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SUICIDE



The Role of Perceived Hyper-Surveillance in Adolescent Suicide Risk

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ABSTRACT

Objective: Adolescent suicide is a worsening public health crisis. Amid rising authoritarian policies that disproportionately target minoritized youth, the psychological costs of hyper-surveillance (targeted, punitive monitoring) remain unexamined. This study provides an initial operationalization of perceived hyper-surveillance to examine its relationship with suicide ideation (SI) severity, suicide attempts, and antisocial behavior, beyond the effects of discrimination and violence exposure.

Method: In a cross-sectional study of 476 adolescents (13–17 years; 63% Black; 55% male-identifying) recruited online and in community settings. Hyper-surveillance was operationalized using items from validated measures that captured experiences across community and school settings. Multivariable regression models tested associations between traumatic-stress symptoms, hyper-surveillance, SI severity, suicide attempts, and antisocial behavior. Thematic analysis explored how adolescents believed hyper-surveillance contributed to suicide risk.

Results: Traumatic-stress symptoms and hyper-surveillance were independently associated with increased SI severity and suicide attempts ($ps < .001$). Hyper-surveillance moderated associations between traumatic-stress symptoms and both SI severity and antisocial behavior. Those with darker skin tones experienced disproportionately more hyper-surveillance independent of antisocial behavior. Over half (58.3%) of adolescents with SI reported that hyper-surveillance contributed to their desire to die; qualitative themes reflected negative affect and beliefs about themselves, others, and the world.

Conclusion: Amid expanding surveillance infrastructure in schools and communities (with known disparities in how these systems operate), these findings provide initial evidence that perceived hyper-surveillance functions as a modifiable risk factor for youth suicide. Clinical assessment of punitive surveillance experiences should be integrated into suicide risk evaluation for adolescents.

Introduction

Surveillance, or the monitoring of individuals by institutions, is often positioned as a tool to enhance safety and connect people to health care, legal protections, and social services. Yet, these benefits are not evenly distributed. Individuals from disinvested and structurally marginalized communities, including undocumented immigrants, people experiencing homelessness, and those with criminal justice involvement, often fall into a surveillance gap (Gilman & Green, 2018). They are not sufficiently visible to receive supportive resources but remain highly exposed to punitive oversight. This imbalance can produce serious health and economic consequences while rendering these communities invisible to policymakers. At the same time, the same populations are often subjected to excessive surveillance framed as crime

prevention. This dual condition of neglect by protective systems and overexposure to punitive ones illustrates the layered harm of unequal surveillance.

Despite claims that surveillance practices like targeted stops, detentions, and in-school arrests are minor burdens that serve a deterrent function (Kelling & Coles, 1996), empirical evidence suggests otherwise. These approaches often fail to deter antisocial behavior (Welsh & Little, 2018a, 2018b) and can instead worsen patterns of delinquency (Fabelo et al., 2011; Gerlinger et al., 2021) while increasing psychological distress (Webb et al., 2022). Some scholars refer to such practices as hyper-surveillance, a form of heightened scrutiny disproportionately concentrated in disinvested communities through law enforcement and school disciplinary systems (Glover, 2008; Henning, 2022;

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A. A. Sewell & Jefferson, 2016; W. Sewell et al., 2016; Sharif et al., 2022). Youth in the U.S., particularly those identifying as racially minoritized, are acutely vulnerable. They are more likely to experience exclusionary school discipline and criminal justice involvement, even when behavior is comparable across peer groups. Furthermore, not all members of a community are equally surveilled and disciplined. Skin tone functions as a salient marker of profiling, shaping how youth are perceived and treated by authority figures. Darker-skinned individuals are more likely to be viewed as threatening and face harsher disciplinary responses (Crutchfield et al., 2022; Sissoko et al., 2023). Even within minoritized groups, those with lighter skin tones tend to receive more lenient treatment in the justice system (Burch, 2015; King & Johnson, 2016). These findings point to the importance of moving beyond broad racial categories to examine within-group differences that may influence how youth experience hyper-surveillance.

