

CHAPTER 4

SUICIDE: DIMENSIONS IN GENERAL POPULATION AND CRPF

Trends in Suicide in India:

The story of suicide is probably as old as that of man himself. Through the ages, suicide has variously been glorified, romanticized, bemoaned, and even condemned. Be it the tragic Greek heroes Aegeus, Lycurgus, Cato, Socrates, Zeno, Demosthenes or Seneca; or the Roman figures Brutus, Cassius, Mark Anthony or the Egyptian princess, Cleopatra; or Samson, Saul, Abimelech and Achitophel of the Old Testament; or the suicide bombers in the present world, the universality of suicide transcends religion and culture.

An understanding of suicide in the Indian context calls for an appreciation of the literary, religious, and cultural ethos of the subcontinent because tradition has rarely permeated the lives of people for as long as it has in India. Ancient Indian texts contain stories of valour in which suicide as a means to avoid shame and disgrace was glorified. Suicide has been mentioned in the great epics of Ramayana and Mahabharata. When Lord Sri Ram died, there was an epidemic of suicide in his kingdom, Ayodhya. The sage Dadhichi sacrificed his life so that the Gods may use his bones in the war against the demons. The Bhagavad Gita condemns suicide for selfish reasons and posits that such a death cannot have 'shraddha', the all-important last rites.

Brahmanical view had held that those who attempt suicide should fast for a stipulated period. Upanishads, the Holy Scriptures, condemn suicide and

state that 'he who takes his own life will enter the sunless areas covered by impenetrable darkness after death'.

However, the Vedas permit suicide for religious reasons and consider that the best sacrifice was that of one's own life. Suicide by starvation, also known as 'sallekhana', was linked to the attainment of 'moksha' (liberation from the cycle of life and death), and is still practiced to this day. Sati, where a woman immolated herself on the pyre of her husband rather than live the life of a widow and Jahuar (Johar), in which Rajput women killed themselves to avoid humiliation at the hands of the invading Muslim armies, were practiced until as recently as the early half of the 20th century; stray cases continue to be reported.

In modern India the suicide rate is comparable to that of Australia and the USA; and the increasing rates during recent decades is consistent with the global trend. Data on suicide in India are available from the National Crime Records Bureau (NCRB; Ministry of Home Affairs). The suicide rates in India rose from 6.3 per 100,000 in 1978 to 8.9 per 100,000 in 1990, an increase of 41.3% during the decade from 1980 to 1990 and during the decade 2002-2012 an increase of 22.7%. In the most recent NCRB report the rate in 2012 rose to 11.2 per 100,000 population.

The NCRB data are based on police records. Socio-cultural factors undermine the veracity of these records. Suicide attempt is a punishable offence under the Indian Penal Code (IPC Section 309); this results in under-reporting. Deaths in rural areas are certified by village headmen though all cases are investigated by the police. The process of registering a death is particularly

inefficient in rural areas. Death by suicide is frequently reported as due to illness or accident to avoid police investigation. The families of suicide victims usually do not want postmortems because of the fear of mutilation of the body, the time-consuming nature of the process, and the stigma involved. Statistics derived from police records hence under-report suicides. The suicide rates vary widely across the different states of India, ranging from 0.5 in Nagaland to 45.9 in Sikkim against the national average of 11.2 in 2012 according to Radhakrishnan and Andrade (2012).

Incidence and rate of Suicides in India (2002-2012)

Table - 4.1

Sl. No.	Year	Total Number Of Suicides	Estimated Mid-Year Population* (In Lakh)+	Rate Of Suicides (Col.3/Col.4)
1	2002	110417	10506	10.5
2	2003	110851	10682	10.4
3	2004	113697	10856	10.5
4	2005	113914	11028	10.3
5	2006	118112	11197.8	10.5
6	2007	122637	11365.5	10.8
7	2008	125017	11531.3	10.8
8	2009	127151	11694.4	10.9
9	2010	134599	11857.6	11.4
10	2011	135585	12101.9	11.2
11	2012	135445	12133.7	11.2

(Source: Accidental Deaths and Suicides in India NCRB,MHA 2012,p.220)

The above table shows the total number of suicides, estimated half yearly population and the suicide rate in the general population in India. The number of suicides in the country during the decade (2002–2012) has recorded an increase of 22.7% (1,35,445 in 2012 from 1,10,417 in 2002). An increase in incidence of suicides was reported each year up to 2011. The population has increased by 15.5% during the decade but the rate of suicides in 2012 was 11.2 which is marginally greater than 10.5 recorded in 2002. The rate of

suicides has shown a declining trend since 2002 to 2003 and thereafter an increasing trend is observed during 2005 to 2010. However, it declined in 2011(from 11.4 in 2010 to 11.2 in 2011) and remained static in 2012.

The pie-chart below, derived from the table above shows that rate of suicides in India from 2002 to 2012 has varied only marginally over the ten year period.

