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Suicidal Behaviors and Juvenile Legal System Involvement: A Multi-Method Investigation

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Suicidal Behaviors and Juvenile Legal System Involvement: A Multi-Method Investigation

A dissertation submitted in partial satisfaction of

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in Psychology

by

Sara Jordan Schiff

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ABSTRACT OF THE DISSERTATION

Suicidal Behaviors and Juvenile Legal System Involvement: A Multi-Method Investigation

by

Sara Jordan Schiff

Doctor of Philosophy in Psychology

University of California, Los Angeles, 2026

Professor Jocelyn Meza, Co-Chair

Professor Steve S. Lee, Co-Chair

Suicide is a leading cause of death among youth and young adults; however, effective intervention and prevention strategies are limited in their generalizability and applicability to acutely at-risk populations. To successfully develop strategies to decrease suicide prevalence across childhood, suicidality must be contextualized using frameworks such as ecodevelopmental theory and Bronfenbrenner's ecological systems model which situate suicidal thoughts and behaviors (STBs) within individual, family, community, and cultural systems. One salient system associated with STBs is the Juvenile Legal System (JLS), where individuals experience markedly higher rates of STBs and related risk factors. However, temporal associations between engagement in STBs and JLS involvement are unclear, including their shared risk factors. This dissertation consists of two studies designed to address these shortcomings and examine the relationship between STBs and JLS involvement, with the goal of illuminating the pathways between them as well as the factors contributing to each of their occurrence.

Study I prosecuted the relationship between JLS involvement and STBs across development with consideration of related risk and protective factors. Propensity score matching capitalized on 2,426 adolescents enrolled in a substudy of the Adolescent Brain and Cognitive Development Study to test the association of police contact at 10-13 years-old with suicidal outcomes (i.e., self-harm, suicidal ideation, suicide attempt) two years later, covarying for age, education, race-ethnicity, sex/gender, discrimination, adverse childhood events (ACEs), and familism. After adjusting for demographic, experiential, and family-level factors identified as potential confounders of this relationship, police contact in preadolescence did not significantly predict suicidal outcomes two years later. However, girls were more likely to report lifetime self-harm compared to boys and Black youth were less likely to report lifetime suicidal ideation compared to White youth. In addition, lower familism predicted self-harm and suicidal ideation two years later.

Study II utilized qualitative methods to retrospectively explore the nature, timing, and consequences of individuals' JLS involvement and engagement in STBs across development. Temporal sequencing of events was illuminated with collaborative mapping of events onto shared visual timelines. While some individuals experienced suicidality prior to legal system contact, often rooted in early trauma, unstable or harmful family relationships, or peer-related stressors, others experienced suicidality because of JLS involvement—particularly during arrest, detention, or other coercive system encounters. Across individuals, mutually reinforcing factors intensified both STBs and JLS involvement including hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination. These experiences further propagated cyclical patterns in which system involvement heightened STBs, and engagement in STBs heightened vulnerability to further JLS contact.

Results from these two studies increment knowledge about the interplay between JLS involvement and STB engagement, as well as the common factors that increase risk for both. These findings provide critical insights into specific psychosocial targets for intervention (e.g., discriminatory experiences, trauma history, hopelessness) and implicate sensitive periods (i.e., preadolescence) that should guide intervention delivery, as well as where interventions are most effectively enacted across JLS contact points (e.g., arrest vs. courts vs. community supervision). Future research should prioritize large, longitudinal studies to better map JLS involvement and STBs temporally for more generalizable and high acuity populations and to elucidate additional factors contributing to the presentation of both across childhood and adolescence.

The dissertation of Sara Jordan Schiff is approved.

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2026

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Somers, J.A., Stiles, K., MacNaughton, G.A., **Schiff, S.J.,** Shen, Y., & Lee, S.S. (2023). Antecedents and consequences of child externalizing problems: Differences in dynamic parent-child processes. Research on Child and Adolescent Psychopathology.

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SELECTED PRESENTATIONS

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General Introduction

In the United States, suicide is the second leading cause of death for youth and young adults 10-24 years old; the prevalence of suicide nationally has also increased sharply in the past decade (Centers for Disease Control and Prevention, 2023). Indeed, in 2021, approximately 10% of high school students self-reported a suicide attempt during the last year (Centers for Disease Control and Prevention, 2024). Rates of death by suicide in preteens have also risen rapidly by about 8.2% each year from 2008-2022 (Ruch et al., 2024). Suicidal thoughts and behaviors (STBs) consist diversely of cognitions and actions that directly and intentionally enact harm to oneself and range from actions performed without intent to die (i.e., non-suicidal self-injury) to those with an expressed intent to die (e.g., suicide attempts); importantly, the most robust predictors for death by suicide are previous STBs (Nock, 2010). As such, identifying risk and protective factors for STBs as well as elucidating the developmental trajectories of STB onset is necessary to develop and implement effective interventions to reduce STB engagement.

Identifying unique risk and protective factors for suicide among youth requires adoption of an ecodevelopmental framework that integrates individual-level and proximal influences, as well as the broader social contexts in which they occur (Galán et al., 2022; Szapocznik & Coatsworth, 1999). Bronfenbrenner's ecological systems theory bolsters how understanding both typical and atypical development necessitates consideration of intertwined systemic, environmental, and individual level factors (Bronfenbrenner & Morris, 2007). A salient systemic (risk) factor for youth STBs is involvement in the Juvenile Legal System (JLS). JLS involvement spans multiple, distinct stages of contact with legal systems including police, courts, and detainment. According to the Sequential Intercept Model (SIM), youth can be diverted from the legal system at key diversion points and connected to evidence-based mental health and

rehabilitative services (P. A. Griffin et al., 2015; Yeager et al., 2013). These intercepts highlight not only opportunities for intervention and prevention, but also potential windows of heightened vulnerability where targeted mental health support can be amplified. In the context of suicidality among JLS-involved youth, the SIM has been adapted to include six intercepts: 0 (prevention), 1 (law enforcement), 2 (courts), 3 (confinement/detention), 4 (re-entry), and 5 (community supervision) (Meza et al., 2022).

JLS involvement is a replicated correlate of STBs: JLS-involved youth exhibit rates of suicide up to three times higher than the general population (Gallagher & Dobrin, 2006; Katsman & Jeglic, 2021; Kemp et al., 2016) and increasing involvement with the JLS predicts increased suicide rates (Stokes et al., 2015). Incarcerated youth similarly exhibit increased risk for suicide attempts relative to youth from the general population (Langhinrichsen-Rohling & Lamis, 2008; Penn et al., 2003) with stepwise increased risk for STBs as youth travel from first contact with police to detainment in secure detention facilities (Stokes et al., 2015). This pattern quasi-experimentally supports that JLS involvement itself elevates STB risk. Further, in a sample of adolescents, more than half those who reported suicidal ideation at their initial JLS contact (e.g., court hearing) continued to experience these thoughts three months later (Kemp, Webb, Vieira, et al., 2021). These findings suggest that the putative effect of JLS involvement on STBs may persist beyond the immediate encounter with the JLS. Although constituting an important setting for youth STBs, the developmental pathways between JLS involvement and STB engagement is poorly understood and few reliable risk and protective factors for STBs in JLS-involved youth have been identified. This knowledge gap prevents development and implementation of targeted interventions, including resilience promoting factors.

As previously noted, it is critical to contextualize JLS-involved youth experiencing STBs, including the interplay between broad social contexts with specific individual factors. Indeed, individuals are situated within multiple socioecological contexts where factors such as race-ethnicity, sex/gender, trauma, and social support may affect the association of JLS involvement with engagement in STBs (Alvarez, Polanco-Roman, Samuel Breslow, et al., 2022). The minority stress framework posits that a range of psychological, social, and structural factors tied to marginalized identities (e.g., racial-ethnic identity, sex, gender) generate heightened stress that negatively affects mental health (Frost & Meyer, 2023). We contend that links between JLS-involvement and STBs in youth cannot be adequately ascertained without simultaneous consideration of co-occurring risk and protective factors.

The distressing trends of suicidality in youth are amplified among ethnoracially minoritized populations (i.e., Black and Latinx) for whom rates of death via suicide and suicide attempts increased more precipitously than non-Hispanic White youth (Curtin & Hedegaard, 2019). Historically, rates of death by suicide were significantly higher in non-Hispanic White youth compared to Black and Latinx youth (Curtin & Hedegaard, 2019). However, recent trends reveal a steep rise in suicide rates among community samples of Black youth (Bridge et al., 2018). Indeed, whereas rates of suicide attempts for other racial-ethnic groups have recently remained stable, they have increased significantly among Black and Latinx youth in the general population (Lindsey et al., 2019). Perhaps unsurprisingly, the clinically significant, racial-ethnic disparities in suicidal behavior coincide with an evidence base largely agnostic about risk and protective factors for STBs specifically among ethnoracially minoritized youth.

Ethnoracially minoritized youth also experience disproportionate contact with the JLS (Fader et al., 2014; Henning, 2012; T. Hughes et al., 2020). Consistent with implicit biases held

by system actors (e.g., police, judges), trends in school policing targeting youth of color, and the over-criminalization of mental health for youth in Black and Latinx communities, it is unsurprising that JLS involvement perpetuates known disparities in physical and behavioral well-being (e.g., mental health, substance use, social support) (Castillo, 2014; Lambie & Randell, 2013). Although constituting an important setting for youth STBs overall and specifically among ethnoracially minoritized youth, few reliable risk and protective factors among JLS-involved youth have been identified. This knowledge gap prevents development and implementation of targeted interventions, including resilience promoting factors. For example, identifying developmental pathways between JLS involvement with STBs and mutual risk factors would facilitate development of targeted, culturally-responsive, and contextualized evidence-based interventions.

A significant challenge in the development of culturally-responsive evidence-based treatments for STBs among JLS-involved youth is the density of other risk factors associated with this population. For example, experienced discrimination, a broader social contextual factor, was positively associated with suicidal ideation among Black and Latinx youth (Argabright et al., 2022; Coimbra et al., 2022; Madubata et al., 2022). However, despite replicated evidence that discrimination is associated with depression, substance use, and hopelessness in Black youth (Gibbons et al., 2004; Nyborg & Curry, 2003), which are risk factors for suicidal behaviors (Goldston et al., 1999, 2001; Goldston, 2004), associations of discrimination with STBs are infrequently disentangled from other risk factors. Furthermore, STBs are significantly gendered, sensitive to race-ethnicity, and related correlates. Whereas 15-19 year old boys completed suicide three times more often than girls, suicide attempts were more than twice as high in girls compared to boys (Grunbaum et al., 2004). Thus, sex differences are evident with respect to the

specific suicidal outcomes (e.g., completion vs. attempts), suggesting that sex assigned at birth may moderate predictions of key outcomes. Taken together, it is necessary to consider racial discrimination and sex assigned at birth as additional risk factors, which may improve traction of predictive models by specifying the nature, magnitude, and direction of associations of JLS involvement with STBs. To further combat this knowledge gap, novel methods are required to provide theoretical clarity with respect to additional plausible moderators of the relationship between JLS involvement and engagement in STBs. As such, qualitative methods, paired with traditional quantitative designs, are well positioned to accomplish this goal by enabling individuals to provide personalized narratives about how certain life events affected their development and the significance these events hold.

Heightened exposure to adverse childhood experiences (ACEs) may also play a central role in the link between JLS involvement and increased suicide risk. ACEs—stressful or traumatic events occurring during childhood—disrupt neurodevelopment and hinder emotional, social and cognitive functioning, all of which predict mental and physical health problems (Boullier & Blair, 2018; Graf et al., 2021). Research consistently demonstrates that ACEs are over-represented across intercepts (Graf et al., 2021) and as many as 90% of JLS-involved youth report substantial ACE histories (Baglivio & Epps, 2016; Modrowski et al., 2024). Likewise, as number of ACEs experienced increase, so too does risk for STBs (Hughes et al., 2017; Sahle et al., 2022). Thus, any effort to clarify how JLS involvement relates to youth STBs must carefully account for the pervasive impact of traumatic childhood experiences (i.e., ACEs).

Developmental psychopathology contends that clinical outcomes (e.g., STBs) exhibit discontinuity, reinforcing the multifactorial nature of psychopathology and its sensitivity to moderating and mediating influences (Oppenheimer et al., 2022). Critically, resilience-promoting

factors in the immediate social context constitute logical intervention targets for ethnoracially diverse youth. There is preliminary evidence that familism (i.e., a cultural value for one's family with emphasis on prioritizing obligation to the family above individual needs, warmth, and interconnectedness) buffers predictions of suicide risk in Latinx youth (Campos et al., 2014; Meza & Bath, 2020). Family support was also inversely correlated with suicidal ideation among African American college students (Harris & Molock, 2000). Even more, family context (i.e., support, environment, closeness) consistently moderated predictions of mental health from other risk factors (i.e., racial discrimination) among ethnoracially minoritized populations (Neblett, 2023). Taken together, family factors are relevant to ethnoracially minoritized youth and constitute promising resilience-promoting factors (i.e., support) in Black and Latinx youth.

Regarding the SIM, it is also imperative that research uncovers the developmental timing of STB onset among JLS-involved youth. Indeed, it is unknown the extent to which JLS involvement, per se, increases risk for STBs among ethnoracially minoritized youth or the extent to which STBs increase risk for JLS involvement, separate from other demographic and clinical correlates. Without such knowledge, it is difficult to determine whether STBs or JLS involvement should constitute a focus of prevention/intervention efforts; it also requires elucidating which points of diversion in the SIM are particularly salient. Currently, evidence consists mostly of cross-sectional designs or limited longitudinal designs that struggle to temporally order STBs from JLS involvement. For example, one study examined the percentage of youth that engaged in non-suicidal self-injury prior to first court involvement; however, little is known about rates of suicidal ideation and suicide attempts in JLS-involved youth (Meza et al., 2023).

Given the highly consequential outcomes associated with JLS involvement and youth STBs, there is an urgent need to identify key risk and protective factors across multiple levels of the ecodevelopmental framework (i.e., system level, broad/immediate social context, individual level). To improve traction on these important knowledge gaps, Study I employs propensity score matching to simultaneously test JLS involvement (i.e., police contact) as a precursor – or risk factor – for STBs among a nationally representative sample of preadolescents across two time points, while accounting for myriad possible confounders of this relationship (e.g., family, peer, community, educational, individual factors), with conservative adjustment of age, education, race-ethnicity, sex/gender, experiences of discrimination, adverse childhood experiences, and family support. To inform the developmental psychopathology of STBs among JLS-involved youth, Study II consists of a complementary qualitative approach to explore detailed trajectories of JLS involvement and childhood STBs and the factors that amplify risk for both phenomena via in-depth interviews and construction of individualized timelines with diverse adults. This approach has several advantages including disentangling temporal associations among JLS involvement and engagement with STBs and identifying key sensitive time periods and mutual risk factors to maximize intervention effectiveness. The proposed studies are well-positioned to both quantitatively and qualitatively evaluate factors that may differentially affect the association between STBs and JLS involvement and identify trajectories to sequence engagement in STBs and JLS involvement. Indeed, considering the nascent state of the evidence base, these two studies will utilize complementary methods (i.e., nomothetic vs idiographic, archival vs original data collection) to uncover critical connections between JLS involvement and STBs in youth to inform development of novel and targeted intervention and prevention strategies.

Study I: Effects of Childhood Police Contact on Adolescent Suicidality: A Propensity Score Matched Analysis

Abstract

Youth suicide is increasingly prevalent, is a leading cause of death, and its public health burden is acute. Juvenile Legal System (JLS) involvement is an established correlate of suicidality; however, it is unclear how JLS involvement is nomologically associated with suicidality. Adolescents are situated within ecological contexts (i.e., family, schools, neighborhoods) that likely interact to modify the association of JLS involvement and suicidality. To improve predictive models, rigorous prosecution of this relationship must disentangle related risk/protective factors (i.e., sex/gender, race-ethnicity, discrimination, trauma, familism). Utilizing 2,426 adolescents enrolled in a substudy of the Adolescent Brain and Cognitive Development Study (ABCD), propensity score matching tested the association of police contact at 10-13 years-old with suicidal outcomes (i.e., self-harm, suicidal ideation, suicide attempt) two years later, covarying for age, education, race-ethnicity, sex/gender, discrimination, adverse childhood events (ACEs), and familism. After adjusting for numerous demographic, experiential, and family-level correlates, police contact did not significantly predict suicidal outcomes two years later. Black youth were significantly less likely to report suicidal ideation compared to White youth whereas girls were significantly more likely to report self-harm than boys. Familism at baseline inversely predicted self-harm and suicidal ideation two years later. With inclusion of important risk and protective factors, JLS involvement did not uniquely predict suicidality. Factors related to JLS involvement (i.e., race-ethnicity, gender, familism) incremented risk. To address the increasing prevalence of suicidality and the disproportionate impact of suicide on JLS-impacted youth, it is critical to investigate individual and systemic factors, and how they interact, to increase risk for suicidality.

Introduction

Suicide is the second leading cause of death for youth and young adults 10-24 years old in the U.S. (Centers for Disease Control and Prevention, 2023); recent trends also reveal that its prevalence and public health burden are increasing acutely. For example, suicide in youth (10-14 years old) has increased from 7.23 to 8.75 per 100,000 from 2018 to 2021 (Centers for Disease Control and Prevention, 2021). Rates of death by suicide have also increased significantly by 8.2% annually from 2008 to 2022 in preteens ages 8-12 (Ruch et al., 2024). Approximately 9% of high school students self-reported a suicide attempt during the past year in 2023 (Centers for Disease Control and Prevention, 2024). Critically, history of suicidal thoughts and behaviors (STBs), including suicidal ideation, suicide threats/gestures, suicide plan, suicide attempt, and non-suicidal self-injury (NSSI), predicted increased risk for death by suicide among adolescents (Castellví et al., 2017). 50 years of research efforts centered on identifying predictors of youth suicide have yet to systematically consider structural determinants of STBs, including the impact from involvement in social systems. Without this work, significant innovations in the development and delivery of effective intervention and prevention strategies for youth STBs are unlikely and the prevalence and burden of youth suicide will remain intractable.

