

ORIGINAL ARTICLE

A 15-year study of death in custody in Tuanku Ja'afar Hospital Seremban

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Abstract

Death-in-custody refers to the occurrence of death, while a person is under the custody of any enforcement agency. Their incidence often creates overwhelming public and media attention. Currently, there is no standardised definition of 'death-in-custody' in Malaysia and internationally. A cross-sectional descriptive study was performed in the Department of Forensic Medicine Hospital Tuanku Ja'afar Seremban (HTJS) for a period of 24 months. Information on all custodial deaths registered at HTJS from January 2001 till December 2015 was selected from the in-house hospital death registration system. The definition of 'death-in-custody' used was guided by the recommendation by the 'Australian Royal Commission into Aboriginal Deaths in Custody' 1991 with few adjustments. Four custodial settings of interest (the police, prison, immigration depot for the illegal immigrant, and army custody) were studied. A total of 172 deaths-in-custody were collected, in which the majority of cases were natural deaths (84.88%), predominantly infective in nature (65.07%). Less than 1/6th of cases were unnatural deaths with more than 80% died from legal intervention. All custodial deaths were dominated by males (96.51%) with a mean and median age of 37 years. In terms of nationality, 52.91% of the deaths involved Malaysian citizens in which the 'Malay/Bumi' race outnumbered the other two main races. The most documented custodial deaths occurred in prison (44.19%) followed by immigration depots (38.37%) and police lock-ups (17.44%). This study provides a general overview of the pattern including the causes and the demographic profile involving death in custody in the Seremban district registered at HTJS.

Keywords: custodial death, autopsy, forensic, detainee.

INTRODUCTION

There is nothing non-tragical regarding the unexpected deaths of a person in custody. In-custody deaths commonly generate much public interest and exaggerated media attention with some of the cases representing some of the most sensational and controversial high-profile cases in the country that require delicate and proper handling and investigations.^{1,2}

Questions regarding the circumstances surrounding the death, medical care of the detainees, and the responsibility of the respective custodial authorities were among the most frequently raised issues. Lack of initial medical examination before incarceration, insufficient appropriate standard medical care when needed,

or absence of any continuation of care and medical follow-ups in certain conditions with undertrained guards or officers-in-charge that unable to pick up any signs or red flags that require further medical attention or intervention had contributed to some of the theoretically avoidable custody-related deaths.^{3,4}

Currently, there is no standardised, globally accepted, and adaptable definition of 'Death-in-Custody', and because of the substantial variations in defining and classifying death-in-custody within the literature, inter-countries comparison of such study is found to be arduous.^{5,6} The definition varies between countries due to the difference in their legal systems, with some of the countries; including Malaysia, which

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still does not have an established definition in classifying in-custody death.^{7,8}

According to the Practice Direction No. 2 2014 which was issued by the Office of the Chief Registrar, Federal Court of Malaysia, starting from April 2014, an inquiry of death should be conducted by the appointed Coroner in the permanent Coroner's Court.⁹ Various circumstances of death requiring an inquiry to be conducted, including custody-related deaths such as death that took place in a police station, prison, any detention facilities, and also death of a detainee during admission in the hospital. Even though the definition of 'Death-in-Custody' is not clearly stated and further elaborated, the Practice Direction issued did give a general idea of what it is meant by custody-related deaths in Malaysia.

In Malaysia, the long-existed Lock-up Rules 1953 and Prison Regulations 2000 only focused on the two custodial facilities with an inability to strictly emphasise the importance of an in-house health care system by trained independent medical personnel with the establishment of a healthy and well-kept detention environment.^{10,11} However, the rights of the detainees in other forms of detention facilities including the Immigration depot for Illegal Immigrants were not properly outlined or lawfully regulated.

Nationally, there has been very limited study regarding deaths in custody, with many of the studies only focused exclusively on deaths in police custody alone without taking into account other types of custodial institutions.^{12,13} This study is the first registered study conducted in Malaysia involving other forms of custodial settings for a long period which is 15 years. The need for comprehensive data concerning in-custody deaths is important so that the identified issues can be properly addressed and the necessary preventive measures can be planned, suggested, and further implemented. It is crucial to analyse the different types of custodial settings separately as well as collectively due to the population differences that may yield different data and relevant information on the cause of death.¹⁴

Our study aims to describe the pattern of death in custody registered at Tuanku Ja'afar Hospital Seremban from the year 2001 to 2015 to address any issues discovered on death-in-custody with associated improvement strategies.

