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Research Article

Study of Suicidal Deaths among Adolescent Age Group

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ABSTRACT

Background: Suicide among adolescents is a major public health and medicolegal concern worldwide. Adolescence (10–19 years) is a period of rapid physical, psychological, and social development during which individuals are particularly vulnerable to emotional distress and suicidal behaviour. Understanding the demographic profile and methods of suicide among adolescents is essential for developing effective preventive strategies and strengthening mental health services**. Aim:** To study the epidemiological and medicolegal profile of suicidal deaths among adolescents aged 10–19 years over a ten-year period. **Materials and Methods:** A retrospective descriptive autopsy-based study was conducted in the Department of Forensic Medicine and Toxicology of a tertiary care teaching hospital. The study included 30 confirmed cases of suicidal deaths among adolescents aged 10–19 years who underwent medico-legal autopsy between January 2016 and March 2026. Data were collected from autopsy records, police inquest reports, hospital case records, and toxicological reports using a structured proforma. Variables studied included age, gender, and method of suicide. Statistical analysis was performed using SPSS version 26.0. Categorical variables were expressed as frequencies and percentages, and associations were analysed using the Chi-square test. A p-value of <0.05 was considered statistically significant. **Results:** A total of 30 adolescent suicidal deaths were analysed. The highest incidence was observed among adolescents aged 16 years (20.0%), followed by 15 years (16.7%), while no cases were reported at 10 years of age. Females accounted for 53.3% (n=16) of cases and males for 46.7% (n=14), showing a nearly equal gender distribution. Hanging was the most common method of suicide (53.3%), followed by poisoning (36.7%), whereas burns (6.7%) and drowning (3.3%) were relatively uncommon. Both hanging and poisoning occurred predominantly among adolescents aged 16–19 years. No

statistically significant association was observed between gender and method of suicide or between age group and method of suicide ($p>0.05$). **Conclusion:** The study demonstrates that suicidal deaths are more frequent during late adolescence, particularly after 15 years of age, with hanging and poisoning being the predominant methods. The nearly equal distribution of cases between males and females indicates that both sexes require equal attention in suicide prevention programmes. Early identification of psychological distress, improved access to adolescent mental health services, school-based counselling, family support, and restriction of access to common means of suicide are essential for reducing adolescent suicide mortality. The findings provide valuable medicolegal and epidemiological evidence to support targeted preventive interventions and future research.
Keywords: Adolescent suicide, Suicidal deaths, Medico-legal autopsy, Hanging, Poisoning, Forensic medicine, Adolescents, Suicide epidemiology.

INTRODUCTION

Suicide is a major public health concern and one of the leading causes of preventable mortality worldwide. The interplay of biological, psychological, social, environmental, and cultural elements results in this complicated phenomena. The World Health Organization (WHO) defines adolescence as the years between 10 and 19. It is a crucial developmental stage marked by rapid changes in one's physical, emotional, cognitive, and social development. Adolescents often experience scholastic difficulties, interpersonal problems, parental expectations, emotional instability, and psychosocial stresses throughout this transition from childhood to adulthood, which may make them more susceptible to suicide conduct[1,2].

Suicide is one of the world's top causes of mortality, with over 700,000 deaths annually, according to the World Health Organization. Suicide is one of the top five causes of death for teenagers and young adults, and it has a major negative impact on families, healthcare systems, and society [1]. Although great progress has been achieved in understanding suicide among adults, teenage suicide continues to remain insufficiently understood, particularly in low- and middle-income countries where reliable epidemiological data are restricted[3].

Due to its high teenage population, India is responsible for a significant part of suicide fatalities worldwide. Over the past 10 years, the National Crime Records Bureau (NCRB) has continuously documented a rise in the frequency of juvenile and teen suicides. Adolescent suicide conduct has been linked to a number of factors, including stress connected to exams, family disputes, relationship problems, mental health conditions, drug misuse, cyberbullying, financial limitations, and social isolation [4]. Suicide is a multifaceted occurrence rather than the result of a single triggering cause as these elements frequently coexist.

Psychiatric conditions include depression, anxiety disorders, bipolar disorder, substance use disorders, and personality disorders frequently start to show symptoms throughout adolescence. Unfortunately, due to low mental health awareness, societal stigma, insufficient psychiatric resources, and teenagers' unwillingness to seek professional assistance, these illnesses often go undetected [5]. Nearly 90% of suicide victims had one or more underlying mental diseases, according to international research, highlighting the need of early diagnosis and prompt care[6].