Figure - 4.1

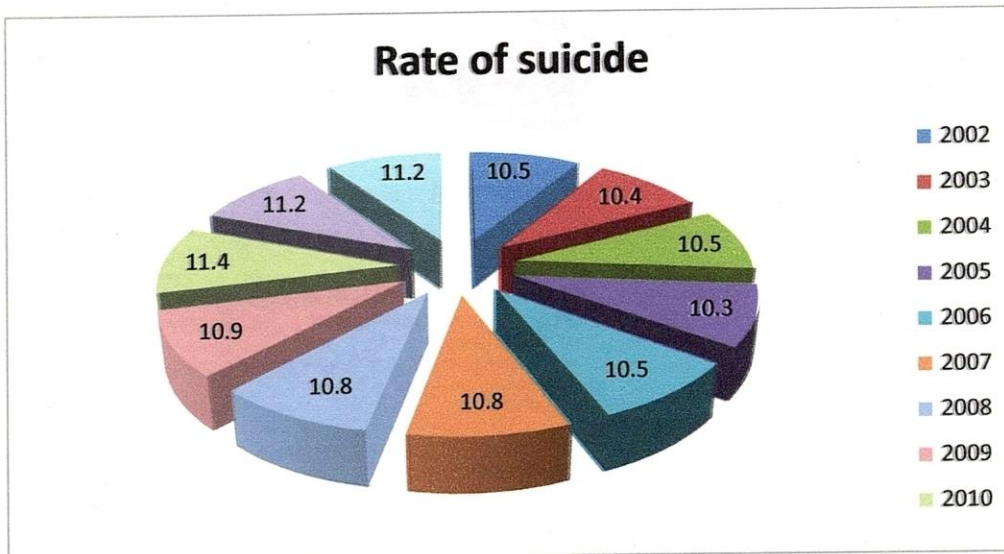
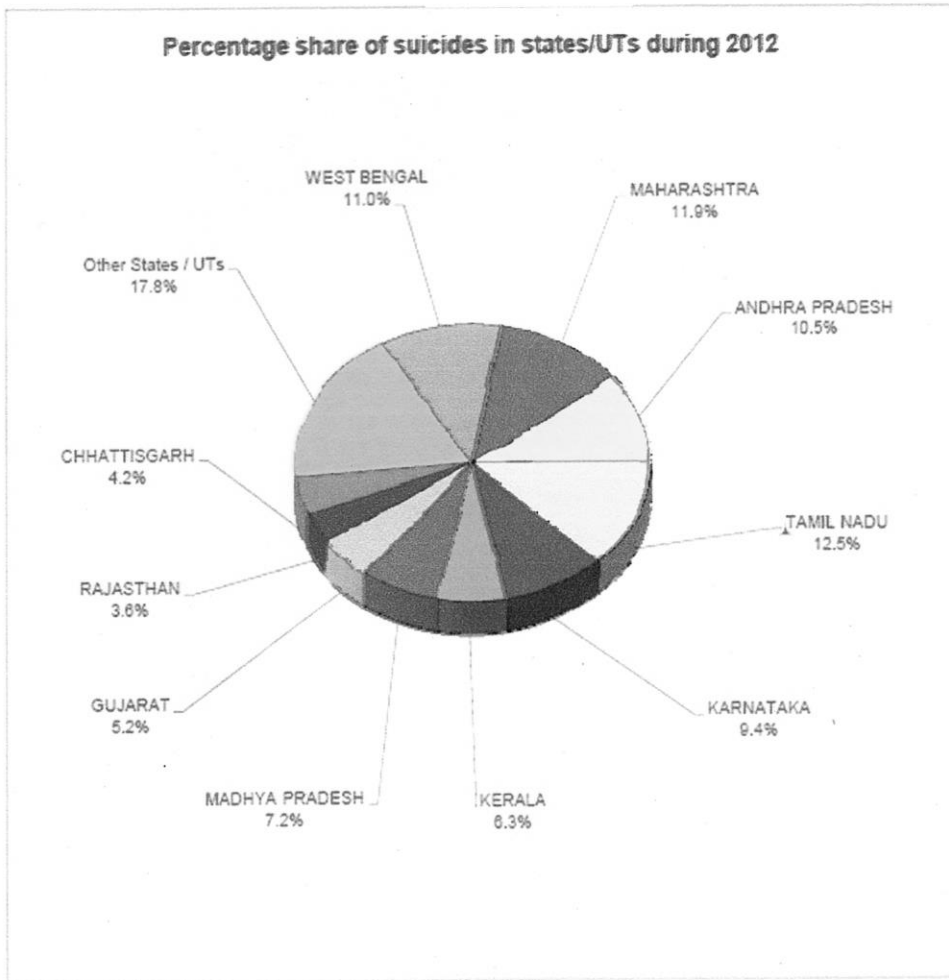
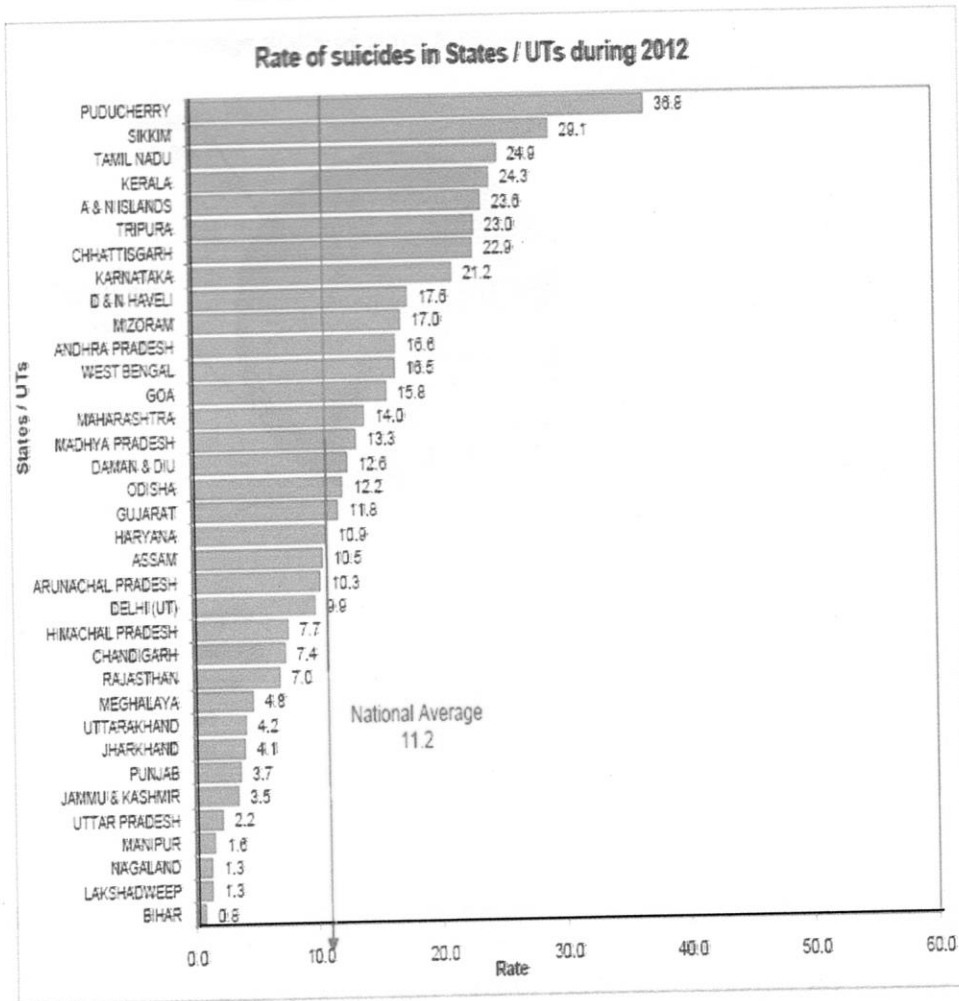


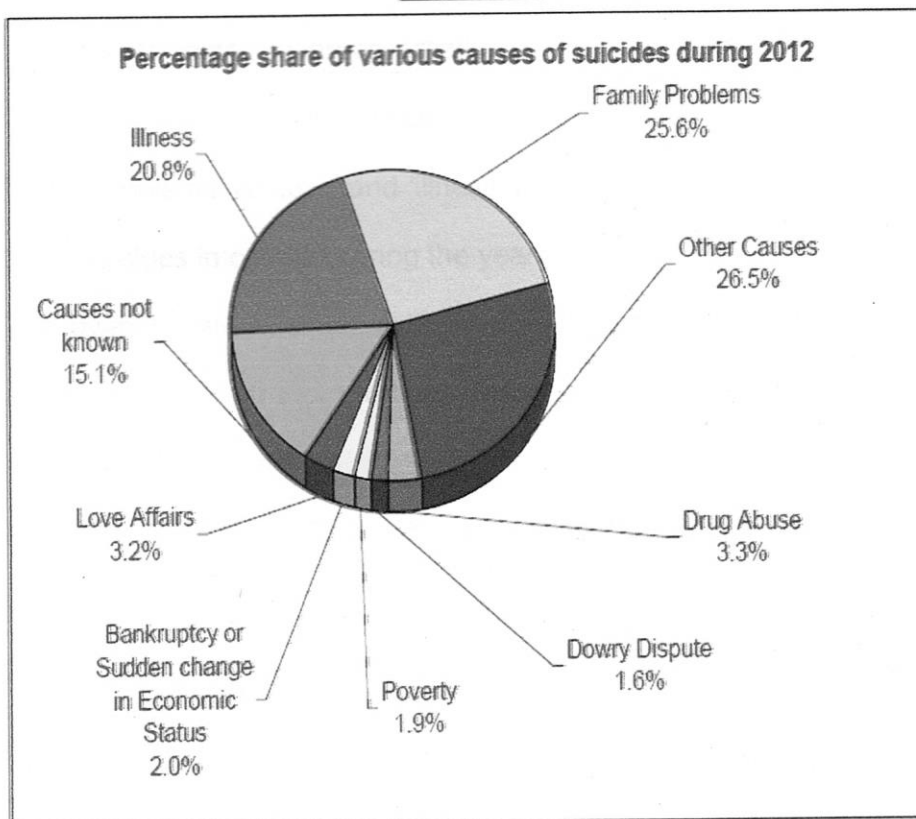
Figure - 4.2

(Source: Accidental Deaths and Suicides in India, NCRB, MHA 2012, p.201)

The above pie chart shows the percentage share of suicides of various states. The four states of Tamil Nadu, West Bengal, Maharashtra and Andhra Pradesh together accounted for 45.9% of suicides in India in 2012.

