

Suicide in custody

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Abstract

Hanging is an asphyxial death caused by a ligature around the neck and the suspension of the body, either partially or completely. It is one of the most common causes of death in cases of suicide. It always causes suspicion among relatives and the investigating officers, as well as – at times – on the part of the autopsy surgeon. Controversy arises in those cases in which the noose is too tight, has too many turns or uses an atypical slipknot. Controversy also arises with regard to complete ligature marks, when the hanging is not possible from a sitting or kneeling position, or when there is no dribbling of saliva from the corner of the mouth, especially when there is suspicion of postmortem hanging.

At times, it can be very difficult to determine whether the death was suicidal, homicidal or accidental in nature. The latter can often be differentiated on the basis of evidence at the scene of the crime, but problems arise in cases of suicidal/homicidal hanging, and in differentiating between antemortem and postmortem hanging.

Two cases of suicidal deaths are presented in this article, one in a central jail and another in a police station lock-up room.

Introduction

Various questions arise when death occurs in custody. It often raises the question whether

a person has committing suicide in custody because he/she has been unable to bear being tortured by interrogators. Yet, on the other hand, the deceased may have suffered from psychological problems and have ended his/her life for this reason.

Torture is defined by the United Nations Convention against Torture¹. *Suicide* has been defined as an act of self-inflicted, self-intended taking of one's own life, in a culturally non-acceptable manner². *Hanging* is the most common way of committing suicide in our country. It is one of the causes of death which always leads to suspicion of homicidal death. Sometimes suicidal death is very difficult to differentiate from accidental death, the abetment of suicide or homicidal death. This is especially true when the scene has been disturbed intentionally by the person who reported the death. For fear of police interrogation, relative may change the position of articles or the body. Other interventions may be caused by a physician, especially if there has been signs of life.

The average prevalence³ of deaths due to suicide in India is estimated at 150-200 deaths per day. It is much more common for males than females, with a male/female ratio of 50:1.

Material and methods

Both of the hangings described in this article occurred in bathrooms. In the case of the death in the central jail, the investigating officers explained that the deceased was discovered by the police officer on night duty, while in the case of the death in the lock-up room, the deceased was discovered by an-

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other detainee, who was in the same room overnight. In both cases, the doors were bolted from the inside.

Case no. 1

At 10.45 a.m. on 29 June 1997, a dead body was brought for postmortem examination by the investigating officer, who related that the deceased had been found in a partially hanging position in one of the bathrooms of a district jail. A waistcloth was used for this purpose. The postmortem examination was conducted by two doctors between 10.48 a.m. and 12.30 p.m.

Upon external examination, the 23-year-old male was of average build, was averagely nourished, and was wearing a full-sleeved self-printed shirt. At the corner of the mouth, a brownish fluid mixed with digested food particles was present, and at the right nostril a dried fluid was present. The tongue was inside the oral cavity, and there was a bluish discoloration of the fingernails.

An interrupted ligature mark was present on the neck, above the thyroid cartilage, oblique in size, 39.5×2.3 cm. There was an abrasion over the right submandibular area, 4.0×2.2 cm, and red in colour. There was no evidence of marginal contusions and ecchymosis, nor evidence of other external injuries. Stool and semen were present at the anus and at the glands.

Upon internal examination, the organs were observed as being congested, the hyoid and thyroid bones were intact, and there were haemorrhages in the right submandibular gland. On opening the oesophagus, a piece of razor blade, 1.5×0.7 cm, was found in the oesophageal mucosal lining, along with haemorrhage in the surrounding tissue at the level of the lower part of the larynx. The other organs were congested. No abnormal smells in the stomach contents were detected.

The viscera were preserved for chemical,

histopathological, biochemical and microbiological examinations. Reports revealed congestion in the organs, but no other abnormalities in the samples.

The cause of death was recorded as asphyxia as a result of hanging.

Case no. 2

At 4.20 p.m. on 4 July 2001, another dead body was brought for postmortem examination by an investigating officer, who related that the deceased was found in a hanging position in the bathroom of the lock-up room of a police station. A thin cloth towel was used for this purpose. The deceased had been arrested on the suspicion of involvement in murder and dacoity.

The postmortem examination was conducted by two doctors between 4.30 p.m. and 6.45 p.m. on 4 July 2001. Upon external examination, the deceased was a 25-year-old male who was well-built and well-nourished. Urine had passed into the clothing. Rigor mortis was present in the body, and postmortem lividity was present in both lower limbs up to the thigh and in both hands and forearms. Multiple haemorrhagic spots were present over both lower limbs.

The tip of the tongue was protruding from the mouth and caught between the teeth. There was a bluish discoloration of the lips and fingernails, and a ligature mark, 28×2.5 cm, was present on the neck, which was oblique, interrupted, above the thyroid prominence and red-brown in colour. There were no visible and palpable fractures.

Upon internal examination, all organs were congested, and the stomach contained a brownish fluid that did not emit any abnormal smells. Neck tissues showed a congestion below the ligature mark. There was no evidence of fracture of the hyoid or thyroid bone.

The cause of death was given as asphyxia

due to hanging. However, viscera were preserved for chemical and histopathological examination.

The histopathological examination report revealed congestion in all organs and interstitial haemorrhages in the lungs. The chemical examination report did not show any trace of poison in the tissues.

The final cause of death was given as asphyxia due to hanging.

Discussion

Both autopsies were videotaped according to the directions of the National Human Rights Commission (NHRC), in New Delhi. It is mandatory for all authorities to report all cases of custodial death to the NHRC, New Delhi, within 24 hours of occurrence or from the time the officers were made aware of such an occurrence⁴. In the two cases, the exact cause of suicide could not be determined. Suspicion still remained with regard to the investigative agencies, although there was no

evidence of physical injury on the bodies. However, the deceased may have been tortured in order to coerce them into providing information relevant to the investigation. By performing a meticulous postmortem examination and a thorough documentation of the facts, the forensic expert may play a constructive role in society, not only by treating the sick, but also by acting as a health professional social healer⁵.

References

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