

## A Retrospective Study of Custodial Deaths in Visakhapatnam Region During 2021-24

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### Abstract

Custodial deaths in detention settings such as police cells, prisons, borstal schools, and asylums raise serious human rights concerns. A thorough medicolegal investigation serves as the cornerstone for ensuring accountability and transparency in addressing state-sponsored crimes in modern societies. This retrospective study aims to identify the causes of custodial deaths in the Visakhapatnam region, analyse the factors contributing to these deaths, and suggest necessary reforms in prison healthcare. The study analysed autopsy records of 25 custodial deaths from October 2021 to October 2024, including 20 cases with sufficient data. Key factors examined were age, type of custody, place of death, preexisting medical conditions, and cause and manner of death. Out of 20 prisoner deaths, 18 (90%) were due to natural causes, primarily due to chronic lung diseases like bronchiectasis, bronchopneumonia, and lobar pneumonia (7 cases, 35%). Psychiatric illnesses were present in 4 cases (20%). The most affected age group was 31–40 years (7 cases, 35%). Unnatural deaths (10%) involved two suicides, both without a prior psychiatric history. Custodial deaths persist as a critical issue despite prison reforms, driven by systemic shortcomings in prison healthcare. This study identifies chronic lung diseases (35%) as the leading natural cause, highlighting the need for improved access to care. Strengthening prison healthcare systems is essential, with a focus on regular screenings for respiratory conditions like TB, comprehensive mental health assessments, better hygiene, and promoting health-seeking behaviors among inmates to prevent custodial deaths.

**Keywords:** Custodial deaths; Jail conditions; Human rights; Prison administration; Prison health care.

### Introduction

A prison, also known as a jail or correctional facility, is an institution that holds individuals in custody as punishment for crimes they have

committed<sup>1</sup>. As one of the most populous countries in the world, India's prisons are overcrowded, housing around 573,000 prisoners (NCRB 2022), which ranks it among the countries with the largest

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prison populations globally<sup>2</sup>. Death occurring in some form of custodial detention such as police cell or prison, is commonly known as death in custody<sup>3</sup>. However, custody not only includes prison, but also police custody, borstal schools, asylums, and prisoners dying in hospitals during the currency of their punishment. These fatalities can be described as occurring under circumstances such as detention, arrest, or pursuit, where the deceased was in direct or indirect contact with a law enforcement official at the time of their death. They are often referred to as apprehension fatalities, legal intervention deaths, or in-custody deaths<sup>4</sup>.

According to the National Association of Medical Examiners in the USA, pre-custody deaths include those occurring before physical restraints associated with arrest, while in-custody deaths include those occurring in police custody and correctional centres, including pretrial and sentenced custody<sup>5</sup>. Deaths in custody may potentially draw significant public attention to the safety and well-being of the prisoner population as it involves the twin concepts of human dignity and state culpability<sup>6</sup>. The Indian Constitution upholds the rights of condemned prisoners, ensuring that no citizen can be deprived of life or liberty except through established legal procedures, as guaranteed under Article 21. This has paved way for procedural safeguards in criminal law and mandates legal compliance. The ignorance of the custody authorities and their disregard for the health of the jail inmates have been identified as the main reasons of custodial deaths.

This study analyses autopsy data on custodial deaths to identify causes and manners of death, evaluate prisoner demographics and criminal profiles, and examine preventive measures for common causes. The findings aim to inform necessary prison health care improvements and propose actionable reforms for policymakers.

### Materials and Methods

A retrospective study of custodial deaths was conducted at Andhra Medical College,

Visakhapatnam. A purposive sampling method was employed for the study. Out of 25 identified cases, 20 were included in the study, as 5 were excluded due to insufficient records. The data was drawn from various sources, including autopsy reports, inquest, police case dockets, and prison medical examination records. Key parameters examined included age, manner and location of death, type of custody, preexisting medical conditions, and cause of death.

Only custodial deaths with comprehensive postmortem documentation were considered. Cases with incomplete records or deaths that occurred outside of custody were excluded.

