

Review Article

Minds after Death: The Expanding Role of Psychological Autopsy in Investigations: A Review

Ishan Jain^{1*}, Oindrila Mahapatra² and Yogesh Kumar³

¹M.Sc. Student, Department of Forensic Science, Teerthanker Mahaveer University, Delhi Road, NH-9, Moradabad, UP, India

²MSc Forensic Science Student, Adamas Knowledge City, Barasat-Barrackpore Road, Jagannathpur, Kolkata, West Bengal, India

³Assistant Professor, Teerthanker Mahaveer University, Moradabad, UP, India

Abstract

Deaths can result from deliberate self-harm (DSH), accidents, natural causes, homicides, or remain unidentified, causing prolonged distress for the deceased's family and challenges for authorities. Suicide, a significant public health concern, exemplifies self-destructive behavior often unnoticed or partially noticed. Psychological Autopsy (PA) is highly needed in India due to the significant suicide rate and the complex factors contributing to it. Various nations, including the USA, UK, Canada and Australia, have already recognized psychological autopsy as crucial evidence in court. Although PAs are performed in India, their legal acceptability remains debated. It helps in giving a lesser clouded vision of the victim profile and at times even facilitates the specific definition of the cause of death. Studies reveal that about 90% of those who commit suicide suffer from one or more mental disorders, with depression most common; hence, this finding has been beneficial in identification and treatment of such cases at earliest so as to prevent suicide. Recommendations for the future development of this method include embracing modern communication methods and 'invisible informants', cultural intersections, safeguarding of reliability and validity, and the use of feasibility trials. The emphasis remains on collating the raw narratives at the core of these interviews, which make the psychological autopsy such a unique and perceptive tool.

Introduction

Psychological Autopsy (PA) refers to a postmortem investigative procedure aimed at reconstructing the psychological state of an individual prior to death [1]. This technique assists in determining the circumstances surrounding the death, particularly in establishing suicidal intent, and in identifying other contributory risk factors associated with suicide. Initially developed to support law enforcement in cases of ambiguous or undetermined deaths, PA has evolved into a critical research methodology for examining the etiological factors underlying completed suicides. Suicides represent a significant global public health issue, accounting for a considerable proportion of annual deaths. In India, it is a particularly pressing issue, with the national suicide rate recorded at approximately 12.6 per 100,000 population [2]. In 2021, the rate of suicide for males was 13.8, while for

females it was 11.2 per 100,000 population and India ranked 41st across globally [3]. The etiology of suicide is inherently multifactorial, necessitating the identification of diverse risk elements to facilitate the formulation of targeted preventive strategies.

This method was conceptualized in the 1950s by Edwin S. Shneidman and Norman L. Farberow at the Los Angeles Suicide Prevention Center, as a response to a growing number of equivocal deaths where the intent was unclear [4]. Their approach was notably shaped by their systematic analysis of suicide notes archived by the Los Angeles County Coroner's Office. The first practical application of the psychological autopsy occurred when Coroner Theodore J. Curphrey enlisted the expertise of the Suicide Prevention Center to investigate fatalities attributed to drug overdose [5]. This initiative marked the beginning of its formal use in forensic

More Information

***Address for correspondence:** Ishan Jain, M.Sc. Student, Department of Forensic Science, Teerthanker Mahaveer University, Delhi Road, NH-9, Moradabad, UP, Email: jainishan7692@gmail.com

Submitted: September 08, 2025

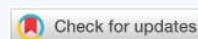
Approved: September 11, 2025

Published: September 12, 2025

How to cite this article: Jain I, Mahapatra O, Kumar Y. Minds after Death: The Expanding Role of Psychological Autopsy in Investigations: A Review. J Forensic Sci Res. 2025; 9(2): 155-161. Available from: <https://dx.doi.org/10.29328/journal.jfsr.1001096>

Copyright license: © 2025 Jain I, et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Keywords: Deliberate self-harm; Suicide; Psychological autopsy; Victim profile; Invisible informants





investigations. Over time, the technique gained institutional recognition, and in 2002, it was formally integrated into the training programs of the United States Department of Defense as a standardized procedure for assessing service member deaths under uncertain or self-inflicted circumstances [6].

