# Suicidal Deaths in Police Lockup / Prison of North Maharashtra Region: A 15 Year Retrospective Study

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## **Abstract**

Retrospective study of suicidal deaths in prison/police lockup of North Maharashtra region from 01/01/2000 to 31/12/2014 was carried out. Total 12 cases of suicide were studied. Suicide by hanging was the commonest method of committing suicide followed by Head injury and poisoning. 50% of cases were from age group of 20 to 30 years. Based on these findings several measures for prevention of deaths in Police custody are discussed.

**Keywords:** Custody/Prison Deaths; Custodial Torture; Forensic Pathologist; Postmortem Examination; Manner of Death.

#### Introduction

Suicide is a complex phenomenon that has attracted the attention of philosophers, theologians, physicians, sociologists and artists over the centuries. As per Webster dictionary, suicide is defined as the act or an instance of taking one's own life voluntarily and intentionally especially by a person of years of discretion and of sound mind.

Premature deaths in custody are always tragic. There is responsibility on the part of custodial authorities and the public to review the cases and rates of death regularly among people in custody and look for ways to prevent deaths [1].

The individual case is enquired in detail with respect to cause of death and any Human right violation by various Governmental agencies but preventable measures are seldom studied and implemented.

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The present study was undertaken to assess the trends of suicide in custody and to identify characteristics that can be utilized to prevent such deaths.

## Aims & objectives

- 1. To know the cause of death
- To know the manner of death
- 3. To know whether the injuries which may not have caused death but suspected to be of torture in custody
- 4. To know whether there is consumption of intoxicating substance prior to death
- To know whether custodial torture has lead to death/commission of suicide
- In case of female inmates to rule out sexual torture/offence
- 7. To know the weapon of offence
- 8. Homosexuality

#### Material and methods

This retrospective study is based on postmortem examinations conducted at Shri Bhausaheb Hire Government Medical College and General Hospital, Dhule Maharashtra. In north Maharashtra region,

there are 4 districts viz. Dhule, Nandurbar, Jalgaon and Nashik. As per directions of the National Human Rights Commission, New Delhi and as per circular by govt. of Maharashtra it is necessary that postmortem examination in case of custody/prison deaths should be done at government medical college and hospital of the region by the forensic pathologist and video shooting of postmortem examination should be conducted.

We examined all available files of inquest papers, postmortem reports, toxicological analysis reports, histopathology reports and case papers of death of persons in custody from the period of 15 years from 01/01/2000 to 31/12/2014. A standard pro forma was designed to collect the information to ensure consistency for the whole sample. Information collected included age, sex, type of custody, place of death, presence of any associated disease, history of any psychiatric illness, substance abuse, injuries present,

weapon of offence, manner of death, sexual offence and cause of death.

Only deaths due to suicides were included in the study. Deaths during police action are excluded from this study. Postmortem examination was conducted by a panel of doctors and video shooting of postmortem examination was carried out. Viscera were preserved for chemical analysis and histopathological examination in all cases.

## **Observations**

Table 1: Sex-wise distribution of cases

Sex	No. of cases (%)	%
Male	11	91.66
Female	01	08.33
Combined	12	100

Table 2: Age-wise distribution of cases

Age group (in yrs)	Male	Female	Total cases	%
20–30	06	00	06	50.00
31-40	04	01	05	41.66
41-50	01	00	01	08.33
51-60	00	00	00	00
61-70	00	00	00	00

Table 3: Showing the types of custody

Type of custody	Number of cases	%
Jail	04	33.33
Police lock-up	08	66.66

Table 4: Cause of death

Cause of death	Number of cases	%
Hanging	07	58.33
Head injury	04	33.33
Poisoning	01	08.33

Table 5: Ligature material used by deceased to commit suicide by hanging

Ligature material used	Number of cases %	
	Male	Female
Plastic strip used for packing the cartons	01	00
Jute rope	01	00
Own full sleeves shirt	02	00
Scarf	00	01
Bed sheet	01	00
Towel	01	00

Table 6: Report of chemical analysis in case of death due to cyanide poisoning

Sr. No.	Specimen	Quantity of potassium cyanide
1.	Stomach and loop of small intestine with their contents	6.50 milligrams per 100 grams
2.	Liver along with gall bladder, spleen and kidneys	2.60 milligrams per 100 grams
3.	Blood	0.91 milligrams per 100 grams