### Results

Andhra Medical College, a leading tertiary care centre in Visakhapatnam, conducts around 2,000 postmortem examinations annually, including all custodial death autopsies in the jurisdiction of the Visakhapatnam Police Commissionerate. These autopsies strictly adhere to NHRC guidelines, with each procedure videographed for thorough documentation. The study analysed 20 custodial deaths, all involving prisoners. Of these, 18 deaths (90%) were due to natural causes, while 2 deaths (10%) were unnatural (suicides). Among the 18 natural deaths, respiratory conditions were the leading cause, accounting for 7 cases (35%), with chronic lung diseases such as bronchiectasis, bronchopneumonia, and pneumonia being predominant. Additionally, 4 inmates (20%) had recorded preexisting psychiatric diseases. All 20 victims were men (Table 1), with the age range of 31 to 40 years old contributed to 7 cases (35%) (Table 1), with an average age of 44 years (Table 1). Seven deaths (35%) occurred in transit, while 13 deaths (65%) occurred in the hospital. In the present study, neither of the two individuals who died due to hanging had a known history of mental illness prior to their deaths, raising concerns about potential underdiagnosis or insufficient mental health services in prisons. The study also reveals that middle-aged men are particularly vulnerable to custodial deaths.

**Table 1: data on sex, manner of death, age of the victim, place of death and the type of custody in the study population.**

Background		Oct 2021 (n=1)	2022 (n=5)	2023 (n=9)	Oct 2024 (n=5)	Total (n=20)
Sex	Male	1(100%)	5 (100%)	9(100%)	5(100%)	20(100%)
	Female	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
Manner of death	Natural	1(100%)	4(80%)	9(100%)	4(80%)	18(90%)
	Unnatural	0(0%)	1(20%)	0(0%)	1(20%)	2(10%)
Age	21-30	0(0%)	1(20%)	0(0%)	2(40%)	3(15%)
	31-40	0(0%)	2(40%)	4(44%)	1(20%)	7(35%)
	41-50	1(100%)	0(0%)	2(22%)	1(20%)	4(20%)
	51-60	0(0%)	0(0%)	1(11%)	1(20%)	2(10%)
	61-70	0(0%)	2(40%)	1(11%)	0(0%)	3(15%)
	>70	0(0%)	0(0%)	1(11%)	0(0%)	1(5%)
Place of death	Judicial custody	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	Police custody	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
	Transit death	0(0%)	2(40%)	3(33%)	2(40%)	7(35%)
	Hospital stays	1(100%)	3(60%)	6(67%)	3(60%)	13(65%)
	1.More than 24 hrs.	1(100%)	1(20%)	4(44%)	1(20%)	7(35%)
	2.Less than 24 hrs.	0(0%)	2(40%)	2(22%)	2(40%)	6(30%)
	3.Brought dead	0(0%)	2(40%)	3(33%)	2(40%)	7(35%)
Type of custody	Prison	1(100%)	5(100%)	9(100%)	5(100%)	20(100%)
	Police	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)

**Table 2: Cause of the Death and Manner of the Death in the Study Population**

Cause of Death	Oct 2021 (n=1)	2022 (n=5)	2023 (n=9)	Oct 2024 (n=5)	Total (n=20)
Manner of Death	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Natural					
Tuberculosis	0(0%)	1(20%)	0(0%)	0(0%)	1(5%)
Lung Carcinoma	0(0%)	0(0%)	1(11%)	0(0%)	1(5%)
Chronic lung disease Bronchopneumonia and Lobar Pneumonia	1(100%)	1(20%)	4(44%)	1(20%)	7(35%)
Congestive cardiac failure	0(0%)	2(40%)	0(0%)	0(0%)	2(10%)
Sudden cardiac arrest	0(0%)	0(0%)	1(11%)	0(0%)	1(5%)
Coronary Artery Disease	0(0%)	0(0%)	0(0%)	1(20%)	1(5%)
Rheumatic heart disease.	0(0%)	0(0%)	0(0%)	1(20%)	1(5%)
Sepsis & chronic liver disease.	0(0%)	0(0%)	1(11%)	0(0%)	1(5%)
Multi Organ Dysfunction Syndrome (MODS) following follicular nodular disease of the thyroid.	0(0%)	0(0%)	0(0%)	1(20%)	1(5%)
MODS & Acute Kidney Injury (AKI)	0(0%)	0(0%)	1(11%)	0(0%)	1(5%)
Non-Specific disease entity.	0(0%)	0(0%)	1(11%)	0(0%)	1(5%)
Unnatural					
Suicide	0(0%)	1(20%)	0(0%)	1(20%)	2(10%)
Homicide	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
Accident	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)