One structural determinant that has established risk for STBs is the Juvenile Legal System (JLS). Broadly defined, "JLS involvement" encompasses separable points of contact with the legal system; the Sequential Intercept Model (SIM) has identified five key points of diversion to rehabilitative services whereby effective, accessible, and criminologically informed mental health care can be tailored and delivered (Griffin et al., 2015; Yeager et al., 2013). To maximize intervention and prevention effects, these intercepts may also elucidate potential sensitive periods and critical contexts for service delivery. With respect to suicidality and JLS

involvement, the SIM was adapted to consist of intercept 0 (prevention), 1 (law enforcement), 2 (courts), 3 (confinement), 4 (re-entry), and 5 (community supervision) (Meza et al., 2022). Relative to the general population, rates of suicide are as much as three times higher in court-involved, non-incarcerated youth and detained youth (Katsman & Jeglic, 2021; Kemp et al., 2016). In addition, incarceration increases risk of death by suicide among youth (Morgan et al., 2022). In terms of past-year prevalence, JLS-impacted youth reported higher rates of suicidal ideation and attempts compared to non-JLS-impacted youth (Stokes et al., 2015). Also, as JLS involvement increased from initial police contact to detention in secure facilities, rates of suicidal ideation and behavior similarly increased (Stokes et al., 2015), providing quasi-experimental evidence that JLS involvement is a potential *causal risk factor* for youth STBs. Among 12-18 year-old adolescents, suicidal ideation persisted 3 months after initial contact with the JLS (i.e., court appointment) for more than half of youth with previous ideation; this suggests that putative effects on STBs persist following immediate JLS involvement (Kemp et al., 2021). There is a pressing need to identify unique and shared risk factors for suicidal outcomes across the SIM; however, the prevailing evidence on the associations between JLS involvement and STB outcomes has focused narrowly on intercept 3, confinement (i.e., detention/incarceration; Stokes et al., 2015). Thus, knowledge about the developmental antecedents and consequences of JLS involvement across intercepts will generate new knowledge about risk-outcome associations as well as resilience-promoting factors.

Given that 84% of police officers report encounters with individuals at risk for suicide, contact with law enforcement – intercept 1 of the SIM – is arguably among the most critical opportunities to identify acute mental health concerns (Meza et al., 2022). For example, suicidal behaviors can be criminalized (i.e., lead to arrest/detainment by law enforcement) or referred for

evidence-based mental health care (Meza et al., 2022). Among older adolescents and young adults, interactions with police were positively associated with STBs (i.e., non-suicidal self-injury, suicidal ideation, suicide attempts) (DeVylder et al., 2017; Jackson et al., 2024). In the U.K., experiences with police stops at age 14 significantly predicted elevated self-harm and attempted suicide at age 17 (Jackson et al., 2021). Even more, among Black adults from the National Survey of American Life, police contact (i.e., unfair stops, searches, questioning, being physically threatened, or abused) was positively associated with negative mental health outcomes including increased suicidal ideation, plans, and attempts (Oh et al., 2017). However, it is unclear if police contact among preadolescents increases risk for STBs specifically, a critical knowledge gap given this sensitive period of socioemotional development. Preadolescence is a developmental stage marked by rapid changes in emotion regulation, social cognition, and perceptions of authority, during which children become increasingly aware of social stigma and interpersonal threat (Mascia et al., 2023). Because youth in this period have limited autonomy and coping resources relative to older adolescents (Mascia et al., 2023), it is possible that exposure to stressful or adversarial police encounters may be especially disruptive, heightening vulnerability to subsequent STBs. Indeed, negative police contact predicted more severe depression – a common precursor to STBs – which is hypothesized to occur through increased stress (Dennison & Finkeldey, 2021; Jackson et al., 2019; Turney, 2021). The present study defined JLS involvement as contact with police officers (i.e., Intercept 1), which will inform effective policing strategies for preadolescents overall and those with mental health needs specifically.

Preadolescents are situated within multiple socioecological contexts (i.e., family, schools, neighborhoods) where factors such as sex/gender, race-ethnicity, discriminatory experiences,

trauma history, and social support may modify the association of police contact with engagement in STBs (Alvarez, Polanco-Roman, Samuel Breslow, et al., 2022). The minority stress model contends that myriad social, psychological, and structural factors related to minority status (i.e., sex/gender, racial-ethnic) catalyze stress responses that undermine mental health (Frost & Meyer, 2023). Thus, any putative association between police contact and engagement in STBs must disentangle other risk (e.g., sexual and gender minority [SGM] status, race-ethnicity, discrimination, adverse childhood events) and protective (e.g., familism) factors that may contribute to both.

JLS-involved youth are at heightened risk for suicide, which is compounded among those with structurally marginalized identities. Structural systems such as racism, sexism, and cisnormativity interact to shape disparities in mental health outcomes and JLS involvement. Ethnoracially minoritized youth are overrepresented at every stage of JLS contact—from arrest to incarceration—and are more likely than their white peers to face punitive outcomes (Fader et al., 2014; Hockenberry & Puzzanchera, 2020; T. Hughes et al., 2020; Robles-Ramamurthy & Watson, 2019; Sickmund et al., 2020). These same youth also face rising suicide rates, with Black and Latinx adolescents experiencing steeper increases in suicide deaths compared to their white peers (Curtin & Hedegaard, 2019; Lindsey et al., 2019), and Hispanic preteens exhibited the greatest increase in suicide deaths from 2001 to 2022 (Ruch et al., 2024). Gender further differentiates risk for sentencing: whereas girls are more likely to be sentenced to group homes than boys, boys are more likely to be sentenced to correctional facilities compared to girls (Tam et al., 2016). However, it is hypothesized that due to expectations on young women to conform to traditional “passive” gender roles, authority figures may be more likely to view young women with aggression criminally compared to similarly behaving young men (Aydt & Corsaro, 2003).

In regards to differential risk for suicidal outcomes, girls report more suicidal ideation and attempts (Kokkevi et al., 2012; Miranda-Mendizabal et al., 2019; Nock et al., 2013; Ortin-Peralta et al., 2023; Thompson et al., 2024) whereas boys remain more likely to die by suicide (Miranda-Mendizabal et al., 2019; Sheftall et al., 2016). In addition, a recent scoping review found that JLS-involved adolescent girls exhibited greater STB risk overall, likely due to their high rates of trauma and mental health needs (Bravo et al., 2025).

Problematically, Black adolescent girls have the highest rates of STBs overall and demonstrated the sharpest rise in suicide rates over time compared to other gender and racial-ethnic groups (Romanelli et al., 2022). There is also inconsistent evidence that intersectional identities may shape experiences of JLS involvement: White females had a lower probability of pre-adjudication detention than either White or non-White males, but their probability of detention did not differ from non-White females, and White females are more likely than non-White females to receive out of home placements (Guevara et al., 2006). A second study found that White females did not experience differential treatment across the JLS, while African American females tended to receive more lenient outcomes than expected, particularly at intake and petition. African American males showed a mixed pattern—receiving some leniency at intake but facing harsher outcomes at detention and disposition stages (Leiber et al., 2009). However, in school sentencing – Intercept 0 (prevention) in the SIM – Black girls were three times more likely than White girls to receive school office referrals—a disparity greater than that between Black and White boys (Morris & Perry, 2017). In addition, Black girls were disproportionately referred for subjective infractions (e.g., disruptive behavior, dress code violations, disobedience), which are sensitive to gendered interpretations (Morris & Perry, 2017). Thus, intersectionally, school disciplinary practices may non-randomly penalize African

American girls for behaviors seen as violating normative standards of femininity (Morris & Perry, 2017).

Although there is limited research on the effect of policing and suicidal behaviors among transgender youth, in a survey of 600 LGBTQ youth aged 13–24, nearly one-third of transgender and gender-expansive participants reported experiencing police harassment and 60% expressed little to no confidence that police were present to protect them (The Trevor Project, 2020). Further, LGBQ youth collectively reported higher levels of police violence stress than heterosexual youth and depressive symptoms were significantly moderated by LGBQ identity such that police exposure and violence stress compounded to worsen depressive symptoms among the subsample of LGBQ youth (Jackson et al., 2024). Transgender and nonbinary youth also experience significantly higher rates of suicidal ideation and attempts compared to their cisgender peers (Connolly et al., 2016; Eisenberg et al., 2017; McKay et al., 2019; Price-Feeney et al., 2020; Suarez, 2024; Thoma et al., 2019), with gender incongruence (i.e., not feeling aligned with sex assigned at birth) among preadolescents predicting later onset of NSSI and suicidal ideation (Hull et al., 2025). Taken together, youth with multiple structurally marginalized identities are at heightened risk for both suicide and JLS involvement. These findings reaffirm that rigorous empirical models of suicide risk among JLS-involved youth must consider the intersection of race-ethnicity, sex, and gender identity.

Greater exposure to adverse childhood experiences (ACEs) may critically explain or contribute to established associations of elevated suicide risk among structurally marginalized youth with JLS involvement. Defined as stressful or traumatic events occurring in childhood, ACEs disrupt neurodevelopment and impair social, emotional, and cognitive functioning, leading to poor physical and mental health concerns (Boullier & Blair, 2018; Graf et al., 2021). Across

geographic regions and types of JLS contact, elevated ACEs increased risk of JLS contact (Graf et al., 2021). In addition, up to 90% of JLS-impacted youth report significant history of ACEs (Baglivio & Epps, 2016; Modrowski et al., 2024). Similarly, greater numbers of ACEs were associated with increased risk of suicidality (Hughes et al., 2017; Sahle et al., 2022). Therefore, understanding the relationship between JLS involvement and youth STBs requires careful consideration of ACEs. In particular, discrimination – a key component of ACEs – shows strong associations with negative outcomes; high visibility events of police brutality and xenophobia reflect the painful history of persistent structural racism, with nearly 84% of Black and 20% of Latinx youth reporting racial-ethnic police discrimination in the last year, compared to 2.9% of White youth (Zeiders et al., 2021). Discrimination uniquely predicted suicidal ideation above and beyond the effects of depressive symptoms (Madubata et al., 2022). Among pre-adolescents, racial-ethnic discrimination was cross-sectionally associated with increased suicidal ideation and past/current attempts (Argabright et al., 2022) and a recent meta-analysis observed a small, but significant effect of experiencing racial discrimination as a risk factor for suicidal ideation and attempts (Coimbra et al., 2022). Black and Latinx youth are also less likely to be diverted from the JLS to other social services, reflecting biases in clinical decision making (Sickmund et al., 2020). Disruptive behaviors among ethnoracially minoritized adolescents are more criminalized than similar behaviors in White youth (Ramey, 2015). Given these disparities, racial-ethnic discrimination, and ACEs more broadly, must be considered when examining the link between STBs and police contact.

Aligned with the principles of developmental psychopathology, discontinuity in outcomes likely reveals the intervening influences of moderating and mediating variables. Identifying resilience-promotion factors is essential given that they constitute compelling intervention targets

that may alter trajectories of development for ethnoracially diverse youth. Indeed, protective factors are not simply the absence of risk factors; rather protective factors buffer the association between police contact and engagement in STBs without directly changing the underlying risk factors themselves (Appleby, 1992). Familism, characterized by a cultural emphasis on warmth, interconnectedness, and prioritizing familial obligations over individual needs, mitigated suicide risk predictions among Latinx youth (Campos et al., 2014; Meza & Bath, 2020). Indeed, a review revealed small effect sizes with respect to familism and suicide (Valdivieso-Mora et al., 2016). Family factors are also relevant to suicide among African American communities. Indeed, family support and family cohesion (e.g., emotional connectedness within a family) were inversely correlated with suicidal ideation among African American college students (Harris & Molock, 2000). Among African American adolescents, increased family support was associated with decreased suicide ideation and attempts (Matlin et al., 2011). Even more, a recent review highlighted that family support constructs (e.g., parental emotional support, closeness, parental monitoring) consistently buffered predictions of mental health more broadly from racial discrimination among Black youth (Neblett, 2023). Family support is also a particularly relevant construct to JLS-involved youth (Snyder & Meza, 2024) given that family-based interventions (e.g., multisystemic therapy) significantly reduce recidivism in youth (Aalsma et al., 2015). We contend that family-related protective factors (i.e., familism) must also be accounted for in discerning if/how police contact is associated with youth STBs.

Overall, JLS involvement and engagement in STBs are associated with highly consequential outcomes for youth. However, given that they are embedded in a broad network of multiple risk and protective factors, putative JLS involvement effects on STBs must be disentangled from these other intervening factors. In addition, most of the preexistent literature

focuses on adolescent populations and points of JLS contact later in the SIM (i.e., detainment), highlighting the need for studies focused on preadolescence and earlier points of JLS involvement (i.e., police contact prior to age 10). Employing a prospective longitudinal study of 2,426 racially and ethnically diverse adolescents, we used propensity score matching to test the longitudinal association of baseline police contact (i.e., ever been stopped/questioned by police) with STB outcomes (i.e., self-harm, suicide ideation, suicide attempts) at a 2-year follow-up in a substudy of the Adolescent Brain and Cognitive Development (ABCD) study (i.e., a nationally representative sample of U.S. youth). The putative effect(s) of police contact covaried for age, education, race-ethnicity, sex/gender, experiences of discrimination, ACEs, and familism. Propensity scores were calculated matching on the aforementioned covariates, along with potentially confounding measures regarding parent/family factors, community cohesion, peer relationships, school engagement, psychiatric concerns, positive life events, and impulsivity. Baseline police contact (i.e., ever been stopped/questioned by police) and suicide attempts (i.e., lifetime history of self-harm, suicidal ideation, and suicide attempt) at the follow-up were estimated dichotomously. Using propensity score matching techniques, we hypothesized that police contact at baseline would positively predict STBs at follow-up, even accounting for confounding factors.

Methods

Participants and Procedures

The current study utilized data from the Adolescent Brain and Cognitive Development (ABCD) study, the largest longitudinal study of brain development and child health in the U.S. At ABCD study baseline, 11,875 children ages 8-11 years old were recruited to be nationally representative with respect to sex, race, ethnicity, urban/rural residency, and socioeconomic

status. Data are currently available for the baseline and 1-, 2-, 3-, and 4-year follow-up waves. This study primarily used data from participants at the 2-year and 4-year follow up assessments (ages 10-13 and 12-15 years, respectively), as these waves developmentally reflected sensitive periods with respect to engagement in STBs and contained relevant measures to our study aims. A substudy focused on the social development of participants was offered to individuals at either their 1- or 2-year follow-up assessment and included items assessing for police contact. Participants were assessed in-person once a year, with additional assessments for the Social Development substudy occurring either at or between regular study visits. For the purposes of the present study, the 2-year follow-up and the Social Development assessment of the ABCD study will be referred to as "baseline" and the 4-year follow-up of the ABCD study will be referred to as "follow-up." Data used for this study included only individuals who have completed the Social Development substudy and thus have available police contact data (N = 2,426). Self- and parent-report measures were gathered to assess demographics (i.e., race-ethnicity, sex/gender, age, grade level), STB outcomes (i.e., lifetime history of self harm, suicidal ideation, and suicide attempt), legal system involvement (i.e., police contact), discrimination, ACEs, and familism. Preliminary findings revealed expected variance with respect to constructs of interest considering the sample is comprised of preadolescents who are not designated "high risk" (see below for additional details).

Measures

Self-Injurious Thoughts and Behaviors.

Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS) (Townsend et al., 2020). The Kiddie Schedule for Affective Disorder and Schizophrenia (KSADS) for Diagnostic and Statistical Manual for Mental Disorders (DSM-5) suicide module was administered to youth

and parents at the baseline and follow-up waves of data collection (Townsend et al., 2020). This module assessed for past and current passive and active (e.g., non-specific, method, intent, plan) thoughts of suicide, interrupted and aborted suicide attempts, and NSSI. Parent and youth report on these items were combined such that the behavior was endorsed for a participant if either parent or youth provided a positive endorsement (De Los Reyes et al., 2015; Kuhn et al., 2017). These variables were then combined to create two items reflecting lifetime history of self-harm and lifetime history of suicidal ideation. Specifically, participants were designated as endorsing self-harm (i.e., 1 = present, 0 = absent) if they endorsed any of the following behaviors in the past or currently: interrupted suicide attempt, aborted suicide attempt, or NSSI. Participants were designated as endorsing suicidal ideation (i.e., 1 = present, 0 = absent) if they endorsed any of the following types of suicidal ideation in the past or currently: passive, active non-specific, active method defined, active intent established, active plan developed. Suicide attempt was estimated from combined reports from parent and child (i.e., 1 = history of suicide attempt, 0 = no history of suicide attempt). 4.7% of the sample endorsed lifetime history of self-harm and 6.8% of the sample at follow-up endorsed lifetime history of SI. 1.2% of the sample endorsed ever making a suicide attempt.

Juvenile Legal System Involvement.

Police Contact. ABCD assessed JLS involvement (i.e., police contact) in the Social Development substudy using the Social Development Child Reported Delinquency Scale, administered at either the 1- or 2-year follow up waves of ABCD data collection (i.e., “baseline” for the present study). Youth and parents were separately asked to report on the youth’s past contact with police with the following questions: “Have you [your child] been questioned and stopped by the police?” and “Have you [your child] been arrested?” and response options

included: Never, Once or twice, More often, I don't know, and I'd rather not say. Given base rates for each response category were too small to compare empirically, answer choices were dichotomized. Data were then combined using the "or" rule if endorsed by the youth or parent with respect to ever having police contact or being arrested, similarly due to low base rates across youth and parent report. 5.1% of the sample endorsed a lifetime history of having ever been questioned/stopped by the police and 0.4% having ever been arrested. Finally, considering being arrested necessarily includes being "stopped and questioned by the police," a single dichotomous police contact item was created (5.2% of the sample endorsed at least one of these items).

