Short Report

Extent of and Reasons for the Underreporting of Suicide Deaths to the Police in India

A Cross-Sectional Survey

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Abstract: *Background:* Little is known about the underreporting of suicide deaths to the police in India. *Aim:* To document the extent and reasons of underreporting suicide deaths to the police by socio-demography of the deceased in India. *Methods:* Interviews documented if a suicide death was reported to the police for suicide deaths that occurred between 2019 and 2022 in India, identified as part of a national all-cause mortality survey in nine states. Further interviews in three of these states explored the reasons for underreporting of suicide deaths to the police. *Results:* The prevalence of underreporting suicide deaths to the police in India was 35.5% (95% CI 30.8, −40.6), 34.1% (95% CI 28.5, −40.2), and 38.6% (95% CI 30.1, −47.9) for both sexes combined, male, and female suicide deaths, respectively. The underreporting was significantly higher in 15–19 years (46.7%; 95% CI 32.7, −61.2) and in 50+ years (42.5%; 95% CI 32.1, −53.6) compared to those in 30–39 years (19.0%; 95% CI 10.8, −31.1). Avoidance of postmortem was the most cited reason for underreporting followed by compromise between the affected parties, with variations in reasons seen by sex of the deceased and state. Concerns related to social stigma, maintaining family reputation, and securing custody of young children were mentioned as reasons more for female than male suicide deaths. *Limitations:* Underreporting estimates rely on self-report subject to recall and social desirability bias. Reasons for nonreporting were collected postevent and may not reflect real-time family or community decision-making. *Conclusion:* One in three suicide deaths are not reported to the police in India, with variations in this underreporting by age, urbanicity, and state of the suicide deaths. These findings can allow for developing targeted awareness campaigns and community engagement in high underreporting areas rather than a one-size-fits-all approach, and simplifying the police protocols around postmortem can help to reduce this underreporting.

Keywords: suicide, underreporting, police, postmortem, India

Suicide deaths reported to the police are the official source of suicide deaths in India, which are released publicly annually by the National Crime Records Bureau (NCRB; 2023). The number of suicide deaths are believed to be underreported in the NCRB report (Arya et al., 2020; Dandona et al., 2022a; 2022b; Raban et al., 2014), however, the extent of underreporting by the socio-demography of people who die by suicide and the reasons for underreporting is limited in India (Raj et al., 2024). We undertook such an assessment in a population-based sample of suicide deaths in India (Dandona et al., 2024). These findings can help facilitate strategies to improve reporting of suicide deaths to the police and contribute to improved robustness of such data for India.

Methods

We identified 366 suicide deaths in a nationally representative all-cause mortality survey covering a population of one million including 29,273 deaths that occurred between January 2019 and December 2022 in nine Indian states as per the sampling criteria described in detail

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elsewhere (Dandona et al., 2024; Dhole et al., 2025; Kumar et al., 2025). The respondent was an adult member who was most knowledgeable about the death as identified by the household of the deceased. As deaths due to any type of injury are required to be reported to the police in India, whether the death was reported to the police or not was asked for all injury deaths in the survey.

Further to this, we also undertook semistructured interviews with the 220 families bereaved by suicide in three of the nine states – Maharashtra, Uttar Pradesh, and Tamil Nadu – as these accounted for 60% of all suicide deaths in the national survey. The respondent for this interview was also the adult member who was deemed most knowledgeable about the suicide and related issues as identified by the household of the deceased. For suicide deaths that were not reported to the police, an open-ended question was asked about the reason(s) for not reporting. The question to document reasons for not reporting had precoded response options developed based on pretesting (to avoid police harassment, to avoid postmortem, stigma linked to police visit, refusal by the village community to report the case, and compromise either between the affected parties or between the family and the village head), and the option to record the reason verbatim was available if the reason was not in the precoded option. During the pre-testing, it was indicated that at times, suicide death is not reported to the police and a compromise is reached between two parties within the context of abetment to suicide allegations. Despite it being a legally complex offence requiring more than just allegations of distress, use of abetment to suicide allegation for monetary gain is well-recognized in India. We captured this as "compromise between the affected parties." Additionally, we also found that some village heads actively dissuaded filing of a police report as it increased their administrative and legal work; we termed this as "compromise between the family and the village head."