Although school discipline policies and behavior modification have been widely studied in applied psychology (Camacho et al., 2024; Kazdin, 1981, 2018; Nock, 2003; Welsh & Little, 2018b), the role of hyper-surveillance as a deterrent for antisocial behavior remains under studied; as does its potential to exacerbate traumatic-stress symptoms and increase suicide risk. Hyper-surveillance practices have been shown to negatively affect physical and mental health in general (Bor et al., 2018; McFarland et al., 2019). Intrusive contact with authority figures like police and immigration officials has been linked with elevated anxiety symptoms (Geller et al., 2014; A. A. Sewell & Jefferson, 2016), traumatic-stress symptoms (Henning, 2022), and suicidal thoughts and attempts (Assari et al., 2017; DeVlyder et al., 2017; Oh et al., 2019; Polanco-Roman et al., 2024). Similarly, harsh punishment and exclusionary school practices are linked to increased risk for psychopathology and suicidal thoughts and behavior (Duarte et al., 2023). School districts in which Black youth are at disproportionately greater risk of receiving out-of-school suspensions show higher rates of suicide attempts among Black girls and boys (J. Williams et al., 2022). Taken together, these findings underscore a critical need to reassess systems of punishment in schools and neighborhoods and examine their psychological costs.

To our knowledge, no prior study has examined perceived hyper-surveillance as a distinct psychological stressor. While hyper-surveillance has been extensively theorized and documented in sociological, criminological, and legal scholarship (Glover, 2008; Henning, 2022; A. A. Sewell & Jefferson, 2016; W. Sewell et al., 2016), it has not been operationalized or tested within clinical

psychology research examining individual-level mental health outcomes. This gap is consequential as these experiences are deeply harmful to already vulnerable youth. If hyper-surveillance represents a unique form of institutional harm (distinct from interpersonal violence exposure or general discrimination experiences), then its relationship to suicide risk warrants direct empirical investigation. The current study addresses this gap by providing an initial operationalization of perceived hyper-surveillance using items from validated measures and examining associations with traumatic-stress symptoms, suicide risk, and antisocial behavior among adolescents.

The urgency of this inquiry has sharpened considerably in recent years. Suicide rates among youth aged 10–24 increased 62% between 2007 and 2021 (Curtin et al., 2022), with the steepest rise observed among Black adolescents, whose suicide rate increased 144% between 2007 and 2020—the fastest-growing rate among all racial groups (Stone, 2023). This disparity has continued to worsen: firearm suicide rates among Black youth ages 10–19 more than tripled between 2014 and 2023 (Kaczowski et al., 2023; Kim et al., 2025). These trends coincide with an expanding surveillance infrastructure in schools and communities. Investments in school security technologies (including AI-based threat assessment systems, facial recognition cameras, and expanded school resource officer programs) have accelerated in response to school safety concerns, even with known racial disparities in how these tools are deployed (Cramer & Ruiz, 2019). Federal immigration enforcement in the U.S. has also intensified dramatically since 2017, expanding detention and deportation policies that target millions of families (Abrego & León, 2025; Ramos-Sánchez & Llamas, 2024). Empirical research capable of documenting the spillover effects of these systems for the youth most exposed to them is therefore particularly timely.

The Current Study

Hyper-surveillance experiences vary by setting (stores, schools, police encounters) and intensity, ranging from routine monitoring to threatening or physically harmful interactions with authority figures. Using survey data from a U.S. sample of adolescents, we examined associations between perceived hyper-surveillance and two forms of harm: antisocial behavior and suicide-related outcomes (thoughts and attempts). We operationalized hyper-surveillance as youth-reported experiences of unfair treatment by authority figures across community and educational settings, including being followed in stores, receiving

unfair school discipline, or experiencing unjustified police searches. We also collected qualitative narratives from youth with active suicidal thoughts to understand how they make meaning of these experiences.

This study had four primary objectives: (1) to operationalize hyper-surveillance and examine socio-demographic correlates; (2) to test whether hyper-surveillance and traumatic-stress symptoms are each independently associated with suicidal ideation (SI) severity, suicide attempts, and antisocial behavior, above and beyond general violence exposure; (3) to assess whether hyper-surveillance moderates associations between traumatic-stress symptoms and these outcomes, and whether skin tone moderates the relationship between antisocial behavior and hyper-surveillance; and (4) to analyze qualitative narratives exploring how youth describe hyper-surveillance and discrimination experiences as influencing their mental health and suicidal thoughts.