In addition to mental illnesses, a number of psychosocial factors have a substantial impact on teenage suicidal conduct. Important risk factors include family dysfunction, parental separation, marital violence, childhood maltreatment, neglect, low academic performance, peer victimisation, and exposure to suicide conduct in the community [7]. Overuse of social media, internet addiction, and cyberbullying have also drawn attention in recent years as potential causes of teenage mental distress and suicide thoughts.[8].

The availability of deadly weapons, cultural customs, and local features all influence the choice of suicide technique. In India, hanging and poisoning remain the two most regularly practiced techniques among teens. While hanging is becoming more common due to its accessibility and

high death rate, poisoning-related suicides are significantly influenced by the easy availability of household hazardous chemicals and pesticides in rural and semi-urban areas [4,9]. Developing targeted preventative interventions, such as limiting access to deadly means and encouraging safer conditions, requires an understanding of the patterns of tactics used across age groups.

Medicolegal autopsies offer important insights into the epidemiological characteristics of suicide victims. Autopsy investigations, in contrast to hospital-based research, provide objective confirmation of the cause and way of death while enabling a thorough assessment of demographic traits, age distribution, sex predisposition, suicide technique, and related conditions. The development of evidence-based suicide prevention strategies, public health planning, and forensic practice all greatly benefit from such research [10]. Additionally, autopsy results make it easier to identify susceptible populations that need targeted mental health treatments.

There is ample evidence of gender disparities in teenage suicide. Males frequently show higher mortality because they utilise more deadly techniques, even though females typically report higher rates of suicidal thoughts and non-fatal suicide attempts. However, recent research in India has shown that the gender gap is closing, with adolescent female suicide mortality rising due to early marital obligations, domestic violence, educational expectations, and gender discrimination in some areas [11,12]. Therefore, researching sex-specific patterns is still crucial for putting gender-sensitive preventative programs into action.

Suicidal conduct throughout adolescence is also significantly influenced by age. While older teenagers are more exposed to academic rivalry, job uncertainties, personal connections, financial dependency, and societal expectations, younger adolescents may display impulsive behaviours linked to emotional immaturity. As a result, suicide fatalities often rise in late adolescence, especially after the age of 15 [13]. Therefore, determining the times of highest danger requires a thorough age-wise examination.

Comprehensive forensic studies that solely focus on teenage suicide fatalities are still very rare in India, despite growing awareness of mental health issues. The majority of research that are currently accessible mix groups of adults and adolescents, which restricts our ability to comprehend age-specific traits. Additionally, in order to provide regionally relevant information, institution-specific analyses are required due to regional variations in socioeconomic position, educational possibilities, family structure, cultural norms, and accessibility to healthcare services[14].

The present retrospective autopsy-based study was performed to examine suicide deaths among teenagers aged 10–19 years during a ten-year period from January 2016 to March 2026. The study's objectives are to examine the demographics, age and sex distribution, suicide techniques, and trends of teenage suicide fatalities. It is anticipated that the results will offer important epidemiological information that might help forensic specialists, psychiatrists, public health officials, educators, and legislators develop successful suicide prevention plans and improve teenage mental health initiatives.

Aim

To study the epidemiological and medico-legal profile of suicidal deaths among adolescents aged 10–19 years undergoing medico-legal autopsy at a tertiary care centre during the study period from January 2016 to March 2026.

Objective

1. To determine the age and sex distribution of suicidal deaths among adolescents aged 10–19 years.
2. To analyse the various methods of suicide employed among adolescent victims.
3. To study the association between age group and the method of suicide.
4. To compare the distribution of suicidal deaths between male and female adolescents.

5. To describe the epidemiological pattern of adolescent suicidal deaths over the study period.
6. To generate baseline data that may aid in planning preventive strategies and strengthening adolescent mental health services.

MATERIALS AND METHODS

Study Design

A retrospective descriptive autopsy-based study.

Study Setting

The study was conducted in the Department of Forensic Medicine and Toxicology of a tertiary care hospital mortuary in Government Kilpauk Medical College and Hospital. All medico-legal autopsies of adolescents certified as suicidal deaths during the study period were included for analysis.

Study Duration

January 2016 to March 2026.

Study Population

Adolescent victims aged 10–19 years who underwent medico-legal autopsy and whose manner of death was certified as suicide.