Following the administration of interview questionnaire, the interviewers also documented a narrative on the suicide from the respondent documenting why, where, how, and immediate implications post the death including reporting to the police in their own words. The aim was to capture themes that possibly were not captured in the interview. The narratives were reviewed for any additional reasons for not reporting the case to the police (by ND, GAK, MA, and RD). Taking cues from open coding in grounded-theory approach to qualitative analysis (Corbin & Strauss, 2008), ND and MA first reviewed the themes derived from open-ended responses. The themes or codes were grouped together according to their similarity. Words used by respondents were included as themes in some cases. These themes were tabled and discussed with RD and GAK, who also reviewed them and decided if the themes were appropriate. Disagreements were resolved through discussions among all four. Thus, we implemented inductive coding of the responses for arriving at reasons for not reporting the suicide case to the police (Bernard, 2011).

We report the prevalence of underreporting of suicide deaths to the police by socio-demography of the deceased from the national survey, and the reasons for underreporting to the police by the sex of the deceased from the three states. We report 95% uncertainty interval (UI) for estimates as relevant. All analyses were performed using STATA V.13.1 software (StataCorp, USA).

Results

A total of 130 suicide deaths for both sexes combined were not reported to the police in the national survey, giving a prevalence of underreporting to police at 35.5% (95% UI 30.8, −40.6). This prevalence was similar for male (34.1%; 95% UI 28.5, −40.2) and female (38.6%; 95% UI 30.1, −47.9) suicide deaths. Majority of the respondents for interview were parent/parent-in-law (40.4%) followed by spouse (22%), sibling (17.8%), and child (15.6%) of the deceased. Distribution of the underreporting to the police by socio-demography of the deceased is shown in Table 1. The underreporting was significantly higher in 15–19 years (46.7%; 95% CI 32.7, −61.2) and in 50+ years (42.5%; 95% CI 32.1, −53.6) compared to those in 30–39 years (19.0%; 95% CI 10.8, −31.1), and was borderline significantly higher for rural deaths (39.5%; 95% CI 33.6, −45.8) as compared with the urban deaths (27.1%; 95% CI 19.8, −35.9). The underreporting ranged from 20.9% in Maharashtra to 46.7% in Jharkhand, and was significantly lower in Maharashtra as compared with Tamil Nadu (Table 1).

Semistructured interviews in the three states were completed for 155 (70.5% participation rate) of the 220 suicide deaths, of which 57 (36.8%) were not reported to the police. Majority of the respondents for interview were parent/parent-in-law (35.1%) followed by spouse (29.2%), sibling (22.1%), and child (13.6%) of the deceased. More than one reason for not reporting the suicide death to the police was given for 18 (31.6%) of the 57 suicide deaths resulting in a total of 72 reasons (Figure 1). Avoidance of postmortem was reported for 26 (45.6%) deaths for both sexes combined, for 18 male (48.7%) and 8 female (40.0%) suicide deaths (Figure 1). Avoidance of postmortem was cited the most in Tamil Nadu state (70.8%; p = .004) compared to Maharashtra (18.2%) and Uttar Pradesh (31.8%), with no other significant association (Figure 1). The survivors of female suicide deaths more

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Table 1. Distribution of suicide deaths not reported to the police by select socio-demographic characteristics of the deceased in the national survey

Details about the deceased	Variable category	Number of suicide deaths	Number of suicide deaths not reported to the police	Percent of suicide deaths not reported to the police [95% uncertainty interval]
Overall		366	130	35.5 [30.8, −41.6]
Age group (in years)	10–14	8	3	37.5 [12.5, −71.6]
	15–19	45	21	46.7 [32.7, −61.2]
	20–29	121	47	38.8 [30.6, −47.8]
	30–39	58	11	19.0 [10.8, −31.1]
	40–49	54	14	25.9 [16.0, −39.2]
	50+	80	34	42.5 [32.1–53.6]
Sex	Female	114	44	38.6 [30.1, −47.9]
	Male	252	86	34.1 [28.5, −40.2]
Marital status	Never married	124	47	37.9 [29.8, −46.8]
	Ever married	242	83	34.3 [28.6, −40.5]
Wealth index quartile	Quartile 1	82	39	47.6 [37.0, −58.4]
	Quartile 2	93	29	31.2 [22.6–41.3]
	Quartile 3	110	34	30.9 [23.0, −40.2]
	Quartile 4	81	28	34.6 [25.0–45.5]
Urbanicity	Urban	118	32	27.1 [19.8, −35.9]
	Rural	248	98	39.5 [33.6, −45.8]
State	Assam	27	10	37.0 [21.2, −56.3]
	Gujarat	28	11	39.3 [23.2, −58.1]
	Haryana	16	5	31.3 [13.6, −56.8]
	Jharkhand	15	7	46.7 [24.0, −70.8]
	Kerala	47	16	34.0 [22.0, −48.6]
	Maharashtra	91	19	20.9 [13.7, −30.5]
	Odisha	13	6	46.2 [22.3, −71.9]
	Tamil Nadu	76	35	46.1 [35.2, −57.3]
	Uttar Pradesh	53	21	39.6 [27.4, −53.3]