Figure 4.3

(Source: Accidental Deaths and Suicides in India, NCRB, MHA 2012p.203)

Figure 4.4

(Source: Accidental Deaths and Suicides in India, NCRB, MHA 2012, p.206)

The above pie chart depicts that 'family problems' account for quarter of the share of causes of suicides in India during 2012. 'Other causes' too account for one-fourth of the causes. 'Causes not known' also contribute to a large share. The above three causes together account for 66.2% of the causes.

Snapshot of Suicides in India 2012:

- ◆ 15 Suicides took place every one hour during the year 2012.
- ◆ More than one lakh persons (1,35,445) in the country lost their lives by committing suicide during the year 2012.

- ◆ It is observed that social and economic causes have led most of the males to commit suicides whereas emotional and personal causes have mainly driven females to end their lives.
- ◆ 'Family problems' (25.6%) and 'illness' (20.8%) have accounted for 46.4% of total suicides in country during the year 2012
- ◆ The overall male : female ratio of suicide victims for the year 2012 was 65:35. However, the proportion of boys : girls suicide victims (upto 14 years of age) was 49:51.
- ◆ Nearly 71.6% of the suicide victims were married males while 67.9% were married females.
- ◆ 38.7% of suicide victims were 'self-employed' while only 7.4% were 'un-employed'.
- ◆ Government servants merely constituted 1.4% of the total suicide victims.
- ◆ Tamil Nadu (12.5%), Maharashtra (11.9%), West Bengal (11.0%), Andhra Pradesh (10.5%) and Karnataka (9.4%), together contributed 55.3% of total suicide victims.
- ◆ Tamil Nadu has reported the highest number of suicide victims (accounting for 12.3%) in 2010, third highest in 2011 (accounting for 11.8%) and highest in 2012 (accounting for 14%).
- ◆ Southern States viz. Andhra Pradesh, Karnataka, Kerala and Tamil Nadu including Maharashtra have together accounted for 50.6% of total suicides reported in the country.
- ◆ Pondicherry and Sikkim have reported 36.8 and 29.1 suicidal deaths per one lakh of population respectively as against the national average of 11.2.

- ◆ Puducherry reported the highest rate of suicides (36.8) followed by Sikkim (29.1), Tamil Nadu (24.9) and Kerala (24.3).
- ◆ The highest number of Mass/Family Suicides cases were reported from Rajasthan (74) followed by Andhra Pradesh (18), Kerala (12), and Gujarat (3) out of 109 cases during the year 2012.
- ◆ 29.1% of the suicide victims consumed 'poison', 37.0% of the victims died by 'hanging', 8.4% by fire/self-immolation and 5.8% by 'drowning'.
- ◆ Among 53 mega cities, Bengaluru (1,989), Chennai (2,183), Delhi (1,397) and Mumbai (1,296) together have reported almost 35.9% of the total suicides reported from mega 53 cities.
- ◆ Jabalpur has reported the highest rate of 45.1 while Srinagar has reported the lowest rate at 0.9 (only) among 53 mega cities.
- ◆ The pattern of suicides reported from 53 cities showed that 'hanging' (59.6%), 'poisoning' (16.6%) and 'fire/self immolation' (11.5%) were the prominent means adopted by the suicide victims in the cities.

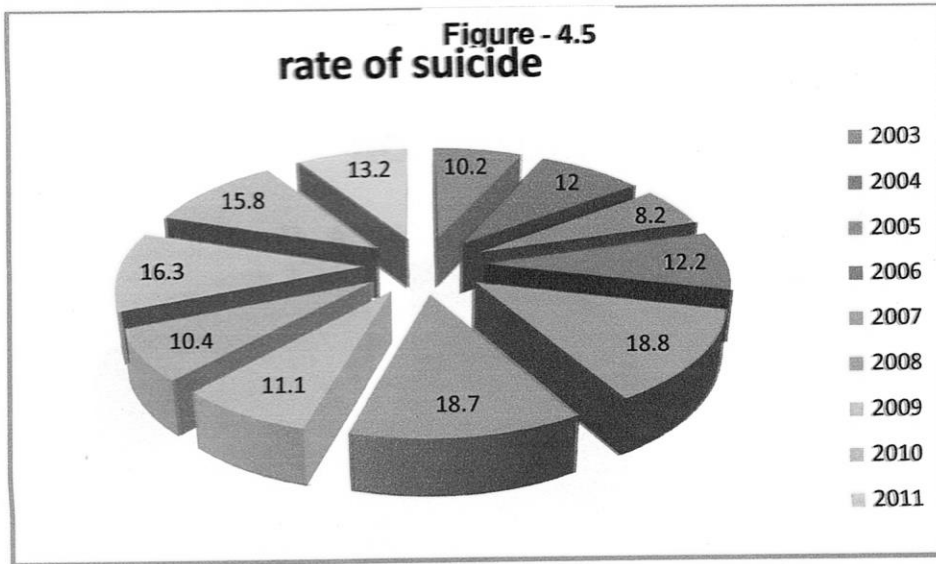
(Source: Accidental Deaths and Suicides in India, NCRB, MHA 2012, p.18,19)

Trends in Suicides in CRPF (2003-2013):

Number of Suicides and Rate of Suicide in CRPF (2003-2013)

Table - 4.2

Year	No. of Suicides in CRPF	Strength of CRPF	Rate of Suicide
2003	22	2,15,917	10.2
2004	28	2,33,012	12.0
2005	19	2,33,012	8.2
2006	30	2,45,105	12.2
2007	46	2,45,104	18.8
2008	46	2,45,641	18.7
2009	28	2,51,692	11.1
2010	28	2,68,492	10.4
2011	44	2,69,177	16.3
2012	44	2,78,947	15.8
2013	37	2,80,120	13.2



