)	2 (20%)	6 (17.14%)
	>70	3 (12%)	0 (0%)	3 (8.57%)
Place of Death	Judicial Custody	0 (0%)	1 (10%)	1 (2.85%)
	Police Custody	0 (0%)	0 (0%)	0 (0%)
	Police Firing	0 (0%)	0 (0%)	0 (0%)
	Hospital	25 (100%)	9 (90%)	34 (97.14%)
	Total	25 (100%)	10 (100%)	35 (100%)

Table 2. Manner and cause of death in years 2018 and 2019.

Cause of Death	2018 (n=25)	2019 (n=10)	Total (n=35)
	No. (%)	No. (%)	
Natural			
Tuberculosis	5 (20%)	1 (10%)	6 (17.14%)
Carcinoma	1 (4%)	2 (20%)	3 (8.57%)
Pulmonary Consolidation	3 (12%)	1 (10%)	4 (11.42%)
Bronchopneumonia, Septicemia	2 (8%)	0 (0%)	2 (5.71%)
Cirrhosis of Liver	4 (16%)	2 (20%)	6 (17.14%)
Coronary artery disease/ Heart disease	3 (12%)	0 (0%)	3 (8.57%)
Septicaemia following diabetic foot	1 (4%)	0 (0%)	1 (2.85%)
Ischemic Cerebral infarction	2 (8%)	1 (10%)	3 (8.57%)
Intracerebral haemorrhage	1 (4%)	0 (0%)	1 (2.85%)
Status epilepticus	1 (4%)	0 (0%)	1 (2.85%)
Ruptured Oesophageal Varices with Cirrhosis of Liver	0 (0%)	1 (10%)	1 (2.85%)
Unnatural			
Suicide	0 (0%)	0 (0%)	0 (0%)
Homicide	0 (0%)	1 (10%)	1 (2.85%)
Accident	2 (8%)	1 (10%)	3 (8.57%)

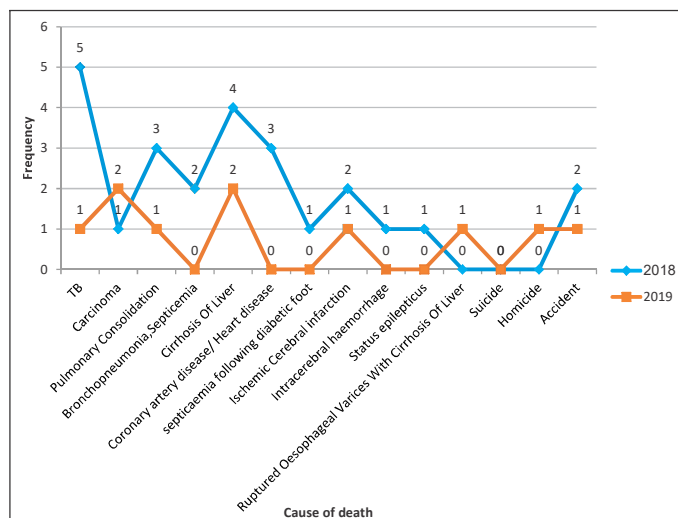


Figure 1. Demonstrates different causes of death in the years 2018 and 2019. The blue line denotes the frequency of the cause of death in the year 2018 while the orange line denotes the frequency of the cause of death in the year 2019.

60 years age group which is in contradiction to other studies^{8,9} where the 21–40-year age group was the most affected age group. According to the manner of death, the majority (88.6%, n=31) of the cases were of natural death.^{3,10-14}

In the present study, among the natural causes of death, Tuberculosis (17.14%, n=6) and Cirrhosis of the liver (17.14%, n=6) were the most reported. This is similar to other studies.^{8,15} In the current study suicide was not reported in the study period. The most common manner of unnatural death was accidental (8.5%, n=3) in the current study. This is in contradiction to other studies where suicide was the most common manner of death among unnatural deaths.^{8,11} Death because of homicide was reported in 2.85% (n=1) cases in the present study. Others have reported homicides as the manner of death in the 4-11% range.^{8,16,17} In the present study, the majority of the deaths (97.14%, n=34) occurred in the hospital. This is in contradiction with another study where the majority of the deaths were reported in judicial custody.¹⁵ The authorities are unaware of any prior health-related incidents involving the prisoners, and they only respond when the prisoners' health deteriorates. These incidents, whether they involve natural or unnatural deaths, all point to a lack of regard and concern on the part of the authorities for human life.¹⁵

Conclusion:

Death in custody is always looked upon with suspicion. It takes a tragic turn if the death is premature. Thus, custodial authorities play a vital role in preventing such tragic premature deaths. In the present study majority of deaths were as a result of natural causes which if timely intervened by the custodial authorities can be prevented. Besides we recommend the following measures

1. Maintenance of hygiene, ventilation and proper light in the detention cells.
2. Pre-arrest health check-ups and Routine health check-ups of the inmates.
3. Detention cells should be separate according to the illness and

spacing is required between cells as per norms fulfilling the criteria of isolation in some diseases.