Sample Size

A total of 30 suicidal deaths fulfilling the eligibility criteria were included in the study.

Inclusion Criteria

- Adolescents aged 10–19 years.
- Confirmed suicidal deaths based on police investigation, inquest findings, autopsy examination, and supporting documentary evidence.
- Cases undergoing complete medico-legal autopsy during the study period.

Exclusion Criteria

- Homicidal deaths.
- Accidental deaths.
- Natural deaths.
- Decomposed bodies in which the manner of death could not be conclusively established.
- Cases with incomplete medico-legal records or missing essential demographic information.

Data Collection

Data were collected retrospectively from:

- Medico-legal autopsy registers.
- Autopsy reports.
- Police inquest reports.
- Hospital case records, where available.
- Chemical analysis and toxicology reports, whenever applicable.

The following variables were extracted using a structured data collection proforma:

- Age
- Gender
- Method of suicide
- Year of occurrence
- Relevant medico-legal findings

Study Variables

Primary Variables

- Age
- Gender
- Method of suicide

Secondary Variables

- Age-wise distribution of suicide methods
- Gender-wise distribution of suicide methods

Statistical Analysis

The collected data were entered into Microsoft Excel and analysed using Statistical Package for the Social Sciences (SPSS) software version 26.0. Categorical variables were expressed as frequencies and percentages. Continuous variables were presented as mean ± standard deviation. Associations between categorical variables were assessed using the Chi-square test or Fisher's exact test wherever appropriate. A p-value of **<0.05** was considered statistically significant.

RESULTS

Table 1: Age-wise Distribution of Suicidal Deaths among Adolescents (10–19 Years) (n = 30)

Age (Years)	Male (n)	Female (n)	Total (n)	Percentage (%)
10	0	0	0	0.0
11	1	0	1	3.3
12	1	1	2	6.7
13	1	2	3	10.0
14	2	2	4	13.3
15	2	3	5	16.7
16	3	3	6	20.0
17	2	2	4	13.3
18	2	2	4	13.3
19	0	1	1	3.3
Total	**14**	**16**	**30**	**100**

Chi-square = 1.43, df = 8, p = 0.994 (Not Significant)

The highest number of suicidal deaths was observed among adolescents aged **16 years (20.0%)**, followed by those aged **15 years (16.7%)**. No suicidal deaths were recorded at **10 years of age**. Female victims (53.3%) were marginally more than male victims (46.7%), with no statistically significant association between age and gender.

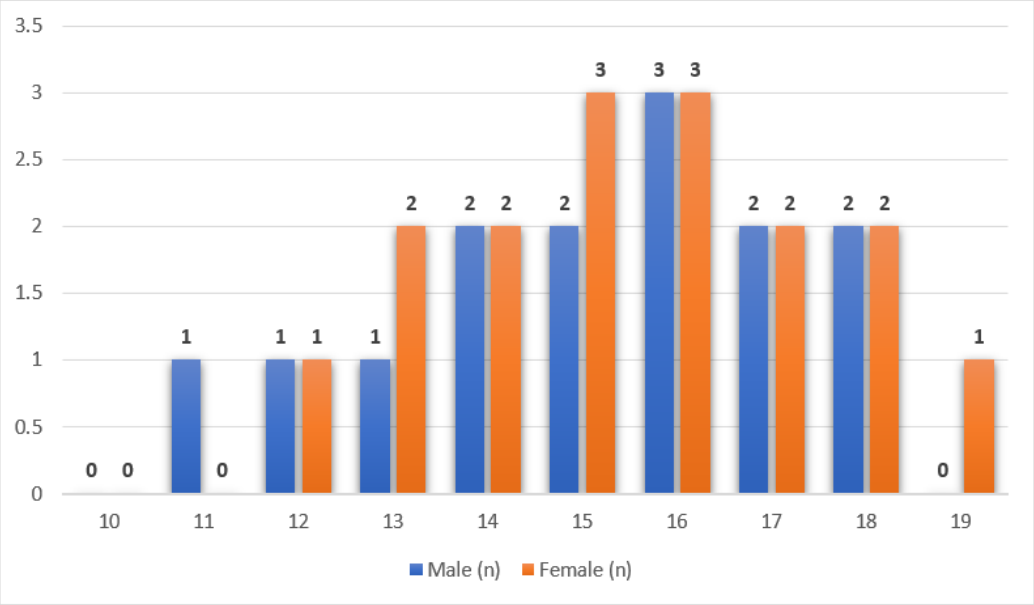


Figure 1: Age Distribution

Table 2: Gender Distribution of Suicidal Deaths (n = 30)

Gender	Number (n)	Percentage (%)
Male	14	46.7
Female	16	53.3
Total	**30**	**100**

95% Confidence Interval (Female proportion): 35.1%–71.5%

Of the 30 adolescent suicidal deaths, **16 (53.3%) were females** and **14 (46.7%) were males**, indicating an almost equal gender distribution with a slight female predominance.

