

REPORT ON RESEARCH PROJECT

**Study of Suicide Cases of State Police
Personnel and Suggestions to Contain Such
Cases**

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CHAPTER I

INTRODUCTION

In the human society, a person's action aren't his or her own. They affect the entire society, and as such, he or she is expected to act while keeping in mind the society at large and the ripple effect that his or her actions may cause. The primary persons or group of persons that are affected by an individual's actions are his or her family, friends, neighbors, colleagues, and the society at large. Out of all the acts, a person's death has the most disastrous effect. In the human society, living like a lone wolf is not an option. Every person needs to step out of his or her own personal sphere and interact with the society, while living with them. When an individual ceases to exist, his or her dependents suffer not only financially, not socially and psychologically as well. A number of studies around the world, which have been discussed later in the report, reveal that suicide is the increasing cause of death in today's time.

Before proceeding further with the report, it is important to have an understanding of the notion of suicide. Every definition depends upon the source associated with it. Various associations, individuals, theories and understandings have come up with their own definition of suicide, based on their understanding of the term. However, in colloquial terms, the definition of suicide is, '*the act of killing oneself intentionally*'. There are various forms of suicide mentioned in various texts, including Assisted suicide, bullycide, Copycat suicide, Cult suicide, Familicide, Forced suicide, Honor suicide, Internet suicide, Mass suicide, Murder-suicide, Parasuicide, Suicide attack, suicide by cop, and suicide by Pact.¹ Each of these forms of suicide theorizes various elements in its definition. While creating a universal all-encompassing definition of suicide, we seek to compile all these elements. Our attempt in the next section shall be to identify one such definition.

¹*The Suicide: Classification and external Sources; See Also Édouard Manet, The Suicide (1877–1881), Available at <http://www.wiedzadlaciebie.elk.pl/page-Suicide> (Last Visited 12.03.2013).*

According to the National Crime Records Bureau (hereinafter, NCRB), 372 people commit suicide every day.² This is a staggering number. To understand this problem one needs to look at these suicides in much detail. The individuals who take their lives might have some things in common and these common factors might help us understand the problem better

The following paragraphs shall provide ‘black letter’ definitions as provided by various authorities. The section after shall aim to deconstruct the various components, which have been permuted to form individual definitions. The last section shall provide what we think is the most neutral, value-free definition out of all the definitions discussed.

DEFINITION OF SUICIDE

The World Health Organization (hereinafter, WHO) with reference to the ‘International Association of Suicide Prevention’ contributes such that –

“Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder (such as depression, personality disorder, alcohol dependence, or schizophrenia), and some physical illnesses, such as neurological disorders, cancer, and HIV infection...”³

Emile Durkheim, one of the most noted French sociologists, attributed the causes of suicide to sociological factors. Using these factors, he has, in his pioneering study on Suicide, with the help of quantitative methods in criminology, provided a very sociological definition to suicide as –

“The term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result.”⁴

² Age group-wise Details Of Suicides Committed By Police Personnel and General Suicides, NCRB.

³World Health Organization, “Suicide”; Available At <http://www.who.int/topics/suicide/en/>.

⁴ Emile Durkheim, Suicide [1897].

Durkheim's work on suicide is further explained in the latter section of this report.

Moving on to the Indian statutes, the Indian Penal Code, 1860, does not *per se* define the term "suicide" nor does it define "the act of committing suicide". Since an individual who has died is beyond the purview of the law, the Code criminalizes the 'attempt to suicide' under Section 309, which states that -

"Whoever attempts to commit suicide and does any act towards the commission of such offence shall be punished with simple imprisonment for term which may extend to one year [or with fine, or with both]."

These are just a few examples of some of the renowned definitions. Apart from these, there are numerous other versions giving a completely new perspective to the idea of suicide. Irrespective of what these various other definitions are, it is their reflection that marks their relevance. A comparative analysis of these definitions provides us with multiple components that the various sources consider essential. Durkheim, Masaryk, and Morselli for example, described suicide as a "disease" of the society, and saw the rate of suicide as a measure of the normality.⁵ Durkheim and Masaryk focused their explanations of suicide on changing societies⁶, which they state was also the case with the 1990s Romania, a country struggling with the political and social transition from a state socialism to a rather wild capitalism. They however, go on to contest that they have very different public impacts on society.

⁵About Some 19th Century Theories of Suicide - Interpreting Suicide in an East European Country⁵ - *International Journal of Comparative Sociology* 48 (5): 417-432, Cristina Bradatan, Department of Sociology and Anthropology, Texas Tech University.

⁶About Some 19th Century Theories of Suicide - Interpreting Suicide in an East European Country⁶ - *International Journal of Comparative Sociology* 48 (5): 417-432, Cristina Bradatan, Department of Sociology and Anthropology, Texas Tech University.

The common understanding of suicide is “the taking of one’s own life”, which generally has an inherent negative connotation attached to it. But, the definition provided by Beauchamp may be considered as being the most neutral definition –

*“An act or omission is a suicide if a person intentionally brings about his or her own death, unless the death (a) is coerced or (b) is caused by conditions that are not specifically arranged by the agent for the purpose of bringing about death”.*⁷

The definition provided by Beauchamp has many advantages to it. First, it is in consistency with a long legal tradition of determining when the death of a person is or is not an act of suicide. Second, instead of prejudging the morality behind the act of suicide, it is rather morally neutral. Lastly, it considers our reluctance to categorize certain forms of coercion and refusal to treatment as suicide.⁸

With a basic understanding of suicide, it will be easier to look into the factors that attribute to a person committing suicide.

Immanuel Kant, a noted German Philosopher, wrote on Suicide as thus⁹ –

"Firstly, under the head of necessary duty to oneself: He who contemplates suicide should ask himself whether his action can be consistent with the idea of humanity as an end in itself. If he destroys himself in order to escape from painful circumstances, he uses a person merely as a mean to maintain a tolerable condition up to the end of life. But a man is not a thing, that is to say, something which can be used merely as means, but must in all his actions be always considered as an end in himself. I cannot,

⁷Edward S. Harris’s “*The Moral Dimensions of Properly Evaluating and Defining Suicide*”; Available at <http://www.ohio.edu/ethics/tag/suicide/index.html>. (last visited Mar 26, 2013).

⁸Edward S. Harris’s “*The Moral Dimensions of Properly Evaluating and Defining Suicide*”; Available at <http://www.ohio.edu/ethics/tag/suicide/index.html>. (last visited Mar 26, 2013).

⁹Immanuel Kant's “*Fundamental Principles of the Metaphysic of Morals*” as translated by Thomas Kingsmill Abbott; Available at gopher.vt.edu:10010/02/107/5.

therefore, dispose in any way of a man in my own person so as to mutilate him, to damage or kill him.”(It belongs to ethics proper to define this principle more precisely, so as to avoid all misunderstanding, e.g., as to the amputation of the limbs in order to preserve myself, as to exposing my life to danger with a view to preserve it, etc. This question is therefore omitted here.”

It has been a general notion amongst the masses that suicide is one of the most gruesome ways in which a person may punish him or herself. Why anyone would even consider committing suicide, is a question that people have since forever been pondering upon. Every time we see the headlines in the news or the newspaper stating the number of suicides for the day, or a student’s body is shown hanging from the ceiling fan, this is the first question that strikes our mind. The most probable answer to this would be that ‘Life is not simple’. But what exactly was going on in a person’s mind that he or she was driven to commit suicide, he or she alone could have explained. Sometimes, these persons are able to convey their thoughts and their feelings to their family and friends by leaving a message, in the form of a letter, an email, a text message, a voice message, or a suicide note.

In today’s world, with an ever increasing rate of suicide cases, it has become one of the most serious concerns. Many scholars and great thinkers have tried to conduct studies and contemplate the reasons based on these theories and statistical analysis for suicide, to be able to mitigate the cases and stabilize the suicide rate in every society. Discussed below are some of the factors leading to suicide, as given by a few significant writers of their age.

SOCIOLOGICAL UNDERSTANDING OF SUICIDE

Emile Durkheim’s typology of Suicide

Durkheim in his Study has said that a person’s inclination towards suicide is a result of collective consciousness. He found that suicide is not correlated to any form of biological or cosmic

phenomenon, instead with “social phenomena such as the family, political and economic society, religious groups.” An individual is driven to kill him or herself due to some severe crisis that may disturb his or her adjustment in the society to which the individual has been adapted. Durkheim feels that a certain rate of suicide in a society is expected, but it becomes a concern when the rate increases marginally. It indicates “the breakdown of collective consciousness and of basic flaw in the social fabric.”¹⁰ Durkheim strongly declined the possibility of some sort of cosmic factors relating to psychopathic behavior of a person of a person running beyond the social structure being a reason for suicide. He took evidences not only to show the social structure being the main factor that affected suicide rates but also went on to prove that other causes for suicide could be the seasonal changes, contagion and imitation, religion, education, gender differences, etc. He was of the opinion that one of the ways to mitigate these suicide rates would be for persons to live in a closely knit family or religion.¹¹

In his initial theory, Durkheim neglected alcoholism as a factor. However, based on his “Suicide Theory”, many sociologists concluded that Alcohol abuse may have a strong relation to Suicide. Although there is no direct relation between alcohol abuse and suicide, it certainly increases the risk factor. There may be many reasons for alcohol consumption, and they mostly differ with the social conditions of each individual. Hence, it can be considered as one of the sociological factors that lead to suicide.¹²

However, the major factor for suicide rates remains to be the easy accessibility of various methods to kill oneself, like firearms, alcohol dependency, narcotics, etc. Reduction in these could probably lead

¹⁰ Emile Durkheim, “*Suicide-A study in Sociology*”; The Free Press 1979; p. 15-17.

¹¹ John F. Helliwell, “*Well-Being and Social Capital: Does Suicide Pose a Puzzle?*”, Social Indicators Research 2007; Vol. 81, No. 3; Springer, p. 458-464.

¹² Thor Norström, “*The Impact of Alcohol, Divorce, and Unemployment on Suicide: A Multilevel Analysis*”; Social Forces, Sep., 1995; Vol. 74, No. 1; Oxford University Press; p. 294.

to a significant reduction in the suicide rates. But, a big question still remains as to the achievement of this.

A study conducted by Edmond D. Shenassa, Michelle L. Rogers, Kirsten L. Spalding and Mary B. Roberts gives a statistical analysis of the extent to which the easy availability of firearms has affected the increase in suicide rates.¹³ Similar study was conducted by Kellerman and Reay in 1986¹⁴ and Kellermann, in 1998¹⁵. All of them advocated that availability of the firearms could possibly lead to a higher rate of suicide.

Durkheim in this theory has further explained the four forms of suicide – egoism, altruism, anomie, and fatalism. ‘Egoism’ is defined by him as the “absence of social relations within the given society”, ‘Altruism’ as “total presence of relation”, ‘Anomie’ as the “absence of social regulations and norms”, and ‘Fatalism’ as the “total presence of too many of them”.¹⁶

Durkheim defines a social structure as the “intersection of Integrity and regulation”. Integration and regulation are further defined by Peter S. Bearman in this book as “extent of social relations binding a person or a group to others such that they are exposed to the moral demands of the group” and “the normative or moral demands placed on the individual that comes with membership in a group”, respectively.¹⁷ If these two factors walk hand in hand, the society is stable. However, any degree of abnormality in the same creates a disturbance in the society leading to higher suicide rates according to the Author.

¹³Edmond D. Shenassa, Michelle L. Rogers, Kirsten L. Spalding and Mary B. Roberts, “*Safer Storage of Firearms at Home and Risk of Suicide: A Study of Protective Factors in a Nationally Representative Sample*”; Journal of Epidemiology and community Health 1979; Vol. 58, No. 10, Oct., 2004; BMJ Publishing Group, p. 18.

¹⁴ Miller M. “*Rates of household firearm ownership and homicide across US regions and states*”, 1988-1997; Am J Public Health 2002;92:1988-93.

¹⁵Kellermann AL, “*Inquiries and deaths due to firearms in the home*”; J Toronto 1998;45;263-7.

¹⁶Peter S. Bearman, “*The Social Structure of Suicide*”, Sociological Forum; Vol. 6, No. 3, Sept 1991; Springer, p. 502.

¹⁷*Id.* p. 503.

ECONOMIC FACTORS AND SUICIDE

An individual's economic constraints further act as another factor which attributes to increase in suicide rates, as mentioned by John F. Helliwell. An economic study conducted by Preti and Miotto in 1999 showed that the unemployed section contributed more to the increase in suicide rates, as is the case with a higher suicide rate among males than in females.

Though economic and social factors form a major chunk of the argument, psychological aspect continues to remain one of the most significant factors. Numerous studies and surveys have resulted in many writers believing the same. It has been well-established that the risk of suicide is far greater when the individual is under clinical depression. To make this a concrete argument, many countries attempted to treat depression more efficiently and witnessed that there was a significant fall in the suicide rate within a short period of time. For instance, between the years 1980 and 2000, the Danish suicide rates fell by more than one-third of the previously existing rates. John F. Helliwell, in his "Well-Being and Social Capital: Does Suicide Pose a Puzzle?" illustrated the same with various studies and surveys.¹⁸

FAMILY FACTOR

Steven Stack and Ira Wasserman, along with many other writers have agreed to the presence of family ties and racism as being factors affecting suicide rate among African Americans. They documented in their book "The Effect of Marriage, Family, and Religious Ties on African American Suicide Ideology" that due to greater family ties the suicide rates among African-Americans had reduced as compared to the White American. However, the overall suicide rate remained the same. The reason for this was taken to be overt racism against the African Americans. According to the authors, racism

¹⁸*Id.*, p. 460.

creates a situation of stress and “survival solidarity” among the people and leading to low occupational aspirations. When combined, all these act as a catalyst to social suicides.¹⁹

PSYCHOLOGICAL FACTOR

David M. Clarke is of the opinion that “suicide and the desire to die usually occur in the presence of altered mental states – that is, mental states that impair person’s ability to think rationally and to consider options fully”²⁰. Time and again, many other writers have accepted and acknowledged this stance, in their own different way.

Baumeister argues that suicide is a by-product of a series of events. When one realizes the inadequacies in his or her own life, a stressful and a painful situation is created in his or her mind, with a very negative atmosphere. This change is brought about by the low esteemed self-awareness, and the chain of unfortunate events thus begins. The individual then tries to attain a state of “cognitive deconstruction (constricted temporal focus, concrete thinking, immediate or proximal goals, cognitive rigidity, and rejection of meaning)”. These thoughts and actions prevent the person from thinking clearly and making informed and sensible choices for him or herself. It also prevents him or her from feeling a sense of hope in anything. He or she becomes disinhibited in his or her own community and family and may be his or her own life. This is the point when an individual starts accepting that it is better to end his or her life than to continue with the prolonged suffering, and escape the world.²¹

Robert F. Valois, Keith J. Zullig, E. Scott Huebner and J. WanzerDrane in their report in “Life Satisfaction and Suicide among High School Adolescents” have stated that “overall Life Satisfaction is expected to influence the probability of subsequent emotional and behavioral responses in relation to

¹⁹ Steven Stack and Ira Wasserman “*The Effect of Marriage, Family, and Religious Ties on African American Suicide Ideology*”; Vol. 57, No. 1, Feb., 1995 ; National Council on Family Relations; p. 216.

²⁰David M Clarke, “*Autonomy, Rationality and the Wish to Die*”; Journal of Medical ethics 1999; Vol. 25, No. 6, Dec., 1999; p. 457.

²¹Baumeister, Roy F., “*Suicide as escape from self*”; Psychological Review; Vol 97(1), Jan 1990: p. 90-113.

particular life”; ‘Life Satisfaction’ being defined as “cognitive evaluation of the quality of a person’s overall like or with specific aspects of life”. Life Satisfaction is one of the major factors in influencing the degree of aspirations for one to determine how they live or should live. Decline in Life Satisfaction could lead to emotional distress and increase the tendency of an individual to take risks, specifically attempting suicide.²²

POLITICAL FACTOR

Having said all that, suicide cannot be discharged as a by-product of some unfortunate mental-illness. Presently, political factors have received more acknowledgment as being related to suicide, than the otherwise famous sociological or psychological phenomenon. The political conditions prevalent in a country partially, or wholly, define the suicide rate of a Nation. Jill Totten in the report “Exclusion/Inclusion: Suicide: Causes and Prevention”, provides instances of such political suicides. Although, this might go against the conventional idea that during peace in the society, one’s life is peaceful and comfortable, the author gives statistical analysis and various instances to prove otherwise. According to him, suicide rate tends to decrease during a war and pick up again during peacetime after the war. The reason for this being that during a conflict, one’s focus gets diverted from a sense of self-loathing or a feeling of lack of satisfaction in life to directing all the hatred and violence towards a complete outsider, thus, reducing the use of violence against one’s own life.²³

PROFESSION AND SUICIDE

A person’s profession forms another major part of his or her identity, especially in India, where the history is marked by caste system, wherein the profession of a person decided his social status, profession is a big factor in the life of an individual. According to the British Journal of Sociology, “In

²² Robert F. Valois, Keith J. Zullig, E. Scott Huebner and J. Wanzer Drane, “*Life Satisfaction and Suicide among High School Adolescents*”; Vol. 66, No. 1/2, Apr., 2004; Springer; p. 83.

²³ Niall Falls, Jill Totten and Roy McClelland, “*Exclusion/Inclusion: Suicide: Causes and Prevention*”; Fortnight; No. 385, May, 2000, Fortnight Publications Ltd., p. 18-19.

India, fatalistic suicide is often a way of retreating from an abhorrent life.”²⁴ The social status of an Indian is usually determined by his profession, and according to Durkheim (the father of sociology) “The more social disorganization, the more suicide.” Thus, for a farmer in India, who is heavily indebted to the village money-lender and has lost his land due to some natural disaster, the chances of committing suicide are very high. On the other hand, a doctor, who is practicing in the same village, a disrupted clinic would not drive him to commit suicide. The reason behind is that in the former case, the farmer’s social status is such that he would not be able to recover what he has lost, even with the help of the society. In the latter case however, the doctor’s social status allows him support from the community which allows him to recoup. This is exactly how the Community-Cultural²⁵ perspective would be applicable.

Information regarding professional status of suicide victims in the last decade is presented in the table below. Housewives (24,596) accounted for 51.5% of the total female victims and nearly 18.1% of total victims committing suicides. Government servants attributed to 1.2% of the total suicide victims. Private and Public Sector personnel have accounted for 8.2% and 2.0% of the total suicide victims respectively, whereas students and unemployed victims accounted for 5.7% and 7.7% respectively. Self-employed category accounted for 38.3% of victims. Lastly, 10.3% of victims were engaged in Farming/Agriculture activities, while 5.3% were engaged in Business and 3.1% were Professionals.²⁶

²⁴ Travis, Robert M. “*Halbwachs and Durkheim: A Test of Two Theories of Suicide*”, The British Journal of Sociology, Vol. 41, No. 2 (Jun., 1990), pp. 225-243.

²⁵ Irwin and Barbara Sarson, “*Abnormal Psychology – The Problem of Maladaptive Behavior*”, 11thEdn, Prentice-Hall India (2005).

²⁶ NCRB, Suicides in India - Report 2011.

Figure 1: Percentage Distribution of Suicide Victims by Profession 2011

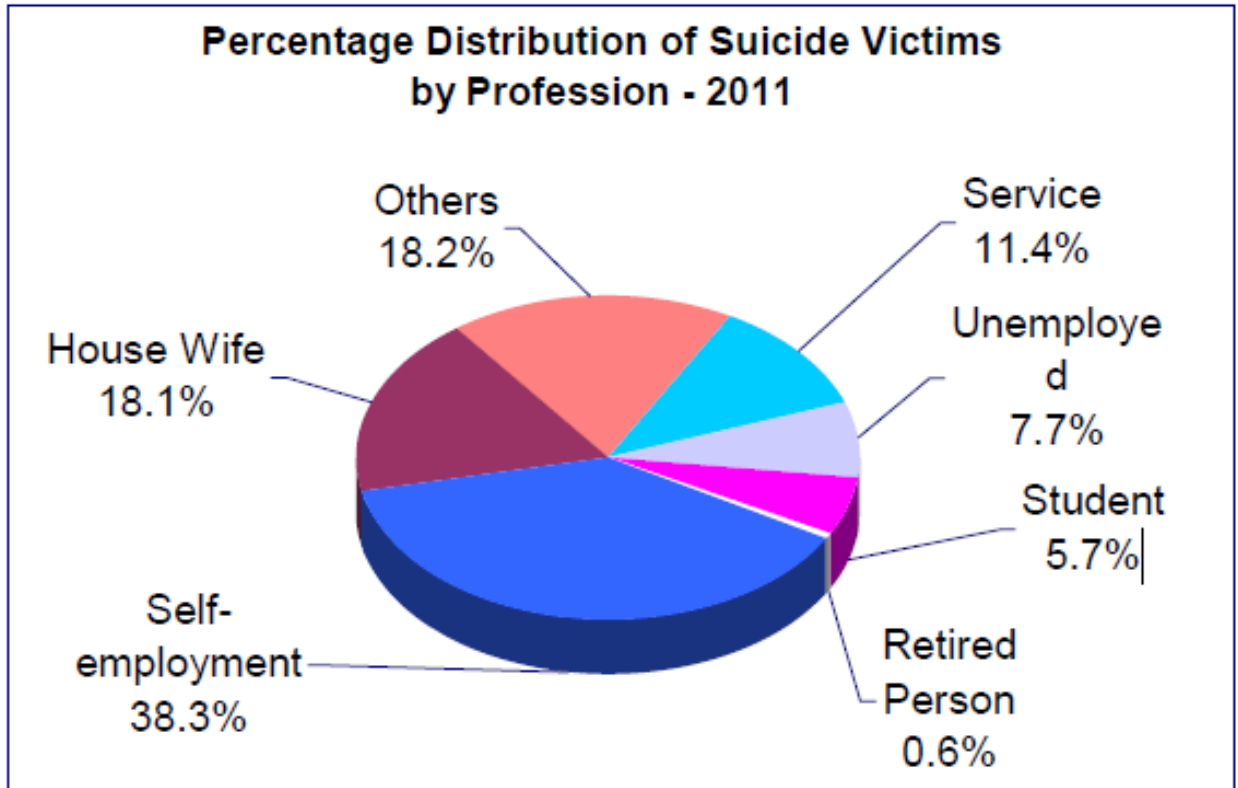


Figure 2: Profile of Suicide Victims Classified According to Profession - 2011

**Profile of Suicide Victims Classified According to Profession – 2011
(All India)**

Sl. No.	Profession	Number of Suicidal Deaths								
		Upto 14 Years			15-29 Years			30-44 Years		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	House Wife	0	81	81	0	10730	10730	0	8541	8541
2	Service:	15	9	24	3820	1175	4995	5375	949	6324
	(I) Government	0	1	1	268	128	396	612	117	729
	(II) Private	7	4	11	2965	781	3746	3932	622	4554
	(III) Public Sector Undertaking	8	4	12	587	266	853	831	210	1041
3	Student	620	566	1186	3384	2838	6222	171	92	263
4	Unemployed	65	43	108	2918	921	3839	3479	532	4011
5	Self-employment:	263	302	565	11426	3348	14774	16053	2795	18848
	(I) Business	2	15	17	1903	216	2119	2585	201	2786
	(II) Professional Activity	1	3	4	1092	181	1273	1472	127	1599
	(III) Farming/Agriculture	24	19	43	2967	762	3729	4509	693	5202
	(iv) Others	236	265	501	5464	2189	7653	7487	1774	9261
6	Retired Person	0	0	0	19	18	37	23	6	29
7	Others	611	450	1071	5037	2380	7417	6299	1900	8199
	Total	1574	1461	3035	26604	21410	48014	31400	14815	46215

Age-wise profile of professional status of victims during the year 2011 shows that nearly 43.6% of ‘Housewives’ and 80.8% of Students who had committed suicides during 2011 were in the age-group

15-29 years. 37.1% of persons were engaged in Farming/Agriculture activity and 38.5 of unemployed suicide victims were in the age-group 30-44 years.

One of the highest figures noticeable in the above paragraphs is that of farmers or persons engaged in Farming/Agriculture. The share of agriculture in GDP decelerated to 14.5 per cent while the proportion of people depending on agriculture for livelihood is still as high as 58.5%.²⁷ This can very well account for the high number of suicides that are caused due to bankruptcy. More than 2.14 lac farmers ended their lives between 1997 and 2010 in India.²⁸ Surveys revealed that more than half of the Indian farmers were in debt and much of the debt was a consequence of the gap between agricultural expenses and returns from it. As a result, the agricultural activity has become an unrewarding profession in a generally unfavorable price regime.²⁹ Suicide is thus an outcome of a punctured pride due to despair and a disjuncture between the expected and actual status of socio-economic life of the farming community.³⁰

From the figures above, one can further see that 38% of the suicides were committed by self-employed individuals. These may include actors, writers, etc. Drawing from Durkheim's study, we see an explanation to this – too much or too little of social integration into society drives actors and writers respectively to suicide.³¹

The police personnel – who are the central actors of this study, are enrolled in a high risk occupation when it comes to suicide. Characterized by stark cultural diversities and complex social stratification, policing in Indian society appears to be a tough task. Policing along with heightened and, often-

²⁷ “*State of Indian Agriculture 2011-12*”, Server-3\3832AGRI\Final Report SIA-Press, p. 1; Available at <http://agricoop.nic.in/sia111213312.pdf> (last visited Mar 26, 2013).

²⁸ NCRB, *Suicides in India - Report 2010*.

²⁹ K.Nagraj, “*Farmers Suicides In India: Magnitudes, Trends And Spatial Patterns*”, Madras Institute of Development Studies (2008).

³⁰ *Id.*

³¹ *Assess the different sociological approaches to suicide*, Potmd, April 3 (2012); Available At <http://potmd.wordpress.com/2012/04/03/assess-the-different-sociological-approaches-to-suicide/> (Last Visited 12.03.2013).

unrealistic public expectations becomes a major source of criticism. The police force in India does not assume a positive image. Defined by a rigid bureaucratic cadre, the police personnel have to work not only to see that crime remains under control but also have to face ‘systematic’ interference from political masters and other influential sectors. On the personal count as well, the police personnel have perennial problems of basic working, living conditions and welfare facilities. Taken together, the job reflects tellingly upon their family and the relationships.³²

POLICE SUICIDE

It is not possible to ascertain which factor affects suicide rates the most. Each factor has shown its influence on people’s behavior in different parts of the world in different spheres. Since this report is focusing on Suicide in Police profession, we need to first understand the problems associated with the profession itself and how a life is led being in such a profession.

Indian independence brought us freedom from the British, and also gave us two All India Services – the Indian Civil Services and the Indian Police, which were later renamed as the Indian Administrative Services (IAS) and the Indian Police Services (IPS) respectively. Both of these services were constituted under Article 312³³ of the Indian Constitution, and soon legislation was formed to govern them both.³⁴

³²KalpanaKohli and G.S.Bajpai, “A Comparative Study of Frustration, Depression and Deprivation amongst Trainee and Serving Police Officials”, Indian Journal of Criminology and Criminalistics, Vol. XXVII, No 3 Sept-December(2006).

³³The Constitution of India – Article 312. All-India Services.—(1) Notwithstanding anything in 1[Chapter VI of Part VI or Part XI], if the Council of States has declared by resolution supported by not less than two-thirds of the members present and voting that it is necessary or expedient in the national interest so to do, Parliament may by law provide for the creation of one or more all-India services 1[(including an all-India judicial service)] common to the Union and the States, and, subject to the other provisions of this Chapter, regulate the recruitment, and the conditions of service of persons appointed, to any such service.

(2) The services known at the commencement of this Constitution as the Indian Administrative Service and the Indian Police Service shall be deemed to be services created by Parliament under this article.

(3) The all-India judicial service referred to in clause (1) shall not include any post inferior to that of a district judge as defined in article 236.

The Ministry of Home Affairs, Government of India, is responsible for all Cadre Control and Policy Decisions such as cadre structure, recruitment, training, cadre allocation, confirmation, empanelment, deputation, pay and allowances, disciplinary matters of IPS Officers, removal and dismissal.³⁵The Central Government recruits the officers based on an All-India Examination conducted annually by the Union Public Service Commission. Selection is followed by training at the National Police Academy, Hyderabad.³⁶

IPS Officers' duties are filled with many hardships. Their main responsibilities include maintenance of public order, and prevention and detection of crimes. Section 23 of the Police Act, 1861, lays down the following as duties of every Police Officer –

1. To obey and execute all orders and warrants lawfully issued to him by any competent authority.
2. To collect and communicate intelligence affecting the public peace.
3. To prevent the commission of offences and public nuisances
4. To detect and bring offenders to justice
5. To apprehend all persons whom he is legally authorized to apprehend, and those for whom sufficient ground justifying apprehension exists
6. To enter and inspect, any drinking-shop, gaming-house, or other place of resort of loose and disorderly characters.

(4) The law providing for the creation of the all-India judicial service aforesaid may contain such provisions for the amendment of Chapter VI of Part VI as may be necessary for giving effect to the provisions of that law and no such law shall be deemed to be an amendment of this Constitution for the purposes of article 368.

³⁴ Commonwealth Human Rights Initiative, “*Police Organization in India*”, p. 40.; Available at: http://www.humanrightsinitiative.org/publications/police/police_organisations.pdf (last visited Dec 13, 2012).

³⁵ Ministry of Home Affairs, “*Indian Police Service (IPS)*”; Available at http://mha.nic.in/ips/ips_home.htm (last visited Dec 13, 2012).

³⁶Sardar Vallabhbhai Patel National Police Academy; Available at <http://www.svpnpa.gov.in/> (last visited on Mar 26, 2013).

The National Police Commission's Model Police Bill prescribes the following duties to the police officers³⁷

1. Promote and preserve public order;
2. Investigate crimes, apprehend the offenders where appropriate and participate in subsequent legal proceedings connected therewith;
3. Identify problems and situations that are likely to result in commission of crimes;
4. Reduce the opportunities for the commission of crimes through preventive patrol and other prescribed police measures;
5. Aid and co-operate with other relevant agencies in implementing the prescribed measures for prevention of crimes;
6. Aid individuals who are in danger of physical harm;
7. Create and maintain a feeling of security in the community;
8. Facilitate orderly movement of people and vehicles;
9. Counsel and resolve conflicts and promote amity;
10. Provide necessary services and afford relief to people in distress situations;
11. Collect intelligence relating to matters affecting public peace and crimes in general including social and economic offences, national integrity and security; and
12. Perform such other duties as may be enjoined on them by law for the time being in force.

Even though the Indian Police has functioned for several years under the democratic setup, there are still various paradoxes attached to it. Firstly, Indian Police, even today, are governed by the archaic and colonial police laws like the Indian Penal Code, 1860, Criminal Procedure Code, 1973, Indian

³⁷National Police Commission: Eight Report, Police Bill, Section 43; Available at http://www.humanrightsinitiative.org/publications/police/mp_police_vidheyak.pdf (last visited Dec 10, 2012).

Evidence Act, 1860, Indian Police Acts of 1861, 1888 and 1949, etc. Secondly, the Police Community Relations are still seen in a negative light and the image of police personnel and their functions are not satisfactory in the eyes of the community³⁸. Under the State List of the Indian Constitution³⁹, policing is a state power, which means that state Governments have the responsibility to provide their communities with a police service.⁴⁰

Along with Civil Police, the states maintain their own armed Police and have separate Intelligence Branches, Crime Branches, etc. as well. In big cities, the Commissioner of Police enjoys magisterial power but more the powers, more are the responsibilities. The Central Government on the other hand, “maintains Central Police forces, Intelligence Bureau, Central Bureau of Investigation, institutions for training of Police officers and forensic science institutions, to assist the state in gathering intelligence, in maintaining law and order, in investigating special crime cases and in providing training to the senior police officers of the state Governments.”⁴¹

Indian Police service consists of a complex hierarchy consisting of various ranks:

1. Director of Intelligence Bureau (GOI)
2. Commissioner of Police (State) or Director General of Police
3. Joint Commissioner of Police or Inspector General of Police
4. Police or Deputy Inspector General of Police
5. Deputy Commissioner of Police or Senior Superintendent of Police

³⁸ “*Indian Police: An Introductory and Statistical Overview*”; Available at <http://bprd.nic.in/writereaddata/linkimages/1645442204-Volume%201.pdf> (last visited Dec, 2012).

³⁹Seventh Schedule – List II – State List - 2. Police (including railway and village police) subject to the provisions of entry 2A of List I – Deployment of any armed force of the Union or any other force subject to the control of the Union or any contingent or unit thereof in any State in aid of the civil power; powers, jurisdiction, privileges and liabilities of the members of such forces while on such deployment.

⁴⁰ Commonwealth Human Rights Initiative, “*Police Reforms: India*”, Available at http://www.humanrightsinitiative.org/index.php?option=com_content&view=article&id=87&Itemid=98 (last visited Dec 2, 2012).

⁴¹*Id.*

6. Deputy Commissioner of Police or Superintendent of Police
7. Additional Deputy Commissioner of Police or Additional Superintendent of Police
8. Police or Deputy Superintendent of Police
9. Assistant Superintendent of Police(Probationary Rank: 2 years of service)
10. Assistant Superintendent of Police(Probationary Rank: 1 year of service)
11. Deputy Commissioner of Police or Senior Superintendent of Police
12. Deputy Commissioner of Police or Superintendent of Police
13. Additional Deputy Commissioner of Police or Additional Superintendent of Police
14. Assistant Commissioner of Police or Deputy Superintendent of Police
15. Inspector of Police
16. Sub-Inspector of Police
17. Assistant Sub-Inspector of Police
18. Police Head Constable
19. Senior Police Constable
20. Police Constable

There are various divisions under the Police Force:

1. Criminal Investigation Department (CID)⁴²

The Criminal Investigation Departments (CIDs) are the Police force's specialized branches, which have two main components – the Crimes Branch and the Special Branch. The Crimes Branch investigates certain specialized crimes like counterfeiting of currency, professional cheating, activities of criminal gangs, crimes with inter-district or inter-state ramifications etc. The Special Branch, on the other hand, collects, collates and disseminates intelligence from the security point of view.

⁴²Commonwealth Human Rights Initiative, "Police Organization in India", p. 16; Available at http://www.humanrightsinitiative.org/publications/police/police_organisations.pdf (last visited Mar 26, 2013).

2. Armed Police⁴³

It mainly deals with law and order situations. They are occasionally deployed to meet an emergency situation, before the state armed police arrive to handle it.

3. Recruitment⁴⁴

The Indian Police is one of the biggest employers of manpower. The total strength of the police is round about 2 million strong, with the State Police Forces having employed around 14.49 lakh people, while the five Central Para Military Forces (Border Security Force, Central Reserve Police Force, Central Industrial Security Force, Indo-Tibetan Border Police and Assam Rifles) alone have a combined strength of 5.28 lakh.

Recruitment to the state police is done generally at three levels - Constable, Sub-Inspector or Assistant Sub-Inspector and Deputy Superintendent of Police. In addition, there is recruitment to the IPS at the level of Assistant Superintendent of Police. Since Police Constable is the lowest rank in the force, recruitment to this rank is done directly. For the other ranks, vacancies are filled either by direct recruitment or by promotion on the basis of Educational Qualifications⁴⁵, Age Limit⁴⁶, etc.

4. Process of Recruitment⁴⁷

Usually, recruitments for constables are made on a district or a battalion basis, the Sub-Inspectors are recruited by the State Public Service Commission, on the basis of the physical and mental ability, as well as written examination and interview and recruitment of Sub-Inspectors and Deputy Superintendent of Police are done both by direct recruitment and by promotion.

⁴³*Id.*

⁴⁴*Id.* p. 31.

⁴⁵*Id.*

⁴⁶*Id.* p. 32.

⁴⁷*Id.*

The reservations for candidates belonging to different categories in direct recruitment as well as promotions have increased the accessibility of such services for people from lower strata of the society. It benefits various groups of people like Scheduled castes, Backward Castes, Scheduled Tribes, freedom fighters and ex-servicemen.

5. Training

Most states have their own police training colleges or academies that impart training to directly recruited Sub-Inspectors and Deputy Superintendents of Police and training schools for the training of constabulary. The Central Government and also the respective State Governments conduct regular training sessions for the officials at all levels.

“Four types of training courses are organized by police training institutions. These include:

1. Basic induction level courses for fresh recruits.
2. Pre-promotion in-service courses for those about to be promoted.
3. Refresher courses.
4. Specialized courses.”⁴⁸

In today’s times, there is no field where women have not played an important role. Even in the IPS, women have been playing a great role, and in every state and union territory, women form an integral part of the Police, except in Daman and Diu. “Women police are utilized mostly in performing specialized tasks of dealing with women and children. In this context, the National Police Commission (NPC) has stated that women police have not been given an equal share in various areas of police work and recommended that they be more actively and directly involved in police investigations.”⁴⁹

⁴⁸*Id.* p. 34.

⁴⁹*Id.* p. 19.

The NCRB records reveal that 924 police personnel have committed suicide in the five years from 2006 to 2010. Thus, from the clear fact that the profession of an individual has a clear connection to suicide attempts and the staggering statistics on police suicide, coupled with their vulnerability to commit suicide, an analysis of police suicides in India is imperative.

From an extensive research, we have noticed that very less has been said or done about Suicide in Police Profession in India. This study hence would serve an important purpose and delve into the unexplored areas of police suicide in India. In this report, we will attempt to identify the causes of such suicide cases in police profession in India through statistical data and review of literature and form possible ways to solve this problem of an increasing suicide rate. Our research will focus on-

1. Identifying the factors which led to suicide of police personnel.
2. Identifying the causes of stress among the existing state police forces.
3. Identifying and determining the factors which might lead to suicide of police personnel in near future.
4. Providing suggestions and recommendations to prevent the cases of suicide

CHAPTER II

REVIEW OF RELATED LITERATURE

Every human being in the world has an identity. His identity is usually an amalgamation of various aspects. For an illustration, the police officer has a professional identity, his national identity, regional identity, his gender identity his class identity and so on. All these aspects of identity influence a human being in various ways. The identities could either bring stability or bring stress at different times in a person's life. Alongside these identities are woven into a social fabric and are influenced by economic and political factors.

All aspects of a person's existence in a society at any point in time can influence the person positively or negatively. One can roughly point out that when the negative factors become more pressing than the positive in life a human being finds no more positive utility in his life and wants to end it.⁵⁰

Heiman's Study

In his article "The police suicide", Heiman explores a few of the psychological aspects likely to explain the high rate of suicide amongst police officers. He comments on the suicides that have taken place in both the New York and London police departments.

In his opinion, the relatively infrequent use of guns in London as well as the public's acceptance of the police officers' role in their city explains the low rate of police suicide in London compared with New

⁵⁰Richard A. Posner, *Euthanasia and Health Care: Two Essays on the Policy Dilemmas of Aging and Old Age*, The Tanner Lectures On Human Values, Delivered at Yale University October 10 And 11, 1994.

York, also attributing it to less stress on the police, at least as far as their morale is concerned, which facilitates their social integration.

Listed below are the psychological and sociological hypotheses of various experts as related by Heiman:

1. **Friedman:** "Suicide represents the displacement of a drive to kill, turned against oneself." Friedman's hypothesis is inspired by Stekel: No one would ever kill himself, if he had never wished to kill someone else, or desired someone else's death. The subconscious convicts the self under the *lex talionis*: and eye for an eye, a tooth for a tooth. He finds himself guilty of the wish to kill and so condemns himself to death. Police work involves "legitimate" aggressive behavior, but this behavior must be controlled. Such behavior is not always well accepted, leading to tension in the police officer.

2. **Hendin:** Suicide can be viewed as:

- a. an act of desertion (vengeance)
- b. a way of exercising power, omnipotent mastery
- c. a homicide directed at oneself
- d. a meeting
- e. a rebirth
- f. a punishment
- g. a process with an emotional purpose, i.e. the individual sees himself as already dead (cancer)

3. **Menninger:** Basing himself on Freud's "desire to live", the author elaborates on the following three desires: desire to kill, desire to be killed, desire to die (these desires are unique to man)

4. **Nelson and Smith:** According to these two authors, the suicide rate is high when the following two characteristics are weak: social integration and social regulation. A study conducted in Wyoming revealed that the following six factors could serve to explain the situation:

- a. Police work is a male-dominated profession, and men have the higher suicide rate.
- b. The fact that police officers are familiar with guns and know how to use them may explain the small number of unsuccessful suicide attempts.
- c. Constant exposure to death has psychological repercussions.
- d. The long and irregular hours of work strain family relations and do not encourage police officers to strengthen friendships.
- e. They are always exposed to public criticism and hostility.
- f. Contradictions by judges, irregularities and illogical decisions tend to negate the value of police work.

5. **Henry and Short:** These authors claim that aggressive behavior results not so much from the individual's internal drives as from social frustrations. Suicide is a manifestation of this phenomenon.

6. **Gibbs and Martin:** The suicide rate of a population is inversely proportional to its "status integration". The authors try to relate the degree of social integration to the durability and stability of social relations and to the absence of conflict in the individual.

In the above one can see that all experts point out to some psychological or social issue responsible for suicide. One can attribute all these issues to the identity of a man and how the society reacts to various aspects of a person's identity. This reaction of society usually invokes a counter reaction from the

person which is either positive or negative. This reaction could also be an attempt to take away one's own life.