**Table 3: Distribution of preexisting diseases in the study population.**

Preexisting disease.	Cases (%)
Diabetes mellitus	2(10%)
Hypertension	2(10%)
Chronic Obstructive Pulmonary Disease (COPD)	1(5%)
Human Immuno-deficiency Virus/ Acquired Immuno Deficiency Syndrome (HIV/AIDS)	0%
Tuberculosis	2(10%)
Anemia	0%
Cancer	1(5%)
Chronic Kidney Disease (CKD)	0%
Epilepsy	2(10%)
Autoimmune disease	1(5%)
Respiratory illness	0%
Psychiatric illness	4(20%)
Chronic liver disease	2(10%)
Neurological disorders	2(10%)
Endocrine disorders	1(5%)

### Discussion

Custodial deaths have long been associated with harsh survival conditions, inadequate medical care, neglect, and, at times, overt physical or psychological abuse. Historically, during the colonial era, inmates endured harsh and unsafe conditions with little regard for their well-being<sup>7</sup>. The issue of custodial deaths began gaining attention in the 20th century, particularly following the rise of the global human rights movement. This movement, alongside advocacy by the United Nations and other international organizations, led to the establishment of standards for the treatment of individuals in custody. Key milestones include the adoption of the Universal Declaration of Human Rights (1948) and the Standard Minimum Rules for the Treatment of Prisoners (originally introduced in 1955 and later revised as the Nelson Mandela Rules in 2015)<sup>8-9</sup>. Despite these measures, prison inmates in India continue to face significant challenges, including inadequate healthcare, exposure to various diseases, and physical/mental trauma during their time in custody. During 2021–2022, the National Human Rights Commission (NHRC) received 175 reports of

deaths in police custody and 2367 reports of deaths in judicial custody<sup>10</sup>. The present study is just a snapshot of the total number of custodial deaths that occur in this country.

Norfolk<sup>11</sup> (1994) in Bristol, United Kingdom, brought attention to the troubling issue of deaths in police custody, where the majority of those who died were men (94%), aged between 16 and 63 years, with an average age of 38. Many of these deaths were caused by hanging (37.5%) or due to alcohol and drug use (40.6%), while others were linked to head injuries or heart conditions. Similarly, in our study, all custodial deaths involved male individuals. However, 90% of custodial deaths in the present study were due to natural causes, with respiratory diseases accounting for 35%, while 10% were suicides which are concordant with Jhamad et al (2014)<sup>12</sup> Bansal et al (2024)<sup>13</sup>. Although studies by Norfolk<sup>11</sup> and Rambarapu Sudha et al. (2016)<sup>14</sup> highlight significant instances of custodial torture, it is important to note that their findings are based on data that is 2-3 decades old. One can't ignore the fact that natural causes of death are on a rise in prisoners during the past decade according to recently published studies<sup>12-13</sup>.

In our study, most of the victims were older detainees, whereas the studies by Shifan Wu et al. (2019)<sup>6</sup> and Soyemi et al. (2021)<sup>4</sup> primarily involved younger men. This difference may be due to variations in the timing of imprisonment i.e. age at conviction, and the criminal profiles of prisoners in different countries. In their studies, most natural deaths were caused by cardiovascular diseases, while unnatural deaths resulted from accidents, suicides, and homicides. In contrast, our study only reported suicides as the cause of unnatural deaths. Our findings are similar to those in Chaudhari et al.'s study (2023)<sup>15</sup>, which also focused on 20 predominantly male deaths. Both studies identified chronic lung diseases as a leading cause of natural deaths, although Chaudhari et al. primarily attributed these to ischemic heart disease. Unnatural deaths in Chaudhari et al.'s study included suicides, blunt trauma, and choking<sup>15</sup>.

Prisons serve as hotspots for the spread of various diseases, posing risks not only to inmates but also to society. Many detainees are held for short periods, creating opportunities for disease transmission when they interact with prison officials or return to their

communities. Additionally, disease transmission between prisons is possible when inmates are transferred, further amplifying the risk<sup>16</sup>. A UN Drugs and Crimes' report found that 63% of convicts in Indian prisons had a history of drug abuse<sup>17</sup>. Sexual deprivation in prisons often leads to an increased urge for sexual activity, which can result in individuals engaging in same-sex relationships to satisfy their desires. This behaviour contributes to serious issues, including the spread of HIV, sexual crimes, conflicts, custodial deaths, and mental health disorders such as PTSD and depression. Overcrowding further amplifies these problems, emphasising the urgent need for timely parole, furlough, and improved prison conditions to address these effects<sup>18</sup>. Sodomy in prisons, both in India and around the world, remains a prevalent issue that is rarely openly discussed. Implementing education, STI prevention strategies, and access to condoms, along with addressing root causes, is essential to reducing sexual violence, and STI transmission in prisons.