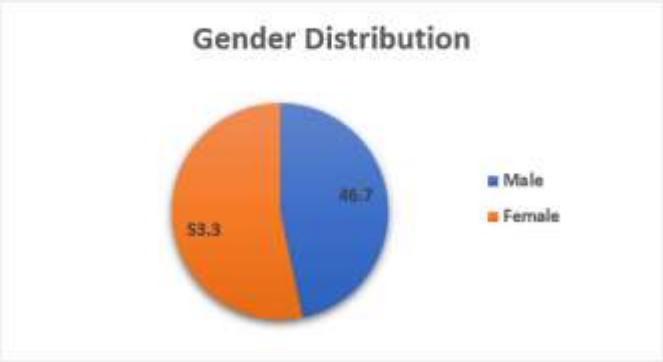


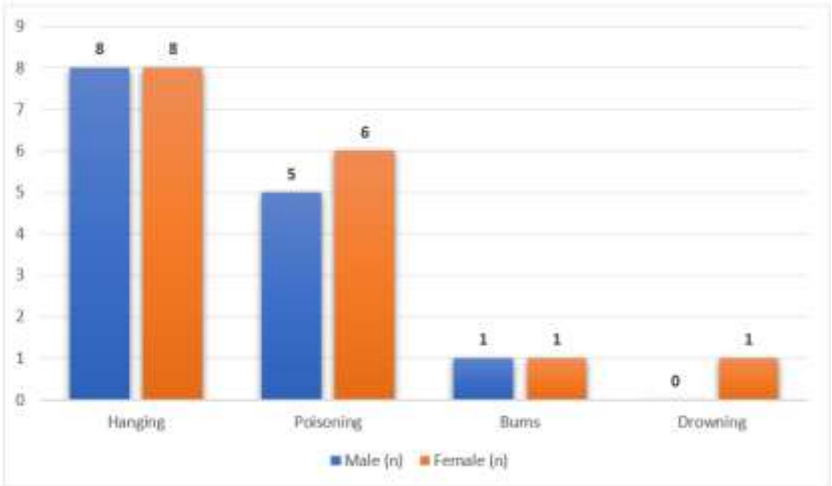
Figure 2: Gender Distribution

Table 3. Distribution of Methods of Suicide According to Gender (n = 30)

Method of Suicide	Male (n)	Female (n)	Total (n)	Percentage (%)
Hanging	8	8	16	53.3
Poisoning	5	6	11	36.7
Burns	1	1	2	6.7
Drowning	0	1	1	3.3
Total	**14**	**16**	**30**	**100**

Chi-square = 0.96, df = 3, p = 0.811 (Not Significant)

Hanging was the commonest method of suicide, accounting for **53.3%** of all cases, followed by **poisoning (36.7%)**. Both methods were observed almost equally among males and females, and no statistically significant gender difference was found in the choice of suicidal method.



Fiugre 3: Distribution of Methods of Suicide According to Gender

Table 4: Age Group-wise Distribution of Methods of Suicide (n = 30)

Age Group (Years)	Hanging	Poisoning	Burns	Drowning	Total
10–13	2	3	1	0	6
14–15	4	4	1	0	9
16–19	10	4	0	1	15
Total	**16**	**11**	**2**	**1**	**30**

Chi-square = 8.74, df = 6, p = 0.189 (Not Significant)

The majority of **hanging cases (62.5%)** occurred among adolescents aged **16–19 years**, indicating that this method became more common with increasing age. Poisoning was also frequently encountered in the **16–19-year** age group, while burns and drowning were relatively uncommon. Although hanging and poisoning predominated in older adolescents, the association between age group and method of suicide did not reach statistical significance.

