NEW RESEARCH RACE & DISPARITIES

Profiles of Risk for Self-injurious Thoughts and Behaviors Among System-Impacted Girls of Color

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Objective: Suicide is a leading cause of death among youth in custodial settings. Prior research investigating risk factors for suicide among system-impacted youth fail to incorporate an intersectional framework to contextualize suicide risk among system-impacted girls of color.

Method: Profiles of risk for self-injurious thoughts and behaviors (SITBs) were investigated in a sample of 240 racially and ethnically diverse system-impacted girls (mean [SD] age = 14.5 [1.7] years, Hispanic/Latinx 49.6%, Black 37.1%). Participants completed self-report measures evaluating traditional risk factors for suicide (mental health symptoms, trauma exposure) as well as assessments of minority stress (eg, daily discrimination) and recent engagement in SITBs at baseline and 3-month follow-up.

Results: Latent profile analysis revealed 3 distinct profiles: low-risk, characterized by relatively low levels of suicide risk indicators (n = 102); high-risk internalizing, characterized by elevations in internalizing symptom indicators (n = 96); and high-risk comorbid, characterized by relatively high levels of suicide risk indicators (n = 42). Girls in the high-risk profiles reported more SITBs at baseline and 3-month follow-up than girls in the low-risk profile.

Conclusion: Results suggest that indicators of suicide risk can be used to classify system-impacted girls into profiles that differ concurrently and prospectively on SITBs. Findings could be used to inform more accurate risk and referral assessments for system-impacted girls of color, whose SITB-related challenges may be overlooked or framed as criminal. These findings highlight the continued need for assessments evaluating multiple indicators of risk for SITBs in the juvenile legal system.

Plain language summary: System-impacted girls of color represent an understudied subset of youth at elevated risk for engagement in self-injurious thoughts and behaviors (SITBs). This study investigated profiles of risk for SITBs in a sample of 240 racially and ethnically diverse system-impacted girls of color (mean age = 14.5 years) utilizing frequently studied factors associated with SITBs, including mental health symptoms and trauma experiences along with understudied risk factors such as minority stress. The authors found that three distinct profiles of risk for SITBs: "Low-Risk," characterized by relatively low levels of suicide risk indicators (n = 102); "High-Risk Internalizing," distinguished by elevations in internalizing symptoms (n = 96); and "High-Risk Comorbid," defined by relatively high levels of internalizing and externalizing symptoms (n = 42). Participants in both high-risk groups had high levels of trauma, minority stress, and were more likely to identify as a member of a sexually minoritized group.

Diversity & Inclusion Statement: We worked to ensure race, ethnic, and/or other types of diversity in the recruitment of human participants. We worked to ensure that the study questionnaires were prepared in an inclusive way. One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented racial and/or ethnic groups in science. We actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our author group.

Key words: adolescence; risk factors; suicide; youth system–impacted

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System-impacted adolescents report elevated rates of self-injurious thoughts and behaviors (SITBs), and suicide is a leading cause of death in custodial settings.[1] The suicide rate among youth in custodial settings is 21.9 per 100,000 compared with approximately 7 per 100,000 adolescents aged 15 to 19 in the general population,[2] a startling finding that is due in part to higher rates of risk factors for SITBs among system-impacted youth than youth in the general population.[1] Elevated risk for suicide in this population is further complicated by the belief that youth of color are less likely to engage in self-injurious behaviors than their peers,[3] which contrasts starkly with recent trends pointing to increases in suicide attempts among Black youth.[4]

System-impacted girls of color, in particular, represent an understudied and often silenced subset of youth, despite their overrepresentation in the juvenile legal system. The limited investigation of risk factors associated with suicide among system-impacted girls of color is insufficient for addressing the specific needs of this high-risk population. Recent epidemiological research documenting increases in suicide among Black youth calls for the investigation of suicide risk factors for Black youth that may differ from their White peers, including discrimination, racism, and

barriers to care.[5] Given that system-impacted girls of color experience multiple marginalities as a function of their social position, it is likely that there are vulnerabilities for suicide related to their multiple identities as youth of color, girls embedded in social systems developed primarily for boys and men, and juveniles labeled as delinquent. Despite these unique intersecting identities, there is a dearth of research on suicide risk factors in system-impacted girls of color. Moreover, the paucity of scholarship on the factors that promote suicidality among minoritized youth more broadly means that interventions adapted for system-impacted girls of color are often ill-equipped to address the cultural, social, and intersectionality considerations necessary to support their well-being and mitigate risk for suicide. To further understanding of this understudied high-risk population, the current study sought to identify and characterize distinct profiles of suicide risk among girls of color at the nexus of multiple oppressive systems, particularly the juvenile legal system.