Methods

Pre-Registration

The current study and analytic plan were pre-registered on Open Science Framework (3/21/2024; <https://osf.io/4xzqd/>).

Participants & Procedures

Participants ($N = 476$) were recruited using direct outreach to special interest groups' membership directory, targeted social media recruitment, and community outreach by in-person distribution of physical flyers with QR codes in urban areas. Quantitative and qualitative data were self-reported by participants through several clinically validated measures, brief questionnaires, and open-ended questions. Inclusion criteria included access to the internet, ages 13–17, and living in the US. Exclusion criteria included inability to understand the risks and benefits of the study, as measured by comprehension questions. A waiver of parent/guardian permission was obtained and all participants provided their assent and received clinical resources remotely. Participants were contacted via e-mail and compensated with a \$10 gift certificate after completing an electronic survey. All data underwent quality control and were excluded if any of our checks were not met; correct responses to predetermined attentional-check questions (i.e., with text responses and multiple item selection) and full correspondence

between screener and baseline surveys for time-invariant items related to demographic characteristics and lifetime history of mental health symptoms. To mitigate potential distress, participants were informed that they could skip any question or stop the study at any time, during assent and throughout the survey. Crisis resources were provided as well as guidance on steps to take if they felt unable to keep themselves safe. All procedures were approved by the Harvard University Institutional Review Board.

Measures

Sociodemographic Characteristics

Items from several youth self-report surveys were included to assess race, ethnicity, age, gender, and parental education. Items were borrowed from multiple sources including the U.S. 2020 Census, the Trevor Project, and the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System Questionnaires.

Skin Tone

Self-reported skin tone was assessed using an item developed for an ongoing project. The skin tone item displays five images of emoji hands rendered in Unicode Transformation Format 8-bit (UTF-8) ranging from 1 (lightest) to 5 (darkest). We used skin tone modified emojis developed by the Unicode Consortium (Davis & Holbrook, 2024), which used the Fitzpatrick skin typing scale (Fitzpatrick, 1988) as a basis for a standardized skin tone diversity in emojis. These emojis are standardized across devices and operating systems, meaning participants see essentially the same representation regardless of screen brightness or blue light settings, similar to how text characters render consistently across devices. Although the skin tone modified Unicode emoji has not been formally validated, prior studies found that people generally select emojis that align with their real-world identity (Halverson, 2023; Robertson et al., 2020). In addition to the item with emoji hands, we included the Fitzpatrick scale as a separate item. For this sample, there was a significant, strong, positive correlation between self-reported skin tone using skin tone modified emojis and the Fitzpatrick classification ($r(474) = .98, p < .001$), suggesting participants were not confused by device variations and selected emojis matching their self-perceived skin tone.

Racial Trauma Scale (RTS) Short Form

Traumatic-stress symptoms were examined using a continuous variable; the total score on the Racial Trauma Scale (RTS) Short Form. The RTS is a 9-item

clinically validated measure used to assess the severity of post-traumatic-stress symptoms (e.g., difficulties connecting with other people, reacting angrily, avoiding certain situations, worrying about my safety, etc.; M. T. Williams et al., 2022) resulting from stressful events related to race. Responses are scored on a 4-point Likert scale (1 = not at all; 2 = slightly; 3 = very much; 4 = extremely) and summed to create a composite score, with higher scores indicating greater symptom severity. The internal consistency (Cronbach's alpha) in the present sample was 0.86.

Major Experiences of Discrimination Scale (MDS)

The MDS is a 9-item validated measure assessing lifetime experiences of unfair treatment across major life domains including encounters with law enforcement, educational institutions, employment, and housing (Sternthal et al., 2011). Participants respond yes or no to whether they have experienced discrimination in each domain. The internal consistency (Cronbach's alpha) in the present sample was 0.76.

Expanded Everyday Discrimination Scale (EEDS)

The EEDS is a 10-item validated measure assessing the frequency of routine, day-to-day experiences of unfair treatment such as being treated with less courtesy, receiving poorer service, and being followed in stores (Williams et al., 2008). Participants rate how often they experience each type of unfair treatment on a 6-point frequency scale. The internal consistency (Cronbach's alpha) in the present sample was 0.93.

