

**A YEAR REVIEW OF SUSPECTED DEATHS IN CUSTODY/DETENTION IN  
CALABAR, NIGERIA.**

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**Abstract:**

**Aims/Objectives:** To determine the immediate/remote cause/manner of deaths of individual following custody/detention.

**Materials & Method:** A cross sectional of autopsy done within the period of a year (January 2015-Jan 2016) was evaluated and specifically two cases fall into this category to be analysed.

**Results:** The case A showed multiple subcutaneous haematoma (soft tissue injuries) and skeletal injuries(occipital fractures) The subcutaneous injuries was seen all over the body on de-fleshing of the epidermal layer of the skin; as the skeletal injuries seen only at the occipital region with subgleal, subarachnoid and interventricular haemorrhages.

The case B though there was no obvious physical injuries but seen was massive interstitial pneumonia in both lungs.

**Conclusion:** The both died due to multiple soft tissue and skeletal injuries with massive subarachnoid haemorrhage as per case A and case B due to bilateral interstitial pneumonia.

**Keywords:** Custody, multiple soft tissue and skeletal injuries, interstitial pneumonia, autopsy, deaths

**Introduction:**

Deaths in custody or detention is said to be when that occurs in an individual constricted to an environment by law enforcement agencies.<sup>1</sup> However, custody by definition implies the individual freedom of movement such as transportation, arrest, prosecution/sentencing and correctional confinement are denied by the law

enforcement agencies.<sup>1</sup> Deaths of such is ever sensitive as the individual rights to all and health care are dependent on the custodial authority hence is often said to be unnatural death by all and sundry.<sup>2</sup> Death could have been natural along with unnatural etiological factors but possible worsened thereafter by the confinement.<sup>3</sup> These deaths results as health status of the

individuals are not known prior to the detention by the law enforcement agencies; at times carelessness on part of the officials may have resulted to the death. In as much as unnatural deaths in such people could have followed suicides, tortures and or fellow inmates could have contributed to the death during the custody but unavailability of substantial proof must have pointed to the law enforcement personnel been guilty.<sup>3</sup> In effect deaths in custody is seen as a fault in many ways as part of the authorities hence the hue and cry among the public; at times with political undertone.<sup>3</sup> Custodial deaths which occurs in detention as a result of restriction of freedom is mostly seen with a lot of confidentiality, media restriction, little data as exact cause of death are not known since it's a common problem all over the world but worst in developing countries.<sup>4,5</sup> Deaths in this case appears too sensitive as alleged prisoner been a dependent to the authority with any sudden or unexpected death in custody is considered with allegation of misconduct to the authority. Is imperative it could have been natural or unnatural. Naturally though follows a pre-existing disease prior to the custody which suddenly worsens and become fatal.<sup>4</sup> In most times, the populace often attributes this kind of death to torturing of the individual. Torturing therefore implies infliction of intense pain to the body or mind, to punish, to extract a confession or information, or to obtain sadistic pleasure.<sup>4</sup> This results to violation of the person inherent dignity as it's an instrument of willingness to implore strong over the weak thus suffering/degrading which in no small measures affects the individual personality.<sup>5</sup> At times all kinds of maltreatment of individual like horse whip, inflicting blows by clinched fist, handcuffing amounts to torture and bad treatments.<sup>6,7</sup> In the past and even present in some nation though worst in developing nation act of

torturing has increased geometrically as a way of extracting confessional statement thus affecting the court judgement.<sup>8,9</sup> The law of confession have been abused by few individuals in justice system on premise that if she confesses, it makes investigators work easier.<sup>9</sup> Despite prohibition placed by customary international laws on torture it still persists. Also the constant rhetoric laws of human rights talk on utilitarian justice of torture commends a better deal on the part of all law enforcing agencies.<sup>10,11</sup> Though confession concept have existed but all act of making an individual to confess needs an urgent redress.

In this study we intend to evaluate the numbers of available suspected cases we autopsied in a bid to highlight some hidden features despite denials on part of the agencies involved in such inhuman act.

**Materials and Method:** This is a retrospective study of such autopsy performed in the department of pathology, University of Calabar Teaching hospital, Calabar. We were able to analyze two of such cases seen during the period of January 2015 to January 2016. The records were analysed based on signs of torture, cause, manner and place of death/other relevant findings as deem necessary.

**Summary of Cases:** Case A: This is a young negroid race of 23 years of age said to have had a minor misunderstanding with his partner over act of suspected infidelity. The so called partner now told her second close male partner, a law enforcement agent all that transpired (level of misunderstanding) with other possible assaults of words. That resulted to the said enforcement agent beating up the young man to stupor until he suddenly lost consciousness and no response till death. The law enforcement man turned astonished to the outcome and was held by the mob. The quick intervention of the law enforcement agent around saved the dastardly situation.