Demographics.

ABCD youth self-identified race across White, Black/African American, American Indian/Native American, Alaska Native, Native Hawaiian, Guamanian, Samoan, Other Pacific Islander, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, and Other Race categories. Participants were also asked to indicate whether they identify as Hispanic/Latino/Latina. These racial-ethnic categories were then collapsed by the ABCD study to form the following groups: Black, Hispanic/Latinx, White, Asian, and Other. At baseline, 28.6% of the sample identified as Black (n = 694), 10.7% identified as Hispanic/Latinx (n = 260), 47.9% identified as White (n = 1161), 1.6% identified as Asian (n = 38), and 11.3% identified as another racial/ethnic category, including biracial or multiracial (n = 273). 50.2% of the sample self-reported their gender as male, 45.4% as female, and 0.5% as a gender minority (i.e., trans male, trans female, genderqueer, other). Participant grade was also measured, with the majority of participants being in 6th grade (44.1%) at baseline.

Adverse Childhood Experiences (ACEs).

Life Events Scale (Grant et al., 2004; Hoffman et al., 2019; Tiet et al., 1998). Adverse childhood experiences (ACEs) were measured at baseline with a 26-item measure. Participants reported whether they experienced negative life events such as "Someone in family died" and "Was a victim of crime/violence/assault," and "Family member had a mental or emotional problem." A sum of the total number of negative life events participants experienced (higher scores reflecting more ACEs) was created and used in the present analyses.

Discrimination.

Measure of Perceived Discrimination (Phinney et al., 1998). Youth self-reported 7 items with respect to their experiences of discrimination at baseline on and adapted version of the "Measure of Perceived Discrimination," which assesses frequency of unfair or negative treatment due to ethnic background and was developed by the ABCD study. Items included "How often do the following people treat you unfairly or negatively because of your ethnic background? [Teachers, Other adults outside of school, Other students]," "I feel that others behave in an unfair or negative way towards my ethnic group," and "I don't feel accepted by other Americans." Items were scored on a 5-point Likert scale indicating the frequency that these events occurred (1=Almost never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very often). Scores were averaged across all items with higher scores indicating a greater degree of perceived unfair treatment. The published reliability of this scale was .81 (Phinney et al., 1998).

Familism.

Youth Mexican American Cultural Values Scale (Knight et al., 2010). Familism was assessed at baseline using the self-reported Youth Mexican American Cultural Values Scale which was administered to all participants regardless of their cultural background (Knight et al., 2010). Used previously in racially-ethnically heterogenous samples (Finlay et al., 2014; Smith et

al., 2017), items were scored on a 5-point Likert scale indicating the extent to which statements are true of their family (1=Not at all, 2=A little, 3=Somewhat, 4=Very much, 5=Completely). We calculated a "familism-support" summary score by averaging all familism/family support-related items of the measure (Mean=4.14; range=1-5). As previously reported in a study of the psychometric properties of the various subscales of this measure, internal consistency coefficients (i.e., Cronbach's alphas) for adolescent report on "familism-support" was .67 (Knight et al., 2010). Sample items from the "familism-support" subscale include: "Parents should teach their children that the family will always come first," and "Family provides a sense of security because they will always be there for you."

Pretreatment Covariates included in Propensity Score Matching.

All pretreatment variables (e.g., demographic variables, baseline risk factors, clinical history) conceptualized to relate to both treatment and outcomes were included in the model and used to generate propensity scores. Covariates included the variables above (i.e., age, grade, sex/gender, race-ethnicity, ACEs, discrimination, and familism) as well as parent and family-related variables (i.e., parent education, parent employment status, family income, family economic stress, family conflict, family cohesion), community-related variables (i.e., community cohesion, neighborhood safety and crime), peer relationships (i.e., involvement with prosocial and rule breaking/delinquent peers, affiliation with "protective" peers, peer aggression perpetration and victimization), schooling concerns (i.e., school disengagement, detention/suspension history), psychiatric concerns (i.e., depression, anxiety, ADHD, oppositional defiance, conduct problems), positive life events (i.e., life events, such as got a new brother/sister, rated as a "good experience"), temperament (i.e., behavioral inhibition, negative urgency, sensation seeking), and pubertal development.

Data Analytic Plan

The present prospective study used data from the 2-year and 4-year follow-ups of the ABCD study (i.e., "baseline" and "follow-up," respectively). All data were evaluated for standard statistical assumptions (i.e., normality, skewness, kurtosis) prior to analyses and alternative models (e.g., log-based) were considered to assess appropriate model specification. Point-biserial correlations were run to assess the associations between our police contact variable and relevant covariates (e.g., ACEs, discrimination, and familism) at baseline, prior to propensity score matching.

We used the Twang package in R to conduct propensity score matching to investigate the prediction of dichotomously-defined suicidal outcomes (i.e., lifetime history of self-harm, suicidal ideation, and/or suicide attempt) from dichotomous police contact (Griffin et al., 2014). A propensity score is the probability that an individual has received a specific exposure (i.e., police contact) given a set of observed covariates. Propensity scores help minimize bias in estimating treatment effects by balancing exposure groups based on the observed pretreatment covariates included in the propensity score model, thus removing potential confounding biases from observational studies. By summarizing all potential (measured) confounders into a single propensity score, the process of controlling for confounding bias when estimating exposure effects is simplified. Thus, the propensity score weights the groups (i.e., police contact vs. no police contact) so that they are balanced on all of the observed pretreatment covariates (i.e., variables that differ between individuals in the exposure groups and are measured before they receive the assigned exposure) that go into the propensity score model (McCaffrey et al., 2004). In other words, propensity score matching compared individuals with past police contact –

versus those without past police contact – while simultaneously matching the two groups on theoretically- and empirically-driven confounders of this relationship.

This approach assumes that (a) conditional on the included covariates, treatment assignment is independent of potential outcomes (unconfoundedness); (b) there is sufficient overlap in propensity scores between groups (common support); (c) the propensity score model is correctly specified and includes all relevant covariates; and (d) each participant's potential outcome is independent of other participants' treatment assignments. Following matching, we evaluated covariate balance using standardized mean differences and graphical diagnostics to ensure these assumptions are reasonably met before estimating treatment effects. Specifically, the Twang package algorithm iteratively fits boosted regression trees to optimize covariate balance between treated and comparison groups. Covariate balance was then assessed using standardized mean differences, ensuring that all pretreatment variables achieved acceptable balance after weighting. Then, outcome analyses were conducted on the weighted sample, which reduces bias attributable to confounding and strengthens causal inference compared to unadjusted models.

In the present study, we created propensity scores balanced on the identified pretreatment covariates above using gradient boosted models. We employed the Average Treatment Effect (ATE) on the population, rather than the Average Treatment Effect on the Treated (ATT) given our interest in understanding if police contact prospectively predicts suicidal outcomes (see Greifer & Stuart (2021) for additional details on selecting target estimates). For missing values in the covariates, the Twang package constructs weights that balance rates of missingness across the police contact vs. no police contact groups, thereby mitigating potential bias due to missingness (Ridgeway et al., 2021).

Three sets of logistic regression analyses evaluated whether police contact was associated with increased risk for our three suicidal outcomes (i.e., dichotomous lifetime history of self-harm, suicidal ideation, and suicide attempts), covarying for age, grade, sex/gender, race-ethnicity, ACEs, discrimination, and familism.

Results

See Table 1 for descriptive statistics of demographics and key baseline variables. Point-biserial correlations revealed that police contact at baseline was significantly associated with baseline experiences of discrimination ($r = .07$, $p = .001$) and ACEs ($r = .11$, $p < .001$), but not baseline familism ($r = .02$, $p = .46$). See Table 2 for full correlations matrix.

Prior to propensity score matching, 29 out of 40 pretreatment covariates were significantly imbalanced (i.e., differed significantly; $p < .05$) across exposure groups (police contact vs. no police contact). After employing the es.mean stopping criteria (i.e., algorithm determines the iteration that minimizes the average absolute standard effect size), only 6 out of 40 pretreatment covariates remained imbalanced (i.e., participant age, participant grade, race-ethnicity, employment status of secondary parent, perpetration of aggression towards peers, and parent-reported positive life events), suggesting propensity score estimation improved the balance in potential confounding variables for nearly all covariates included in the model. Because unbalanced covariates may continue to confound treatment effect estimates, we included these variables as covariates (if not already included) in predictive models and interpret findings cautiously. Due to extremely small cell sizes for gender minority youth in the weighted analytic sample (n=12 for total sample), gender was modeled as a binary covariate (male vs. female) to ensure stable parameter estimation.

The overall model predicting lifetime history of self-harm was statistically significant, Wald $\chi^2(22) = 76.91$, $p < .001$, indicating that the predictors jointly contributed to explaining self-harm history. The model accounted for approximately 23% of the variance in the outcome (pseudo $R^2 = .23$). The overall model predicting lifetime history of suicidal ideation was statistically significant, Wald $\chi^2(22) = 107.96$, $p < .001$, indicating that the predictors jointly contributed to explaining suicidal ideation history. This model accounted for approximately 12% of the variance in the outcome (pseudo $R^2 = .12$). The overall model predicting lifetime history of suicide attempts was statistically significant, Wald $\chi^2(22) = 70.92$, $p < .001$, indicating that the predictors jointly contributed to explaining suicide attempt history. This model accounted for approximately 47% of the variance in the outcome (pseudo $R^2 = .47$).

Adjusted propensity-score weighted regression models revealed that baseline police contact did not significantly predict any STB outcomes (i.e., dichotomous lifetime history of self-harm, suicidal ideation, or suicide attempts) at follow-up. However, key covariates significantly predicted STB outcomes. Familism significantly and inversely predicted lifetime self-harm (b=-0.05, SE=0.02, p=.04) and lifetime suicidal ideation (b=-0.10, SE=0.05, p=.049). Black youth were approximately 11% less likely to self-report a history of suicidal ideation than White youth, adjusting for police contact and all other covariates in the model (OR = 0.89, 95% CI [0.81, 0.96]). Last, after adjusting for police contact and other covariates, females had a 19% higher odds of reporting a history of self-harm compared to males (OR = 1.19, 95% CI [1.09, 1.31]). See Table 3 for full results.

Discussion

This study utilized propensity score matching to examine if baseline police contact – an early indicator of JLS involvement and an established risk factor for STBs – predicted STBs (i.e.,

lifetime history of self-harm, suicidal ideation, and suicide attempts) two years later. Compared to traditional regression-based covariate adjustment, propensity score matching offers a stronger approach for reducing selection bias in observational research to make causal inferences. By creating groups of participants who are balanced on measured covariates prior to estimating treatment effects, propensity score matching more closely approximates the conditions of a randomized experiment. This design-based strategy enhances the internal validity of findings by reducing reliance on model specification and assumptions inherent in regression adjustment, which may inadequately account for systematic differences between groups. The associations found in this study were thus robust to a wide range of possible confounders spanning ACEs, discrimination, familism, and other demographic covariates (i.e., age, grade, sex/gender, race-ethnicity). With adjustment for these possible confounders, findings did not support a potential causal role for police contact with respect to STBs two years later. However, police contact was significantly associated with key baseline covariates (i.e., discrimination, ACEs) and familism, race-ethnicity, and gender significantly predicted suicidal outcomes.

These results both converge with and diverge from literature on risk and protective factors for youth STBs. Broadly, JLS involvement – and police contact more specifically – is an established risk factor for suicidality. However, this evidence is based almost entirely on adolescents or adults with few, if any, focused on pre-adolescents. While police contact in preadolescence did not predict STBs two years later, this likely reflects relatively low base rates of police contact at this age. Indeed, some U.S. states prohibit detention of youth younger than age 12 by police (Development Services Group, Inc., 2024); this would significantly delimit the association of negative police contact with different constructs. In the current study, 5.2% of youth in the nationally representative ABCD sample had police contact. A complementary

strategy to improve traction on the association of police contact among preadolescents and suicide risk is use of high-risk samples (e.g., child welfare involvement) that are likely to yield more police contact. For example, in the New South Wales Child Development Study, contact with child protection services positively predicted any police contact by age 13 years (i.e., as a person of interest, victim, or witness); in fact, among the approximately 14,000 children with any police contact, about half had prior contact with the child protection system (Athanassiou et al., 2024). Thus, future studies should examine this association among populations with a higher density of risk, which may include earlier and more extensive police contact along the SIM. However, higher-risk samples are challenged by the relative density of risk/confounding factors, thus threatening strong inferences. Nevertheless, if the association of JLS contact and suicidality is more prevalent in higher-risk populations, early prevention efforts may support these vulnerable populations. For example, socio-emotional learning programs (e.g., Strong Kids, PATHS, Good Behavior Game) effectively mitigated suicide risk among preadolescents within school settings (Yepez-Coello et al., 2025). A primary prevention, school-based framework is well-positioned to significantly reduce the occurrence of suicidality amongst these acutely at-risk populations.

Even so, early police contact is one of the strongest predictors of arrest, as well as detention/incarceration later in life, particularly for ethnoracially minoritized populations (Crutchfield et al., 2009; Liberman et al., 2014; Mcara & Mcvie, 2005; McGlynn-Wright et al., 2022; Wiley & Esbensen, 2016). We contend that additional, prospective follow ups across developmental periods are needed to investigate the association between police contact and STBs, through the potential mediator of arrest or detention/incarceration. Thus, further

longitudinal studies must be conducted to assess for the long-term impact of early exposure to police contact in preadolescence.

Although police contact did not directly predict later STBs, consistent with prior research (Kokkevi et al., 2012; Miranda-Mendizabal et al., 2019; Nock et al., 2013; Ortin-Peralta et al., 2023; Thompson et al., 2024), girls were significantly more likely to report a lifetime history of self-harm than boys. This pattern aligns with longstanding evidence of sex differences: whereas non-fatal STBs were elevated among girls versus boys, girls show significantly lower rates of suicide mortality (Miranda-Mendizabal et al., 2019; Sheftall et al., 2016). Sex differences in emotion expressivity and higher rates of internalizing psychopathology among girls may be a key explanatory factor (Chaplin, 2015; Kaess et al., 2011; Miranda-Mendizabal et al., 2019). These findings highlight the potential value of gender-responsive prevention strategies, including interventions targeting emotion regulation, relational stress, and coping skills among girls. For example, trauma-focused and developmentally tailored interventions in school and community settings could be particularly important to mitigate risk for this vulnerable group.

In addition, Black youth were less likely to report suicidal ideation than White youth, which diverges from evidence of increasing risk for STBs among Black youth (Curtin & Hedegaard, 2019; Lindsey et al., 2019). However, multiple studies suggest that Black youth are less likely than White youth to endorse suicide ideation prior to a suicide attempt (Denton, 2021; Lee & Wong, 2020; Romanelli et al., 2022). Thus, potential "underreporting" among Black youth may reflect stigma, cultural norms surrounding mental health disclosure, and mistrust of institutions; for example, Black youth face heightened stigma related to mental illness and treatment (Lindsey et al., 2010). Further, Black youth were less likely to be diagnosed with internalizing disorders and more likely to be misdiagnosed than White youth, suggesting that

improvements in clinical ascertainment and assessment are necessary to improve clinical decision making (Fadus et al., 2020; Mizock & Harkins, 2011; Nguyen et al., 2007). Thus, efforts to decrease stigma around disclosure and health seeking behavior among the Black community must be prioritized, including developing culturally responsive suicide risk assessments (Molock et al., 2023).

Despite being correlated with police contact at baseline, ACEs did not predict STBs two years later in fully adjusted models; this, too, diverges from evidence on the relevance of ACES to youth STBs (Hughes et al., 2017; Sahle et al., 2022). We offer several potential explanations: first, with discrimination included as a covariate – which was correlated at $r = .2$, $p < .01$ – may have hindered ACEs from uniquely predicted STBs. Second, familism was significantly and inversely associated with STBs; this, too, may have attenuated the direct association of ACEs with STBs, as resilience processes can buffer the impact of early adversity on later mental health outcomes (Rohner et al., 2023). Finally, ACEs were operationalized as a cumulative count of adverse experiences but did not capture the type, chronicity, timing, or severity of those events. It is possible that a more nuanced assessment of ACEs incorporating these qualitative dimensions may more precisely estimate the relationship between early life stress and suicidal outcomes (Reidy et al., 2021). Therefore, future research must consider both a "unified" approach to ACEs (e.g., composite of multiple indicators) as well as a more "diversified" approach that differentially considers indicators of ACEs, including the potential for non-linear associations. If data suggest different types or severities of suicidal outcomes dependent on the number, nature, chronicity, or severity of ACEs experiences, early detection and screening efforts should include assessments of ACEs to prevent future suicidal outcomes.

As mentioned, and in line with previous research, familism inversely predicted STBs, suggesting familism is a promising resilience-promoting factor. Of note, the present study focused specifically on familism, which is particularly relevant to Latinx communities. However, familism inversely predicted STBs in the entire sample. Future work should investigate whether familism has a stronger effect on STBs among specific racial-ethnic subgroups versus others. These results also highlight that intervention-induced strengthening of familism may protect against engagement in STBs for preadolescents. Thus, interventions and treatment modalities that capitalize on family relationships as protective factors (e.g., behavioral therapies, attachment-based therapies) may effectively mitigate risk for STBs (Sullivan et al., 2023), particularly among JLS involved youth (Snyder et al., 2024). Indeed, multiple interventions that target the family support system – including the Family Intervention for Suicide Prevention – are rooted in cognitive-behavioral and family systems theory and are designed to activate family support and increase problem solving strategies (Andriessen & Krysinska, 2016; Asarnow et al., 2009). In addition, preadolescence signifies a critical period where children experience significant changes in physical, hormonal, cognitive, behavioral, and emotional development, and thus it represents a crucial context where protective interventions (e.g., parental support) can be implemented to better support youth through this period of change and promote positive mental well-being. Thus, continued research must be conducted to develop family-based interventions specifically targeting this period of development.