Perceived Hyper-Surveillance

We selected items to operationalize perceived hyper-surveillance on the basis of three key elements: (1) theory, (2) prior literature, and (3) pragmatic measurement considerations. First, race-based traumatic-stress theory suggests that a subset of minoritized individuals experience discrimination as a kind of psychological trauma and develop symptoms consistent with post-traumatic-stress (Carter, 2007). As such, we selected items reflecting these experiences (Polanco-Roman et al., 2016). Second, sociological and legal scholarship defines hyper-surveillance as heightened, punitive monitoring by authority figures concentrated in marginalized communities, including encounters with law enforcement, retail surveillance, and school discipline (Glover, 2008; Henning, 2022; A. A. Sewell & Jefferson, 2016). We therefore used items capturing experiences in community and school settings. Third, we prioritized items from psychometrically validated discrimination scales already widely used in adolescent research to ensure measurement quality and facilitate comparability

with existing literature, while selecting items that most directly captured experiences of punitive surveillance rather than general discrimination.

Perceived hyper-surveillance was operationalized using two items adapted from the MDS, one item from the EEDS, and an item that assessed self-reported police encounters (Campbell & Valera, 2020). Specifically, the two items adapted from the MDS were, "Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police (or store clerks or security guards)?" and "Have you ever been unfairly suspended or given detention?" The item taken from the EEDS was: "You are followed around in stores"; endorsement of this experience a few times a month (or more) was included. The last item was taken from a separate questionnaire assessing experiences with police, "Have you ever been unfairly stopped by the police (or been with someone who was)?" Perceived hyper-surveillance was scored as a binary variable, with participants classified as having experienced hyper-surveillance if they endorsed any of the four items.

These items were conceptualized as capturing cumulative exposure to distinct surveillance contexts (police, retail, school) rather than as interchangeable indicators of a single latent construct. The mean inter-item correlation was $\bar{r} = 0.22$ and Cronbach's alpha was 0.56. As Youngstrom et al. (2019) note, four-item measures with mean inter-item correlations of 0.22 would be expected to yield $\alpha = 0.36$ under purely reflective models; our observed alpha exceeds this benchmark while maintaining breadth across distinct surveillance contexts. Additional psychometric properties and validity analyses are reported in the Supplemental Materials.

Exposure to Violence (ETV)

Violence exposure severity was measured using the Exposure to Violence (ETV) questionnaire which assesses lifetime exposure to 13 violent experiences. Participants responded yes or no to each item and whether they were a direct witness to or victim of each experience. If yes was selected for an item, they indicated their lifetime frequency of experiences (Selner O'Hagan et al., 1998). The two subscales, witness and victim, showed significant overlap (Spearman's $\rho = 0.648$, $p < .001$). Therefore, we examined a total exposure to violence score using a sum of all 13 items. For the present sample, the internal consistency (Cronbach's alpha) was 0.73.

Area Deprivation Index (ADI)

The ADI captures neighborhood socioeconomic disadvantage using 17 measures from the American Community

Survey, reflecting factors such as income, education, employment, and housing conditions (Singh, 2003). It provides a national percentile score from 1 to 100, where higher scores represent greater levels of deprivation.

Past-Month Suicidal Thoughts

Suicidal ideation (SI) severity was examined using a continuous variable of self-reported suicidal thoughts and behavior assessed with the Suicide Ideation Questionnaire Junior (SIQ-JR). The SIQ-JR is a 15-item clinically validated measure for children and adolescents that evaluates the occurrence and severity of suicidal thoughts over the past month (Reynolds & Mazza, 1999). Responses are scored on a 7-point Likert scale and summed. In the current study, the internal consistency (Cronbach's alpha) was 0.96.

Lifetime Suicide Attempts

Lifetime suicide attempts was examined using a binary variable (Yes/No) of self-reported suicide attempts assessed with the Self-Injurious Thoughts and Behaviors Interview Self-Report Short Form (Nock et al., 2007).

