

Trends of custodial torture and deaths: an autopsy based study at metropolitan city of Karachi

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ABSTRACT

Introduction: Custodial death brings attention to the death of a person in the police lockup or in legal custody. Unexpected death in custody is time and again correlated with the assertion of torture. Such deaths sweep excessive scrutiny from citizens and media as well as attestation of torture by the relatives on legal department.

Objective: To analyze the pattern and cause of death in custodial torture and its association with age, gender, type of injuries, region of the body, and manner of death in the city of Karachi, Sindh, Pakistan.

Materials & Methods: A descriptive study was done based on retrospective autopsy records of custodial death cases referred for post-mortem examination by magistrate from various police and prison custodies during January 2017 to December 2021. Records were gathered from the office of the Police Surgeon in three major centers of Karachi namely, Abbasi Shaheed Hospital, Civil Hospital, and Jinnah Postgraduate Medical Center. Descriptive statistics were run using SPSS version 26.

Results: A total of 112 custodial deaths were reported in Karachi during the five-year study period. The highest number of cases, 38(33.9%) were in the age group 30-39 years followed by 32(28.5%) in the age group 40-49 years, and least were in 60 years and above, 8(7.1%). The majority, 108(96.4%) were males. A number of reported deaths occurred due to natural causes, among which myocardial infarction was the most common cause found in 33(29.4%); hard and blunt injuries were reported among 20(17.8%) due to unnatural causes. The skull and brain were the most frequent sites affected (8, 40.0%) due to hard blunt object injury. A maximum number of deaths, 57(50.8%) occurred in the year 2017. A tally of 71(63.3%) were natural deaths occurring in police custody and jail.

Conclusion: Most custodial deaths were related to natural causes; a sizable portion were due to unnatural causes such as hard and blunt trauma affecting the skull and other body parts, and the causes of a good number of deaths remained undetermined.

Keywords: Autopsy; Death; Torture; Human Rights Abuses; Jails; Prisons; Police.

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INTRODUCTION

The Criminal Judicial System's focal rule is to find out the definite offending figure. The force of the state has the power to do inquisition and exploration to bring about justice and uncover the corroboration. When these powers are utilized in disagreeable ways they may lead to the dismantling of humankind and society.¹

Basic health care and contentment is a prerogative of every human being come what may in relation to the occupation and religion of the individual. It is the responsibility of the sovereign state to lay out satisfactory standards and cost-efficient basic healthcare establishment for all. Any action involving severe physical or non-physical (psychiatric or psychological) trauma or agony which is knowingly imposed on a human for a motive to persuade him or a third person for information by penalizing him for any deed or any rationale-based prejudice of any kind is known as Torture.² The intention behind such untoward circumstances is that the amount of force given to the law enforcement officers to carry out their legalized and essential responsibilities efficiently is exploited by them to torture common people, demolish individuals and belongings, and maltreat and terrorize the frail.

The medico-legal investigation of deaths in confinement and police action tenders difficulties for forensic medical examiners. This exhibit also often has distinct characteristics such as positional asphyxia, suicide, struggle deaths, hysteria, etc. The reporting of these deaths within 24 hours and the conduct of a post-mortem examination by a board of doctors speaks of the gravity of concern.³

Custody as defined by the Oxford dictionary is "Solicitous supervision or safekeeping of whoever or entity", whereas legally speaking, "Police or judicial custody is explained as any setup where the pursuit of liberty of living persons has been refuted by law administration organization, such as during transfer before booking, or during detention, prosecution, passing judgment on, and disciplinary imprisonment."⁴

Custodial deaths can be natural or unnatural and according to international standards, the deaths of individuals who are under custody, or those related

to law enforcement activity must be meticulously scrutinized, ideally by an unconstrained body.⁵