Expanding Models of Suicide Risk to Consider Social Inequality

Although few studies have examined suicide risk among system-impacted minoritized youth, an extensive body of research exists on potent risk factors for youth suicide.[5,6] Notably, the prevalence of these risk factors for youth suicide are substantially elevated among system-impacted youth compared with the general population. For example, as many as 94% of system-impacted youth report a history of trauma exposure.[7] Further, meta-analytic studies estimate that roughly two-thirds of system-impacted youth meet criteria for a mental disorder,[8] with girls experiencing mental health problems at higher rates than their male counterparts.[8,9] There is also substantial evidence for a positive relation between a history of trauma exposure and engagement in adolescent health risk behaviors (ie, risky sex and substance use) in system-impacted youth.[10] Thus, well-established risk factors for SITBs are elevated in system-impacted youth, especially among girls. These findings underscore the importance of assessing suicide risk while reflecting underacknowledged and deeply ingrained structural forces that may be promoting these risk factors in system-impacted girls.

To accurately assess suicide risk in diverse samples, it is important to expand traditional risk models to incorporate broader social and structural forces rooted in US cultural ideologies that influence the mental health of system-impacted youth. Black feminist and intersectionality scholars have highlighted how multiple systems of power create and exacerbate social, legal, and health inequities particularly for individuals most monitored due to multiple minoritized identies.[11] Growing awareness of the impact of chronic stress from social inequalities and systemic discrimination on health outcomes has led researchers to begin to assess marginalized social status and SITB outcomes, typically by examining a single dimension of social identity (eg, race or gender). Insofar as system-impacted girls of color inhabit multiple identities and social categories of marginalization, an intersectional lens provides a more nuanced framework for understanding how intersecting identities may shape suicide risk and further identify subpopulations at risk for SITBs within the juvenile legal system.[12]

Racialized and gendered social experiences are a potentially important risk factor for SITBs that remain understudied in the literature to date. System-impacted youth of color are confronted with frequent and early exposure to race-based discrimination,[13] including receiving more severe sanctions within juvenile legal settings.[14] Adolescents who reported a greater number of experiences with discrimination also had higher rates of depressive symptoms,[15] conduct problems,[16] and general psychological distress[13] compared with their peers with no system involvement. Scholars have noted the increased divergence in treatment and trajectories for system-impacted girls of color compared with their noninvolved counterparts as a potential consequence of discrimination. Notably, prior work found that negative attributions of a girl's behavior as being "dramatic" or "manipulative" by key stakeholders, including probation officers, had negative implications on subsequent psychosocial treatment options available for the youth by either failure to provide referrals for therapeutic intervention or providing referrals to interventions that were inconsistent with individual needs.[17] In light of rising suicide rates among Latina adolescents and Black youth over time,[18,19] research examining the impact of perceived discrimination on suicide risk among individuals who may face unique forms of discrimination as a function of their intersecting identities (eg, race, sex/gender) and involvement with the juvenile legal system is needed.[11,20]

In addition to racial/ethnic minoritized status, identification as a sexually minoritized individual is associated with heightened risk for SITBs.[21] Recent scholarship has indicated that sexually minoritized adolescents are overrepresented in the juvenile legal system, where they experience further stigmatization and exposure to violence.[22] A study by Hirschtritt *et al.*[23] found that nearly one-third of court-involved youth identify as a sexually minoritized youth compared with roughly 6% to 8% of youth in the general population.[24] System-impacted lesbian, gay, bisexual, transgender, queer, and gender-expansive youth are more likely to have experienced traumatic events such as removal from the home, parental rejection, and physical abuse than their peers.[22] To date, data examining the

association between individuals who are sexually minoritized and SITBs for system-impacted youth are limited, impeding our ability to characterize risk for suicidality in this group.