4. Imparting health education to the jail inmates.
5. Installing surveillance cameras with proper monitoring for any suspicious activity.
6. Time-to-time inspection by the policymakers and higher authorities to implement the above and prompt intervention if required.

Ethical consideration: The study was ethically approved by the Institutional Ethical Committee. Confidentiality was maintained.

Conflict of interest: None

Source of funding: This research received no specific grant from funding agencies and the public, commercial, or, not-for-profit sectors.

Declaration of competing interest: Authors declare no potential conflict of interest concerning the research, authorship, and/or publication of this article.

References:

1. Custodial deaths. Available from: <https://blog.ipleaders.in/custodial-deaths>.
2. Norfolk GA. Deaths in police custody during 1994: a retrospective analysis. *J Clin Forensic Med.* 1998; 5: 49–54.
3. Jhamad AR, Sikary AK, Millo T. Analysis of custodial deaths in New Delhi: a 13 Years study. *Journal of Indian Academy of Forensic Medicine.* 2014;36:19-22.
4. Bardale R, Shrigiriwar M, Vyawahare M, Dixit P, Tayade S. Death Behind Bars: A five-year study of custodial deaths. *Medicolegal Update.* 2005;5(4):10–2.
5. Annual report National Human Rights Commission India 2018-19. Available from: https://nhrc.nic.in/sites/default/files/Annual%20Report%202018-29_final.pdf
6. Annual report National Human Rights Commission India 2019-20. Available from: https://nhrc.nic.in/sites/default/files/AR_2019-2020_EN.pdf
7. Dogra TD, Bhardwaj DN, Sharma GAS, Lalwani S. Postmortem examination in cases of custodial death in India. *J Indian Med Assoc.* 2008;106(2):51-3.
8. Singh SP, Singh D, Aggarwal A, Oberoi SS, Aggarwal KK. Profile of Disease Related Deaths in custodial cases an autopsy-based experience. *Journal of Indian Academy of Forensic Medicine.* 2015;37(4):392–5.
9. Wobeser WL, Datema J, Bechard B, Ford P. Causes of death among people in Custody in Ontario,1990-1999. *CMAJ.* 2002;167(10):1109-13.
10. Sane, Mandar & Zine, Kailas & Mugadlimath, Anand & Mishra, Pradeep & P.L, Sujatha. (2016). Custodial Deaths: A Ten Years Experience from Central Maharashtra. *Journal of Indian Academy of Forensic Medicine.* 38. 299-302. 10.5958/0974-0848.2016.00075.0.
11. Bansal YS, Murali G, Singh D. Custodial deaths – an overview of the prevailing healthcare scenario. *Journal of Indian Academy of Forensic Medicine.* 2010;32:315-7.
12. Copeland AR. Death in custody revisited. *Am J Forensic Med Pathol.* 1984;5(2):121-4.
13. Kumar, Jainendra. (2021). A study of pattern of custodial death: a two year prospective study. *Global journal for research analysis.* 1-2.10.36106/gjra/9202101.
14. Grant JR, Southall PE, Fowler DR, Mealey J, Thomas EJ, Kinlock TW. Death in custody: a historical analysis. *J Forensic Sci.* 2007 Sep;52(5):1177-81. doi:10.1111/j.1556-4029.2007.00500.x.Epub 2007 Jul 23. PMID: 17645746.
15. Jadhao VT, Tatiya HS, Taware AA, Punpale, Satyanarayan B Bandgar AL. An overview of custodial deaths in Pune six years retrospective study. *Journal of Indian Academy of Forensic Medicine.* 2015;37(3):268–71.
16. Frost R, Hanzlick R. Deaths in custody. *Am J Forensic Med and Path.* 1988;9(3):207-211.
17. Okoye M, Kimmerle EH, Reinhard K. An analysis and report of custodial deaths in Nebraska, USA. *J Clin Forensic Med.* 1999;6(2):77-84.