SUICIDE

David Aldridge wrote that “Social disruption, isolation, conflict and neglect are the doors to the house of despair. While medicine must respond to those who enter that house, it is at a social level which we must be the architects of change. People will die. It is what we contribute to the quality of their living that is of importance.”⁵¹

Suicide is as old as mankind; however, it has been viewed differently in accordance with changing scenario⁵². Romans, Greeks and other approved of such act as to preserve one's honor to avoid capture, humiliation, shameful death or slavery. Self-destruction to escape the consequences of political or military defeat was considered to be an honor act during biblical times. Gradually this idea started changing and during middle age, suicide began to be seen as a result of emotional disorder, rather than moral disorder. During the 17th Century Suicidal behavior was seen as a result of “sickness of mind, intemperance, gluttony, dueling and foolhardiness”⁵³ and by 18th Century the factors included environmental factors like “air, diet, the season's temperature”. The scope of factors was widened to social factors in the 19th Century where it was said that Suicide could be a cause of factors like Problems of social maladjustment and by the end of the century, the factors of suicide were recognized

⁵¹D Aldridge, *Suicidal behaviour: a continuing cause for concern.*, 42 Br J Gen Pract 482–485 (1992); Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1372273/> (last visited Dec 2, 2012).

⁵²George Rosen, *History in the study of suicide*, 1 Psychological Medicine 267–285 (1971).

⁵³*Id.*, p. 482.

as “insanity, alcoholism, illness, family troubles, love problems, poverty, unmarried persons, of being old and of being male.” Suicide was also attributed to social disorganization and alienation.⁵⁴

It is of a common view that social factors are more important in explaining suicide rates than the individual factors and those rapid changes in societal circumstance lead to individual isolation and loss of social status.⁵⁵ It was also an accepted notion that broken relationships or damaged homes also lead to suicides in many cases. David Aldridge thus suggests that more than medical treatment, social support is of a greater importance to deal with these factors leading to suicidal attempts.⁵⁶

In 2006 Suicide was reported to be the third leading cause of death for adolescents and young adults in the world.⁵⁷ It is believed that Suicide is never a result of a single cause. It is a cumulative effect of several causes. Various research works have shown that the main risk factors for suicide are⁵⁸;

1. Prior attempt or deliberate, severe self-harm⁵⁹

A prior history or suicide attempts had proved to be a major factor that could lead to a future death by suicide in many studies. It is not only individuals with a history of attempted suicide or suicides but also individuals who have inflicted harm upon themselves in the past who are likely to be vulnerable to the risk of suicide. Various studies like the “the Centre for Adolescent Health Adolescent Health Survey in Victoria showed symptoms of depression such as

⁵⁴*Id.* at p.483.

⁵⁵*Id.* at p.483.

⁵⁶*Id.* at p. 483.

⁵⁷“2006 Fact Sheet on Suicide: Adolescents and Young Adults”, NAHIC, Available at <http://nahic.ucsf.edu/downloads/Suicide.pdf>. (last visited on Dec 10, 2012).

⁵⁸ *Major Risk Factors Contributing To Suicide*; Available at <http://health.vic.gov.au/mentalhealth/suicide/suicide-prevention/task-force-report/chapt3.pdf>. (last visited on Dec 10, 2012).

⁵⁹*Id.* at p. 28.

persisting low mood, tiredness, difficulty sleeping, poor concentration and loss of self-confidence” in the majority of students who had caused harm to themselves.

2. Mental illness⁶⁰

Mental illness is a wide factor and includes emotional, psychological and behavioral disorders. Although it is difficult to prove that a case of mental illness may lead to an attempt to suicide⁶¹, the Mental Health Research Institute (MHRI) has indicated with studies that there is a clear evidence to show the high risk of suicide among individuals with mental illness.

Tangney’s (1992) review of the literature shows that although individuals with psychiatric problems, diagnosing just a psychiatric problem or any other mental illness is not enough to predict a possible death by suicide because a lot of factors work simultaneously in leading to suicide.⁶²

The National Health & Medical Research Council (NHMRC) recently published monographs on “Depression in Young People (March 1997), comprising Clinical Practice Guidelines, Guide for GPs and Guide for Mental Health Professionals” which showed that between 60% - 90% of the people who attempt suicide are depressed. It also indicated that many adolescents and young adults suffer from prolonged sadness or unhappiness which could lead to depression and long term social problems subsequently leading to an attempt to suicide if not identified and treated.

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Depression is common in adolescents who⁶⁴;

- a. have a family history of depression
- b. are anxious

⁶⁰*Id.* at p. 28.

⁶¹*Id.* at p. 29; *See Also* The Report of the Coroner’s Working Party on Suicide (1997).

⁶²*Id.* at p. 29.

⁶³*Id.* at p. 30.

⁶⁴*Id.* at p. 31.

- c. are unable to establish positive social relationships
- d. have a conduct disorder
- e. misuse drugs and alcohol
- f. have concerns about their sexuality
- g. suffer negative life events such as bullying
- h. suffered domestic disharmony or physical, emotional or sexual abuse or watched a loved one being victimized due to the same, Unresolved abuse (of any kind) from the past.
- i. experienced incidents associated with loss, deprivation or disadvantage like being a homeless, aboriginal, refugee, in custody, loss of loved ones in life or loss of money or property
- j. experienced a divorce, separation, or breakup of a relationship.
- k. facing a serious or terminal illness.
- l. suffering from chronic physical pain or intense emotional pain.
- m. loss of hope and feeling helpless
- n. feeling "trapped" in a situation perceived as negative.
- o. facing serious legal problems, such as criminal prosecution or incarceration
- p. inability to deal with a social humiliating situation or failure in some aspect
- q. feeling of exclusion from family friends or society
- r. low self-esteem

Apart from depression, other forms of mental illness like Schizophrenia and Psychotic Disorders, Conduct and Personality Disorders, Neurobiological Disorders among others could leave an individual highly vulnerable to the possibility of suicide.⁶⁵

⁶⁵*Id.* at p. 32–33.

3. Drug and alcohol abuse

Substance abuse is more commonly seen now than in earlier days. It may intensify impulsiveness by affecting brain function and lowering inhibitions and such impulsiveness could most potentially lead to suicide. Similar to other factors, although a serious form of substance abuse leaves an individual exposed to vulnerability to suicide.

4. Social factors⁶⁶

Social element among the risk factors is a very wide area and includes many sub factors. Many studies have concluded that social factor mostly includes ;

- a. Lack of social adaptability and impaired social skills,
- b. Relationship problems with or among peers, friends or family members,
- c. Childhood abuse- physical or sexual assault,
- d. Lack of financial support and source of income,
- e. Difference in the culture-rural and urban communities, etc.

The Coroner's Working Party on Suicide in 1997 concluded that after mental illness, the most common cause of suicide was the feeling of worthlessness, general dissatisfaction and relationship problems. It is also observed that different social conditions prevailing in different countries may be a risk factor and changing social and economic structures contribute to changes in rates of suicide over time.

Lester in 1992 concluded that there is no clear cut predictor of suicide as the possible factors are closely associated with various other pathological factors and thus cannot be differentiated and pointed out separately to be the cause of a death by suicide.⁶⁷

⁶⁶*Id.* at p. 34.

⁶⁷*Id.* at p. 33.

The above factors could help us explain as to why certain groups of people are more prone to suicide attempts than the others. The groups who are more commonly known to fall within the vulnerable category are⁶⁸;

1. Males over 80 years.
2. Aboriginal people.
3. Young males aged 20–24 years.
4. The homeless.
5. People with HIV/AIDS.
6. People in custody.
7. Gays and lesbians

Suicide depends not only on various factors as mentioned above but also differs with various categories depending on Gender, Age, Spatial and Temporal Aspects, occupation, Family ties, Migration and National Origin, Etiology, etc.⁶⁹ Studies on suicide show that most of the victims of suicide had spoken about their suicidal thought to others either among their friends or family.⁷⁰ Hence, it is possible to reduce the Suicide rates by identifying such suicidal behavior and providing the help required to change their state of mind.

One can see through this section, how all the aspects mentioned are related to some portion of identity of a person. Now the report will move onto discussing various identities of people which experts feel could be a major factor in their decision to take away their own life.

SUICIDES IN THE MILITARY FORCES

⁶⁸*Id.* at p. 38.

⁶⁹Riaz Hassan, "Suicide In Australia: A Sociological Study" (1992); Available at <http://www.criminologyresearchcouncil.gov.au/reports/23-86.pdf>. (last visited on Dec 20, 2012).

⁷⁰*Id.*

The army men are entrusted with the responsibility and duty to safeguard the country's borders and maintain internal peace, but their own mental state is attacked by everyday stress and depression. The causes for this stress and depression are very wide in nature. From family matters to job-related issues, they run deep and are easily caught by the men in military. These causes of stress have largely attributed to the suicides amongst Army personnel. The Defense Minister, A. K. Antony in August while addressing the Rajya Sabha made known to the Parliament that since 2003 till July 2012, 1028 Indian Army soldiers committed suicide, with the highest number of suicides in 2006 with 129, and the lowest number in 2005 with 77. 62 Army personnel have already committed suicide till July, 2012.⁷¹ He also asserted, in accordance with the Defense Institute of Psychological Research, that stress, financial problems and personal problems, such as domestic problems and marital discord, are the possible major causes of suicide amongst soldiers.⁷²

Health

Army men are always expected to maintain top health, which is also a determinant for their promotion and/or posting. There are instances when Army personnel committed suicide because they believed that their promotion may be blocked by the medical board. Rather than facing the humiliation, they opted to take their life.⁷³ According to an article in *Asian Age*, October 30, 2006, in 2003 and 2004, 9,414 Indian army personnel were admitted to various psychiatric centers.⁷⁴ The soldiers often have to work under extreme pressure,⁷⁵ which sometimes leads to stress related problems. According to the

⁷¹HP Bureau, "1,028 soldiers commit suicide since 2003", Hill Post (Aug 8, 2012); Available at http://hillpost.in/2012/08/08/1028-soldiers-commit-suicide-since-2003/48028/latest-news/hp_bureau (last visited Nov 27, 2012).

⁷² "Indian army suicides blamed on 'poor leadership'", BBC, May 3, 2012; Available at <http://www.bbc.co.uk/news/world-asia-india-17936070> (last visited Nov 27, 2012).

⁷³ "Suicides in the military", Indian Defence Review; Available at <http://www.indiandefencereview.com/suicides-in-the-military/> (last visited Nov 20, 2012).

⁷⁴Gautam Navlakha, "A Force Stretched and Stressed", 41 Economic and Political Weekly, 4722-4724 (2006); Available at <http://www.jstor.org/stable/4418909> (last visited Nov 25, 2012).

⁷⁵ *Supra* note 72.

Defense Minister, “the physical and mental well-being of the personnel is factored in while planning deployment for counter-insurgency operations.”⁷⁶ This only shows how much stress a soldier might be inflicted with to maintain his health and physique.

Posting

Posting of the Army men means a lot to them and may be related, directly or indirectly, to the stress that they might be faced with. The postings are usually done far away from their homes and for a long period, because of which, they are not able to meet or contact their families for a long time. On an average, an Army man gets no more than two years with his family. To top it, a large number of them are posted at high altitudes and inhospitable areas. The problems they face here are those of isolation, loneliness, sickness, bad weather which causes impossibility of air evacuation. All these factors contribute to cause stress in the psychologies of these Army men. To add to the stress, high altitudes welcome the problem of low level of oxygen, which damages the mind and according to the troops, affects a person’s potency.⁷⁷ Postings in disturbed areas as well as low combating zones also play a large role on their psychology. Prolonged postings in such areas contribute to a lot of stress. Most of them had been posted there for 13-36 months, with never-ending conflicts giving rise to stress amongst them. While being posted there and seeing their comrades get killed or injured may cause reasonable apprehension of a possible injury inflicted on them in future while patrolling or in an ambush, since the job is very dangerous in its nature.⁷⁸ Due to some of their postings in disturbed areas and combat zones, these soldiers are separated from their families for prolonged periods, and seldom get leave during counter-insurgency operations. Also, it may be noted that it is during the periods of insurgency

⁷⁶ *Supra* note 72.

⁷⁷ *Supra* note 73.

⁷⁸ *Supra* note 74

that the rate of suicides is higher. A majority of the incidents of suicide were reported from the disturbed areas, i.e. Kashmir and the north-eastern regions of India.⁷⁹

In Times of War

Wars and battles are very stressful and depressing situations for everyone. If here we look at those who were directly involved in them and the affect it had on them and their psyche, we can draw a clear relation between war participant soldiers and Army suicides. Some of them suffer from Post-Traumatic Stress Disorders (PTSD), and some may incur traumatic brain injury during these wars and low intensity operations. There are also many soldiers who lose their lives on the line. In such situations, their deaths cause great despair to their comrades and close friends.⁸⁰ According to retired officer, Major-General Ashok Mehta, “very little work is done in post-conflict psychosomatic disorders” for the soldiers, even though in the Army, they have to work under tremendous pressure.⁸¹

While considering causes and reasons of a committed suicide, we also need to keep in mind familial issues, as they are equally important. A job in the Army requires a person to be away from home for very long periods. During this time, it is natural for them to be worried about their families and their welfare. But, in situations when they are already laden with responsibilities of an entire country and their fellow countrymen, communications from homes of family problems and trifles, increase the level of stress manifold. These problems may include a family member’s accident or death or fights between family members and such. These may also include property disputes back at home, or encroachment of their land, which may be very troublesome and cause a lot of hardship upon their families, especially when they are away. In worst case scenarios, there may be extra marital affairs by

⁷⁹ *Supra* note 72

⁸⁰ *Supra* note 73

⁸¹ *Supra* note 72

either or both the wife and the husband, while the husband is away on duty.⁸² All these separately, as well as when combined cause a lot of stress on the minds of the army men.

Forces Deployed in “Disturbed Areas”

Economic and Political Weekly in an article “A force stretched and Stress” reports that “Prolonged deployment of the armed forces in the "disturbed areas" causes stress among the personnel, leading to killing of colleagues and suicides. This is a reflection of the use of military force in such areas, the solution for which is a shift in the country's politics so that there is an end to military suppression in the "disturbed areas".”⁸³ This is well emphasized by the fact that in 2003 and 2004, 9,414 personnel were admitted to psychiatric centers and 993 of them were released due to psychological problems.⁸⁴ The article also says that it is understand-able that deployment for long stretches among people, who for the forces are the enemy, unless otherwise established, gene-rates considerable stress. Many personnel are aware of the fact that their very presence arouses fear and anger among a large number of the local people. Worse, service personnel do not receive the same accolade or praise when they visit their homes from combat zones inside country's borders as those who fight external enemies on the borders. Perhaps what the director-general of armed forces medical services says makes sense in this context when he complains about how the families of servicemen are "badly, treated" by civilians and how the civil administration remains "unmoved" by their plight. All in all, the fact is that acts of indiscipline are a form of collateral damage due to counter-insurgency operations. This stress is the biggest factor for suicide among such

Other Causes

Apart from the aforesaid issues, there are factors such as heavy work, early retirement and the administration’s treatment that cause stress. Since it is required of every army men to be alert all the time, they usually over work themselves, and get very little rest. In some cases, due to health problems,

⁸²*Supra* note 73

⁸³*Supra* note 74

⁸⁴ The Asian Age, October 30, 2006.

or injuries, they may be forced to take an early retirement. According to the study mentioned before, out of the 9,414 army personnel that were admitted to the psychiatrist centers, 993 of them were released due to their psychological conditions. Early retirement often causes financial problems, which is one of the biggest depressants. Because these men are so far away from their families, the least that they expect is a system of administration which cares about their needs, but if they get an uncaring and a corrupt administration, instead of making things smoother for them, it will create more trouble for them.⁸⁵ Sometimes, there may be tension between the ranks, with superiors ill-treating the lower ranks, which may cause harassment and humiliation. In a report compiled by the Defense Institute of Psychological Research, it was observed that ““perceived humiliation and harassment, over and above occupational and familial causes”, at the hands of their superiors often serves as the final ‘trigger’ for jawans in stress-related cases in the armed forces.”⁸⁶

SUICIDE IN USA

Suicide in the army is a very common phenomenon, with almost the same causes and reasons everywhere. According to the US Army, 2012 has recorded more suicides than 2011, with the number totaling 116. While identifying the causes that may have triggered such a large number of suicides, they concluded combat stress as well as non-deployment as the major causes. Other causes include health, financial and marital problems.⁸⁷

⁸⁵ *Supra* note 73

⁸⁶ “*Army officers, jawans face off again in J&K*”, The Times of India, Aug 9, 2012; Available at http://articles.timesofindia.indiatimes.com/2012-08-09/india/33117638_1_officers-and-jawans-army-officers-nyoma (last visited Nov 27, 2012); See also “*Mutiny: Army Jawans lock up officers in mess*”, Indian Military News; Available at <http://indianmilitarynews.wordpress.com/2012/08/10/mutiny-army-jawans-lock-up-officers-in-mess/> (last visited Nov 27, 2012).

⁸⁷ Karen Willenbrecht, “*Army Suicides for 2012 Surpass Last Year’s Numbers stars and Stripes*”; Available at <http://www.stripes.com/news/special-reports/suicide-in-the-military/army-suicides-for-2012-surpass-last-year-s-numbers-1.197300> (last visited Nov 27, 2012).

According to a study conducted by the US Department of Defense in 2010, 20% deaths in the military were due to suicide, compared to 26% in combat. Since 2001, 2,676 committed suicide, out of which 95% were males, and 80% were white. A big 47% of them were under 25 years of age.⁸⁸

The military personnel are always in possession of some form of weaponry and therefore, it shouldn't come as a surprise that many of these suicides are committed by weapons. Even though there are countries which may have a higher rate of suicide, the US is the only country where the leading method of such suicides is guns.⁸⁹ Not only is it always available on every army personnel, in some countries, it is also easily available for general public for self-defense. The second most important cause is alcohol. Guns and alcohol together make a deadly combination, and a majority of suicides have them in common.⁹⁰

In a Nutshell

In India, Central Armed Police Forces (CAPFs) and Assam Rifles reported that a total of 417 CAPFs and AR personnel committed suicide/killed themselves since 2009, whereas 398 personnel laid their lives in the service of the Nation during this period.” The Minister of State for Home, R. P. N. Singh replied to the Lok Sabha, while laying down depression, mental illness, personal enmity, personal and domestic problems such as marital discord, and work related stress as the causative factors for such

⁸⁸ “*Self-Inflicted Crisis*” The Time; Available at <http://www.time.com/time/interactive/0,31813,2119360,00.html> (last visited Nov 27, 2012); See also Susan Blumenthal M.D, “*Stopping the Surge of Military Suicides: How to Win This Preventable War*”, Huffington Post (Sept 14, 2012); Available at http://www.huffingtonpost.com/susan-blumenthal/military-suicide_b_1884083.html (last visited Nov 27, 2012).

⁸⁹ *Supra* note 72.

⁹⁰ Anna Mulrine, *Suicide “epidemic” in Army: July was worst month, Pentagon says*, Christian Science Monitor, 2012, <http://www.csmonitor.com/USA/Military/2012/0817/Suicide-epidemic-in-Army-July-was-worst-month-Pentagon-says> (last visited Nov 27, 2012).

suicides.⁹¹ All these factors arise due to how a man's identity is influenced by the social economic and political factors operating around him.

While 1028 Army soldiers have committed since 2003, since 2006, over 100 soldiers have been committing suicide annually, with a dip in 2009 with 96 suicides. Many have attributed this dip to the Sixth Pay Commission, which was implemented in 2009, as the jawans made some financial gains.⁹²

It is of common knowledge that the job of safeguarding the borders of a country and maintaining peace within the boundaries is not an easy task. The job demands long hours of dedicated and sincere work and time away from home. It also demands executing tasks in harsh climates and conditions. In such situations, it is easy to become stressed, and stress has been considered as one of the major causes of suicide by the Army personnel. The Minister of Defense, A. K. Antony in his submission to the Parliament mentioned how the Government has provided the soldiers with "counseling, improvement in food and clothing, married accommodation, leave concessions", in order to curb these incidents. However, it is pretty evident that the soldiers posted in low intense combat zones do not get leaves as often, and stay away from homes for very long periods. The cumulative stress is triggered at any instance and leads to the suicide and loss of a precious life of an Army personnel.

SUICIDES IN INDIA

Within India the identity of people is a very important aspect of their lives. These identities determine their positions in diverse the social fabric of India. Some identities like that of being a Brahmin raise a man's social standing and that of being from the lowest caste causes social hardships.

⁹¹ Suicides bigger killer than death-in-action in central forces - The Economic Times, <http://economictimes.indiatimes.com/news/politics-and-nation/suicides-bigger-killer-than-death-in-action-in-central-forces/articleshow/17387259.cms> (last visited Nov 27, 2012).

⁹² Ajay Banerjee, "Army reels under ton of suicides", The Tribune, August 19, 2012, <http://www.tribuneindia.com/2012/20120820/nation.htm#5> (last visited Nov 27, 2012).

In India, regional identity, gender identity and professional identity all go a long way in defining the standing of a person within the society. The diversity within India is so grave that various regions do not conform to the same patterns of suicides in the country. For instance, the Deccan Chronicle reports that Bengaluru, in the State of Karnataka, is the Suicide capital of the country⁹³ whereas Chennai leads in Suicides among adolescents. Dr. S. M. Chandramohan, head of surgical gastroenterology, Madras Medical College, stated that most of the patients they receive are aged between 15 and 35.⁹⁴

Thus various aspects of the identity of a person affect him differently within India depending on the region the person comes from.

Statistics⁹⁵

At this point, it is imperative to examine the various suicide related statistics collected from to form an understanding about the depth of the evil that plagues the country and the world alike.

The WHO has estimated about 170,000 deaths in India occurring by suicide every year.⁹⁶ Findings in a recent Study show that “about 3% of the surveyed deaths (2684 of 95,335) in individuals aged 15 years or older were due to suicide, corresponding to about 187,000 suicide deaths in India in 2010 at these ages. For suicide deaths at ages 15 years or older, 40% of suicide deaths in men (45,100 of 114,800) and 56% of suicide deaths in women (40,500 of 72,100) occurred at ages 15–29 years. Men had a higher risk (1.7%) than did women (1.0%), with especially high risks in south India (3.5% in men and

⁹³ Luna Dewan and Monica Jha , “Bengaluru: The suicide capital of India”, The Deccan Chronicle, 31 May 2012.

⁹⁴ “Chennai leads in suicides among adolescents”, The Times Of India, http://articles.timesofindia.indiatimes.com/2012-09-11/chennai/33762546_1_angel-soji-number-of-teen-suicides-suicidal-students (last visited Mar 27, 2013).

⁹⁵ Srijit Mishra, “Suicide Mortality Rates across States of India, 1975-2001: A Statistical Note”, 41 Economic and Political Weekly 1566–1569 (2006), <http://www.jstor.org/stable/4418116> (last visited Dec 2, 2012).

⁹⁶ Vikram Patel et al., *Suicide mortality in India: a nationally representative survey*, 379 The Lancet 2343–2351 (23), <http://www.sciencedirect.com/science/article/pii/S0140673612606060> (last visited Dec 2, 2012).

1.8% in women). About half of suicide deaths were due to poisoning (mainly ingestions of pesticides).”⁹⁷

The study interpreted the results to show that India has one of the highest suicide rates in the world. “A large proportion of adult suicide deaths occur between the ages of 15 years and 29 years, especially in women. Public health interventions such as restrictions in access to pesticides might prevent many suicide deaths in India.”⁹⁸

The Indian Workplace

A research⁹⁹ points out that workplace stress is the number one reason of employees committing suicide in the public sector. Workplace stress is the harmful physical and emotional response that occurs when there is a poor match between job demands and the capabilities, resources, or needs of the employees. Initially, job stress shows itself as irritability, mood changes and short temper which sometimes lead to extreme measures like suicide. The need to “work smarter, not harder” has gripped us like never before. This struggle to survive and succeed leads to stress and when this job stress becomes unbearable, it may lead to suicide. According to reports 50% employees in Indian public sector are under job stress ; (30% have problems such as addictions and marital discord; 20% suffer from depression.) Job stress is the number one stressor in the lives of public sector employees.

Job stress is often confused with job challenge, but actually, these concepts are not the same. “Challenge energizes us psychologically and physically, and it motivates us to learn new skills and master our jobs. Challenge is an important ingredient for healthy and productive work. When a

⁹⁷ *Supra* note 96.

⁹⁸ *Id.*

⁹⁹ Dr. Mamta Jain, Reetika Bhatia & Dr. T. N. Mathur, *Work Place Stress & Suicide: A Study With Reference To Public Sector Organisation*, 2 International Journal of Multidisciplinary Research 186 – 197 (2012), http://zenithresearch.org.in/images/stories/pdf/2012/JULY/ZIJMR/14_ZIJMR_JULY12_VOL2_ISSUE7.pdf. (last visited on Dec 5, 2012).

challenge is successfully met, we feel relaxed and satisfied. The importance of challenge in our work lives is probably what people are referring to when they say “a little bit of stress is good for you.”¹⁰⁰

Globalization has been identified as the primary cause of concern for the work related stress.¹⁰¹ The near-equal suicide rates of young men and women and the consistently narrow male: female ratio of 1.4: 1 denotes that more Indian women die by suicide than their Western counterparts. Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) are the common methods used to commit suicide.¹⁰² Thus, suicide is a major public and mental health problem, which demands urgent action.

A study reports that after a deep study into the topic and a few interactions with the seniors and subordinates it was concluded that workplace conditions leading to stress include:¹⁰³

- The design of tasks
- Management style
- Interpersonal relationships.
- Work roles
- Career concerns
- Environmental conditions
- Salaries and wages
- Social change

In India, the high rate of suicide among young adults can be associated with:¹⁰⁴

1) Greater socioeconomic stressors that have followed the liberalization of the economy

¹⁰⁰ *Supra* note 99.

¹⁰¹ *Id.*

¹⁰² Lakshmi Vijaykumar “*Suicide and its prevention: The urgent need in India*”, Indian Journal of Psychiatry, 2007 Apr-Jun; 49(2): 81–84; Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917089/> (last visited March 28, 2013).

¹⁰³ *Supra* note 99.

¹⁰⁴ *Id.*

- 2) Privatization leading to the loss of job security,
- 3) Huge disparities in incomes and the
- 4) Inability to meet role obligations in the new socially changed environment.
- 5) The breakdown of the joint family system that had previously provided emotional support and stability.

All of the above factors are related to the identity of a person, social and otherwise. Most of the reactions like the breakdown of family support could be attributed to failure in the workplace which might cause family relations to stretch and break, thereby resulting in stress and suicide.

The study referred to above suggests that seniors (employers) should provide a stress-free work environment, recognize where stress is becoming a problem for staff, and take action to reduce stress. An open door policy, clear discussions and keeping an eye on the seemingly depressed may save many lives.¹⁰⁵

Suicides among Indian Farmers

The media in the past decade has emphasized the issue of farmer suicides in India enough. When one talks about Identity - India as a country has roughly 60% of its population involved in agriculture. Therefore, the professional identity of rural India is farming.

A study of Literature¹⁰⁶ about farmer suicides in India gives an overview of the same. On the macro level, it is evident that farmer suicides have shown more or less a steady increase over the period between 1997 and 2006. The average percentage of farmer suicide to general suicide has been 15.2%,

¹⁰⁵ *Id.*

¹⁰⁶ Sanchita Mukherjee, "Examining Farmer Suicides in India: A Study of Literature" (2009), <http://mpra.ub.uni-muenchen.de/35675/> (last visited Dec 3, 2012).

which is believed to be quite high, in spite of underestimation. Another important fact is that, 85% of farm suicide is male suicide and in general, suicides are more concentrated among males (62% of all suicides are male suicides).

Male farmer suicide increased quite rapidly at a rate of 3% per annum in 1997-2006, while female farm suicide rate was almost static. But this picture can be a consequence of undercounting of female farm suicide by police record on which the NCRB data is based, as farmer is identified by title to land and it is generally in the name of male head of the household).¹⁰⁷

On the micro level when one divides these on state-basis the following can be observed¹⁰⁸ –

- 1) It has been found by Nagraj's study that, the correlation coefficient between the general suicide rate and the farm suicide rate is high and positive (Thus it appears that those states, which are suicide prone in a general sense, are also the ones which are prone to farm suicides: the general socio-economic context does mould the incidence and number of suicides in both the cases.)
- 2) Maharashtra, Karnataka, Andhra Pradesh and Chhattisgarh and Madhya Pradesh - account for nearly two-thirds (63 percent) of the suicides in the country. The top five states in terms of the number of general suicides only partially overlap with this set: they are Maharashtra, West Bengal, Karnataka, Tamil Nadu and Andhra Pradesh and they account for nearly 57% of the total general suicides in the country.
- 3) Going by the farm suicide rate, Pondicherry has a horrendously high rate of about 835 farm suicides per every 100,000 in the state. The case of Goa, again with a high farm suicide rate is somewhat similar. Kerala, which comes next to Pondicherry, with a suicide rate of 143, is much

¹⁰⁷. *Id.*; See also K. Nagraj, “*Farmer Suicides In India: Magnitudes, Trends And Spatial Patterns*”, Madras Institute of Technology, Macroscan (2008).

¹⁰⁸Meeta & Rajivlochan, *Farmers Suicide: Facts & Possible Policy Interventions* (2006); Srijit Mishra, *Agrarian Distress and Farmers’ Suicides in Maharashtra*, 126–163 (2009), http://works.bepress.com/srijit_mishra/48 (last visited Dec 3, 2012).

larger compared to Pondicherry and Goa. For a high number of farm suicides also have high rates of farm suicides.

A research concludes that the following factors, which are outcome of the secondary factors leads to farmer suicides:¹⁰⁹

- Low irrigation facilities
- Dry land
- Uncertain and untimely rainfall
- Crop failure and low yield
- Pest attack
- Lack of institutional credit
- Declining subsidies, investment and extension services
- Competing with imports due to trade liberalization
- Fall in output prices, increase in cost of cultivation
- Moneylenders and pesticide & fertilizer agents
- Inferior inputs, excessive use of fertilizers and pesticides
- Monoculture of cash crop cultivation or cultivation of commercial crops, hybrid varieties
- Absence of non- agricultural opportunities
- Family & social commitments: marriage, education, community programs etc.
- Alcohol-addiction.
- Lack of support

These factors together form a complex process, driving farmers towards suicide.¹¹⁰

¹⁰⁹A. R. Vasavi, *Suicides And The Making Of India's Agrarian Distress*, (2005), <http://www.yale.edu/agrarianstudies/colloqpapers/04vasavi.pdf>. (last visited on Dec 10, 2012).

Young India

Amongst the Indian states, Kerala, Karnataka, Tamil Nadu and Andhra Pradesh and the Union Territory of Pondicherry together recorded alarming rate of suicidal deaths. In these states alone some 50,000 individuals commit suicide every year. This information becomes even more alarming when we compare it with the total number of suicide cases recorded in the whole of India in 2002, which was 154,000.¹¹¹

Unrealistic expectation of parents or teachers can be suspected to be the main reason why so many students commit suicide. Of late, statistics indicate an increase in the number of suicides involving students studying in professional colleges.¹¹²

The increasing trend of students taking the extreme step is noticeable and situations similar to the scene in which a final year engineering student commits suicide because he is unable to clear his project work in time in actor Vijay's latest film 'Nanban'¹¹³ or are not able to finish their graduation in time, like in the acclaimed movie, '3 Idiots'¹¹⁴, are not uncommon.

People in Chennai are plagued by student suicide today. Chennai leads in the number of adolescent suicides per year in India. A Times of India article highlights two cases of such incidents in Chennai and reports that – “At least one case of teenage suicide has been reported in the city every week since

¹¹⁰E. Revathi, *Farmers' Suicide: Missing Issues*, 33 Economic and Political Weekly 1207 (1998) , <http://www.jstor.org/stable/4406783> (last visited Dec 3, 2012).

¹¹¹Dr. R. Dakshina Murthy and Dr. S. K. Panner Selvam, SUICIDE AMONG ADOLESCENTS: Indian Streams Research Journal (April; 2012), <http://www.isrj.net/publishArticles/665.pdf>. (last visited Dec 10, 2012).

¹¹²S. Vijay Kumar, Suicides in professional colleges on the rise, <http://web.tnmgrmu.ac.in/vc/articles/professionalcoll.pdf>. (last visited on Mar 27, 2013).

¹¹³S. Shankar, Nanban (2011), http://www.youtube.com/watch?v=6MvLfbRsmxk&feature=youtube_gdata_player (last visited Dec 3, 2012).

¹¹⁴Rajkumar Hirani, 3 Idiots (2009).

January. Academic problems, peer and parental pressure and disappointment in relationships are among the main reasons cited when youngsters commit suicide.”¹¹⁵

Suicide is the second leading cause of death among youth between 10 and 19 years of age.¹¹⁶ The rising trend of suicides among adolescent lies in the socio-cultural changes that are taking place in the increasingly globalized and urban India. Youth who are contemplating suicide frequently give warning signs of their distress. Parents, teachers, and friends are in a key position has to pick up on these signs and get help.¹¹⁷

Women

Kerala has one of the highest literacy rates in India, and the women of Kerala are the most educated in India and also enjoy health standards comparable to that of developed countries. Yet, we are surprised at the high suicide rates in women. “A study on the factors associated with suicide in Tamil Nadu reported recent adverse life events, interpersonal stress and relationship difficulties, severe financial distress, the use of alcohol, and issues related to gender, as risk factors. Our analysis highlights the need to carry out further studies to understand the underlying causes of the high suicide rates in this apparently peaceful region.”¹¹⁸

Studies show rural Tamil Nadu to have reported the highest suicide rates in the world. Suicide rates and risk of death from suicide vary widely and are largely dependent on individual, family, and societal level factors. The increased rate of suicide among young women that we report, are consistent with the findings in the Tamil Nadu studies. “The suicide rate for young women in the Kaniyambadi

¹¹⁵ *Supra* note 112.

¹¹⁶ Accidental Deaths and suicides in India. National Crime Records Bureau. Ministry of Home Affairs. Government of India (2007).

¹¹⁷ Dr. R. Dakshina Murthy and Dr. S. K. Panner Selvam, Suicide Among Adolescents: Indian Streams Research Journal (April; 2012), Available at: <http://www.isrj.net/publishArticles/665.pdf>. (last visited on Dec 8, 2012).

¹¹⁸ C. R. Soman et al., *Suicide in South India: A community-based study in Kerala*, 51 Indian J Psychiatry 261–264 (2009), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2802372/> (last visited Dec 3, 2012).

block was 152/100,000, while it was 109/100,000 in Villupuram.” Similarly, China and Singapore also report a higher rate of suicide among girls. The variation in suicide rate across cultures and communities is also seen in younger age groups. The suicide rate among young females that is reported is 8 to 12 times higher than US rates for the same age groups.¹¹⁹

A Study¹²⁰ describes the risk for attempted suicide in women when it is associated with social disadvantage and physical and mental illness. One-year incidence of Attempted Suicide (AS) was 0.8% (n = 18+1 completed suicide) and seven of these women had baseline common mental disorders (CMDs) (37%). In unadjusted models, CMDs (OR 8.71, 95% CI 2.86 to 24.43), exposure to violence (OR 7.70, 95% CI 2.80 to 22.21) and recent hunger (OR 6.59, 95% CI 1.83 to 19.77) were the strongest predictors of incident AS cases. However, in a multivariate model, exposure to violence (OR 5.18, 95% CI 1.55 to 18.75) and physical illness (OR 3.77, 95% CI 1.05 to 12.37) emerged as independent predictors of AS. The study concluded that a multi-pronged strategy to reduce domestic violence, provide poverty relief and improve treatment of mental and physical disorders is needed to reduce the population burden of attempted suicide.

Kerala – A reflection on India’s Development

Although much attention has rightly focused on issues of socio-economic development in Kerala because of its impressive standard of living statistics (in life expectancy, literacy, health care and other areas), there is an equally startling trend in this state that goes largely unaddressed in social science

¹¹⁹ C. R. Soman et al., *Suicide in South India: A community-based study in Kerala*, 51 *Indian J Psychiatry* 261–264 (2009), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2802372/> (last visited Mar 27, 2013).

¹²⁰ Maselko J, Patel V., “*Why women attempt suicide: the role of mental illness and social disadvantage in a community cohort study in India*”, *J Epidemiol Community Health* (2008) 62:817–822.

research: Kerala has the highest suicide rate in India - and by a substantial margin of three times the national average and 50 per cent more than the second highest state.¹²¹

As a country, India is developing well. Yet one can see from this section that various sections of society in India suffer from psychological and economic problems and their identity in an ever-changing India has become a problem. The author of the study¹²² proposes that we consider how socio-economic development might actually increase suicide.

It is clear that suicide is a problem that has become a major issue in India and needs to be addressed.

THE INTERNATIONAL FRONT ON SUICIDES

Some Statistics

Every year, almost one million people die from suicide (a "global" mortality rate of 16 per 100,000, or one death every 40 seconds).¹²³ According to a survey carried out by the World Health Organization, suicide is one of the major global public health concerns. Although developed countries are beginning to pay more attention to this problem and are taking essential steps for prevention of suicide among their citizens, this problem is still not being effectively dealt with in developing countries (includes most countries of Africa, Asia and South America) where it is needed the most. According to WHO Mortality Database, 85% of suicides occur in low and developing countries. Some developing countries (approximately 50) neglect collection of official data or reports concerning this problem and the causes are cultural, legal and religious conditions of the country. Families do not disclose the true nature of the act, for fear of harassment by police (since Suicide is a criminal offence) and/or social

¹²¹Murphy Halliburton, *Suicide: A Paradox of Development in Kerala*, 33 *Economic and Political Weekly* 2341–2345 (1998), <http://www.jstor.org/stable/4407154> (last visited Dec 3, 2012).

¹²²*Id.*

¹²³World Health Organization. *The World Health Report 2001. Mental Health: New Understanding, New Hope*. Geneva: WHO, (2001).

stigma. Instead they claim it to be either an accident or in some cases, a homicide.¹²⁴ Some cases do not get reported as there's a stigma of mental disease in such countries and seeking help from a psychiatrist or a psychologist is looked down upon.

Global suicide rates have shown a steady increase over the last 50 years and are projected to increase to 1.53 million by the year 2020.¹²⁵ The reasons for suicides in Developing countries are usually family problems, financial problems and interpersonal relationship problems. Mental illness is almost never the reported reason for a suicide. These reports are based on data collected by the police or forensic experts and mostly none of them pay heed to the deceased's then psychological condition.

Due to this the 'reductionist' model of suicide has been introduced. This model describes the suicide victim from a developing country as an impulsive individual. This individual in an emotional fit tends to consume organophosphate pesticide commonly known as rat poison. This model focuses on proximal factors and not distal factors while a survey taken in Taiwan and India shows that more than 85% of the suicide victims suffered from mental illnesses.¹²⁶

Developing Countries

In developing countries, factors associated with higher psychiatric and suicidal behavior in women includes early marriage, inability to choose their own partner, social pressure to have children (especially male child), dependence on their spouse economically and harassment from the partner's relatives (dowry). These conditions make women vulnerable to psychiatric morbidity and suicidal behavior.

¹²⁴ Khan Mm & Prince M, *Beyond rates: the tragedy of suicide in Pakistan.*, 33 Tropical doctor 67 (2003), <http://europepmc.org/abstract/MED/12680534/reload=0> (last visited Dec 3, 2012).

¹²⁵ Khan Mm, *Suicide prevention and developing countries, Suicide prevention and developing countries.*, 98, 98 J R Soc Med 459, 459-463 (2005), <http://europepmc.org/abstract/MED/16199814> (last visited Mar 27, 2013).

¹²⁶ Cheng AT. "Mental illness and suicide. A case-control study in east Taiwan". Arch Gen Psychiatry 1995;52:594-603.

Developing countries usually face problems like poverty, low literacy rate, population growth rate, unemployment, basic health care, corruption, etc. In countries like these, due importance to a person's mental health is not given. Here it is clear that a man's national identity comes in the way and factors related to the same lead him to suicide.

In developing countries, with respect to national budget, very little share is allocated towards health care. Most of these countries do not even have a mental health budget. For example, in Pakistan, only 0.7 % of the gross domestic product (GDP) is allocated for health (mental health is estimated to be 1% of the 'reductionist' model of suicide f annual health budget) compared to 4.6% for defense.¹²⁷ Most South American countries devote less than 2% of their total health budget to mental health. Even the little share that is allocated towards the health care, is reduced due to corruption and mismanagement prevalent in these countries.

Government funded primary health-care facilities are not well established in developing countries. In such health care facilities in the villages, usually the staff is not effective and is excessively mismanaged. In India, around 87% of the medical expenditure is borne by the individual.¹²⁸ Knowing how ineffective the primary care system is, suicide prevention programs cannot be run through them like it's done in most developed countries.

Similarly, mental health facilities in most of the developing countries are not so well developed. Psychiatrist to population ratio is extremely low with one psychiatrist to a million people—in some African countries it is one psychiatrist to 5 million people. One more problem is that most of these

¹²⁷ Social Policy and Development Centre, *Social Development in Pakistan: Annual Review 2001* (2001), <http://www.spdc.org.pk/Publications/Annual%20Reviews/AR-4.pdf>. (last visited January 3, 2013).