Identifying Profiles of Risk for SITBs

Although each of the factors outlined above poses substantial risk for SITBs, their cumulative toll confers additional risk for harmful outcomes.[25] Person-centered analytic approaches offer a potentially useful method for identifying distinct subtypes of risk for SITBs based on a constellation of known and understudied risk factors. Prior work has used these approaches to study profiles of risk for suicidality among adolescents in school and emergency department settings[25-27] and among sexually minoritized youth.[28] Although informative, it is unclear whether these findings generalize to system-impacted girls of color, given their unique sociodemographic characteristics and intersecting identities.

To date, limited research has examined profiles of risk for SITBs among system-impacted girls of color. Modrowski *et al.*[29] examined victimization profiles in 245 girls involved in the juvenile legal system and found 3 distinct profiles of victimization among system-impacted girls based on prior experiences of adversity and trauma exposure. Compared with girls with low levels of victimization and predominantly emotional victimization, girls in a polyvictimization class evidenced higher levels of SITBs, mental health symptoms, and risky behaviors. These findings highlight the constellation of risk factors that characterize system-impacted girls at risk for SITBs, including repeated trauma exposure, psychopathology, and engagement in risky health behaviors.

Present Study

Given the dearth of research on suicide risk in system-impacted girls of color, more research is needed to improve models of suicide risk and their predictive validity in this group. First, the high rates of suicide risk factors present in system-impacted youth (eg, 94% with trauma exposure) dilute the predictive utility of any single indicator for identifying individuals at high risk for SITBs. Thus, exploration of other assessment methods capable of identifying heterogeneity in the sample based on multiple risk indicators is needed. Second, research investigating profiles of risk for SITBs have yet to extend beyond traditional risk indicators to include experiences of marginalized social identities, which might be particularly relevant for system-impacted girls of color. Third, to our knowledge, no work has examined the predictive utility of risk profiles for predicting future SITBs in system-impacted girls of color, which is crucial for informing prevention and intervention efforts.

Our first aim was to identify profiles of suicide risk in a sample of system-impacted girls of color using both well-established individual-level risk factors (trauma, mental health, and risky behaviors) and understudied social determinants (minority stress and status). Our second aim was to examine the association of these profiles with engagement in SITBs assessed concurrently with the risk factors (baseline) and prospectively (3 months later). Based on the literature, we hypothesized at least one high-risk profile would emerge and differentiate the sample with respect to SITBs.

METHOD

Participants

Participants included 257 system-impacted adolescent girls in a large metropolitan area (age range 11-18 years, mean [SD] age = 14.54 [1.65] years) who had contact with the juvenile legal system by way of recent police contact, receiving diversion or probation services following juvenile court or reentering following confinement. The majority (65%) of girls and their caregivers were referred directly from juvenile legal stakeholders; 23% were recruited directly from community events hosted by the juvenile legal system for court- and system-impacted families; and 12% were referred from hospitals, mental health care providers, and teachers due to police contact. Of the 257 participants, 240 had complete data and were included in the analyses. Girls who were included did not differ from girls excluded in the analyses with respect to age, gender, mental health symptoms, risk-taking behavior, experiences of minority stress, or status as a sexually minoritized individual. As shown in Table 1, participants identified as Hispanic/Latinx (49.6%), Black (37.1%) or another race (Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other; 13.3%). No girls identified as White.

Procedures

Consent was obtained from the parents/caregivers, and procedures were approved by the Institutional Review Board of New York University and the city and state Human Subjects Research offices. This study represents a secondary analysis of baseline and 3-month follow-up data collected from a randomized controlled trial examining the ROSES (Resilience, Opportunity, Safety, Education, Strength) intervention, which seeks to increase access to community resources and advocacy.