Table 7: Presence of associated illness

Presence of associated illness	Number of cases
Fatty liver	01
Anthrocosis	01
Pulmonary edema and pneumonitis	02

**Table 8:** Year-wise distribution of number of cases of suicidal deaths in police lockup/prison

Year	Number of cases of suicidal deaths in police lockup/prison
2000	00
2001	00
2002	00
2003	00
2004	00
2005	01
2006	03
2007	00
2008	01
2009	03
2010	01
2011	01
2012	01
2013	00
2014	01

#### Discussion

Our study was restricted to suicidal deaths in police lockup/prison of north Maharashtra region. There was male predominance (11 versus 1 death) in our study. Rarity of crimes by females may be in part explained the lack of female deaths [2]. In our study 50.00% of deaths occurred in the age group of 21–30 years and 41.66% of deaths occurred in age group of 31–40 years. Our findings are consistent with Bardale R et al [2, 3].

We studied 12 cases of suicide. The mean age of suicides is 31.25 years at death. Prisoners between ages 15 and 34 years are at the greater risk for suicide as compared to older inmates [4]. Of 12 cases of suicide 7 were due to hanging (58.33%), 4 were due to head injury (33.34%) and 1 was due to KCN poison (8.33%). Bardale et al, mentioned hanging is the most common method of suicide in prison inmates accounting for 42.85% of suicides [3].

Of the 7 cases of hanging, 6 were male and 1 was female. Out of those 7 cases, 4 cases of hanging occurred at police lockup whereas 3 cases occurred at prison. Items of clothing were the most commonly used objects for committing suicide by hanging (Table 5). Edirisinghe PAS [5] and Bansal et al [6] reported 1 case each of suicidal hanging. Bardale et al [3] reported 6 cases of suicidal hanging. Sonar V [7] reported 3 cases of suicidal hanging. Wobesser WL [1] et al reported 90 cases of suicidal hanging. Agnihotri AK et al [8] reported 17 cases of suicidal hanging.

Out of the 4 cases of suicidal head injury 3 oc-

curred in police lockup while 1 occurred in prison. There were various ways of committing suicide by head injury in our study like (i) forceful self-impact of the head with the wall, (ii) jumping on the road from police vehicle, while police were taking the arrested person to the court, (iii) jumping in the well of a farm land when police had taken the arrested person to the scene of crime to gather the evidence, (iv) ran away from police station lockup, climbed up the nearby building, and committed suicide by jumping on the ground from height. Bansal et al [6] has reported 3 cases of suicides due to fall. Bardale et al [3] reported 1 case of suicide due to jump from third floor resulting in intracranial hemorrhage.

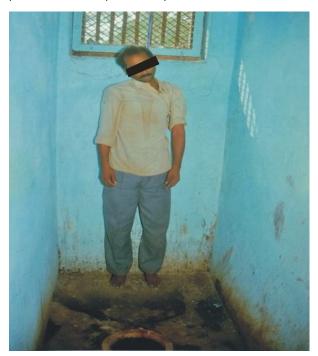
In our study, we encountered an unusual case of suicide due to potassium cyanide poisoning by a male person who was in police custody [9]. Viscera were preserved for chemical analysis. The report of chemical analysis revealed presence of potassium cyanide details of which are mentioned in Table 6. Bardale et al [3] reported 5 cases of suicidal poisoning. Bansal et al [6] reported 2 cases of suicidal poisoning.

Whenever unnatural death in police lockup/prison occurs allegations of custodial torture are always leveled up against the authorities. In our study we specifically looked for injuries to palms soles of feet, genitals, over back, inside the natural orifices but we did not find any injury suggestive of custodial torture. So abetment of suicide due to physical torture in custody was ruled out. Similarly we did not find evidence of sexual torture/offence/homosexuality in our study.

Of the 12 cases of suicidal deaths which we studied, we had preserved viscera for histopathological examination and in 08 cases (66.66%) we did not found any abnormal pathology and in 4 cases (33.33%) we found various diseases like fatty liver, pulmonary edema & pneumonitis and anthracosis (Table 7).

Of the 12 cases of suicidal deaths which we studied, we had preserved viscera for chemical analysis and in 1 case (08.33%) report of chemical analysis revealed KCN poison in the viscera samples. In rest of the cases of suicidal deaths no poison/alcohol/drugs of addiction were detected on chemical analysis.