¹²⁸ *Supra* note 125.

psychiatrists practice in urban areas whereas majority of the population resides in rural areas and do not have any access to such services.¹²⁹

Controlling access to common methods has been found to effect suicide rates, availability of chemicals like Rat poison in medical shops. In the developing world ingestion of pesticides is one of the most common methods for committing suicide.¹³⁰

In many developing countries, especially Islamic countries, suicide is an illegal act. Reviewing such laws would help the family of the survivor and the hospital to seek help for him/her. It would also help in the diagnosis and registration of suicides, which would lead to great advancement in understanding the problem deeply and in more detail. Without proper information regarding this subject, effective prevention programs cannot be introduced.¹³¹

In most of the developing countries, almost 30% people or more live below the poverty line. Governments in developing countries must make efforts to reduce this enormous disparity and introduce social policies that are fair, just and equitable and which would address the real problems of the people.

More data needs to be collected with regard to suicidal behavior in developing countries. The information collected can be used for analytical-epidemiological studies of the characteristics of people who are most likely to commit suicide. Every country must submit their mortality data to WHO so that diagnosis of suicidal deaths could improve.

¹²⁹ *Id.*

¹³⁰ David Gunnell & Michael Eddleston, *Suicide by intentional ingestion of pesticides: a continuing tragedy in developing countries*, 32 *Int. J. Epidemiol.* 902–909 (2003), <http://ije.oxfordjournals.org/content/32/6/902> (last visited Dec 3, 2012).

¹³¹ *Supra* note 125.

Diekstra¹³² an eminent Dutch sociologist stated, “the most dramatic increase in suicide mortality in the next decades will be observed not in the developed world but rather in the developing countries. The most potent socio-economic and behavior factors of suicide risk are already present in a degree considerably higher than in many of the industrialized countries & this discrepancy will probably only continue to grow”.

Despite of significant advancements in the fields of science and technology, millions of people die every year. This problem shall continue to haunt developing countries for a long time as long as problems like corruption, weak political processes, poorly managed health facilities and lack/mismanagement of resources prevail in the society.

Roadblocks in Understanding Suicide

A review of the literature only adds to the confusion, leaving more questions than answers. Findings are wildly different and often contradictory. In examining 25 separate studies, dating back in some instances to the 1930s, suicide rates of law enforcement personnel per 100,000 sworn ranged from a low of zero to a high of 203.¹³³

The discrepancy among reported suicides rates can be attributed to a number of different problems¹³⁴:

- **Lack of homogeneity:** The term law enforcement personnel may often be used as a general descriptor, but it may not be described as homogeneous a group as once thought. In particular, the already existing studies have included different classifications of personnel (retired personnel, custody officers, etc.), and/or have failed to define their population, making meaningful comparisons difficult.

¹³²René F.W. Diekstra, "*The epidemiology of suicide and parasuicide*", 2 Archives of Suicide Research 1–29 (1996), <http://www.tandfonline.com/doi/abs/10.1080/13811119608258991> (last visited Dec 3, 2012).

¹³³“*By Their Own Hand: Suicide Among Law Enforcement Personnel*”, 2 COPS e-newsletter, 2009, http://www.cops.usdoj.gov/html/dispatch/April_2009/suicide.htm (last visited Mar 27, 2013).

¹³⁴*Id.*

- **Regional factors:** Just as with the general population, suicide rates among law enforcement personnel vary significantly across states and counties. For instance, Heiman studied and concluded that police suicide rate is much lower in London than it is in New York.¹³⁵
- **Variables related to agency culture and environment:** The prevalent differences in suicide rates between agencies, even within the same geographic area, suggest that agency characteristics may be an important factor.
- **Lack of records:** Law enforcement agencies seem to be reserved to share (or even keep) statistics of this nature. Most of the existing studies are retrospective, based solely on the recollections of responding agency personnel.
- **Mislabeling cause of death:** Some research suggests a tendency for line staff and agencies to erroneously label a possible (or even obvious) suicide as an accidental death. While this may be done with the best intentions to protect the peace officer and his or her surviving family members, it further complicates the process of obtaining accurate numbers.
- **Suicide as a low-frequency event:** Statistical difficulties occur when analyzing data for events that occur infrequently.
- **Pre-employment psychological screening:** The presence or absence of pre-employment screening is a contaminant, as is the lack of uniformity between agencies in terms of how such evaluations are conducted.
- **Prevention and intervention programs:** The presence or absence of various organizational interventions may be factors affecting the different rates of suicide found among various agencies.

¹³⁵“*Suicide and Alcoholism*,” Available at http://www.placerchaplains.com/Documents/Chapter%207_Suicide%20and%20Alcoholism.pdf. (last visited March 1, 2013).

Does the agency, for example, train supervisors and/or line personnel in early identification and intervention with individuals at risk for suicide?

- **Definition of law enforcement personnel:** Existing studies have included different classifications of personnel (retired personnel, custody officers, etc.) and/or have failed to define their population, making meaningful comparisons difficult.

Several other issues that on the surface appear to be clear, look much muddier when examined more closely.¹³⁶

- **Owning a firearm:** A comparison between the general populace and the police using a firearm to commit suicide shows that while 63% males use a firearm to commit suicide, 90% of all suicides among police personnel are committed with a firearm. More often than not, stress and undiagnosed mental pressure combine with gun to prove a lethal combination for the police.¹³⁷
- **Job characteristics:** Peace officers have a higher suicide rates as compared with others engaged in jobs which may include physical danger.
- **Job-related concerns:** Being under investigation, being suspended, or experiencing a significant professional failure for reasons such as malpractices, corruption, etc. acted as a catalyst for police officers to commit suicide. Being suspended increased the risk of suicide by almost 7 times.
- **Relationship problems:** Marital problems increased the risk of committing suicide by almost 5 times. Along with being suspended, it increased the likelihood of attempt to suicide approximately 22-fold.
- **Retirement:** Retired law enforcement personnel were 10 times more likely to commit suicide than general population of the same age group. Among these, the ones who retired due to some

¹³⁶Supra note 133.

¹³⁷ Kevin Caruso, Police Suicide Prevention and Awareness, <http://www.suicide.org/police-suicide-prevention-and-awareness.html>. (last visited on Dec 10, 2012).

disability had a suicide rate of 2,616 per 100,000, compared to the general populace of same age group with a rate of 34 per 100,000.

Gilles Sussant in their study differentiated between fact and fiction in general, which also applies to the police personnel.¹³⁸

POLICE SUICIDES

An analysis of police suicide is not limited to just its analysis but also of the factors surrounding it. One would therefore be required to understand the psycho – social variables affecting performance like - stress, secondary traumatization, aggression, suicidal intentions, job involvement, job satisfaction, organizational climate, maintenance of law and order, traffic control or investigative proficiency.¹³⁹ This analysis shall provide us with the implications the factors have on a police personnel. Their effect and engagement with the personnel is what leads to the commission of suicide.

That stated, there are multiple other issues regarding police suicide. It begins with the problems in this area of research and follows to the absence of realizing police suicide as a pertinent issue or problem. It continues with the all prevalent – stereotypical heroism of the personnel with the contrary making him a weak person.

Stress is taking a toll on police officers however, this is a problem that many departments loath to talk about publically. A few states in some countries have started identifying it as a serious problem (like New York City) and have begun to recruit and train cops as peer counselors. However, a few countries still have confidentiality laws preventing it from being discussed (like in the USA).¹⁴⁰

¹³⁸ *Supra* note 135.

¹³⁹ Dr. Beulah Shekhar, "Impact of Psycho-Social Factors on Performance: An Analysis of Police Officers in Tamil Nadu", <http://bprd.nic.in/writereaddata/linkimages/4198989034-BPRD%20Report.pdf>. (last visited on Dec 10, 2012).

¹⁴⁰ Claude Lewis, "Police Suicide Is An Alarming Problem Rarely Discussed Publicly", The Philadelphia Inquirer, <http://www.tearsofacop.com/police/articles/lewis.html> (last visited Mar 27, 2013).

A comprehensive understanding of police suicide can only exist only when we understand the concept of suicide ideation. Reynolds (1991a) defines suicide ideation as the domain of thoughts and ideas about death, suicide and serious self-injurious behavior, and includes thoughts related to the planning, conduct and outcome of suicidal behavior, particularly as the last-mentioned relates to thoughts about the response of others.¹⁴¹ Individuals measuring high on suicide ideation wish they had never been born, feel.¹⁴² Schotte and Clum (1982), as well as Bonner and Rich (1987) found a relationship between the frequency of suicide ideation and the likelihood of attempts at suicide.

Therefore, resolving the underlying problems that hinder the research of police suicide may be the first step to gaining a better understanding of it.¹⁴³

THE PROBLEMS OF RESEARCH IN THIS FIELD

Violanti in his research on police suicide stated the following as impediments¹⁴⁴:

Accesses of information: Considerable difficulty exists in studying police suicide. Researchers often find that information on officer suicide either is not collected or departments are reluctant to allow access to such data.¹⁴⁵

Misclassification of information: In addition, police suicides may be misclassified routinely as either accidents or undetermined deaths. Because police officers traditionally subscribe to a myth of

¹⁴¹ W. M. Reynolds (1991a). *Adult Suicide Ideation Questionnaire: Professional Manual*. Odessa, FL: Psychological Assessment Resources

¹⁴² Jacobus Pienaar & Sebastian Rothmann, *Suicide ideation in the South African Police Service*, South African Journal of Psychology 58–72, http://ianrothmann.com/pub/sapsyc_v35_n1_a4.pdf. (last visited on Dec 10, 2012).

¹⁴³ John M. Violanti, *The Mystery Within: Understanding Police Suicide* (1995), <http://www.aele.org/law/2007FPMAY/fbi-1995-02.pdf>. (last visited on March 27, 2013).

¹⁴⁴ *Id.*

¹⁴⁵ J.H. Burge, "Suicide and Occupation: A Review," *Journal of Vocational Behavior*, 21, 206-222, 1982.

indestructibility, they view suicide as particularly disgraceful to the victim officer and to the profession.¹⁴⁶

Cohesive subculture: The police represent a highly cohesive subculture whose members tend to “take care of their own.”¹⁴⁷ The desire to shield victim officers, their families, and their departments from the stigma of suicide may lead investigators to overlook certain evidence intentionally during the classification process. One study of the Chicago Police Department estimated that as many as 67 percent of police suicides in that city had been misclassified as accidental or natural deaths.¹⁴⁸ Failure to correct for such biases could lead to false conclusions regarding the causes and frequency of police suicides. Therefore, accurate research must go beyond official rates; the preliminary results of an ongoing study of police suicides over a 40-year period indicate that nearly 30 percent of police suicides may have been misclassified.¹⁴⁹

Other problems exist in the study of police suicide. Because most research focuses on large cities, very little is known about suicides in small or rural departments. Therefore, while epidemiological data reliably indicate that police officers are at a higher risk for suicide than the general population, such results may not be generalized appropriately to the entire country. However, the research that has been conducted produced various explanations as to why police officers take their own lives.

THE NUMBERS

The number of police suicides always continues to increase with a case here and there cited in the press.¹⁵⁰ According to one study, in the years 1950 to 1979, a sample of 2,662 officers averaged one

¹⁴⁶Jerome H. Skolnick, *Police in America* (1975).

¹⁴⁷ J.M. Violanti, “Police Suicide on the Rise,” *New York Trooper*, January 1984, 18-19.

¹⁴⁸ M. Wagner & R. J. Brzeczek, *Alcoholism and Suicide - A Fatal Connection National Criminal Justice Reference Service* (1983), <https://www.ncjrs.gov/App/publications/Abstract.aspx?id=91151> (last visited Dec 3, 2012).

¹⁴⁹ J.M. Violanti and J.E. Vena, “*Epidemiology of Police Suicide*” (research in progress, NIMH Grant MH47091-02).

¹⁵⁰“*Police Inspector Commits Suicide*”, *The Indian Express*, November 15, 2012 , <http://www.indianexpress.com/news/police-inspector-commits-suicide/1031370>. (last visited on Dec 10, 2012).

suicide every 2.5 years. From 1980 to 1990, the rate increased to one suicide every 1.25 years. These sobering findings indicate that police suicides now may be occurring at twice the rate they did in the past.¹⁵¹

Increasing suicide rates of police officers in recent years have also been reported for the United States (Violanti, 1995) and Australia (Cantor, Tyman & Slater, 1995). Schmidtke, Fricke and Lester (1999) reported an average suicide rate of 23.03 per 100 000 police officers in Germany in 1996. The average suicide rate for New York City police officers is about 29 per 100 000 per year (Vallone, 1995). Lindsay and Lester (2001) report an average annual suicide rate for North Eastern American police officers of 25 per 100 000 for the period 1987 to 1999.¹⁵²

A recent study revealed that New York City officers kill themselves at a rate of 29 per 100,000 a year. The rate of suicide in the general population is 12 per 100,000. Most of the victims are young males with no record of misconduct that shot themselves while off-duty.

According to a Study by the National Association of Police Chiefs, in the United States of America, twice as many cops - about 300 annually - commit suicide as are killed in the line of duty.¹⁵³

Reference may be drawn from the 2009 Badge of Life police suicide study, which provided additional demographic information for police suicide:¹⁵⁴

- Ages 40-44 are at highest risk of suicide, representing 27% of all suicides.
- Service time at highest risk was twenty years plus.
- Officers with less than ten years on the job had a suicide rate of 17%.

¹⁵¹ *Supra* note 143.

¹⁵². Sebastiaan Rothmann and Jacobus Pienaar, "Suicide ideation in the South African Police Service", South African Journal of Psychology, 2005, 35(1), p 58-72; Available at http://ianrothmann.com/pub/sapsyc_v35_n1_a4.pdf (last visited March 1, 2013).

¹⁵³ *Supra* note 140.

¹⁵⁴ 2009 Police Suicide Statistics, Officer.com, <http://www.officer.com/article/10232405/2009-police-suicide-statistics> (last visited Dec 3, 2012).

- 64% of suicides were *a surprise*.

However even given the numbers that include that 45 officers each year out of almost 900,000 commit suicide a police chief would probably still say “why even have a police suicide prevention program”.¹⁵⁵

The official data in India on the other hand is provided by the NCRB¹⁵⁶. It stated the following data according to the respective years:

Figure 3: No. of Suicides Committed by Police Personnel

Year	No. of suicides committed by police personnel	Total No. of Suicides
2006	208	1,18,112
2007	226	1,22,637
2008	139	1,25,017
2009	162	1,27,151
2010	189	1,34,599

THE CAUSES OF POLICE SUICIDES

The cause is often attributed to "the dynamics of the job". Studies have revealed several factors related to police suicide. Suicides have been found to be more common among older officers and are related to alcoholism, physical illness, or impending retirement¹⁵⁷ The regular availability of firearms; continuous duty exposure to death and injury; social strain resulting from shift work; inconsistencies

¹⁵⁵Emotional Self-Care Training (ESC); Available at <http://www.policesuicidestudy.com/id5.html>. (last visited on Dec 10, 2012).

¹⁵⁶*Supra* note 116.

¹⁵⁷J. A. Schwartz & C. B. Schwartz, "Personal Problems Of The Police Officer - A Plea For Action (From Job Stress And The Police Officer Identifying Stress Reduction Techniques - Proceedings)", National Criminal Justice Reference Service (1975), <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=91151> (last visited Dec 3, 2012).

within the criminal justice system; and the perception among police officers that they labor under a negative public image.¹⁵⁸

Stress

The high stress of police work generally is cited as a primary contributing factor. “The constant barrage of stressors inherent with danger, and for police managers, the pressures of administration, can overwhelm even the strongest person. When officers lose the ability to cope in normal ways, they may turn to an ultimate solution to relieve the pressures of stress.”¹⁵⁹

It would be safe to assume that law enforcement is one of the most stressful occupations worldwide. In a third-world country like South Africa, various potential stressors, such as high crime levels, organizational transformation and lack of resources challenge members of the police force. “Not surprisingly, increased rates of illness, post-traumatic stress, burnout, alcohol abuse and suicides, as well as decreased levels of job satisfaction and job performance, as compared to norms for the general population, are found in research on members of the police.”¹⁶⁰

Alcoholism

Alcohol abuse also has been implicated as a significant contributing factor in police suicides. One study documented alcohol abuse in 60 percent of the suicides in the Chicago Police Department.¹⁶¹ Administrators should be aware that alcoholism may lead to other work problems, such as high absenteeism, traffic accidents, or intoxication on duty. Given the established correlation between alcoholism and suicide, these symptoms should not be ignored. They should be considered indications of a larger problem.

¹⁵⁸Supra note 143.

¹⁵⁹ F.L. McCafferty, E. McCafferty, and M.A. McCafferty, “*Stress and Suicide in Police Officers: A Paradigm of Occupational Stress*,” Southern Medical Journal, 85, 1992, 233-243.

¹⁶⁰. Supra note 152.

¹⁶¹Supra note 148.

While examining 27 cases of police suicide in Quebec, it was found that one-half of the police officers had a psychiatric and/or medical history, while many had severe alcohol problems. Most of the officers in the sample experienced difficulties at work, and in every case, a significant drop in work performance had been observed in the immediate 6 months prior to the suicide.¹⁶²

Access to Firearms

Violanti has stated that access to firearms is another factor that distinguishes police officers from the general population, which has also been implicated in the high number of police suicides. While the general population is legally allowed to carry firearms for the purposes of self-defense in many States, most of the law enforcement officers always carry or have access to firearms. An ongoing study by Violanti of police suicides in the United States reveals that 95 percent involved the officer using his or her own service weapon for the commission of suicide.¹⁶³

Another Study compared suicides in New York City and London. While the police suicide rate in New York City was twice that of the general population, the police suicide rate in London, where officers do not carry firearms, was similar to that of the city's civilian population.¹⁶⁴ It can therefore be inferred that accessibility of firearms act as an important factor in police suicides.

The police firearm holds special significance for officers. Apart from being a symbol of power of authority, it is also a very potent symbol of the power of life and death. The society entrusts law enforcement officers with the authority to use their weapons to take the life of another person in certain situations. In police suicides however, officers are claiming the right to take their own lives. It may be

¹⁶² G. Aussant, "Police Suicide," Rural Canadian Mounted Police Gazette, 46, 1984, 14-21.

¹⁶³ *Supra* note 143.

¹⁶⁴ P. Friedman, "Suicide Among Police: A Study of 93 Suicides Among New York City Policemen 1934-40," in *Essays of Self Destruction*, E.S. Shneidman, ed. (New York: Science House, 1968).

argued that since the service weapons were used to stop misery and harm to others, the officers view suicide in a similar way.¹⁶⁵

Troubled marriage or relationships

It is often stated that the reason given by the spouses of police personnel is that they never have a day off¹⁶⁶. A study of the Detroit Police Department found that “the vast majority of Detroit police officers who took their lives were white young men, high school educated, and married. Alcohol abuse was fairly common among the sample (42 percent), as was a formal diagnosis of psychosis (33 percent). However, marital difficulties appeared to be the most prevalent problem among the Detroit sample.”¹⁶⁷

Frustration and Helplessness

Violanti in his research cited frustration as particularly the most important among all occupational factors surrounding police suicide. It is an irony that noble desires and idealism with which individuals entered policing often get transformed into hardcore cynicism. This gets magnified as “the society charges police officers with the task of regulating a public that itself does not want to be regulated.” For individual officers, the resulting frustration is aggravated by “a largely unsympathetic press, a lack of community support, and a criminal justice system that values equity over expediency.” This often results in a sense of societal isolation, compelling officers to group together in a defensive stance. When an officer feels that the is frustration no longer tolerable, or that no other coping alternative is available, the only option that they see may be suicide.¹⁶⁸

¹⁶⁵ *Supra* note 143.

¹⁶⁶ *Supra* note 140.

¹⁶⁷ B.I. Danto, “*Police Suicide*,” *Police Stress*, 1, (1978), p. 32-35.

¹⁶⁸ *Supra* note 143.

It is also possible that the nature of the job is such that it brings about feelings of helplessness.¹⁶⁹ A sense of helplessness is a disturbing realization for anyone, but especially for police officers, who are conditioned by the society to view themselves as superheroes, that are capable of doing anything. Suicide is only one way of dealing with the feeling of helplessness and emotional pain. The finality of the ultimate solution however, may be an attempt to restore the feelings of strength, courage, and mastery over the environment.¹⁷⁰

One theory holds that police officers commit suicide because of their continuous exposure to human misery and their constant giving of themselves.¹⁷¹

Fear of Separation from the Police Subculture/ Retirement

As officers near the end of their law enforcement careers, another potential threat appears - separation. To individual officers, retirement may mean separation from the camaraderie and protection of police peers. During their years of service, officers may have come together with other officers due to a general isolation from society and/or its prejudices toward the police. Upon retirement, these officers left to enter the very society that they have perceived as being alien and hostile.¹⁷²

While the majority of the police officers may view the benefits of retirement positively, for some of the others, separation from the police subculture can be a frightful and devastating prospect. “Fear, coupled with increasing age (a definite suicide risk factor), loss of friends, loss of status as a police

¹⁶⁹ M. Heiman, “*Suicide Among Police*,” *American Journal of Psychiatry*, 134, 1977, 1286-1290.

¹⁷⁰ P. Bonafacio, “*The Psychological Effects of Police Work*” New York: Plenum Press, 1991; *see also* S. Allen, “*Suicide and Indirect Self-Destructive Behavior Among Police*,” in *Psychological Services for Law Enforcement*, J. Reese and H. Goldstein eds. (Washington, DC: U.S. Government Printing Office, 1986).

¹⁷¹ *Supra* note 169.

¹⁷² Cass W. Gaska, “*The Rate of Suicide, Potential for Suicide, and Recommendations for Prevention Among Retired Police Officers*” (1980).

officer, and a loss of self-definition, leaves some retiring officers vulnerable to suicide. A recent study found a 10-fold risk of suicide among police retirees.”¹⁷³

Keeping up with macho image/ absence to seek help

The police culture tends to teach its members to protect the ‘macho image’ of the personnel informally teaches its members to follow a code of silence.¹⁷⁴ Such an institutionalized perception might lead the officer to not engage in any form of counseling or discussion in the sphere of issues, which might even portray them to be slightly sensitive or vulnerable. This build-up of anxiety can trigger unmanageable stress conditions leading one to commit suicide due to the perceived absence of any other alternative. Thus, keeping up with the established stereotypes might be a cause of unnecessary and non-required stress can be avoided with emphasis on mental health and well-being. Many officers refuse to seek the needed assistance because they fear it will result in them being labeled "weak."¹⁷⁵ "Policemen are often reluctant to tell people in the chain of command they're having problems because they fear their careers will be destroyed. So they make the mistake of trying to solve their problems quietly and that often leads to alcohol or substance abuse or suicide."¹⁷⁶

Traditionally, no matter what their problems, police officers refrain from asking for help. There are various reasons for this reluctance. The primary reason may be that the officers do not wish to appear weak or vulnerable in front of their peers. Individuals who perceive themselves as problem solvers often have great difficulty admitting that they have problems of their own. As a result, some officers who feel that they can no longer tolerate psychological pain choose to solve the problem themselves through suicide rather than by asking others for help.

¹⁷³ *Id.*

¹⁷⁴ *Supra* note 139.

¹⁷⁵ *Supra* note 140.

¹⁷⁶ *Supra* note 140.

Fortunately, officers' reluctance to seek out help is being abated by successful counseling programs established in various departments. For individual officers, these programs have helped remove the stigma of admitting that they have problems. Currently the domain of large and progressive departments, intervention programs should be implemented in every U.S. law enforcement agency. Because all police officers face similar challenges and pressures - regardless of the size of the agency in which they serve - every officer should have access to comparable counseling resources.¹⁷⁷

Other factors

Other factors have been suggested in an attempt to explain why officers take their own lives. A study cites police bureaucracy, with its paramilitary structure, overbearing regulations, and negativism, as a primary catalyst in police suicides.¹⁷⁸

It also has been suggested that "loner" officers who feel isolated from and uninvolved with the police subculture are more likely to commit suicide.¹⁷⁹

Another theory views that police suicides as a response to confusing messages from society: Police are given great discretionary powers, but that power is routinely truncated by the courts, the press, and from time to time, administrators. Under these conditions, many officers experience a significant sense of conflict and confusion.¹⁸⁰

Policing involves a continual barrage of boredom interspersed with acts of violence, deceit, and human misery. Many officers are exposed to a subculture of violence in which they encounter death almost daily. The average citizen generally does not witness in a lifetime the amount of death and violence a police officer experiences in one month. As a result of this exposure, Post Traumatic Stress Syndrome

¹⁷⁷ *Supra* note 143.

¹⁷⁸ C. Nix, "Police Suicide: Answers Are Sought," *The New York Times*, September 15, 1986, B2-4.

¹⁷⁹ 21 J. Slater and R. Depue, "The Contribution of Environmental and Social Support to Serious Suicide Attempts in Primary Depressive Order," *Journal of Abnormal Psychology*, 90, 1981, 275-285.

¹⁸⁰ *Supra* note 143.

may lead to a breakdown of normal coping processes. Because the effects of stress are believed to be cumulative, officers exposed to many stressors may reach a breaking point leading to suicide. A study of the Royal Canadian Mounted Police found that 15 percent of the Mounties who committed suicide recently had been exposed to a traumatic work incident.¹⁸¹

Current research does not explain definitively what effects such exposure has on the psyche of police officers. It is possible that exposure to death and human suffering produces a numbing effect; that is, death becomes easier to accept as a possible solution to seemingly impossible problems. Psychological trauma is associated closely with this exposure to death and violence. Many officers involved in police shootings suffer serious aftereffects as a result of these critical incidents. Similar to veterans of war, officers involved in such incidents experience posttraumatic symptoms, such as nightmares, flashbacks, and a fear of returning to duty. Suicide can be the ultimate response to this sometimes unendurable pain.¹⁸²

It is clear from the above analysis that a liaison should be established between cops and mental health associations. It is also clear, that when efforts are focused on *mental health*, instead of the narrower “suicide prevention,” there can be benefits that include not only suicide prevention, but fewer: officer deaths from shootings and accidents, lawsuits, complaints, sick leave, alcoholism, substance abuse, Criminal/other behaviors, on and off-job injuries, divorces, grievances, resignations morale problems, and much more.¹⁸³ There can also be an establishment of an “emotional Self-care training program”.¹⁸⁴ For every police officer who commits suicide, there are a thousand more officers out there still working and suffering from the symptoms of PTSD.

¹⁸¹ 23 R. Loo, “Suicide Among Police in a Federal Force,” *Suicide and Life-Threatening Behavior*, 16, 1986, 379-388.

¹⁸² *Id.*

¹⁸³ Ron Clark & Andy O’Hara, “*A Study of Police Suicide Statistics*”, 3 Badge of Life Police Mental Health Foundation (2012); Available at <http://www.policesuicidestudy.com/id16.html> (last visited Mar 27, 2013)

¹⁸⁴ *Supra* note 155.

Annual mental health check-ups just like one would visit a dentist or a physician, may also help in curbing police suicide. This would however require two essential aspects – voluntariness and confidentiality. Mandating and compelling would not satisfy the requirement since mental health is not a classroom exercise.

In order to do so, there is a requirement to engage private therapist so as to ensure in the minds of the personnel that their sessions will be kept private. For the department to pay for such a session should be in the same lines as outsourcing to a gym or a specialized doctor.

The best way to prevent police suicide is to give special training to the officers with regards to coping with professional and personal problems. “This provides them with the means to recognize and avoid the psychological and behavioral wrong turns that eventually can lead to suicide. In addition, training supervisors to recognize the warning signs of suicide can afford agencies an opportunity to intervene before it is too late.”¹⁸⁵

Thus, to conclude, we need to rise from the middle-ages and begin to recognize that the problem of police suicide exists, persists and shall magnify if not addressed well within time. The need is to view suicide as not a problem but a position. A problem always entails a solution, an almost irradiation but as has been established, suicide is just the tip of the iceberg in comparison to the more important issue of mental health in law enforcement.¹⁸⁶ PTST, stress and trauma are all present which many personnel might be suffering from. There is hence a need to handle this issue of one regarding mental health and not just on limiting it to suicide.

The review of literature shows various aspects of Suicide. It addresses suicides in general. The section on Military Suicides is an example of how professional life influences the life of a person, and how the

¹⁸⁵ *Supra* note 143.

¹⁸⁶ *Supra* note 183.

same connects to suicide. The next section analyzes Suicides in India followed by a section that talks about Suicide beyond the borders of India. All these sections have a thread that runs across them – Identity. Identity is how a person is defined. His identity influences the society's view towards him as well as his own opinion about himself. One can thus say that this influence is what causes a chain reaction that results in suicide.

One cannot ignore that some aspects of a person's identity, for example his identity as a police officer, is what takes him to the breaking point. It is safe to conclude thus that if one can regulate the importance of various identities a man holds, and if the society works in a united manner to help people cope up with their stress, it would go a long way in reducing suicide mortality.

Review of Literature was particularly difficult and extremely time consuming as the focus was on information written with respect to Suicide cases among State Police personnel in India. However, after extensively researching for the same, hardly any information was available from the point of view of Indian Population. Hence, research was directed towards work done on Police Suicide cases in different countries. A lot of information from other countries, particularly from United States of America on this topic was obtained. Research was also directed towards work done on Suicide cases among general population as well as in specific sections categorized on the basis of different professions, different age group, different gender, difference in personality traits, different habits and so on. This proved to be a great help as it helped the researchers understand the impact of the issue that was being dealt with. It also helped the researchers comprehend aspects that would be dealt with during the course of this project.

CHAPTER III

METHODOLOGY

This chapter delves into the methodology of conducting the study. It looks into the design, sample, test & tools, procedure and statistical analysis. Further, it provides information regarding the process by which the information was procured and the difficulties faced in procuring the same.

DESIGN

Aims and Objectives:

- To identify the factors that led to suicide of police personnel in India.
- To identify the causes of stress among the existing Indian State Police Forces.
- Based on the analysis of data collected; provide suggestions and recommendations to prevent the cases of suicide amongst police personnel in India.

Universe of Study: All police personnel of the Indian Police Force in service.

The Study was conducted in three stages – Preparation, Data Collection, and Data Analysis. All three stages played an equally important role in the final report. While the first and the third stages required a lot of diverse research, the second stage – data collection, required personal communication skills.

After data collection statistical analysis coupled with qualitative analysis of the data gave a holistic picture about police suicides in India, and guided suggestions and recommendations presented in the report.

SAMPLE

Families of police personnel who had committed suicide in the last five years all over India were to be interviewed. Data was to be received from families/ relatives, peers, superiors and subordinates of the deceased.

During the submission of the proposal and the interim report to The Bureau of Police Research & Development (hereinafter, BPR&D), it has been mentioned that 250 families as well as the colleagues/superiors of the deceased were to be selected as sample. However, due to various hurdles faced during the process of collection of data, which have been elaborated in the further in this report, only 33 families could be contacted and hence, the sample size comprised of 33 families of deceased police men. The table below depicts in a nutshell the total number of families who could actually be contacted based on the data provided to the investigators by the Police Headquarters (hereinafter, also referred to as “HQ”).

Figure 4: Depiction of the Total Number, Traceability and Retractability of Samples Receive

State	Total number of data received	Total number of data with complete addresses/ telephone numbers	Total number of data that could be contacted	Total number of respondents	Reasons for not recovering information
Delhi	24	20	17	16	Incomplete/Wrong addresses, Phone number not given or invalid.
Madhya Pradesh	47	15	5	3	
Tamil Nadu	74	42	27	8	Wrong numbers and incorrect addresses
Uttar Pradesh	18	0	0	0	No addresses
Tripura	7	0	0	0	Incomplete addresses
Haryana	3	0	0	0	Incomplete addresses
Chandigarh	1	1	1	1	

ROAD BLOCKS IN DATA COLLECTION

The investigators gained wide-ranging experiences at each stage of the Project, some of them extremely interesting, and others exceedingly tiring and shocking. These experiences will be elucidated in the following section along with a description of the procedure used for data-collection. The section shall expound the different challenges faced at every step of the Project.

Phase I – Secondary data

Data collection for the present Project began with the investigators approaching the NCRB, Delhi, requesting for any data available with them that would help us for the project. NCRB was extremely cooperative and provided us with the State-wise suicide cases of Police personnel from 2008-2010. Apart from this, they also gave us the contact details of Deputy Inspector Generals of Police (hereinafter, DIG) of all the States and Union territories which were very helpful for further stages of the Project.

Then letters were written to the Headquarters of all the States and UTs on 29th July 2012 requesting for the names and contact details regarding the number of suicide cases that we received from NCRB from 2008-2010 and further provide any additional cases that took place in 2011-2012 including their names and details. Additionally, e-mails were sent to all the Headquarters as a reminder on 30th July 2012. However, no response was received from any of the Headquarters. The difficulty faced at this step was that the postal address and email addresses of the police Headquarters had to be obtained from the internet. The fact that most of these details were not compiled anywhere and not updated even on the website posed a problem as few of the letters posted to some States returned a number of times despite the address being the same as the one provided on the website. It was extremely time-consuming and disheartening to see the inefficiency of the States in managing proper information storage system.

Calls were made individually to the Headquarters to inquire about the same however; most of the State Headquarters were not very communicative. Some of the Headquarters that responded in a friendly manner seemed either reluctant to check for the data that was requested for or sounded completely oblivious to the fact that any letter had been sent to them requesting for the same.

Visit to Karnataka

Another experience with the Bangalore, DIG Headquarters on the 21st of December of 2012 was also unsuccessful as the investigator was asked to visit another day in order to give the office some time to compile the data and keep it ready. On the second visit, on 4th Jan, 2013, the investigator had to wait for 4 hours before permission was given to meet the DIG where, the request for the information was conveniently forgotten by the officer. The officer then directed the investigator from the Law and Order branch to the Crimes branch; from thereon, to the Finance branch and then to all other branches one after the other. However, no data was found and the office seemed to be very unaware about the existence of Suicide issue among Police Personnel. The investigator was then reluctantly asked to leave an application listing all the data requirements and also assured that there is an extremely low probability of them being able to reply to the same with any substantial data. In many cases as this, although the Department was on their toes to cooperate with us, the lack of organized data storage system and awareness among the police officials prevented them from contributing to the data collection.

While there were some State Police Departments which were both reluctant and suspicious to give out data or were unable to provide data, there were others such as the Ratlam Police Department, Punjab HQ, Haryana HQ and Chandigarh Police HQ, who very cooperative and accommodating. They willingly provided the data that was being sought for. Also, the State Government of Tamil Nadu was more than willing to provide the data and kept responding to our RTIs and letters with more data each

time. However, one important incident observed regarding the State of Tamil Nadu was that along with numerous details of the suicide cases, they also sent certain information regarding the “parliamentary question about temples” assuming that the calls were from the Ministry of Home Affairs. This shows the level of their awareness even after having received numerous letters and emails informing them about this Project.

Initially, the aim was to target the States with the highest number of police suicides. Second way to distribute the resources was to base the distribution based on geographical location of these States. An attempt was made in even drawing a relation between the rate of crime in the States and the number of police suicides. Another factor that was sought was to include the relation between the total area of the State, number of police personnel recruited, and the number of suicides. However, because of the lack of responses from most of the States and insufficient nature of the information they provided, the options were narrowed down to a great extent.

Right to Information

The next step was to send Right to Information Applications (hereafter, RTIs) to various States, and anticipate a response from these States. RTIs were sent to various States, and most of them responded. However, the answers that were received only added to the already existing confusion. The number of suicides given by the State Police Public Information Officers did not match with the number provided by the NCRB. Many States even stated that no police personnel had committed suicide, while data from NCRB stated otherwise.

While one would expect RTIs to be an easy way to answers, it posed to be quite troublesome. Some of the responses were written in hand, and were illegible. Others were in regional languages, and had to be translated with the help of translators. Again the effort was hardly helpful as the translated version revealed very little or no information at all regarding the address of the family of the deceased. Hand

written reports posed a huge problem. Apart from them, there were reports which ran into pages and only talked about reasons why the information may not be provided, or gave little information that could be made useful. The biggest problem with the States was the extreme delay in their replies. Many of them blatantly violated the 30-day time period, which has been provided as the maximum time allowed to reply to an RTI under Section 7 of The Right to Information Act, 2005. Even with all the delays, New Delhi and Tamil Nadu presented with the most satisfactory response, as these were the States with the most number of RTI responses.

According to the data provided to us by the NCRB, Maharashtra recorded the maximum number of suicides. However, responses from Maharashtra were least satisfactory. They were of no help, and despite continuous efforts, no data was received from that State.

Based on all the above and various other experiences, the difficulties that were faced while obtaining information from different States were:

1. Reluctance to provide information as they did not wish to admit the existence of suicide cases among police personnel;
2. Lack of acceptance of the social investigators
3. Inability to provide information due to lack of organizational set-up; and
4. Contradiction among the data received by various Governmental organizations regarding the same issue.

Since procuring information from the States was proving to be extremely difficult, the BPR&D was contacted and requested to help in data collection. The dates of dispatch of letter requesting for help was 3rd October 2012 for which BPR&D sent a letter to all Police Head Quarters requesting their cooperation in the project on 19th October 2012. Another letter requesting for help was sent to BPR&D on 18th October 2012 and the reply for the same to all States was sent by BPR&D on 2nd January 2013.

These kind of delayed responses from the States as well as BPR&D have also contributed for not being able to reach up to the committed sample size.

TESTS AND TOOLS

Two tools were formulated: an open ended interview schedule that was used by the social investigators to interview the respondents and a multiple response questionnaire. Qualitative responses were collected from the respondents and the same was filled in to the multiple response questionnaires. Secondly, both the tools were formulated in such a manner that they could be used to interview either families or the colleagues of the deceased.

Interview Schedule

An open ended interview schedule with ten questions was formulated in such a manner that the same could be used for families as well as the colleagues.

Questionnaire

The Questionnaire was devised on the basis of the initial research, and other factors like the guidance of trained psychologists. It was a tool used for the collection of primary data from the families and colleagues of the deceased, so as to paint a complete picture of the circumstances wherein the mishap occurred. The Questionnaire contained 75 questions that covered all aspects of a person's life – occupational, personal and marital life, along with his personality traits. A lot of effort was put into drafting the tool, to explore all aspects of the deceased's life in order to gain insight into various attributes of his life with the aim to study all aspects of his life style in an unbiased manner. This was done so as to give a holistic picture of his life, with the objective of deducing the causes of his tragic end and to devise suggestions from the analysis of the same to prevent such occurrences in the Police community.

The methods of conducting interviews were based on the information available through the secondary data and the feasibility of the method. For instance, the families who could be contacted through the telephone were not put into the slots of personal visits category. Phone calls were preferred over personal visits since the former was less time consuming and travel expenses were avoided. Personal visits and telephonic interviews took place simultaneously as some social investigators travelled and others handled phone calls. The interviews spanned over a period of three months from September to December 2012.

The collected data was classified as quantitative and qualitative data and the former was coded and analyzed and represented through graphical illustrations. The qualitative data was tabulated as well as elaborately analyzed with the help of case illustrations.

Pilot test

The first seven interviews conducted were treated as a pilot test. These allowed us to tweak the Questionnaire in various ways so as to tailor it to the needs of the interviewers and the interviewed. The tailoring included a few changes in the questions related to personality and some other small changes in the questions about addiction. There were no substantial changes made to the Questionnaire. However, the samples obtained during the pilot test were also included in the final sample size.

PROCEDURE

First Stage

The First Stage, Preparation, encompassed an elaborate Review of literature on the subject of Police Suicide. Various aspects of suicides occurring in India and around the world were analyzed, with special emphasis on Suicides by Police Personnel. This analysis was an important part of the study, since it helped to formulate a preliminary picture of what to expect during the course of the study. This

study helped us to understand that very little research had been conducted in the field of Indian Police Suicide. This research further added to the motivation of the researchers to conduct the study in a very scientific manner as it emphasized the importance of a study that had been undertaken in a field that had not been traversed much till date by other researchers. It also helped in formulation of the Questionnaire, the tool used for data collection.

Second Stage

The next stage was to obtain the actual data that would help us base out conclusions and recommendations on. There are two types of data segregated on the basis of their origin-Secondary data and primary data. Primary data is the information acquired by the researchers from the primary source of such information. Information obtained from telephonic and personal interviews fall within primary data collection. Secondary data, as the name suggests, is data acquired by the researchers indirectly from secondary sources. In the present project, NCRB report and Government records by default fall under secondary data collection. Primary data is one of the most important tools for any research project. However, secondary data is also important to build a foundation to work further. Without secondary data there would not be any information to attain primary data from.

Due to various challenges elucidated through this and the following sections, even with our constant probing and efforts being put to obtain data, our sample size was reduced to just 33. The same is reflected in figure 5 given below. This, according to the authors, has been a great hurdle in this study and dealing with these issues should be given paramount importance.