The forensic examiner during death in custody occurrence carries on a notable part as they perform a thorough scientific examination of the victim's body known as the medico-legal autopsy, to simplify the cause and the manner of the death.⁶ Those individuals in whom there is lacking apparent cause of death are categorized as natural, they can be due to various reasons like medical conditions or risk factors. Possible descriptions include physical and mental trauma, suicide, mechanical asphyxia, stress-induced heart condition, and poisoning. In youths, primary medical factors may not give rise to death, in contradistinction to older people with underlying chronic medical conditions. It is a situation of distress that should be distinguished and described openly to show the actuality of custodial savagery including ill-treatment, abuse, and death in the prison by natural and unnatural causes to protect and screen any misemployment of supremacy or power against the charge.⁷

Therefore it was determined to find and analyze the trends of custodial torture and deaths in Karachi, to know the methods of torture, physical and psychological effects on the sufferer, the natural disease causes, common site effected and to recognize the procedure and effect of custodial death.

MATERIALS & METHODS

Our study is a retrospective autopsy based on the pattern and cause of deaths occurring in police custody in Karachi. It is a five-year study from January 2017 to December 2021. Total cases were reviewed after formal permission from the Police Surgeon office Karachi to analyse and scrutinize for signs of torture, manner, cause, and history of the deceased. Inclusion criteria were all the deaths occurring in police custody and jail. A predesigned proforma was used for data collection from medico-legal officers conducting autopsies of custodial deaths as an expert on behalf of the health department, province of Sindh at three major centers of Karachi (Abbasi Shaheed Hospital, Civil Hospital, and Jinnah Postgraduate Medical Center). Descriptive statistics were run in which frequency and percentage were calculated for categorical variables using SPSS version 26. Comprehensive autopsies were performed in individual cases to establish the cause and manner of the death. In those instances where no specific cause of death was deduced on virtual autopsy, external and internal examination, the specimen tissues were forwarded for histopathology, while in suspected poisoning cases tissues and viscera were sent for toxicological analysis to the chemical examiner's office, the Government of Sindh, Karachi.

RESULTS

There were 112 custodial deaths in Karachi during the five-year study period. Table 1 describes the age and gender distributions of custodial death cases in Karachi, Pakistan from 2017-2021.

The highest number of cases, 38(33.9%) were in the age group of 30-39 years, followed by 32(28.5%) in the age group of 40-49 years, while least cases were from age group of over 60 years (06, 07.1%).

Gender distribution showed that among all 112 cases of custodial deaths, the majority of 108(96.4%) were males.

Table 1. Age and Gender distribution of custodial deaths in Karachi, Pakistan (n=112).

Characteristics	No. of cases	Percentage
Age (years)		
19-29	15	13.3
30-39	38	33.9
40-49	32	28.5
50-59	19	16.9
>60	08	07.1
Gender		
Male	108	96.4
Female	04	03.5

Table 2 describes the cause of custodial deaths in jails of Karachi, Pakistan in five years, from 2017 to 2021. Majority of reported deaths occurred due to natural causes. Among them, myocardial infarction was the most common cause found in 33(29.4%) cases, followed by hepatitis seen in 13(11.6%) cases, while 09(08%) deaths were caused by kidney failure. Tuberculosis and fever was the cause of death in 06(05.3%) and 10(8.9%) cases respectively. Regarding deaths due to unnatural causes, hard and blunt injuries were reported among 20(17.8%) custodial deaths while 02(01.7%) deaths occurred due to throttling. In 13(11.6%) cases cause of death remained undetermined.

Table 2. Cause of death occurring in police custody and jail in Karachi, Pakistan (n=112).

Causes of death	No. of cases	Percentage
Myocardial infarction	33	29.4
Hard and blunt injuries	20	17.8
Hepatitis	13	11.6
Fever	10	8.9
Kidney failure	9	8.0
Tuberculosis	6	5.3
Electric shock	4	3.5
Throttling	2	1.7
Poisoning	2	1.7
Undetermined	13	11.6

Table 3 presents the anatomical sites affected due to blunt injuries caused by hard objects. Skull and brain, 08(40.0%) was the most frequent site affected followed by abdomen and pelvis / genitals injuries due to 03(15%).