Limitations

The present study utilized innovative propensity score matching techniques to assess the isolated impact of police contact on suicidal outcomes using a large nationally representative sample of preadolescents. However, key limitations to this study preclude definitive conclusions

about the association between these constructs. First, police contact was assessed in a way that may equally weight a diverse range of police contact experiences (i.e., positive and negative) that are differentially associated with risk for STBs. In addition, the ABCD study did not measure involvement in the JLS across additional intercepts of the SIM, precluding inferences about the putative effects of more substantial JLS involvement (i.e., court involvement, incarceration) on suicidal outcomes. However, the present sample consisted of 10–13-year-old youth at baseline, which reflects a developmental time period where JLS involvement is likely to be more circumscribed, at least in an unselected sample. In that sense, the estimate of JLS involvement is likely developmentally appropriate.

Future Directions

To address the increasing prevalence of youth suicidal outcomes and the disproportionate burden of suicide on ethnoracially minoritized individuals, it is critical to investigate both the individual and systemic factors that increase risk for engagement in STBs. In particular, identifying the unique and potentially compounded effect(s) of key risk and protective factors – spanning JLS involvement, gender and racial-ethnic identity, ACEs, discrimination, and familism – with accounting for a number of potential confounding factors, is an important innovation. We await additional rigorous tests of these associations across more diverse designs, participant characteristics, etc. that are expected to accelerate innovations in intervention and prevention development. These innovations are necessary to reduce the significant clinical and public health burden associated with suicidality in youth.

Table 1. Descriptive statistics of demographics and key variables at baseline

	M (SD), Range or % of Sample
Age	11.52 (0.72), 9.0-14.0
Race*	
Black	28.6
White	47.9
Hispanic/Latinx	10.7
Asian	1.6
Other	11.3
Gender*	
Male	50.2
Female	45.4
Gender minority (i.e., trans male, trans female, genderqueer, other)	0.5
Grade*	
3rd Grade	.1
4th Grade	.9
5th Grade	12.4
6th Grade	44.1
7th Grade	32.6
8th Grade	6.1
9th Grade	0.0
Police Contact	5.2
Adverse Childhood Events	2.58 (2.32); 0-16
Discrimination	1.18 (0.41); 1-5
Familism	4.12 (0.67); 1-5
Suicidal Outcomes	
Ever Self Harm	4.7
Ever Suicidal Ideation	6.8
Ever Suicide Attempt	1.2

*Totals do not add up to 100 due to missing data

Table 2. Correlations matrix of relevant baseline variables

	1	2	3	4	5	6
1. Age	–					
2. Education	0.72**	–				
3. Police Contact	0.06**	0.04	–			
4. Adverse Childhood Events	-0.03	-0.05*	0.11**	–		
5. Discrimination	0.05*	0.02	0.07**	0.18**	–	
6. Familism	-0.11**	-0.14**	0.02	.01	-0.01	–

** Correlation is significant at the 0.01 level; * Correlation is significant at the 0.05 level

Table 3. Propensity score matched associations of predictors with suicidal outcomes

Dependent variable	Predictors	*b*	SE	*p*
Lifetime History of Self Harm	Police contact	-0.02	0.05	.63
	Age	0.04	0.03	.26
	Education	-0.02	0.03	.51
	Gender			
	[Male Reference]	--	--	--
	Female	0.17	0.05	< .001 *
	Race-Ethnicity			
	[White Reference]	--	--	--
	Black	-0.04	0.04	.38
	Hispanic/Latinx	0.04	0.05	.41
	Asian	-0.03	0.05	.58
	Other	-0.08	0.04	.06
	Adverse childhood events	0.02	0.01	.07
	Discrimination	0.05	0.04	.27
	Familism	-0.05	0.02	.04*
Lifetime History of Suicidal Ideation	Police contact	-0.002	0.09	.99
	Age	0.0003	0.04	.99
	Education	0.02	0.03	.42
	Gender			
	[Male Reference]	--	--	--
	Female	0.03	0.06	.61
	Race-Ethnicity			
	[White Reference]	--	--	--
	Black	-0.12	0.04	.005*
	Hispanic/Latinx	-0.06	0.05	.27
	Asian	-0.04	0.09	.68
	Other	-0.08	0.06	.14
	Adverse childhood events	0.02	0.01	.07
	Discrimination	-0.01	0.04	.74
	Familism	-0.10	0.05	.049*
Lifetime History of Suicide Attempts	Police contact	0.02	0.04	.61
	Age	-0.01	0.02	.52
	Education	0.02	0.01	.16
	Gender			
	[Male Reference]	--	--	--
	Female	0.07	0.04	.11
	Race-Ethnicity			
	[White Reference]	--	--	--
	Black	-0.03	0.03	.25
	Hispanic/Latinx	0.01	0.02	.58
	Asian	-0.02	0.02	.36
	Other	-0.02	0.03	.44
	Adverse childhood events	0.01	0.01	.11
	Discrimination	0.02	0.02	.27
	Familism	-0.01	0.01	.20

*Association is significant at the 0.05 level

Study II: An Exploration of Suicidality and Juvenile Legal System Involvement Across Development

Abstract

Suicide is the second leading cause of death among youth ages 10–24. Innovations are likely to follow when suicidal thoughts and behaviors (STBs) are contextualized using frameworks such as ecodevelopmental theory and Bronfenbrenner's ecological systems model, which emphasize the interplay of individual, family, community, and systemic influences. Juvenile legal system (JLS) involvement is tied to markedly elevated rates of STBs, yet their precise temporal associations remain poorly understood. Forty-six ethnoracially diverse adults (Mage = 36.3 years, 39.1% female) participated in 30–60-minute semi-structured interviews designed to reconstruct timelines of JLS involvement and STBs across childhood and adolescence. Participants described the nature, timing, and consequences of their JLS involvement, followed by accounts of their past STBs. Interviewers and participants collaboratively mapped events onto shared visual timelines to improve temporal sequencing. For some, suicidality emerged before JLS contact, often rooted in early and complex trauma, unstable or harmful family relationships, or interpersonal stressors. For others, the onset of suicidality followed JLS contact—particularly during arrest or detention. Mutually reinforcing factors intensified both STBs and JLS involvement: hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and experiences of discrimination. These experiences formed cyclical patterns where system involvement heightened distress, and distress-related behaviors increased vulnerability to JLS contact. Findings highlight the need for developmentally-informed, culturally responsive suicide prevention strategies tailored to youth with JLS contact. Grounded in participants' lived experiences, results underscore how systemic inequities and dehumanizing practices contribute to both STBs and legal entanglement.

Introduction

Suicide is increasingly prevalent and burdensome: even before the Covid-19 pandemic, rates of youth suicide rose from 4.57 to 6.5 deaths per 100,000, with continued cause for concern (Centers for Disease Control and Prevention, 2021, 2024). Nationally, suicide ranks as the second leading cause of death from childhood to early adulthood (i.e., 10-24 years) (Centers for Disease Control and Prevention, 2023). In addition, in 2023, 20% of high school students reported seriously considering attempting suicide with nearly 10% actually attempting suicide in the last 12 months (Centers for Disease Control and Prevention, 2024). Taken together, these distressing trends unambiguously underscore the clinical and public health significance of youth suicidal thoughts and behaviors (STBs), including an urgent need to innovate intervention and prevention strategies.

Critically, trends in STBs – including its overall burden – are highly sensitive to racial-ethnic disparities. For example, more precipitous increases in suicide attempts and suicide deaths are reported for Black and Hispanic/Latino youth relative to non-Hispanic white youth for whom rates of suicide have remained largely stable (Curtin & Hedegaard, 2019; Lindsey et al., 2019). Indeed, racial-ethnic differences in STBs are unlikely to be purely artifacts of differences secondary to other social determinants (e.g., family income). Further disparities are evident when biological sex intersects with racial-ethnic differences. Indeed, suicide rates for female youth are increasing more quickly than males; there are also relative unique risk factors for suicidality for girls/women relative to boys/men (e.g., alcohol use vs. military service, respectively) (Carretta et al., 2023). Among Black and Hispanic/Latina females, self-harm rates are even more alarming (Kernan et al., 2023). Taken together, STBs collectively constitute a highly consequential set of problems overall. We contend that STBs cannot be adequately characterized – including

revealing novel intervention/prevention targets – without a commensurate commitment to positioning these problems within context, including a critical focus on race-ethnicity, biological sex, and age/developmentally-sensitive processes/periods. Thus, it is critical that future innovations in intervention and prevention strategies for suicide are not only culturally- and gender-responsive but are also designed with specific developmental periods in mind to target those at highest risk.

Consistent with the ecodevelopmental framework and Bronfenbrenner's ecological systems theory (Bronfenbrenner & Morris, 2007; Galán et al., 2022; Szapocznik & Coatsworth, 1999), interconnected systemic, environmental (e.g., cultural, social services, neighborhood), and individual level factors shape typical and atypical development. Juvenile legal system (JLS) involvement is a key context and system given that it constitutes a significant threat to adaptive functioning and development. First, ethnoracially minoritized youth are disproportionately impacted by the JLS (Fader et al., 2014; Henning, 2012; T. Hughes et al., 2020; Spinney et al., 2018). For example, relative to non-Hispanic White youth, Black and Hispanic/Latino youth are less likely to be diverted from the JLS to other social services, reflecting systemic biases (Sickmund et al., 2020). This trend may reflect the false perception that Black youth infrequently complete diversion programs due to the frequency of alternative family arrangements; this attribution may drive evidence that Black youth are more often denied diversion opportunities than White youth (Love & Morris, 2019).

At every intercept of JLS involvement, however, Black and Hispanic/Latino youth are overrepresented, from arrests to institutional placements, also reflecting systemic biases (Abrams et al., 2021; Development Services Group, Inc., 2022; Robles-Ramamurthy & Watson, 2019; Sickmund et al., 2020). For example, Black and Hispanic/Latino youth were 1.19 and 1.20 times,

respectively, more likely to experience pretrial detention as compared to White youth (Wen et al., 2023) and in 2021, Black and Hispanic/Latino youth were placed in juvenile detention facilities at a rate of 228 and 57 per 100,000, respectively, compared to 49 per 100,000 for White youth (Puzzanchera et al., 2023). Concerningly, mental health problems among ethnoracially minoritized youth are disproportionately criminalized (Baumle, 2018; Quinn, 2025; White, 2016). Behavioral difficulties in schools are also often managed with disciplinary or policing practices (versus treated therapeutically) for ethnoracially minoritized youth relative to non-Hispanic White youth; these differences likely accelerate the school to prison pipeline for ethnoracially minoritized groups (Abrams et al., 2021; Ramey, 2015). Indeed, given that ethnoracially minoritized youth are overrepresented in the JLS, there is a critical need to better understand contributing factors to these reliably observed differences. First-person accounts of how individuals explain their JLS involvement are crucial for developing meaningful and culturally responsive intervention strategies, highlighting the need for qualitative methodology to elucidate these stories.

JLS involvement not only disproportionally affects ethnoracially diverse youth, but it also coincides with particularly consequential mental health outcomes such as suicidality. For example, JLS-involved youth exhibit up to three times higher rates of suicide compared to the general population, in addition to increased rates of suicide attempts, suicidal ideation, and other STBs compared to youth from the general population (Gallagher & Dobrin, 2006; Katsman & Jeglic, 2021; Kemp et al., 2016; Langhinrichsen-Rohling & Lamis, 2008; Morgan et al., 2022; Penn et al., 2003). While about 19% of youth in a community report indicated *lifetime* history of suicidal ideation (Underwood, 2020), about 10-20% of youth at the start of their JLS involvement reported *past 6 month* suicidal ideation (Abram et al., 2008; Cauffman, 2004; Kemp

et al., 2022) and 21-29% of youth ordered to probation for the first time endorsed *lifetime* suicide risk (Kim et al., 2021). However, these may be underestimates given that systems involved youth tend to underreport mental health concerns given the lack of privacy for youth in completing screening, treatment, and referral services within the legal system (e.g., courts) (Meza et al., 2022). Suicide is a leading cause of death among JLS-involved youth (Morgan et al., 2022), with rates of suicidality and non-suicidal self-injury (NSSI) significantly exceeding estimates in the general population (Webb, 2017). Specifically, national estimates of NSSI ranged from 6.4% to 14.8% for boys and from 17.7% to 30.8% for girls depending on the state (Monto et al., 2018). However, in the juvenile court setting, overall rates of NSSI among adolescents were 21.4%, with 10.2% of males and 36.3% of females engaging in this behavior (Meza et al., 2023). As JLS involvement escalates, so does risk for suicide (i.e., past-month suicidal ideation is higher among post-adjudicated youth than in pre-adjudicated youth) (Stokes et al., 2015). In addition, previously incarcerated youth in Ohio were more likely to die by suicide compared to youth in the general population (Ruch et al., 2021). Even more, youth involved with the court system living in the community exhibited increased suicidal ideation, suicide attempt, and NSSI risk (Conrad et al., 2024). As such, it is necessary that effective intervention and prevention strategies be developed to protect youth dually at risk for both JLS involvement and STBs.

Aligned with the Sequential Intercept Model (SIM), there are multiple opportunities to divert individuals involved in the criminal legal system toward rehabilitative services (P. A. Griffin et al., 2015). To effectively time STB interventions for youth in the JLS, the SIM was modified to include youth and to promote equitable suicide prevention efforts (Meza et al., 2022). Involvement in the JLS and potential diversion points span from broad settings such as schools (intercept 0) and initial encounters with law enforcement (intercept 1) to court

proceedings (intercept 2), incarceration (intercept 3), re-entry (intercept 4), and community supervision (intercept 5) (Meza et al., 2022). It remains unclear, though, how much JLS involvement itself contributes to increased risk for youth STBs, how STBs may elevate the risk for JLS involvement beyond other demographic, familial, or community factors, or the extent to which there are transactional influences over time. Without this understanding, it is challenging to prioritize whether prevention and intervention efforts should target STBs or JLS and to identify which diversion points within the SIM are most critical.

As mentioned, despite replicated evidence that JLS involvement is positively associated with suicide risk, causal inferences are challenged by the preponderance of cross-sectional designs, which are naturally unable to disengage JLS involvement and engagement in STBs. Indeed, a comprehensive literature review observed that youth more involved in the JLS (i.e., more arrests, detainments, etc.) experience higher prevalence rates of suicidal outcomes (Stokes et al., 2015). However, the majority of studies reviewed were cross-sectional. Thus, traditional quantitative methods are presently ill-equipped to elucidate hypothesized transactions between JLS involvement and STBs, especially across developmental touchpoints. In a key exception, Meza et al. (2023) prospectively followed self-injurious behaviors among youth after first court contact, and identified key risk and protective factors contributing to these behaviors (Meza et al., 2023). However, future research must characterize trajectories of additional STBs (i.e., suicidal ideation, plans, attempts, implicit behaviors) after JLS contact as well as investigate whether individuals engaged in any STBs preceding their initial JLS contact to further elucidate causal connections between JLS contact and STBs. To combat this knowledge gap, novel qualitative methods are required to improve traction on these potential reciprocal influences.

Current Study

Given replicated evidence on the increasing prevalence and burden of STBs overall and especially among JLS-involved youth, qualitative methods should be prioritized to better understand individuals' lived experiences and inform development of effective intervention and prevention strategies. Through construction of individualized timelines, the development (e.g., onset, offset, persistence) of STBs and JLS involvement can be characterized; this approach is particularly appropriate for use with vulnerable and marginalized populations (Berends, 2011; Goodrum & Keys, 2007; Horsfall & Titchen, 2013; Patterson et al., 2012; Umoquit et al., 2008). For example, utilizing visual methods to collect timeline data with in-depth narrative interviews improves data quality and participant experience, particularly with sensitive topics (i.e., trauma, substance use) (Berends, 2011; Harper, 2000; Sheridan et al., 2011). Further, capturing idiographic, person-centered data is critical to identifying both mutual risk factors with respect to initial JLS involvement and engagement in STBs and the factors that potentiate the cyclical pattern between them. Indeed, individuals may describe other constructs and experiences previously unrecognized by available quantitative evidence in qualitative interviews. This study will investigate the onset of STBs among ethnoracially diverse, JLS-involved individuals and how, across childhood and adolescence, JLS involvement and engagement in STBs are connected. In addition, mutual risk factors for STBs and JLS involvement will be explored. Through narrative interviews and timeline construction**,** we anticipate these data will significantly contribute to theoretical advancements regarding trajectories of suicide and JLS involvement, ultimately guiding future empirical research.

Aim 1. Utilizing narrative interviews and timeline construction, we qualitatively described the developmental trajectories of JLS involvement and STBs among ethnoracially diverse individuals (i.e., at least 18 years of age). Considering the exploratory nature of this aim,

no specific hypotheses are offered to describe the timeline of STB engagement and JLS involvement.

Aim 2. In addition to timeline construction, we qualitatively explored themes and factors that may propagate risk for both JLS involvement and STB engagement as well as reinforce the cyclical pattern between JLS involvement and STB engagement. Again, given the exploratory nature of this aim, no specific hypotheses are offered.

Methods

Participants and Procedures

Adults (N=46, Mage=36.3 years, Range=18-62 years) with past JLS involvement and history of STBs were recruited via online and in-person distribution of fliers nationally, with majority of recruitment focused in California. Recruitment was facilitated by several community partnerships with organizations servicing systems-involved individuals, including juvenile mental health courts and local community colleges and universities. Initial respondents were screened for eligibility through a brief online survey. Inclusion criteria consisted of individuals being 18 or older, prior childhood or adolescent involvement in the JLS (e.g., previous arrest, court appearance, incarceration), and past engagement in STBs (e.g., self-harm, suicidal ideation, suicide attempts). Those who met inclusion criteria were contacted to participate in a 2-hour remote session including a 30-60 minute online survey administered via the REDCap survey platform and a 30-60 minute qualitative interview conducted by study team member (SJS, AH). After completion of the survey and interview, participants were given a $50 e-gift card. Sessions were conducted from January 2025 to June 2025.