FIGURE 5: DEPICTION OF DATA RECEIVED FROM NCRB AND VARIOUS STATE HEADQUARTERS

S.No.	State	Mode of Communication	Received letter Dated	Department	Data Received (add the person without the name)	Reason given/ explanation provided or direction given	Traceable	Whether traceable	Whether Phone no. provided	Whether traceable
1	Delhi	RTI on 05/09/2012	11/29/2012	PIO, Central District	Nil		N/A	N/A	N/A	N/A
			11/2/2012	Add. DCP, South West	Nil	Information already supplied	NO	N/A	NO	N/A
			19/10/2012	Asst. CP, Crime Branch	Nil	No police person has committed suicide from 2008 to 2012	NO	NO	NO	NO
			19/10/2012	Add. DCP, East District	Nil	"As per report received from all concerned"	NO	NO	NO	NO
			18/10/2012	Add. DCP, New Delhi District	2009 to 2012 - 3 personnel - with address and telephone number	Directed PIOs of South and West to send inquest reports	YES	YES	NO	N/A
							YES	YES	YES	YES
							YES	YES	YES	YES
			18/10/2012	Add.DCP, Outer District Puspanjali	Nil	Collect information personally /through postal order/Inability to pursue further	N/A	N/A	N/A	N/A
			18/10/2012	Add. DCP, West District	2009 - 1 2012 (till June) - 2		YES	YES	NO	N/A
							YES	YES	NO	N/A
YES	YES	NO					N/A			
18/10/2012	Central District	Nil	No police person has committed suicide	N/A	N/A	NO	N/A			

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			from 2008 to June 2012				
10/17/2012	PIO, ADCP, South East District	2008 - 1		NO	N/A	NO	N/A
10/17/2012	Add. DCP, North District	2011 - 2	"Address, contact no. and other details no longer hold public interest"	NO	N/A	NO	N/A
16/10/2012	DCP, 2 nd BN. DP	Nil	Came into existence in Sep 2011	NO	N/A	NO	N/A
15/10/2012	Add. DCP, South District	2011 - 1		YES	NO	YES	NO
12/10/2012	Add. DCP, South West District	2010 - 2		YES	YES	NO	N/A
				YES	NO	NO	N/A
11/10/2012	Add. DCP, North West District	2011 - 1	Related to personal information, exempted under S. 8 (1)(J) of RTI Act 2005	N/A	N/A	N/A	N/A
11/10/2012	Addl. Dy. CP, Police Unit for Women and Children	2010 - 1		YES	YES	YES	NO
10/11/2012	Dy. CP, IGI Airport	Nil	"Information received through ACP?HQ/IGIA"	N/A	N/A	N/A	N/A
10/10/2012	Add. Dy. CP, North East District	2009 - 1	Inquest report attached	YES	YES	NO	N/A
10/10/2012	Add, Dy, CP, Police Control Room	Nil	Collect information personally/ Didn't pursue further	N/A	N/A	N/A	N/A

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"	10/10/2012	Asst. CP, HQ, Crime	Nil	No police person has committed suicide from 2008 to 2012. Principal supplier of Information - Incharge Establishment Brach, Crime and Railways.	N/A	N/A	N/A	N/A
	10/10/2012	Dy. CP, Special Branch	Nil	No police person has committed suicide from 2008 to 2012.	N/A	N/A	N/A	N/A
	10/10/2012	Dy. CP, Traffic, HQ	Nil	"As per available records of this office"	N/A	N/A	N/A	N/A
	10/8/2012	Dy. CP, Police HQ	Nil	"As the matter does not pertain to Delhi Headquarters"	N/A	N/A	N/A	N/A
	10/5/2012	DCP, Establishment PHQ	Nil	"On the basis of report received"	N/A	N/A	N/A	N/A
	10/5/2012	DCP, 11th and 15th Bn. DAP	Nil	None provided	N/A	N/A	N/A	N/A
	10/4/2012	DCP, 3rd Bn. DAP	2008 -1 (without address and telephone no.)	Contact the wife who a HC, her data given	NO	N/A	NO	N/A
	10/3/2012	DCP, Police Tanning College	Nil	No police person has committed suicide from 2008 to 2012.	N/A	N/A	N/A	N/A
	10/1/2012	DCP, Security (HQ)	2010 - 2		YES	NO	YES	NO
			2011 -1		YES	NO	YES	NO
			2012 -1		YES	NO	YES	NO
27/09/2012	DCP, Ist Bn.	2009 -2	"Inquest report not	YES	YES	YES	NO	

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	DAP	(address and telephone no.)	available in this office"				
		Mobile no. given but incomplete address		YES	NO	YES	NO
27/09/2012	DCP, Communication-s	Nil	Not provided	N/A	N/A	N/A	N/A
27/09/2012	DCP,Prov. Logistics	Nil	"Does not relate to this unit"	N/A	N/A	N/A	N/A
27/09/2012	Vigilance	Nil	Not Provided	N/A	N/A	N/A	N/A
26/09/2012	ACP, HQ – Rashtrapati Bhawan	2008 - 1 (address present, no phone no.)	Inquest report not available	YES	YES	NO	N/A
26/09/2012	Add. DCP, Licensing Unit	Nil	Came in 2009 after which no one has committed suicide	N/A	N/A	N/A	N/A
26/09/2012	DCP, 4th Bn. DAP	Nil	Came into existence in September 2011	N/A	N/A	N/A	N/A
25/09/2012	Anti Riot Cell	Nil	"Non - Sanctioned unit of Delhi Police therefore the allocated units/districts shall provide information"	N/A	N/A	N/A	N/A
	DCP, Special Task Force	Nil	"No one committed suicide"	N/A	N/A	N/A	N/A
25/09/2012	DCP, 7th Bn.	Nil	Not provided	N/A	N/A	N/A	N/A
21/09/2012	APIO, Recruitment Cell	Nil	Not an independent unit, therefore such matters are not dealt	N/A	N/A	N/A	N/A

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		By Mail	18/09/2012	DCP, Establishment		Forwarded to all the districts and Units	N/A	N/A	N/A	N/A	
2	Tamil Nadu	RTI on 05/09/20 12	1/7/2013	PIO, ASP (Crime), Kanniyakumai	2008 - 1	Unclear Information	N/A	N/A	N/A	N/A	
					2010 - 2		N/A	N/A	N/A	N/A	
					2011 - 1		N/A	N/A	N/A	N/A	
							N/A	N/A	N/A	N/A	
			12/19/2012	Salem City	2011 - 1		Yes	Yes	No	N/A	
			11/22/2012	PIO, DCP, Crime and Traffic, Salem City							
				IP, Town Police Station, Salem City	Nil	No police person has committed suicide from 2008 to June 2012	N/A	N/A	N/A	N/A	
				IP, Shevapet Police Station, Salem City	Nil	No police person has committed suicide from 2008 to June 2012	N/A	N/A	N/A	N/A	
				IP, Annathanapatty Police Station, Salem City	Nil	No case registered	N/A	N/A	N/A	N/A	
				IP, KitchipalayamP olice Station, Salem City	Nil		N/A	N/A	N/A	N/A	
IP, All Women Police Station, Salem City	Nil	No police person has committed suicide from 2008 to June 2012		N/A	N/A	N/A	N/A				
IP, B6- Ammapat Police	Nil		N/A	N/A	N/A	N/A					

		Station, Salem City					
		IP, Kannankurichi Police Station, Salem City	Nil		N/A	N/A	N/A
		IP, Hasthampatty Police Station, Salem City	Nil		N/A	N/A	N/A
		SIP, All Women Police Station, Ammapet, Salem City	Nil		N/A	N/A	N/A
		IP, Pallapatty Police Station, Salem City	Nil		N/A	N/A	N/A
		IP, Alagapuran Police Station, Salem City	Nil		N/A	N/A	N/A
		IP, Sooramangalam Police Station, Salem City	Nil		N/A	N/A	N/A
	11/27/2012	PIO, ASP (Crime), Ramana -thapuram	2011 - 1		NO	N/A	NO
	11/21/2012	APIO, DSP, DCRB, Thanjavur	2008 - 1		YES	NO	NO
	11/5/2012	PIO, ASP (Crime), Theni Distt.	2010 - 1		NO	N/A	NO

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11/2/2012	Parasur	2008 - 1		YES	NO	NO	N/A
11/1/2012	Karur	2012 -1		YES	NO	NO	N/A
		2009 - 1		NO	N/A	NO	N/A
11/1/2012	Tiruppur	Nil	No police person has committed suicide from 2008 to 2010.	N/A	N/A	N/A	N/A
31/10/2012	Thirunelveli	Nil		N/A	N/A	N/A	N/A
18/10/2012	Madurai City	2008 - 2 (with post mortem certificate and autopsy report)		YES	Yes	Yes	Yes
		With inquest report		YES	Yes	NO	N/A
		2011 - 2		YES	Yes	NO	N/A
				YES	Yes	NO	N/A
10/25/2012	Perambalur		One missing person's information provided who was a police personnel	N/A	N/A	N/A	N/A
10/30/2012	DCP, DCRB, Salem District	Nil		N/A	N/A	N/A	N/A
10/29/2012	PIO, DCP, L&O, Tiruchirappalli City	2010 - 1		YES	NO	YES	YES
		2011- 3		YES	NO	YES	YES
				YES	NO	YES	
				YES	YES	YES	YES
29/10/2012	Thoothukudi Distt.	2011 -3 (two inquest reports provided)		YES	YES	No	N/A
				No	N/A	Yes	Yes
				YES	YES	No	N/A

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		2012 - 1 person (inquest report provided)		YES	NO	YES	YES
10/29/2012	APIO,DSP, DCRB, Nilgiris Distt.	2009 - 2		YES	YES	YES	No
				YES	YES	YES	No
10/24/2012	PIO, ASP, Cuddalore Distt.	Nil		N/A	N/A	N/A	N/A
10/22/2012	PIO, ASP, Kancheepuram	Nil		N/A	N/A	N/A	N/A
10/22/2012	ASP, Devala, the Nilgiris	Nil		N/A	N/A	N/A	N/A
22/10/2012	Dharmapuri District	2009 - 1		Yes	No	No	N/A
21/10/2012	Coimbatore City	2011 - 1					
19/10/2012	Thiruvarur	2009 - 1		Yes	Yes	YES	YES
		2012 - 1		Yes	Yes	YES	YES
10/17/2012	DSP, Pudukkottai	Nil	Nobody committed suicide	N/A	N/A	N/A	N/A
10/17/2012	IP, Kinathukadavu Circle, Kinathukadavu	Nil		N/A	N/A	N/A	N/A
10/17/2012	Thondmuthur P.S., Coimbatore Distt.	Nil		N/A	N/A	N/A	N/A
10/20/2012	Sulur P.S., Coimbatore Distt.	Nil		N/A	N/A	N/A	N/A
10/17/2012	IP, Madukkarai	Nil		N/A	N/A	N/A	N/A

		Police Station, Coimbatore Distt.						
	10/20/2012	IP, Perur Police Station, Coimbatore Distt.	Nil		N/A	N/A	N/A	N/A
	10/22/2012	IP, Thomdamuthur Circle, Vadavalli P.S., Coimbatore Distt.	Nil		N/A	N/A	N/A	N/A
	10/21/2012	IP, Pudumund P.S., Udhagamandala m, The Nigiris	Nil		N/A	N/A	N/A	N/A
	10/20/2012	IP, Anaimalai Circle	Nil		N/A	N/A	N/A	N/A
	10/13/2012	Nagapattinam	2010 - 1		Yes	Yes	No	N/A
2011 - 2				Yes	Yes	Yes	Yes	
				Yes	No	No	N/A	
	10/10/2012	DSP, Pollachi Sub-division, Pollachi	Nil		N/A	N/A	N/A	N/A
	9/28/2012	IP, Thudivalur P.S., Coimbatore Distt.	Nil		N/A	N/A	N/A	N/A
	9/28/2012	IP, Mettupalayam P.S., Coimbatore	Nil		N/A	N/A	N/A	N/A

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	Distt.						
10/11/2012	IP, Simomagin	Nil			N/A	N/A	N/A
10/11/2012	IP, Kovilpalayam P.S., Coimbatore	Nil			N/A	N/A	N/A
N/A	IP,Annur, Coimbatore Distt.	Nil			N/A	N/A	N/A
N/A	IP, Kanumathampat ti	Nil			N/A	N/A	N/A
10/6/2012	Cuddalore	Nil			N/A	N/A	N/A
10/4/2012	IP,P.N. Palayam P.S., Coimbatore Distt.	Nil			N/A	N/A	N/A
N/A	IP,Karamadai P.S., Coimbatore Distt.	Nil			N/A	N/A	N/A
16/10/2012	NamakkalDistt.	Namakkal District			YES	Yes	Yes
15/10/2012	Erode	Not pursued further			N/A	N/A	N/A
10/12/2012	DSP, Coonoor Sub-division	Nil			N/A	N/A	N/A
10/10/2012	Thiruvannamala i	Nil			N/A	N/A	N/A
10/8/2012	Vellore	2010 - 1			Yes	Yes	No
		2011 - 1			Yes	Yes	Yes
10/4/2012		obtain information			N/A	N/A	N/A

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

				directly - intimation sent. Not pursued further						
		10/3/2012	ThiruvallurDistt.	Nil		N/A	N/A	N/A	N/A	
		10/2/2012	Ariyur	2012 -1		Yes	No	Yes	Yes	
		10/1/2012	Madurai	2009 - 1		Yes	Yes	Yes	Yes	
				2010 - 1		No	N/A	No	N/A	
				2011 - 1		Yes	Yes	Yes	Yes	
		28/09/2012	MOB/SCRB	Nil	Not pursued further	N/A	N/A	N/A	N/A	
		25/09/2012	Sent to SCRB from IGP establishment	N/A		N/A	N/A	N/A	N/A	
		25/09/2012	transferred to PIO/DSP (MOB) by IGP (Headquarters)	N/A		N/A	N/A	N/A	N/A	
3	Himachal Pradesh	RTI on 05/09/20 12	26/09/2012	ASP, Solan	Nil	Not provided	N/A	N/A	N/A	N/A
			25/09/2012	ASP, Una	Nil	No suicide committed - according to all SHOs	N/A	N/A	N/A	N/A
			28/09/2012	ASP, Sirmour	Nil	As per the records no police personnel committed the suicide	N/A	N/A	N/A	N/A
			9/21/2012	PIO, ASP Dharamshala	Nil	As per the records no police personnel committed the suicide	N/A	N/A	N/A	N/A
			21/09/2012	SP, Baddi	Nil	No police persons committed suicide	N/A	N/A	N/A	N/A
			10/9/2012	ASP, Hamirpur	Nil	No police persons committed suicide	N/A	N/A	N/A	N/A
			18/09/2012	DSP, CID/	Nil	Year wise separate	N/A	N/A	N/A	N/A

			Crime		applications need to be sent					
			18/09/12	SP, Lahul and Spiti	Nil	No police persons committed suicide	N/A	N/A	N/A	N/A
			17/09/12	SP, Law and Order	Nil	Directing all SPs and state CDI to respond	N/A	N/A	N/A	N/A
4	Haryana	Fax	27/09/2010	DCP, Faribabad	2009 - telephone number provided and address incomplete		YES	NO	YES	YES
					2009 - Telephone number provided and address incomplete		YES	NO	YES	???
					2010 - Telephone number provided and address incomplete		YES	NO	YES	YES
					2011 - Telephone number provided and address incomplete		YES	NO	YES	?
					2012 - Telephone number		YES	NO	YES	YES

				provided and address incomplete					
				2009 - Telephone number provided and address incomplete		YES	NO	NO	N/A
				2009 - Telephone number provided and address incomplete		YES	YES	NO	N/A
				2010 - Telephone number provided and address incomplete		YES	NO	NO	N/A
		Personally							
5	Madhya Pradesh	Fax	31/08/2012	ADGP, SCRB	2008 - 9	N/A	N/A	N/A	N/A
2009 - 31					N/A	N/A	N/A	N/A	
2010 - 5					N/A	N/A	N/A	N/A	
2011 - 2					N/A	N/A	N/A	N/A	
but no data provided					N/A	N/A	N/A	N/A	
(in Hindi) Year not given - Incomplete address		YES	NO	YES	YES				
	By Mail		9/5/2012	SP, Panna	(in Hindi)	YES	NO	YES	YES

					Year not given - Incomplete address					
		RTI	10/11/2012	APIO, Madhya Pradesh	Nil	Asked to send individual RTI's to District Police Dept./ Not pursued further	N/A	N/A	N/A	N/A
6	Tripura	In person	N/A		2009	PHQ - transferred it and then sent it.	NO	N/A	YES	NO
					2009		YES	NO	YES	NO
					2010		YES	NO	YES	NO
					2010		YES	NO	YES	NO
					2010		YES	NO	YES	NO
					2010		NO	N/A	YES	NO
					2011		YES	NO	YES	NO
		By Mail						YES	NO	NO
	RTI on 05/09/2012	10/8/2012	AIG, PHQ ,Agartala, Tripura	Nil	transfer of request for information	N/A	N/A	N/A	N/A	
7	Kerala	Letter	11/26/2012	State Police Chief	Nil	Forwarded to IGP, SCRB	N/A	N/A	N/A	N/A
			10/12/2012	SPIO, SCRB	Nil	Make application to individual police districts/ Didn't pursue further	N/A	N/A	N/A	N/A
		RTI on 05/09/2012	19/09/2012	SPIO, PHeadquarters	Nil	Not present at Headquarters and get it from the districts/ Didn't pursue further	N/A	N/A	N/A	N/A
8	Punjab	In person	9/5/2012	CPHQ	Incomplete address		YES	NO	NO	N/A

				No address or contact detail	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A
				Incomplete address and no telephone number	YES	NO	NO	N/A

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				Armed Forces	Complete address no telephone		YES	YES	NO	N/A
				Armed Forces	Complete address but no telephone		YES	YES	NO	N/A
				Armed Forces	Incomplete address and no telephone number		YES	NO	NO	N/A
				Armed Forces	Incomplete address and telephone		YES	YES	NO	N/A
9	Chandigarh	In person	6/9/2012	CPHQ	One case with address and telephone number	Only so many present	YES	YES	YES	YES
10	Karnataka	RTI on 05/09/2012	15/09/2012	SP, PRO	Nil	SP, PRO forwarded to Asst. PIO & Dy. SP Crime	N/A	N/A	N/A	N/A
11	Maharashtra	RTI on 05/09/2012	17/09/2012	DAIGP, Crime	Nil	Information not available on office record. Available with the individual Police Unit Offices, therefore contact them. Attached list of unit offices.	N/A	N/A	N/A	N/A
			12/29/2012	SP, Railways, Pune	Nil		N/A	N/A	N/A	N/A
			1/3/2013	ACP, Crime	2008 - 1		NO	N/A	YES	???

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				Branch, Navi Mumbai	2010 - 1		NO	N/A	NO	N/A
			1/3/2013	SP, Bhandara	Nil		N/A	N/A	N/A	N/A
			1/4/2013	SP, Dhule	Nil		N/A	N/A	N/A	N/A
			1/8/2013	SP, Jalna	Nil		N/A	N/A	N/A	N/A
			00/01/2013	SP, Osmanabad	2010 - 1		YES	NO	NO	N/A
		Fax	1/10/2013	SP, Buldana	Nil		N/A	N/A	N/A	N/A
12	Manipur	Telephonic	5/10/2012	Registrar Guahati HC	2009 - No contact details		NO	N/A	NO	N/A
13	Meghalaya	Fax	29/07/2012		No contact details	Matter under inquiry	NO	N/A	NO	N/A
							NO	N/A	NO	N/A
							NO	N/A	NO	N/A
							NO	N/A	NO	N/A
							YES	NO	NO	N/A
							NO	N/A	NO	N/A
		In Person					NO	N/A	NO	N/A

Phase II – Primary data

As the responses started flowing in from different States and Union Territories, the data was first segregated on the basis of its nature. If valid telephone number of the respondents were provided, then they were telephonically interviewed and where the details of the residence were given, personal interviews were conducted. Data was also segregated on the basis of accessibility. In some cases, there were incomplete residence addresses and some others had residence addresses directing us to different corners of the country for each respondent. This would have been extremely cumbersome and time consuming and the possibility of obtaining successful results after making an effort to personally seek them was unknown. In these cases, the respondents were telephonically interviewed. However, neither was easier than the other. Each interviewer was trained for several months to conduct the interviews in professional manner. They were also well equipped with techniques to bring the situation back to normal when it went out of hand emotionally. The information being probed for was extremely sensitive in nature and there was a very high probability of the respondents emotionally breaking down. It was in the hands of the Interviewers to console them and show them some hope. Although, the main aim was to retrieve as much information as possible, personal care was taken to ensure that the sentiments of the respondents were not hurt in any manner. This project was initiated in order to help the situation, to ensure that the number of suicide cases reduced amongst the Police personnel. However, in order to achieve this aim, emotions of the people who are survived by the deceased could not be hurt. Extra care was taken to ensure that respondents were firstly well acquainted with the purpose of the interview and secondly, not be compelled to give out any information that they did not feel comfortable sharing. Admittedly, conducting of interviews both over the telephone and face-to-face, proved to be the most taxing stage of the project physically, mentally and emotionally.

In cases where the contact details of the families were not provided, instead the contact details of the subordinates of colleagues were given, they were interviewed to gain information about the deceased.

1. Telephonic Interviews

Prior to an interview by this mode of communication, a lot of time had to be spent on the pre-interview preparation. Interviewers had to create a flow of questions constituting all the variables to cover every aspect of the questionnaire. This is an extremely important step, as important if not more important than the actual interview itself. In a personal interview, the interviewer can amend the questions based on reactions but when on the telephone, communication itself becomes very strained and therefore, taking a lead becomes even more important in order to cover all the aspects.

Phone calls were advantageous in a number of ways – firstly, many families could be approached in one day, and the method was economizing as time and money travelling was saved. Secondly, the States which were geographically isolated, or were very far away could be covered through phone calls. The families of the deceased and some colleagues in certain cases were contacted. The phone numbers were received in response to the letters that had been sent, including the RTIs.

Phone calls were not easy all the time. There were many cases from the North-East where language proved to be a huge barrier. Some of the respondents had to look for someone who understood the language being communicated in to provide the information. Apart from the language barrier, another problem faced was unwillingness of the family members to provide any information about the incident. It was assumed that either the incident was too stigmatizing for them, or that they did not trust the caller. While some passed it off as a “prank call”, some were too skeptical to say anything. Because of these reasons, it became very difficult to connect with them and talk on a personal level. On many occasions, a lot of time had to be spent to gain their trust before commencing the actual interview. Some of them opened up and answered few of our questions after a lot of coaxing and repeated assurances of confidentiality. In a few instances, they mistook the investigators to be Government

officials and constantly asked for help in resolving the case of suicide, which they felt, was not actually suicide. Also, sometimes, the contact details that were given were of no use due to them being wrong, incomplete or in some cases, outdated as the families had moved somewhere else.

The main difficulty with telephonic interviews that was noticed as interviewers is that it is extremely difficult to gain the trust of the respondent over such a brief conversation. Therefore, ample time was given to each respondent in order to firstly make them feel comfortable talking and secondly, to gain the trust that is required for them to provide certain personal information.

In some cases, the respondents got aggressive and clearly indicated that they did not wish to share any information. In some others, the respondents refused to identify themselves with the deceased who was actually a part of their family. Some other respondents refused to give out any information due to the anger and distrust they had for the Government for not having approached them earlier or not having taken any step to make things better even after approaching them for the same information over and over again. In almost all the cases, the respondents seemed broken at the thought of being reminded about the traumatizing incident of losing a family member who was, in most of the cases, the sole bread-earner of the family. Understandably, it was the most difficult time for them, emotionally, mentally, socially and financially. Having to relive that incident over and over again before strangers, who keep assuring them that help will be provided, might not have been an easy task. On a much brighter note for the interviewers, many of them were readily willing to provide information with a faith that the Government will soon be able to help them in some manner. A few of them even made an attempt to contact the interviewers again and inquire about the progress of the Project and regarding when the Government will provide support to the family of the deceased.

There was also a widespread contradiction in the data provided by the States as in some cases, the person who was presumed to have committed suicide was still alive and back on duty. After having a

conversation for about 5 -10 minutes explaining the purpose of the project and intention of the Government, the respondent informed the investigator that the person in discussion would be on duty and could be contacted directly. This was extremely shocking for the interviewers as the thought of such contradiction in the data held by the State Government was appalling.

2. Personal Interviews

Personal interviews seemed to be easier to conduct as compared to telephonic interviews. However, it proved to be even more challenging. Even in case of personal interviews, the pre-interview preparation was done for several weeks. Personal interviews were conducted only in a few States such as New Delhi, Tamil Nadu, Chandigarh and Ratlam in Madhya Pradesh.

Visit to Chandigarh

In relation to interviews from family, friends and/or colleagues of the deceased, Chandigarh was the first attempt. This visit served dual purpose-along with collecting secondary data from the Chandigarh Police Headquarters, the investigator also paid a visit to the family of a deceased in Chandigarh. The Headquarters provided the investigator with one complete address and the respondents willingly participated in the study. The family was overwhelmed when they were informed of the purpose of the visit, and how the study sought to come up with suggestions which would be presented to the Ministry of Home Affairs through this medium, and which would help in evading such incidents from happening with other police personnel. A fact to be noted here was that according to NCRB data, no suicides had taken place in Chandigarh during that period.

Visits to Delhi

Keeping in mind the problems that were faced while talking to the families on telephone and a better reception when a visit was made to Chandigarh, personal visits were made by the investigators to

nearby regions, such as Delhi and NCR. However, visiting families in Delhi was not an easy task either. The addresses that were provided were scattered in different directions. To be able to get maximum number of interviews in one visit required the investigators to map out all the addresses and then approach the areas with the biggest cluster of addresses first. Some of these areas were not accessible by metros, and were very far away from the main city. Keeping in mind the security of the female investigators, a unanimous decision was taken to contact these families over phone only.

Covering Delhi addresses was a very time-consuming job. Where metro helped save some time, searching for these addresses nullified the saved up time. In some instances, after searching for an address for almost an hour, the address turned out to be incorrect or incomplete. In some cases, the families had moved out. In one instance, a social investigator set out with an aim to meet five families in one day but returned empty handed as all the five addresses were incorrect.

Visit to Chennai

Visit to Chennai proved disappointing for the social investigators as most of the addresses provided were outdated and the families had moved out and their new address was not known to their old neighbors. The old neighbors too were not helpful as they refused to respond to questions. Only one respondent could be contacted. The irony in this case was that this interview was conducted based on the personal contact of the social investigator whereas this personnel's name did not reflect in the list of police personnel who committed suicide in Tamil Nadu provided by the Tamil Nadu State Police Headquarters.

As far as contacting the superiors/ subordinates/ peers of the deceased was concerned, the social investigators faced a total failure as officials were transferred; retired; unavailable; the last posting of the deceased was in a different town/ district and not easily reachable; the present personnel were not

able to provide contact details at all. As a result, the data collection was limited to collecting information from the relatives of the deceased.

Visit to Madhya Pradesh

Mr. Ashwani Kumar had called the Superintendent of Police (hereinafter, SP) in Ratlam, and informed him about the project. The SP was extremely busy during January 2013, and therefore he redirected the social investigator to meet the Deputy Superintendent of Police (hereinafter, DSP). The investigator met the DSP on the 27th of January. He was very cooperative and within 45 minutes he gave the investigator addresses and phone numbers for 5 police personnel who had committed suicide in the past decade. The second stage was to find these homes and contact the families. The first place the investigator visited was the Police Line in Ratlam. She was given to understand that three of the five families had a younger brother or a son of the victim working for the police force under the “*Anukampa*” program. Family members were easy to talk to and gave out information readily. They truly believed that something good will come out of this project which would help them and their families sustain themselves. One of the families had relocated to Ujjain, and it was not possible to contact them, yet the investigator got a little information about him from his colleagues. One of the families had lost the only earning member in the house, and just 5 months before the interview took place. The wife was constantly crying and the daughter seemed hopeless and disheartened. It was emotionally taxing to talk to this family. The wife blamed the system for her plight. The experience in Ratlam was thus bitter-sweet. The Madhya Pradesh State Crime Record Bureau (hereinafter, SCRB) provided with details which showed that there had been 13 suicides in the district of Gwalior in the span of five years. However, when a personal visit was made to Gwalior, although the DIG was extremely courteous, the department was unable to provide any details as they had no information themselves.

Visit to Uttar Pradesh

Visit to Lucknow proved completely futile, as firstly the Headquarters were not clear as to the office from which they could retrieve data. However after three weeks they sent a list of 18 suicide victims but none of them had any contact number or address and hence could not be contacted.

Visit to Haryana and Punjab

A visit to Haryana Police Headquarters, at the outset seemed successful as the officials provided the investigator with 3 addresses in different districts. However, later on clarification, it was found that all the three were not traceable as they were incomplete addresses. Punjab visit was also in vain as the Punjab Headquarters promised to get back with the information but did not respond after that.

In a nutshell, the challenges that were faced while personally interviewing people-firstly, many of the addresses were outdated and respondents had moved out of the residence address which was provided on the Government records. Secondly, many of the contact details were incomplete and when the interviewers went to find the address it took them on an average, an entire day to find one address and interview the residents as they were completely scattered all over the State. Thirdly, the areas in which the respondents resided had very narrow paths leading to it and therefore, most of the times, the interviewers had to search the address on foot for hours together. Fourthly, the interviews proved to be very emotionally and mentally straining as the event in question was a very sensitive one and in most of the cases, the respondents emotionally broke down and the interviewers were lost in consoling them to bring the situation back under control. In doing so, very understandably, their focus shifted for a while from obtaining information to reassuring the family members. Despite all the difficulties, many of the respondents were very cooperative and provided as much information as they felt comfortable

sharing. Again, personal care was taken to ensure not to intrude in to their private sphere thus making them feel uncomfortable.

Other Challenges

In addition to these problems that were faced while compiling data, there were other challenges that had to be dealt with throughout the process of data collection:

- Continuous delegation

In response to calls and visits made to different Police HQ seeking initial information, the officials were continuously directing the caller or the visitor from one branch to another; one office to another. This led to a lot of delay in data collection and subsequently the project as a whole. Also, in response to RTIs, many States delegated them to other departments or to different districts which led to a delay in the responses received from respective districts. Further, some States kept responding to RTIs with additional details for several months. For instance, Tamil Nadu sent responses all the way till January 2013 i.e. even after the process of interview was completed. The investigators had to extend the time line for interviewing in order to incorporate the data provided late which again led to a delay in the completion of the project.

- Contradiction in the data received

There was a widespread contradiction in the records provided by NCRB and the record provided by the respective State Governments despite the fact that NCRB claimed to have received the information that it has from the State Government them. We were unable to find the link as to how the NCRB received the number of Suicide cases whereas, many States claimed that it did not have any suicide cases among their State Police Personnel or that they had never sent any such information to NCRB. In addition to

this shocking piece of information unearthed by the investigators, the Police Departments were unwilling, in most of the cases unable, to inquire further and provide the link to us.

Another discrepancy between the facts and records that we came across was during the interviews were in a few cases we realized that the person declared to be dead according to the details given by State department turned out to be alive and back on duty upon interviewing their respective colleagues. Also, in a number of cases where the Government records show that death was caused by commission of suicide, respective family members were convinced that they were not suicide cases. Two of them claimed that it was an accident while one other claimed that it was a murder. Such contradictions, according to us, need to be dealt with immediately with utmost care being taken while doing so, as this shows the abysmal condition and archaic methods State Police departments in the Country.

The Project started with the aim of conducting 250 interviews, but due to the lack of response from States, we could only compile a list of 100 contact details. Out of these, only 45 addresses and contact details could actually be traced. Even from these, only 33 families were willing to talk about the incident involving the suicide of their family member. Thus it can be pointed out that the level of difficulty and importance of acquiring secondary data for a project is extremely high.

Third Stage

The third and the final stage of conducting the Study is the Data Analysis. After much effort we received complete information about 33 police personnel from all over India. This data was then converted into tables and analyzed by a statistician. The results and further analysis of the same constitutes the most important part of this report. This analysis has helped us conclude what the major reasons behind police personnel's suicides are. The same is discussed in detail in the latter part of this report.

Statistical Analysis

The statistical analysis of the data involved the conversion of qualitative data collected through the questionnaire to quantitative data, eventually represented in the form of charts in this report.

Qualitative research is a type of scientific research. In general terms, scientific research consists of an investigation that:

- seeks answers to a question
- Systematically uses a predefined set of procedures to answer the question
- collects evidence
- produces findings that were not determined in advance
- produces findings that are applicable beyond the immediate boundaries of the study

Qualitative research shares these characteristics. Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations.

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent. When used along with quantitative methods, qualitative research can help us to interpret and better understand the complex reality of a given situation and the implications of quantitative data.

Thus all the subjective responses to the questions in the questionnaire were extremely helpful in understanding the deep and pervasive underpinnings of the professional world and its connection to the private life of these police personnel. Yet to form a holistic picture this was converted to a quantitative format in the form of charts. These charts are the basis for all the conclusions drawn and the recommendations made in the report along with the Review of literature and the qualitative data described above.

The data was both in the form of single and multiple responses. This means that some questions had more than one response and thus the procedure for converting such data into charts was different. The distinction between the two categories allowed us to have a more accurate analysis of the data obtained. The statistical analysis was an important part of the project and was handled by a professional statistician.

CHAPTER IV

RESULTS

With the alarming rate in increase of suicide cases, it has become one of the most serious concerns. According to the NCRB, 372 people commit suicide every day. Understanding the psychology of a victim who has committed suicide is essential as it will provide us with answers as to the mind set and/or personality of the individual. The knowledge of the same will enable us to plan strategies to prevent such cases through suitable techniques.

The recent years has witnessed a spate of suicides amongst the armed forces in general and the police forces in particular. While it is widely believed that they experience stress due to various reasons, both personal and professional, it is imperative to determine the underlying cause in order to provide suggestions to prevent the same. The study has suggested that poor mental health and lack of facility to avail mental health help may be considered as the basic causes of suicide. The conclusions reflect the suggestions put forth to contain suicide among the police personnel.

Analysis of the data has been categorized into multiple categories for better understanding:

1. Gender and Age

Based on the results, it is inferred that more than 1/3rd (34.78%) of the police personnel who committed suicide were above the age of 41. Although this may not be considered as a majority, based on the graphical representation, it may be inferred that police men above 36 years of age are more prone to committing suicide as the graph shows 26.09% of the deceased belong to the age group of 36-40. On the whole, 60.87% of the deceased were over 36 years of age.

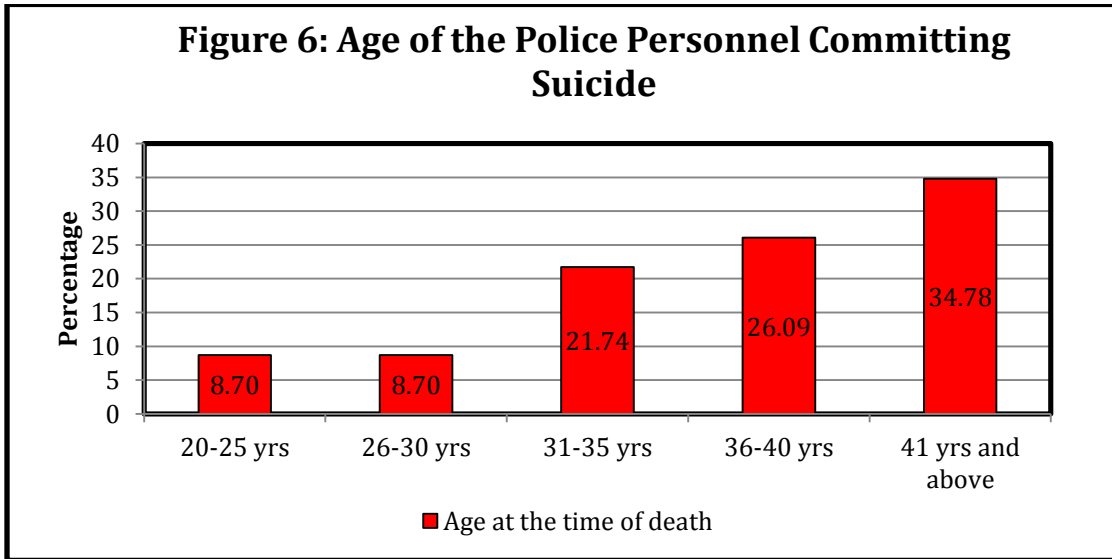
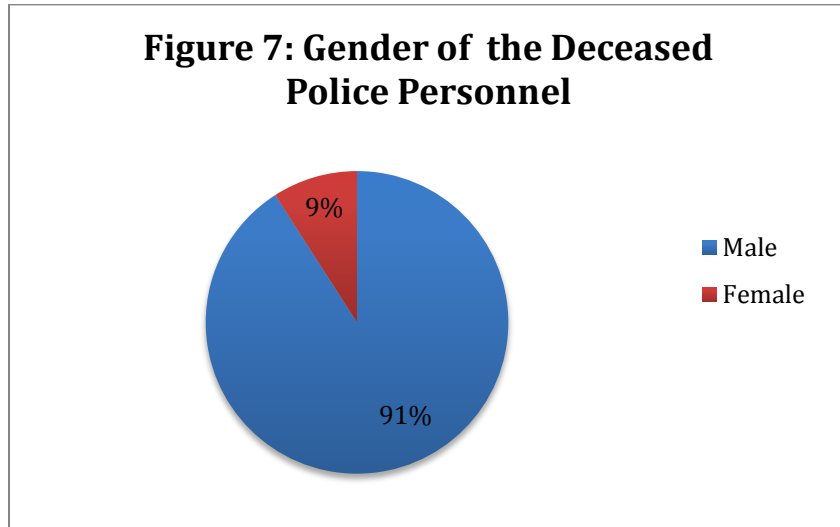


Figure 7 provides us with the comparative data in terms of the gender of the subject. Only 9% of them were women over the 91% of them who were men. But at the same time the percentage of women in the Indian Police Forces is only 3.98%. Out of the thirty three (33) samples, three (3) were women, amounting to 9%. While two killed themselves for personal reasons as in death of father and sister within a short period of time and defamation of brother and harassment related to the same, cause of death of the third was unknown and the family did not expect such a step as they felt everything was fine in her life. Keeping this in mind, it is indeed alarming that the proportion of women police committing suicide is high. However, it is also heartening to note that the cause of suicide in these cases was not related to harassment at work place. However, it is very pertinent that the cause for women police committing suicide be explored, possibly under another study that focuses only on suicide of women police in particular.

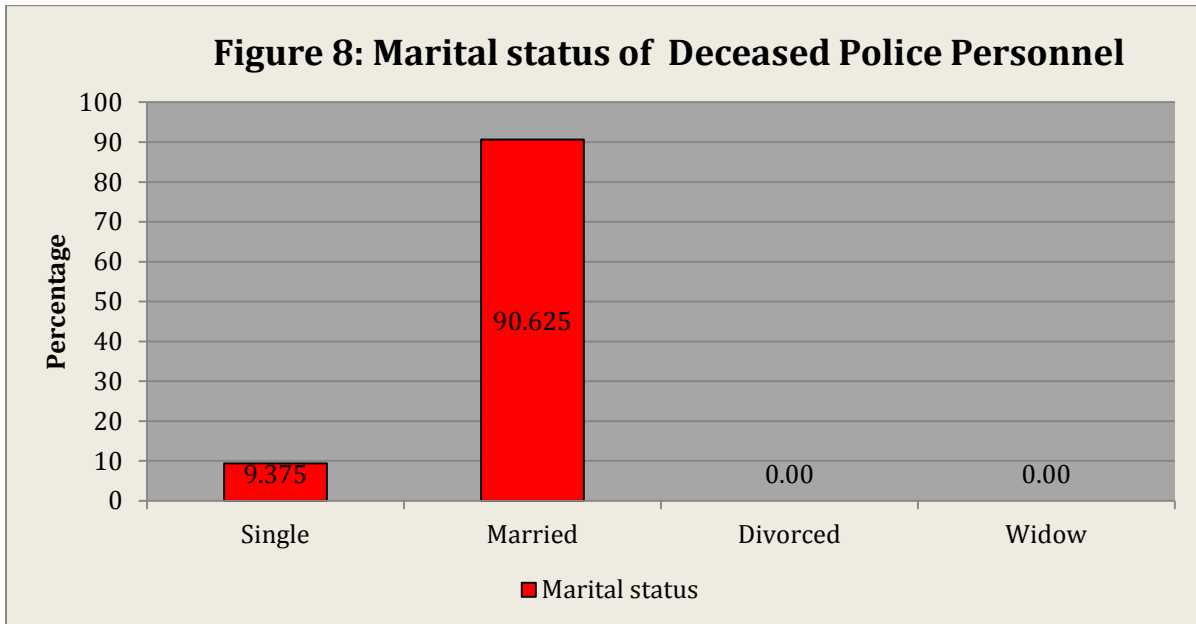
Figure 7: Gender of the Deceased Police Personnel



2. Interpersonal Family relations

90.62 % of the personnel who committed suicide were married. None of the respondents had separated or divorced. The rest, 9.01 % were unmarried. Figure 9 provides us with the number of family members in the family. Results show that almost 60% of the individuals who committed suicide had a nuclear sized family with a spouse and two children.