Table 3. Anatomical site effected due to hard blunt object injuries (n=20).

Location	No. of cases	Percentage
Skull and brain	8	40
Abdomen	3	15
Pelvis/ genitals	3	15
Neck	2	10
Thorax	2	10
Upper and lower Limbs	2	10

Figure 1 described the year-wise distribution of custodial deaths in Karachi Pakistan between the years 2017 to 2021. Maximum

number of deaths, i.e., 57(50.8%) occurred in year 2017 while minimum number of deaths, 11(9.8%) were witnessed in the year 2021.

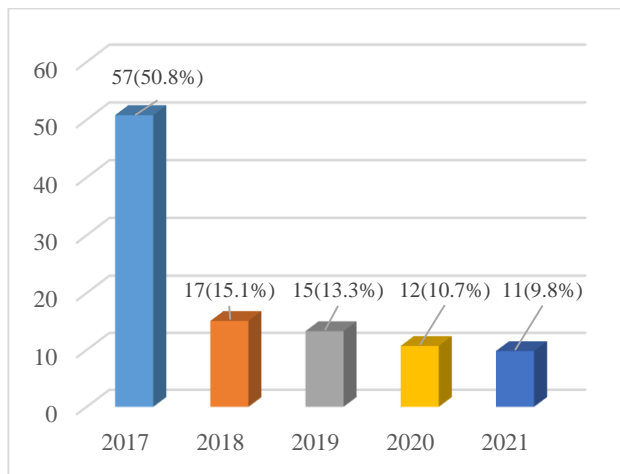


Figure 1. Year-wise distribution of custodial deaths in Karachi, Pakistan from 2017-2021 (n=112).

Figure 2 shows that manner of death occurring in police custody and jail; among these deaths, the majority of 71(63.3%) were natural deaths, the unnatural deaths tallied at 28(25%) and those deaths in which autopsy results were insignificant were 13(11.6%).

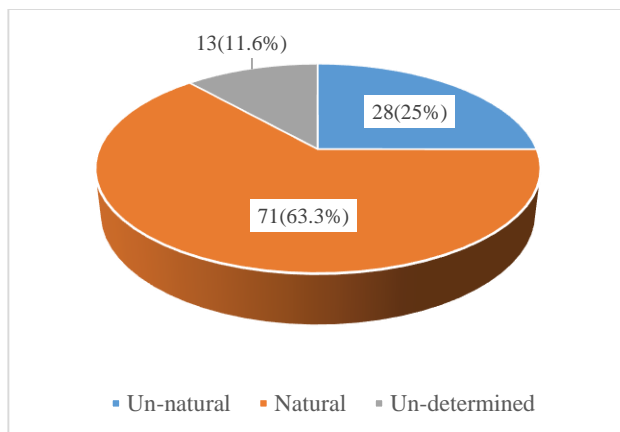


Figure 2. Manner of deaths occurring in police custody and jail in Karachi, Pakistan (n=112).

DISCUSSION

Custody-related death is often tragic and perceived as very traumatic to relatives, concerned authorities, and detainees if any. Such deaths sometimes lead the way to disruption of peace. Causes and mannerisms of custodial deaths undoubtedly reflect the quality of treatment and facilities provided to the prisoners; this also reflects on the sense of responsibility and concerns of the security departments towards the inmates.

A preponderance of males (96.4%) was observed which was also noteworthy in other studies.^{8,9} The scarcity of misdeeds by females may partially describe the shortage of female deaths.