Measures

Mental Health. The Massachusetts Youth Screening Instrument-2 (MAYSI-2)[30] is a 52-item measure that is used to assess mental health symptoms in the past 3 months. We

TABLE 1 Sociodemographic Characteristics for System-Impacted Youth

	Total (N = 240)		Profile 1 (n = 102)		Profile 2 (n = 96)		Profile 3 (n =42)	
	Mean	**(SD)**	**Mean**	**(SD)**	**Mean**	**(SD)**	**Mean**	**(SD)**
Age, y	14.54	(1.65)	14.17	(1.71)	14.66	(1.64)	15.17	(1.23)
	n	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Ethnicity								
Hispanic	119	(49.58)	54	(52.94)	43	(44.78)	22	(52.38)
Non-Hispanic	121	(50.42)	48	(47.06)	53	(55.21)	20	(47.62)
Race								
American Indian/Alaskan Native	8	(3.33)	2	(1.96)	6	(6.25)	0	(0.00)
Asian	9	(3.75)	6	(5.88)	3	(3.13)	0	(0.00)
Black	89	(37.08)	36	(35.29)	37	(38.54)	16	(38.10)
Native Hawaiian/Pacific Islander	1	(0.42)	0	(0.00)	1	(1.04)	0	(0.00)
Other	14	(5.83)	4	(3.92)	6	(6.25)	4	(9.52)
White	0	(0.00)	0	(0.00)	0	(0.00)	0	(0.00)
Grade								
Elementary, 5th grade	8	(3.33)	5	(4.90)	3	(3.13)	0	(0.00)
Middle school, 6th-8th grade	74	(30.83)	39	(38.23)	28	(29.17)	7	(16.67)
High school, 9th-12th grade	155	(64.58)	58	(56.86)	64	(66.67)	33	(78.57)
Free and reduced lunch	203	(84.58)	85	(83.33)	80	(83.33)	38	(90.48)

used the Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, and Traumatic Experiences subscales, which were calculated by computing a total score (median Cronbach $\alpha = .78$). A caution score indicates clinical significance and a score range higher than two-thirds of youth on probation, at intake, in reception centers, or in secure pretrial detention. A warning score indicates a score higher than the 90th percentile of youths compared with the normative sample in the original study.

Risk-Taking Behavior. To measure behaviors that increase risk for youth mental and physical health problems, 80 items from the Youth Risk Behavior Surveillance System (YRBSS) were administered. For the purpose of the current analysis, a risk-composite variable was created by summing the frequency of risky behaviors across indicators of alcohol use, marijuana use, sexual activity, and physical violence in the past 30 days.

Ethnoracial Minority Stress. The Daily Life Experiences (DLE) (Harrell, S.P. *et al.*, unpublished data, 1997) is a 20-item self-report scale measuring the frequency and stressfulness of 18 daily experiences related to race (eg, "Being asked to speak for or represent your entire racial/ethnic group"). The frequency of each event is rated on a 6-point Likert scale (0 = Never to 5 = Once a week or more). Participants also rated the extent to which these events cause distress (0 = Has never bothered me to 5 = Bothers me extremely). A DLE total score was calculated to measure the frequency and bother of each of these events (Cronbach $\alpha = .95$).

Sexual Orientation. Adolescent sexual orientation was assessed with the item, "Please select your sexual orientation(s)" (asexual, bisexual, heterosexual, homosexual, questioning, pansexual, or other). Due to the relatively low prevalence of sexually minoritized individuals in our sample, sexual orientation was recoded into a dichotomous heterosexual (73.83%) vs sexually minoritized (26.17%) variable.

Self-injurious Thoughts and Behaviors. SITB composite scores were calculated by z scoring and summing responses from the YRBSS and MAYSI-2, which both ask about behaviors in the past 3 months. Separate scores were calculated for the baseline (Cronbach $\alpha = .88$) and 3-month (Cronbach $\alpha = .90$) assessments using the following items: "Did you ever seriously consider attempting suicide?"; "Did you make a plan about how you would attempt suicide?"; "How many times did you actually attempt suicide?"; "Have you wished you were dead?"; "Have you felt like life was not worth living?"; "Have you felt like hurting yourself?"; "Have you felt like killing yourself?"; "Have you given up hope for your life?" We applied Blom's transformation to reduce the impact of outliers at the high end of the distribution. This transformation has been used in previous work and is uniquely suited for dealing with asymmetric distributions.[31]