MATERIALS AND METHOD

A cross-sectional descriptive study was carried out in the Forensic Medicine Department Tuanku Ja'afar Hospital Seremban for a period of 24 months. Information regarding all in-custody deaths within the district of Seremban registered at Tuanku Ja'afar Hospital Seremban from January 1st, 2001 to December 31st, 2015 was extracted from the hospital death registration system available at Forensic Medicine Department Tuanku Ja'afar Hospital Seremban.

The definition of 'Death-in-Custody' used in this study was guided by the recommendation by the 'Australian Royal Commission into Aboriginal Deaths in Custody' 1991 with few adjustments.¹⁵

Adjustments were made to include other lawful detention settings; where the detention was against a person's consent, except for compulsory involuntary detention of a mentally disordered person in any psychiatric or mental institution under the Mental Health Act 2001, Act 615, Section 10, and also detention institutions under the Child Act 2001, Act 611, which include any place of safety or place of refuge, place of detention, probation hostel, approved school or Henry Gurney school, appointed under this Act (Prison Act 1995; Child Act 2001; Mental Health Act 2001; Immigration Act 1959/63; Lockup Rules 1953).^{16,17,18}

The adjusted definition of 'Death-in-Custody' used in this study consisted of:

- I Death whenever occurring of a person who is in prison custody, police custody, and other lawful detention settings.
- II Death whenever occurring of a person whose death is caused or contributed to by traumatic injuries sustained, or by lack of proper care while in prison custody, police custody, and other lawful detention settings.
- III Death whenever occurring of a person who is fatally injured or suddenly collapses in the process of police, prison, or other arresting officers attempting to detain that person. This includes death as a result of legal interventions.
- IV Death whenever occurring of a person who is fatally injured in the process of that person escaping or attempting to escape from prison custody, police custody, and other lawful detention settings.
- V Death that occurs outside the custodial settings other than deaths described in

No. III, involving a detainee or potential detainee, regardless of the place of death, either during the point of contact with the arresting officers, during the transfer process to or from the detention centres, or after being transferred from the detention centre to the non-custodial premises. The death can take place in a public place, police or other vehicles, and private or medical premises. However, all of these deaths must have taken place within Seremban District.

- VI Death that occurs to an initially prisoned person, who later is diagnosed with a mental disorder and medically transferred to any psychiatric or mental institution where the death took place. This is because the detention period in a mental hospital involving a prisoner will be legally included as part of the term of imprisonment, according to the Prison Regulations 2000, under the Prison Act 1995 (Act 537), Part 6, Regulation 47.

It is essential to note that 'legal intervention deaths' in this study are consistent with the ICD-10 category for deaths resulting from the action of the law-enforcing agents in the line of duty; whether during the course of arresting or attempting to arrest, when suppressing disturbances, maintaining order and all other legal actions. This kind of fatality resulting from the use of lethal force by law enforcement agents can involve firearm discharge, explosives, gas, blunt or sharp objects, and other specified means including manhandling. Since deaths from the legal intervention are deaths that are not due to the physiological aging process or any pathological conditions, they are then categorised as unnatural deaths.

Therefore, in this study, only data from the in-custody deaths as per the adjusted definition that occurred within the District of Seremban registered in the Forensic Medicine Department Tuanku Ja'afar Hospital between January 1st, 2001 to December 31st, 2015 were used. These in-custody deaths represented cases from the following detention settings: The prison (Penjara Seremban Jalan Muthu Cumaru), the immigration depot for illegal immigrants (Depot Tahanan Imigresen Lenggeng), the police lock-up (lock-ups in Police Stations within Seremban District), and the army lock-up (Lock-up in Markas 1 Briged Kem Tentera Rasah). Few types of tables concerning parameters of interest were designed to extract the relevant data from

the available death registration system. All information gathered was then transferred into an Excel spreadsheet for collection and descriptive statistical analysis.

Ethical approval for this study was obtained from PPUKM Research Ethics Committee. Moreover, permission was also obtained from the National Institute of Health (NIH) and the National Medical Research and Ethics Committee (NMREC) of the Ministry of Health via National Medical Research Register (NMRR).

