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A Study of Suicidal and Homicidal Behavior during the Last Decade among Adolescents and Young Adults in India: Trends, Risk Factors, and Public Health Implications

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Abstract

Background: Suicidal and homicidal behavior among adolescents and young adults constitutes a major, under-addressed public health burden in India. The World Health Organization identifies suicide as the third leading cause of death among 15–29-year-olds globally, with over 70% of such deaths occurring in low- and middle-income countries. **Objective:** The aim of the study was to review and synthesize decade-long (2014–2023) national statistics and peer-reviewed literature on suicidal and homicidal/violent behavior among Indian adolescents and young adults, and to examine associated risk factors and preventive implications. **Methods:** A narrative-analytical review was conducted using official government data – National Crime Records Bureau "Accidental Deaths and Suicides in India" and "Crime in India" reports (2014–2023) – supplemented by a structured search of PubMed, Scopus, and Google Scholar (2014–2026) for Indian studies on adolescent/young-adult suicidal and violent behavior. **Results:** India recorded 171,418 suicides in 2023, a rise from 131,008 in 2016; individuals aged 18–45 years accounted for roughly two-thirds of all suicides, and student suicides (13,892 in 2023) reached the highest absolute figure in a decade. Child suicides (below 18 years) rose 5.68% between 2022 and 2023. Concurrently, crimes against children rose to 177,335 cases in 2023 (up 9.2% from 2022), including 1,219 child murders, while the proportion of juveniles apprehended for violent offences rose from 32.5% (2016) to 49.5% (2022). School-based surveys report suicide-attempt prevalence rising from 2.1% (2016) to 6.6% (2023) among adolescents in South India (adjusted odds ratio 3.45). Academic stress, examination failure, bullying, family discord, mental health morbidity, and the COVID-19 pandemic emerged as recurrent, evidence-based risk factors. **Conclusion:** Suicidal and, to a lesser but rising degree, homicidal/violent behavior among Indian youth have escalated over the last decade. A coordinated, evidence-based national strategy integrating school mental-health services, examination-stress reform, restriction of lethal means, and community-based surveillance is urgently required.

Keywords: Adolescent, Homicide, India, Mental health, National Crime Records Bureau, Self-harm, Suicide prevention, Suicide, Violence, Youth

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Introduction

Adolescence and early adulthood (broadly 10–29 years) represent a developmentally sensitive period marked by identity formation, academic and occupational transitions, and heightened emotional reactivity, rendering this population particularly vulnerable to both self-directed and other-directed lethal violence. Globally, suicide is the third leading cause of death among people aged 15–29 years, and nearly three-quarters of all suicides occur in low- and middle-income countries, of which India is the most populous.[1]

India occupies a distinctive and concerning position in global suicide epidemiology. With a very large youth population – over 350 million persons aged 10–24 years, the largest adolescent cohort of any nation – even modest shifts in age-specific suicide or violence rates translate into substantial absolute mortality.[2] National Crime Records Bureau (NCRB) data have documented a near-continuous rise in the national suicide rate, from 9.9 per lakh population in 2017 to 12.4 per lakh in 2022, with youth and young adults (15–29 years) consistently constituting a disproportionately high-risk group.[3,4]

Homicidal behavior and youth violence, while less extensively studied in the Indian context than suicide, have also shown a worrying trajectory. NCRB records indicate that the proportion of juveniles apprehended for violent offences – including murder, culpable homicide, grievous hurt, and dacoity – rose from 32.5% of all juvenile apprehensions in 2016 to 49.5% in 2022, even as the absolute number of juvenile crimes registered under all heads declined by approximately 30% over the preceding decade. This apparent paradox – fewer total juvenile offences but a growing share that are violent – merits close scientific and policy attention.[5-8]

The last decade (2014–2023/24) has been punctuated by several events of plausible relevance to youth mental health and behavior in India: intensifying academic competitiveness and coaching-center culture (exemplified by clusters of student suicides in centers such as Kota), pervasive digital media and cyberbullying exposure, and the COVID-19 pandemic with its attendant school closures, social isolation, and economic disruption. This review synthesizes decade-long trends in adolescent and young-adult suicidal and homicidal/violent behavior in India, drawing upon official crime and mortality statistics together with the peer-reviewed literature, to characterize patterns, identify risk factors, and inform prevention strategy.[9-12]

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Objectives

The objectives of the study are as follows:
(i) To describe decade-wise (2014–2023) trends in suicide among Indian adolescents and young adults, disaggregated by age, sex, occupation/student status, method, and region. (ii) To describe corresponding trends in homicidal and violent offending/victimization among the same age group. (iii) To identify and summarize the principal psychosocial, academic, familial, and pandemic-related risk factors reported in the Indian literature. (iv) To discuss public-health and clinical implications for prevention.