Figure 8: Marital status of Deceased Police Personnel



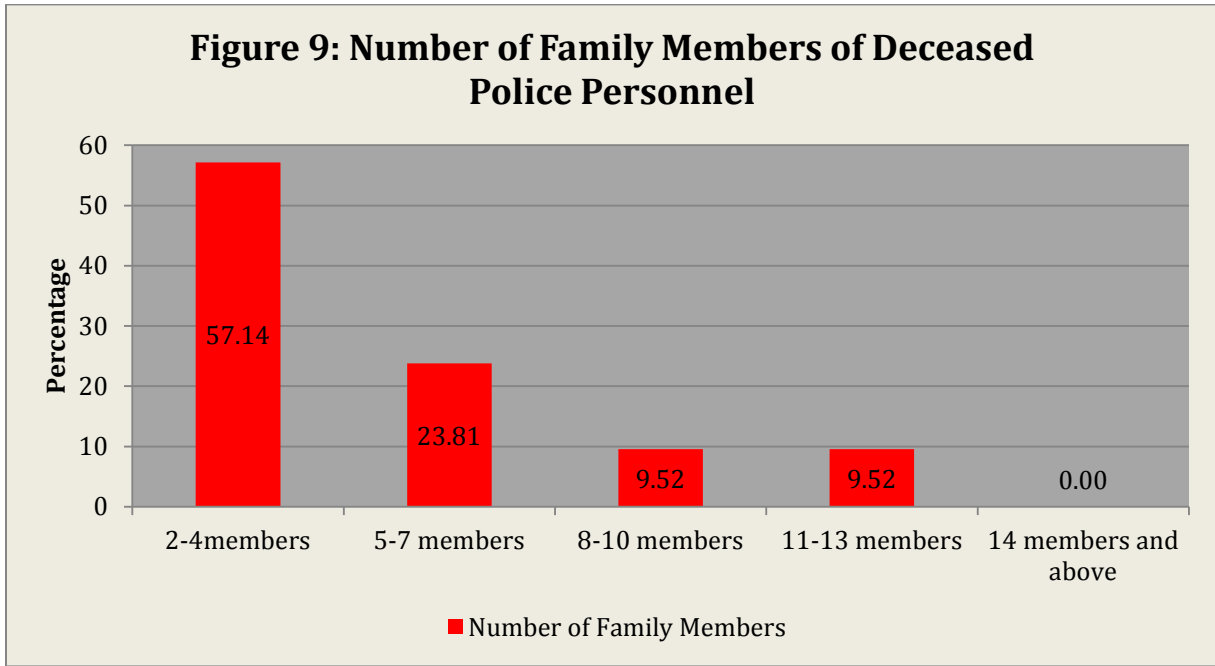


Figure 10 provided us with data on the relationships the deceased had with their parents. An overall picture from the responses that one was provided was surprisingly one where out of the ones who did respond (60% of them chose to respond to the data) around 80% of them still either maintained healthy or close relationships with their parents.

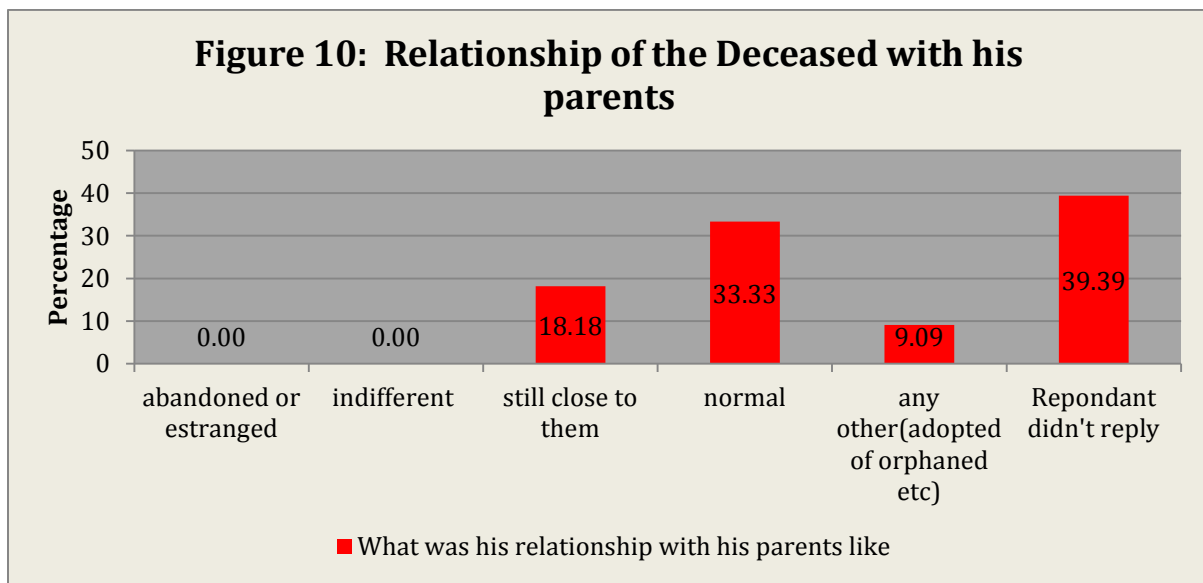
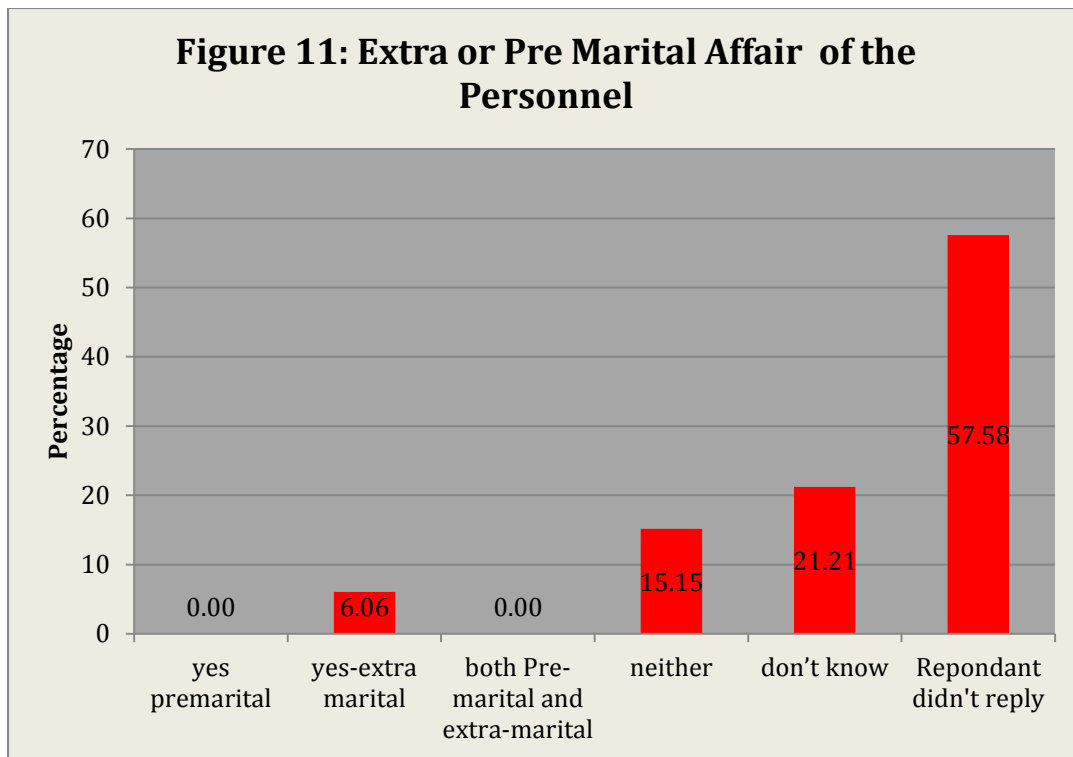
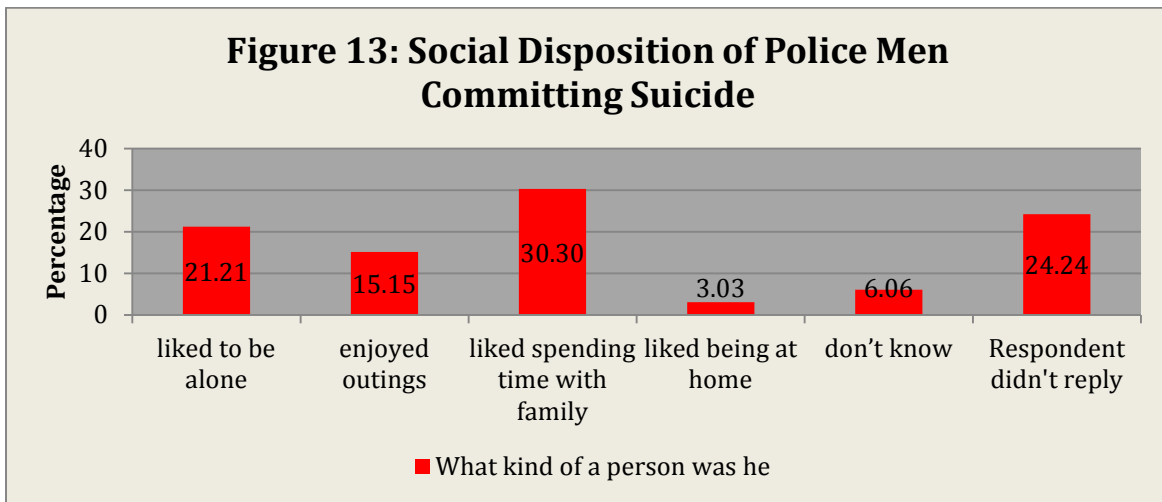
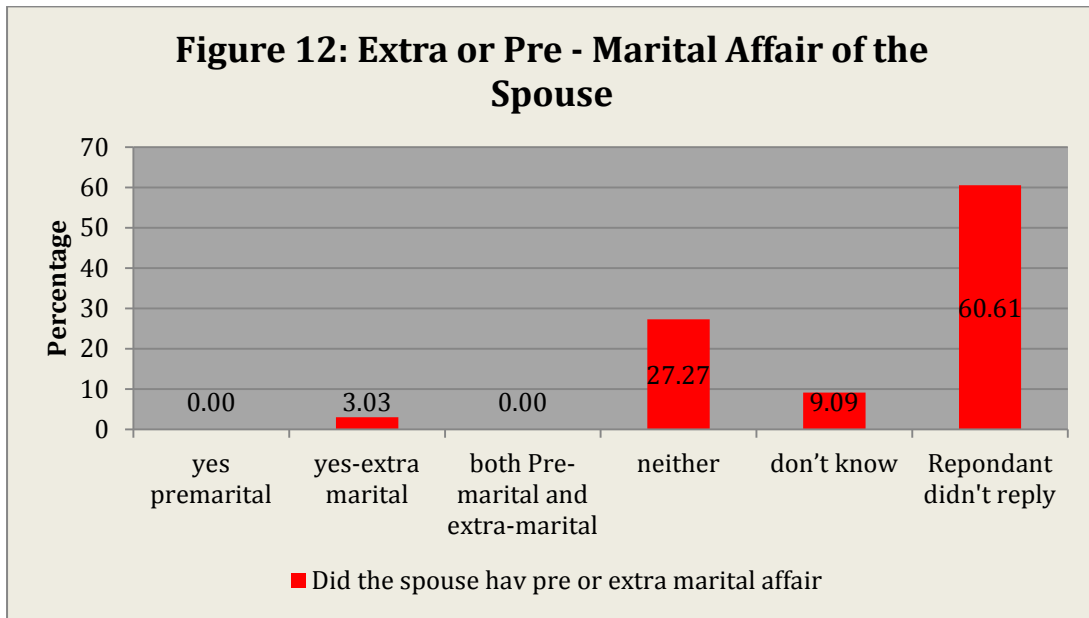


Figure 11 and figure 12 deals with the sensitive subject of extra - marital affairs. The responses provided showcased no form of abnormality in data. 6.06% of the Responses revealed that the deceased had either a pre- or extramarital affair and in another 3.03% of responses their spouse were involved in an affair. However, it is also worth pondering why 57.58% of the respondents preferred not to respond to questions on the deceased's pre / post marital affairs. The reasoning applies to the question on the spouse's pre/ extra marital affairs as again 60.61% of the respondents have chosen not to respond. It may also be noted that majority of the respondents were the spouse or son/ daughter of the deceased and hence honest response to this question need not be expected.

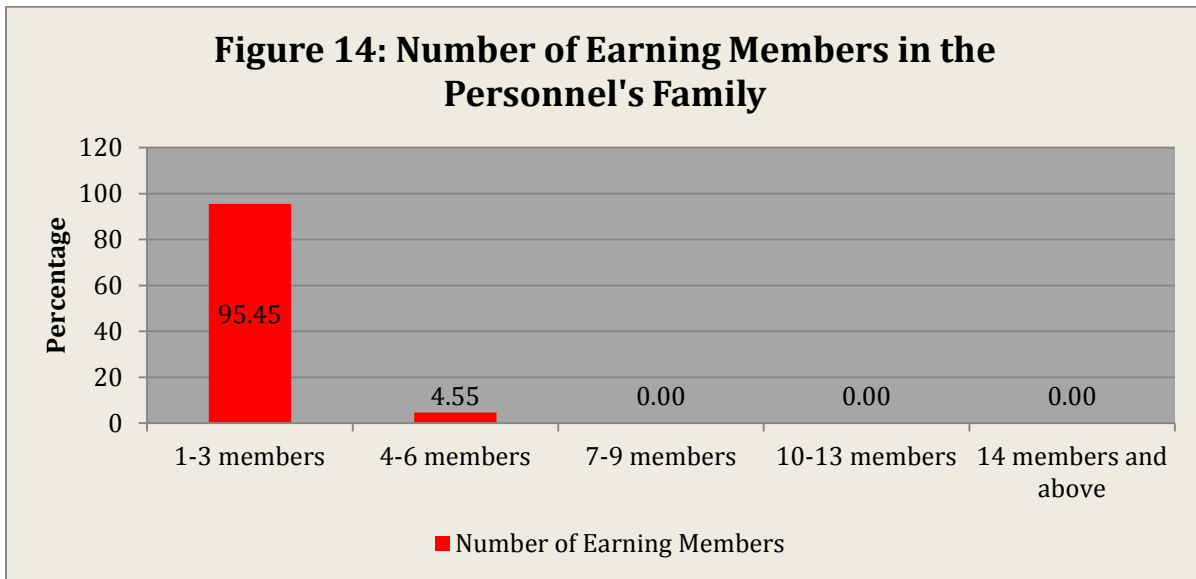




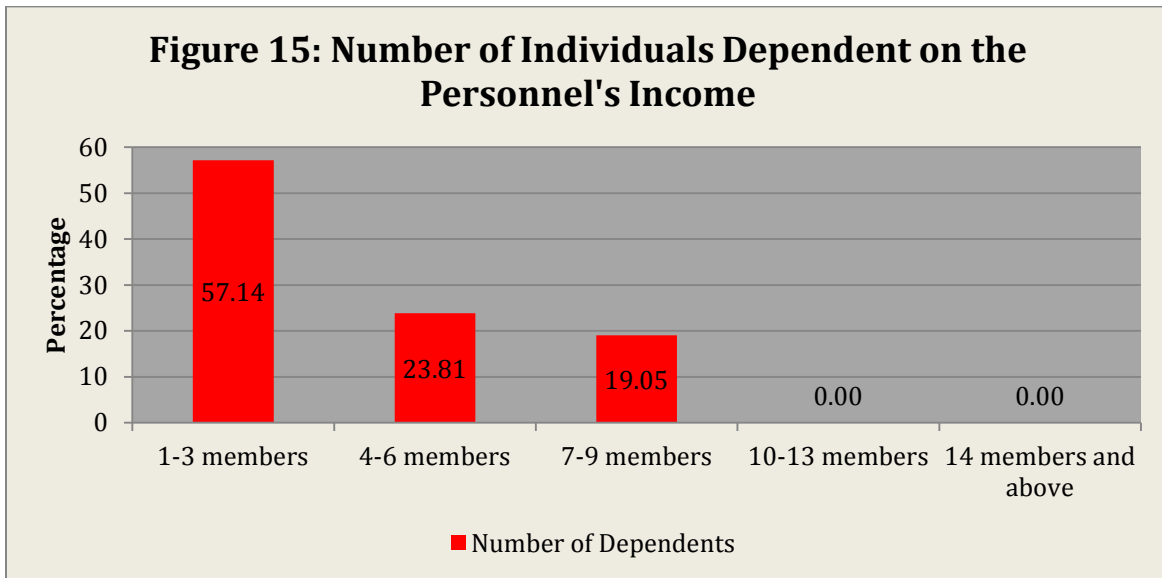
The indicators in figure 13 however paint a different picture. They suggest that even though consequences as grave as an extra-marital affair were not resorted to/ were not reported, it would be extremely hard to discount the possibility that the deceased were substantially always present for their families. As has already been mentioned, 40% of the responses stated that the deceased did like spending time with their families. 21.21% of the total respondents (i.e. around 28% of the respondents who did answer the question) stated that the deceased liked to spend time alone, a position contrary to

the first one. Hence, till now the data can be slotted into two categories with respect to the individuals who committed suicide– those who liked spending time with their family members and those who did not like to do so. This data is further analyzed while taking under consideration the recreational activities the deceased sought to. Once again, 24.24 % did not respond to the question.

3. Financial Problems



95.45% of the deceased had minimum number of earning members in their families. They were either a single earning member or had 2-3 supporting earning members. They all had dependent members ranging from 1-6.



The graphical representation of earning members and number of dependents indicate that the cause for suicide was primarily not financial stress as most of the deceased had supportive earning members and less number of dependents.

Data collected also provided information on the degree of reliance one had on his source of income as given in figure 16. 52.38% of the total respondents stated that the deceased and their families relied only on their salary and their source of income (i.e. around 65% of the respondents who answered this question stated that they were no other alternate sources of income). In contrast, only 14.29% of the total data (around 18% of the responses which answered this particular question) stated that the spouse did contribute to the source of income.

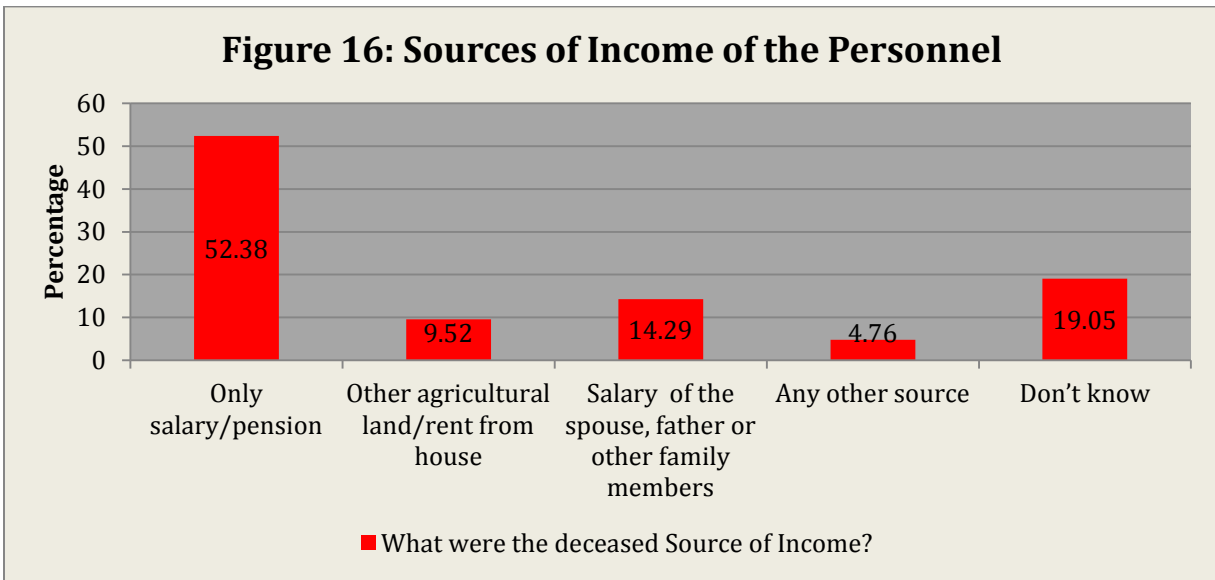
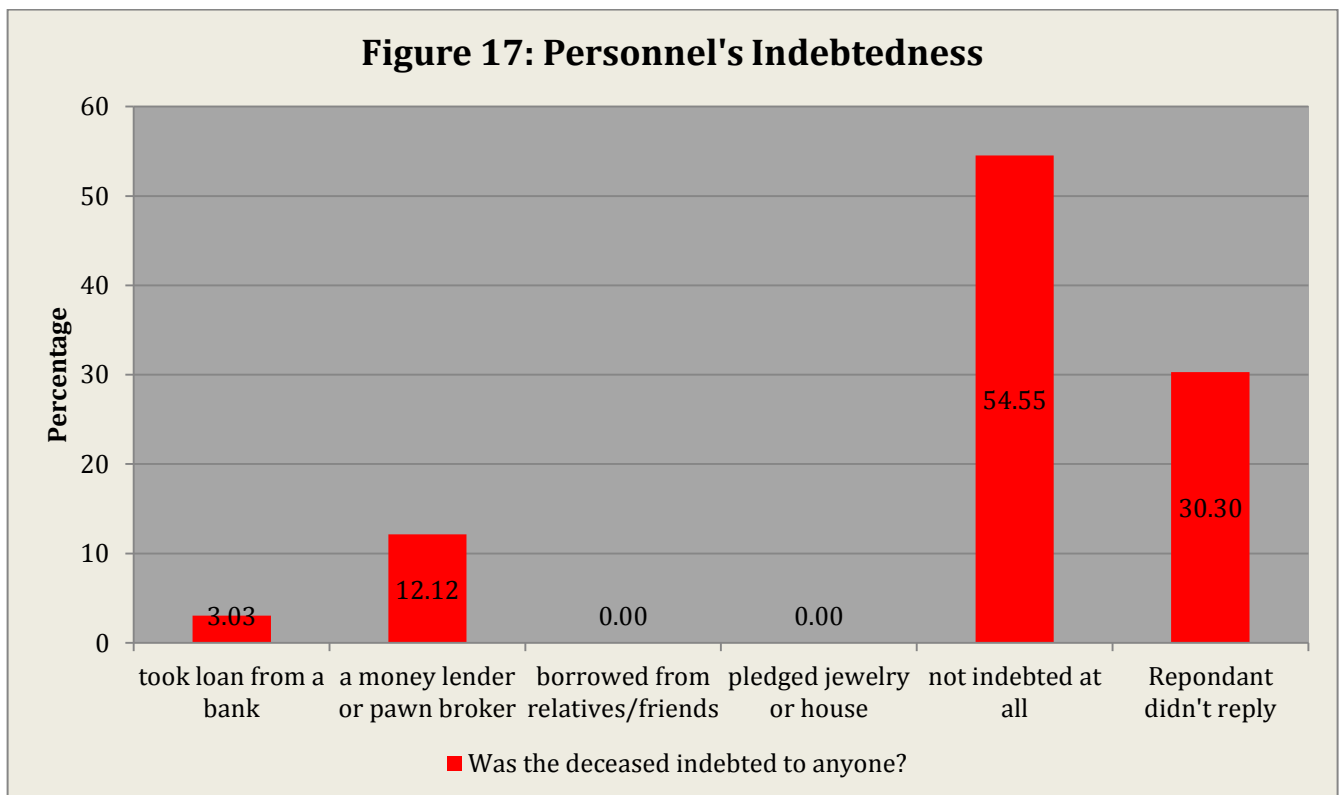
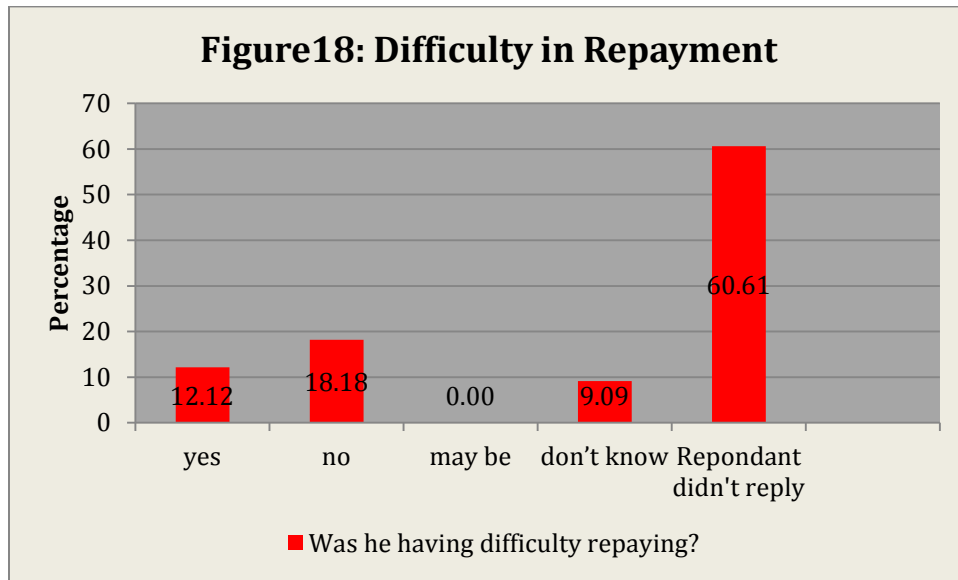


Figure 17 conclusively proves that indebtedness would not be the primary cause of suicide. 54.55% of the total responses stated that they were not indebted hence, proving that indebtedness could not be the primary cause of the suicide.





Point to be noticed is that in figures 18 and 13, 30.30% and 60.61 % of the respondents respectively have not responded to the questions on indebtedness and difficulty in repaying. This is contradicting the previous data where a very small percentage did not respond with regard to income details. When they are aware of the income of the deceased, why do they choose not to respond with regard to debt and repayment?

4. Alternate/recreational activities

Alternate or recreational activities are essential in any living environment. It helps an individual develop multiple social skills, promotes personality development, act as a stress buster and various other gains.

Figure 21 and figure 20 provide us with the data regarding religious and spiritual beliefs and activities of the deceased. It also provides the community based activities he was a part of. Since a large number of respondents did not provide us with information regarding the same it cannot be held as a determining factor. More importantly, it shows to some extent that the deceased may not have been fanatics and therefore would not be heavily swayed by their religious beliefs.

Figure 19: The Recreational Activities that the Personnel Indulge In

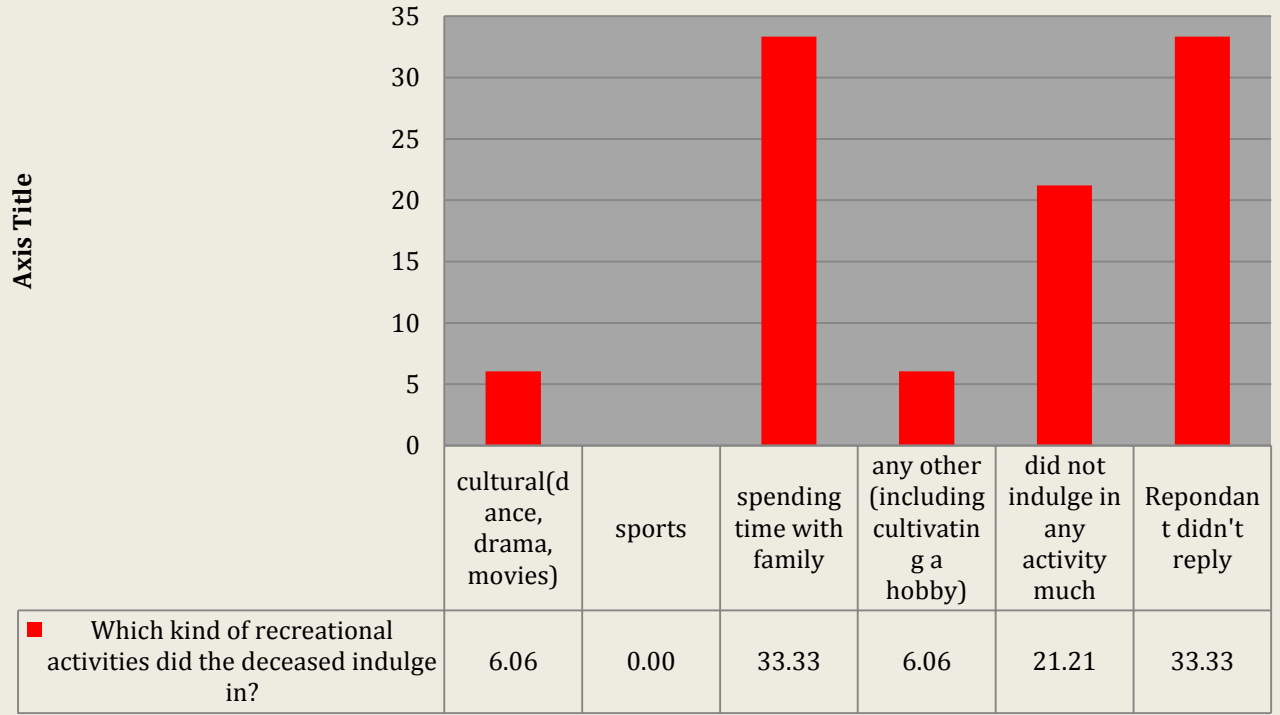


Figure 20: The Religious/Spiritual Activities the Personnel was Involved In

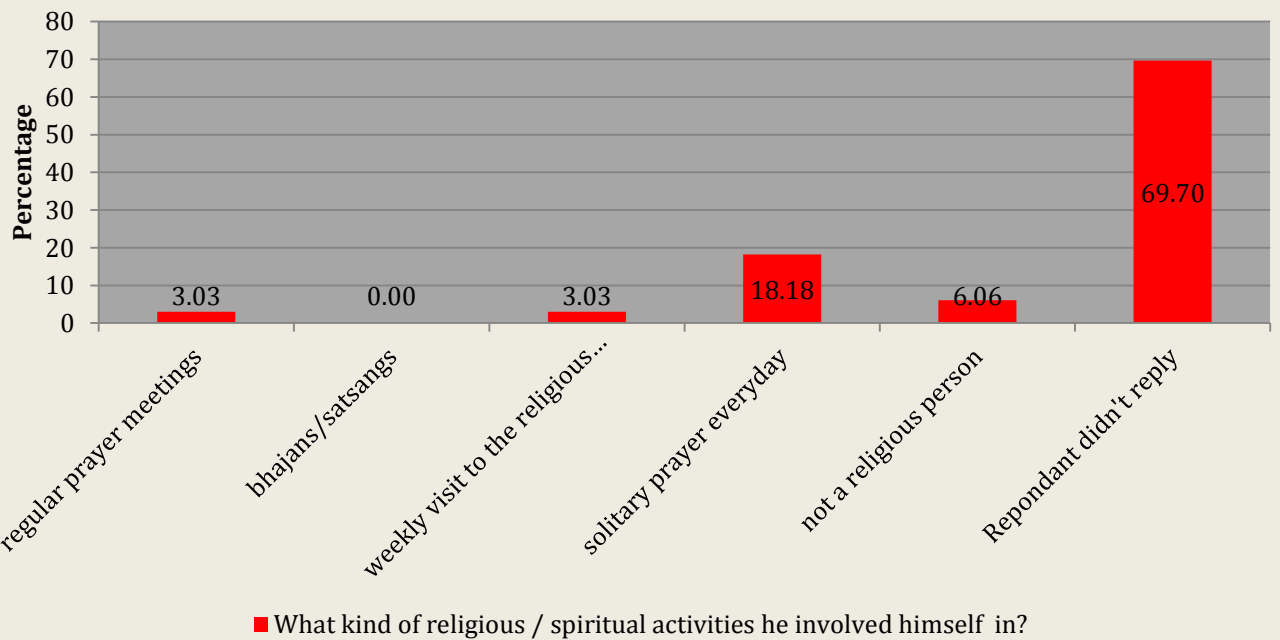


Figure 21: The Degree of Involvement of the Personnel in Religious/ Spiritual Activities

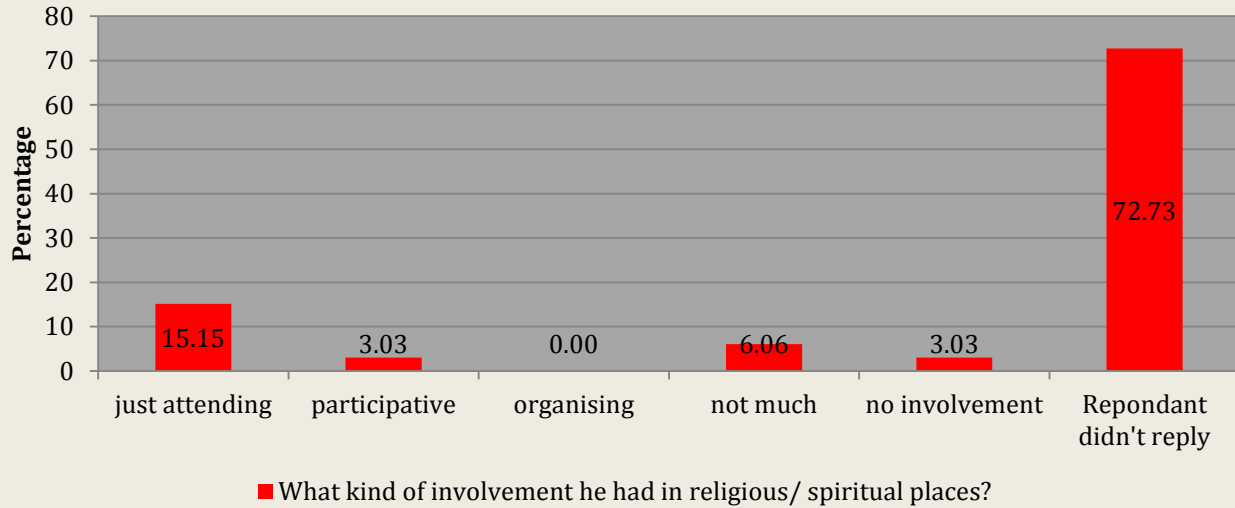


Figure 22: Whether the Individuals indulged in consumption of Alcohol, Drugs or Tobacco and the degree of such indulgence.

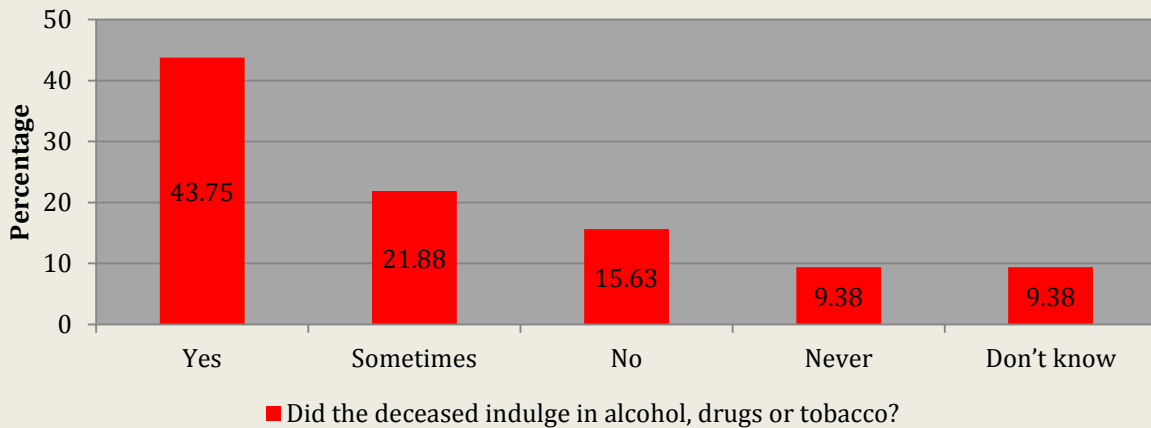


Figure 22 provides us with extremely important data – 65.63% of responses stated that the deceased did consume alcohol or tobacco with varying frequency; with almost 43.75% of them being regular consumers. As one would expect there is a high correlation between alcohol & tobacco and that of suicide. However, the other side of the coin also provides us with an interesting story – around 25% of the responses state that individuals did not consume alcohol or tobacco therefore, proving that even

though there is a high correlation and proportionality between the two it can't be assessed as the sole factor triggering the suicides of the subjects.

5. Individual Traits

Figure 23 – 27 provide us with data regarding the individual traits of the deceased. Figure 23 describes the kind of the nature portrayed, figure 24-the attitude of the individuals, figure 25-personality, figure 26-the decision making competencies of the person and figure 27-the role the individual played in discussion.

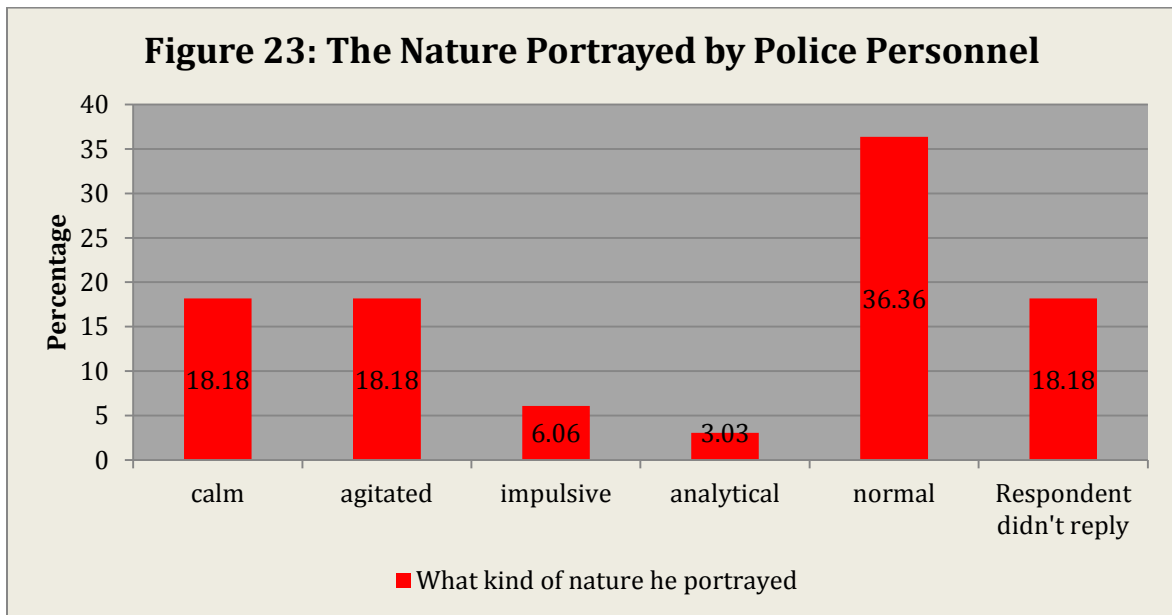


Figure 23 provides us the basic kind of nature the deceased portrayed. It was seen that the subject did not express any particular form of extreme behavior of being extremely impulsive or extremely analytical and showcases a high degree of normality and moderation. Apart from the data on moderation (with 36.36% of the individuals showing normal behavior), agitated and calm subject were in equal percentage with 18.18% each. It is highly interesting that these two being opposites almost nullify the general assumption that suicide would be committed by a submissive but agitated individual in the spur of the moment. This data is a clear indicator that there is a need for greater degree of cause

finding since the individual's personality type is not a determinant at all. The choice of commission is not one primarily based on their personality type but one based on other determinants.

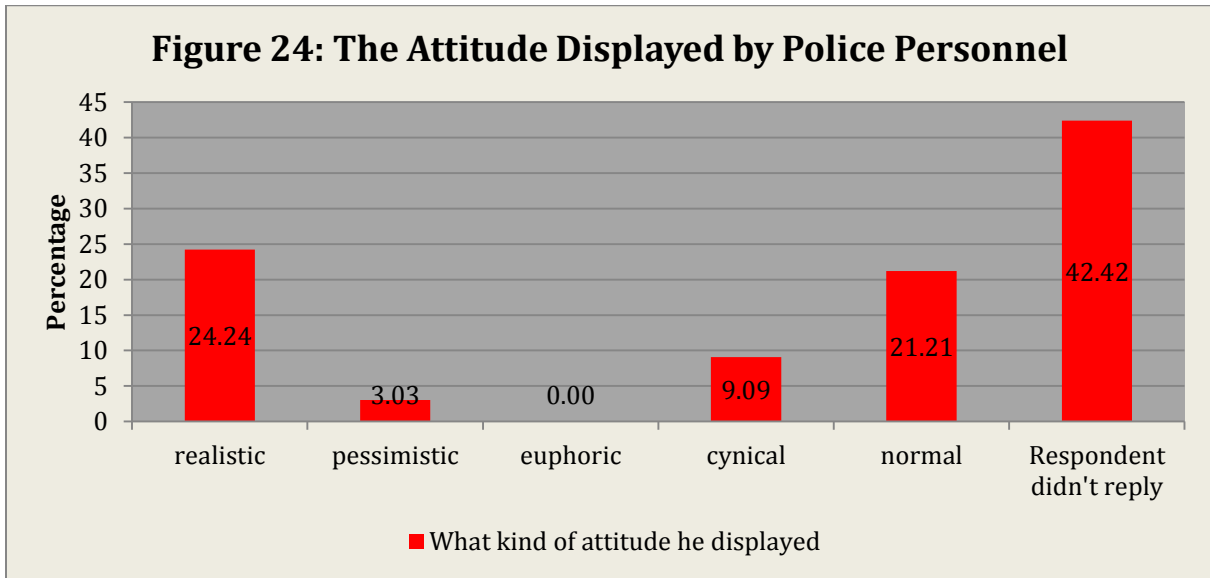


Figure 24 re-iterates the position created by figure 22. 24.2% of the individuals who committed suicide were realistic and 21.21% displayed a normal attitude.