Ethics Statement

Oral informed consent was obtained from each participant prior to enrollment. All study procedures were approved by the University of California, Los Angeles Institutional Review Board (IRB-24-0047).

Quantitative Measures

Participants provided self-report data on gender identity (i.e., cisgender male, cisgender female, transgender male, transgender female, gender non-conforming, intersex) and race/ethnicity (American Indian or Alaskan Native, Asian, Black or African American, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, White, Hispanic/Latino/Spanish origin, Biracial/Multiethnic) using a secure survey platform (RedCap). In the survey, participants also reported their past JLS involvement, STBs, general mental health, adverse childhood experiences, family support, child welfare system involvement, barriers to treatment, and experiences of discrimination.

Qualitative Interviews

The qualitative interview followed a semi-structured format whereby a combination of closed- and open-ended questions were utilized with space to employ follow-up "why" or "how" questions as warranted (Adams, 2015). Trauma informed procedures were employed given the sensitive topics discussed in the interviews, whereby anonymity of participants was prioritized (i.e., participants turned off their cameras and removed their names from the Zoom platform upon interview recording). In addition, a strengths-based approach was taken such that interviews began with participants sharing three strengths of theirs and interviews ended with participants sharing their hopes for the future. Interviewers asked participants to discuss their past involvement in the JLS, including descriptions of what types of involvement they have had, when these experiences occurred, contexts and situations that led to their legal involvement, the

outcomes of their involvement, and how these experiences impacted their lives and mental health. Interviewers then inquired about past STBs (i.e., suicidal ideation, suicide plans, suicide attempts, NSSI, and implicit suicidality), including specific questions regarding when participants first experienced the onset of STBs, how frequently they experienced them, and their common precursors. Collaboratively with the participants, interviewers placed salient events related to their JLS involvement and engagement in STBs onto a shared visual timeline to see how STBs temporally relate JLS involvement. Last, interviewers explicitly asked participants to explore whether and/or how they believe their JLS involvement was related to their STBs. Participants were also encouraged to discuss other, related factors which may have led to JLS involvement, STBs, or both. See Supplemental Material 1 for the full interview guide.

Qualitative Analysis

All interviews were audio recorded via Zoom recording features. Interviews were automatically transcribed using built-in Zoom functions and trained research staff reviewed transcriptions to ensure accuracy and remove personal identifiers. De-identified transcripts were uploaded to NVivo (Version 15.0.1) for qualitative analysis. The goal of the qualitative project was to hear stories in context from individuals with past JLS involvement and engagement in STBs and understand more about their life experiences and how they connected these two experiences across development. Overall, we employed a "Grounded Theory" approach which is indicated when little is known about a given phenomenon, thus allowing for theories to naturally emerge from the data (Chun Tie et al., 2019). Indeed, grounded theory aims to develop an explanatory theory that reveals a process inherent to the field of inquiry while remaining "grounded" to the data (Chun Tie et al., 2019; Glaser et al., 1968). Specifically, we used Braun and Clarke's thematic analysis method to analyze the data (Braun & Clarke, 2019). To

accomplish this, three team members (SJS, JIM, and SSL) read through five initial transcripts and independently noted emergent themes that described factors related to participants' JLS involvement and engagement in STBs. Team members then met to discuss these emergent themes and developed five thematic codes (i.e., hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination) to describe the emergent concepts from the data.

With an initial draft of the codebook, a team of seven coders collectively coded a single transcript, iteratively editing the themes and codes as needed. The team of coders then practice coded four transcripts to establish reliability and further solidify the codebook. After the iterative process of revising and finalizing these codes, team members were randomly assigned to code transcripts such that each transcript would be double coded (i.e., coded by two coders). Throughout the coding process, the team met periodically to discuss disagreements, as well as any additional emergent codes and themes to be added to the codebook. When disagreements arose, coders who had not been assigned the transcript in contention reviewed the codes and came to a mutually agreed upon conclusion. Following thematic analysis of the narrative interviews, participant timelines were reviewed in tandem with their transcripts to identify the sequences of key events. Specifically, participant timelines were sorted into two groups based on temporal sequencing of life events: 1) onset of STBs preceding JLS involvement, or 2) JLS involvement resulting in the onset of STBs. Quotes were also identified throughout transcripts that spoke to the emergent theme of "cyclical patterns" between JLS involvement and STB engagement. Key STB outcomes were coded in all transcripts (i.e., suicidal ideation, suicide plan, suicide attempt, NSSI, and implicit behaviors). Contacts with the JLS were coded according to the SIM (i.e., Intercept 0: Prevention, Intercept 1: Law Enforcement, Intercept 2:

Courts, Intercept 3: Incarceration, Intercept 4: Re-entry, Intercept 5: Community Supervision). Last, our five emergent themes encapsulating mutual risk factors for STBs and JLS involvement were coded across all transcripts (i.e., hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination).

Results

Descriptives

Results from the quantitative survey are as follows. Participants were mostly male (n=28; 60.9%) and were ethnoracially diverse with 13.0% being Black or African American (n=6), 69.6% Hispanic/Latino (n=32), 13.0% American Indian/Alaskan Native (n=6), 4.3% Asian (n=2), and 34.8% White (n=16). 13.0% (n=6) of these participants identified as biracial or multiethnic (i.e., racial/ethnic groups were not mutually exclusive). About 80.4% (n=37) were currently enrolled in higher education (e.g., community college or four-year college). The mean age of those interviewed was 36.3 years old (SD=11.0, Range=18-62). 82.6% (n=38) of the sample endorsed lifetime suicidal ideation, 45.7% (n=21) endorsed having a suicide plan in their lifetime, 28.3% (n=13) endorsed a suicide gesture in their lifetime (i.e., leading someone to believe that you wanted to kill yourself when you really had no intention of doing so), 45.7% (n=21) endorsed a lifetime suicide attempt, and 39.1% (n=18) endorsed lifetime NSSI. In addition, 98% (n=45) of the sample endorsed ever being arrested and 82.6% (n=38) endorsed ever being detained in a juvenile detention center.

Aim 1: Developmental Timelines

Of the 46 interviews coded, 20 participants had an onset of STBs preceding JLS involvement (43.5%), while 26 participants experienced STBs only after they were involved in the JLS (56.5%). However, many individuals reported that once they engaged in STBs and were

JLS-involved, they felt caught in a "cycle" of experiencing both. Participants discussed *how* engagement in the JLS or STBs led to the other and findings are explored below.

STB Onset Preceding JLS Involvement

Of the 43.5% of participants who engaged in STBs prior to their initial JLS involvement, many reported engaging in self-harm behaviors and experiencing suicidal ideation at a young age (i.e., 7 years old). Often, STBs emerged after the experiences of trauma (i.e., abuse, neglect) or in the context of other familial and individual mental health concerns. For example, early sexual abuse negatively affected two female participants' mental well-being as well as the family context in which they were living.

> "I was…sexually abused from like 7 to 8…so I'd probably say [I had thoughts about not wanting to be here] since then. Maybe before, I don't know, it's not like I had… the best family life either, but… I can look back at pictures and see…that's when I became a lot shyer, a lot more, like introverted."

> "I was sexually assaulted…when I was 9 years old. But I remember when I was 11 or 12 years old, I had finally, like, built the courage to tell my parents what had happened. And I just remember…ever since coming out, our family would never invite us to social gatherings anymore…so I think it just put me in a depressive episode…I would get to the point where I would hear voices in my head…and they would…give me ideas on how to kill myself, and it was just kind of getting to the point where, like, I had attempted it one time, and my father had caught me."

Other forms of adverse childhood experiences, such as parental conflict (i.e., arguing, separation) and living with family experiencing mental illness, also resulted in early onset of STBs.

> "I started getting depressed…because I was just coming home to like a hostile home…My parents would like fight every single time I came home…I would take my headphone out and I guess they would be talking and arguing…But then I also knew…my dad had a gun right in the car. So…I grabbed the gun and then I grabbed the keys to my truck and then I put two and two together and I drove to the desert…I take [the gun] out of the case and then I [put it] to my head…my finger inches like closer and closer to pull the trigger and…as soon as I was about to press the trigger, I get a call from my mom."

> "Probably in like middle school, because I was going through like a lot then, too…I was living with my mom at the time, because my parents separated, and then…she lost the house, but she was also…bipolar. So…there was a lot of arguing and fighting…I was like, I'm so tired, you know, like I don't want to do this anymore. So probably like, yeah, 13."

JLS Involvement Leading to STBs

Nearly 57% of participants reported having initial contact with JLS prior to engaging in STBs. This initial JLS contact typically consisted of encounters with the court system (i.e., Intercept 2 of the SIM) and subsequent detainment in a jail or juvenile detention facility (i.e., Intercept 3). After being detained, participants endorsed an onset of STBs including suicidal ideation, NSSI, and making suicide plans.

> "First time [I was involved in the juvenile legal system] I was 17. I ran away like two to three times and on the third time they took me to juvenile hall for [young adults]. And during my stay at [juvenile hall], that's when I started having like suicidal thoughts. I just wanted to like jump off a bridge or something like that."

> "Then when [suicidal thoughts] came back up was when I got incarcerated and the car crash happened. That was when I wanted to…when those feelings came back and progressed."

Participants also described how the conditions they faced while incarcerated (i.e., isolation) directly led to a deterioration of their mental health and an onset of STBs.

> "I think the first time I ever thought about [suicide] was the first time I was [in juvenile hall] when I was 13. The first few days was like really hard because well, they didn't let me talk to my dad…I remember it's like a super small room…smaller than a walk-in closet...I remember I was just screaming and banging on the door…I was just so confused…Like, why am I here?...I was feeling hopeless. But then when I went to court and…got sentenced to the six months. When I went back to my room, I was like, I can't do this for six months. Like, no, no, like, I don't want to do this for six months. Like, I'd rather die and stuff like that. That was like the first time. And I think I stopped eating for the first few days. And then I got put on suicide watch."

Other individuals spoke to how JLS involvement led to more contentious family interactions due to the stressors put on the family while trying to figure out how to navigate the JLS. These contentious interactions then led to engagement in STBs.

> "It must have been when I did get kicked out of school…and my mom and me were just so at each other… And just going through the processes first that we had gone through like the court and…we'd be just stuck with each other all day and really miserable. She'd be telling all her friends about it, like what was going on with me, and how bad I was…It was like too much. That's probably when I got to that point [of thinking about suicide]."

Cyclical Involvement

Regardless of participants' onset of STBs being pre- or post-JLS involvement, once individuals experienced both phenomena, they typically found that they were caught in a cycle of impact from both. For example, JLS involvement led to engagement in STBs which then led to further JLS involvement and further engagement in STBs, and vice versa.

> "I think that [experiences of STBs and JLS] fed each other. I think that I definitely had…an early onset of psychological, mental health, diagnosis and issues but I think it was hard for anyone to pinpoint because there were so many other co-occurring things happening: drug and alcohol use, puberty, family dynamics…I think that the criminal justice system attempted to medicate the mental health issues with incarceration and institutionalization rather than implementing any kind of intervention that was separate from that. And then as a result of that, I just continued to rebel and kind of like, now as an adult, I recognized that I was like self-indulging in my mental health issues like that became an addiction of its own. Okay, well, if you guys want to see sick and you want to see broken, well, I'm going to show you sick and broken."

> "Like my involvement in the system, I feel like created a lot of the [suicidal ideation, self-harm behaviors and risky drug use]. I've created a lot of stuff [I] had to learn how to cope with or not cope effectively…and putting [me] into the system was just like the cycle that was just repeating and repeating…I just feel like it was feeding itself, making the problem worse…and it was directly related to me going into the juvenile justice system."

Aim 2: Mutual Risk Factors and Reinforcers for STBs and JLS Involvement

Key themes emerged as participants discussed the shared risk factors for JLS involvement and STBs as well as the factors that mutually reinforced both over time. These themes are organized under the following categories: 1) hopelessness, 2) implicit/risk taking behaviors, 3) dehumanization, 4) sense of social capital, and 5) discrimination.

Hopelessness

Particularly while participants were already involved in the JLS, they often discussed feelings of intense depression and hopelessness as if they had "failed" or had "lost" the things most important to them. This led participants to further engage in STBs and decreased participants' belief that they could ever get out of the JLS.

> "I was really, really sad when I first got incarcerated…Even going to the courtroom, seeing my dad there, I started crying because how…[I] felt disappointed in myself. I felt like…I failed. And then hearing the charges, hearing…I was potentially going to serve 25 to life…that really hit me and I felt very depressed. I felt like I would never get out. I felt like…I lost my family. I lost my brother, my dogs, my mom. And I felt a lot of anxiety…that [my mother] would…maybe overdose and that she would die too...And that…I failed and I didn't…I couldn't do good. I wasn't ever going to do good."

> "Honestly, when I go back to look at like juvenile hall, it was like a place of like grief and loss, honestly. So I felt like through my experience in juvenile hall…I hit shock for sure. I hit denial for a minute. But also, too, I was depressed like towards the end more than anything."

Participants also felt as if their existence was burdensome to their families and society which further perpetuated feelings of sadness/isolation and despair. These feelings in turn led to both increased STBs and engagement with the JLS.

> "And then I just went into the foster care system. They put me as a ward of the court. And it was just like a huge battle between like the courts and my family deciding if they were going to have me back or not…All they would do is they would just kick me out and they would close the door on my face and tell me to just leave. I was like 15 years old, you know?…And at that point too…the system is already even sending me out of county. And that's when I kind of like started being more better to myself because I started realizing like, wow, *like Orange*

County is sending me all the way to like [City outside LA]…I was like, 'Wow, the county doesn't even want me in the county no more. Like I've been here so long. They don't even know what to do with me or…they don't even know where to place me anymore, like I've been everywhere.' And it was just sad to really experience."

"It was like, okay, well, they don't want me here anyways so I'm just going to leave because they never wanted me here anyway. Why do I need to participate or act like they care? You know, and then you go to the juvenile system and it's the same thing like nobody ever wants you…You start feeling that way about yourself like, but they don't want me, you know, who am I? Like, why am I here? Like I am here, I'm just a nobody, like I'm blank. I'm here, but I'm not. It's the same situation whether you're in a group home or on the street. The same for as in juvie…It's like…you are invisible. You are, because it's like you're just scared."

"I don't know why, for whatever reason, I just thought a lot about drinking…carpet cleaner or something. I thought it was some cleaning supplies. I don't know why that kept crossing my head…And I just thought like, what would be the point, like *I'm already causing so much drama for my, for my mom, and it's obviously making her unhappy, and I don't want to make anybody unhappy*."

Implicit/Risk Taking Behaviors

Many participants also described how they engaged in reckless and dangerous behaviors which both increased their chance of death (i.e., "implicit behaviors") as well as increased their chances of being involved in the JLS (i.e., by engaging in illegal activities such as drunk driving, gang involvement, and drug use).

"I was reckless…I didn't think about my life as a life per se…I mean, I was driving under the influence all the time, wrecked multiple cars that way…always harming myself through substances and reckless behavior, fighting."

"I would just stop caring at one point. So I would just like start fighting and…instead of just trying to do good, I was just fighting for like a lot of years…I guess when I was like more calm I would actually kind of think about the things that I do. And…when I feel like I just don't care, I don't care who's watching or what time of the day it is…I don't take no precautions [to avoid attention from the legal system]. I guess the new term they're kind of calling [it] now…it's like crashing out…you just don't care and…whatever happens, happens you know?"

> "I felt like, yeah, I felt like I didn't really have anyone to talk to and just that it would be better off if I was dead. And so…you know that continued, I would say, mostly through middle school and then I believe that kind of tied into why I began to essentially act out, you know, engage in acts that, you know, I knew were risky or dangerous and you know illegal and I don't know, maybe…it was a cry for help or something."

Strikingly, one participant noted how his family reacted so negatively to his first suicide attempt that it led him to experience significant anger. This resulted in him becoming generally "violent" as he was quick to start fights with others which put him at risk for both harming himself and for being picked up by police for aggressive behaviors.

> "[My] first suicide attempt, I think I was nine. I had to hang myself in my closet and then my homegirl…told her parents, called the cops. Cop showed up. Really much wasn't done. I think I got my ass beat for that actually. So that was the first attempt. Second attempt wasn't until after high school, because after that [first] attempt, I just became very violent. And so I was the first one to a fight, first one to start a fight, first one to finish a fight, first one to cause a fight."

Dehumanization

Across the developmental timelines of participants, a common theme that emerged was participants' sense that they were viewed as "less than" human. System actors appeared to deem participants unworthy of rehabilitative services and instead viewed them as a "number" in the system. This sense of being dehumanized both contributed to participants' continued involvement in the JLS as they felt they could not escape the system, and continued engagement in STBs as they questioned whether they were worthy of living.

> "I would say between [juvenile legal system involvement and suicidality] and then too like experiencing abuse, *I learned over the years I was disposable and could just be discarded.* I would get in trouble and instead of taking time to understand me and understand why I was feeling the way I did, people would just send me away. I would get in trouble. They would change my medication. And I really just wish somebody would slow down and would have loved me a little bit more in the way that I needed love and support."

> “I don't think my individuality was being seen. I think I was being seen as a number and a problem and a diagnosis and so I didn't really like that identity and so I didn't want to engage with it when it came to the legal system and being forced to be identified that way.”

> “My mom put it a good way. Like when she told me one time, she's like, ‘When I was a kid, bad people went to jail. Now it's just people with problems.’ It's like, it seems like they choose punishment over rehabilitation which is unfortunate because like in my case, I didn't know what the real problem was. For a long time, the substance abuse wasn't the issue…I had an issue mentally. I had problems with myself and the way I saw things… So, yeah, it's unfortunate. I feel like they only see bad guys, the cops and robbers sort of thing rather than the humanity behind the black and white charges that are on paper.”