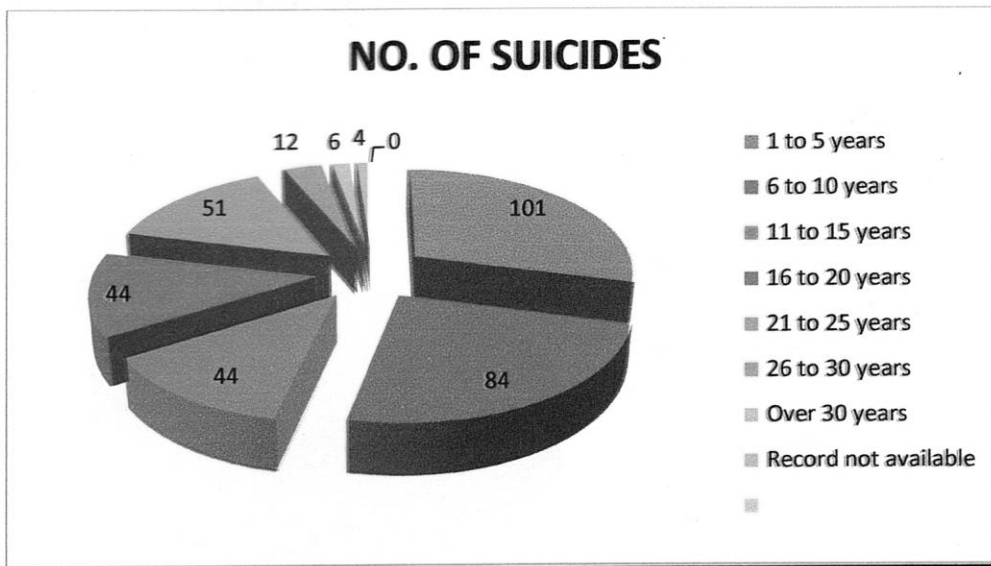
(Source: Table and Pie-chart prepared on basis of Data obtained from CRPF)

The above table and pie chart show that as the strength of CRPF increased by 29.7%, the rate of suicide also increased by a similar percentage of 29.4%. There was an appreciable decline in the suicide rate in the year 2005. The years, 2007, 2008, 2011 and 2012 stand out in which the suicide rate ranges between 16 and 19.

Length of Service of CRPF Personnel at the time of Suicides (2003-2013)

Table - 4.3

Length of Service at the time of Suicide	No. of Suicides
1 to 5 years	101
6 to 10 years	84
11 to 15 years	44
16 to 20 years	44
21 to 25 years	51
26 to 30 years	12
Over 30 years	06
Record not available	04
Total	372

Figure-4.6

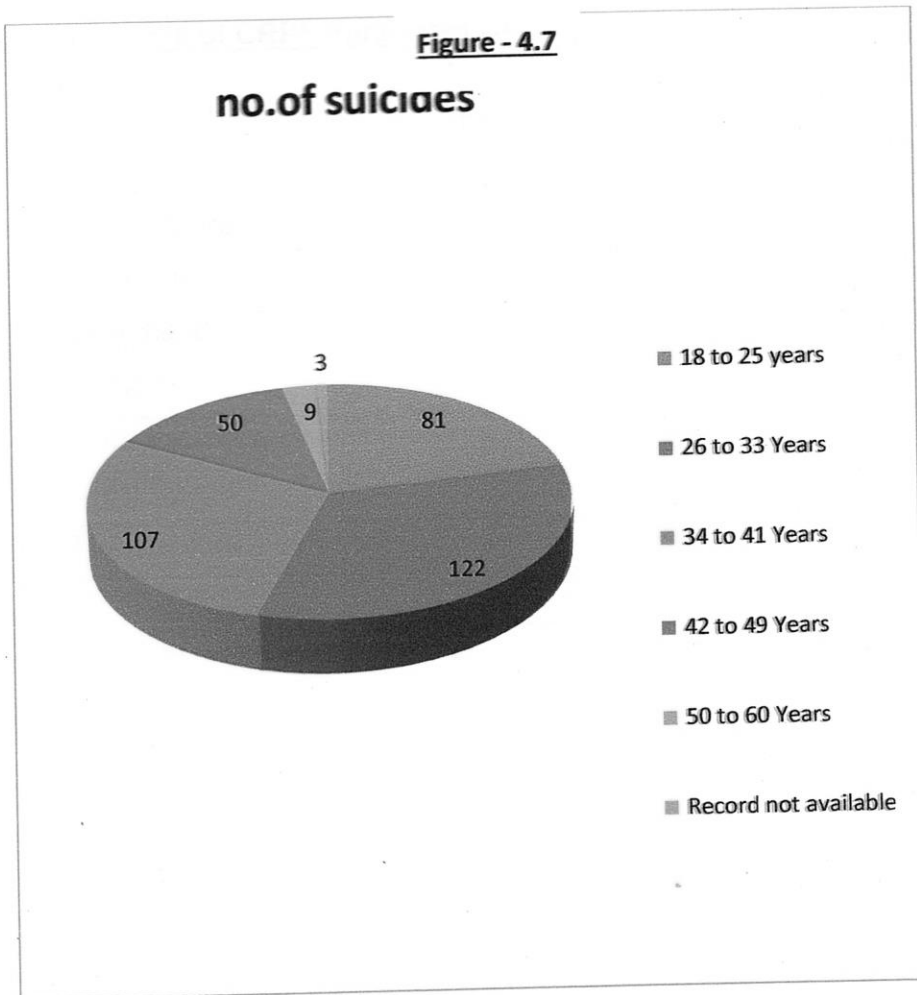
(Source: Table and Pie-chart prepared on basis of Data obtained from CRPF)

The 11 year suicide data of CRPF shows that almost 50 % of the CRPF personnel who commit suicide do it within 10 years of their service compared to just about 5% in the last 10 years of their service. This may be explained due to initial adjustment problems in the beginning of their career in a disciplined uniform force accentuated by having to stay long durations and distances away from their families

Age at the time of committing Suicides by CRPF Personnel (2003-2013)

Table - 4.4

Age Range	No. of Suicides
18 to 25 years	81
26 to 33 Years	122
34 to 41 Years	107
42 to 49 Years	50
50 to 60 Years	09
Record not available	03
Total	372



(Source: Table and pie-chart prepared on basis of Data obtained from CRPF)

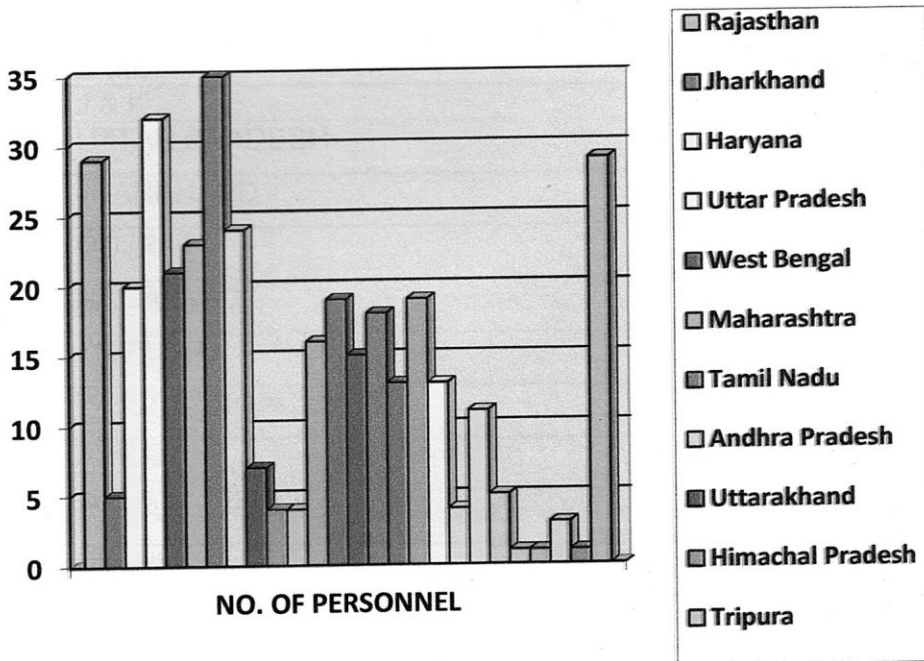
The above table supports the data of the previous table. Since a person enters CRPF around 18 years of age, around 55% of the CRPF personnel who commit suicide have done it between the age of 18 and 33 i.e. within 15 years of their service.