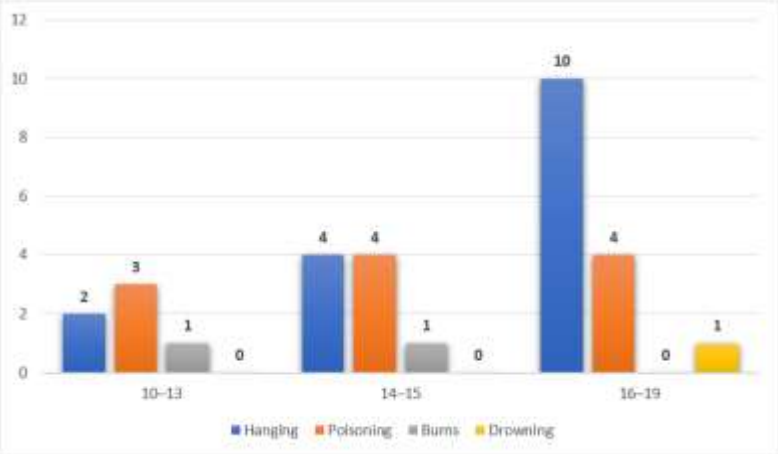


Figure 4: Age Group-wise Distribution of Methods of Suicide

DISCUSSION

Suicide among adolescents has emerged as one of the most important public health and medicolegal concerns worldwide. Rapid physical, emotional, psychological, and social changes during adolescence may make people more vulnerable to emotional discomfort and suicidal thoughts and actions. Over a ten-year period (January 2016–March 2026), the current retrospective autopsy-based study assessed the epidemiological profile of suicide deaths among adolescents aged 10–19. The results shed important light on the age distribution, sex pattern, and suicide techniques of teenagers undergoing medicolegal autopsies. The older teenage age group accounted for the majority of suicide fatalities in the current study (Table 1), with the highest frequency recorded at 16 years (20.0%) and 15 years (16.7%). Ten-year-olds did not report any suicides, while eleven-year-olds did report one. The developmental changes that take place throughout late adolescence, when people encounter more academic pressure, interpersonal problems, emotional instability, and rising societal expectations, are consistent with this growing tendency with age. Similar findings have been shown by Bridge et al. and Hawton et al., who discovered that increased exposure to psychosocial stresses and mental diseases causes suicide rates to gradually increase during late adolescence [13,7]. Adolescents between the ages of 15 and 19 are the age group most at risk for completed suicide, according to recent epidemiological research conducted in India [4]. The age distribution seen in the current investigation is supported by these results.

Greater autonomy, easier access to deadly weapons, increased impulsivity, and an increase in the incidence of depressive illnesses during this stage of life might all contribute to the predominance of suicide deaths among older teenagers. After the age of 15, competitiveness in

school, anxiety about failing exams, relationship issues, worries about jobs, and family disputes grow more prevalent and have been recognised as significant contributing factors in India [4,15]. The age pattern seen in Table 1 thus highlights the significance of early psychological intervention prior to late adolescence and school-based mental health programs.

The distribution of males (46.7%) and females (53.3%) was about equal, with just a tiny female predominance, according to gender-wise analysis (Table 2). This conclusion deviates somewhat from other national and international studies that indicate increased suicide mortality among males due to their propensity to adopt more aggressive and extremely fatal techniques, even if the difference was not statistically significant [16,17]. Nonetheless, a number of Indian research have shown that the gender gap is closing, especially among teenagers, where rising educational pressure, domestic abuse, gender discrimination, family disputes, and psychological stress significantly increase the number of female suicide fatalities [8,5]. The necessity for gender-sensitive preventive measures is highlighted by Dandona et al.'s demonstration that India continues to have one of the highest rates of suicide death among young girls worldwide [18]. The current study's more even sex distribution may be a reflection of shifting societal norms and rising mental health issues that impact both sexes. Because it indicates the availability of fatal methods and affects mortality, the manner of suicide is a significant epidemiological indicator. In the present study (Table 3), hanging was the commonest method of suicide (53.3%), followed by poisoning (36.7%), while burns and drowning accounted for only a small proportion of cases. These results are quite similar to those found in a number of forensic investigations conducted in India, where hanging was consistently shown to be the most common means of completed suicide among teenagers and young adults [3,6,9]. Hanging has become more popular because to its accessibility, ease of use, and high death rate. In contrast to poisoning, hanging may be done using easily accessible household items and does not require access to certain poisonous ingredients.