> “While in the juvenile justice system…[I was] being labeled a number, being like shuttled like cattle at times…And being like discriminated against and dehumanized in many factors. [It] kind of gave the impression that I was of less value in society. That I always had to be on point, had to be better because at that point, with being branded a label, being branded a number, it was this thing that kind of like consistently had me double guess like whether I was a competent person in life and whether I could materialize into something that was meaningful upon society.”

Sense of Social Capital

Some participants noted how when they were growing up, they felt left out or as if they didn’t belong in the community they were part of due to individual differences they had with others they grew up around (i.e., education level, being in foster care). Interestingly, when they began engaging in behaviors that both put them at risk for self-harm and for JLS involvement (i.e., being violent, being involved in gangs), that is when they were acknowledged by others in their community in a positive way and finally felt a sense of social capital (i.e., a sense of value derived from relationships with others).

> “If you cracked a joke at me and people laughed, it was just all associated to my illiteracy…So like humiliation became a big internal trigger or external trigger as well, which [led to a] low self-esteem period. But…for the first time within like my circumstance [at home], [being violent] was the only time I was ever acknowledged. Like I only got an ‘attaboy’ when I was violent…I couldn't read. I

> couldn't write. I really couldn't communicate, so I didn't really feel much about myself as a person. And I didn't really get the like affirmations that a parent should give their children…So my only affirmation came from like the neighborhood."
>
> "When I was in that foster care…there used to be, like, a big white van they used to take [the foster care kids in], and I used to be so embarrassed. Because… everybody knew, like, what the van was, so I would be embarrassed…So, my friendships right there…I don't want to say they got worse. I mean, I made more friends, but they were worse than I was. They used more [drugs] than I did. They [had]…done more crimes than I did. So [it] just kind of was like a…little chain where I started learning and doing more things that other people were doing."

Others describe the adaptive function of conforming to the norms within the JLS to survive within the system. For example, participants took their peers in the JLS as role models for how to survive and learned behaviors (i.e., fighting) that led to respect, acceptance, and increased social capital within the JLS.

> "I would cry in my room and stuff and then I kind of…used those girls [in juvenile hall] as like, well, not role models, but like, 'Oh, I want to be tough like them.' That they're not crying in the room, you know? So I took whatever their experience was and what they were telling me as I kind of like…[I] wanna do that. I want to be this…I'm not going to care and stuff…I think it has a huge impact on like when you're…very young because I feel like half of the things I did after the first time I was in juvenile hall was because of the people I met in there."
>
> "For me, it was just my obedience, my behavior, like I love being bad. Like, I'm not going to lie to you. I love getting to fights. Now, that's one thing about me…I used to get into a lot of fights. Even when I went to jail, when I went to prison, like, I got in a lot of trouble for that, you know, because I used to like get into fights all the time. And my reasoning to like do what I did was because I wanted to belong. I wanted to be accepted."

Many participants also noted that when they engaged in STBs and were involved in the JLS, this was the only time where they got attention from or felt valued by their loved ones, which reinforced them to continue engaging in these behaviors.

> "I started to thrive off that negative attention [I received from my mental health problems and juvenile legal system involvement] because I was a teenager and… there's so many pieces of how I was behaving. Like I want attention, but I don't know how to get attention. But if this gets attention, then imma do that. And that was it. I think that it wasn't like I didn't have love because I did. But then when all this stuff started happening, I mean, I think a part of me really thrived on like 'everybody is so concerned,' like, 'Oh, well, that feels good' because that's like another, you know, endorphin rush of its own. I don't even have to do drugs anymore because everybody's all frantic and feeding me with all this negative energy."

> "I really only honestly felt like I was supported and loved [by my family] when they were coming to see me [in juvenile hall] or pick me up or visits and stuff like that. You know, I didn't feel none of that stuff when I was free, I guess…At the time it was just a [suicide] gesture…I would use that as a manipulation at one point."

> "You start getting status. And it's like, you know, people start knowing your name, like, 'Oh, that's the homie so-and-so…No way, I heard you were over there with so and so and that you were involved in this incident and that you held it down…That right there was the worst thing that anybody could have ever given me…That kind of attention is what boosted my ego. It boosted my distorted love for that game. Because that's exactly what it was. It was distorted because I got the attention that I never got at home. You know, like, 'Oh, I'm proud of you.' You know how many times I've heard of that? But you know what they were proud of me for? Oh, I stabbed that fool. They were proud of me for doing that."

Discrimination

Considering that ethnoracially diverse youth are overrepresented in the JLS, many participants endorsed experiences of discrimination early in their lives. These experiences impacted the peers they engaged with, informed their views on the legal system, and directly resulted in what they perceived as more severe punishment.

> "There was a lot of racism over there when we were younger as well, like around my middle school year, that's why I probably turned into, got into gangs more. So that I could be closer to the people that would help me."

> "But growing up in that area I never really felt unsafe, but I did…feel unsafe around police…That was one thing I did feel unsafe about because…of where I

> lived, you know, we're specifically targeted a lot more, or, you know, watched a lot more, like over policed as well."
>
> "So when I first got…involved with the juvenile system I kind of felt like…I was kind of like discriminated because…there was other times when I saw people come in or I heard that there was like a situation that happened similar to mine and because it was a different race they got out way sooner and were able to get her on probation. And here I was, 16, being Latin and…they were trying to basically give me life with no opportunity to get out. So I kind of felt like discriminated [against] and I felt let down."
>
> "Probably just me seeing like a lot of people from my neighborhood being convicted of crimes they didn't do just because of the color of their skin or the neighborhood they lived in [made both my involvement in the legal system and my suicidal thoughts worse]."

Together, these five themes illustrate the deeply entangled nature of JLS involvement and STBs, revealing how shared vulnerabilities such as hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination do not operate in isolation but instead create mutually reinforcing cycles that intensify trajectories of risk across participants' developmental histories.

Discussion

The present study reports in depth narratives of individuals' experiences with suicidality and the JLS across their childhood and adolescence. Participants detailed timelines of their involvement with some sharing that suicidality preceded their involvement in the JLS and others stating that suicidality was a direct result of JLS involvement. Across timelines, participants endorsed a cyclical pattern of involvement: once they experienced both suicidality and JLS involvement, it was difficult to break the cycle of one leading to the other. Common themes emerged which represented factors that increased risk for and mutually reinforced both suicidality and JLS involvement, likely contributing to the cyclical nature of involvement. These

themes included hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination. As such, the present study not only illuminates important, person-centered data from acutely placed at-risk populations, but it also highlights critical intervention and prevention strategies and policies to be implemented to mitigate risk of suicide and recidivism.

Despite STBs being a critical public health concern, there is underdeveloped evidence with respect to interventions for STBs in ethnoracially minoritized youth. For example, in recent meta-analyses and reviews, Dialectical Behavior Therapy (DBT) was the only well-established efficacious intervention for youth STBs (i.e., non-suicidal and suicidal self-injury and suicidal ideation) (Glenn et al., 2019; Witt et al., 2025). In one review, it was found that inclusion of therapy for both youth and caregivers, emphasis on building the therapeutic alliance, utilizing individualized case-conceptualization, providing skills training to both youth and caregivers, and lethal means restriction were all effective core treatment elements for treating youth STBs (Meza et al., 2023). However, these results are not specific to racial-ethnic differences as the interventions do not target risk factors unique to ethnoracially minoritized populations. In addition, among the two DBT trials included in the aforementioned meta-analysis, 75% of participants were collectively White, which limits generalizability to ethnoracially diverse youth (i.e., Black and Hispanic/Latino youth) (Glenn et al., 2019). Indeed, most participants in the present study were ethnoracially diverse, highlighting the overrepresentation of Hispanic/Latino and Black individuals in the JLS and how STBs may not be adequately treated by existing evidence-based interventions in these populations. By extension, there is a significant knowledge gap with respect to culturally adapted treatments for suicide, including only two established evidence-based culturally adapted treatment (Duarté-Vélez et al., 2016; Meza & Bath, 2020,

Robinson et al., 2016). A systematic review of interventions for reducing STBs among Black male adolescents found only six intervention studies—too few to explicitly guide clinical practice – that were unable to inform their relevance to Black girls and women (Joe et al., 2018). Even more, another systemic review found only one intervention study for reducing STBs specifically focused on Black youth (Brown et al., 2025). Problematically, cultural adaptations for youth suicide interventions consisted mostly of discussion/training of racial-ethnic socialization rather than modifying language, intervention characteristics and content, literacy, and use of culturally relevant treatment outcomes (Brown et al., 2025). However, new advancements for adaptations of DBT are emerging, targeting other subpopulations including LGBTQIA+ youth (Weinberg & Cooper, 2025). In addition, efforts have been made to adapt DBT for the JLS setting (Folk et al., 2023). Thus, culturally responsive interventions for ethnoracially minoritized youth suicide await identification of urgently needed socioculturally informed risk and protective factors for STBs. These interventions could not only be useful to implement in community settings but could also be critically implemented within the JLS to protect and treat individuals experiencing STBs while institutionalized.

Particularly salient themes that emerged from the present study were that individuals within the JLS felt both dehumanized and hopeless. This speaks to how the JLS often fails to rehabilitate youth with mental health needs and instead, further pathologizes them or exacerbates their condition. Individuals discussed specific conditions during incarceration including isolation (i.e., inability to contact loved ones, separation from the general population), which further exacerbated feelings of hopelessness and depression; these all conspired to increase risk for STBs. Thus, it is critical that the JLS not only adequately screen for mental health concerns upon admission but also provide ongoing surveillance and responsive care to individuals who endorse

these concerns. For example, a brief, coping intervention program for court-involved non-incarcerated youth significantly reduced suicidal ideation at 1 and 3 months post-intervention (Kemp, Webb, Wolff, et al., 2021). If implemented at every stage of JLS contact, these types of screenings and brief interventions would likely reduce STB risk. Relatedly, many participants found that instead of providing targeted behavioral or cognitive interventions for mental health concerns, the JLS opted to medicate individuals in the hopes of finding "quicker" solutions. However, there is meta-analytic evidence that a mental-health informed approach significantly reduces recidivism (Fox et al., 2021). Specifically, mental health courts, which rely on diversionary tactics from incarceration to rehabilitation, services, and treatment for both youth and adults, decreased recidivism by 74% (Fox et al., 2021). Investment in mental health courts is not only critical at reducing the long-term burden and cost of continued recidivism, but also imperative for providing individuals with a chance to escape the cyclical pattern of JLS involvement and STB engagement.

Discriminatory experiences emerged as a central contextual factor shaping participants' pathways into the JLS and their psychological distress. Participants described early exposure to racialized surveillance, over-policing, and differential punishment that influenced peer affiliations, heightened distrust of legal authorities, and reinforced feelings of alienation and vulnerability. For some, discriminatory experiences contributed to decisions to affiliate with gangs for increased social capital and to feel a sense of belonging and safety. For others, discrimination intensified fear of law enforcement and a sense of being persistently targeted. These narratives suggest that discrimination functioned not merely as a background stressor, but as an active socio-structural force shaping developmental environments and constraining perceived options for safety, belonging, and support. Participants also described how

discrimination within the JLS exacerbated STBs by undermining core psychological needs and fostering feelings of hopelessness and worthlessness. Perceptions of harsher sentencing, unequal treatment relative to white peers, and punishment disconnected from individual circumstances eroded trust in the fairness and protective capacity of the legal system and diminished expectations for rehabilitation or support. These experiences align with theoretical models of structural racism and minority stress, in which repeated exposure to injustice contributes to chronic stress, internalized stigma, and reduced future orientation—key risk factors for suicidality (Argabright et al., 2022; Coimbra et al., 2022; Frost & Meyer, 2023; Gibbons et al., 2004; Goldston, 2004; Goldston et al., 1999, 2001; Madubata et al., 2022; Nyborg & Curry, 2003). Together, these findings position discrimination as a critical structural determinant linking JLS involvement to STBs among ethnoracially minoritized youth. This underscores the need for prevention and intervention efforts that address not only individual-level mental health needs, but also the structural inequities embedded within legal systems and broader social contexts, especially considering the prevailing STB interventions often focus on more individual, rather than structural, level factors.

Several limitations should be considered for the present study. First, considering the qualitative design, findings are not intended to and are unable to be statistically generalized to wider populations (i.e., all youth in the JLS). However, in-depth interviews provide a unique opportunity for rich, nuanced narratives of lived experiences of acutely vulnerable and historically underrepresented populations. In addition, as participants reflected retrospectively on their childhood and adolescence, this may unintentionally introduce recall bias or be impacted by current perspectives and subsequent life events. Indeed, few participants in the study were between the ages of 18-25 (i.e., transitional age youth), which would have allowed for more

proximal accounts of STB engagement and JLS involvement. Yet, it is also a strength that participants can contextualize their early experiences within their broader life trajectories, including how they understood their JLS involvement and STBs over time. This process is informative and aligns with the study's goal of understanding linkages between JLS involvement and suicidality. Finally, the present study did not systematically examine heterogeneity across ethnoracial groups, gender identities, or specific types of JLS contact, limiting conclusions about subgroup differences. Future work is needed to probe this. In addition, future research should build on our findings using both longitudinal and mixed methods designs to more precisely examine the timing, sequencing, and developmental mechanisms linking JLS involvement and STBs. Last, future work should leverage our qualitative insights to inform the development of developmentally-informed and culturally responsive assessment tools that more accurately capture trajectories of JLS contact and STBs over time. Such efforts may ultimately support earlier identification of risk and inform targeted, system-level, and clinical interventions for JLS-involved youth.

The present study capitalizes on firsthand accounts and lived experiences to elucidate the linkages between JLS involvement and STB engagement as well as the factors that increase risk for and further reinforce both phenomena. With this knowledge, suicide-specific interventions and prevention strategies can better be adapted for youth at risk for JLS-involvement, diverting these vulnerable populations away from both the JLS and engagement in STBs. In addition, this will reduce the disparate burden of mental health symptoms and biased treatment facing ethnoracially minoritized youth within the JLS. As such, future research must continue to build on the present study, investigating the interplay of these factors and developing meaningful interventions for this acutely under researched youth population.

Table 1. Descriptive statistics of demographics and key variables

	M (SD), Range or % of Sample
Age	36.3 (11.0), 18-62
Race/Ethnicity*	
Black or African American	13.0
White	34.8
Hispanic/Latino	69.6
Asian	4.3
American Indian/Alaska Native	13.0
Biracial or Multiethnic	13.0
Gender	
Male	60.9
Female	39.1
Education	
High school graduate, diploma, or the equivalent	10.9
Some college credit, no degree	23.9
Trade/technical/vocational training	2.2
Associate degree	41.3
Bachelor's degree	17.4
Master's degree	4.1
Currently enrolled in higher education (e.g., community college or four-year college)	80.4
Suicidality	
Lifetime suicidal ideation	82.6
Lifetime suicide plan	45.7
Lifetime suicide gesture	28.3
Lifetime suicide attempt	45.7
Lifetime NSSI	39.1
JLS Involvement	
Lifetime arrest	98.0
Lifetime detainment in juvenile detention center	82.6

*Totals do not add up to 100 as racial/ethnic groups were not mutually exclusive

Table 2. Quotations by themes

Themes	Sample Quotations
STB Onset Preceding JLS Involvement	I was…sexually abused from like 7 to 8… o I'd probably say [I had thoughts about not wanting to be here] since then. Maybe before, I don't know, it's not like I had… the best family life either, but… I can look back at pictures and see…that's when I became a lot shyer, a lot more, like introverted.
	I was sexually assaulted…when I was 9 years old. But I remember when I was 11 or 12 years old, I had finally, like, built the courage to tell my parents what had happened. And I just remember…ever since coming out, our family would never invite us to social gatherings anymore…so I think it just put me in a depressive episode…I would get to the point where I would hear voices in my head…and they would…give me ideas on how to kill myself, and it was just kind of getting to the point where, like, I had attempted it one time, and my father had caught me.
	I started getting depressed…because I was just coming home to like a hostile home…My parents would like fight every single time I came home…I would take my headphone out and I guess they would be talking and arguing…But then I also knew…my dad had a gun right in the car. So…I grabbed the gun and then I grabbed the keys to my truck and then I put two and two together and I drove to the desert…I take [the gun] out of the case and then I [put it] to my head…my finger inches like closer and closer to pull the trigger and…as soon as I was about to press the trigger, I get a call from my mom.
	Probably in like middle school, because I was going through like a lot then, too…I was living with my mom at the time, because my parents separated, and then…she lost the house, but she was also…bipolar. So…there was a lot of arguing and fighting…I was like, I'm so tired, you know, like I don't want to do this anymore. So probably like, yeah, 13.
JLS Involvement Leading to STBs	**And I told you that I hadn't had suicidal tendencies other than the time when I was in county jail.**
	First time [I was involved in the juvenile legal system] I was 17. I ran away like two to three times and on the third time they took me to juvenile hall for [young adults]. And during my stay at [juvenile hall], that's when I started having like suicidal thoughts. I just wanted to like jump off a bridge or something like that.
	Then when [suicidal thoughts] came back up was when I got incarcerated and the car crash happened. That was when I wanted to…when those feelings came back and progressed.
	I think the first time I ever thought about [suicide] was the first time I was [in juvenile hall] when I was 13. The first few days was like really hard because well, they didn't let me talk to my dad…I remember it's like a super small room…smaller than a walk-in closet...I remember I was just screaming and banging on the door…I was just so confused…Like, why am I here?...I was feeling hopeless. But then when I went to court and…got sentenced to the six months. When I went back to my room, I was like, I can't do this for six months. Like, no, no, like, I don't want to do this for six months. Like, I'd rather die and stuff like that. That was like the first time. And I think I stopped eating for the first few days. And then I got put on suicide watch.