Poor hygiene and unsanitary conditions in prisons lead to a high prevalence of infectious diseases, including skin, respiratory, gastrointestinal, and waterborne illnesses. In our study, respiratory illnesses emerged as a major factor in many custodial deaths, aligning with findings from Sunil D. Kumar et al.<sup>19</sup>, who reported a high incidence of acute respiratory tract infections among inmates. Additionally, the study highlighted parasitic infestations such as ascariasis and anaemia affecting approximately 84% of inmates. Improved hygiene and reduced overcrowding are crucial to lowering the prevalence of these health issues in prisons.

Although no women were involved in custodial deaths in this study, women in Indian prisons face unique healthcare challenges. According to a newspaper report, 23,772 women are incarcerated, with 77% aged 18–50, likely experiencing regular menstruation. However, access to sanitary napkins remains inconsistent, and their quality often falls short. Addressing period poverty in prisons requires collaboration to ensure access to menstrual hygiene products and facilities, prioritizing women's health and dignity.<sup>20</sup>

A study conducted by Ferris, Madison et al<sup>21</sup>. reviewed skin conditions in inmates across various

countries, consistently finding that these conditions were largely caused by lack of access to quality healthcare, poor hygiene, overcrowding, and inadequate treatment. Common ailments included acne, psoriasis, fungal infections, and scabies.

Confinement can often trigger acute mental health issues or exacerbate pre-existing conditions in inmates. Several amendments to the Prison Act of 1894 now require the documentation of any existing mental illnesses in prisoners and mandate the provision of psychosocial support, as well as treatment by qualified mental health professionals. It is the responsibility of the prison medical officer and the superintendent to ensure the mental well-being of all prisoners<sup>22</sup>.

In a private conversation with a medical officer from a prison in South India, it was revealed (on condition of anonymity) that most inmates are housed in large hall-like barracks with 20–30 individuals, each having access to attached washrooms. About 25% of the prison population suffers from non-communicable/lifestyle diseases like diabetes and hypertension, with regular check-ups conducted every 14 days. Around 5% of the prison population has mental health issues such as psychosis and depression, and there was an incident of attempted suicide by a transgender inmate. A psychiatrist visits the prison monthly, and dermatological infections, including taeniasis, are common, with inmates referred to a local government hospital for further treatment.

Strengthening in-prison healthcare, routine screenings, and timely referrals are key to preventing avoidable deaths and ensuring humane management. Most deaths in this study occurred within 24 hours of hospital admission, highlighting delays in seeking care. Uncontrolled diabetes and hypertension, due to noncompliance and inadequate care, significantly increase the risk of complications and death. Early management, strict drug adherence, and routine tests are essential to improving inmate health and reducing preventable deaths.

Our study found that 35% of deaths were transit-related. The Nelson Mandela Rules stress the importance of humane treatment during transit, ensuring prisoners' health and safety. To reduce these

deaths, it is essential to implement proper procedures, such as pre-transit medical exams, availability of well-equipped ambulances and qualified medical staff enroute to hospitals.

In an ideal prison system, rehabilitation should take precedence over punishment. Community reintegration, through parole and job placement, should be prioritized, and for minor offenses, community service should be preferred over incarceration. By focusing on rehabilitation through education, vocational training, and restorative justice programs that address the root causes of crime, India can strengthen its justice system by adopting key elements of Norway's prison model<sup>23</sup>. Improving prison facilities, offering compassionate housing, and training staff in dynamic security techniques would all contribute to a successful rehabilitation environment, while providing parole to non-violent offenders. However, it is important that this approach does not create the impression that prison is a preferable place to live.

### Conclusion

The evolving dynamics of prison systems, particularly in the post-COVID era, have seen an increased focus on health consciousness among administrators in the correctional services. While incidents of torture and state executions have declined, the rise in deaths from preventable natural causes among inmates is concerning. This mirrors societal trends where preventable conditions claim lives prematurely. Additionally, cases of undiagnosed mental illness leading to suicide in prisons highlight systemic gaps in mental health care and its profound ripple effects on the prison environment and society. A custodial death from torture is an act of commission by the state, while a preventable natural death due to neglect is an act of omission. In both cases, the state cannot absolve itself of responsibility for inmate welfare and health. To address these challenges, proactive health surveillance, enhanced screening for conditions like tuberculosis (TB) and HIV, and fostering health-seeking behaviour among inmates must become integral to prison administration. As forensic pathologists, it is vital not to overlook potential masked or staged homicides amidst rising natural deaths, ensuring rigorous investigations to uphold justice and accountability.

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