RESULTS

A total of 172 death-in-custody cases were extracted from the hospital death registration system available in the Forensic Medicine Department Tuanku Ja'afar Hospital Seremban within the period of study (Figure 1), with only 70 cases (40.70%) underwent post-mortem examination compared to the 102 cases of in-hospital deaths with the certified clinical cause of death. All non-post-mortem in-hospital deaths were natural deaths except for one suicidal fall from height death that died of traumatic brain injury in 2014. Of the 70 post-mortem cases, more than half of them (N = 45, 64.29%) were natural deaths.

There was an unequal distribution of death noted generally throughout the years (Figure 2) involving the custodial settings studied with the greatest number of deaths (N = 24) occurred in the year 2015. There was also a steady rise in the total number of deaths involving the immigration depot observed for the latest 4 years (the year 2012 – 2015).

Out of the total 172 deaths, 96.51% (N = 166) were dominated by males, with only 6 female-associated deaths documented (Table 1). In terms of nationality, slightly more than half (52.91%) of the deaths were involving Malaysian citizens whereas Non-Malaysian deaths accounted for 46.50% (N = 80) of the total number of deaths. There was one death that accounts for 0.58% of the total deaths whereby the nationality of the deceased was unable to be determined (Table 1).

The Malay/Bumiputera race represented 29.07% of the total documented deaths (N = 50). The Chinese and the Indians on the other hand accounted for 20 (11.63%) and 21 (12.21%) deaths, respectively. In terms of the age of the detainees, the majority of deaths involving detainees are aged between 21 to 50 years (N = 151, 87.79%), with a median and mean age of 37 years. The age group of 31 to 40 years

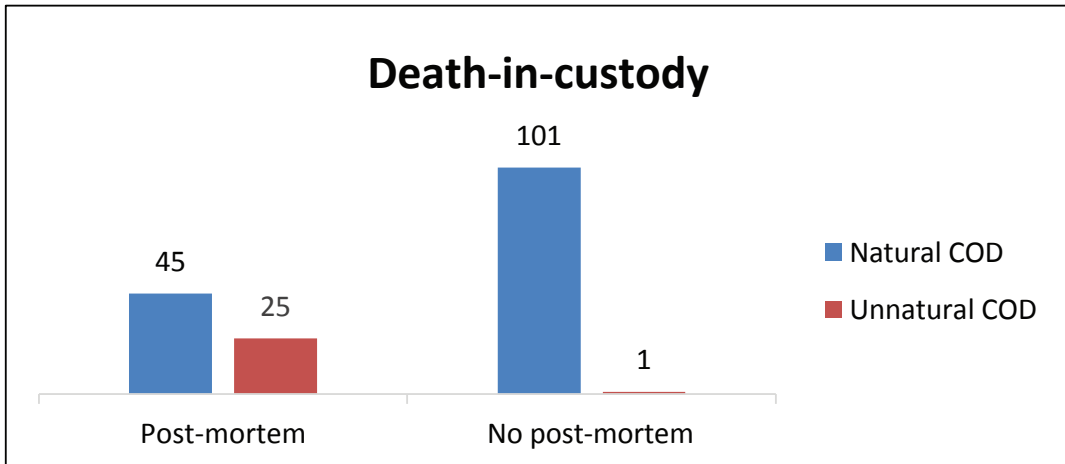


FIG. 1: Comparison between 15-year post-mortem death-in custody cases and no post-mortem death-in-custody cases with general causes of death (natural and unnatural cause of death).
COD: Cause of Death.

documented the highest number of death-in-custody cases which was 68 deaths (39.53%).

Custodial settings involved

Four custodial settings of interest were studied but data from the registered death in custody cases were extracted from only three custodial settings which were the police, prison, and immigration depot for illegal immigrants. There were no deaths documented involving the army custody or detainee (from the above-mentioned custodial settings) admitted into the psychiatric ward Tuanku Ja’afar Hospital Seremban for the 15-year period of study.

Half of the total number of natural deaths (N = 73) was contributed by the prison custodial

setting. This was followed by the immigration depot with 63 deaths (43.84%). Detainees under police custody showed the least number of deaths from natural causes which were only 9 cases (6.15%).