	It must have been when I did get kicked out of school…and my mom and me were just so at each other… And just going through the processes first that we had gone through like the court and…we'd be just stuck with each other all day and really miserable. She'd be telling all her friends about it, like what was going on with me, and how bad I was…It was like too much. That's probably when I got to that point [of thinking about suicide].
Cyclical Involvement	**So I think that they fed each other. I think that I definitely had, you know, like an early onset of psychological, mental health, diagnosis and issues but I think it was hard for anyone to pinpoint because there were so many other co-occurring things happening, drug and alcohol use, puberty, family dynamics and so um I think that the criminal justice system attempted to medicate the mental health issues with incarceration and institutionalization rather than implementing any kind of intervention that was separate from that. And then as a result of that, I just continued to rebel and kind of like, now as an adult, I recognized that I was like self-indulging in my mental health issues like that became an addiction of its own. Okay, well, if you guys want to see sick and you want to see broken, well, I'm going to show you sick and broken.**
	I think that [experiences of STBs and JLS] fed each other. I think that I definitely had…an early onset of psychological, mental health, diagnosis and issues but I think it was hard for anyone to pinpoint because there were so many other co-occurring things happening: drug and alcohol use, puberty, family dynamics…I think that the criminal justice system attempted to medicate the mental health issues with incarceration and institutionalization rather than implementing any kind of intervention that was separate from that. And then as a result of that, I just continued to rebel and kind of like, now as an adult, I recognized that I was like self-indulging in my mental health issues like that became an addiction of its own. Okay, well, if you guys want to see sick and you want to see broken, well, I'm going to show you sick and broken.
	Like my involvement in the system, I feel like created a lot of the [suicidal ideation, self-harm behaviors and risky drug use]. I've created a lot of stuff [I] had to learn how to cope with or not cope effectively…and putting [me] into the system was just like the cycle that was just repeating and repeating…I just feel like it was feeding itself, making the problem worse…and it was directly related to me going into the juvenile justice system.
Hopelessness	I was really, really sad when I first got incarcerated…Even going to the courtroom, seeing my dad there, I started crying because how…[I] felt disappointed in myself. I felt like…I failed. And then hearing the charges, hearing…I was potentially going to serve 25 to life…that really hit me and I felt very depressed. I felt like I would never get out. I felt like…I lost my family. I lost my brother, my dogs, my mom. And I felt a lot of anxiety…that [my mother] would…maybe overdose and that she would die too...And that…I failed and I didn't…I couldn't do good. I wasn't ever going to do good.
	Honestly, when I go back to look at like juvenile hall, it was like a place of like grief and loss, honestly. So I felt like through my experience in juvenile hall…I hit shock for sure. I hit denial for a minute. But also, too, I was depressed like towards the end more than anything.
	And then I just went into the foster care system. They put me as a ward of the court. And it was just like a huge battle between like the courts and my family deciding if they were going to have me back or not…All they would

	do is they would just kick me out and they would close the door on my face and tell me to just leave. I was like 15 years old, you know?…And at that point too…the system is already even sending me out of county. And that's when I kind of like started being more better to myself because I started realizing like, wow, like Orange County is sending me all the way to like [City outside LA]…I was like, 'Wow, the county doesn't even want me in the county no more. Like I've been here so long. They don't even know what to do with me or…they don't even know where to place me anymore, like I've been everywhere.' And it was just sad to really experience.
	It was like, okay, well, they don't want me here anyways so I'm just going to leave because they never wanted me here anyway. Why do I need to participate or act like they care? You know, and then you go to the juvenile system and it's the same thing like nobody ever wants you…You start feeling that way about yourself like, but they don't want me, you know, who am I? Like, why am I here? Like I am here, I'm just a nobody, like I'm blank. I'm here, but I'm not. It's the same situation whether you're in a group home or on the street. The same for as in juvie…It's like…you are invisible. You are, because it's like you're just scared.
	I don't know why, for whatever reason, I just thought a lot about drinking…carpet cleaner or something. I thought it was some cleaning supplies. I don't know why that kept crossing my head…And I just thought like, what would be the point, like I'm already causing so much drama for my, for my mom, and it's obviously making her unhappy, and I don't want to make anybody unhappy.
Implicit/ Risk Taking Behaviors	I was reckless…I didn't think about my life as a life per se…I mean, I was driving under the influence all the time, wrecked multiple cars that way…always harming myself through substances and reckless behavior, fighting.
	I would just stop caring at one point. So I would just like start fighting and…instead of just trying to do good, I was just fighting for like a lot of years…I guess when I was like more calm I would actually kind of think about the things that I do. And…when I feel like I just don't care, I don't care who's watching or what time of the day it is…I don't take no precautions [to avoid attention from the legal system]. I guess the new term they're kind of calling [it] now…it's like crashing out…you just don't care and…whatever happens, happens you know?
	I felt like, yeah, I felt like I didn't really have anyone to talk to and just that it would be better off if I was dead. And so…you know that continued, I would say, mostly through middle school and then I believe that kind of tied into why I began to essentially act out, you know, engage in acts that, you know, I knew were risky or dangerous and you know illegal and I don't know, maybe…it was a cry for help or something.
	[My] first suicide attempt, I think I was nine. I had to hang myself in my closet and then my homegirl…told her parents, called the cops. Cop showed up. Really much wasn't done. I think I got my ass beat for that actually. So that was the first attempt. Second attempt wasn't until after high school, because after that [first] attempt, I just became very violent. And so I was the first one to a fight, first one to start a fight, first one to finish a fight, first one to cause a fight.
Dehumanization	I would say between [juvenile legal system involvement and suicidality] and then too like experiencing abuse, I learned over the years I was disposable and could just be discarded. I would get in trouble and instead of taking time to understand me and understand why I was feeling the way I did, people would just send me away. I would

	get in trouble. They would change my medication. And I really just wish somebody would slow down and would have loved me a little bit more in the way that I needed love and support.
	I don't think my individuality was being seen. I think I was being seen as a number and a problem and a diagnosis and so I didn't really like that identity and so I didn't want to engage with it when it came to the legal system and being forced to be identified that way.
	My mom put it a good way. Like when she told me one time, she's like, 'When I was a kid, bad people went to jail. Now it's just people with problems.' It's like, it seems like they choose punishment over rehabilitation which is unfortunate because like in my case, I didn't know what the real problem was. For a long time, the substance abuse wasn't the issue…I had an issue mentally. I had problems with myself and the way I saw things… So, yeah, it's unfortunate. I feel like they only see bad guys, the cops and robbers sort of thing rather than the humanity behind the black and white charges that are on paper.
	While in the juvenile justice system…[I was] being labeled a number, being like shuttled like cattle at times…And being like discriminated against and dehumanized in many factors. [It] kind of gave the impression that I was of less value in society. That I always had to be on point, had to be better because at that point, with being branded a label, being branded a number, it was this thing that kind of like consistently had me double guess like whether I was a competent person in life and whether I could materialize into something that was meaningful upon society.
Sense of Social Capital	If you cracked a joke at me and people laughed, it was just all associated to my illiteracy…So like humiliation became a big internal trigger or external trigger as well, which [led to a] low self-esteem period. But…for the first time within like my circumstance [at home], [being violent] was the only time I was ever acknowledged. Like I only got an 'attaboy' when I was violent…I couldn't read. I couldn't write. I really couldn't communicate, so I didn't really feel much about myself as a person. And I didn't really get the like affirmations that a parent should give their children…So my only affirmation came from like the neighborhood.
	When I was in that foster care…there used to be, like, a big white van they used to take [the foster care kids in], and I used to be so embarrassed. Because… everybody knew, like, what the van was, so I would be embarrassed…So, my friendships right there…I don't want to say they got worse. I mean, I made more friends, but they were worse than I was. They used more [drugs] than I did. They [had]…done more crimes than I did. So [it] just kind of was like a…little chain where I started learning and doing more things that other people were doing.
	I would cry in my room and stuff and then I kind of…used those girls [in juvenile hall] as like, well, not role models, but like, 'Oh, I want to be tough like them.' That they're not crying in the room, you know? So I took whatever their experience was and what they were telling me as I kind of like…[I] wanna do that. I want to be this…I'm not going to care and stuff…I think it has a huge impact on like when you're…very young because I feel like half of the things I did after the first time I was in juvenile hall was because of the people I met in there.
	For me, it was just my obedience, my behavior, like I love being bad. Like, I'm not going to lie to you. I love getting to fights. Now, that's one thing about me…I used to get into a lot of fights. Even when I went to jail, when I went to prison, like, I got in a lot of trouble for that, you know, because I used to like get into fights all the time. And my reasoning to like do what I did was because I wanted to belong. I wanted to be accepted.

	I started to thrive off that negative attention [I received from my mental health problems and juvenile legal system involvement] because I was a teenager and… there's so many pieces of how I was behaving. Like I want attention, but I don't know how to get attention. But if this gets attention, then imma do that. And that was it. I think that it wasn't like I didn't have love because I did. But then when all this stuff started happening, I mean, I think a part of me really thrived on like 'everybody is so concerned,' like, 'Oh, well, that feels good' because that's like another, you know, endorphin rush of its own. I don't even have to do drugs anymore because everybody's all frantic and feeding me with all this negative energy.
	I really only honestly felt like I was supported and loved [by my family] when they were coming to see me [in juvenile hall] or pick me up or visits and stuff like that. You know, I didn't feel none of that stuff when I was free, I guess…At the time it was just a [suicide] gesture…I would use that as a manipulation at one point.
	You start getting status. And it's like, you know, people start knowing your name, like, 'Oh, that's the homie so-and-so…No way, I heard you were over there with so and so and that you were involved in this incident and that you held it down…That right there was the worst thing that anybody could have ever given me…That kind of attention is what boosted my ego. It boosted my distorted love for that game. Because that's exactly what it was. It was distorted because I got the attention that I never got at home. You know, like, 'Oh, I'm proud of you.' You know how many times I've heard of that? But you know what they were proud of me for? Oh, I stabbed that fool. They were proud of me for doing that.
Discrimination	**I just feel like if I look different, and I walked into a courtroom, my sentence wouldn't be that harsh... So I don't think mental health really relied on that because I feel like if mom and dad showed up and they were white and I was blonde hair blue eyes, I probably wouldn't got the same sentence as a person that only has [a] mom show up [who] doesn't speak English. *(Pt #28, 33-year-old Native American female)***
	There was a lot of racism over there when we were younger as well, like around my middle school year, that's why I probably turned into, got into gangs more. So that I could be closer to the people that would help me. *(Pt #7, 30-year-old Chicano male)*
	But growing up in that area I never really felt unsafe, but I did…feel unsafe around police…That was one thing I did feel unsafe about because…of where I lived, you know, we're specifically targeted a lot more, or, you know, watched a lot more, like over policed as well. *(Pt #21, 48-year-old American Indian or Alaskan Native and Chicano male)*
	So when I first got…involved with the juvenile system I kind of felt like…I was kind of like discriminated because…there was other times when I saw people come in or I heard that there was like a situation that happened similar to mine and because it was a different race they got out way sooner and were able to get her on probation. And here I was, 16, being Latin and…they were trying to basically give me life with no opportunity to get out. So I kind of felt like discriminated [against] and I felt let down. *(Pt #27, 24-year-old Hispanic/Latina female)*

	Probably just me seeing like a lot of people from my neighborhood being convicted of crimes they didn't do just because of the color of their skin or the neighborhood they lived in [made both my involvement in the legal system and my suicidal thoughts worse]. *(Pt #39, 39-year-old Black and Dominican male)*

Note: **Bolded quotations** are not included in the body of the text.

Supplementary Material 1. Qualitative Interview Script

For interviewer: The interview will reflect a semi-structured format where participants will be prompted to provide feedback on the topics listed below. This format will allow for flexibility as new topics may arise. Based on participant feedback, the interviewer should follow up as appropriate with additional questions to clarify or elicit any additional information.

Qualitative Interview Questions

Hi, I am [insert name], from UCLA. The purpose of the interview today is to learn more about your personal experiences with the juvenile legal system (JLS) (for example, contact with the police, being arrested, going to court, being incarcerated, being on probation, or being under community supervision) as well as your experience with past suicidal thoughts and/or behaviors over the course of your life **before the age of 18**. FOR ZOOM: We will discuss how these experiences impacted each other and when they occurred by creating a visual timeline together on the screen. FOR PHONE: We will discuss how these experiences impacted each other and when they occurred while I create a visual timeline that I can send to you at the conclusion of the interview.

I am also interested in hearing your perspectives on what you believe led you to have these experiences and how they have impacted you.

As a reminder, you do not need to answer any questions that make you feel uncomfortable and you can end this interview at any time with no harm to you. This interview will also take anywhere between 30-60 minutes and will be audio recorded.

Do you have any questions? Is it okay to start the recording and begin the interview?

Introduction

1. As I mentioned, throughout this interview, we will be asking you questions about the JLS and mental health, as well as sensitive questions about self-harm. But, we want to start this interview from a place of strength. Can you tell me about 3 strengths of yours or 3 strengths that others see in you?

Section 1: Juvenile Legal System Involvement

1. Please describe to me your past experience with the juvenile legal system (for example, contact with the police, being arrested, going to court, being incarcerated, being on probation, or being under community supervision) from the time you were a kid up until today (**or age 18**).
    a. Probe: When did these experiences occur? Can you walk me through a timeline and (for those on Zoom) place events on this line corresponding to your age when these events occurred?
    b. Place important events on visual timeline
2. What types of offenses were you involved/charged with?
    a. Was it your first and only? Multiple?
3. What were the outcomes of your involvement?
    a. Charged? Incarcerated? Charges dropped?
4. What was your experience with these things like?

5. How did this change your life? (i.e., school reintegration, returning home to their family, accessing resources, obtaining employment)
6. What led up to these experiences?
7. What mental health resources were provided to you while involved in the JLS?
8. How did your family react to your involvement?
    a. Were they supportive?
    b. Did your family's priorities or activities change as a result (i.e., had to take off work, needed additional funds)?
    c. Did you ever feel like you were a burden to your family and/or friends?
    d. Did you ever feel that you no longer belonged in your family or among your friends?
    e. How did you manage/cope with these feelings?

Section 2: Suicidal Thoughts and Behaviors

Now I'm going to move into some more sensitive questions about your mental health. In particular, I will be asking about when you first started having thoughts of hurting yourself or if you had any attempts of hurting yourself or suicide. We will refer to these thoughts and behaviors as suicidal ideation and suicide attempts. Remember, you don't have to answer any questions you feel uncomfortable answering. And also keep in mind that these questions are about your *past* experiences **from when you were a child up until age 18** and not about your current mental health.

1. When did you first have suicidal thoughts or thoughts of hurting/harming yourself? What about thoughts of killing yourself?
    a. Can you walk me through a timeline and (for those on Zoom) place events on this line corresponding to your age when these events occurred?
    b. Place on timeline
2. How frequently did you have these thoughts?
3. What activators/triggers (people/situations/feelings such as anger, sadness, or frustration) typically led you to have these thoughts?
4. Have you ever engaged in any behaviors to intentionally or unintentionally hurt yourself (cutting/burning of the skin)? Which behaviors have you engaged in?
    a. Can you walk me through a timeline and place events on this line corresponding to your age when these events occurred?
    b. Place on timeline
    c. If no, what stopped you from hurting yourself?
5. Have you ever tried to kill yourself?
    a. If yes, what was that experience like? What led you to try this?
    b. If no, what stopped you from hurting yourself?
    c. Can you walk me through a timeline and (for those on Zoom) place events on this line corresponding to your age when these events occurred?
6. Did you ever share with anybody that you were having these thoughts/engaging in these behaviors?
    a. Why or why not?
7. What types of mental health support did you seek out during this time, if any?
    a. How did you support yourself during this time?
    b. What role does/did culture play into your experiences?
    c. Can you walk me through a timeline of when you sought support and (for those on Zoom) place events on this line corresponding to your age when these events occurred?
    d. What barriers to mental health support did you face? How did these impact you asking for more support or receiving the support you asked for?

Section 3: Intersection of JLS and STBs

1. Do you think your involvement in the JLS in any way is related to your mental health, in particular your suicidal thoughts/behaviors?
    a. If yes, how so?
    b. How did it make things worse or better?
2. What do you feel is the connection between these two things?
3. Did having suicidal thoughts impact your involvement in the JLS in any way?
    a. If yes, how? (increased/decreased involvement?)
4. What were things in your life that made both your involvement in the JLS and your suicidality worse?
    a. What about better?
5. Do you think one of these things caused the other? Why or why not?
    a. Do you think you would have been involved in the JLS if you didn't experience suicidality? Why or why not?
    b. Do you think you would have experienced suicidality if you hadn't been involved in the JLS? Why or why not?
6. How do you think staff in the JLS understood or responded to your mental health difficulties?
    a. Do you think staff acknowledged that you were experiencing suicidal thoughts or did they attribute your thoughts and behaviors to "acting out" or some other thing?
7. Do you believe that the story you're sharing with us is similar to those of your peers? Do you think this is a common experience/story?
    a. What are you hearing from your peers in the JLS?
    b. How do you think hearing other people's stories of JLS involvement and suicidality has impacted your experiences/story?

Section 4: Wrap Up

1. How are things going for you now?
2. What has helped you overcome these challenges?
    a. Has it been relationships with others (e.g., friends, family, mentors)? Services? Getting linked to your current school?
3. What's your hope for the future?
4. What do you strive to be in life?
5. How do you want society to see you?

Thank you so much for participating in this interview. We have a few mental health resources that we can share with you and can answer any questions you may have about this experience.

General Discussion

The primary aim of this dissertation was to investigate suicidal thoughts and behaviors (STBs) among youth with juvenile legal system (JLS) involvement. These two complementary studies were intended to fill a current gap in the literature by improving temporal resolution with respect to JLS involvement and STB onset. In addition, the dissertation considered potential factors that might influence their covariation; this included capitalizing on an ecodevelopmental framework which integrated multi-level influences (i.e., individual, proximal, broader social). This dissertation also innovatively employed mixed methods whereby both nomothetic and idiographic, as well as secondary and original, data were collected/analyzed. These complementary methodologies allow for the uncovering of critical connections between JLS involvement and STBs in youth to better inform the development of novel and targeted intervention and prevention strategies.