Methodology

Design

This is a narrative-analytical review integrating secondary quantitative data with a structured literature review; it is not a primary field survey and no new human-subject data were collected.[3-5]

Data Sources

Primary quantitative data were drawn from the NCRB annual reports "Accidental Deaths and Suicides in India" (ADSI) and "Crime in India" for the years 2014–2023, the most recent of which (ADSI 2023) was released in September 2025. Supplementary global context was drawn from World Health Organization suicide fact sheets (2021–2025 editions).

Literature Search

PubMed, Scopus, and Google Scholar were searched (2014 to mid-2026) using combinations of the terms "suicide," "suicidal ideation," "self-harm," "homicide," "violence," "adolescent," "youth," "student," "India," and "COVID-19." Indian-origin peer-reviewed articles reporting empirical data, systematic reviews, or NCRB-based analyses were prioritized.

Scope and Limitations of Method

NCRB data are derived from police-recorded cases and are widely acknowledged to under-report true incidence owing to social stigma, decriminalization-related reporting ambiguity, and inter-state variation in registration practice; these caveats are revisited in the Discussion.[13-17]

Results

Overall Suicide Trends in India (2014–2023)

National suicide counts rose substantially over the review period. NCRB figures show 131,008 total suicides in 2016, rising to 153,052 in 2020, 164,033 in 2021, and 171,418 in 2023 – the highest figure recorded to date. The crude national suicide rate rose from 9.9 per lakh population in 2017 to 12.4 per lakh in 2022. City suicide rates consistently exceeded the national rate (16.2 vs. 12.3 per lakh in 2023), and marked inter-state variation persisted throughout the decade, with 2023 rates ranging from 0.7 per lakh in Bihar to 49.6 per lakh in the Andaman and Nicobar Islands, and southern cities such as Kollam and Vijayawada repeatedly recording the highest municipal rates nationally. The decade-wise trends in major suicide indicators are summarized in Table 1.

Age, Gender, and Occupational Distribution

Across the decade, the 18–30 and 30–45-year age bands together accounted for approximately two-thirds (66%) of all suicides nationally in 2023, with those below 18 years contributing about 6% and remaining relatively stable in proportion between 2022 and 2023, even though the absolute number of child suicides increased. Within the school- and college-going population specifically, 10,295 children below 18 years died by suicide in 2022, with a higher absolute number among girls (5,588) than boys (4,616) in that year; "failure in examination" was cited as the reason for 1,123 of these under-18 deaths (578 girls, 575 boys). Student suicides rose in absolute terms by approximately 73% between 2014 and 2023, reaching 13,892 deaths (8.1% of all suicides) in 2023 – the highest decade figure – with Maharashtra, Madhya Pradesh, Uttar Pradesh, and Tamil Nadu together accounting for the largest state-wise shares.

Unemployed young persons formed another substantial sub-group, accounting for 14,234 suicides (8.3% of the total) in 2023, following 15,783 (9.2%) in 2022. Educational-attainment analysis for 2022 showed the highest proportion of suicide victims had secondary-level education (23.9%), followed by upper-primary/middle level (18%) and higher-secondary level (15.9%), underscoring the concentration of risk in school-going and recently-schooled age groups.