Antisocial Behavior

Antisocial behavior was examined using a continuous variable with the Subtypes of Antisocial Behavior (STAB; Burt & Donnellan, 2009); the total score was used for all analyses. The STAB is a 32-item validated measure that yields a total score and evaluates three distinct subtypes of antisocial behavior: physical aggression (i.e., "Got into physical fights"), rule-breaking (i.e., "Shoplifted things"), and social aggression (i.e., "Tried to hurt someone's feelings"). Participants respond based on a 5-point Likert scale. For the present sample, the internal consistency (Cronbach's alpha) was 0.89.

Qualitative Questions

Youth with past-month SI experiencing racial trauma symptoms ($n = 363$) provided text responses to open-ended questions about their feelings and mental health. Two items used in the current study assessed the extent to which experiences of major discrimination including hyper-surveillance contributed to their suicidal thoughts and desire to die. These open-ended text-response items were only presented to participants who reported experiencing past-month suicidal thoughts or behavior, operationalized as scoring ≥ 2 ("about once a month") on the SIQ-JR item "I thought about killing myself," and either: (1) reported

experiencing discrete experiences of discrimination including hyper-surveillance on the Major Experiences of Discrimination Scale or (2) responded "yes" to an item assessing past experiences with discrimination, "Have you ever heard about, seen, or directly experienced racial discrimination?," and (3) had a total Racial Trauma Scale score ≥ 1 . Twenty participants did not provide responses to the items, so text responses were coded for 343 participants. These thresholds were determined to ensure the inclusion of youth with any experience of discrimination, any traumatic-stress symptoms, and SI in the past month.

Data Analytic Plan

Analyses of quantitative data were performed using R Statistical Software (v4.2.3; R Core Team 2023). Qualitative data were processed using Python (v3.10.9; Python Software Foundation). All analyses described below correspond to the four study objectives outlined above.

Operationalization and Sociodemographic Correlates

We examined item-level endorsement rates for the four hyper-surveillance items and calculated the distribution of exposure (endorsing 0, 1, 2, 3, or 4 items). For subsequent analyses, hyper-surveillance was coded as a binary variable (any vs. no exposure). We used logistic regression to examine sociodemographic correlates of hyper-surveillance exposure, including age (continuous) and skin tone (categorical: pale/fair, tan, moderate-brown, deep-brown, black), adjusting for gender, race, and parental education. Chi-square tests were used to compare hyper-surveillance rates across skin tone categories.

Associations with Suicide Risk

We used multivariable linear regression to test associations between traumatic-stress symptoms (Racial Trauma Scale total scores) and hyper-surveillance with SI severity (Suicide Ideation Questionnaire-JR total scores), adjusting for age, gender, race, and parental education. We used multivariable logistic regression to test associations with lifetime suicide attempts (binary). To assess incremental validity, we re-ran these models adding violence exposure (Exposure to Violence total scores) as an additional covariate. Effect sizes are reported as Cohen's f^2 for linear models and odds ratios for logistic models. We also tested whether hyper-surveillance moderated the association between traumatic-stress symptoms and both SI severity and suicide attempts by including interaction terms in separate

models, with and without adjustment for violence exposure. To assess the specificity of hyper-surveillance as a moderator, we tested parallel models substituting violence exposure for hyper-surveillance in the interaction term.

Associations with Antisocial Behavior

We used multivariable linear regression to test associations between traumatic-stress symptoms and hyper-surveillance with antisocial behavior severity (Subtypes of Antisocial Behavior total scores), adjusting for age, gender, race, and parental education. We tested whether hyper-surveillance moderated the association between traumatic-stress symptoms and antisocial behavior by including an interaction term. We also examined whether skin tone moderated the association between antisocial behavior and hyper-surveillance using chi-square tests and logistic regression models including a skin tone $\times$ antisocial behavior interaction predicting hyper-surveillance exposure.

Qualitative Analysis of Youth Narratives

Framework analysis (Ritchie & Spencer, 1994) was used to analyze text responses to two open-ended questions among participants who endorsed past-month SI ($n = 343$ provided text responses). The framework was defined using definitions of stigma and negative core beliefs from the Beck cognitive triad (Beck, 1979). These deductive (a priori) themes were combined with inductive themes generated iteratively during analysis to expand the framework (see Table 3). Qualitative data were independently coded by three trained coders, and joint decisions were made regarding emergent themes. Final consensus was reached in group discussions (FCR, TM, FH, KC). We examined the proportion of youth reporting that hyper-surveillance and discrimination contributed to their suicidal thoughts and identified primary themes describing how these experiences affected participants.