On the contrary, for unnatural death, the number of deaths resulted from the legal intervention was mostly involving police custody, which was 20 out of 21 registered legal intervention deaths. Another legal intervention death was under the custody of the prison. Only one homicide and one accidental death were documented throughout the study period, and the custodial setting involved for both cases was also the prison. Moreover, three suicide cases were documented; in which, one case was under

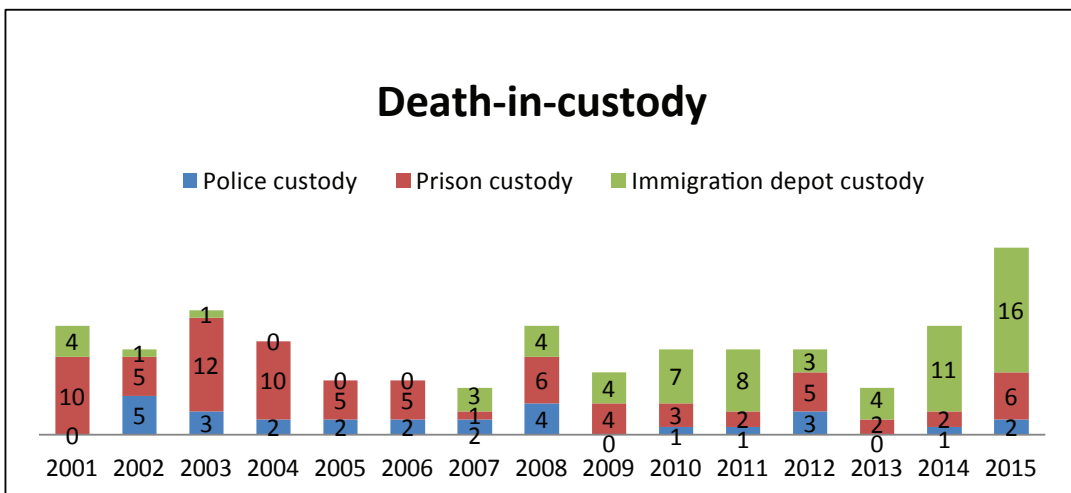


FIG. 2: Number of death-in-custody cases throughout the year (2001 – 2015).
Demographics

TABLE 1: Parameters of interest according to custodial settings

Parameters	Custodial settings involved			
	Police	Prison	Immigration	TOTAL
Gender				
Male	28 (16.28%)	76 (44.19%)	62 (36.05%)	166 (96.51%)
Female	2 (1.16%)	0 (0%)	4 (2.33%)	6 (3.49%)
TOTAL	30 (17.44%)	76 (44.19)	66 (38.38%)	172 (100%)
Nationality				
Malaysian	19 (11.05%)	71 (41.28%)	1 (0.58%)	91 (52.91%)
Non-Malaysian	10 (5.81%)	5 (2.90%)	65 (37.79%)	80 (46.50%)
Unknown	1 (0.58%)	0 (0%)	0 (0%)	1 (0.58%)
TOTAL	30 (17.44%)	76 (44.18%)	66 (38.37%)	172 (100%)
Race (Malaysian)				
Malay/Bumi	2 (1.16%)	47 (27.33%)	1 (0.58%)	50 (29.07%)
Chinese	7 (4.07%)	13 (7.56%)	0 (0%)	20 (11.63%)
Indian	10 (5.81%)	11 (6.40%)	0 (0%)	21 (12.21%)
TOTAL	19 (11.05%)	71 (41.28%)	1 (0.58%)	91 (52.91%)
Age				
≤20	0 (0%)	0 (0%)	2 (1.16%)	2 (1.16%)
21 – 30	9 (5.23%)	7 (4.07%)	22 (12.79%)	38 (22.09%)
31 – 40	8 (4.65%)	37 (21.51%)	23 (13.37%)	68 (39.53%)
41 – 50	7 (4.07%)	21 (12.21%)	17 (9.88%)	45 (26.16%)
51 – 60	1 (0.58%)	10 (5.81%)	2 (1.16%)	13 (7.56%)
>60	0 (0%)	1 (0.58%)	0 (0%)	1 (0.58%)
Unknown	5 (2.91%)	0 (0%)	0 (0%)	5 (2.91%)
TOTAL	30 (17.44%)	76 (44.18%)	66 (38.37%)	172 (100%)
Natural Cause of Death				
Septicaemia	2 (1.37%)	30 (20.55%)	17 (11.64%)	49 (33.56%)
Respiratory	3 (2.05%)	17 (11.64%)	8 (5.48%)	28 (19.18%)
Cardiovascular	1 (0.68%)	9 (6.16%)	18 (12.33%)	28 (19.18%)
Central nervous system	0 (0%)	5 (3.42%)	2 (1.37%)	7 (4.79%)
Other Natural	2 (1.37%)	5 (3.42%)	9 (6.16%)	16 (10.96%)
Retroviral	0 (0%)	7 (4.79%)	7 (4.79%)	14 (9.59%)
Undetermined	1 (0.68%)	0 (0%)	3 (2.05%)	4 (2.74%)
TOTAL	9 (6.15%)	73 (50%)	64 (43.84%)	146 (100%)
Unnatural Cause of Death				
Death	1 (3.85%)	0 (0%)	2 (7.69%)	3 (11.54%)
Suicide	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
Homicide	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
Accidental	20 (76.92%)	1 (3.85%)	0 (0%)	21 (80.77%)
Legal intervention				
TOTAL	21 (80.77%)	3 (11.54%)	2 (7.69%)	26 (100%)