Domicile of CRPF Personnel who committed Suicide (2003-2013)

Table - 4.5

Home State	No. of Personnel
Rajasthan	29
Jharkhand	05
Haryana	20
Uttar Pradesh	32
West Bengal	21
Maharashtra	23
Tamil Nadu	35
Andhra Pradesh	24
Uttarakhand	07
Himachal Pradesh	04
Tripura	04
Madhya Pradesh	16
Assam	19
Karnataka	15
Bihar	18
J & K	13
Kerala	19
Punjab	13
Chhattisgarh	04
Odisha	11
Gujarat	05
Andaman & Nicobar Islands	01
Delhi	01
Manipur	03
Puducherry	01
Record not available	29

Figure - 4.8



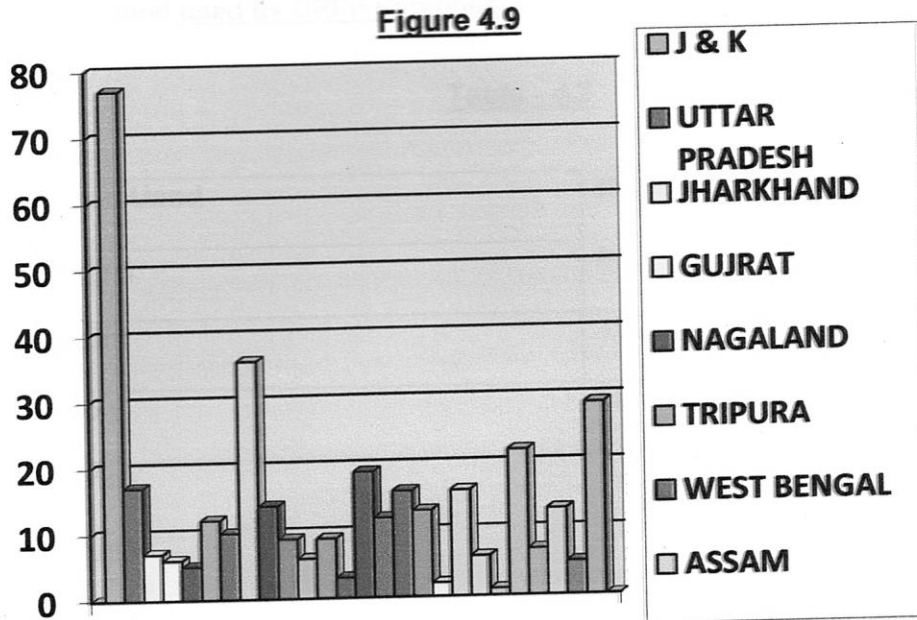
(Source: Table and Bar Diagram prepared on basis of Data obtained from CRPF)

The above table shows that of the CRPF personnel who committed suicide during the 11 year period, Tamil Nadu accounts for the highest share 10.2% followed by UP (9.3%) and Rajasthan (8.4%). Incidentally Tamil Nadu, as per the NCRB data on suicides in 2012, also has the highest number of suicides amongst the general population. The CRPF personnel belonging to the seven states of Tamil Nadu , Uttar Pradesh , Rajasthan, Andhra Pradesh, Maharashtra, West Bengal and Haryana together account for 53.5% of suicides by CRPF during the 11 year period between 2003-2013.

State where CRPF Personnel were deployed at time of Suicide (2003-2013)

Table - 4.6

State	No. of Personnel
J & K	77
UTTAR PRADESH	17
JHARKHAND	07
GUJRAT	06
NAGALAND	05
TRIPURA	12
WEST BENGAL	10
ASSAM	36
MAHARASHTRA	14
DELHI	09
PUNJAB	06
KARNATAKA	09
HIMACHAL PRADESH	03
CHHATTISGARH	19
ODISHA	12
ANDHRA PRADESH	16
MANIPUR	13
MEGHALAYA	02
BIHAR	16
RAJASTHAN	06
ARUNACHAL PRADESH	01
TAMIL NADU	22
MADHYA PRADESH	07
KERALA	13
HARYANA	05
NOT AVAILABLE	29
Total	372



(Source: Table and bar prepared on basis of Data Obtained from CRPF)

The above table shows that about 22.4% of the suicides committed in the 11 year period were committed by CRPF personnel during their deployment in the state of Jammu and Kashmir alone. This can be explained due to the fact that about 30% of the total CRPF is deployed in the state of Jammu and Kashmir. Assam accounts for 10.5% taking the second spot. Tamil Nadu(TN) again stands out. Though the deployment of CRPF in TN is barely a thousand and that too in static establishments, it alone accounts for 6.4% of suicides committed by CRPF personnel on its soil. This also most likely means that majority of the CRPF personnel posted in TN are domicile of TN.

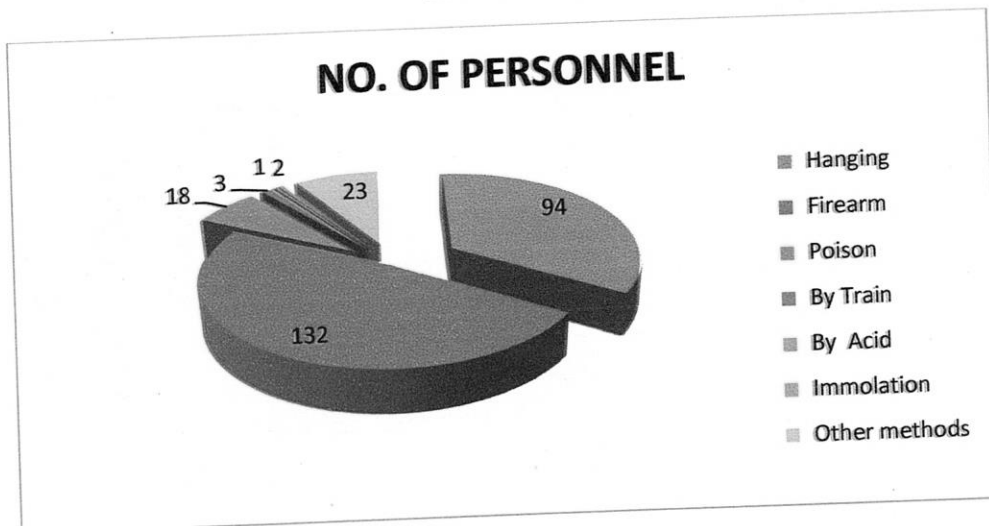
Method used by CRPF Personnel for committing Suicide(2007-2013)

Table - 4.7

Method Used	No. of Personnel
Hanging	94
Firearm	132
Poison	18
By Train	03
By Acid	01
Immolation	02
Other methods	23
Total	273

(Data available only 2007 onwards)

Figure - 4.10



(Source: Table and Pie-chart prepared on basis of Data obtained from CRPF)