Data Analysis

The latent profile analysis (LPA) was performed using indicators of trauma (MAYSI-2), daily racism experiences (DLE), sexual orientation, psychopathology (MAYSI-2), and risk-taking behaviors (YRBSS) in Mplus 8.5.[32] Model fit was evaluated using Bayesian information criterion, entropy, and the Mendell-Rubin adjusted likelihood ratio test. After selecting the best-fitting model, girls were classified into profiles based on most likely profile membership to test for SITB differences at baseline and 3 months using IBM SPSS version 28 (IBM Corp., Armonk, New York). Profile comparisons were conducted with one-way analyses of variance using the Games-Howell correction for multiple comparisons, and treatment condition was included as a covariate when appropriate.

RESULTS

Latent Profile Analysis

Results of the LPA that was conducted to identify unique profiles of SITB risk among system-impacted girls are presented in Table 2 and Figure 1. The 3-profile solution was the best-fitting model based on evaluation of fit statistics. Specifically, the Lo-Mendell-Rubin adjusted likelihood ratio test[33] was significant for the 3-profile, but not 4-profile, solution, and the 4-profile solution resulted in a small profile size (containing less than 10% of the sample), which limited interpretability of the 4-profile compared with the 3-profile solution. Descriptive statistics for primary study variable across profiles can be found in Table 3. The first and largest profile, labeled low-risk (42.5%; n = 102), was characterized by relatively low levels of risky behaviors, daily minority stress, and psychopathology as well as greater odds of identifying as heterosexual. Approximately one-fifth of girls in the low-risk group scored in the caution range on MAYSI-2 scales of Angry-Irritable, Depressed-Anxious, and Somatic Complaints, scores that are higher than those of approximately two-thirds of youth in secure facilities. The second and second largest profile, high-risk internalizing (40.0%, n = 96), was defined by average levels of risky behaviors, higher internalizing symptoms, lower externalizing behaviors (not angry/irritable), average levels of stressful life events including trauma, and greater odds of identifying as heterosexual compared with the entire sample. Scores on the MAYSI-2 for this group fell within the clinically significant (caution/warning) range for Angry-Irritable (92.8%), Depressed-Anxious (81.0%), and Somatic Complaints (78.6%). The third profile and smallest group, high-risk comorbid (17.5%; n = 42), was defined by high levels of risky behaviors, daily minority stress, and internalizing and externalizing symptoms as well as greater odds of identifying as a sexually minoritized individual. For the high-risk comorbid profile, scores on the MAYSI-2 fell within the clinically significant (caution/warning) range for Angry-Irritable (85.9%), Depressed-Anxious (79.3%), and Somatic Complaints (79.3%).

Risk Profiles and Concurrent SITBs

Next, we examined whether the risk profiles differentiated girls with a recent history of SITBs. As hypothesized, the profiles differed in baseline SITBs ($F_{2,234} = 17.64$, $p < .001$). Girls in the high-risk comorbid (mean [SD] = 0.62 [0.27]) and high-risk internalizing (mean [SD] = 0.56 [0.28]) profiles reported more recent SITBs than girls in the low-risk profile (mean [SD] = 0.39 [0.19]). Girls in the 2 high-risk profiles did not differ with respect to SITBs.

Risk Profiles as Predictors of Future SITBs

Finally, we examined whether profile membership was associated with SITBs 3 months after the baseline assessment and found a significant difference in SITBs between the 3 profiles ($F_{2,191} = 3.79$, $p = .02$). Post hoc analyses revealed that girls in the high-risk internalizing (mean [SD] = 1.44 [0.91]) and high-risk comorbid (mean [SD] = 0.58 [0.66]) profiles endorsed more recent SITBs than the low-risk profile (mean [SD] = −1.28 [0.61]). Pairwise comparisons between profiles indicated a significant difference in SITBs at 3 months between the high-risk internalizing and low-risk profiles (Mean difference = −2.73, 95% CI −5.38 to −0.08, $p = .04$).