frequently mentioned concerns related to social stigma, maintaining family reputation, and securing custody of young children than those reported for male suicide deaths (Figure 1). Social stigma was cited only in Tamil Nadu (45.8%) whereas compromise between the affected parties and to avoid police harassment were cited more in Uttar Pradesh (45.5% and 22.7%, respectively) as compared with Tamil Nadu (16.7% and none) and Maharashtra (9.1% for both).

Discussion

We found one in three suicide deaths are not reported to the police in India, with variations in this underreporting by age, urbanicity, and state of the suicide deaths. Avoidance of postmortem was cited the most as the reason for not reporting the suicide death to the police, and variations in reasons were seen by sex of the deceased and state. These findings can allow for developing targeted awareness campaigns and community engagement in high underreporting areas rather than a one-size-fits-all approach, and simplifying the police protocols can help to reduce this underreporting.

Extrapolating the underreporting documented in this study to the number of suicide deaths reported in NCRB for year 2023 (National Crime Records Bureau, 2023), we estimate 60,700 (95% CI 52,500, −69,300) suicide deaths to be underreported in India in 2023. This study highlights where and whose suicide deaths are more likely to go underreported – adolescents and older deaths, and in rural areas. Maharashtra state had the least underreporting to the police compared to the other states. The sample in this study was not powered to document such patterns by state, however, the extent of variation in the

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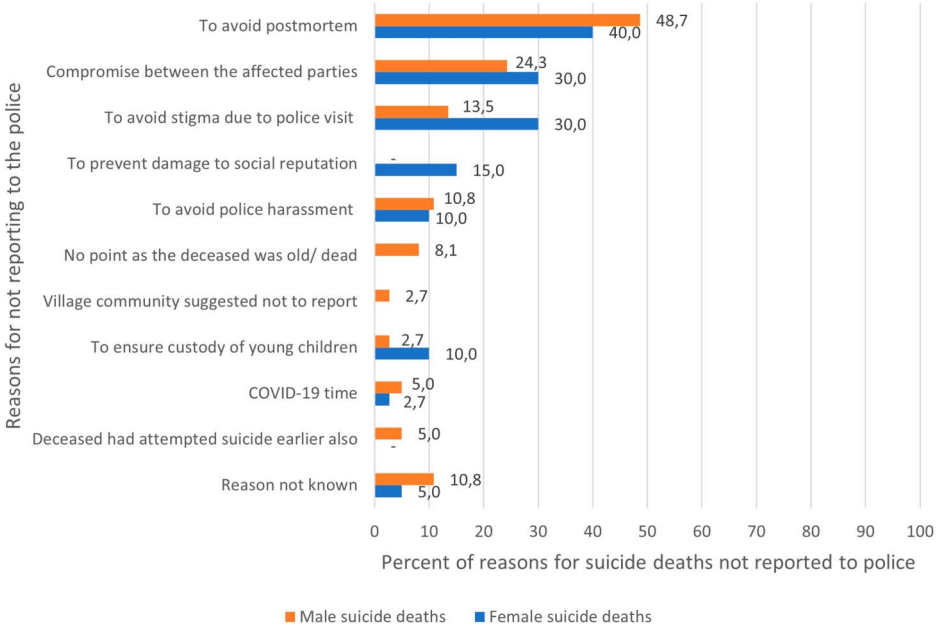


Figure 1. Reasons for not reporting suicide death to police for 57 suicide deaths by the sex of deceased in the three states (not mutually exclusive).

underreporting by state indicates the need for more in-depth work within the local contexts to improve upon the reporting to the police. We explored this locally in Maharashtra with the community; this was attributed to the position of *Police Patil* in the villages appointed by the state government whose role was to facilitate interaction between the community and the police. Additionally, Maharashtra state is known for a relatively high numbers of farmer suicide deaths in India, which results in a higher reporting to police for the families to claim compensation through the state government schemes meant for survivors of farmers (Ministry of Agriculture and Farmers Welfare, 2021).