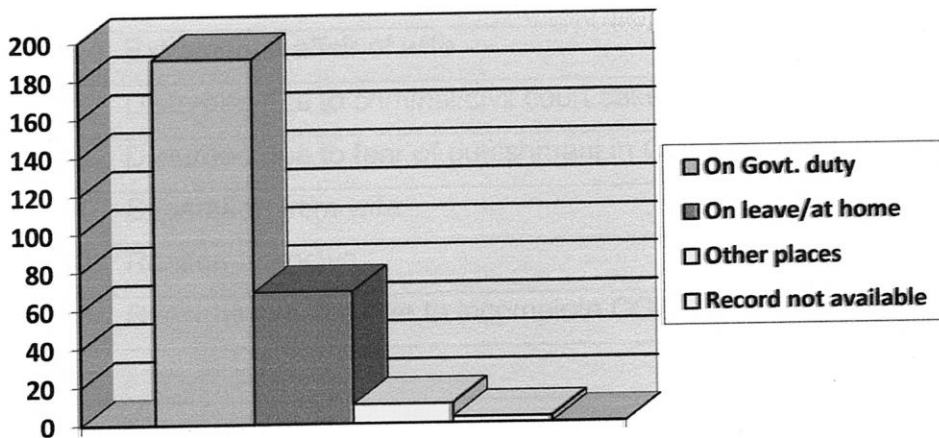
The table above shows that close to almost half, 48.4% of the CRPF personnel who committed suicide between 2007 and 2013 used their service weapon. Hanging accounts for 34.4%. Both, use of service weapon and hanging put together account for 82.8% of the total methods used for suicide by CRPF personnel. Ready access to firearm to CRPF personnel, of course, explains the high usage of a weapon as a method of committing suicide.

Location (Govt Duty/Leave Etc) at the time of Suicide of CRPF Personnel
(2003-2013)

Table - 4.8

At the time of Suicide	No. of Personnel
On Govt. duty	191
On leave/at home	69
Other places	10
Record not available	03
TOTAL	273

Figure-4.11



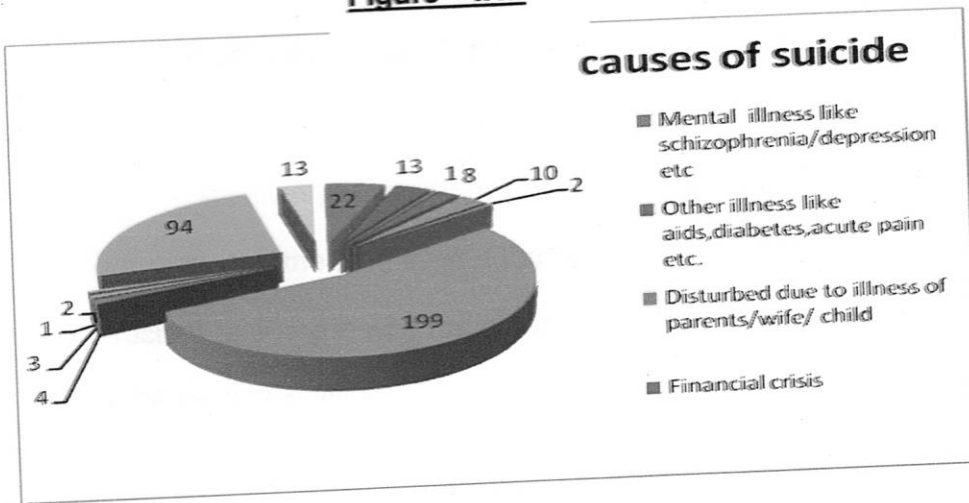
(Source: Table and Bar diagram prepared on basis of Data obtained from CRPF)

Out of the total suicides 70% were committed by the CRPF personnel while being on government duty. This is so because the CRPF personnel are deployed away from their homes for almost 10 months in a year. They are entitled to 60 days of earned leave (EL) and 25 days of casual leave (CL) in a year. On an average CRPF non-gazetted personnel i.e. SOs and ORs are able to get total E.L and. C.L. of about 70 to 80 days.

Causes of Suicide in CRPF (COI Findings) 2003-2013

Table - 4.9

SI.No.	Causes /Reasons of Suicide as per COIs	No. of Personnel
1.	Mental illness like schizophrenia/depression etc	22
2.	Other illness like aids,diabetes,acute pain etc.	13
3.	Disturbed due to illness of parents/wife/ child	01
4.	Financial crisis	08
5.	Failure in love affairs	10
6.	Disturbed over death of near ones	02
7.	Personal/domestic/family reasons	199
8.	Extramarital affair of wife	04
9.	Disturbed due to criminal/civil court case	03
10.	Disturbed due to fear of punishment in COI, DE	01
11.	Separation from wife	02
12.	Reason unknown	94
13.	Reasons awaited due to incomplete COI	13
Total		372

Figure - 4.12

(Source: Table and Pie chart prepared on basis of Data obtained from CRPF)

The data regarding suicides gleaned from the court of inquiries (COIs) in CRPF in the 11 year period from 2003 to 2013 shows that 53.5 % of the total 372 suicides in this period were caused by 'personal/domestic/family reasons' and 25 % were caused by 'unknown reasons'. These two causes accounted for 78% of the total suicides. The COI findings have to be taken with circumspection as these are departmental inquiries conducted by a board of officers of the unit to which the CRPF suicide victim belonged. The witnesses are all CRPF personnel belonging to the same unit who would rarely go against what the commandant of the unit wants the COI to reflect. Any cause of suicide relating to the working environment or policy of the unit or the Force is very unlikely to be part of the findings of COI.

Therefore, given the tendency of any commandant to project his unit in a good light, the high percentage of 'personal or family reason' as a cause of suicides in COI findings should be expected. Twenty five percent of the suicides due to 'unknown reasons' in the COIs, however should mostly be read as

reflecting the difficulty in probing suicides and finding a cause as no one in the unit would have really known why their colleague committed suicide in these 25% cases. An attempt is made by the COI to inquire from the suicide victim's family but most of the time even if the family members know the reason, they are reluctant to share it with the organization. In the 372 COIs conducted by the CRPF for 372 suicides from 2003 to 2013, none of the COI points out any work related cause of suicide. Therefore the 'personal/domestic/family reasons' and 'unknown reasons' should be taken as inflated percentages. Some percentage of these two causes hides the 'work related' reasons of suicide in CRPF.

Interviews with family members of some of the suicide victims:

The family of the suicide victim would be privy to lot of information which otherwise would not be known to the department or to the colleagues of the suicide victim. The researcher chose seven such families for personal interaction by visiting their houses. The criteria for choosing these families were those whose ward committed suicide in the recent past so that fresh memories could be tapped by the researcher and of course the families that could be easily approached given the limited time and monetary resources at the disposal of the researcher.

Head Constable/Driver Vijay Singh R/O village Nasibpur, P.O. Bada Khuda, district Mahendragarh, Haryana

This head constable committed suicide on 16.02.10 at his house in his village while on leave. The researcher went to his village on 6.02.14 and interacted with his family members. According to his family members, he was a

matriculate and before enlisting in CRPF in 1992, used to do farming. His mother had died and father was afflicted with polio and could not walk. He has two brothers with whom he had good relations. He has 3 daughters and a son. He used to regularly come on leave but seemed to have no problem in his job either with his officers or his colleagues. He had no illnesses and had a good physique. He never drank alcohol, had no dispute with anybody and kept to himself. Just 15 days prior to committing suicide he had married off his daughter from his own saving. The wedding had been well organized by him without any loan from anybody. On the day of the incident he had slept alone in his room and the next morning he was found hanging in his room. The family members cannot give any reason for his suicide.