the custody of the police and the remaining two associated with the immigration depot of the illegal immigrants.

Cause of death

Deaths from natural causes were found to be 84.88% (N = 146), with 95 (65.07%) of the cases were infective in nature (Table 2). Septicaemia accounted for the most natural cause of death

(N = 49, 33.56%), followed by respiratory and cardiovascular causes that both shared an equal number of deaths (N = 28). Out of the total death from respiratory causes, 85.71% (N = 24) were infective in nature whereas, for cardiovascular causes, only one case was found to be associated with infection. Five out of seven central nervous system deaths were related to infection. Moreover, 10.96% (N = 16) of the total natural causes were contributed by other natural causes of death which includes hepatobiliary, gastrointestinal, and systemic complications with only one documented case of infection-related. From the total of 146 natural deaths, 14 (9.59%) deaths have directly resulted from retroviral disease whereas the remaining cause of death of four (2.74%) cases was unable to be determined even after the completion of the evaluation of the ancillary investigations (Table 1). The non-infective natural cause of death ranged from ischaemic heart disease to haemorrhagic pancreatitis and advanced metastatic carcinoma, to name a few. Whereas among the infective natural causes of death found includes infective endocarditis, pulmonary tuberculosis, meningoencephalitis, and peritonitis. Unfortunately, due to the non-standardisation format of writing the cause of death, not all causes of death documented were accompanied by the underlying responsible pathogen (whether it was exclusively bacterial, viral, fungal, or even multi-pathogens). Furthermore, since the data for this study were retrieved from the in-house death registration system, not the deceased's medical record or post-mortem report, the clinical information available was very limited.

Unnatural causes were identified in 26 cases and grouped according to the manner of death. The manner of death designated was based on the circumstances of death. The majority of unnatural deaths were resulted from the legal intervention

(N = 21), with 95.24% (N = 20) of it involving police custody, in which all 20 of the deaths were firearm legal intervention deaths occurring during the line of duty. Suicide accounted for only three deaths (11.54%) in total with one of it occurred under the custody of the police in the lock-up. The remaining two unnatural deaths were each contributed by homicide and accidental manner of death (Table 1).

DISCUSSION

This study is the first registered study of death-in-custody involving different forms of custodial settings in Malaysia for a long 15-year period of time. For relative frequency to be made possible, the relevant calculated figures need to be associated with the total number of detainees in each custodial setting of interest per year. However, these figures are quite impossible to be retrieved as there are not centrally recorded and not easily available to the public. A lack of a standardised worldwide definition of death-in-custody with the absence of an official death-in-custody definition in Malaysia itself plays a significant role in making both local and international direct comparison almost unattainable.^{7,8}

Unequal distribution of the total number of deaths in custody with no significant time trend observed was in concordance with few other international studies done previously.⁶ The racial demographics were also not homogenous and varied according to the differences in the racial composition in the general studied population.^{5,6} A clear male predominance with the median and mean age of death of 37 years was also comparatively similar with other studies⁶ but different from the average life expectancy of the Malaysian population which is 74.8 years. Overcrowding of the detention centre is not something new and according to Li MK *et al.*

TABLE 2: Infection-related natural cause of death according to custodial settings