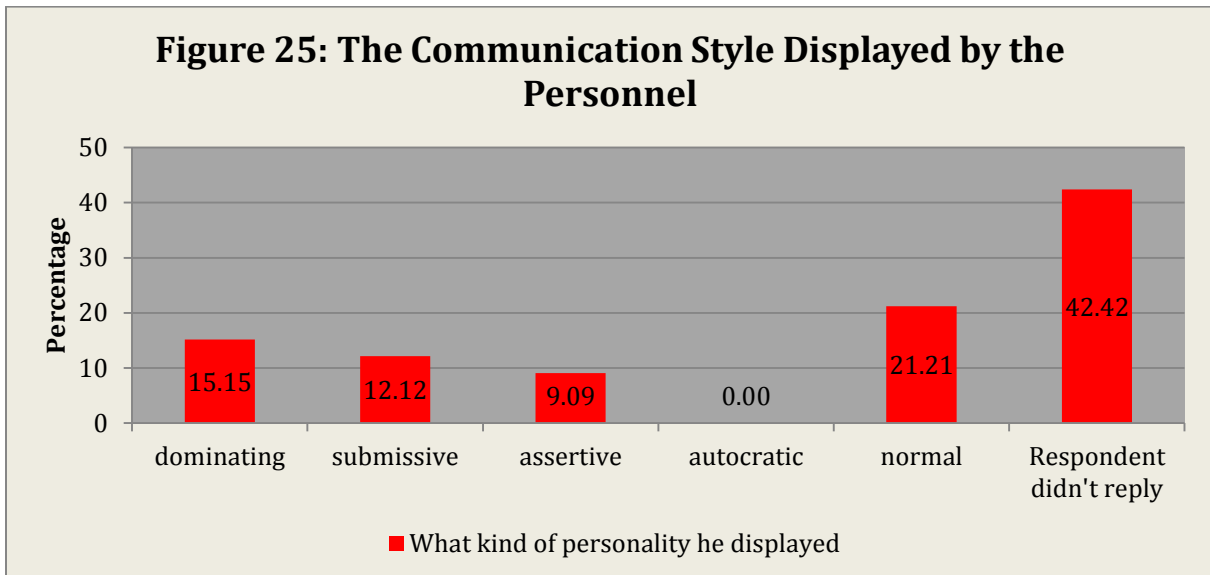
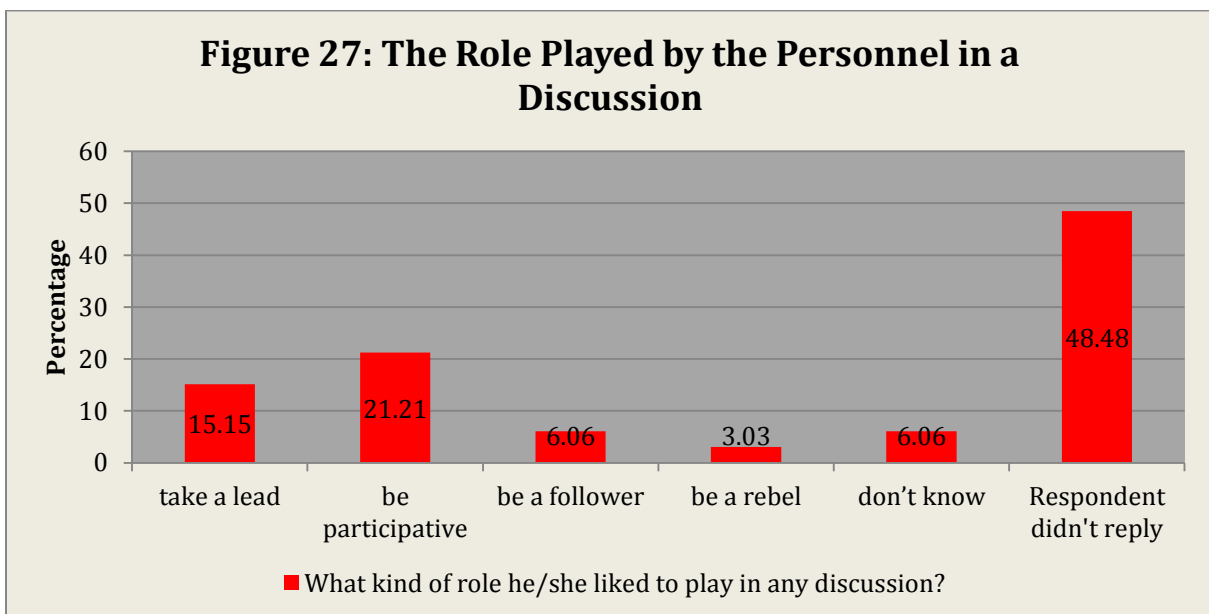
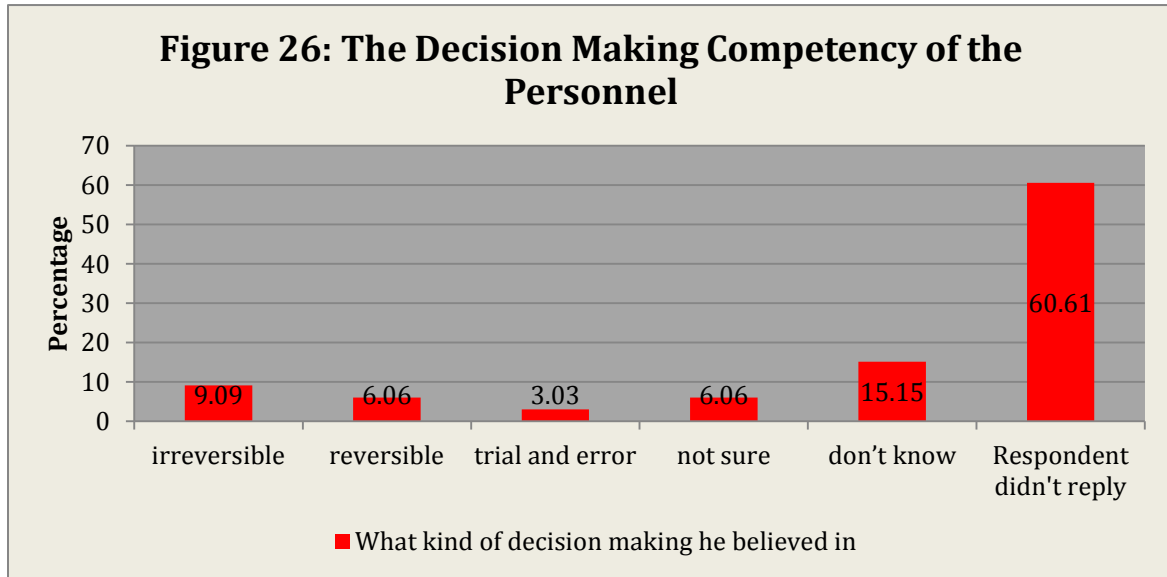


Figure 26 provides the decision making competency of the individuals who committed suicide and figure 27 provides the nature of role played by them in discussions. Both of which are not clear

indicators due to the fact that 42.42% of the respondents in figure 26 and 60.61% in figure 27 have not answered these questions. However, out of the data that has been collected the decision making competencies of the deceased did not show a spike in either reversible or irreversible decisions again proving that the personality type was not the primary cause. This neutrality was shown even in case of the role played by the deceased in discussions in figure 27.



6. General Pressures of the Profession

This section attempts to analyze the general pressures of the profession and if that had a cumulative stress quotient that led to the commission of suicide by the individuals.

Analyses with regard to designation revealed that most of the police personnel who committed suicide were constables (84.62 %) showing that the lower the individual was in the hierarchy, the more prone he was to committing suicide or being adversely affected by the stress causing it.

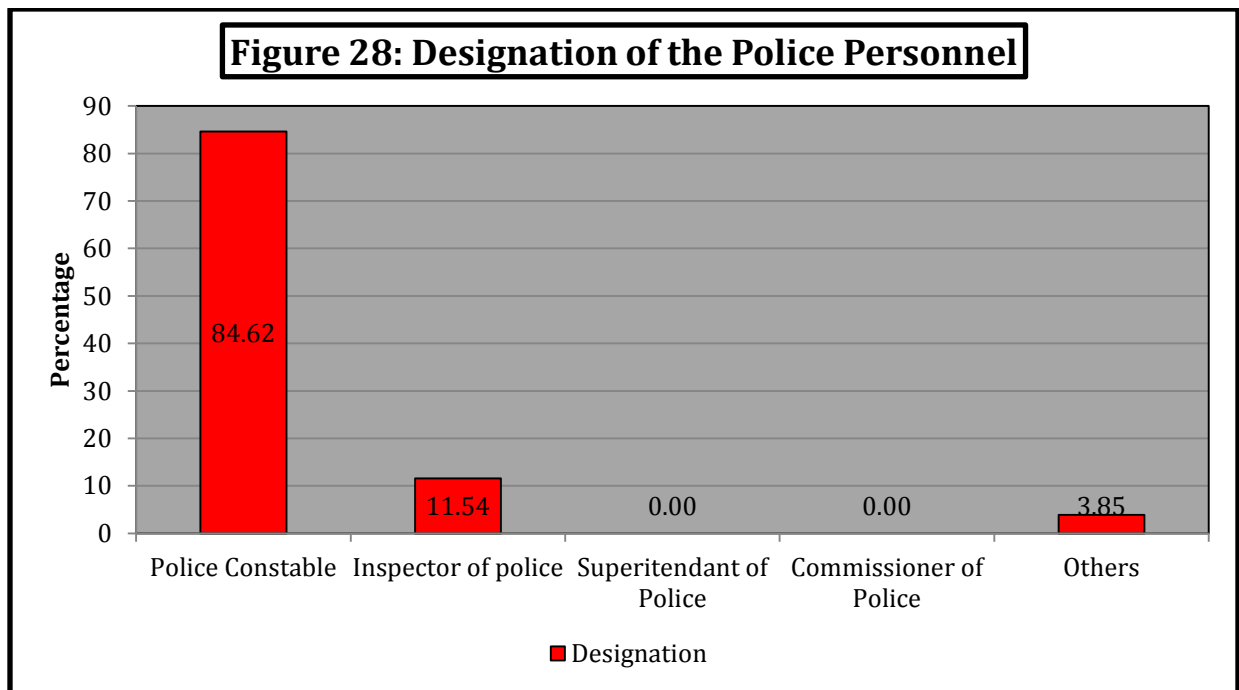


Figure 29 and 30 provides the individual's general perception about his work and the police profession. It is extremely essential to note that 48.48% of the respondents stated that the subject chose the profession himself. This number, compared to the 3.03% indicates that almost 95% of the subjects in whose case the respondents answered this question, chose this profession on their own, as opposed to being forced into it. This data seen in light with the responses to whether the individual liked his job, 39.39% of the deceased were said to have liked their job a lot and 33.33% liked it to some extent. None of the deceased seemed to dislike their job as stated by the respondents.

Figure 29: Whether the Personnel Chose his Profession

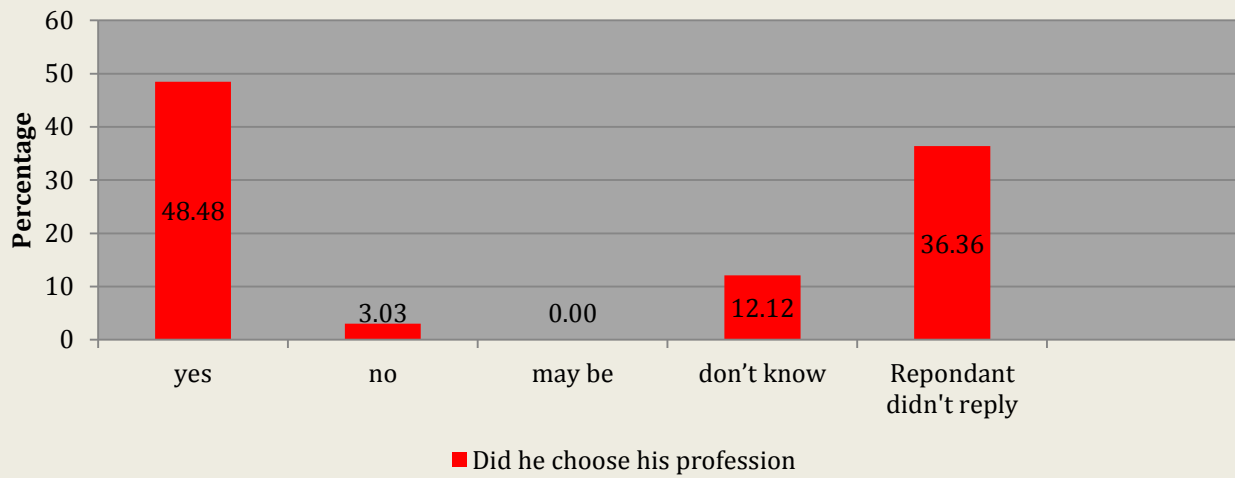


Figure 30: Whether the Personnel Liked his Job

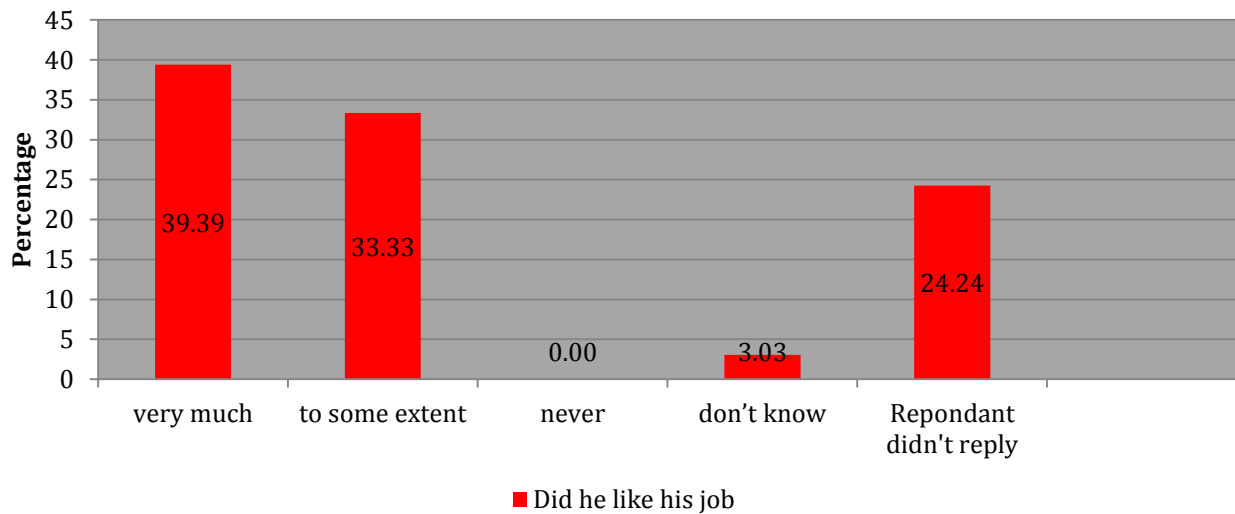
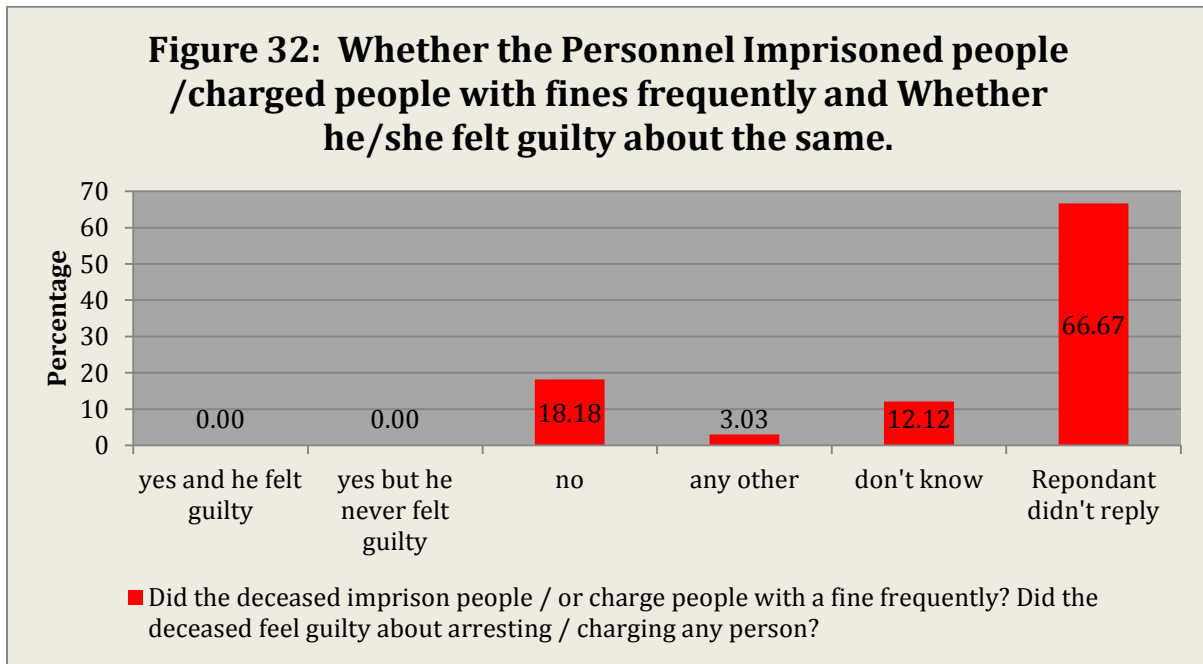
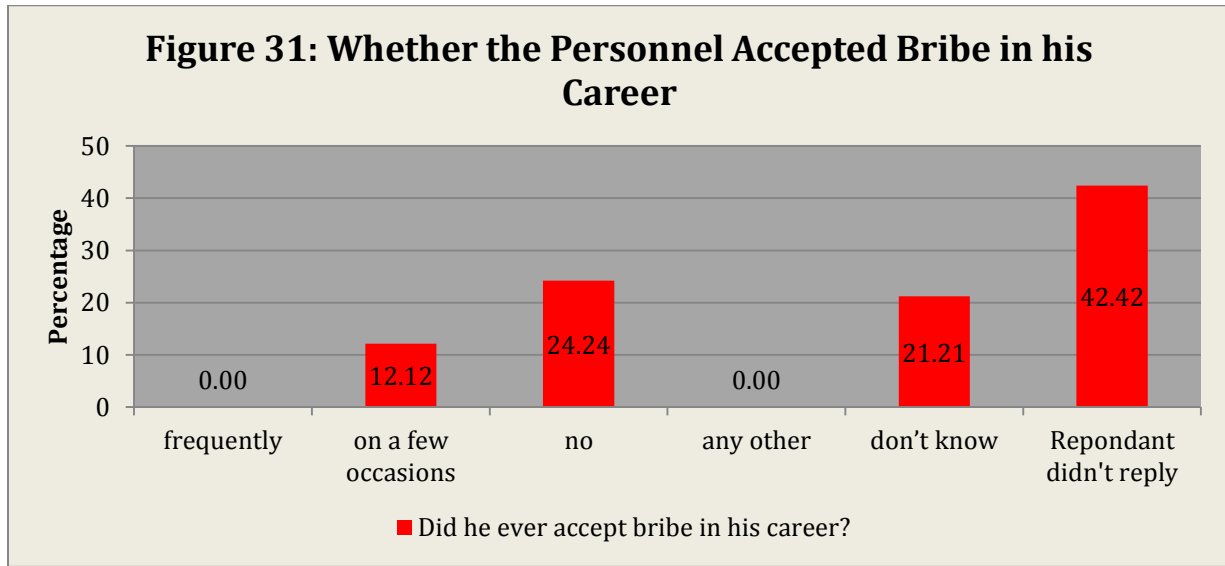


Figure 31 onwards deals with independent decision that the subjects took during their work. Figure 31 deals with if the subject took a bribe in his career, figure 32 provides with the data as to whether the deceased felt guilty for punishing, fining or imprisoning someone, figure 33 deals with individual unpleasant experiences and figure 34 deals with the altercations he may have faced during his work,

training. Since, most of the respondents did not respond to this question, this data remains inconclusive.



7. Individual unpleasant experiences of during work

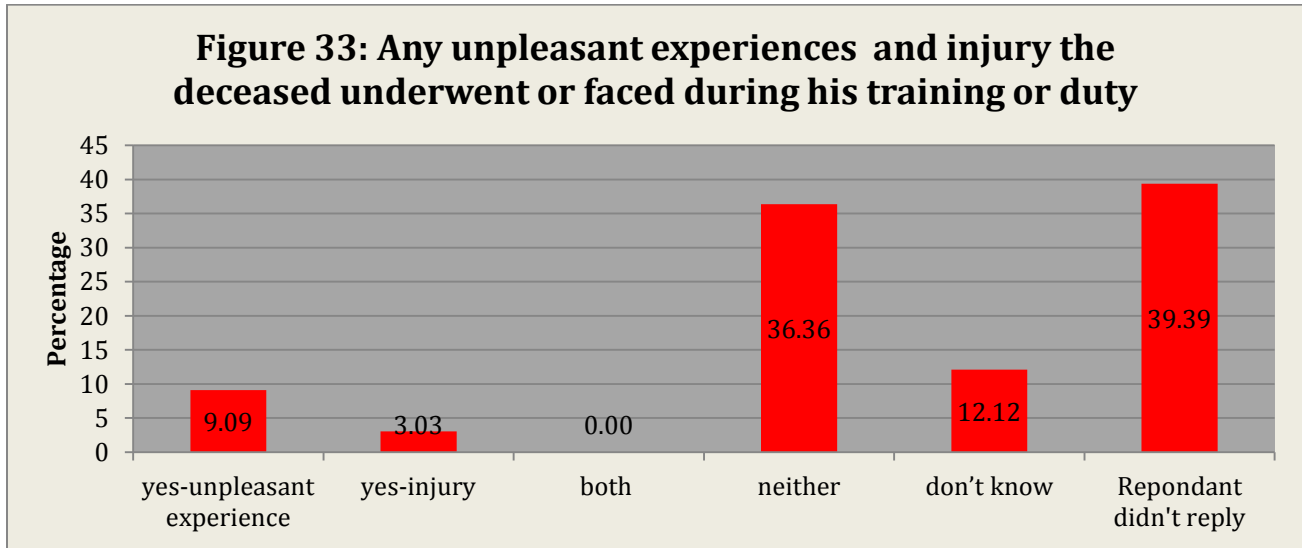
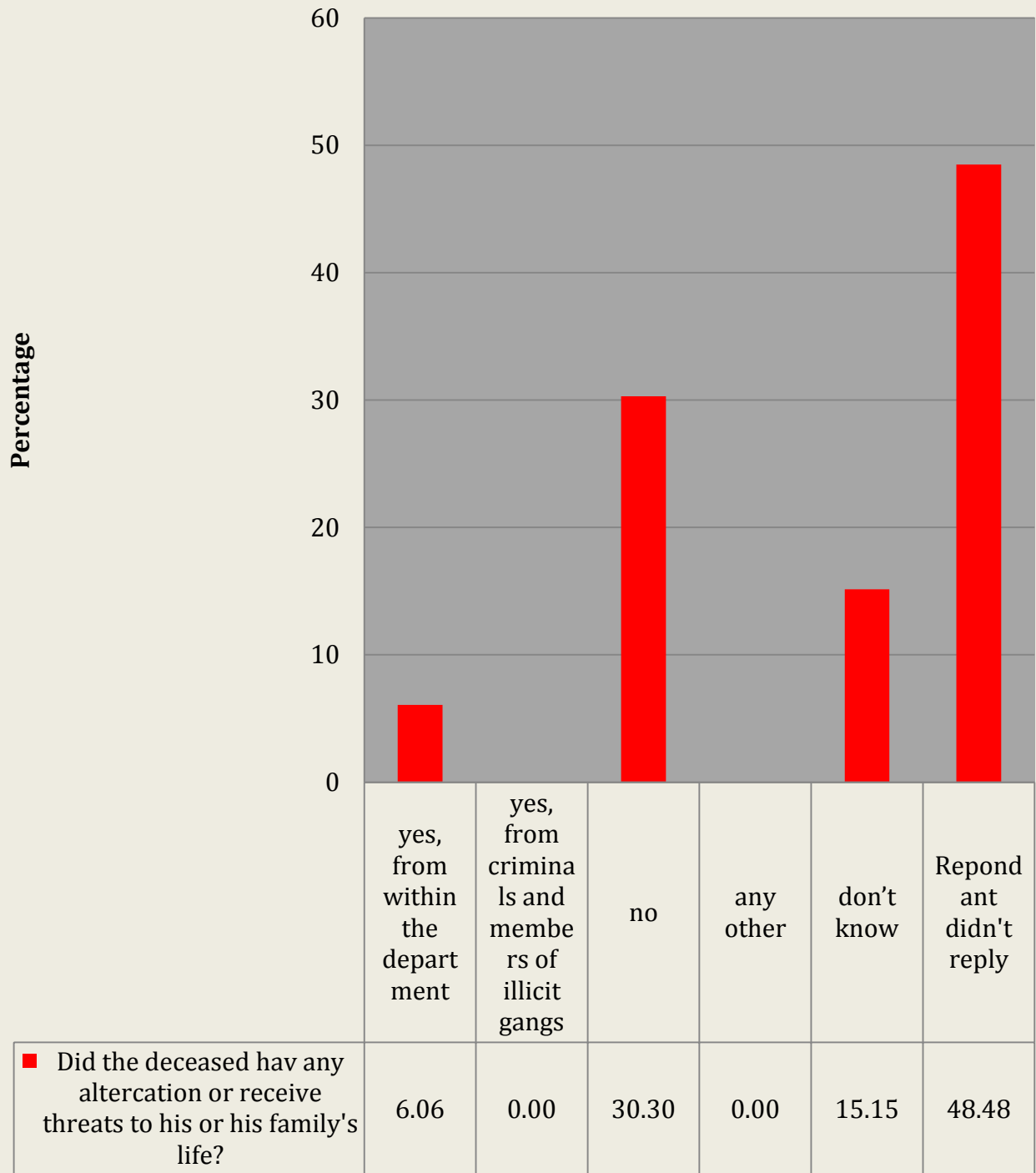


Figure 33 deals with the unpleasant experiences that the deceased might have faced. 9.09% of the respondents stated that the deceased had faced unpleasant experiences and 3.03% of them stated that they the deceased suffered injuries. On the other hand, 36.36% of them stated that the deceased had neither faced unpleasant experiences nor suffered any injuries during their training or duty. It is also to be noted that in 39.39% of the responses information was not revealed.

Figure 34 provides with critical information regarding altercation within the department. 6.06% of the responses stated that they received threats from within the department. This given in light with the fact that the individuals generally worked overtime and due to tough hours provides us with information that there is a need to identify the issues based on conflict between individuals and resolve it. With reference to this question, the percentage of respondents who have chosen not to answer (48.48%) speaks in volumes of the situation.

Figure 34: Any Altercations or Threats Received by the Personnel or his Family



■ Did the deceased have any altercation or receive threats to his or his family's life?

Figure 35: The Nature of his Work				
		Responses		Percentage of Cases
		N	Percent age	
Nature of work	night shifts and absurd hours	6	25.0%	46.2%
	overtime	3	12.5%	23.1%
	off duty calls	3	12.5%	23.1%
	lengthy hours	10	41.7%	76.9%
	frequent change in position	2	8.3%	15.4%
Total		24	100.0%	184.6%

Figure 35 provides data on the nature of work by the individuals. It was observed that 46.2% of the respondents who answered this question stated that the individuals had to face night shifts and absurd hours and 23.1% of them states that the deceased was working during the overtime. The lengthy hours of work were extremely common with 76.9% of the deceased, with respect to whom this question was answered, facing it. These adverse work conditions are extremely important to understand.

Figure 36 deals with whether the individuals who committed suicide spent quality time away from work. The data shows that the individuals were barely able to find time away from work. Only 36.4% of the individuals could spend time with their family members for a few hours a week. 31.8% stated that they could not at all spend time with their family members.

Figure 36: Whether the deceased spent Quality Time Away from Work				
		Responses		Percent of Cases
		N	Percent	
Deceased spend quality time with family	yes with family-a few hours/week	8	33.3%	36.4%
	yes with family-many hours/weeks	4	16.7%	18.2%
	yes with friends-a few hours/week	3	12.5%	13.6%
	yes with friends-many hours/week	2	8.3%	9.1%
	Not at all	7	29.2%	31.8%
Total		24	100.0%	109.1%

Figure 37: Any Issues the Deceased had with others				
		Responses		Percent of Cases
		N	Percent	
Did the deceased have any issues?	Spouse or parents	1	3.7%	4.0%
	colleagues	2	7.4%	8.0%
	superior	4	14.8%	16.0%
	Any other	3	11.1%	12.0%
	No one	17	63.0%	68.0%
Total		27	100.0%	108.0%

Figure 37 deals with the issues that the deceased may have had with other individuals – including the family members (holding relevance to the second section of the analysis – interpersonal family relationships) and superiors. 68.0% of the responses stated that the deceased did not have issues with

any other individual. However, the comparative numbers hint to a different interpretation. 16% and 8% of the responses stated that the individual possibly had issues with the superiors or colleagues. This number in contrast to the 4% family members is a clear indicator that work as a stress trigger is more likely over personal family problems.

8. Medical Problems

Figure 38: Any Ailments Faced by the Deceased				
		Responses		Percent of Cases
		N	Percent	
Deceased suffering from any ailment	Life Threatening Chronicle Ailment	4	12.9%	13.8%
	Psychological Problems	3	9.7%	10.3%
	Handicapped	3	9.7%	10.3%
	Any Other	1	3.2%	3.4%
	Nothing	20	64.5%	69.0%
Total		31	100.0 %	106.9%

Figure 38 provides us with the data regarding the medical issues the deceased faced. Only 10.3% stated that they were faced with psychological problems, whereas 13.8% stated that the deceased was faced with a life threatening chronic ailment and 10.3% were physically injured. It is essential to note that there has not been an increase in either acceptance or identification of issues of mental health and well – being as tangible enough issues to be colloquially considered to be pertinent health issues that require addressal. This observation is made, based on the understanding that an individual’s choice of taking away his life would involve a psychological process caused due to immense mental duress.

9. Subjective data on the causes of Suicide

The causes for the suicide after much persuasion were discussed by many family members. However, as has been noted in many samples, there was no change in behavior before the incident took place or any identifiable markers that would suggest that such an event would take place. Only one respondent expressed unwillingness to discuss the incident and preferred to refer to the same as an accident.

The qualitative data was sorted and classified into the following table. While the reasons for suicide were personal for 27.27% of the deceased, they were professional for 24.24% of them. It needs to be noted that even though there is a slotting of data into the following categories, the reasons were varied. The personal reasons ranged from extra-marital affairs and non-compatibility with the spouse, to over-insecurity by the spouse, and from loss of family members to inability to cope up with the loss. Professional causes were however more streamlined with them ultimately caused due to immense stress – the stress was either due to ill-treatment by the seniors or because the individual felt he had been wrongly accused for a certain event. The harassment included humiliation, insisting on lowly tasks and disciplinary action for some lapse in his duty and this inability to handle the work pressure led to the commission of suicide. A deceased was often accused of misappropriating funds as he was entrusted with all accounts of the police department and he was responsible for determining the salary of most police personnel. It is interesting to note that while 4 have died due to alcoholism, 2 due to psychological problems such as paranoia and an unidentified illness, 9 died due to personal problems. These personal problems were varied as already discussed; all indicated the deceased's inability to handle stress. In one of the cases, the deceased could not handle the stress caused by the disciplinary charges alleged against him, and therefore took his life. Again, three of the thirty three committed suicide because of health reasons. All that these individuals required was some motivation to face the challenge of ill-health, moral support during periods of pain and financial support to cater to the expenses incurred. The moral support and motivation could have been provided by a trained counselor

or psychologist. Summing up all these, it is very evident that the cause of suicides in the case of police personnel is basically due to non-availability of mental health support to help them tackle their problems. 27.27% of the respondents did not know why the event took place and were in the dark regarding the cause as they felt everything had been normal in the individual's life and the cause of death remained a mystery.

Around 10% of the cause was attributed due to medical conditions which were in two cases based on fungal infections and in one case the heart problems was a contributory factor. Additionally, 6.06% of the individuals were either overly suspicious or believed that their life was under threat for the subject believed there was a plan for him to be killed by the people around him. Alcohol dependency was seen in 12.12% of the individual. For this 12.12% the respondents believed that the primary cause of suicide was alcohol dependency. One of the respondents very straightforwardly claimed alcoholism to be the cause of her husband's suicide. However, it is not to be misunderstood with consuming alcohol for which the number has been provided in the previous figures.

Figure 39: The Causes of suicide – A Qualitative Representation

Generic Cause	S.No.	Specific Cause
Professional		
	1	The deceased was distressed by the behavior of a superior under whom he worked and was unable to handle the amount and nature of work demanded by the superior.
	2	Similar to the previous case, the deceased was unable to endure the torture inflicted upon him by the superiors.
	3	The deceased was transferred to a different place. After the transfer, the habit of drinking and physically harming his wife aggravated and worsened with time.
	4	The deceased was often rejected leaves and holidays preventing him from going home and spending time with his children who he loved very dearly.
	5	The deceased wanted to quit his profession. However, he could not do so as he was pressurized by his son to keep working till he himself found got employed somewhere.
	6	The deceased had a pending disciplinary hearing against him at workplace which was the cause of his distress and eventually led to him committing suicide.
	7	The deceased was held liable for losing a file and he would be suspended due to that. However, the deceased felt that he was wrongly being held liable for the same and that he was innocent.
	8	The deceased He was often accused of misappropriating funds as he was entrusted with all accounts of the police department and he was responsible for determining the salary of most police personnel
Personal		
	9	The husband of the deceased was wrongly charged for a murder in their village. Further, the people who had accused her husband had also torn their house apart while she was away. When she saw the

		sight, unable to handle the stress that it was causing, she committed suicide.
10		The deceased was unable handle his problems with wife and father-in-law and their interference in his life.
11		
12		The deceased lost his brother in an accident. This led him into depression
13		Wife of the deceased was overtly insecure. This led to many fights between the two and on certain occasions, the deceased even injured his wife physically. However, owing to the fact that he loved her immensely, he would eventually apologize to her for behaving rashly.
14		The deceased was under distress as she had recently suffered the loss of her father and her sister.

Medical

15		The deceased seemed to have been suffering from a disease. However, the respondent did not reveal the nature of the disease.
16		The deceased had developed a fungal infection in his food pipe which was affecting his work by reducing his efficiency. This led the deceased to go into depression.
17		The deceased seem to have been suffering from a mental condition where he always thought someone was planning to kill him and this almost drove him to insanity.

Alcohol

18		The deceased was under a habit of consuming alcohol regularly and this, according to the respondent could have been the reason could have been a major cause.
3		The transfer of the deceased to the worsening of his habit of consuming alcohol and beating up his wife.
19		The respondent stated that the deceased regularly consumed alcohol and this was the reason for the suicide.

Financial		
	20	The deceased was under extreme amounts of debt and was facing difficulty repaying the same.
Personality		
	16	The fungal infection in his food pipe resulted in inability to work effectively leading to depression
	17	Always thought someone was planning to kill him and that almost drove him to insanity
	21	Secluded and agitated - people considered him to not be a 'proper' person
Cause not known or stated		
	22	In 12 of the 33 sample cases, the respondents were either reluctant to reveal the information regarding the causes or were ignorant to the causes themselves.

Figure 40: Causes of suicide – A Quantitative Representation

Generic Cause	No. of respondents who cited it as a cause	Percentage of respondents who cited it as a cause
Personal	9	27.27%
Professional	8	24.24%
Financial	1	3.03%
Alcoholism	4	12.12%
Psychological/ Psychiatric	2	6.06%
Medical	3	9.09%
Cause Unknown	9	27.27%

Figure 41: Method of Suicide Adopted by the Deceased

Method of Suicide	No. of respondents who cited it as a cause	Percentage of respondents who cited it as a cause
Hanging	43	20.57%
Poisoning	13	6.22%
Shot himself	11	5.26%
Jumped off the roof	1	0.47%
Others	3	1.43%
Mode not revealed	138	66.02%

The respondents were also asked information regarding the mode in which the subjects committed suicide. The results were primarily either by hanging oneself, consuming poison or by shooting oneself. Most of the respondents however, did not reveal about the mode of suicide and this created a huge barrier in the analyses. It is to be noted that the sample for this particular data had been increased since additional information was procured from the inquest reports sent to the research team by the various State Police Offices in response to the Right to Information applications which contained the name of the deceased and method of suicide. But since, the replies did not contain complete traceable addresses/telephone numbers, they could not be included in the main sample under study. The sample was therefore increased to 210 as opposed to 33 samples that we have for the rest of the analyses. Accordingly, 20.05% of the individuals hanged themselves to death. 6.22% of them died due to consumption of poison while another 5.26% police personnel shot themselves to death. 5.26% of them having used their own firearms, is a point which needs special attention and requires measures to be taken to sensitize the police personnel of their responsibility towards utility of official weapons. In one of the cases, according to the respondent, the deceased slipped and accidentally shot himself to death.

Therefore, it is not only important to sensitize the police personnel of their responsibilities, but also of the necessary caution that they must always take while carrying their firearms. However, the accessibility of tool is not necessarily the cause for suicide. The column which says mode not revealed is a matter of concern as this 66.02% is the percentage arrived at as a result of including all types of responses that were received including inquest reports. Therefore, this ought to be given a serious consideration as it raises questions such as, given that the post mortem records such information, why such information was not revealed.

CHAPTER IV

CONCLUSION & RECOMMENDATIONS

Based on the study conducted, it is evident that police of lower ranks commit suicide and the main factor contributing to the same may be inferred as inaccessibility to mental health care help. As has already been stated according to reports 50% employees in Indian public sector are under job stress; (30% have problems such as addictions and marital discord; 20% suffer from depression.) Job stress is the number one stressor in the lives of public sector employees (Jain, M et al 2012). As the study further indicated that workplace conditions such as the following lead to stress:

- The design of tasks
- Management style
- Interpersonal relationships.
- Work roles
- Career concerns
- Environmental conditions
- Salaries and wages
- Social change

All these reasons have not reflected with regard to suicide among police personnel. Although, in India, researches associate the following reasons with the commission of suicide:

1. Greater socioeconomic stressors that have followed the liberalization of the economy
2. Privatization leading to the loss of job security,
3. Huge disparities in incomes and the
4. Inability to meet role obligations in the new socially changed environment.

5. The breakdown of the joint family system that had previously provided emotional support and stability.

But the study conducted does not acknowledge all the above reasons as applicable to the police force. It is therefore imperative that the individuals employed in such stressful jobs be educated on mental health and on the need to seek the help of such professionals. It is also essential that they be provided with timely appropriate assistance of mental health professionals so that they learn to cope with life's demands satisfactorily. Other factors such as insufficient family income to due large families and lesser contributing members require to be handled at the macro level and suggestions to improve the same will include education and employment of spouses, smaller families , facilities for child day care that will help women to take up employment, better housing facilities, more recreational facilities for both the individual and families, more nurturing of social ties between families of colleagues by the superiors and their families, sensitization programs for senior officers, regular self-awareness programs for constables to empower them to face life's challenges, easy access to mental health services and public education about the same.

It is important that the Ministry of Home Affairs consider the above aspects seriously and implement programs with an aim to provide help to their own men in a holistic manner and thus practically prevent more suicides in the Police community.

The above may be concluded as follows:

- The Indian police personnel commit suicide due to personal reasons which vary from psychological, medical, professional and personal.
- The main factor leading to suicide of police constables in India is their inability to handle life's stress irrespective of it being from personal, medical, psychological or professional front.

- The trend of suicide amongst the police indicates that married police constables in their forties with larger families and lesser financial contributions are more prone to committing suicide.

A deeper analysis on issues related to a constable's entry in to the forces, his duties and responsibilities and its possible effect on his personal life, possibilities of promotions and the economic strain due to family structure may throw light in to the underlying causes based on the above inference.

An observation was made that the educational qualification of all was a minimum of a matriculate pass and age of all the deceased is greater than 36, but the designation is most was restricted to constable post. His roles and responsibilities may include performing various patrol duties, duties in public places where there are public functions/ gatherings/ celebrations, keeping surveillance over criminals, suspects and others, collection and recording and relevant information related to crimes and other disturbances and reporting the same to superiors, primary person to be in touch with the public, assist investigating officers in the matter of arrests, recoveries, searches, identification and securing of witnesses or verification of information and execute warrants and serve summons promptly, escort prisoners, arrested persons, escort injured or dead to the hospital, guard of prisoners in custody and all station property, help and assist in dealing with natural and manmade disasters, skilled in documentation and record maintenance of all occurrence within his police station's jurisdiction. These duties may overlap and mostly be cumulative to his basic responsibilities.