Avoidance of postmortem was widely cited as a reason irrespective of the age and sex of the deceased, and was cited the most in Tamil Nadu. A postmortem examination is meant to be conducted in all unnatural deaths in India, and suicide is considered so (Sirohiwal et al., 2013). The awareness about medico-legal autopsies among the Indian population is still at an incipient stage and the procedure is largely stigmatized due to various myths and misconceptions (Pawar et al., 2015; Sreenivas et al., 2023). It is documented previously that postmortem leads to fear of disfigurement, leakage of bodily fluids, and importantly, that it interferes with the commitment to fulfil the mandatory religious customs for final rites (Behera et al., 2008; Sreenivas et al., 2023).

Alternatives to postmortem, such as medical certification of cause of death as suicide, can be explored to simplify the police protocol, in particular for cases that are clearly suicide deaths. Improving health awareness to eliminate myths and misconceptions about medico-legal autopsies can also help improve community's co-operation to police, which in turn, can facilitate increase in suicide deaths reported to the police.

Additionally, this study has documented the influence of socio-cultural dynamics on the decision to report suicide death to the police, in particular for female suicide deaths (Vijayakumar et al., 2020). Our findings highlight that allegation of abetment to suicide is sometimes raised and negotiated informally between families, particularly with financial incentives. Addressing this requires structural reforms such as improved medico-legal documentation at the point of death, strengthening domestic violence pathways, and integrating suicide deaths into mortality information systems can further reduce the scope for informal compromises and ensure that both genuine cases of harassment-driven suicides and instances of misuse are appropriately addressed. Strengthening of protections against misuse of abetment provisions can reduce opportunistic use of allegations, while safeguarding genuine victims of abuse.

Finally, this study also highlights that data on suicide deaths can improve by working with the police rather than around them as they are the main custodians of data. The police, with their reach into every community, are uniquely positioned to be allies rather than adversaries and can be potential agents of change. As first responders, they are often the first authority to arrive when a suicide or suicide attempt occurs. Their actions shape whether families experience care or criminalization, whether cases are recorded accurately or suppressed, and whether survivors of attempts are connected to health services or left

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unsupported. Training police officers to respond with empathy, to recognize suicide as a health and social issue rather than a crime, and to refer individuals and families to appropriate support is an essential but often overlooked aspect of suicide prevention in low- and middle-income countries including in India.

We collected information from the most knowledgeable respondent rather than from the head of the household or through triangulation across multiple family members. This approach is consistent with established qualitative and psychological-autopsy methodologies, which prioritize the respondent with the closest and most sustained interaction with the deceased (Cavanagh et al., 2003; World Health Organization, 2011). Engaging multiple family members was not pursued for both methodological and ethical reasons. Suicide is a highly sensitive and often stigmatized event, and involving several relatives can increase emotional burden, exacerbate intrafamily tensions, or compromise respondents' willingness to speak openly.

Limitations

Some limitations will need to be considered. Underreporting estimates are based on self-report subject to recall and social desirability bias. Reasons for nonreporting were collected postevent and may not reflect real-time family or community decision-making.

Conclusions

To the best of our knowledge, this is the first study to explore the extent of and reasons for underreporting of suicide deaths to the police in India at the population level. These findings on underreporting and its socio-demographic patterns and reasons can be leveraged to improve police reporting of suicide deaths in India.

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History
Received November 9, 2025
Revision received January 26, 2026
Accepted January 30, 2026
Published online February 25, 2026

Acknowledgments
We appreciate the contribution of informants who participated in the verbal autopsy interviews and the field team who interviewed the respondents.

Conflict of Interest
The authors have no competing interests to report.

Publication Ethics
This study was approved by the Institutional Ethics Committee of the Public Health Foundation of India on October 18, 2024 (TRC-IEC/516/24/Exp/New).
All participants provided written informed consent.

Authorship
Rakhi Dandona, G. Anil Kumar, and Lalit Dandona, conceptualization and design of the study; Neha Dhole, data analysis, drafting of the manuscript, and interpretation; Rakhi Dandona, G. Anil Kumar, Md. Akbar, Moutushi Majumder, and Siva Prasad Dora, design of the study methods; Md. Akbar, Siva Prasad Dora, and Moutushi Majumder, supervision of data collection and data analysis and interpretation; G. Anil Kumar, leading data management and data analysis and contribution to drafting of the manuscript; Rakhi Dandona, guiding data analysis, interpretation and drafting the manuscript; Rakhi Dandona and G. Anil Kumar had full access to all the data in the study and take full responsibility for the integrity of data and accuracy of the data analysis.
All authors have approved the final manuscript.

Open Science
All data and materials relevant to the study are included in the article.

Funding
This work was supported by the Mariwala Health Initiative (LN1201). The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

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