Infective Natural Cause of Death	Police	Prison	Immigration	TOTAL
Septicaemia	2	29	18	49
Respiratory	2	15	7	24
Cardiovascular	-	1	-	1
Central nervous system	-	4	1	5
Other infective	-	1	-	1
Retroviral	-	7	8	15
TOTAL	4	57	34	95

(2004), viral spread was enhanced by close confinement, and susceptibility to infection was further increased by nutritional deprivation.¹⁹

A steady rise in the total number of deaths was observed within the immigration detention centre for the past 4 years (from 2012 – 2015) where a quintuple increase was documented when comparing the number of cases in the years 2012 and 2015. 10 out of the total 16 deaths (62.5%) in 2015 were related to myocarditis including one case of pancarditis in which a possible beriberi outbreak was alerted during that time. Supplementing oral thiamine to the detainees with changing daily menus had significantly improved the condition and reduced the mortality due to myocarditis. In these series of myocarditis events, the actual cause of myocarditis was, unfortunately, unable to be determined. However, since the number of cases ceased with an improved and balanced diet, for this study, these myocarditis cases were all included under the non-infective cardiovascular category of the natural cause of death.

The majority of death-in-custody were attributed to natural causes with more than half (N = 95, 65.07%) were infective in nature. This differs from the general population of Malaysia in which ischaemic heart disease was found to be the principal cause of death for the past 12 years (2005 – 2016). Again, living in close proximity promotes the spreading of a pathological organism and together with some degree of malnutrition, will increase infection susceptibility.¹⁹ Moreover, ignorance towards basic health care and a lower standard of hygiene of the detention centre themselves are also among the possible causes for the high number of deaths due to infections.

As for the unnatural cause of death, only 26 cases were recorded (15.12%), with 21 of the cases were due to legal intervention (gunshot wounds) that showed no significant increase throughout the years with an average of only 1.4 cases per year. Usually, for these kinds of cases, an inquest will be conducted by the coroner after a thorough investigation has been completed.⁹ Suicidal deaths accounted for only three cases (2.31%) in which fall from height was the method of choice (two cases, all occurred at the immigration detention centre). Only one hanging case was documented that took place in the police cell. Numerous death-in-custody studies done abroad discovered hanging to be the most commonly found unnatural cause of death.⁶ The low number of suicides found in

this study is possibly due to the high ratio of detainees in one cell with a continuous watch from the officer-in-charge, making alone time for any potential suicidal opportunity to be close to zero.

Based on this study, other improvement measures can be further suggested to the respective authorities, including establishing a legally accepted nationwide definition of 'Death-in-Custody'. A standard definition of 'Death-in-Custody' will help gather nationwide statistics involving such cases with possible and reliable inter-state statistical comparisons on the results of the studies. It is also the time to re-evaluate or revise the long-existed Lock-up Rules 1953 and also the Prison Regulations 2000,^{10,11} emphasising the importance of in-house health care system by trained independent medical personnel with the establishment of a healthy and well-kept detention environment including the dietary component with consideration to include all other detention facilities in the newly revised rules. It is also important to legislate a 'Coroner's Act' in Malaysia so that the function of the currently appointed coroner can be maximised and thoroughly outlined especially in handling all sorts of custody-related cases including death-in-custody. A 'Coroner's Act' is also one of the steps in ensuring that the process of inquests can be held accountable, transparent, and conducted without a delay.

An official Custodial Medicine Unit (CMU) should be established with a thoroughly outlined job scope that consists of well-trained independent medical personnel in every detention facility in the country. Since the currently resident health personnel are directly under the enforcement agency where they are placed, the possibility of interference in the treatment or medically-based decisions that may be influenced by the respective authority could not be excluded. The roles of a police surgeon in the United Kingdom (UK) can act as guidance in defining the actual job scope of the members of the CMU.

Hopefully from the suggested preventive measures discussed above, a healthy environment of detention facilities and the detainees themselves could be achieved and in the long run, the number of custody-related deaths could be significantly reduced.