PA serves as a robust investigative framework for analyzing the intricate interplay of psychological, sociocultural, and environmental variables that culminate in suicide. This approach entails a systematic and retrospective examination of the deceased's life, emphasizing factors such as psychiatric disorders, substance use, cognitive and emotional states, family dynamics, sociocultural background, genetic predispositions, traumatic experiences, and existential beliefs [7-10]. Notably, comorbidity between mental illness and substance abuse is frequently observed in such cases. Additional risk indicators include prior suicide attempts, access to lethal means, a familial history of suicide, and neurological impairments such as traumatic brain injuries [11,12].

A critical step forward involves the formulation and implementation of standardized protocols that define best practices for data collection, interview methodologies, and the synthesis of psychological insights with forensic evidence. It is essential to establish specialized training programs for professionals involved in conducting psychological autopsies, ensuring they are equipped not only with the necessary technical expertise but also with the ethical and interpersonal competencies required for managing these sensitive investigations. The establishment of a centralized repository for psychological autopsy cases would significantly enhance the field by enabling systematic analysis of trends, identification of recurrent factors in ambiguous deaths, and continual improvement of investigative practices through data-driven insights.

Methods of collection of information

Psychological autopsy process entails the structured collection of information from multiple sources, such as conducting interviews with individuals closely associated with the deceased and reviewing pertinent documentation. This approach is designed to reconstruct the psychological context of the individual prior to death, offering valuable understanding of their mental condition and the situational factors that may have contributed to the fatal outcome. This process includes several key components:

Identifying profile: Essential demographic and personal information of the deceased individual.

Details surrounding the death: Contextual background and specific events immediately preceding the individual's death.

Final period before death: Summary of the person's activities, behavior, and mental state in the days preceding the fatal incident.

Victim's history: Comprehensive overview of the individual's medical, psychological, substance use, and financial history.

Severity of suicidal intent: Assessment rating the intensity and seriousness of the suicidal behavior or ideation.

Behavioral traits and daily living: Insight into the deceased's personality traits, habits, and general lifestyle.

Statements from close contacts: Reactions and testimonies from family members, friends, or associates of the deceased.

Scene investigation findings: Tangible evidence retrieved and documented from the location of death.

Postmortem examination summary: Observations and conclusions drawn from the medical autopsy.

Familial medical and psychiatric background: Relevant hereditary or family-related mental and physical health information.

Intent evaluation: Examination of evidence suggesting possible suicidal motivation or intent.

Structured form for postmortem psychological evaluation:

The study was approved by Institutional human ethics committee of All India Institute of Medical Sciences Bhopal (AIIMS) Bhopal. The study was funded by Indian Council of Medical Research. Cases included all eligible deceased bodies that arrived at Mortuary of AIIMS, Bhopal for autopsy from November 2020 to May 2022 and fulfilled the inclusion and exclusion criteria [1].

1. Was the individual previously diagnosed with any mental health condition or long-term debilitating illness?
2. Was the individual receiving treatment for any psychiatric condition or chronic illness at the time?
3. Was there a known history of prior suicide attempts?
4. Had the individual ever sought treatment for behavioral concerns?
5. Were there any indications suggesting the individual had formulated a plan to die by suicide?
6. Had the individual previously engaged in self-harming behaviors?
7. Was a note or message left by the deceased indicating suicidal intent?
8. Did the individual have a known history of legal issues or criminal involvement?