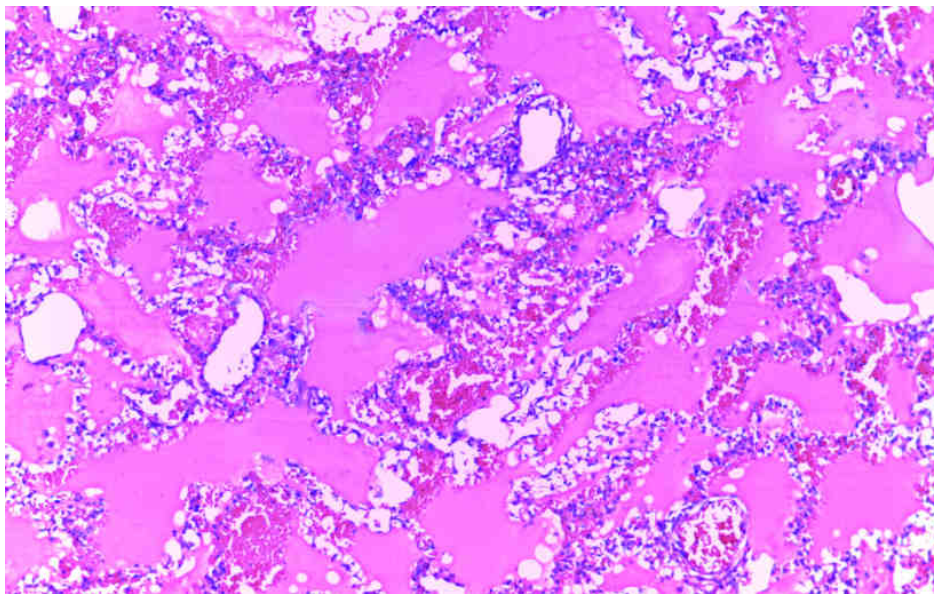
Case B: Is a 21 years old who apparently was in custody but had a protracted period of been in custody, developed illness – high grade fever, coughing excessively, chest pains; treated at law enforcement clinic though could not pay his bills was returned to the custody as investigation was still going on. He now got worst, treated again before he suddenly died.

Autopsy/Results: In both cases autopsied-  
Case A: Findings were of multiple

subcutaneous haematoma all over the body with fracture of the occipital region of the brain. The fracture measures 1-3 cm laterally at the occipital region. There is also subgleal haematoma with massive sub arachnoid haemorrhages.

Case B: Findings were of severe shocked kidney and generalized cyanosis and interstitial pneumonia of both lungs parenchymal.

#### CASE B



**Figure 1:** Photomicrograph of the lung tissue showing extensive pulmonary oedema with destruction of the alveoli linings and vascular congestion.

#### CASE A



**Figure 2:** Shows massive subcutaneous haematoma on de-fleshing of the epidermal lining all over the body.

### Discussion:

In Case A- In our opinion we stated the cause of death to be multiple soft tissue and skeletal injuries (occipital comminuted fracture) with massive subarachnoid haemorrhages. The manner of death we concluded must have followed blunt injuries as there were no obvious physical injuries/lacerations seen on external examination. On de-fleshing of the skin (epidermal lining) there was a florid areas of subcutaneous haematoma as seen in figure 2 above. This support our thought of probably the injuries inflicted must have been a blunt object in a bid of extracting information (Confession).

In the second case- Case B: The status of health of this individual before been held in custody was not known as well as the detention room hence the possibility of not meeting international standard could not be guaranteed. Also is worthy to note their freedoms are under the privilege of the law enforcement order – in terms of movement. Health care, authority to talk etc. It means there are limitations which probably must have contributed to the deplorable health status that even when treated could not respond effectively. The death of most of this victim in detention must have been not only poor detention rooms but overcrowding, unhygienic environment, malnutrition and non-availability of health facilities at immediate post thus resulting to spread of various communicable diseases as vector-borne, blood borne and sexual transmitted diseases. Also seen are cardiovascular diseases, respiratory diseases, mental disorders, neurological/substances abuse disorders and cancers.

It is glaring clear – victims though at fault in some cases but been a suspect authorities are highly unaware of any history related to health of inmates and sparingly take action when condition deteriorates and ultimately death results. It is on record NHRC(National

human right commission) have laid down a medical protocol to ascertain health status of such suspect and other factors related to death in custody within 24 hours and inquest given by a coroner plus picture/complete videography done. A basic post mortem form to be followed in all these kind of deaths.<sup>11,12,13</sup>

In the whole, it is imperative that all torturing to extract confessional statement should be avoided in all circumstances. The government should place rather effective legal framework, social, medical and psychologist for all victims/families as investigations of such individual is going on. Measures should be undertaken to make each detention room to NHRC recommendation guide lines.

There is a great need of reforms in all facet from law enforcement agencies, citizenry, detention rooms and installation of CCTV ( closed circuit television) cameras to record events ; and supervise/prevent suicidal or violence activities.

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