Method and Regional Patterns

Hanging remained the most common method nationally, increasing marginally from 58.2% of suicides in 2022 to 60.9% in 2023, while poisoning (25.0% in 2023, down from 25.4%) and drowning (4.1%, down from 5.0%) each declined slightly. Southern and western states (Maharashtra, Tamil Nadu, Madhya Pradesh, Karnataka) consistently accounted for the highest absolute burden of suicides nationally, while smaller states/Union Territories (Sikkim, Andaman and Nicobar Islands) recorded the highest per-capita rates, and Bihar the lowest, in successive years – a pattern that remained largely stable across the decade.[18-20]

Homicidal and Violent Behavior Trends

In contrast to suicide, lethal interpersonal violence (homicide) in the general population showed a long-term decline: the national murder rate fell to 2.0 per lakh population in 2023, consistent with a UN-reported homicide rate of 2.95 per lakh in 2020 (down from a peak of 5.46 in 1992). However, trends specific to children and young offenders diverge from this general decline in important respects.

Crimes against children rose to 177,335 registered cases in 2023, a 9.2% increase over 2022 (162,449 cases) and continuing a rise from 149,404 cases in 2021; the crime rate per lakh child population rose from 36.6 (2022) to 39.9 (2023). Of 40,846 child victims recorded in 2023, the largest share (21,411) were aged 16–18 years, followed by 15,444 aged 12–16 years. Within this total, 1,219 children were murdered in 2023 (89 of these linked to rape/POCSO offences), and 373 cases of abetment to suicide involving child victims were recorded – figures that implicate both victimization and coerced self-harm as overlapping phenomena in this age group.

Regarding youth as offenders, NCRB "Crime in India" data show that while the total number of juvenile crimes registered

Table 1: Decade-wise trends in suicide indicators relevant to adolescents/young adults in India

Indicator	*~2016–2017*	*2021*	*2023*
Total suicides (all ages)	131,008 (2016)	164,033	171,418
National suicide rate/lakh	9.9 (2017)	—	~12 (2022: 12.4)
Student suicides	9,478 (2016)	13,089 (8.0%)	13,892 (8.1%)
Child (<18 year) suicides	—	—	+5.68% versus 2022
Suicide by hanging (%)	—	—	60.9%

Source: NCRB ADSI reports, 2016–2023

Table 2: Decade-wise trends in homicide and youth-related violent-crime indicators in India

Indicator	*~2016–2017*	*2022–2023*
National murder rate (/lakh)	~2.8 (2006 baseline)	2.0 (2023)
Crimes against children (cases)	149,404 (2021)	177,335 (2023, +9.2%)
Child murders	—	1,219 (2023)
Juveniles apprehended — violent-crime share	32.5% (2016)	49.5% (2022)
Juveniles apprehended aged 16–18 year	>75% (2017–22 average)	—

Source: NCRB Crime in India reports; UN homicide statistics

fell by roughly 30% between 2013 (43,506) and 2022 (30,555), the composition of juvenile offending shifted markedly towards violence: The share of juveniles apprehended for violent crimes (murder, rape, grievous hurt, assault, arson, robbery, and dacoity) rose from 32.5% in 2016 to 49.5% in 2022. More than 75% of juveniles apprehended nationally fall in the 16–18-year age band, and 99% are male. Madhya Pradesh, Maharashtra, Rajasthan, and Chhattisgarh together accounted for over half of all juvenile violent-crime cases registered between 2017 and 2022, with central and eastern India emerging as particular hotspots. The major homicide and youth-related violent-crime indicators are summarised in Table 2.

Psychosocial Risk Factors and the COVID-19 Pandemic

Repeated cross-sectional school surveys provide direct evidence of a rising burden of suicidal behavior among Indian adolescents independent of official crime statistics. A comparison of surveys conducted in nine South Indian schools in 2016 (n = 1,459) and 2023 (n = 1,153) among students aged 11–17 years found that the prevalence of suicide attempts rose from 2.1% to 6.6% (adjusted odds ratio [aOR] 3.45; 95% confidence interval 2.11–5.64), suicidal ideation from 4.7% to 11.6% (aOR 2.64), and self-harm from 8.5% to 15.2% (aOR 1.65), with poorer mental health scores, bullying victimization (including cyberbullying), and reduced perceived school safety identified as significant correlates.[21-23]

A community-based study of adolescents aged 10–19 years in rural West Bengal reported a 35.7% prevalence of anxiety and 30.0% prevalence of depressive symptoms following the COVID-19 pandemic, with significantly higher scores among females. A systematic review and meta-analysis of Indian studies on suicidal ideation and attempts among adolescents and young adults (10–24 years) identified female gender (OR 1.46), family-related problems (OR 2.34), pre-existing mental-health difficulties (OR 2.48), and peer bullying (OR 2.34) as the most consistent risk factors, alongside academic stress and poor academic performance, and rated the certainty of underlying evidence as low to moderate using GRADE criteria.