9. Had the person exhibited signs of social withdrawal from family, friends, or the broader community?
10. Was there a history of the individual experiencing emotional, physical, or sexual abuse?
11. Had the person experienced neglect from family members, peers, educators, co-workers, or others in their environment?
12. Did the individual have a record of experiencing the breakdown of significant interpersonal relationships?
13. During the two weeks leading up to their death, did the individual report persistent sadness or irritability over trivial or unexplained causes?
14. In the same time period, did the person show diminished interest or enjoyment in activities that were previously pleasurable?
15. Was the person unusually fatigued or lacking energy in the two weeks before death?
16. Did they experience episodes of anxiety accompanied by symptoms like rapid heartbeat, excessive sweating, shaking, or difficulty breathing?
17. Was there evidence of problems with concentration or memory retention in the weeks preceding the suicide?
18. Did the individual express feelings of guilt concerning events that impacted loved ones during that timeline?
19. Was sleep disturbance, such as trouble falling or staying asleep, reported by the individual?
20. Were there any noticeable changes in eating habits during the two weeks prior to their deaths?
21. Did the person express feelings of hopelessness, a sense of being a failure, or believe that achieving personal goals was impossible?
22. In the weeks leading up to their death, did the individual mention a desire to die or express suicidal ideation?
23. Did they report auditory hallucinations, such as hearing voices without visible sources?
24. Were there any paranoid thoughts, such as beliefs that others intended to harm or kill them?
25. Did the individual express delusional beliefs that they were being constantly watched or that unrelated events were personally significant?
26. Were there any instances where the individual felt their thoughts were being broadcast to others or that thoughts were being inserted into their mind?

27. Had the individual consumed an excessive amount of alcohol or sleep-inducing substance in the two weeks before the incident?

28. Was there overuse of psychoactive substances such as cannabis or opium during that period?

29. Did the individual display excessive use of nicotine-based products in the final two weeks?

The 29 items utilized in the psychological autopsy framework have been systematically classified into seven distinct domains, each targeting a specific area of psychosocial and psychiatric evaluation:

- 1. Diagnosed psychiatric disorders:** This domain comprises items designed to elicit information regarding clinically established psychiatric diagnoses, including but not limited to bipolar affective disorder, major depressive disorder, and schizophrenia. These questions assess the documented presence of psychiatric conditions or explore symptomatic manifestations consistent with diagnostic criteria outlined in established classification systems.
- 2. History of suicidal behavior:** This category encompasses items investigating the individual's past engagement in suicidal ideation, formulation of suicide plans, or execution of suicide attempts. These inquire evaluate parameters such as frequency, duration, method, and temporal proximity of these behaviours to the time of death.
- 3. Depressive symptomatology:** Items in this section assess the prevalence and severity of affective disturbances, including persistent dysphoria, anhedonia, hopelessness, and cognitive distortions such as feelings of worthlessness. Additional indicators, such as alterations in sleep architecture and appetite, are also evaluated to ascertain the breadth of depressive symptomatology.
- 4. Anxiety-related manifestations:** This domain targets anxiety-spectrum symptomatology, capturing data related to generalized anxiety, episodic panic, and social phobia. It includes somatic correlates such as autonomic hyperactivity (e.g., tachycardia, diaphoresis, tremors) which are frequently observed in anxiety disorders.
- 5. Psychotic phenomena:** Items within this domain assess the presence of psychotic symptoms, including perceptual disturbances (hallucinations), fixed false beliefs (delusions), and cognitive disorganization. Behavioural indicators such as withdrawal, agitation, or erratic conduct are also examined to support the evaluation of psychosis.

6. Psychosocial stressors: This section identifies the presence of acute or chronic external stressors, such as bereavement, relational discord (e.g., divorce), occupational displacement, or financial strain. It further explores the individual's coping strategies, resilience factors, and the extent of perceived or actual social support systems.

7. Substance use and misuse: This category is focused on the assessment of psychoactive substance use, including alcohol, sedatives, stimulants, and illicit drugs. It examines frequency, dosage, duration, and the psychosocial or physiological consequences associated with substance misuse, including dependency and withdrawal symptoms.

Role of investigators and ethical considerations

Professionals such as medical examiners, forensic psychiatrists, and clinical psychologists are integral to the psychological autopsy process. Their responsibilities include conducting structured interviews with individuals who were close to the deceased and synthesizing information from various sources to construct a comprehensive profile of the decedent's psychological condition. Upholding ethical standards is vital throughout the process, with a primary focus on maintaining confidentiality and ensuring voluntary participation by informants.