DISCUSSION BASED ON THE VARIABLES:

1. Age and gender

Based on the results, it is inferred that more than 1/3rd (34.78%) of the police personnel who committed suicide were above the age of 41. Although this may not be considered as a majority, based on the graphical representation, it may be inferred that police men above 36 years of age are more prone to committing suicide as the graph shows 26.09% of the deceased belong to the age group of

36-40. On the whole, 60.87% of the deceased were over 36 years of age. It can also additionally inferred that with the progressive increase in the individual's age the tendency to commit suicide also increases probably suggesting at the fact the increased number of years this profession impacts his ultimate choice to take his own life. It is indeed a matter of concern that men in the prime of their life commit such an act. At the same time, since all the deceased were in to adulthood, immaturity can be ruled out as a cause of suicide.

With regard to the comparative data in terms of the gender of the subject, Only 9% of them were women over the 91% of them who were men. But at the same time the percentage of women in the Indian Police Forces is only 3.98%. Keeping this in mind, it is indeed alarming that the proportion of women police committing suicide is high. The causes behind women police committing suicide needs to be analyzed individually. Out of the thirty three (33) samples, three (3) were women, amounting to 9%. While two killed themselves for personal reasons as in death of father and sister within a short period of time and defamation of brother and harassment related to the same, cause of death of the third was unknown and the family did not expect such a step as they felt everything was fine in her life. This rules out harassment at workplace as a probable cause behind women police suicides. However, a much more exploratory study specifically on women police suicide will throw more light on this area.

2. Interpersonal Family relations

Majority of the personnel who committed suicide were married. None of the respondents had separated or divorced. The rest were unmarried but stayed with parents or brother's family. Results show that almost majority of the individuals had a nuclear sized family with a spouse and two children. This data when further analyzed in light of number of earning members in the family and the no. of dependents again reiterates the common Indian position. The number of earning members and no. of dependents

are not a qualifying factor for the person committing suicide. The assessment made on the non-availability of the individuals due to work demands does hold importance to some extent, particularly since, the results conveyed by some of the respondents indicate that the deceased enjoyed spending time with the family.

The relationships the individuals had with their parents were positive in most cases but some of them did not respond, this raises certain questions regarding the close relationships that the respondent had with the deceased- Did they not know? If they did not know about this relationship, then were they not close to the deceased? Or were there issues between the deceased and his / her parents that they chose to keep quiet? This angle of analysis is worth considering. This strong data conclusively proves that estrangement from parents was not the cause for any of the subjects. It also proves that even if any of the relationships did provide stress to the individual; the ripple effect was that stress did not percolate into this realm of interpersonal relationships. Therefore, what remains to be analyzed was even if the cause was of some form of stress, if it then affected the other interpersonal relationships between individuals – such as living up to the responsibilities of a spouse and that of a parent.

With regarding to the sensitive subject of extra - marital affairs, it is to be noted that the research has not presumed this data to only be the defining variable of the deterioration of marital relationships. The contrary would however be true, a significant rise or fall in here would be a strong indicator that the relationships was facing turbulence and could be a probable cause. Very few respondents have reported pre/extra-marital affair and very few of them believed the spouse of the deceased had it. Qualitative data in this regard also supports this claim. But it is worth pondering why more than 50% of the respondents prefer not to respond to this issue. Was the silence to hold back perceived confidential information or was it simple reluctance or was it considered insignificant/ inappropriate by the respondent. The same debate applies to the question on the spouse's pre/ extra marital affairs. It may

also be noted that majority of the respondents were the spouse or son/ daughter of the deceased and hence honest response to this question need not be expected.

The discussion on social disposition of police men committing suicide, however paints a different picture. They suggest that even though consequences as grave as an extra-marital affair were not resorted to/ were not reported, it would be extremely hard to discount the possibility that the individuals were substantially always present for their families. As has already been mentioned, some of them like spending time with their families and very few preferred to spend time alone, a position contrary to the first one. Hence, till now the data can be slotted into two categories – majority of the individuals who did like spending time with their family members and secondly those individuals who did not like to do so. This data is further analyzed while taking under consideration the recreational activities the individuals sought to.

3. Financial Problems

Majority of the deceased had minimum number of earning members in their families. They were either a single earning member or had 2-3 supporting earning members. They all had dependent members ranging from 1-6.

At the same time, it may be concluded that Financial Stress has not been the primary cause for suicide as the results with relation to indebtedness, number of dependents and number of earning member do not show any coherence.

Data collected with respect to the source of income. Some of them relied only on the salary and did not have any other source of income. In very few cases, the Spouses contributed to the source of income. This data would lead one to believe that even if indebtedness was not a probable cause there was a direct and extremely heavy co-relation with the wealth in the family to the individual's reliance on his

source of income. It therefore proves that any modulation in the source of income would directly affect the whole family and thereby affect interpersonal relationships and lifestyle choices of the individuals.

Analysis of the results also prove that indebtedness would not be the primary cause of suicide as many of the responses stated that the deceased were not indebted. The same has been confirmed the graphical representation made earlier. It may be stated that the respondents and the deceased had a good channel of communication.

With regards to source of income, very few of them did not respond and with respect to indebtedness, many of them did not make a response. This raises questions as to when they are aware of the income of the deceased, why do they choose not to respond with regard to debt and repayment?

4. Alternate/recreational activities

Alternate or recreational activities are essential in any living environment. It helps an individual develop multiple social skills, promotes personality development, act as a stress buster and various other gains. There are two probable reasons as to why individuals would not indulge in any form of recreational activities – either such activities are not available to these individuals (either due to physical, geographical or monetary restraints) or these activities are not chosen or resorted to by sheer choice. The former would require the higher authorities to increase their widespread availability and the later since it is based on choice does showcase the behavior of the individuals and is of much relevance to the study. But since the non-availability of these activities has not been reported, it may well help to recommend for the availability of the same as a welfare measure for the police personnel.

Analyses indicate that the deceased were not heavily involved in religious and spiritual activities although, they did partake in them to some extent. More importantly, it also establishes that none of the

deceased where the respondents, responded to this variable, were fanatics and therefore none of them would be heavily swayed by their religious beliefs.

It is a major concern that many of them consumed alcohol or tobacco and some of them regularly consumed the same. Few individuals did not consume alcohol or tobacco therefore proving that even though there is a high correlation and proportionality between the two it can't be assessed as the sole factor triggering the suicides of the subjects. Therefore even though alcohol can be attributed as one of the contributing factor there is a further requirement of cause identification.

5. Individual Traits

With regard to individual traits, nature portrayed, attitude and personality, decision making competencies and the role the individual played in discussion extremely interesting conclusion can be drawn. Attempt has been made to analyze each of these variables and to a cumulative conclusion on the personality type of the individuals. The analysis revealed that most of them were socially oriented individuals. It also shows that the deceased did not express any particular form of extreme behavior of being extremely impulsive or extremely analytical but only shows normality and moderation. Further, agitated and calm subject were in equal percentage. But at the same time this group of the deceased was few in number and hence need not be taken as a conclusion. It is highly interesting that these two being opposites almost nullify the general assumption that suicide would be committed by a submissive but agitated individual in the spur of the moment. This data is a clear indicator that there is a need for greater degree of cause finding since the individual's personality type is not a determinant at all. The choice of commission is not one primarily based on their personality type but one based on other determinants.

Analysis shows that the subjects were realistic and displayed a normal attitude towards Life. It is also shows that the individuals were realistic or portrayed normal behavior and no deviation from common

human behavior. Hence, concretizing that the individual's decision making competency would have probably led to the same conclusions even if other individuals were put into the same position. It is however to be noted that this report is not discrediting the individual's personality type as a factor it only establishes that it is not a primary cause.

Further, no clear conclusion could be drawn with respect to the decision making competency of the individuals who have committed suicide. However, out of the data that has been collected the decision making competency of the subjects did not show a spike in either reversible or irreversible decisions again proving that the personality type was not the primary cause.

The results are not conclusive towards the general perception that extreme personalities such as submissive or agitated nature would not be able to handle the pressures. It is therefore concluded that there is a requirement for further research to identify the primary cause of the commission for the personality type as has been provided by this data is inconclusive in pin pointing a particular type most susceptible to the commission of suicide.

6. General Pressures of the Profession

This section attempts to analyze the general pressures of the profession and if that had a cumulative stress quotient that led to the commission by the individuals.

Analyses with regard to designation revealed that most of the police personnel who committed suicide were constables thus showing that the lower the individual was in the hierarchy the more prone he was to committing suicide or being adversely affected by the stress causing it. This data seen in line with the age group analysis of the individuals shows that constables above the age of 36 were most prone to the committing suicide. It should also be considered that the constables are mostly not very aware of the facilities available for mental health support as a result of which may not have thought of approaching any professional to help them deal with their emotional and psychological problems.

With regards to the individual's general perception about his work and the police profession, almost half of them of the respondents stated that the subjects chose the profession and no one was forced into it. The responses also show that none of them completely disliked the job in spite of the various pressure liked to the job. Results regarding the individuals' professional aspect, many respondents did not provide us with details regarding the individuals being corrupt, facing unpleasant experiences or facing any altercations during their work. This is important as this raises the issue of closeness in the relationships between the respondents and deceased. Further, it calls for a family counseling sessions in order for them to be able to open up to each other about their lives.

Although, very few of the responses stated that the individuals suffered an injury or faced unpleasant experiences. The matter to be highlighted is that 3 out of the 33 committed suicide due to the same reason. This goes to show that although very few of them a subjected to such experiences, those who did face them, found it so traumatizing that they committed suicide due to this reason. Hence this issue has to be dealt with in great caution. Moreover, the subjective data also provides us that there is absolutely no culture to report such incident or seek help as it is seen as a sign of weakness and therefore an activity not suitable for police personnel. This culture as has been stated in the review of literature is inherent in functioning of the mental setup and these prejudices have with time engrained themselves with such profundity that undoing the stereotypes shall require immense active work.

Very insignificant number of deceased seemed to have received threats from within the department. This along with the fact that the individuals generally worked on night shifts, absurd hours, overtime and due to tough hours provides us with information that there is a need to identify the issues based on conflict between individuals and resolve it. These adverse work conditions are extremely important to understand. This work environment and work pressure prevented most of them from spending quality

and quantity time with family and friends. This data is extremely important, not only because the hours are lengthy but because if such hours are provided to the individuals they must be well equipped to be able to handle it. A higher importance on mental health and wholesome work culture are efficiency enablers that provide a more conducive environment to work in and therefore enhance performance. This then cumulatively reduces stress and therefore the associated problems.

It is extremely important to understand that the work had begun to create a gap in the general support system amongst individuals. The inability to access this support system especially given that it was available could lead to further frustration on part of the individuals thereby increasing the stress quotient. This point is leading into the importance the report wishes to lay on the psycho – socio model and the need given the working environment and hours. The importance gets even more enhanced given the latest new numbers that have trickled in through the news.¹⁸⁷ We were however unable to include specific data regarding them but the generic information also discusses deep seated depression as a cause.

7. Medical Problems

Although very few responses stated that the deceased was suffering from medical issues such psychological problems, life threatening chronic ailment and physically injuries leading to disability, it is important to note the cause of suicide for some of the deceased are these same issues. Hence, it may be noted that all these deceased were in dire need of mental health support system. It is essential to note that there has not been an increase in either acceptance or identification of issues of mental health and well – being as tangible enough issues to be colloquially considered to be pertinent health issues

¹⁸⁷ “Delhi Police head constable hangs himself to death”, March 5, 2013, Daily Bhaskar; Available at <http://daily.bhaskar.com/article/DEL-delhi-police-head-constable-hangs-himself-to-death-4198812-NOR.html?PRVNX=> (last visited Mar 28, 2013).

that require addressal. This observation is made, based on the understanding that an individual's choice of taking away his life would involve a psychological process caused due to immense mental duress.

A SUMMATION OF RESULTS DISCUSSED

A brief overview of the above enables us to understand the kind of work pressure a constable goes through for a prolonged period of time as his professional growth depends completely on the promotion policy and relies on the pyramid structure thus restricting promotion prospects. Large family and less contribution adds to the pressure mainly due to economic crunches. All these factors combine to pressurize the individual who ultimately seemed to have found solution in suicide being unaware of a method to cope with their life's challenges. There is a requirement to note the effect of cumulative pressures which even though beginning with the stresses at work might percolate into the family lives thereby leading to drastic steps such as commission of suicide.

The data and the graphical representations of the same indicate a strong pattern in the suicides. Firstly, most of them were from the lower most rank in the service; most of them were beyond 36 years of age (all had completed more ten years of service in the Police force). All were married and had good interpersonal relationship with their parents. Psychological pressure and emotional stress is seen as a common factor in all the cases.

Based on the data collected and the case studies presented it is evident that the causes for the suicide are due to varying factors. But all the factors mentioned and or recognized by the family members indicate lack of awareness with regard to approaching mental health professionals for help, absence of professional help for the police personnel.

As far as the causes mentioned by the respondents - personal, medical, psychological and professional, all of them could have been helped by a mental health professional. With regard to those whose cause

remains a mystery, again these individuals too could have been helped to be more expressive and seek out for appropriate help.

As this report is being finalized, a response to the various communications, seeking data on police personnel who have committed suicide has been received from Nagpur City on 25th March 2013. The communication gives details of 14 personnel, the method of committing suicide and cause of suicide. However, no contact details of the families have been provided .But due to the late receipt of this detail, they have not been included even in the table of discussion related to method and causes of suicides. Hence it may be considered extremely important that communications to queries related to research work be attended to as a priority.

RECOMMENDATIONS

Based on the inferences and conclusion that were drawn from the study and literature, the following recommendations have been made.

There is a need to reprioritize the importance of mental health and structure the system so as to include spaces where emphasis on the same is provided to it. Therefore, the following recommendations are made.

- Public should be given awareness regarding importance of mental health and availing the services of mental health professionals, literacy of spouse and women employment to ensure the spouse can contribute to the income of the family.
- Facilities of mental health help should be provided for the police and their families. Regular family counseling and counseling for aspects related to work would help the professionals and their spouses find an outlet for their frustration and negativity.
- Each police personnel must be compelled to take a substantial number of days of paid leave so that they get a chance to spend time away from the work pressure with their family and friends.
- It is observed from the results that most of the deceased who committed suicide were constables. In the Indian Police system, a police constable gets promoted just once or twice before his retirement, i.e. he is inducted as a constable and retires as a Head constable or a sub-inspector. There is a dire need for the Government to reconsider the hierarchy set up in Police department and include more levels between the post of Constable and Head constable/sub-inspector. More the number of promotions, higher are the levels of self-esteem and confidence in a personnel. It will ensure that the person's interest is held in the profession.

- Further, the system of promotion and increments should be based on performance of the individual. This will ensure that an individual's efforts are recognized and awarded. It will further motivate an individual to work more efficiently.
- Effective psychological assessment should be conducted for every individual before he is inducted into the service and any issues recognized should be dealt with before he begins his work. Such assessment should also be conducted periodically for every individual during his service at the department and his problems must be dealt with. Effective Career Development analyses and feedback system must evolve in the Department.
- Facilities of day care centers should be established for children of the professionals and schools should be set up for them with affordable fee structures and in the vicinity of their Government quarters as has been done in the Army sector.
- Better social relations ought to be facilitated between the various ranks within the police community and their families, thus providing avenues for better and stronger network and communication to ensure that one can always find support when needed.
- Several individuals seemed to have committed suicide due to work pressure. One of the ways to reduce this would be to ensure that the personnel do not overburden themselves with work. The Government should ensure that no official is made to work for more than a pre-determined reasonable number of hours per day and also that at least once a week, every individual is given a day off.
- Sensitization and awareness programs should be established regarding the issues relating to suicide and guide the professionals to overcome their stress.
- Recreational facilities should be made more accessible to the professionals within the police forces for all ranks that will serve as stress busters and help them vent out the frustration caused by work or family problems. It will keep their mind diverted from the negativity.

- It is observed from the results that many of the professionals shot themselves to death using the firearm given to them by the department. In order to avoid this kind of misuse of the weapons, awareness programmes should be conducted regarding judicious use of weapons provided to them for official purposes.
- Most of the State headquarters were unable to help us due to the lack of proper organizational set up and proper data storage system. Therefore, it is highly recommended that better documentation facility and organizational structure is set up in all the Police Department that will help in retrieval of all information required for any such further studies.
- A separate study ought to be authorized to discuss the problems involved in data collection with respect to the system so that effective changes are brought about and future investigators benefit from the same.
- Most importantly, programs to build a healthy relationship between the Police and the public must be conducted regularly such as open house sessions, where the general grievances faced by the general public and the police department with respect to each other are discussed and steps are taken to ensure that they are immediately dealt with. This will help build a relationship of trust between the two and ensure proper and effective functioning of the Police Department.

Keeping the specific requirements of police suicides a '**PSYCHO SOCIAL INTERVENTION MODEL**' for police personnel is recommended.

“Intervention” is any assistance provided to any individual who is willing to accept the help and who is able to perceive a relief from his/ her condition as a result of such assistance. Psycho social intervention takes into consideration the psychological and the sociological requirements and provides a collaborated intervention that would fulfill the need of both aspects. The alarming rise of suicides

amongst the Police in India has raised many questions and the study conducted to understand the cause of the same indicates a need for psycho-socio intervention.

A very humane Facilities Department in every district is very essential. The uniqueness of this department is that this will be headed by a psychologist and will comprise of a team of mental health specialists specialized in clinical, applied, counseling psychology, medical and psychological social workers and family and child health workers. This department needs to focus on the following aspects:

1. Public education for all ranks of the police personnel as well as their families with regard to various aspects of mental health.
2. Regularly organize experiential workshops, conferences on mental health and moral responsibilities for all ranks of police personnel.
3. Regular periodical psychological assessment of the police personnel of all ranks
4. Providing general therapeutic strategies like mediation, yoga, complimentary healing techniques.
5. Promote the facilities of AYUSH of the Ministry of Health and Family welfare amongst the police personnel and their families.
6. Provide therapeutic counseling service on field as and when required.
7. Timely referral to psychologists.
8. Plan out periodical picnic for the police personnel; family get together
9. Research studies on mental health of the police personnel and its effect on job performance and family life. The same will help them develop better strategies.

A psycho-social intervention unit for every police department within a city would be ideal and be able to take care of the needs of the police personnel and their families.

The proposed Psycho-Social Intervention Model:

1. The intervention unit should have a psychologist, a social worker, a legal consultant, and an outreach worker.
2. The police personnel should be encouraged to go through routine psychological assessment along with his/ her annual medical tests to rule out any psychological disorder. These tests will also help to detect any case of alcoholism/ addiction and refer the same to rehabilitation centers.
3. The Indian Police Service should build De-addiction, or Rehabilitation Centers catering only to their own people. Thus, they will have the opportunity to seek help once diagnosed with an addiction.
4. Besides this, the intervention center should be equipped with sufficient psycho-assessment tools. The services of the center should be available for the families as well. The tools in the center will help in accurate assessment of stress levels, emotional quotient, and anxiety level and based on the results of these tests, appropriate counseling and therapeutic sessions may be conducted by qualified professionals.
5. The psychologist/counselor should be equipped to provide various therapeutic interventions and capable of handling different age groups. The psychologist may also focus on counseling session that will aim towards more openness between the couple, a closer relationship within the family that will encourage the police personnel to share his feelings and tensions and thus open channels for discussion within the families. Besides referring alcoholic and drug addiction cases to the rehabilitation centers, the social worker may conduct regular group work sessions for those who are fighting the addictions/habits and also develop support groups for the same.
6. Group sessions may also be conducted for better marital harmony, anger management and assertiveness.
7. The social worker may also work out ideas of introducing Self-Help groups amongst the wives of the police personnel and thus help them out in increasing the family income.

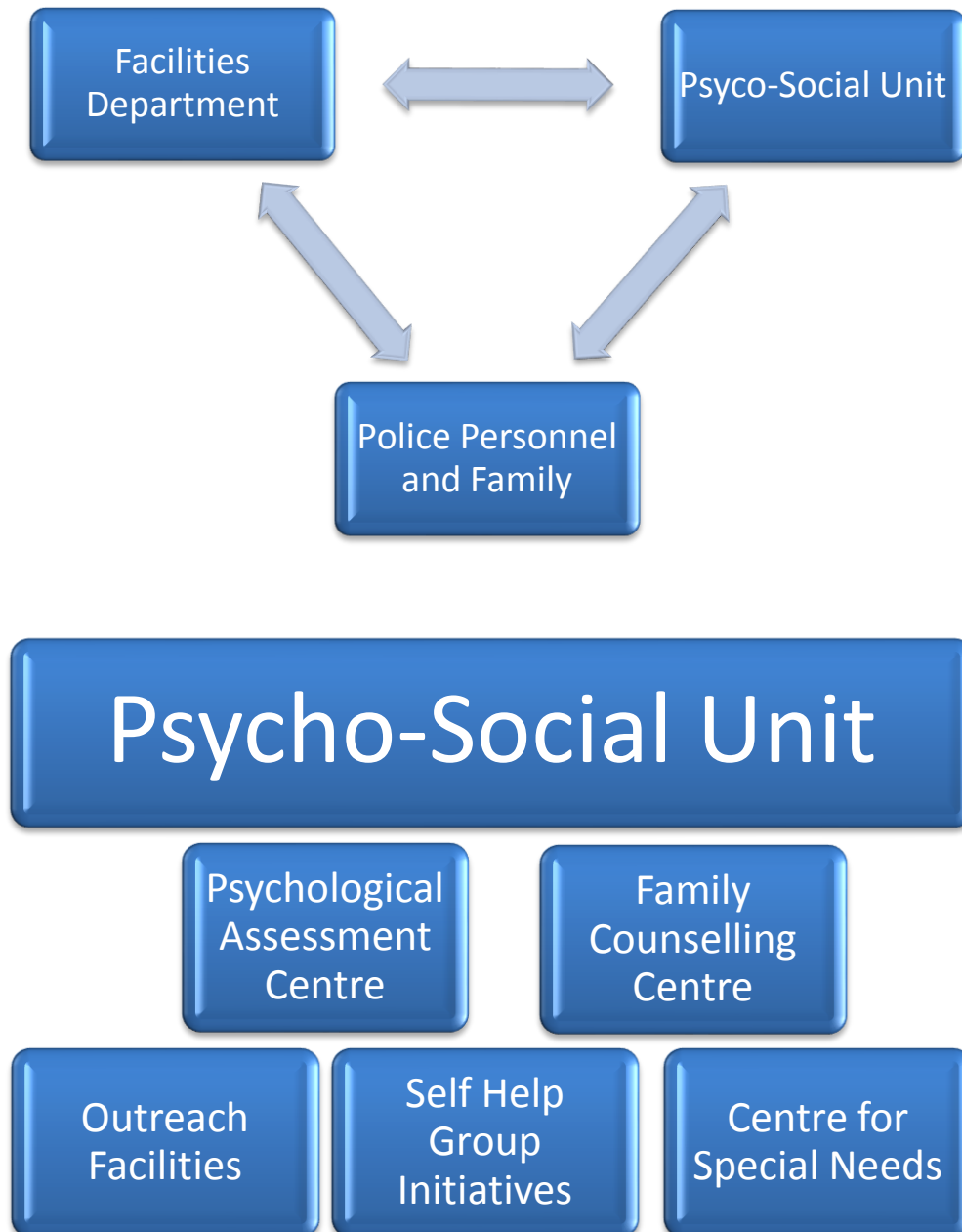
8. The outreach worker needs to be in constant touch with the family, making house visits, identifying the real needs of the family and discussing the same with the psychologist and social worker and devise methodologies to provide appropriate assistance to the family.
9. The outreach worker may also look into other aspects such as education needs and vocational needs of the children, financial assistance for higher studies of the children and facilitate the same.
10. The outreach worker should also organize Alcoholic Anonymous meetings for the police personnel and encourage them to attend the same and help them get rid of addictions.
11. The social worker may activate an internal Women's Welfare organization headed by the wife of the Director General of Police of the City, the Police Women's Wives Welfare association. All the wives of the police personnel automatically become members of the association. The positions in the organization are purely honorary and held by educated wives of senior police officers and the organization works primarily for the welfare of the wives and children of the police. Similar organizations are run successfully by the Defense forces and they may be referred to for setting it up on similar guidelines. These welfare centers will cater to vocational training of the wives of lower rank police personnel. The Unit would have the following :
 - Family Counseling Centre
 - Child Development Centre
 - Women empowerment Centre
 - Senior Citizens Centre
12. The unit could have a Family Counseling Centre also. This unit will take care of the various interpersonal issues related to the family - be it marital dispute, in laws problems, abuse etc.

13. The social worker's unit would take care of economic rehabilitation, commencing of SHGs, commencing of special needs center for the children with special needs and vocational opportunities for the wives.
14. This unit should also cater to providing entertainment/ cultural centers within each Police Unit where the personnel may relax and shed the stress. This practice is again followed in the Defense Forces, PSUs family establishment and in the various townships of different industries. Regular community celebrations of festivals and annual get-together add to the social component. This not only relaxes the individuals but also serves as a platform where they may showcase their talents and potentials. This goes a long way in reassuring their self-concept.

The Facilities Department will coordinate with the Psycho-Social unit as and when appropriate to provide holistic service to the police personnel and their families.

The outreach unit will be able to provide all other kind of guidance related to financial security, legal consultations, geriatric care, and other care of infrastructure, career counseling of children and the like.

The picture below is a clear depiction of the same.



This unit would be a second home to the families where they will feel secure physically, emotionally and socially. It is important that the above mentioned recommendations and Intervention model be given serious consideration for practical implementation that will contribute towards reducing the

number of suicides amongst State police Personnel. This in the context of the increased importance given to mental health issues shall lead to greater wholesome development of the individuals and therefore the police community at large.

While conducting the interviews, it was also observed that a large number of families found themselves to be financially handicapped after the suicide of the police personnel. In most of the cases, the deceased was the sole bread-earner, and belonged to a low socio-economic class, because of which the family was not well-educated, and often had a large number of dependents. What was common in these cases was the fact that the pension that the families were supposed to receive, were extremely delayed. Some attributed the delay to the fact that the death was commissioned by the deceased himself. Therefore, we would also like to recommend that after a police personnel commits suicide, his family should not be victimized further by delaying the pension.

In a particular case, the wife of the deceased was denied a job because she was illiterate. However, the number of dependents was very large in the family. With the delayed pension, they had no income or source to fill their mouths. In such cases, to avoid making the wife or the family destitute, the strict regulations regarding the employment may be relaxed a little.

Even as this report is in the process of being drafted, it is indeed shocking to note that there have been two police suicides in India in the month of March 2013. One police head constable committed suicide in Delhi by hanging himself on 5th of March and a DCP in Maharashtra shot himself on 23rd March. Although no further information was available from the newspapers, the fact that steps to bring down the number of suicides amongst the police is the need of the hour is confirmed beyond doubt. It is therefore all the more important that the suggestions and recommendations mentioned in this report be implemented and thus practical steps taken to reduce suicides amongst Indian Police Personnel.

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ANNEXURES

Annexure I - Questionnaire

Name of the respondent

Relationship with the deceased

BASIC INFORMATION

1. Name					
2. Date of Birth					
3. Gender	1) Male	2) Female			
4. Age at the time of death	1) 20-25 yrs.	2) 26-30 yrs.	3) 31-35 yrs.	4) 36-40 yrs.	5) 41 yrs. and above
5. Educational qualification	1) Primary stage	2) Secondary stage	3) Higher Secondary stage	4) Graduate	5) Post Graduate
6. Place of Posting at the time of death					
7. Designation	1) Police constable	2) inspector of police	3) Superintendent of Police	4) Commissioner of Police	
8. Marital status	1) Single	2) Married	3) Divorced	4) Widow	
9. Number of years since marriage	1) 1-5 yrs.	2) 6-10 yrs.	3) 11-15 yrs.	4) 16-20 yrs.	5) 21 yrs. and more
10. Children	1) 0	2) 1	3) 2	4) 3	5) 4 or more
11. Gender of the children	1) All male	2) all female	3) equal number of male and	4) more males	5) more females

			females		
12. Age of the children during the death					
13. Qualification of the children	1) Primary stage or lower	2) Secondary stage	3) Higher Secondary stage	4) Graduate	5) Post Graduate
14. Professional/vocational position of the spouse at the time of death	1) Government	2) Private business	3) police	4) service sector	5) any other
15. Income of the Spouse	1) less than 1000 pm	2) 1000-5000 pm	3) 5000-10000 pm	4) 10000-15000 pm	5) above 15000 pm
16. Number of Family Members	1) 2-4members	2) 5-7 members	3) 8-10 members	4) 11-13 members	5) 14 members and above
17. Number of Earning Members	1) 1-3 members	2) 4-6 members	3) 7-9 members	4) 10-13 members	5) 14 members and above
18. Number of Dependents	1) 1-3 members	2) 4-6 members	3) 7-9 members	4) 10-13 members	5) 14 members and above
<u>PERSONALITY</u>					
19. Was he in the habit of resorting to medication even for mild ailments?	1) yes	2) sometimes	3) no	4) never	5) Don't know
20. Has he ever had the habit of drugs/ alcohol in his school / college days?	1) Regular Habit	2) Occasionally	3) Tried	4) Never	5) Don't know
21. Did the deceased indulge in alcohol, drugs or tobacco?	1) yes	2) sometimes	3) no	4) never	5) don't know
22. Was the deceased suffering from any form of ailment that acted as a handicap? Did he seek treatment for the same? (explain)	1) Life Threatening Chronicle Ailment	2) Psychological Problems	3) Handicapped	4) any other	5) nothing
23. What kind of a person was he	1) liked to be alone	2) enjoyed outings	3) liked spending time with family	4) liked being at home	5) don't know
24. What kind of nature he portrayed	1) calm	2) agitated	3) impulsive	4) analytical	5) normal

25. What kind of attitude he displayed	1) realistic	2) pessimistic	3) euphoric	4) cynical	5) normal
26. What kind of personality he displayed	1) dominating	2) submissive	3) assertive	4) autocratic	5) normal
27. What kind of decision making he believed in	1) irreversible	2) reversible	3) trial and error	4) not sure	5) don't know
28. What kind of role he/she liked to play in any discussion?	1) take a lead	2) be participative	3) be a follower	4) be a rebel	5) don't know
29. Did the deceased have any issues or trifles with anyone?	1) Spouse or parents	2) colleagues	3) superior	4) any other	5) no one
30. Did the deceased discuss any of his/her life problems with anyone?	1) Spouse or parents or relatives	2) friends or colleagues	3) any other	4) no one	5) don't know
31. Has he/she contemplated Divorce/separation	1) yes	2) sometimes	3) no	4) never	
32. Was he/she happy in his marriage	1) yes	2) no	3) may be	4) not sure	
33. Was he/she legally divorced	1) yes	2) no	3) may be	4) not sure	
34. Was his/her divorce a pleasant end	1) yes	2) no	3) may be	4) not sure	
35. Has he/she got visitation rights?	1) yes	2) no	3) may be	4) not sure	
36. Why did he/she go in for divorce	1) no compatibility	2) due to the job constraints	3) extra marital relationship of the spouse	4) extra marital affair of the deceased	
37. Has he/she considered remarriage	1) yes	2) no	3) may be	4) not sure	
38. Had he/she discussed the cause of divorce with anyone	1) yes	2) no	3) may be	4) not sure	
39. Was he/she happy being single	1) yes	2) no	3) may be	4) not sure	
40. How was he/she spending his/her leisure	1) solitude	2) games/sports	3) club	4) religious activities	5) friends
41. Why was he single	1) felt he/she had not reached the age for marriage yet	2) had not found a suitable partner	3) was a homosexual	4) hadn't gotten over a broken relationship	
42. Which kind of recreational activities	1) cultural(dance,	2) sports	3) spending time	4) any other	5) did not

did the deceased indulge in?	drama, movies)		with family	(including cultivating a hobby)	indulge in any activity much
43. What kind of religious / spiritual activities he involved himself in?	1) regular prayer meetings	2) bhajans/satsangs	3) weekly visit to the religious place	4) solitary prayer everyday	5) not a religious person
44. What kind of involvement he had in religious/ spiritual places?	1) just attending	2) participative	3) organizing	4) not much	5) no involvement
45. What kind of movies he enjoyed	1) comedy	2) violence	3) family drama/tragedy	4) sex	5) don't know
46. What kind of music he enjoyed	1) classical	2) filmy	3) slow	4) fast	5) don't know
FINANCE 47. Was the deceased indebted to anyone?	1) took loan from a bank	2) a money lender or pawn broker	3) borrowed from relatives/friends	4) pledged jewelry or house	5) not indebted at all
48. Was he having difficulty repaying	1) yea	2) no	3) may be	4) don't know	
49. What were the deceased source of income and what was the total income	1) only salary/pension	2) other agricultural land/rent from house	3) spouse's and fathers salary	4) any other source	5) don't know
50. Was he able to manage his household expenses with the available income?	1) yes	2) no	3) may be	4) not sure	
51. Was he able to save as per his satisfaction with the available income?	1) yes	2) no	3) may be	4) not sure	
FAMILY 52. Did the deceased spend quality time away from work (vacations, family gatherings, picnics, movies, etc.)	1) yes with family-hours	2) yes with family-week	3) yes with friends-hours	4) yes with friends-weeks	5) no

53. What was the deceased's behavior at home?	1) secluded	2) helped wife and children	3) carried work home	4) was grumpy	5) any other
54. What was his relationship with his parents like	1) abandoned or estranged	2) indifferent	3) still close to them	4) normal	5) Any other(adop ted of orphaned etc.)
55. Did the deceased have pre or extra marital affair?	1) yes premarital	2) yes-extra marital	3) both Pre-marital and extra-marital	4) neither	5) don't know
56. Did the spouse have pre or extra marital affair	1) yes premarital	2) yes-extra marital	3) both Pre-marital and extra-marital	4) neither	5) don't know
<u>WORK RELATED</u>					
57. Did he choose his profession	1) yes	2) no	3) may be	4) don't know	
58. Did he like his job	1) very much	2) to some extent	3) never	4) don't know	
59. Did he think of quitting the job	1) yes	2) no	3) sometimes	4) don't know	
60. What did he like best at the job					
61. What did he dislike the most about his job					
62. Did he get leaves whenever he wanted	1) always	2) never	3) sometimes	4) don't know	
63. Did he take frequent leaves	1) yes	2) no	3) sometimes	4) don't know	
64. For how many years has he been employed in the police force	1) 0-5	2) 6-10 yrs.	3) 11-15 yrs.	4) 16-20 yrs.	5) 21 yrs. or more
65. What was the nature of his work	1) night shifts and absurd hours	2) overtime	3) off duty calls	4) lengthy hours	5) frequent change in position
66. Did the deceased have any unpleasant experiences or face any injury during his training or duty?	1) yes-unpleasant experience	2) yes-injury	3) both	4) neither	5) don't know

67. Did the deceased have any altercation or receive threats to his or his family's life?	1) yes, from within d department	2) yes, from criminals and members of illicit gangs	3) no	4) any other	5) don't know
68. Did he ever accept bribe in his career?	1) frequently	2) on a few occasions	3) no	4) any other	5) don't know
69. Did the deceased imprison people / or charge people with a fine frequently? Did the deceased feel guilty about arresting / charging any person?	1) yes and he felt guilty	2) yes but he never felt guilty	3) no	4) any other	5) don't know
70. What was his employment status at the time of his death	1) employed	2) retired	3) dismissed	4) suspended	5) any other

INCIDENT RELATED

71. Had he in the recent past ever indicated of suicidal intentions?

72. Had he ever given the impression that he was unable to bear the stress that he was going through?

73. When, where and how did the incident take place?

74. Was there any suicide note?

75. Did the deceased keep any sort of journal? Did he record any kind of a confession before committing suicide?

Annexure II –

Age-Group-Wise Details of Suicides Committed by Police Personnel & General Suicides During 2006-2010

As Provided by NCRB, Delhi

AGE-GROUP-WISE DETAILS OF SUICIDES COMMITTED BY POLICE PERSONNEL & GENERAL SUICIDES DURING 2006

Sl	State/UT	SUICIDES BY POLICE PERSONNEL*						SUICIDES#					
		18-25 Years	25- 35 Yrs	35- 45 Yrs	45- 55 Yrs	Above 55 Yrs	Total	Upto 14 years	15-29 years	30-44 years	45-59 years	Above 60 years	Total
1	ANDHRA PRADESH	0	3	1	1	0	5	364	4683	4635	2615	979	13276
2	ARUNACHAL PRADESH	0	0	0	0	0	0	4	43	57	24	1	129
3	ASSAM	0	0	0	0	0	0	76	1166	1201	492	96	3031
4	BIHAR	0	1	0	1	0	2	52	246	231	73	16	618
5	CHHATTISGARH	2	5	3	7	2	19	208	1842	1513	778	285	4626
6	GOA	0	2	0	0	0	2	7	100	91	53	24	275
7	GUJARAT	0	3	3	2	0	8	58	1911	1748	992	326	5035
8	HARYANA	0	1	3	0	0	4	46	862	878	409	121	2316
9	HIMACHAL PRADESH	0	0	0	0	0	0	5	157	164	102	29	457
10	JAMMU & KASHMIR	0	1	0	0	0	1	1	132	89	34	6	262
11	JHARKHAND	0	5	1	7	5	18	36	348	313	133	26	856
12	KARNATAKA	1	3	0	1	0	5	282	4060	4165	2715	990	12212
13	KERALA	0	6	4	6	0	16	114	1748	2631	2801	1732	9026
14	MADHYA PRADESH	0	4	3	6	0	13	179	2726	2117	999	414	6435
15	MAHARASHTRA	1	9	20	15	0	45	153	5771	5408	2851	1311	15494
16	MANIPUR	0	0	1	0	0	1	0	18	12	5	1	36
17	MEGHALAYA	0	0	2	0	0	2	2	57	24	5	4	92

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

18	MIZORAM	0	0	0	0	0	0	0	36	24	6	4	70
19	NAGALAND	0	0	0	0	0	0	1	13	10	4	0	28
20	ORISSA	0	2	0	1	0	3	102	1488	1435	740	300	4065
21	PUNJAB	0	0	1	0	0	1	27	295	260	140	50	772
22	RAJASTHAN	0	1	1	2	1	5	105	1525	1641	815	177	4263
23	SIKKIM	0	0	0	0	0	0	7	75	44	15	4	145
24	TAMIL NADU	1	8	7	14	2	32	106	3991	4418	2805	1061	12381
25	TRIPURA	0	0	0	0	1	1	22	313	285	112	33	765
26	UTTAR PRADESH	0	1	1	2	1	5	119	1366	1035	396	183	3099
27	UTTARAKHAND	0	0	0	0	0	0	5	128	125	52	16	326
28	WEST BENGAL	0	1	2	4	2	9	334	6035	5388	3127	841	15725
	TOTAL STATEs	5	56	53	69	14	197	2415	41135	39942	23293	9030	115815
29	A&N ISLANDS	0	0	0	0	0	0	5	42	44	28	14	133
30	CHANDIGARH	0	0	0	0	0	0	2	40	32	4	2	80
31	D&N HAVELI	0	0	0	0	0	0	1	16	11	5	9	42
32	DAMAN & DIU	0	0	0	0	0	0	3	11	6	1	1	22
33	DELHI UT	0	1	5	2	1	9	25	784	488	167	28	1492
34	LAKSHADWEEP	0	0	0	0	0	0	0	1	1	0	0	2
35	PUDUCHERRY	0	0	1	1	0	2	13	187	175	108	43	526
	TOTAL UTs	0	1	6	3	1	11	49	1081	757	313	97	2297
	TOTAL ALL INDIA	5	57	59	72	15	208	2464	42216	40699	23606	9127	118112

AGE-GROUP-WISE DETAILS OF SUICIDES COMMITTED BY POLICE PERSONNEL & GENERAL SUICIDES DURING 2007

Sl	State/UT	SUICIDES BY POLICE PERSONNEL*						SUICIDES#					
		18-25 Years	25-35 Yrs	35-45 Yrs	45-55 Yrs	Above 55 Yrs	Total	Upto 14 years	15-29 years	30-44 years	45-59 years	Above 60 years	Total
1	ANDHRA PRADESH	1	2	2	15	4	24	315	5075	5110	3108	1274	14882