**Photo 1:** A case of suicidal hanging in toilet by 47 year old person who was in police lockup



**Photo 2**: suicide by hanging by a 47 years old male- ligature material (towel) in-situ intact knot



Photo 3: ligature mark around the neck



**Photo 4:** 36 years old male who was in police custody committed suicide by jumping in the well when brought for inquiry at the scene of crime



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**Photo 5:** 36 years old male who was in police custody committed suicide by jumping in the well, removal of the body in process



**Photo 6:** Showing head injury, a 36 years old male jumped in the well of a farm land when police had taken the arrested person to the scene of crime to gather the evidence



**Photo 7:** Showing ligature mark in a case of suicidal hanging by a 21 years old male person who was in police lockup



**Conclusion and Suggestions** 

Incarceration may represent a loss of freedom, loss of family and social support, fear of unknown, fear of physical or sexual violence, uncertainty about the future, embarrassment and guilt over the offence and stress related to poor environmental conditions.

Intensity of intent may be an important indicator. Study employing the scales to measure the suicidal intents, reported intensity of intent to die as a major predictor of suicide completion in suicide attempter. Despite much research there is no possibility to reliably predict and prevent suicide in any individual. Many studies have identified risk factors associated to suicide completion, such as gender, previous attempts, suicidal ideation, a diagnosis of depressive disorder or schizophrenia but such predictors held to identify the person committing suicide [10].

Training should be imparted to police/jail officers and staff to prevent suicides in custody. Very few suicides are actually prevented by mental health, health care or other professional staff because suicides are usually attempted in inmate housing units and often during late evening hours or on weekends

when they are outside the purview of the program staff.

Formal screening for suicide risk of newly admitted inmates by psychiatrists and counselors should be conducted. To be effective suicide prevention must involve ongoing observation. All staff must be trained to be vigilant during the inmate's entire period of incarceration.

Most inmates commit suicide by using commonly used articles like bed sheets, handkerchiefs, *dupatta*, *saree* etc. A suicide safe environment would be a cell or dormitory that has eliminated or minimized hanging points and unsupervised access to lethal materials.

Installation of CCTV cameras at places without disturbing the inmates' privacy is need of the hour.

Inmates with mental disorders who present a serious suicide risk should be provided with adequate psychopharmacological treatment.

If suicide attempt occurs, correctional staff must be sufficiently trained to secure the area and provide first aid to inmate while they were waiting for external emergency health care staff to arrive [11].

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## References

1. Wobeser WL, Datema J, Bechard B, Ford P. Causes of death among people in custody in Ontorio,

- 1990- 1999. CMAJ.2002 Nov 12; 167(10): 1109-
- 2. Bardale R, Shrigiriwar M, Vyawahare MS, Dixit PG, Tayade SN. Death behind bars: A five-year study of custodial deaths. Medicolegal Update 2005; 5(4): 10–12.
- 3. Bardale RV, Dixit PG. Suicide behind bars: A 10-years retrospective study. Indian Journal of Psychiatry 2015 Jan-Mar; 57(1): 81–4.
- 4. Salive ME, Smith SG, Brewer TF. Suicidal mortality in Maryland prison system 1979 to 1987", The Journal of American Medical Association. July 1989, 262(3): 365–69.
- Edirisinghe PAS. Post-mortem examination of deaths in police custody- challenges faced by forensic pathologists in Sri Lanka in relation to custodial factors. Sri Lanka Journal of Forensic Medicine, Science & Law 2010 Vol.1 No.2.
- Bansal YS, Murali G, Singh D. Custodial deaths an overview of the prevailing healthcare scenario. J Indian Acad Forensic Med 2010; 32: 315–7.
- 7. Sonar V. A retrospective study of prison deaths in western Maharashtra (2001-2008) Medicolegal Update 2010; 10: 112–4.
- Agnihotri AK, Gangadin SK. Police custody deaths in Mauritius. TORTURE Volume 15, Number 1, 2005.
- Pathak AG, Gadhari RK, Chaudhari KM, Chavan SS. An unusal case of death in police custody: suicide by consumption of potassium cyanide. Int J Res Med. 2015; 4(1); 117–120.
- 10. Sarchiaphone M, Mandelli L, Louse M, Andrisano C, Roy A. Controlling access to suicide means. Int J Environ Res Public Health. 2011 Dec; 8(12): 4550–4562.
- 11. World Health Organisation. Preventing suicides in jails and prisons. Geneva 2007, WHO Library Cataloguing-in-Publication Data. 1–24.