Case study: The Sunanda Pushkar investigation

In the high-profile investigation of Sunanda Pushkar's death, the Special Investigation Team (SIT) employed psychological autopsy techniques, including extensive interviews with her close relatives, friends, and associates, alongside review of her digital communications, medical records, and a thorough analysis of forensic data. Their findings indicated that psychological abuse by her spouse may have contributed significantly in her death. However, medical experts from AIIMS highlighted the limitations of such psychological assessments in judicial proceedings [13].

Strengths of PA in the case

- It provided a nuanced reconstruction of Pushkar's psychosocial environment, offering insights beyond what physical evidence alone could reveal.
- Helped investigators contextualize behavioural indicators such as social withdrawal, emotional distress and prior statements expressing hopelessness.
- Assisted in shifting investigative focus toward the possibility of abetment to suicide, which might otherwise have been overlooked.

Limitations of PA in the case

- The subjective nature of informant accounts raised

concerns about bias and reliability, as recollections could have been influenced by media coverage and personal opinions.

- The absence of a standardized PA protocol led to questions about the admissibility of the findings in court, with medical experts from AIIMS cautioning against over-reliance on psychological reconstruction without corroborative forensic evidence.
- The case exemplified how PA findings, while valuable for guiding investigation, must be corroborated with physical, toxicological, and circumstantial evidence before being considered judicially conclusive.

Suicidal ideation and investigating equivocal deaths

Suicidal ideation spans a spectrum from transient thoughts to detailed suicidal planning and often emerges in response to intense psychological distress. Effective intervention strategies emphasize immediate risk mitigation and treatment of underlying mental health or substance use disorders. Investigating deaths of uncertain cause necessitates a multidisciplinary approach involving forensic pathologists, criminal investigators, and mental health professionals to accurately evaluate the deceased's psychological state.

Key functions in investigating ambiguous death

Medical examiner: Determines the physiological cause and legal manner of death.

Investigators: Collect evidence, conduct interviews, and compile investigative documentation.

Ethical mandates: Ensure informants' anonymity, protect data confidentiality, and conduct the process with sensitivity and respect.

Training and competency requirements: Thorough psychological autopsies require specialized training.

Benefits of psychological autopsy

Psychological autopsy has become a critical methodology within forensic science, particularly useful for investigating deaths of unclear origin. Its primary strength lies in its capacity to reconstruct the decedent's psychological state, providing a multidimensional profile that standard autopsy findings cannot offer. It bridges the gap between forensic and clinical disciplines, facilitating a more holistic evaluation of potential psychosocial stressors, psychiatric conditions, and trauma-related factors [14].

A key strength of the psychological autopsy lies in its ability to integrate clinical psychological assessments with forensic evidence, thereby delivering a comprehensive perspective on the decedent's experiences and circumstances. This interdisciplinary approach allows investigators to identify



psychological stressors, unresolved trauma, or undiagnosed psychiatric conditions that may have influenced the outcome. In addition to aiding in the precise determination of cause and manner of death, this method offers significant value to bereaved families and judicial systems by providing clarity and closure in often complex cases.

Moreover, psychological autopsy plays a proactive role in suicide prevention by highlighting behavioral patterns and risk indicators linked to suicidal ideation and actions. Through retrospective analysis of individual cases, mental health professionals can better understand the precursors to suicide, enabling the design of more targeted and effective preventive measures. Such investigations also reveal broader systemic deficiencies—such as inadequate mental health services or lack of social support—that may have contributed to the decedent's vulnerability. Families gain a clearer understanding of their loved one's suffering, which may ease guilt and aid the grieving process.

Emerging studies suggest that using structured, validated PA frameworks significantly improves inter-rater reliability and reduces subjectivity, strengthening its credibility in both clinical and legal settings.

Challenges associated with psychological autopsy

Although psychological autopsy offers substantial advantages, it is not without significant limitations. One of the major concerns is the dependability of the information collected, which predominantly relies on interviews with individuals who were close to the deceased, such as relatives, friends, and colleagues. This reliance introduces the risk of biased or incomplete accounts, as informants may unintentionally exclude important details or, alternatively, infuse their recollections with personal emotions or subjective interpretations. Such variability can distort the reconstruction of the deceased's mental state and, consequently, affect the accuracy of conclusions regarding the cause or manner of death.