CONCLUSION

The natural cause of death remains the predominant cause of death in custodial deaths

throughout the years, in which the majority of natural causes were infective in nature, and are generally treatable and preventable. Few improvements and preventive measures have been suggested above to provide a healthy environment of detention facilities and the detainees themselves in which in the long run, will theoretically reduce the number of custody-related deaths significantly. However, none of these suggestions can be made possible without adequate funding from the government and also cooperation from multi-agency including the Ministry of Health, Malaysian Prison Department, Malaysian Immigration Department, and Royal Malaysia Police. Hopefully, the result of this study has managed to provide some insight regarding death-in-custody in general and the importance of preventive measures in ensuring the basic human rights of the detainees are well taken care of.

ETHICAL APPROVAL

This study was approved by the PPUKM (Pusat Perubatan Universiti Kebangsaan Malaysia) Research Ethics Committee (UKMPPI/111/8/JEP-2-17-111) and National Institute of Health (NIH) and National Medical Research and Ethics Committee (NMREC) of Ministry of Health via National Medical Research Register (NMRR) (NMRR-17-89-33931 (IIR)).

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Authors' contribution: ANFMA, SSSAAA and MSS had contributed to the concept and design of the study. Data collection, analysis and interpretation was performed by ANFMA. ANFMA had drafted the manuscript which was further edited and reviewed by SSSAAA. The manuscript was revised critically for the intellectual content by ANFMA, MSS and FMN. All authors read and approved the final version of the manuscript.

Conflict of interest: The authors declare no conflicts of interest.

REFERENCES

1. Di Maio VJM, Dana SE. Deaths during Arrest and in Police Custody (Handbook of Forensic Pathology). Texas: Landes Bioscience. 1998.
2. Knight B, Saukko P. Death in Custody (Knight's Forensic Pathology, Third Edition). Edward Arnold (Publisher) Ltd. 2004.
3. Heide S, Henn V, Kleiber M, Dressler J. An avoidable Death in Police Custody? Am J Forensic Med Pathol 2010; 31: 261-3.
4. Blaauw E, Vermunt R, Kerkhof A. Death and Medical Attention in Police Custody. Med Law. 1997; 16: 593-606.
5. Bhana BD. Custody-related Deaths in Durban, South Africa 1998-2000. The American Journal of Forensic Medicine and Pathology; volume 24, Number 2. June 2003.
6. Afonso EB. Death in Police Custody in the Cape Town Western Metropole 2000-2009. Faculty of Health Sciences, University of Cape Town. 2015.
7. Suruhanjaya Hak Asasi Manusia Malaysia (2016). Kematian Dalam Tahanan Polis: Satu Kaji Selidik Mengenai Keadaan Lokap dan Faktor-faktor Penyumbang kepada Kematian.
8. Shepard RT. Death in Custody (Clinical Forensic Medicine: A Physician's Guide). Humana Press Inc. 2005.
9. Mahkamah Persekutuan Malaysia. Arahan Amalan Bil. 2 Tahun 2014: Penedalihan Siasatan Kematian (Death Inquiry) Selaras dengan Penubuhan Mahkamah Khas Koroner.
10. Kaedah-kaedah Lokap 1953. L.N 328/1953, 2009. RP3-KKL-7-090205, ISBN 967-89-0213-3.
11. Malaysia Federal Subsidiary Legislation, Prison Act 1995 (Act 537), Prison Regulations 2000.
12. Laporan Suruhanjaya DiRaja Penambahbaikan Perjalanan dan Pengurusan Polis DiRaja Malaysia 2005. Tahanan Mati Dalam Lokap Jagaan Polis bagi Tahun 2000-2004. 82-97.
13. SUARAM. Human Rights Report, 2015. Overview, Civil and Political Rights. Death in Custody.
14. Wobeser WL, Datema J, Bechard B, Ford P. Causes of Death among People in Custody in Ontario, 1990-1999. CMAJ 2002; 167(10): 1109-13.
15. Royal Commission into Aboriginal Deaths in Custody 1991 (Commissioner Elliott Johnston), National Report, Volume 1. Australian Government Publishing Service, Canberra.
16. Laws of Malaysia, Mental Health Act 2001 (Act 615).
17. Laws of Malaysia, Child Act 2001 (Act 611).
18. Laws of Malaysia, Immigration Act 1959/63 (Act 155).
19. Li MK, Beck MA, Shi Q, Haffuf RC. Unexpected hazard of illegal immigration: Outbreak of viral myocarditis exacerbated by confinement and deprivation in a shipboard cargo container. American Journal of Forensic Medicine and Pathology. 2004 June 25(2):117-2.