Findings in COI and the researcher's observations:

No apparent reason of suicide came out in the version of family members. The COI does not reveal any cause of suicide. It is probably due to his being disturbed because of an illness which he had not disclosed officially.

Head Constable/GD Raja Ram R/O village Gagadvaas, P.O. Bawaniya, district Mahendragarh, Haryana

The head constable committed suicide on 9.9.11 in the unit located at Chennai. The researcher went to his village on 6.02.14 and interacted with his family members. According to his family members he was a matriculate and right from beginning had wanted to enter army. He had tried to get enlisted in army and police but got into CRPF. He was good in sports and during leave he used to tend to his farm. They were 3 brothers and 3 sisters but he was

close to his elder brother. His 3 sisters had been married off. His parents had died long back and now the 3 brothers lived in a joint family. He had maintained very good relations with all his brothers and sisters. He had not changed after joining the CRPF and got along very well with everyone. He used to talk almost every day to his 2 children, wife and brothers. On the day of his committing suicide he had talked to his wife but as per his wife everything seemed normal. He had not indicated any problem. He had never complained about his senior officers or colleagues. He had no enmity or property dispute with anybody. According to the family members they have no clue as to why he committed suicide.

Findings in COI and the researcher's observations:

There is no apparent cause that can be pinpointed to the head constable's suicide if one goes by the family members' version. However in one of the statements by a colleague recorded during COI, the colleague states some land dispute with his neighbor was mentioned by the deceased and that while on leave this neighbor tried to fight with him to implicate him in a criminal case so as to affect his government service but the deceased avoided him. This fact was not intimated to the unit authorities. There was also a complaint about a fake education certificate against the deceased but the deceased had said that it was not a cause of worry since his certificate was genuine. It seems the head constable was perturbed due to his dispute which he was not able to resolve. It is possible that the complaint about fake certificate was, in fact, true and which may also be weighing on his mind with no solution in sight

and apprehension of loss of government service and prestige in society. These may have been the possible causes of his suicide.

Constable/GD Ramswarup R/O village Pipla ki Dhani, Baral , district Sikar, Rajasthan

The constable committed suicide at his house in his village while on leave on 5.11.12. The researcher visited his village on 7.02.14 and interacted with his family members. According to them the constable was recruited to CRPF in 2010. He was a sincere boy right from childhood, always giving a helping hand to his family in farming. He was easy to get along and played happily with his friends. He was close to his mother. He had 3 elder sisters who had been married long back and were happily settled. After passing 12th standard he applied for CRPF and was selected in the very first year. After joining CRPF he used to motivate people to join CRPF. He was all praise for his officers and colleagues. He and his brother had married in the same family with 2 real sisters. After 6 months of his marriage he had come for 5 days leave and had brought his and his brother's wife from his in-laws' place. Just after 2 days he started having altercations with his wife and just a day before his suicide he told his mother that the matrimonial relation was not appropriate for their family. His mother is supposed to have advised him that his wife is still a child and with time will start understanding. But he hanged himself. His parents and sisters said that he committed suicide due to fights with his wife. His and his brother's wife who are real sisters have gone back to their parents and have not returned.

Findings in COI and the researcher's observations:

The constable was clearly a very emotional and sensitive individual who probably got very perturbed by some issues that led to a fight between him and his wife. Being close to his mother, in all likelihood he may have told his mother the issues involved. His family failed to gauge his feelings, emotional state and his demeanour and despite his being at home, they could not anticipate the drastic step he was going to take.

ASI/GD Kulbhushan Sharma, Himgiri Enclave, Chandra Vihar, New Delhi

The ASI/GD committed suicide during his leave on 18.05.13 by throwing himself in front of a train. A suicide note was found on his body by the police. The suicide note said that he was ending his life as he was under depression and that nobody should be blamed for it. The researcher visited his house on 27.02.14 to interact with his family members. According to his family members he was enlisted in CRPF in 1990 after passing 12th standard. He was very happy to be part of the CRPF. He was very close to his mother in the family of 3 sisters and 2 brothers one of whom is a software engineer. The 3 sisters and 2 brothers are married. He has a son and daughter studying in class 7 and 9 respectively and was very attached to his daughter. He was posted or attached to various Delhi based CRPF units or offices for the last 10 to 15 years and constructed a house in Delhi 8 years back. He did not share any information about his job with his family members. According to his wife 2 years prior to his suicide he seemed a changed person, keeping to himself and even when his wife asked him what the matter was, he said that there was nothing and that various problems keep cropping up in work. He and his

family members were all healthy and he had no fight or problem with anybody. He consumed alcohol only occasionally. None of the family members was aware that he was under depression.

Findings in COI and the researcher's observations:

It seems the ASI was perturbed for sometime by an issue which he did not disclose to his family members. As per his suicide note he was in depression. But it is apparent from the COI that nobody in his unit, not even the unit doctor was aware of his depression. There is still a stigma attached to mental illness and a tendency to hide mental illness for fear of losing on promotional avenues.

Constable/GD Balwinder Singh R/O village Prem Kheda, P.O.- Brass district Karnal, Haryana

The constable committed suicide on 07.01.13 by hanging himself, enroute to Dharampur (HP) from Ahmedabad. He along with 4 other constables belonging to a RAF unit in Ahmedabad were dispatched by train to attend course in Dharampur. When they reached Dharampur railway station, he excused himself to go to toilet but did not return and hanged himself on an iron girder in a farm near the railway station. The researcher went to his village on 28.02.14 and interacted with his family members. According to his family members he got enlisted in CRPF in 2001. He was interested in joining army or police from the beginning. He was a sincere boy and besides studying in school he helped his family in farm work. He was close to his mother and elder brother. He has 3 elder sisters and 2 elder brothers, all of

whom are married. His father and brothers are all engaged in farming. After marriage, on his wife's and in-laws' advice he bought a plot in Karnal and constructed a house for which he had taken a loan from the bank. He was paying rs.10000/- EMI to the bank. He was healthy and had no problems of any sort. He used to regularly talk to his parents and wife on the phone. He had no land or any other dispute. They were clueless as to why he had committed suicide.

Findings in COI and the researcher's observations:

The family members either do not know why he committed suicide or are not willing to share the cause with the researcher. The COI reveals that as per his colleagues' statement he was a habitual alcohol drinker. The COI too has been unable to pinpoint any reason for the suicide. It seems that the deceased was under stress for some reasons and had taken to alcohol as a coping mechanism but in due course depression must have set in and taken its toll.