Results are reported as standardized coefficients for linear models and odds ratios for logistic regression models. Missing data were handled using listwise deletion. Bonferroni correction was applied for multiple comparisons where appropriate.

Results

Participant Characteristics

The sample included 476 adolescents, 13–17-year-olds from urban areas in the US. The racial and ethnic composition was as follows: 63% Black, 14% White, 6% Asian, 5% Latine, 1% selected Other, and 11%

selected two or more races, which we defined as Multiracial. The sample was 55% ($n = 262$) male-identifying (e.g., boy), 35% identified as girl, 9.5% were gender-queer, and 2 participants preferred not to say. Additionally, 76% of the participants endorsed lifetime suicidal thoughts and 25% reported at least one lifetime suicide attempt. Participants reported their parents' education was College Degree and Higher (43%); Some College (48%); High School Graduate (4%); Less than High School (1%), and a few were Not Sure (4%). Two participants (0.4%) were missing data for the STAB questionnaire and six (1.3%) were missing data for the ETV questionnaire; all other measures had complete data. See Table 1 for a summary of additional demographic characteristics stratified by endorsement of perceived hyper-surveillance.

Operationalization and Descriptive Patterns of Hyper-Surveillance

Item Endorsement and Distribution of Exposures

Among the four items used to operationalize hyper-surveillance, the most commonly endorsed experiences were being unfairly searched, questioned, and physically threatened by law enforcement (32.0%, $n = 151$) and being unfairly stopped by police or being with someone who was stopped (28.4%, $n = 134$). Fewer participants reported being followed around in stores at least a few times per month (16.1%, $n = 76$) or receiving unfair school suspension or detention (14.8%, $n = 70$). Overall, 51.1% of participants ($n = 243$) reported at least one hyper-surveillance experience. Among those reporting any hyper-surveillance, most experienced surveillance in one (20.6%, $n = 98$) or two (22.1%, $n = 105$) contexts, while smaller proportions reported exposure across three (5.5%, $n = 26$) or all four (2.9%, $n = 14$) contexts. For all analyses, hyper-surveillance was coded as binary, with participants classified as exposed if they endorsed any of the four items.

Sociodemographic Correlates

Hyper-surveillance exposure was balanced across the sample (No = 233; Yes = 243). Younger participants were more likely to report hyper-surveillance experiences (adjusted OR = 0.61, 95% CI [0.50, 0.73], $p < .001$). Additionally, youth with darker skin tones were significantly more likely to report hyper-surveillance experiences (χ^2 (4, 438) = 22.33, $p < .001$). Those with moderate-brown, deep-brown, or black skin tones showed significantly elevated odds of hyper-surveillance exposure compared to those with lighter skin tones (moderate-brown: adjusted OR = 1.72, 95% CI [0.63, 2.80], $p < .01$; deep-brown: OR = 2.45, 95% CI

Table 1. Demographic and clinical comparison of youth experiencing Hyper-Surveillance.