DISCUSSION

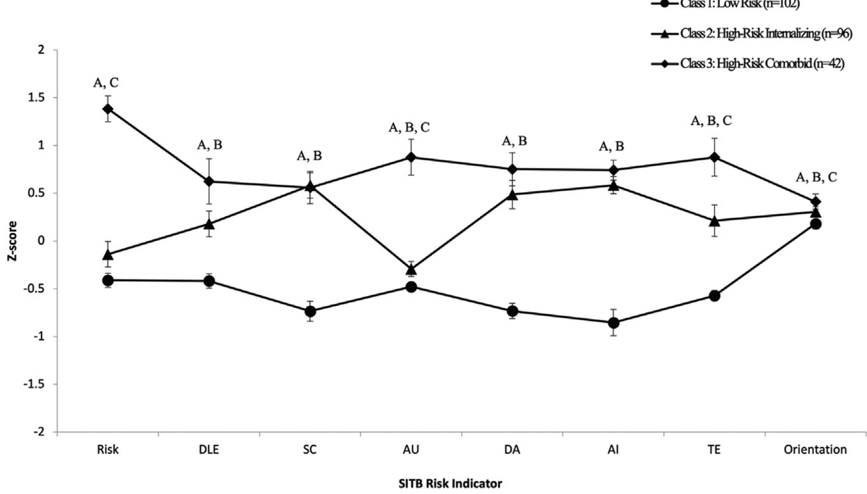
System-impacted youth exhibit higher rates of suicidality compared with their peers with no system involvement,[34] necessitating research on risk factors for SITBs within

TABLE 2 Fit Statistics for Profiles of Suicide Risk (N = 240)

No. classes	Log-likelihood	BIC	Adjusted BIC	LMR-A	Bootstrap LRT	Entropy
2	−889.886	1,916.788	1,837.545	.05	< 0.001	0.909
3	−787.733	1,768.289	1,656.347	< .01	< 0.001	0.848
4	−747.772	1,734.173	1,591.534	.08	< 0.001	0.868

Note: BIC = Bayesian information criterion; LMR-A = Lo-Mendell-Rubin–adjusted likelihood ratio test p value; LRT = likelihood ratio test.

FIGURE 1 System-Impacted Girls Classified Based on Indicators of Risk for Self-injurious Thoughts and Behaviors (SITBs)



Note: *Letters above the mean denote group differences in risk indicators. A = means associated with profile 1 vs 2 are significantly different; B = means associated with profile 1 vs 3 are significantly different; C = means associated with profile 2 vs 3 are significantly different. AI = Anger/Irritability; AU = Alcohol Use; DA = Depression/Anxiety; DLE = Daily Life Experiences; SC = Somatic Complaints; TE =Trauma Exposure.*

these systems. Accordingly, we examined whether traditional and minority stress-related risk factors for suicide could be used to identify profiles of risk that, in turn, predicted SITBs among system-impacted girls of color. LPA revealed 3 unique profiles that varied on diverse indicators of suicide risk, including understudied indicators of social inequality and discrimination: a high-risk internalizing profile (40.0%), characterized by a more internalizing presentation; a high-risk comorbid profile (17.5%), characterized by elevations across risk characteristics, most notably considerable comorbidity; and a low-risk profile (42.5%), characterized by relatively low levels of psychological and social risk factors (though still elevated compared with the general population). Notably, we found that membership in the high-risk comorbid and high-risk internalizing profiles was associated with elevated rates of SITBs assessed at baseline and 3 months later, underscoring their predictive utility. The 3-profile solution