Another critical issue is the absence of universally accepted protocols for conducting psychological autopsies. The methods employed often vary significantly depending on the investigator's level of expertise, available resources, and the unique circumstances of each case. This inconsistency can lead to disparities in depth and reliability, complicating comparison and generalization across cases [15].

Additionally, ethical considerations pose a complex challenge in the implementation of psychological autopsies. Protecting the privacy and dignity of both the deceased and their family members is essential, yet difficult, particularly when sensitive or potentially distressing information must be disclosed. Investigators must exercise care to avoid causing further emotional distress to the bereaved, striking a careful balance between thorough data collection and respectful engagement with surviving relatives.

Proposed solutions

To improve the accuracy and overall effectiveness of psychological autopsies, several key measures can be implemented. Foremost among these is the creation and enforcement of standardized protocols. These should clearly define optimal practices for collecting data, conducting interviews, and synthesizing psychological insights with forensic findings. Such guidelines would foster greater uniformity and precision in psychological autopsy documentation, enhancing its credibility for both clinical and legal applications. Equally important is the development of specialized training initiatives tailored to professionals, and these programs must address not only the technical components of the process but also the ethical and interpersonal competencies necessary for managing sensitive inquiries. Conducting large-scale trials to evaluate inter-rater reliability, predictive validity, and cultural adaptability of PA tools.

Additionally, establishing a centralized repository of psychological autopsy case data would serve as a significant resource for the field. This database could facilitate the analysis of recurring patterns in ambiguous deaths, support evidence-based refinement of investigative approaches, and function as an educational tool for training new investigators using real-case scenarios. Collaborate with legal bodies to draft clear admissibility standards for PA reports, preventing misuse or over-interpretation in courtrooms.

Ethical principles must underpin the entire psychological autopsy process. Clearly articulated guidelines should safeguard the confidentiality and dignity of both the deceased and their relatives, encompassing procedures for obtaining informed consent and managing sensitive information. Ethical competence should be embedded into all training and certification frameworks to ensure investigations are conducted with sensitivity and respect [16-38].

Conclusion

Psychological autopsy has established itself as a vital instrument in the investigation of unclear causes of death, particularly in cases involving suicide. By retrospectively examining the mental state of the deceased, this method provides insights that traditional forensic techniques often overlook, thereby contributing significantly to legal inquiries, suicide prevention strategies, and academic research. The implementation of standardized procedures will enhance the consistency and reliability of findings, enabling their broader application in both clinical and forensic domains.

Moreover, the development of targeted training programs is critical to prepare professionals to perform these intricate assessments with the necessary accuracy and empathy. Establishing a centralized repository of psychological autopsy cases would facilitate comparative analyses and support the formulation of data-driven guidelines.

Integrating psychological autopsy into standard forensic and clinical practices represents a valuable opportunity to improve suicide prevention and deepen understanding of the psychological factors involved in ambiguous deaths. This approach holds significant promise for early intervention and life-saving efforts through enhanced collaboration among researchers, mental health professionals, and forensic experts.

Acknowledgement

The author(s) wish to acknowledge the assistance rendered by their faculty members and friends who assisted the authors in arranging references for this manuscript and their timely help contributed a lot.