	Hyper-Surveillance			
	No (<i>n</i> = 233)	Yes (<i>n</i> = 243)	<i>p</i>	SMD
Demographic Characteristics				
Age (years) <i>M</i> (<i>SD</i>)	16.21 (0.96)	15.70 (1.06)	<.001	0.50
Gender			0.562	0.14
Boy	123 (53%)	139 (57%)		
Girl	89 (38%)	78 (32%)		
Gender queer	20.0 (8.6%)	25 (10%)		
Prefer not to say	1 (<1%)	1 (<1%)		
Race/Ethnicity			0.626	0.15
Black	143 (61%)	158(65%)		
White	36 (15.5%)	30 (12%)		
Asian	16 (7%)	11 (4.5%)		
Latine	14 (6%)	12 (5%)		
Multiracial	24 (10%)	28 (12%)		
Neighborhood			0.102	0.16
Area Deprivation Index (ADI) <i>M</i> (<i>SD</i>)	40.35 (26.88)	44.18 (26.86)		
Highest Parental Education			0.013	0.33
Less than high school	2 (<1%)	1 (<1%)		
High school graduate	7 (3%)	11 (5%)		
Some college	93 (40%)	133 (55%)		
College degree and higher	120 (51.5%)	88 (36%)		
Not sure	11 (5.0%)	10 (4%)		
Suicidal Thoughts & Behavior				
Lifetime active suicidal thoughts (% endorsed)	205 (88.0%)	153 (64.0%)	<.001	0.59
Lifetime passive suicidal thoughts (% endorsed)	198 (85.0%)	149 (62.3%)	<.001	0.53
Lifetime attempt history (% endorsed)	37 (15.9%)	77 (32.2%)	<.001	0.39
Past-month suicidal ideation (SIQ-JR 0–90) <i>M</i> (<i>SD</i>)	20.57 (15.54)	25.78 (25.23)	0.007	0.23
Other Outcomes				
Subtypes of antisocial behavior (STAB 0–160) <i>M</i> (<i>SD</i>) ^a	18.60 (13.28)	20.35 (19.70)	0.262	0.10
Exposure to violence (ETV 0–13) <i>M</i> (<i>SD</i>) ^b	3.38 (2.19)	3.76 (2.68)	0.097	0.13

Note. SMD = standardized mean difference. The higher lifetime suicidal ideation rates in the No Hyper-Surveillance group reflect sample composition: youth without hyper-surveillance exposure were primarily identified through suicidal ideation history, whereas youth with hyper-surveillance exposure were identified through multiple risk pathways, resulting in a lower base rate of lifetime ideation but greater severity indicators (higher past-month suicidal ideation scores and attempt rates).

^aMissing data for two participants.

^bMissing data for six participants.

[1.24, 3.66], $p < .001$; black: OR = 2.78, 95% CI [1.56, 4.01], $p < .001$), even after adjusting for age, race, gender, and parental education. These patterns align with sociological research documenting disproportionate surveillance of darker-skinned individuals in criminal justice and educational settings (Burch, 2015; Crutchfield et al., 2022; King & Johnson, 2016).

Associations Between Hyper-Surveillance and Suicide Risk

Main Effects on SI Severity

We tested whether traumatic-stress symptoms and hyper-surveillance were independently associated with SI. Traumatic-stress symptom severity was strongly associated with past-month SI severity, even after adjusting for sociodemographic covariates (age, gender, race, and parental education). In a separate model including hyper-surveillance as a predictor with traumatic-stress symptoms and sociodemographic covariates, hyper-surveillance was also significantly associated with elevated SI severity (see Table 2).

Main Effects on Suicide Attempts

Traumatic-stress symptom severity was associated with increased likelihood of lifetime suicide attempts, even after adjusting for sociodemographic covariates. Hyper-surveillance was also significantly associated with suicide attempt likelihood, even after adjusting for sociodemographic covariates and traumatic-stress symptom severity (See Table 2).

Associations Above and Beyond Violence Exposure

To test whether hyper-surveillance effects were distinct from general violence exposure, we examined whether associations held after controlling for violence exposure severity (Exposure to Violence total score). Hyper-surveillance remained significantly associated with SI severity after controlling for sociodemographic covariates and violence exposure not explicitly related to discrimination ($F(16, 427) = 21.05$, $p < .001$). Similarly, hyper-surveillance remained significantly associated with suicide attempts after controlling for violence exposure ($\chi^2(1) = 16.80$, $p < .001$). These findings suggest that hyper-surveillance may represent a distinct modifiable risk factor beyond exposure to violence.

Table 2. Bivariable and multivariable associations of traumatic-stress symptoms and hyper-surveillance with SI severity, lifetime suicide attempt, and antisocial behavior severity.