A systematic review of suicides in India specifically attributable to COVID-19-related circumstances identified four overlapping clusters of risk factors: sociodemographic (younger and unemployed persons), health-behavioral (alcohol-withdrawal, physical illness, family disputes), pandemic-specific (fear of infection, quarantine, financial hardship, disrupted online schooling, and stigma), and psychopathological (depression, loneliness, and pre-existing suicidal tendencies). These pandemic-related stressors compounded pre-existing, decade-long drivers of youth suicidality – chiefly examination failure, academic pressure attributable to the coaching-center and competitive-examination culture, and family conflict – that NCRB data have documented as leading cited causes among students and young persons throughout the review period.

Discussion

This review indicates that suicidal behavior among Indian adolescents and young adults has intensified over the last decade, both in absolute numbers and in survey-measured prevalence, while homicidal/violent behavior – though a smaller share of total mortality and largely stable or declining at the population level – has become disproportionately concentrated among adolescent offenders, with the share of juveniles apprehended for violent crime rising by roughly half between 2016 and 2022. These two phenomena are not independent: overlapping risk factors, including bullying victimization, exposure to violent content, academic and family stress, and impaired access to mental health support, plausibly contribute to both self-directed and other-directed aggression in the same developmental population, consistent with stress-diathesis and interpersonal models of youth violence and suicidality described in the international literature.

The concentration of suicide risk in the 18–45-year band, together with the rising absolute burden among students and children below 18 years, points to at least three converging pressures unique to this life stage in India: the intensely competitive, examination-centered educational system (illustrated by clustered suicides in coaching hubs such as Kota); the socioeconomic precarity associated with unemployment among educated youth (unemployed persons constituted 8–9% of suicides throughout the review period); and pandemic-related disruption of schooling, peer support, and routine mental-health care, whose sequelae – as shown by the 2016–2023 South Indian school comparison – appear to have persisted well beyond the acute phase of COVID-19.

The rising share of violent offending among apprehended juveniles, concentrated in central and eastern Indian states and overwhelmingly among older adolescent boys (16–18 years),

may reflect a combination of factors flagged in secondary sources, including growing exposure to online violent content and cyberbullying, inadequate rehabilitative infrastructure under the Juvenile Justice framework, and unaddressed early conduct or externalizing problems that in other contexts predict later interpersonal violence. However, direct empirical (as opposed to administrative) research on adolescent homicidal/violent behavior in India remains considerably sparser than the suicide literature, representing an important research gap.

From a clinical and public-health standpoint, these findings support a multi-pronged prevention strategy: (i) School-based universal and targeted mental-health screening, incorporating validated tools for depression, anxiety, and bullying exposure; (ii) reform of high-stakes examination systems and expansion of alternative academic pathways to reduce examination-related suicide risk; (iii) restriction of access to common lethal means, particularly given the continued predominance of hanging; (iv) strengthening of the Juvenile Justice system's rehabilitative and mental-health components for young offenders; and (v) sustained, adequately resourced implementation of India's National Suicide Prevention Strategy (2022), which has faced acknowledged implementation challenges since its launch.[24-25]

Conclusion

Over the last decade, India has witnessed a measurable rise in suicidal behavior among adolescents and young adults, with students and the 18–45-year age group bearing a disproportionate burden, and a parallel – if administratively smaller – rise in the share of violent offending among apprehended juveniles. Academic pressure, examination failure, bullying, family discord, unemployment, and the psychosocial aftermath of the COVID-19 pandemic emerge consistently as risk factors across independent data sources. These findings underscore the urgency of an integrated, adequately funded national response combining school mental-health services, examination-system reform, means restriction, juvenile justice reform, and robust surveillance, to curb what is now a well-documented and worsening public health concern among India's youth.

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