Study I rigorously prosecuted police contact in preadolescence as a potential two-year predictor of later suicidal outcomes. Propensity score matching was utilized to conservatively account for myriad potential confounding factors surrounding police contact and suicidality, including statistical control of common risk/protective factors including age, education, race-ethnicity, sex/gender, discrimination, adverse childhood experiences (ACEs), and familism. Results from this quasi-experimental design suggested that police contact in preadolescence did not significantly predict suicidal outcomes two years later; however, girls were more likely than boys to report self-harm, Black youth were less likely than White youth to report suicidal ideation, and low familism predicted higher odds of self-harm and suicidal ideation. Although police contact in childhood did not significantly predict suicidality at follow-up, Study I highlighted other factors closely related to JLS involvement such as gender, race-ethnicity, and

familism that incremented risk. These findings necessitate further investigation of the differential impact of the many types of JLS involvement across development on suicidal outcomes to better develop systems-level intervention and prevention strategies.

Study II utilized qualitative interviews to explore lived experiences with STBs and JLS involvement across childhood and adolescence. Participants' engagement in STBs and JLS involvement were temporally mapped onto visual timelines to elucidate common trajectories experienced. While some participants experienced STBs only in direct response to their JLS involvement (e.g., post-detainment, navigating the court system), others experienced early life adversities which resulted in STB engagement preceding involvement in the JLS. In addition, many participants shared that they found themselves caught in a cyclical pattern whereby engagement in STBs increased JLS involvement and JLS involvement in turn increased STBs. Five distinct themes emerged in the data describing experiences that mutually reinforced both STB engagement and JLS involvement and likely contributed to this cyclical pattern. These themes included hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination. Findings from Study II demonstrate the critical intervention points for specialized STB treatments and diversionary tactics away from the JLS, all of which can inform both policy and intervention development.

Across both studies, we explored how ACEs may act as key antecedents and predictors of suicidality, as well as JLS involvement, later in life. Study I results demonstrated that while ACEs in preadolescence did not predict STBs two years later, they were associated with police contact at baseline. In addition, Study II showcased how many individuals experienced traumatic events in early childhood which resulted in suicidal outcomes later in life in addition to eventual JLS involvement. Indeed, ACEs are well-documented risk factors for mental and physical health

concerns more broadly (Boullier & Blair, 2018; Graf et al., 2021), as well as suicidality specifically (Hughes et al., 2017; Sahle et al., 2022). Similarly, elevated ACEs have been found to be associated with JLS contact (Baglivio & Epps, 2016; Graf et al., 2021; Modrowski et al., 2024). Considering the clear evidence that ACEs precede harmful outcomes such as suicidality and JLS involvement, it is imperative that the JLS specifically screen for and treat trauma and capitalize on potentially protective factors.

Trauma-informed intervention approaches within the JLS must take into account the highly complex diagnostic picture of youth in the JLS facing multiple ACEs and having intersecting identities (i.e., race/ethnicity, gender, developmental level, gang involvement) which may exacerbate presentation of traumatic stress (Kerig et al., 2024). Indeed, trauma has a compounding effect on youth involved in the JLS as individuals exposed to additional traumatic stressors within the JLS are more likely to engage in problem behaviors putting their safety and the safety of others at risk (DeLisi et al., 2010; Ford et al., 2012, 2013; Stimmel et al., 2014). Thus, if effective trauma-informed interventions are provided in the JLS, youth can be diverted towards prosocial pathways that promote safety and well-being for themselves and their communities (Baetz et al., 2021, 2022; Ford & Blaustein, 2013). However, key legal and ethical issues must be considered before implementing therapeutic evaluations and intervention with youth in the JLS. For example, youth must understand whether they are able to provide or withhold consent for receiving services versus being mandated by a court to receive them (Kerig et al., 2024). In addition, if services are court ordered, individuals must understand limits of confidentiality and whether the topics they disclose will be shared with other important individuals such as attorneys, judges, probation officers, or child protection workers (Kerig et al., 2024). Considering the potentially traumatic setting of being in the JLS, providers must also

attempt to build a “psychologically safe” space for individuals during their sessions where youth can feel vulnerable disclosing their emotions without fear of retribution or violence (Kerig et al., 2024). One strategy for promoting psychological safety is focusing more on skill building and resilience promotion in sessions rather than diving deep into the uncovering and processing of specific traumatic experiences (Kerig et al., 2024). Another consideration is the timing of intervention implementation. While some individuals have long enough stays in the JLS to complete a full course of trauma-focused treatment, it would be contraindicated to begin treatment that could not be adequately concluded with those with shorter stays. However, adapted, brief interventions could be utilized in these cases to meet specific availability concerns (Ford, 2020; Saltzman et al., 2017). Thus, while it is clear that trauma-informed interventions are needed within the JLS, multiple considerations must be taken in order to ensure their efficacy with this acutely at risk population.

A particularly salient ACE which can lead to traumatic stress amongst ethnoracially minoritized populations is discrimination. Considering ethnoracially minoritized populations are overrepresented in the JLS across all stages of the Sequential Intercept Model (SIM) (Fader et al., 2014; Hockenberry & Puzzanchera, 2020; Hughes et al., 2020; Robles-Ramamurthy & Watson, 2019; Sickmund et al., 2020) and often experience disproportionate levels of suicidality compared to their white peers (Curtin & Hedegaard, 2019; Lindsey et al., 2019; Ruch et al., 2024), it was suspected that experiences of discrimination would need to be taken into consideration when exploring the relationship between suicidality and JLS involvement. In Study I, discrimination at baseline did not independently predict suicidal outcomes. However, Study I also rigorously accounted for myriad potential confounding factors closely tied to discrimination, suggesting that discrimination in tandem with other factors (e.g., additional adverse childhood

experiences) may potentiate later suicidality. In Study II, however, discriminatory experiences resulted in both increased suicidality as well as continued JLS involvement. These differing accounts across studies may be explained by multiple factors. First, the ascertainment of discriminatory experiences in Study 1 may have been limited insofar as measurement design (i.e., inability to capture all types of discriminatory experiences faced by participants as well as the impact discriminatory experiences had on participants). Therefore, different types or levels of impact of discriminatory experiences may have resulted in differential STB outcomes. Prior research found that overall experiences of discrimination were associated with lifetime self-harm and suicide attempts and peer discrimination was associated with lifetime self-harm; however, educational discrimination was not associated with STB outcomes (Schiff et al., Under Review). In addition, Study I focused on preadolescence, a time when individuals overall may have low base rates of discriminatory experiences. Interestingly, the aforementioned study found that experiences of discrimination at ages 16-18 were positively associated with suicidal ideation, whereas discrimination experienced at younger ages was not (Schiff et al., Under Review). Thus, the developmental timing of discrimination may have differential impacts on suicidal outcomes. Regardless, it is apparent that discriminatory experiences across development are acutely impactful for ethnoracially minoritized individuals and necessitate efforts to combat the negative effects of discrimination on youth well-being.

Specialized treatments are necessary to mitigate the impact of discrimination across levels and contexts for ethnoracially minoritized youth. Past studies have found that within the family system, racially specific communication and practices between Black parents and their children (i.e., racial socialization) can moderate the effects of discrimination on youth mental health concerns (i.e., internalizing and externalizing outcomes) (Bynum et al., 2007; Neblett Jr.

et al., 2008; Wang et al., 2020). This occurs via parents promoting positive coping skills for dealing with racial stressors (Anderson et al., 2020; Anderson, Jones, et al., 2019; Anderson, McKenny, et al., 2019; Gaylord-Harden & Cunningham, 2009). When looking at prevention, particularly within the school setting, multiple meta-analyses have explored the efficacy of prejudice-reduction interventions with youth. For example, one meta-analysis, exploring the outcomes of psychological and education intervention programs to prevent or reduce prejudice among youth, found that overall effect sizes were small to moderate for ethnic prejudice programs specifically (Beelmann & Heinemann, 2014). Interventions capitalizing on direct contact and training in empathy/perspective-taking demonstrated the largest effect sizes (Beelmann & Heinemann, 2014). Another meta-analysis of 50 interventions aimed at improving attitudes towards a variety of outgroup members, including individuals of different ethnic backgrounds, found that school-based anti-bias interventions for improving attitudes toward ethnic outgroups had a moderate effect size (Ülger et al., 2018). Interestingly, effect sizes were highest for middle- and high-school-aged youth (Ülger et al., 2018). While these intervention and prevention strategies have been shown to effectively target the cause and effects of discrimination on an individual level, they fail to address discrimination on a systemic or structural level.

The Structural Racism and Suicide Prevention Systems Framework has been developed to illuminate pathways through which structural racism affects both suicide prevention and intervention for ethnoracially minoritized youth in the U.S. across systems such as mental health services, school, and the interface between crisis care and law enforcement (Alvarez, Polanco-Roman, Breslow, et al., 2022). Indeed, in line with the ecological systems perspective, this framework describes how structural racism is comprised of the effect of racism occurring at four

levels (i.e., cultural, institutional, interpersonal, and intrapersonal). At each level, examples of how structural racism occurs within mental health services, school settings, and crisis care/law enforcement are explained. For example, institutional racism (i.e., laws/policy/regulations embedded in organizations/institutions that consolidate power among White people) in schools is evidenced by the disproportionate criminalization of disruptive behaviors for ethnoracially minoritized youth compared to their White peers (Bradshaw et al., 2010; Homer & Fisher, 2020; Martin et al., 2016; Welch & Payne, 2010). Importantly, the school setting represents intercept 0 of the SIM, highlighting a prime opportunity for intervention efforts to be enacted. Indeed, the removal of police from school campuses and anti-racism trainings for school officials may effectively reduce discriminatory practices at schools (Valdez et al., 2025), which ultimately decreases risk for both suicidality and JLS involvement.

In regard to the intersection between crisis care and law enforcement, police, emergency departments, and jails have become the first line of response to youth suicidality (Balfour et al., 2022). Despite increased training of law enforcement to appropriately and mindfully intervene during mental health crises, a quarter of police-involved shooting deaths are related to mental health (Saleh et al., 2018) and individuals with mental health concerns are incarcerated at rates three to four times higher than the general population (Steadman et al., 2009). Indeed, initial encounters with law enforcement represent intercept 1 of the SIM, once again highlighting a key diversion point away from JLS involvement and towards rehabilitative services. Crisis intervention teams (CITs) have been developed within police departments, and for youth specifically, to respond to mental health crises in appropriate ways to divert youth struggling with mental health concerns away from the JLS and towards psychiatric services and emergency departments (Doulas & Lurigio, 2010). CITs have been shown to be effective, as CIT-trained

first responders are less likely to arrest individuals with mental illness (Compton et al., 2008; Heilbrun et al., 2012) and more likely to transport these individuals to psychiatric services instead of jail (Teller et al., 2006; Watson, 2010). Even so, broader level interventions must be enacted to address the multi-systemic effects of structural racism on both suicidality and JLS involvement. For example, reallocation of material resources to low-income and enthoracially minoritized communities via building household financial security, broadening medical coverage, and enacting housing stabilization policies is critical to reducing national suicide rates (Alvarez, Polanco-Roman, Breslow, et al., 2022; Stone et al., 2017). In addition, it is necessary to decouple the JLS from mental health services by increasing funding for CITs and other youth-specific mobile crisis teams, decreasing the presence of armed police after 911 calls specific to mental health crises, removing armed officials from hospital lobbies, and decreasing use of force in psychiatric settings (Robles-Ramamurthy et al., 2021; Watson et al., 2021).

As noted, the SIM highlights critical diversion points within the JLS whereby interventions can be enacted to promote youth well-being/functioning and decrease risk for continued JLS involvement (Meza et al., 2022). Potential interventions for intercepts 0 and 1 are discussed above. Intercept 2 consists of the court system, which has been identified as an optimal place to screen, intervene, and refer individuals to appropriate mental health services addressing suicidality (Kemp et al., 2022; Kemp, Pederson, Webb, et al., 2021; Kemp, Webb, Wolff, et al., 2021). However, courts are not inherently designed as mental health service facilities, which leads to challenges in completing accurate and sensitive work. It is also important to consider the timing of mental health screenings conducted within courts, as individuals may or may not reliably report risk factors for suicidality (i.e., hopelessness) if they are about to enter a courtroom or have recently received unfavorable sentencing (Meza et al., 2022). As such,

adequate training for the mental health workers conducting these screenings must be provided, including standardized mechanisms for determining how youth are referred to mental health services (i.e., what types of risk justify referral to inpatient hospitalization vs. partial hospitalization program vs. outpatient care) (Meza et al., 2022). In addition, privacy for individuals reporting their mental health concerns must be prioritized to promote honesty; thus, private, safe spaces must be provided to youth to complete screenings (Meza et al., 2022).

For intercept 3, confinement, it is imperative that well-trained and sensitive providers perform recurrent and consistent suicidality screenings for individuals across their stay in a detention setting to assess for ongoing risk, not solely risk at admission. For individuals with identified suicide risk, the Safety Planning Intervention, implemented by clinical staff, has been found to successfully manage suicidality in youth within detention settings and should continue to be implemented (Rudd et al., 2022). In terms of intercept 4, or re-entry, there are many challenges that interfere with successful management of mental health concerns and reintegration into communities after detention. One challenge is the lack of adequate parental involvement in suicide prevention efforts post release, either due to caregivers being uninformed about the challenges youth are facing or due to caregivers being simultaneously involved in the legal system and physically unable to support youth as needed (Meza et al., 2022). Inclusive wrap-around services where probation officers or re-entry staff act as built-in support systems for youth, linking them to care as needed and avoiding punitive measures, could help address these barriers (Meza et al., 2022). Last, intercept 5 represents community supervision, a time when youth are vulnerable to engaging in behaviors resulting in probation violations or new offenses. Indeed, youth under community supervision have been found to have higher risk profiles including suicide risk and trauma histories (Kim et al., 2021). However, suicide risk is screened

only 20% of the time by court and probation staff, highlighting a key opportunity to improve screening of high risk youth (Committee on Adolescence, 2011). Once screened, youth can then be referred to appropriate mental health services to address their needs.

When considering intervention and prevention strategies, it is also imperative that the developmental period of youth is considered. Study I focused on the putative effect of police contact during preadolescence on suicidality two years later, while Study II showcased across multiple narratives how early traumatic experiences negatively impacted JLS- and suicide-related outcomes later in adolescence. Indeed, preadolescence represents a particularly sensitive time for socioemotional development including rapid changes in emotional regulation, social cognition, and perceptions of authority (Mascia et al., 2023). During preadolescence, youth become increasingly aware of social stigma and interpersonal threat, and they simultaneously are limited in their autonomy and coping resources relative to older youth (Mascia et al., 2023). This period of development may be an acutely vulnerable time whereby interactions with the JLS and other stressful experiences could have an overwhelmingly negative impact on mental well-being and ultimately suicidality. As such, the implementation of prevention and intervention efforts during this period of development is critical to offset the negative impact these events may have on youth well-being.

Limitations and Future Directions

While both studies incremented knowledge on the developmental pathways and trajectories between STBs and JLS involvement, each were limited in their ability to draw causal conclusions for this relationship. Study I utilized a quasi-experimental data analytic strategy (i.e., propensity score matching) in the hopes of isolating police contact's effect on STB outcomes two years later. However, additional time points were not considered, thus delimiting a thorough

longitudinal picture of how both STBs and police contact change over time and mutually impact one another across development. Future research should capitalize on longitudinal, repeated measures designs to systematically track STB engagement and JLS involvement across development so pathways between them can be more accurately mapped. Study II, however, utilized a qualitative approach to retrospectively map these trajectories. Yet, the retrospective nature of this study made findings vulnerable to recall bias and potentially impacted by current perspectives and subsequent life events. Similarly, repeated measure, longitudinal designs could address this limitation. In addition, qualitative interviews conducted with youth under the age of 18, while youth are currently in the midst of their JLS involvement or STB engagement, could decrease recall bias and limit the influence of current perspectives. Another limitation across both studies is generalizability. Study I utilized a nationally representative study; however, base rates of police contact were low which may have precluded meaningful results. Study II utilized individuals solely with histories of both JLS-involvement and engagement in STBs, thereby delimiting inferences to differing populations not reflected in the qualitative sample. To address this limitation pertaining to Study I, quantitative studies with youth at high risk for JLS involvement (i.e., child welfare involvement), or youth already involved in the JLS (e.g., court involved, juvenile detention, community supervision) should be prioritized. However, higher-risk samples are challenged by the relative density of risk/confounding factors, thus threatening strong inferences about the isolated impact of JLS-involvement on STB engagement, and vice versa. In addition, to address Study II's limitations, further qualitative work should be done to better characterize narratives from youth with varying characteristics (i.e., with JLS involvement and no STBs) to better compare experiences. Interviews with parents of youth could also provide

unique perspectives on how youth involvement with the JLS and engagement in STBs impact the entire family system.

Conclusion

This dissertation utilized mixed methods to investigate the associations between JLS involvement and engagement in STBs across development. While Study I did not find a direct impact of police contact in preadolescence on later STBs, it did highlight how gender and racial-ethnic differences emerge in the prevalence of STBs and how familism may be a key protective factor against STBs. In Study II, individual narratives explored the pathways between JLS involvement and STBs across childhood and identified risk/mutually reinforcing factors for both (i.e., hopelessness, implicit/risk taking behaviors, dehumanization, sense of social capital, and discrimination). Results from these studies provide insight into how JLS involvement and STB engagement are related to each other as well as the many factors that bolster and further perpetuate this relationship. Given these findings, future research should focus on disentangling this relationship with additional qualitative work as well as longitudinal designs and uncovering additional mechanisms underlying this relationship. Results should also be used to develop trauma-informed intervention and prevention strategies for both JLS involvement and STB engagement targeted specifically for ethnoracially minoritized youth.

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