In the current study, poisoning was the second most frequent technique (Table 3). This finding aligns with earlier studies from India, especially from rural and semi-urban areas where agricultural chemicals and pesticides are still readily available [15,10]. Adolescent suicide fatalities are largely caused by the easy access to home toxins and organophosphorus chemicals. Evidence from throughout the world indicates that limiting access to extremely dangerous pesticides is linked to a significant decrease in suicide deaths, highlighting the need of safe storage procedures and legislative actions [11]. Given that hanging has been more common in recent years, the comparatively lower frequency of burning and drowning in the current research may reflect shifting patterns in suicide tactics.

Hanging was much more common among teenagers between the ages of 16 and 19, whereas poisoning also happened more frequently in the older age group, according to an analysis of age-specific techniques (Table 4). Just a tiny percentage of hanging incidents included younger teenagers (ages 10 to 13). This trend confirms the finding that older teenagers are more likely to select more deadly tactics because to their increased planning, resolve, and ease of access to resources [1,19]. Multicenter studies from India and other low- and middle-income nations have shown similar results, linking late adolescence to an increase in the use of extremely lethal suicide techniques [4,8]. These results suggest that older school-age adolescents and college students, who constitute the most susceptible demographic, should be the focus of preventative initiatives.

Although statistical analysis did not indicate a significant link between gender and method of suicide (Table 3) or between age group and manner of suicide (Table 4), clinically important patterns were seen. Hanging predominated equally among males and females, whereas poisoning likewise showed a roughly identical distribution between the two sexes. These findings imply that the availability of suicide techniques may have a greater impact on teenage

conduct than gender. Vijayakumar and colleagues came to similar results, emphasising that one of the biggest predictors of completed suicide in India is the availability of fatal tools[16].
Autopsy-based investigations are still crucial from a forensic standpoint because they eliminate diagnostic ambiguity and offer objective confirmation of the cause and manner of death. Additionally, these research produce trustworthy epidemiological data that can direct policy aimed at preventing suicide. The current results support the World Health Organization's recommendations that early detection of mental illness, school-based counselling services, limiting access to lethal weapons, responsible media coverage, and bolstering community mental health services are essential elements of suicide prevention [20]. Adolescent suicide prevention necessitates concerted efforts by healthcare providers, educators, parents, law enforcement, and legislators to address the psychological and social causes of suicidal behaviour, according to recent reviews [21]. Overall, the current analysis shows that older teenagers are most affected by suicide fatalities, with poisoning and hanging accounting for the bulk of instances (Tables 1-4). Preventive measures should equally target male and female teenagers, according to the study's virtually equal gender mix. Future teenage suicide mortality may be significantly decreased by early detection of psychological distress, prompt psychiatric help, enhanced family support, and limitations on access to fatal means.

CONCLUSION

The present retrospective autopsy-based study highlights that suicidal deaths among adolescents remain an important medicolegal and public health concern. The majority of victims were older adolescents (15–19 years old), with 16 years old having the highest prevalence (Table 1). This research suggests that late adolescence, a time marked by substantial psychological, scholastic, emotional, and social difficulties, is a time when the risk of suicide rises. Additionally, the analysis showed a virtually similar proportion of suicide fatalities across males and females (Table 2), indicating that both sexes should be prioritised for preventative efforts because they are equally vulnerable.
The most popular form of suicide was hanging, which was followed by poisoning (Table 3). Adolescents 16 years of age and older were more likely to use both techniques (Table 4). These findings emphasise the necessity for preventing access to common means of suicide, notably ligature materials in institutional settings and very dangerous pesticides and poisonous compounds within families. Essential elements of suicide prevention include early detection of psychological distress, school-based counselling programs, bolstering family support networks, expanding access to teenage mental health care, and prompt psychiatric intervention. Autopsy-based epidemiological studies, like this one, offer useful information for comprehending regional patterns and can help public health authorities, legislators, forensic specialists, and clinicians develop practical plans to lower the death rate from youth suicide.

LIMITATIONS OF THE STUDY

1. The study was retrospective in nature and depended on the accuracy and completeness of medico-legal records.
2. The sample size was relatively small (30 cases), which may limit the generalizability of the findings.
3. Information regarding psychiatric illness, socioeconomic status, educational background, substance abuse, family history, and psychosocial stressors was not consistently available in all records.
4. Being a single-centre autopsy-based study, the findings may not represent the epidemiological pattern of adolescent suicides in other geographical regions.
5. Long-term psychological, familial, and environmental factors contributing to suicidal behaviour could not be evaluated because of the retrospective design.

6. Detailed toxicological and psychological autopsy information was unavailable for every case.

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