References

- Bhushan D, Yadav J, Rozatkar AR, Moirangthem S, Arora A. The psychological autopsy: An overview of its utility and methodology. *J Neurosci Rural Pract.* 2023;14(3):447. Available from: https://doi.org/10.25259/jnrp_144_2023
- World Health Organization (WHO). Suicide key fact-sheet. World Health Organization; 2019. Available from: <https://www.who.int/newsroom/fact-sheets/detail/suicide>
- World Health Organization (WHO). Suicide mortality rate (per 100 000 population). WHO Data; 2024 Jan 8. Available from: <https://data.who.int/indicators/I/F08B4FD/16BBF41>
- Shneidman ES. The psychological autopsy. *Suicide Life Threat Behav.* 1981;11(4):325–40. Available from: <https://psycnet.apa.org/record/1982-23779-001>
- Curwen T. Norman Farberow dies at 97; psychologist was pioneer in suicide prevention. *Los Angeles Times.* 2015. [cited 2024 Jun 6]. Available from: <https://www.latimes.com/local/obituaries/la-me-norman-farberow-20150915-story.html>
- Mohanty P, Kumar R, Sankhla MS. Importance of Psychological Autopsy in Forensic Science. *Indian J Forensic Med Toxicol.* 2021;19:1–6. Available from: https://www.researchgate.net/publication/354890342_Importance_of_Psychological_Autopsy_in_Forensic_Science
- Centers for Disease Control and Prevention (CDC). Risk and Protective Factors. 2021. Available from: https://www.cdc.gov/suicide/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/suicide/factors/index.html
- Hawton K, Saunders KE, O'Connor RC. Self-harm and suicide in adolescents. *Lancet.* 2012;379:2373–82. Available from: [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry.* 2016;3:646–59. Available from: [https://doi.org/10.1016/S2215-0366\(16\)30030-X](https://doi.org/10.1016/S2215-0366(16)30030-X)
- Suicide. Wikipedia. Available from: <https://en.wikipedia.org/w/index.php?title=suicide&oldid=1082485574>
- Vijayakumar L, Kumar MS, Vijayakumar V. Substance use and suicide. *Curr Opin Psychiatry.* 2011;24:197–202. Available from: <https://doi.org/10.1097/yco.0b013e3283459242>
- Chang B, Gitlin D, Patel R. The depressed patient and suicidal patient in the emergency department: Evidence-based management and treatment strategies. *Emerg Med Pract.* 2011;13:1–23. Available from: <https://pubmed.ncbi.nlm.nih.gov/22164363/>
- Shruthy A. The psychological autopsy: Unraveling the mind of the deceased. *Adv Med Psychol Public Health.* 2025;2(3):196–201. Available from: <https://zenodo.org/records/13625836>
- Poythress N, Otto RK, Darkes J, Starr L. APA's Expert Panel in the Congressional Review of the USS Iowa Incident. *Am Psychol.* 1993;48(1):8–15. Available from: <https://doi.org/10.1037//0003-066x.48.1.8>
- Brent DA. The Psychological Autopsy: Methodological Considerations for the Study of Adolescent Suicide. *Suicide Life Threat Behav.* 1989;19(1):43–57. Available from: <https://doi.org/10.1111/j.1943-278x.1989.tb00365.x>
- Caulkins CG. The psychological autopsy: What, who, and why. *Forensic Ment Health Pract.* 2019;2(1):2–9. Available from: https://www.researchgate.net/publication/332835408_The_Psychological_Autopsy_What_Who_and_Why
- Appleby L, Cooper J, Amos T, Faragher B. Psychological autopsy study of suicides by people aged under 35. *Br J Psychiatry.* 1999;175(2):168–74. Available from: <https://doi.org/10.1192/bjp.175.2.168>
- Johal G, Appleby L, Turnbull P. Is there still a place for psychological autopsy in suicide research? A literature review of methodological limitations and recommendations for future development. *Int Rev Psychiatry.* 2024;36(4–5):494–502. Available from: <https://doi.org/10.1080/09540261.2024.2378075>
- Isometsä ET. Psychological autopsy studies – a review. *Eur Psychiatry.* 2001;16(7):379–85. Available from: [https://doi.org/10.1016/S0924-9338\(01\)00594-6](https://doi.org/10.1016/S0924-9338(01)00594-6)
- Conner KR, Beautrais AL, Brent DA, Conwell Y, Phillips MR, Schneider B. The next generation of psychological autopsy studies: part I. Interview content. *Suicide Life Threat Behav.* 2011;41(6):594–613. Available from: <https://doi.org/10.1111/j.1943-278X.2011.00073.x>
- Botello TE, Weinberger LE, Gross BH. Psychological autopsy. In: *Principles and Practices of Forensic Psychiatry.* 2nd ed. London, Great Britain: Arnold; 2003. p. 89–94. Available from: <https://www.taylorfrancis.com/chapters/edit/10.1201/b13499-18/psychological-autopsy-tim-botello-linda-weinberger-bruce-gross>
- Conner KR, Chapman BP, Beautrais AL, Brent DA, Bridge JA, Conwell Y, et al. Introducing the psychological autopsy methodology checklist. *Suicide Life Threat Behav.* 2021;51(4):673–83. Available from: <https://doi.org/10.1111/sltb.12738>
- Vijayakumar L. Suicide and its prevention: The urgent need in India. *Indian J Psychiatry.* 2007;49(2):81–4. Available from: https://journals.lww.com/indianjpsychiatry/fulltext/2007/49020/suicide_and_its_prevention__the_urgent_need_in.3.aspx
- Burton S, Dalby JT. Psychological autopsy in the investigation of serial neonaticides. *J Forensic Sci.* 2012;57(1):270–2. Available from: <https://doi.org/10.1111/j.1556-4029.2011.01934.x>
- Prem A, Satheesh A, Devananda KP, Sahay M. Exploring the Prevalence of Psychological Autopsy in Indian Context. *Indian J Forensic Med Toxicol.* 2024;18(2). Available from: <https://doi.org/10.37506/hrtpy93>
- Amritha R, Parvana P, Riza KS, Rao IA. Psychological Autopsy: Overview of equivocal deaths, suicides and homicide-suicides. *J Forensic Legal Med.* 2025;102813. Available from: <https://doi.org/10.1016/j.jflm.2025.102813>
- Theophelin JM, Raju R, Sana CT, Shaji A, Sandhiya A, Shamini VN, et al. Psychological autopsy/dissection—An Indian scenario. 2024.
- Kumar B, Goel N, Verma A. MLIR in Crime Investigation and Administration of Justice. *J Indian Acad Forensic Med.* 2024;46(3):431–5. Available from: <https://doi.org/10.1177/09710973251316357>
- Sablone S, Bellino M, Cardinale AN, Violante MG, Risola R, Magno A, et al. Psychological Autopsy: A Powerful Tool in Forensic Investigations. *Forensic Sci.* 2024;4(4):635–46. Available from: <https://doi.org/10.3390/forensicsci4040044>
- Shetty CK. Suicide cases in Manipal, South India: an autopsy study. *Int J Forensic Sci Pathol.* 2014;2(7):50–6. Available from: https://www.researchgate.net/publication/284036749_Suicide_Cases_in_Manipal_South_India_An_Autopsy_Study