HC/GD Kuldeep Singh R/O of village Barik Kala,district Bhatinda , Punjab

The HC/GD committed suicide by shooting himself with his service weapon in his unit on 10.06.11. The researcher visited his village on 1.03.14 to interact with his family. According to his family he was recruited to the CRPF in 1991. He was a sincere child. His family was in financial crisis due to which he had to leave school and started to work. Before marriage he was a very jovial person but after marriage there was a big change in him and he became very serious and withdrawn. He bought a plot and built a house in Bhatinda on the

advice of his wife and in-laws. This house was later transferred in his wife's name after her insistence and she started living there. When he came to know that his wife was having extra marital relations with a man from her village he came to his village and took to drinking. He cried and told his family that he has been cheated by his wife and his in-laws. Then just after one month of his reporting back to his duty he shot himself in his unit. As per his father he shot himself immediately after phoning his wife but the phone was picked up by Gurjant Singh with whom his wife was having illicit relations. His mother has also written a letter to the commandant of the unit not to release the service benefits to his wife.

Findings in COI and the researcher's observations:

The cause is very clear in the above case. The HC could not bear the trauma and stress that arose from his wife's infidelity. The COI also corroborates this fact.

Constable/GD Rakesh Sharma R/O Badi Brahma, District Samba , J&K

The constable committed suicide during duty in the bathroom of Jammu railway station on 02.11.11. The researcher visited his village on 2.03.14 and interacted with his family. According to his family he was a sincere child and liked sports. After passing 10th standard he took a private job. He got recruited to CRPF in 2003. His father is a farmer and his elder brother is in JK police. In 2010, while he was posted in Chhattisgarh he had jaundice and his situation became very critical. His wife and his elder brother had gone to Chhattisgarh with two lakhs of rupees for his treatment. He fully recovered and was also transferred to group centre Bantlab where he started living with his wife in the

government quarter allotted to him. He had no dispute with anybody but he had changed after his marriage and seemed unhappy. His family members feel that quarrels between him and his wife could be the cause of his suicide.

Findings in COI and the researcher's observations:

It seems that some personal matter or quarrels with his wife had perturbed him to take the extreme step of suicide. The COI findings also point to some personal reason as the cause of his suicide.

Thus, out of the seven families of suicide victims that the researcher visited and interacted with, it transpired that in five cases the reasons for suicide could not be definitely ascertained. At the most whatever impression one gets from the version of the families and content analysis of the COIs, it can be assumed that they probably committed suicide due to personal or family reasons. The COIs show that their colleagues and officers were unaware of these personal issues which were troubling them. The families even when they know the reason, tend to keep it to themselves to save the family from social stigma and to prevent intrusion on their privacy. One case was due to depression and the other due to wife's infidelity.

Though only seven families of suicide victims could be interviewed by the researcher yet it gives a fair idea that the dominant cause of suicides by CRPF personnel in the 11 year period from 2003 to 2013 is 'personal or family reason'.

Discussions with CRPF officers:

To find out what the officers of CRPF feel about why their personnel commit suicide the researcher had discussions in person with 15 officers posted in Delhi and over telephone with officers posted elsewhere in the country. These included officers of all ranks assistant Commandants, Deputy Commandants, commandants, deputy inspectors general and inspectors general. The responses were almost on the same lines. Almost all the officers said that on basis of their experience they feel that the evolution of CRPF from one battalion to 230 battalions today have brought in tensions and stresses with frequent movement of troops most of the time at short notices. Since CRPF is a Central Armed Police Force (CAPF) its mandate is to aid the civil police when requested by State governments. This entails being dependent on the state governments for accommodation and other facilities. The record of state authorities in providing these facilities has been rather dismal. This becomes a source of stress for CRPF personnel who feel that they are getting a raw deal despite helping the States in handling crisis situations.

The issue of recognition and power also troubles the CRPF who feel that the civil police exercise all powers and they are relegated to playing second fiddle. The societal recognition and limelight is all hogged by the state police and they get no appropriate appreciation of difficult tasks performed by them. The identity crisis experienced by CRPF personnel is a nagging issue. Frequent interactions with the state police due to increased duties with them has aggravated this feeling. Frustration with the job has crept into the psyche of CRPF personnel due to these perceived discriminations vis-à-vis Army (in

matters of pay and allowances) and state police (in matters of powers and recognition).

The CRPF officers feel that, the popular perception in the public mind that denial of leave or little leave is the chief cause for personnel committing suicide, is in fact a misconception and a totally misplaced reason as sufficient leave is given to personnel. They say that in reality, the CRPF personnel are able to go home at least 3 to 4 times in a year each time availing 15 to 20 days as leave. Some of the officers even feel that extra sensitivity on the leave issue by the top authorities is being taken advantage of by the personnel and it is affecting the discipline and depletes the operational strength of the unit. They concede that the hard duties in terrorist and Naxal infested areas creates a continuous stress due to the apprehension of loss of one's life and limb. Some personnel are not able to cope up and manage this stress. Absence of psychological tests during recruitment compounds this problem. The working conditions in CRPF induce stress but normal healthy personnel are able to cope up with this stress but few personnel with predisposition to depression and suicidal tendencies succumb to this stress. The officers argue that had working conditions in CRPF been responsible, the figure of suicides in CRPF would have been much high than what it really is.

The CRPF officers feel that only personnel with personality disorders who could not be screened out due to non-existence of psychological tests at the time of recruitment commit suicide. They feel that personal and family reasons are the major causes of suicide in CRPF. Most of the officers argue that many suicides have taken place within days of the personnel joining duty

after leave. The CRPF man carries unresolved personal and family problems back to work which keeps him on tenterhooks. Another dimension is the instant means of communication today. Unlike 20 years back a letter by post was the only mode of communicating with a person deployed hundreds of kilometers from home. By the time the letter reached the CRPF employee the problem back at home may have been sorted out. But nowadays the mobile phone gives a running commentary on what is happening on the family front. A problem requiring physical presence of the personnel located far away, acquires gigantic proportions in their mind when they know that they cannot do anything to resolve it.

To this is added the sociological dimension of disintegration of joint families. The joint family acts as a shock absorber, nurturer and caregiver for the children and aged. The person who is part of the joint family is assured that his wife and children will be taken care of by the members of his large family. But many personnel have now started living in a nuclear family. Some personnel are not able to cope with the demands the nuclear family places on their time and energy while being away on stressful CRPF duty. The expectations and aspiration levels of the CRPF person and his family in a modern consumerist environment makes the problem worse for personnel predisposed to stress, depression and suicidal thoughts as they do not have the time, energy and financial wherewithal to achieve the aspirations. Such personnel are the ones that are most prone to suicide.

The above chapter gave an exhaustive description and analysis about suicide in the general population of India tracing the influence of mythology and religion on the thought on suicides in India. The under reporting of suicide especially in rural India due to social stigma and aversion to post-mortem of the suicide victim's body affects the quality and reliability of data on suicides in the general population. Data on suicides in CRPF is, however, both accurate and reliable. The problem area is the inability of the court of inquiries (COIs) to come out with any definite cause of suicide in most of the cases. The departmental and personal bias of the inquiry officer needs to be factored in while drawing conclusions about causes of suicides in CRPF on the basis of COIs. The version of family members regarding the suicide of their member is also beset by their reluctance to fully confide in a brief interaction with any outsider. To gain their trust and build a rapport, prolonged and numerous meetings are essential, which was beyond the scope and time framework of this research. Discussions with CRPF officers have given deep and qualitative insights into the various facets of suicides in CRPF.

The perception of CRPF personnel of the causes of suicide in CRPF is attempted to be gauged through analysis of data collected through a questionnaire and findings of the study will be presented in the following chapter.