In our study, 33.9% of deaths occurred among people between 30-39 years followed by 28.5% of deaths occurring within the age bracket of 40-49 years. Alike findings were reported in a

study from Malaysia.¹⁰ Death observed at an early age is of considerable worry and underlines the gravity of constructive execution of untimely diagnosis. Standard investigation regarding the existence of any disease or having treatment for any medical condition will resolve the complication in many issues. In contrast, elderly prisoners should undergo scheduled screening, and required therapy should be given.

A total of 71(63.4%) custodial deaths were reported due to natural causes. Out of these, a maximum of 29.4% cases were of sudden cardiac death, which is fairly similar to a study by Wu S et al from China.¹¹ Sudden death is that which typically occurs less than 24 hours in an apparently healthy individual after the presentation of initial ill symptoms.¹² The second leading cause of 11.6% was of Hepatitis (Acute & chronic) and 8.9% cases of fever. Thus, out of 71 natural deaths, the top 3 diseases account for 56(78.9%) deaths.

Every time unnatural death in police custody takes place declaration of custodial torture is constantly developed against the officials and a meticulous medico-legal autopsy is ordered by the magistrate to be performed. In our study, we particularly took note of trauma to the palms of hands, soles of feet, genital organs, back, and natural orifices. Our result showed trauma caused by blunt hard object comprising of 17.8% cases which is homogeneous to a local study by Yadain et al,¹³ as well as by Shepherd,¹⁴ the reason for which being that the law enforcement officers habitually torture the accused captured for cross-questioning leading to fatal injuries and a few may experience locomotor dysfunction or death in custody. This is a distressing situation as proof of substantial trauma is noticeable on the bodies of the accused.

In relation to blunt trauma, the most affected region of the body is the skull and brain at 40.0% which is alike to a study by Soyemi et al,¹⁵ which resulted in fatal skull fractures, and intracranial hemorrhages causing death. The second most affected anatomical sites were the abdomen and pelvis at 15%; these are the areas of delayed bruising or hidden blunt injury in which immediate deep trauma is not observed.

Our study also depicts that majority of the cases of custodial torture and death were in the year 2017(50.8%). However, it is reassuring to record that in the present observation, the prevalence of custodial torture and deaths has exhibited a sinking trend. The basis for this is the ideologue of the National Human Rights Commission, media and social media consciousness concerning custodial torture and deaths, general communal awareness, the never-ending fights of most NGOs against custodial torture and not to forget, and the role of the Forensic Medicine community in the actual documentation and certification of various torture cases.

Death due to natural causes was the leading manner of death. Our study is in alignment with several studies.^{16, 17} This is due to the liberty of the accused having been taken hold by the state, so that medical and surgical support of the accused is in the power and control of the state. The reason is due to detained or imperfect medical aid resulting in Hepatitis B or C, Diabetes, Hypercholesterolemia, Hypertension, multiple infections, drug dependence, chronic alcoholism, renal failure, Tuberculosis, etc.,

and can result in medical emergencies within hours or days of confinement. Very few local studies have been conducted on this topic in the last five years pointing toward the significance of the direction of custodial deaths.

CONCLUSION

Custodial deaths were mostly due to natural causes, though a sizable number were due to unnatural hard and blunt trauma to the skull. A smaller proportion had an undetermined cause of death.

RECOMMENDATION

Our study suggested that regular care and proper health provisions should be delivered to prisoners. All the prisoners should be continuously checked for any communicable and/or infectious disease before they are transferred to jail. Measures should be taken to lessen the morbidity and mortality during custody.

The government should take the authority to meet the legitimate, social, medical, and emotional needs of the detainees of police while the interrogation is in progress, so physical and mental trauma should be avoided. A course of action should be taken to give guarded surroundings at the time of questioning during custody.

LIMITATIONS

There was a lack of standard records available in the medico-legal register book; it was established that thorough inquest affairs in all custodial deaths were conducted under 176 CrPC, and the investigating officer was solely relying upon jail authorities for the concerned information. It was also noted that accurate files concerning the detainee's medical illnesses, treatment, history of any addiction and dependence, etc., were not found.

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