TABLE 3 Descriptive Characteristics of Primary Study Variables

	Total (N = 240)		**Profile 1 (n = 102)**		**Profile 2 (n = 96)**		**Profile 3 (n = 42)**	
	Mean	**(SD)**	**Mean**	**(SD)**	**Mean**	**(SD)**	**Mean**	**(SD)**
Risky behaviors	−0.23	(1.71)	−0.96	(1.07)	−0.51	(1.53)	2.11	(1.22)
DLE scale	1.17	(1.02)	0.73	(0.65)	1.40	(1.03)	1.78	(1.26)
MAYSI-2								
Somatic Complaints	0.47	(0.34)	0.21	(0.22)	0.67	(0.25)	0.64	(0.30)
Alcohol/Drug Use	0.15	(0.25)	0.03	(0.09)	0.08	(0.12)	0.61	(0.17)
Depressed-Anxious	0.35	(0.27)	0.15	(0.16)	0.47	(0.23)	0.54	(0.26)
Angry-Irritable	0.56	(0.30)	0.30	(0.22)	0.73	(0.18)	0.77	(0.18)
Traumatic Experiences	0.24	(0.28)	0.07	(0.15)	0.30	(0.27)	0.48	(0.31)
	n	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Sexual orientation								
Sexually minoritized youth	65	(27.08)	18	(17.65)	30	(31.25)	17	(40.48)
Heterosexual youth	175	(72.92)	84	(82.35)	66	(68.75)	25	(59.52)
	Mean	**(SD)**	**Mean**	**(SD)**	**Mean**	**(SD)**	**Mean**	**(SD)**
SITBs	−0.02	(5.68)	−2.12	(2.47)	1.34	(6.59)	2.00	(7.27)

Note: *DLE = Daily Life Experiences; MAYSI-2 = Massachusetts Youth Screening Instrument-2; SITBs = self-injurious thoughts and behaviors.*

was consistent with recent work conducted among high-risk adolescent samples identifying a low-risk, predominantly internalizing, and predominantly comorbid sample of youth.[25] The findings expand on prior work, incorporating an intersectional framework to contextualize suicide risk, revealing heterogeneity among the psychosocial profiles of system-impacted girls.

Internalizing psychopathology and externalizing psychopathology have been identified as separate predictors of suicide attempts.[35,36] However, given the relatively high prevalence of internalizing disorders among female youth compared with male youth, research has tended to focus on internalizing symptoms and associated risk for suicide among girls.[37] In contrast, significantly less empirical work has examined externalizing symptoms and associated risk for SITBs among girls, despite comparable rates of substance use and other offenses for boys and girls during early adolescence.[38] This difference in the literature could be due to the stereotyped beliefs about responses of girls to stress. Recent work by Commisso *et al.*[39] found that preadolescent girls with comorbid pathology were at greater risk of attempting suicide by early adulthood compared with girls with internalizing or externalizing problems alone. Further, work by McLaughlin *et al.*[40] pointed to the possibility of racial/ethnic differences in the prevalence of internalizing and externalizing symptoms, with Hispanic girls exhibiting higher levels of comorbidity than other racially/ethnically minoritized youth. Given that system-impacted girls demonstrate higher rates of externalizing symptoms compared with community samples, our findings elucidate how internalizing and comorbid presentations may represent 2 distinct developmental pathways impacting risk for SITBs among girls of color. This work underscores the need for screening efforts within juvenile legal settings to consider internalizing and comorbid presentations as risk factors for future SITBs among girls of color. Specifically, assessments for SITB risk should be a priority for girls with externalizing behavior, especially if accompanied by internalizing symptoms such as depression and somatic symptoms.

The present findings also extend previous person-centered research by including understudied factors related to experiences of discrimination and minority stress. Given the overrepresentation of youth of color and sexually minoritized youth in our sample and the juvenile legal system more broadly,[41] it is critical that models of suicide risk incorporate the experiences of intersectional identities within systems[11] and the associated impact of preexisting institutional narratives around multiply marginalized groups. Our study found that all profiles, but particularly the high-risk comorbid profile, experienced high levels of daily stressors related to race and greater odds of identifying as a sexually minoritized individual. This pattern is consistent with findings indicating that both experiences of discrimination and identification as a sexually minoritized individual are associated with internalizing and externalizing symptoms, trauma exposure, and victimization.[42,43] These findings suggest that daily lived experiences as a sexual and racially/ethnically minoritized individual could exacerbate risk for other environmental and psychological risk factors known to heighten risk for suicide. Thus, an individual's intersectional identity and associated experiences should be considered within the context of the social systems of power including racism, sexism, and classism that help maintain mental health inequities among system-impacted youth of color. In addition to the need for structural changes to dismantle institutions that perpetuate inequity, our findings suggest that intervention efforts should include intersectional trauma-responsive care and acknowledge how traumatic stress related to experiences of discrimination and multiple marginalization have contributed to current system involvement to attenuate risk for SITBs for system-impacted girls of color.[44] Further, efforts should be made to train staff and legal system personnel to facilitate an inclusive and gender-affirming environment for youth. Indeed, recent gender-affirming treatment models have been developed for this purpose and incorporate content related to addressing internalized stigma and minority stress.[45] Results of the present study highlight the need for rigorous examination of these models of care to evaluate their utility in addressing risk for SITBs.