31. Sampooranam W. Psychological Autopsy. *Asian J Nurs Educ Res*. 2020;10(2):246–7. Available from: <https://doi.org/10.5958/2349-2996.2020.00052.X>
32. Hagaman AK, Khadka S, Wutich A, Lohani S, Kohrt BA. Suicide in Nepal: qualitative findings from a modified case-series psychological autopsy investigation of suicide deaths. *Cult Med Psychiatry*. 2018;42:704–34. Available from: <https://doi.org/10.1007/s11013-018-9585-8>
33. Vasudevan AK, Eccleston L. Psychological Autopsy: the Psychological Assessment of the Dead Individual's Role in the Death. *Medico-Legal Update*. 2020;20(3).
34. Arafat SY, Menon V, Varadharajan N, Kar SK. Psychological autopsy studies of suicide in South East Asia. *Indian J Psychol Med*. 2022;44(1):4–9. Available from: <https://doi.org/10.1177/02537176211033643>
35. Khabibah SU, Ula MR, Mahojwala G. Psychological autopsy: Future implementation in Indonesia? *Forensic Sci Int Mind Law*. 2022;3:100107. Available from: https://www.researchgate.net/publication/364272728_Psychological_autopsy_Future_implementation_in_Indonesia
36. Shruthy A. The psychological autopsy: Unraveling the mind of the deceased. *Public Health*. 2025;2(3):196–201. Available from: <https://zenodo.org/records/13625836>
37. Looijmans M. Suicide prevention among young people: Exploring different angles for effective policy and practice. 2025.
38. Babu B, Varghese AM, Joseph A, Nallathamby R. Public Awareness and Perceptions of Medicolegal Autopsies in Kerala. *Medico-Legal Update*. 2025;25(1). Available from: <https://ijop.net/index.php/mlu/article/view/3601>