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

2	ARUNACHAL PRADESH	0	0	0	0	0	0	7	53	54	12	3	129
3	ASSAM	0	0	0	0	0	0	71	1131	1130	627	103	3062
4	BIHAR	0	0	1	2	0	3	77	408	263	166	51	965
5	CHHATTISGARH	1	0	3	2	0	6	137	1778	1599	920	405	4839
6	GOA	0	0	0	0	0	0	3	101	94	50	22	270
7	GUJARAT	0	1	4	2	0	7	68	2201	1954	984	373	5580
8	HARYANA	0	0	2	0	0	2	36	973	892	405	127	2433
9	HIMACHAL PRADESH	0	0	0	1	0	1	2	164	144	49	43	402
10	JAMMU & KASHMIR	0	1	1	2	0	4	0	116	81	27	10	234
11	JHARKHAND	0	0	0	0	0	0	68	439	451	251	80	1289
12	KARNATAKA	2	4	5	10	3	24	236	3677	4219	3172	1000	12304
13	KERALA	0	0	9	9	0	18	91	1707	2750	2920	1494	8962
14	MADHYA PRADESH	0	1	15	17	5	38	205	2986	1852	905	381	6329
15	MAHARASHTRA	2	3	25	8	1	39	116	5640	5169	2940	1319	15184
16	MANIPUR	0	0	0	0	0	0	1	11	23	4	0	39
17	MEGHALAYA	0	0	1	1	0	2	1	43	33	7	3	87
18	MIZORAM	0	0	0	0	0	0	1	10	11	4	2	28
19	NAGALAND	0	1	1	0	0	2	0	7	12	5	0	24
20	ORISSA	0	0	1	3	0	4	147	1654	1404	784	319	4308
21	PUNJAB	0	0	2	0	0	2	18	348	285	134	62	847
22	RAJASTHAN	0	0	2	0	0	2	114	1607	1647	907	162	4437
23	SIKKIM	0	3	0	0	0	3	12	60	32	16	2	122
24	TAMIL NADU	1	7	4	4	0	16	113	4413	4939	3155	1191	13811
25	TRIPURA	0	4	0	0	0	4	48	264	241	135	17	705
26	UTTAR PRADESH	0	0	3	2	2	7	119	1685	1185	621	317	3927
27	UTTARAKHAND	0	0	0	0	0	0	10	116	95	22	5	248
28	WEST BENGAL	0	2	1	3	2	8	419	5376	5384	2953	728	14860
	TOTAL STATEs	7	29	82	81	17	216	2435	42043	41053	25283	9493	120307

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

29	A&N ISLANDS	0	1	0	0	0	1	6	66	36	35	13	156
30	CHANDIGARH	0	0	0	0	0	0	2	37	29	9	5	82
31	D&N HAVELI	0	0	0	0	0	0	0	34	22	11	9	76
32	DAMAN & DIU	0	0	0	0	0	0	0	10	3	2	0	15
33	DELHI UT	0	1	4	3	0	8	28	777	503	133	40	1481
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	1	2	0	3
35	PUDUCHERRY	0	1	0	0	0	1	8	193	185	96	35	517
	TOTAL UTs	0	3	4	3	0	10	44	1117	779	288	102	2330
	TOTAL ALL INDIA	7	32	86	84	17	226	2479	43160	41832	25571	9595	122637

AGE-GROUP-WISE DETAILS OF SUICIDES COMMITTED BY POLICE PERSONNEL & GENERAL SUICIDES DURING 2008

Sl	State/UT	SUICIDES BY POLICE PERSONNEL*						SUICIDES#					
		18-25 Years	25- 35 Yrs	35- 45 Yrs	45- 55 Yrs	Above 55 Yrs	Total	Upto 14 years	15-29 years	30-44 years	45-59 years	Above 60 years	Total
1	ANDHRA PRADESH	0	4	3	3	0	10	213	4596	5253	3215	1077	14354
2	ARUNACHAL PRADESH	0	0	0	0	0	0	2	62	38	8	0	110
3	ASSAM	0	0	0	0	0	0	45	1219	1132	518	75	2989
4	BIHAR	0	0	0	0	0	0	68	383	347	137	80	1015
5	CHHATTISGARH	1	0	1	0	0	2	147	1979	1634	903	282	4945
6	GOA	0	0	0	0	0	0	3	109	110	39	26	287
7	GUJARAT	0	1	2	3	0	6	64	2340	2208	1134	419	6165
8	HARYANA	0	0	0	1	0	1	86	961	1029	407	173	2656
9	HIMACHAL PRADESH	0	0	1	0	0	1	16	243	172	141	58	630
10	JAMMU & KASHMIR	0	0	0	0	0	0	2	136	114	42	16	310

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

11	JHARKHAND	0	1	0	3	0	4	51	284	346	184	46	911
12	KARNATAKA	1	1	1	1	0	4	134	3855	4131	2993	1109	12222
13	KERALA	0	1	3	10	0	14	68	1682	2740	2638	1441	8569
14	MADHYA PRADESH	0	1	1	6	1	9	155	3425	2446	1120	483	7629
15	MAHARASHTRA	3	6	8	16	3	36	121	5448	4976	2705	1124	14374
16	MANIPUR	0	0	0	0	0	0	1	18	14	1	0	34
17	MEGHALAYA	0	0	0	0	0	0	1	30	39	12	3	85
18	MIZORAM	0	0	0	0	0	0	0	14	19	8	0	41
19	NAGALAND	0	0	0	0	0	0	0	10	22	10	0	42
20	ORISSA	0	0	1	1	0	2	169	1764	1617	972	382	4904
21	PUNJAB	0	0	2	0	0	2	18	310	332	148	61	869
22	RAJASTHAN	1	1	0	0	4	6	186	1820	1964	978	218	5166
23	SIKKIM	0	2	2	0	0	4	2	96	95	78	16	287
24	TAMIL NADU	0	2	2	7	1	12	113	4778	5046	3278	1210	14425
25	TRIPURA	1	0	0	1	0	2	23	295	263	140	31	752
26	UTTAR PRADESH	0	3	3	2	0	8	129	1851	1277	570	261	4088
27	UTTARAKHAND	0	0	0	1	0	1	11	98	50	28	4	191
28	WEST BENGAL	0	1	4	3	0	8	516	5810	5487	2495	544	14852
	TOTAL STATEs	7	24	34	58	9	132	2344	43616	42901	24902	9139	122902
29	A&N ISLANDS	0	1	1	0	0	2	0	54	45	26	18	143
30	CHANDIGARH	0	0	0	0	0	0	0	38	26	18	1	83
31	D&N HAVELI	0	0	0	0	0	0	1	26	17	14	2	60
32	DAMAN & DIU	0	0	0	0	0	0	0	5	4	7	3	19
33	DELHI UT	1	2	2	0	0	5	34	718	401	122	28	1303
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	2	195	168	103	39	507
	TOTAL UTs	1	3	3	0	0	7	37	1036	661	290	91	2115
	TOTAL ALL INDIA	8	27	37	58	9	139	2381	44652	43562	25192	9230	125017

AGE-GROUP-WISE DETAILS OF SUICIDES COMMITTED BY POLICE PERSONNEL & GENERAL SUICIDES DURING 2009

Sl	State/UT	SUICIDES BY POLICE PERSONNEL*						SUICIDES#					
		18-25 Years	25- 35 Yrs	35- 45 Yrs	45- 55 Yrs	Above 55 Yrs	Total	Upto 14 years	15-29 years	30-44 years	45-59 years	Above 60 years	Total
1	ANDHRA PRADESH	2	1	4	1	0	8	194	4661	5142	3415	1088	14500
2	ARUNACHAL PRADESH	0	0	1	0	0	1	2	62	38	8	0	110
3	ASSAM	0	0	0	0	0	0	51	1169	1052	605	89	2966
4	BIHAR	0	0	0	0	0	0	47	430	425	116	33	1051
5	CHHATTISGARH	2	0	2	0	0	4	180	2098	1929	1228	448	5883
6	GOA	0	1	0	0	0	1	3	98	94	58	25	278
7	GUJARAT	0	2	4	3	0	9	57	2414	2175	1085	425	6156
8	HARYANA	1	5	4	7	0	17	72	986	904	433	108	2503
9	HIMACHAL PRADESH	0	0	1	0	0	1	16	210	183	98	53	560
10	JAMMU & KASHMIR	0	0	0	0	0	0	2	125	128	44	22	321
11	JHARKHAND	0	1	0	0	0	1	38	338	396	266	74	1112
12	KARNATAKA	0	2	0	2	1	5	366	3125	4155	3226	1323	12195
13	KERALA	0	1	4	5	0	10	68	1896	2595	2675	1521	8755
14	MADHYA PRADESH	1	4	7	15	4	31	508	3854	2726	1464	561	9113
15	MAHARASHTRA	1	3	10	9	0	23	103	5288	4980	2693	1236	14300
16	MANIPUR	0	0	0	0	0	0	0	12	14	1	0	27
17	MEGHALAYA	0	1	0	0	0	1	2	42	17	44	7	112
18	MIZORAM	0	0	0	0	0	0	1	34	27	6	1	69
19	NAGALAND	0	0	0	0	0	0	2	16	9	4	0	31
20	ORISSA	0	1	0	1	0	2	136	1629	1511	793	296	4365
21	PUNJAB	0	0	2	0	0	2	16	337	281	146	67	847
22	RAJASTHAN	1	2	1	0	0	4	161	1870	1890	918	226	5065

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

23	SIKKIM	0	0	0	0	0	0	6	122	52	46	15	241
24	TAMIL NADU	0	7	3	6	1	17	280	4438	4943	3268	1495	14424
25	TRIPURA	0	0	0	2	0	2	19	345	216	126	32	738
26	UTTAR PRADESH	0	1	0	1	1	3	113	1905	1296	579	265	4158
27	UTTARAKHAND	0	1	0	1	0	2	5	156	97	72	12	342
28	WEST BENGAL	1	1	0	7	0	9	453	5132	5540	2864	659	14648
	TOTAL STATESs	9	34	43	60	7	153	2901	42792	42815	26281	10081	124870
29	A&N ISLANDS	0	1	0	0	1	2	8	50	37	29	7	131
30	CHANDIGARH	0	0	0	0	0	0	1	34	27	9	4	75
31	D&N HAVELI	0	0	0	0	0	0	0	24	14	9	9	56
32	DAMAN & DIU	0	0	0	0	0	0	1	9	7	4	2	23
33	DELHI UT	0	1	3	3	0	7	34	817	450	141	35	1477
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	1	0	0	1
35	PUDUCHERRY	0	0	0	0	0	0	6	194	137	130	51	518
	TOTAL UTs	0	2	3	3	1	9	50	1128	673	322	108	2281
	TOTAL ALL INDIA	9	36	46	63	8	162	2951	43920	43488	26603	10189	127151

AGE-GROUP-WISE DETAILS OF SUICIDES COMMITTED BY POLICE PERSONNEL & GENERAL SUICIDES DURING 2010

Sl	State/UT	SUICIDES BY POLICE PERSONNEL*						SUICIDES#					
		18-25 Years	25-35 Yrs	35-45 Yrs	45-55 Yrs	Above 55 Yrs	Total	Upto 14 years	15-29 years	30-44 years	45-59 years	Above 60 years	Total
1	ANDHRA PRADESH	1	1	3	2	0	7	225	5675	5434	3244	1323	15901
2	ARUNACHAL PRADESH	0	0	0	0	0	0	8	73	40	8	2	131
3	ASSAM	0	0	1	0	0	1	66	1234	1037	564	92	2993
4	BIHAR	0	0	0	0	0	0	94	455	431	189	57	1226
5	CHHATTISGARH	1	2	0	1	0	4	168	2246	2185	1394	529	6522
6	GOA	0	0	0	0	0	0	5	106	102	72	37	322

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

7	GUJARAT	2	2	3	7	1	15	79	2448	2134	1125	421	6207
8	HARYANA	3	4	10	10	1	28	41	1159	980	564	151	2895
9	HIMACHAL PRADESH	0	0	0	0	0	0	12	214	176	104	36	542
10	JAMMU & KASHMIR	0	0	0	2	1	3	6	132	79	34	8	259
11	JHARKHAND	1	0	3	6	1	11	100	427	417	252	36	1232
12	KARNATAKA	3	1	3	4	2	13	255	3672	4113	3223	1388	12651
13	KERALA	0	1	3	5	0	9	110	1648	2599	2715	1514	8586
14	MADHYA PRADESH	0	1	1	3	0	5	376	3865	2773	1382	607	9003
15	MAHARASHTRA	1	10	6	10	3	30	144	6289	5306	2887	1290	15916
16	MANIPUR	0	0	0	0	0	0	0	15	17	5	0	37
17	MEGHALAYA	0	0	0	1	0	1	3	52	32	15	6	108
18	MIZORAM	0	2	0	0	0	2	4	38	26	6	2	76
19	NAGALAND	0	0	0	0	0	0	0	5	6	1	0	12
20	ORISSA	0	0	0	0	0	0	176	1650	1396	807	226	4255
21	PUNJAB	0	0	4	6	0	10	13	363	320	148	76	920
22	RAJASTHAN	0	2	3	0	0	5	157	1794	1818	959	192	4920
23	SIKKIM	0	0	0	0	0	0	21	111	90	40	18	280
24	TAMIL NADU	3	7	6	2	1	19	384	5470	5306	3608	1793	16561
25	TRIPURA	0	2	0	1	0	3	34	235	222	140	94	725
26	UTTAR PRADESH	0	2	1	3	0	6	104	1699	1085	519	221	3628
27	UTTARAKHAND	0	0	0	0	0	0	11	131	87	38	14	281
28	WEST BENGAL	0	7	2	1	1	11	480	5302	5872	3535	848	16037
	TOTAL STATEs	15	44	49	64	11	183	3076	46508	44083	27578	10981	132226
29	A&N ISLANDS	0	0	2	0	0	2	4	67	44	20	21	156
30	CHANDIGARH	0	0	0	0	0	0	2	39	22	6	2	71
31	D&N HAVELI	0	0	0	0	0	0	0	32	16	10	5	63
32	DAMAN & DIU	0	0	0	0	0	0	3	18	8	2	0	31
33	DELHI UT	0	0	3	1	0	4	40	792	489	166	56	1543
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	1	0	0	1

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

35	PUDUCHERRY	0	0	0	0	0	0	5	169	183	107	44	508
	TOTAL UTs	0	0	5	1	0	6	54	1117	763	311	128	2373
	TOTAL ALL INDIA	15	44	54	65	11	189	3130	47625	44846	27889	11109	134599

Source: * Crime in India # Accidental Deaths & Suicides in India

Annexure III –

Statement of Police Personnel Killed or Injured on Duty During 2006-2010

As Provided by NCRB, Delhi

STATEMENT OF POLICE PERSONNEL KILLED OR INJURED ON DUTY DURING 2006

Sl	STATE/UT	Actual Police Strength	KILLED							INJURED						
			In Terrorist / Extremists Operations	In Dacoity Operation Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total	In Terrorist / Extremis ts Operatio ns	In Dacoity Operati on Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total
1	ANDHRA PRADESH	79296	7	0	0	0	1	41	49	6	1	92	11	0	121	231
2	ARUNACHAL PRADESH	5442	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	52049	10	0	0	4	0	5	19	23	0	4	1	0	0	28
4	BIHAR	51623	2	2	1	3	0	6	14	3	2	22	6	0	5	38
5	CHHATTISGARH	30095	13	0	0	6	3	8	30	31	4	0	0	0	4	39
6	GOA	3522	0	0	0	0	0	0	0	0	0	11	1	0	2	14
7	GUJARAT	83978	0	0	0	2	0	41	43	1	2	54	7	0	17	81
8	HARYANA	34480	0	0	0	2	0	52	54	0	0	6	11	0	19	36
9	HIMACHAL PRADESH	12073	0	0	0	0	0	1	1	0	0	22	1	0	3	26
10	JAMMU & KASHMIR	59209	50	0	0	1	0	8	59	127	0	33	1	0	15	176
11	JHARKHAND	28766	19	0	5	0	0	1	25	4	0	26	5	0	6	41
12	KARNATAKA	52052	0	0	0	1	0	8	9	4	69	203	10	0	56	342
13	KERALA	43544	0	0	0	0	0	1	1	1	3	116	64	0	30	214
14	MADHYA	76365	0	0	1	13	0	16	30	0	0	60	90	4	19	173

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

	PRADESH															
15	MAHARASH TRA	15362 8	4	1	3	1	0	90	99	68	7	557	57	0	136	825
16	MANIPUR	14251	6	0	0	1	0	0	7	5	0	0	0	0	0	5
17	MEGHALAY A	8930	0	0	0	0	0	0	0	0	0	10	0	0	0	10
18	MIZORAM	7369	0	0	0	1	0	0	1	0	0	0	0	0	0	0
19	NAGALAND	11947	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	ORISSA	38752	3	0	2	0	0	7	12	13	1	54	19	0	2	89
21	PUNJAB	71927	0	0	0	5	9	85	99	0	0	18	6	0	28	52
22	RAJASTHAN	65388	0	1	0	2	0	39	42	0	0	126	24	0	32	182
23	SIKKIM	3666	0	0	0	1	0	0	1	0	0	0	0	0	0	0
24	TAMIL NADU	84240	0	0	0	2	0	43	45	0	0	12	10	0	240	262
25	TRIPURA	20302	10	0	0	0	0	1	11	16	0	0	0	0	1	17
26	UTTAR PRADESH	15293 3	0	3	1	13	3	103	123	0	6	18	33	11	35	103
27	UTTARAKH AND	13527	0	0	0	1	0	5	6	0	0	0	0	0	15	15
28	WEST BENGAL	80571	0	1	0	3	0	21	25	0	19	170	38	0	129	356
	TOTAL STATES	1E+0 6	124	8	13	62	16	582	805	302	114	1614	395	15	915	335 5
29	A&N ISLANDS	2745	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	CHANDIGAR H	4063	0	0	0	0	0	2	2	0	0	0	0	0	0	0
31	D&N HAVELI	217	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	222	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	DELHI UT	56433	0	0	0	0	0	34	34	0	0	88	3	0	17	108
34	LAKSHADW EEP	310	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERR Y	2106	0	0	0	0	0	0	0	0	0	0	5	0	0	5
	TOTAL UTs	66096	0	0	0	0	0	36	36	0	0	88	8	0	17	113
	TOTAL ALL INDIA	1E+0 6	124	8	13	62	16	618	841	302	114	1702	403	15	932	346 8

STATEMENT OF POLICE PERSONNEL KILLED OR INJURED ON DUTY DURING 2007

Sl	STATE/UT	Actual Police Strength	KILLED							INJURED						
			In Terrorist / Extremists Operations	In Dacoity Operation Or Other Raids	By Rioteus Mobs	By Other Criminals	On Border Duties	In Accidents	Total	In Terrorist / Extremists Operations	In Dacoity Operation Or Other Raids	By Rioteus Mobs	By Other Criminals	On Border Duties	In Accidents	Total
1	ANDHRA PRADESH	78618	3	1	0	2	0	33	39	9	2	94	12	0	121	238
2	ARUNACHAL PRADESH	5772	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	52049	24	0	0	5	0	2	31	0	0	0	4	0	2	6
4	BIHAR	55875	14	3	0	5	0	5	27	11	1	0	1	0	3	16
5	CHHATTISGARH	29970	76	0	0	0	0	4	80	41	0	1	1	2	4	49
6	GOA	4675	0	0	0	0	0	0	0	0	0	0	3	0	0	3
7	GUJARAT	72707	0	0	0	0	1	46	47	0	8	27	13	0	15	63
8	HARYANA	43107	0	0	0	0	0	36	36	0	0	6	8	0	7	21
9	HIMACHAL PRADESH	11837	0	0	0	0	0	7	7	0	0	1	0	0	7	8
10	JAMMU & KASHMIR	61711	20	0	0	1	0	6	27	66	0	3	8	0	0	77
11	JHARKHAND	40498	5	0	1	0	0	6	12	3	0	8	0	0	5	16
12	KARNATAKA	53292	0	0	0	4	0	21	25	0	3	47	21	0	29	100
13	KERALA	43658	0	0	1	1	0	15	17	1	0	117	122	0	25	265
14	MADHYA PRADESH	76826	1	2	0	1	10	27	41	0	7	88	67	1	16	179
15	MAHARASHTRA	149571	3	1	0	0	0	73	77	26	66	326	73	1	148	640
16	MANIPUR	16334	0	0	0	0	0	0	0	4	0	0	0	0	0	4
17	MEGHALAYA	9164	1	0	0	0	0	0	1	2	0	0	0	0	0	2

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

1	8	MIZORAM	7742	9	0	0	1	0	1	11	0	0	0	0	0	0
1	9	NAGALAND	10306	0	0	1	0	0	0	1	0	0	0	1	0	1
2	0	ORISSA	38272	0	0	0	0	0	2	2	0	15	51	12	0	78
2	1	PUNJAB	71927	0	0	0	1	3	90	94	0	0	0	2	0	21
2	2	RAJASTHAN	64518	0	0	3	11	0	37	51	0	0	286	63	0	367
2	3	SIKKIM	2960	0	0	0	5	0	0	5	0	0	0	0	0	0
2	4	TAMIL NADU	87973	0	0	0	0	0	52	52	0	0	31	22	0	176
2	5	TRIPURA	21818	4	1	0	3	1	4	13	1	0	0	2	0	22
2	6	UTTAR PRADESH	151480	0	11	2	14	2	113	142	0	14	6	22	0	115
2	7	UTTARAKHAND	13904	0	0	0	1	0	5	6	0	0	0	0	0	9
2	8	WEST BENGAL	80071	0	0	1	0	0	10	11	0	14	398	36	0	500
		TOTAL STATES	1E+06	160	19	9	55	17	595	855	164	130	1490	493	4	2976
2	9	A&N ISLANDS	2805	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	CHANDIGARH	4063	0	0	0	0	0	0	0	0	0	16	39	0	62
3	1	D&N HAVELI	218	0	0	0	0	0	0	0	0	0	0	0	0	0
3	2	DAMAN & DIU	216	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	DELHI UT	58625	0	0	0	0	0	21	21	0	0	91	13	0	129
3	4	LAKSHADWEEP	290	0	0	0	0	0	0	0	0	0	0	0	0	0
3	5	PUDUCHERRY	2329	0	0	0	0	0	0	0	0	0	0	30	0	30
		TOTAL UTs	68546	0	0	0	0	0	21	21	0	0	107	82	0	221
		TOTAL ALL INDIA	1E+06	160	19	9	55	17	616	876	164	130	1597	575	4	3197

STATEMENT OF POLICE PERSONNEL KILLED OR INJURED ON DUTY DURING 2008

Sl	STATE/UT	Actual Police Strength	KILLED							INJURED						
			In Terrorist / Extremists Operations	In Dacoity Operation Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total	In Terrorist / Extremis ts Operatio ns	In Dacoity Operati on Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total
1	ANDHRA PRADESH	81264	2	0	0	0	0	28	30	7	0	12	10	0	88	117
2	ARUNACHAL PRADESH	7277	0	0	0	0	0	0	0	0	0	10	0	0	0	10
3	ASSAM	51729	1	0	0	2	0	1	4	0	1	0	1	0	2	4
4	BIHAR	60091	5	0	0	15	12	6	38	2	3	8	10	0	27	50
5	CHHATTISGARH	34361	37	0	0	0	0	2	39	58	0	22	6	0	2	88
6	GOA	4627	0	0	0	0	0	0	0	0	0	59	2	0	3	64
7	GUJARAT	58166	0	0	0	0	0	50	50	0	0	57	2	0	27	86
8	HARYANA	42568	0	0	0	0	0	29	29	0	0	14	0	1	1	16
9	HIMACHAL PRADESH	13046	0	0	0	0	0	1	1	0	0	0	1	0	8	9
10	JAMMU & KASHMIR	63768	18	0	0	4	0	5	27	48	4	558	0	1	8	619
11	JHARKHAND	51828	24	0	0	1	0	17	42	4	0	0	0	0	8	12
12	KARNATAKA	75337	0	1	1	1	2	18	23	0	1	90	21	0	30	142
13	KERALA	41055	0	0	0	0	0	8	8	0	2	220	192	0	36	450
14	MADHYA PRADESH	76826	0	0	0	0	0	23	23	0	0	81	63	0	24	168
15	MAHARASHTRA	166366	23	0	0	4	0	60	87	38	101	491	71	6	115	822
16	MANIPUR	16158	0	0	0	0	0	1	1	1	0	0	0	0	0	1
17	MEGHALAYA	10266	0	0	0	0	0	3	3	0	0	0	0	0	1	1
18	MIZORAM	9880	4	0	0	0	0	0	4	2	0	0	2	0	0	4

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

1	9	NAGALAND	10443	0	0	0	0	0	0	0	0	0	0	0	0	0		
2	0	ORISSA	40376	14	0	0	0	0	1	15	6	0	0	4	2	0	12	
2	1	PUNJAB	67255	0	0	0	0	7	82	89	0	2	0	3	0	11	16	
2	2	RAJASTHAN	72771	0	2	1	8	0	37	48	1	1	185	47	0	32	266	
2	3	SIKKIM	3601	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	4	TAMIL NADU	89732	0	0	0	0	0	46	46	0	0	42	22	0	150	214	
2	5	TRIPURA	22543	0	0	0	1	0	1	2	0	0	0	0	0	12	12	
2	6	UTTAR PRADESH	13844	5	0	1	1	9	0	107	118	0	1	13	8	0	32	54
2	7	UTTARAKHAND	14805	0	0	0	0	0	6	6	0	0	0	2	0	2	4	
2	8	WEST BENGAL	78718	0	0	0	1	0	15	16	0	3	245	29	0	137	414	
		TOTAL STATES	1E+06	128	4	3	46	21	547	749	167	119	2107	496	10	756	365	
2	9	A&N ISLANDS	2763	0	0	0	1	0	0	1	0	0	0	5	0	0	5	
3	0	CHANDIGARH	4063	0	0	0	0	0	0	0	0	0	5	10	0	4	19	
3	1	D&N HAVELI	213	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	2	DAMAN & DIU	220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	3	DELHI UT	60444	1	0	0	0	0	12	13	1	1	17	24	0	40	83	
3	4	LAKSHADWEEP	308	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	5	PUDUCHERRY	2282	0	0	0	0	0	0	0	0	0	0	6	0	20	26	
		TOTAL UTs	70293	1	0	0	1	0	12	14	1	1	22	45	0	64	133	
		TOTAL ALL INDIA	1E+06	129	4	3	47	21	559	763	168	120	2129	541	10	820	378	

STATEMENT OF POLICE PERSONNEL KILLED OR INJURED ON DUTY DURING 2009

Sl	STATE/UT	Actual Police Strength	KILLED							INJURED						
			In Terrorist / Extremists Operations	In Dacoity Operation Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total	In Terrorist / Extremis ts Operatio ns	In Dacoity Operati on Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total
1	ANDHRA PRADESH	10685	0	0	0	1	0	49	50	0	8	24	18	0	100	150
2	ARUNACHAL PRADESH	7256	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	51729	1	0	0	2	0	1	4	1	0	22	8	0	1	32
4	BIHAR	59200	13	0	1	3	0	11	28	9	4	4	2	0	7	26
5	CHHATTISGARH	39707	90	0	0	4	1	8	103	71	0	37	20	8	7	143
6	GOA	4724	0	0	0	0	0	1	1	0	0	4	1	0	4	9
7	GUJARAT	60356	0	1	0	1	9	38	49	0	1	51	6	0	24	82
8	HARYANA	41392	0	0	6	1	2	36	45	0	0	24	0	0	0	24
9	HIMACHAL PRADESH	13970	0	0	0	0	0	1	1	0	0	0	3	0	5	8
10	JAMMU & KASHMIR	88113	8	0	0	5	0	7	20	17	0	263	15	0	5	300
11	JHARKHAND	42360	40	0	0	1	0	12	53	4	0	3	0	0	2	9
12	KARNATAKA	75342	0	0	0	2	0	19	21	10	38	119	136	146	39	488
13	KERALA	39789	0	0	0	1	0	12	13	0	0	203	245	0	69	517
14	MADHYA PRADESH	76836	0	0	0	4	0	25	29	0	13	95	67	33	19	227
15	MAHARASHTRA	179903	52	1	0	11	0	88	152	14	19	327	98	0	142	600
16	MANIPUR	19236	0	0	1	0	0	0	1	0	0	0	0	0	0	0
17	MEGHALAYA	10064	0	0	0	0	0	1	1	0	0	0	0	0	0	0
18	MIZORAM	10948	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

1	9	NAGALAND	10003	0	0	0	0	0	0	0	0	0	1	0	0	0	1
2	0	ORISSA	43475	22	0	0	1	0	2	25	35	10	31	5	0	0	81
2	1	PUNJAB	67044	0	0	0	8	0	58	66	0	0	71	8	0	2	81
2	2	RAJASTHAN	71725	0	0	0	2	0	36	38	0	0	70	270	0	9	349
2	3	SIKKIM	3604	0	0	0	1	0	1	2	0	0	0	0	0	0	0
2	4	TAMIL NADU	88672	0	0	0	1	0	79	80	0	5	18	10	0	121	154
2	5	TRIPURA	22742	1	0	0	0	0	1	2	1	0	0	0	0	0	1
2	6	UTTAR PRADESH	147799	0	6	0	8	5	96	115	0	21	36	22	0	20	99
2	7	UTTARAKHAND	15587	0	0	1	0	1	16	18	0	0	17	0	0	8	25
2	8	WEST BENGAL	83358	7	0	0	2	0	13	22	32	0	233	4	0	155	424
		TOTAL STATES	1E+06	234	8	9	59	18	611	939	194	119	1653	938	187	739	3830
2	9	A&N ISLANDS	3729	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	CHANDIGARH	4695	0	0	0	0	0	5	5	0	0	50	0	0	9	59
3	1	D&N HAVELI	222	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	2	DAMAN & DIU	220	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	DELHI UT	64443	0	0	0	1	0	9	10	2	5	79	22	0	14	122
3	4	LAKSHADWEEP	254	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	5	PUDUCHERRY	2145	0	0	0	0	0	0	0	0	0	1	8	0	0	9
		TOTAL UTs	75708	0	0	0	1	0	14	15	2	5	130	30	0	23	190
		TOTAL ALL INDIA	2E+06	234	8	9	60	18	625	954	196	124	1783	968	187	762	4020

STATEMENT OF POLICE PERSONNEL KILLED OR INJURED ON DUTY DURING 2010

Sl	STATE/UT	Actual Police Strength	KILLED							INJURED						
			In Terrorist / Extremists Operations	In Dacoity Operation Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total	In Terrorist / Extremis ts Operatio ns	In Dacoity Operati on Or Other Raids	By Rioto us Mobs	By Other Crimin als	On Bord er Dutie s	In Accide nts	Total
1	ANDHRA PRADESH	109904	0	0	0	4	0	42	46	5	2	113	15	0	79	214
2	ARUNACHAL PRADESH	7445	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	54069	4	0	9	0	0	0	13	3	0	8	9	0	0	20
4	BIHAR	61856	7	0	0	0	0	8	15	1	0	6	0	0	4	11
5	CHHATTISGARH	41825	68	0	0	0	0	14	82	17	0	0	4	0	3	24
6	GOA	4699	0	0	0	0	0	0	0	0	0	2	2	0	2	6
7	GUJARAT	64584	0	0	0	1	0	56	57	0	3	57	9	0	23	92
8	HARYANA	47496	0	0	2	1	0	23	26	0	0	0	4	0	1	5
9	HIMACHAL PRADESH	13575	0	0	0	0	0	5	5	0	0	2	0	0	0	2
10	JAMMU & KASHMIR	77012	17	0	2	2	0	4	25	21	0	2930	1	0	5	2957
11	JHARKHAND	46613	20	0	0	3	0	32	55	13	0	4	0	0	7	24
12	KARNATAKA	71597	0	1	0	0	0	21	22	1	5	47	23	4	42	122
13	KERALA	40550	0	0	0	1	0	4	5	0	0	159	278	2	49	488
14	MADHYA PRADESH	76155	0	1	0	2	0	28	31	0	0	18	64	0	20	102
15	MAHARASHTRA	179955	10	0	1	9	0	77	97	17	3	264	80	0	111	475
16	MANIPUR	23523	0	0	0	0	0	1	1	0	0	2	0	0	0	2
17	MEGHALAYA	10247	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	MIZORAM	10733	0	0	0	1	0	0	1	0	0	0	0	0	0	0

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

1	9	NAGALAND	10003	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	ODISHA	43445	8	0	0	1	0	3	12	1	7	23	13	1	1	46
2	1	PUNJAB	66670	2	0	0	0	0	108	110	2	0	0	2	0	4	8
2	2	RAJASTHAN	71570	0	0	0	13	0	31	44	0	1	108	351	0	0	460
2	3	SIKKIM	3804	0	0	0	0	0	1	1	0	0	0	0	0	0	0
2	4	TAMIL NADU	86755	0	0	0	2	0	65	67	0	4	26	10	0	142	182
2	5	TRIPURA	24259	0	0	0	0	2	0	2	2	0	0	0	0	0	2
2	6	UTTAR PRADESH	14213 2	0	0	1	2	1	101	105	0	10	10	6	8	9	43
2	7	UTTARAKHAND	18044	0	0	0	0	0	15	15	0	0	0	0	0	5	5
2	8	WEST BENGAL	86097	2	1	0	2	0	20	25	21	23	265	17	0	86	412
		TOTAL STATES	1E+06	138	3	15	44	3	659	862	104	58	4044	888	15	593	5702
2	9	A&N ISLANDS	3739	0	0	0	0	0	1	1	0	0	0	6	0	0	6
3	0	CHANDIGARH	5059	0	0	0	0	0	0	0	0	0	33	5	0	3	41
3	1	D&N HAVELI	208	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	2	DAMAN & DIU	220	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	DELHI UT	73862	0	0	0	2	0	7	9	0	2	59	21	0	17	99
3	4	LAKSHADWEEP	332	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	5	PUDUCHERRY	2274	0	0	0	0	0	0	0	0	0	0	10	0	1	11
		TOTAL UTs	85694	0	0	0	2	0	8	10	0	2	92	42	0	21	157
		TOTAL ALL INDIA	2E+06	138	3	15	46	3	667	872	104	60	4136	930	15	614	5859

Annexure IV –

Suicide among General Population during 2000-2006

As Provided by NCRB, Delhi

STATES	2000	2001	2002	2003	2004	2005	2006
ANDHRA PRADESH	13.06	13.89	15.2	10.3	17.2	16.8	16.4
ARUNACHAL PRADESH	9.5	10.17	10.22		6.9	6	11
ASSAM	10.66	9.93	9.21		10.1	9.9	10.4
BIHAR	0.49	0.72	0.85		0.4	0.6	0.7
CHHATTISGARH		19.35	18.54	3.5	20.3	21.6	20.1
GOA	16.94	19.04	22.26		21.4	18.7	17.7
GUJARATH	10.44	9.46	8.97	4.1	8.9	8.8	9.1
HARYANA	11.21	9.51	10.16		9.3	9	10
HIMACHAL PRADESH	5.29	5.05	5.41		5.9	5.6	7.1
JAMMU & KASHMIR	1.41	1.51	1.76		1	2.6	2.2
JHARKHAND		0.92	0.99		1.5	2.8	2.9
KARNATAKA	23.66	22.53	22.86	11.2	21.7	20.7	21.7
KERALA	28.76	30.06	10.4	8.5	27.4	27.7	26.8
MADHYA PRADESH	13.55	11.36	11.11	6.1	10.5	8.3	9.6
MAHARASHTRA	15.32	15.1	14.7	13.3	14.5	14	14.8
MANIPUR	1.07	1.71	1.6		1.6	1.1	1.4
MEGHALAYA	2	3.77	2.84		2.3	2.9	3.7
MIZORAM	5.32	6.06	7.25		6.4	5.8	7.3
NAGALAND	1.89	2.01	1.32		1.5	1.3	1.3
ORISSA	10.94	11.03	11.75	4	11	10.9	10.4
PUNJAB	3.51	2.66	2.05		2.5	2.3	3
RAJASTHAN	6.09	5.65	5.59		6.2	6.8	6.8

Study of Suicide Cases of State Police Personnel and Suggestions to Contain Such Cases

SIKKIM	14.95	17.4	14.1		17.3	19	25
TAMILNADU	17.72	18.17	17.86	10.7	20	18.6	18.9
TRIPURA	24.56	26.76	23.99		23	21.1	22.3
UTTAR PRADESH	2.76	2.11	2.49		2	1.9	1.7
UTTARANCHAL		3.66	4.16		2.6	3	3.5
WEST BENGAL	17.46	17.06	15.92	12	16	17.7	18.3
A & N ISLANDS	32.99	36.23	39.45		32.2	35.8	33.6
CHANDIGARH	8.39	7.76	9.33		7.7	8.9	7.8
D & N HAVELI	28.13	22.72	21.93		16.4	28.3	16.8
DAMAN & DIU	8.51	8.86	10.37		7.6	18.3	12.2
DELHI	7.29	8.98	7.32		8.2	7.9	9.2
LAKSHADWEEP	0	0	0		0	0	3
PONDICHERRY	50.85	54.31	57.21		53	52.1	50.2
India	10.84	10.56	10.51		10.5	10.3	10.5

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Third year B.A., LL.B (Hons.) Student at Jindal Global Law School

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Chinmayee K. Udupudi is a 3rd year B.A., LL.B (Hons.) Student. She has been performing well academically as well as in co-curricular and extra-curricular activities. She is actively working on numerous projects under a number of distinguished experts and also a member of various research centers in the University. She was involved in the making of a report on “Voices from the Field: Access to Contraceptive Services and Information in the State of Haryana, India” published in March 2013. With a great interest in matters outside set curriculum she has pursued extra courses such as the Competency Mapping Course taught by Dr. S. P. Sahni, Law of the Sea by Gudmundur Eiriksson, Ambassador of Iceland to India as well as currently learning Mandarin in the Taiwan Education Centre. She is noticeably active in student community. Being a member of the University Sports Society, Dramatics Society and the creative head of the Literary and Fine Arts Society, she has represented the university in Table Tennis, Badminton, Basket Ball, Pool/Snooker, Carrom, Throw Ball and other competitions and won many accolades at college and school level. She was also selected as a part of the Moot Court Society, and has been representing the University in the NHRC-LC-I moot court competition and won the Best Memorial Award in March 2013. She has been actively participating the social service activities carried out by the student body in College and also volunteered in organizing Blood Donation Camps. Further she shows talent in Music, Dance and Art. She has passed the Junior Exam in Instrumental Hindustani Music at a very young age and even exhibited her paintings at various exhibitions. Based on all these achievements and her enthusiastic participation she has been awarded a scholarship from the College. Her interests in varying fields, awareness in social matters and desire to explore further, have led her to become a part of this project.



Ms. Ragya Vaidehy Singh

Social Investigator,

Third year B.A.,LL.B (Hons.) Student at Jindal Global Law School

O. P. Jindal Global University, Sonapat

Ragya Vaidehy Singh is a 3rd year student of B.A., LL.B. (Hons.) at Jindal Global Law School, JGU Sonapat. She has earlier worked as a Student Researcher in the field of Honor Crimes for the Center for Penology, Criminal Justice and Police Studies, at Jindal Global Law School. In her school days, she has been a member of the Rotary Club, and volunteered at the Blood Donation Camps. She has a strong sense of compassion and justice, which led her to volunteer for this Project, and in her capacity as a Social Investigator, she has used these qualities to get important primary data. Her interests lie in art, reading and classical western music. With her penchant for orientalism, she is an avid *otaku*, and is teaching herself Japanese and Korean, and is also learning Mandarin at the Taiwan Education Center at O. P. Jindal Global University.

As a law student, her interests lie in Constitutional and Criminal Law, and she wishes to pursue a career in Research and Litigation.



Mr. Aiman Singh Kler

Social Investigator,

Third year B.A., LL.B (Hons.) Student at Jindal Global Law School,

O. P. Jindal Global University, Sonapat

Aiman Singh Kler is 3rd year B.A., LL.B. (Hons.) student studying in Jindal Global Law School. Being a part of a social cause is something that has always been a part of his life. He has participated in Child Polio Immunization as part of the Global Polio Eradication Initiative, a campaign of the WHO and Rotary International, volunteered for Social Service through the Rotary Club for Eye Check – Up and Eye Surgery in Chandigarh and was involved in a week long Computer Awareness Program for children of drug affected families. Thus, being involved in this project as a Social Investigator was something that he is really passionate about.

He is an avid mooter as well and secured the first position in the Surana and Surana Trial Advocacy moot competition and was a finalist in the AIL Mohali Criminal law moot competition.



Ms. Shama Banoo Hussain Abbasi

Social Investigator,

Third year B.A.,LL.B (Hons.) Student at Jindal Global Law School,
O. P. Jindal Global University, Sonapat

Shama B.H. Abbasi was born in September 1992 in Ratlam – a town in Madhya Pradesh. She did her schooling at the St. Joseph’s Convent S.S. School Ratlam. In the eleventh grade she went to the USA as an exchange student, and studied at the North Andover High School in Massachusetts. Though her inclination in school was towards Science, after her experiences in the USA she decided to pursue law. She currently is in the third year of her 5 year B.A., LL.B. (Hons.) program. She stood second in her batch in the first year and stood first in her batch in the second year at JGLS. Her interests include Human Rights Law, Public International Law, Corporate Social Responsibility etc. In pursuance of the same she has been a research assistant for the Center for Human Rights Studies and the Center for

Clinical Legal Education at the Jindal Global Law School. She was also one of the three students selected to attend the International Lecture Programme hosted by Herbert Smith in collaboration with the Oxford Law School, where she had the privilege of being taught by Prof. Thomas Endicott the dean of Oxford Law and Mr. Chris Parsons – Chairman of the India Group of Herbert and Smith. During her summer internships she has worked with the Institution for Rural Research and Development in Gurgaon (2011), and the United Nations High Commission for Refugees (UNHCR) in 2012. In the month of January 2013 she assisted a member of the District Consumer Grievance Redressal Forum.

Apart from academics, her extra-curricular interests also span across many domains. She is a part of the Taiwanese Education Centre at JGLS and is learning mandarin. She is also a part of the Debate Society at her Law School and has won third best adjudicator awards at two tournaments. She enjoys competitive swimming and has learnt horse-riding and skating during her school years. She is also a voracious reader and enjoys reading fiction.