Results from this work have important implications for clinical practice and public policy. First, findings shed light on the importance of using multiple indicators when assessing risk for suicidality in this sample and call for the incorporation of intersecting gendered and racialized risk factors when assessing suicide risk. To this end, screening tools should be developed and empirically evaluated for use in system-impacted populations, concurrently assessing for various risk factors that incorporate an intersectional framework that acknowledges the lived experiences of inhabiting multiple identities. Furthermore, our findings indicate that the identified risk profiles predict differences in SITBs 3 months later; however, differences in SITB risk were no longer apparent between the high-risk comorbid and low-risk internalizing, indicating there may be changes within the indicators of risk entered into our LPA, which could influence the trajectory of these profiles over time. Thus, frequent and comprehensive screening in juvenile legal settings may be necessary to evaluate changes in risk indicators over time to improve early

identification and intervention efforts. In addition, given the scope of risk factors and the cumulative effect they have on SITB risk, mental health programming and referral practices should be adapted accordingly. For example, work by Opara *et al.*[46] provides a conceptual framework for integrating culturally appropriate techniques to prevent youth suicide among Black children. Development and implementation of interventions must be grounded in an intersectional framework that accounts for, and acknowledges, the unique strengths and resources for diverse groups, while also recognizing their position within complex and dynamic sociocultural systems of power. To this end, intersectionality-informed intervention should aim to address multiple social identities and social determinants of health and their interactions concomitantly to reduce the high prevalence of SITBs in this group. Finally, system-level changes should also be adopted to alter trajectories of risk for these groups. For instance, providing education and training for court staff, officers, detention personnel, community partners, and other juvenile legal system personnel to facilitate equitable and inclusive treatment practices could mitigate the frequency of retraumatization or discrimination within the juvenile legal setting. Furthermore, public policy efforts must interrogate the ways system involvement interacts with multiply marginalized communities to perpetuate violence and transform legislation to mitigate this risk through ensuring housing stability and access to relevant mental health services.

Although the present study adds considerably to our understanding of risk for suicide in an understudied and underserved population, limitations need to be considered. First, our sample was restricted to girls in a predominantly urban setting, limiting the generalizability of these findings to other geographic locations including rural populations. Compared with youth in rural settings, youth in urban environments may have greater access to community programming and alternatives to system involvement.[47] Future work should consider replicating and expanding on these findings to include a wider diversity of geographic settings. Second, although the present study did incorporate a broad range of risk factors, inclusion of other risk and protective factors is warranted. For example, prior offense history, neighborhood disadvantage, and social support could be important to consider when identifying profiles of risk within this sample. Finally, given the size of our sample, measures of sexual orientation were limited to dichotomous identification as a sexually minoritized youth vs heterosexual youth. Prior research has highlighted the importance of using multiple indices of sexual orientation, including identification and engagement in same-sex behaviors, to accurately characterize prevalence of risk in these populations.[48] Given the overrepresentation of sexually minoritized youth in these settings, it is important to adopt multiple indices of sexual orientation to accurately account for risk in this sample.

In summary, our findings provide support for an intersectional model of risk of SITBs and identify 3 distinct profiles of suicide risk in an understudied sample of system-impacted girls of color. In light of rising rates of suicide among adolescent youth of color, these findings provide timely insight into possible mechanisms underlying risk. This work calls for both structural changes dismantling systems of oppression and development of culturally sensitive clinical interventions aimed at reducing SITBs among system-impacted girls.

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