	Unadjusted		Adjusted ^a	
	Std. β (95% CI)	p	Std. β (95% CI)	p
A. SI Severity (SIQ-JR total score)				
Traumatic-Stress Symptoms	1.37 (1.08–1.67)	<.001	1.59 (1.32–1.87) ^b	<.001
Hyper-Surveillance	4.67 (0.90–8.44)	.015	6.19 (3.14–9.25) ^c	<.001
Violence Exposure	2.28 (1.51–3.04)	<.001	0.99 (0.24–1.75) ^d	.010
HS $\times$ Traumatic-Stress Symptoms	2.21 (1.62–2.79)	<.001	0.62 (0.03–1.21)	.039
B. Lifetime Suicide Attempt				
	OR (95% CI)	p	OR (95% CI)	p
Traumatic-Stress Symptoms	1.09 (1.05–1.13)	<.001	1.13 (1.06–1.22) ^b	<.001
Hyper-Surveillance	2.52 (1.63–3.96)	<.001	2.98 (1.61–5.66) ^c	<.001
Violence Exposure	1.26 (1.16–1.38)	<.001	1.33 (1.14–1.55) ^d	<.001
HS $\times$ Traumatic-Stress Symptoms	1.14 (1.05–1.24)	.002	0.92 (0.82–1.03)	.151
C. Antisocial Behavior Severity				
	Std. β (95% CI)	p	Std. β (95% CI)	p
Traumatic-Stress Symptoms	0.99 (0.75–1.23)	<.001	1.26 (1.02–1.50) ^b	<.001
Hyper-Surveillance	1.72 (–1.34–4.79)	.269	2.48 (–0.16–5.13) ^c	.066
Violence Exposure	1.52 (0.91–2.14)	<.001	0.71 (0.07–1.34) ^d	.031
HS $\times$ Traumatic-Stress Symptoms	2.11 (1.64–2.58)	<.001	1.15 (0.66–1.65)	<.001

Note. Traumatic-Stress Symptoms: Racial Trauma Scale (RTS); SIQ-JR: Suicide Ideation Questionnaire-Junior (range 0–90); Antisocial Behavior Severity: Subtypes of Antisocial Behavior (STAB); Violence Exposure: Exposure to Violence (ETV). Panels A and C report unstandardized β coefficients from linear regression; Panel B reports odds ratios (ORs) from logistic regression. Interaction row β values reflect the HS $\times$ RTS product term in the raw scale metric; interaction ORs reflect the per-unit moderating effect of hyper-surveillance on log-odds of lifetime attempt.

^aAll multivariable models adjusted for age, race, gender identity, and parental education.

^bAdjusted for age, race, gender identity, and parental education only.

^cAdditionally adjusted for Traumatic-Stress Symptoms.

^dAdditionally adjusted for Traumatic-Stress Symptoms and Hyper-Surveillance.

Model Performance and Effect Sizes. Panel A – Bivariable (Traumatic-Stress Symptoms only): $R^2 = .16$; multivariable (RTS + hyper-surveillance + covariates): adj $R^2 = .44$, $F(14, 431) = 26.05$, $p < .001$, $f^2 = 0.85$; multivariable (+ ETV): adj $R^2 = .44$, $F(15, 424) = 24.36$, $p < .001$, $f^2 = 0.86$. Panel B – Base model pseudo- $R^2 = .49$; full model pseudo- $R^2 = .52$. Panel C – Bivariable (RTS only): $R^2 = .13$; multivariable (RTS + hyper-surveillance + covariates): adj $R^2 = .36$, $F(14, 429) = 18.43$, $p < .001$, $f^2 = 0.60$; multivariable (+ ETV): adj $R^2 = .35$, $F(15, 422) = 16.93$, $p < .001$, $f^2 = 0.60$.

Table 3. Main themes and sample quotes.

Main Themes	Description	n (%)	Sample Quotes
Suicidal Thoughts & Behavior			
<i>Contributed</i>	Experiences contributed to SI	200 (58.3)	Being unfairly suspended for skipping school extremely contributed to my desire to die (Boy, 14yo, Black)
<i>Did not contribute</i>	Experiences <i>did not</i> contribute to SI	103 (30.0)	I was given detention once for no reason, but I think the teacher didn't like me. I don't think that often contributes to my suicidal thoughts (Queer, 15, White)
Negative Beliefs			
Beliefs about the world <i>Contributed</i>	Hopelessness	59 (17.2) 34 (57.6)	This experience got a strong hold on me. I felt society and the whole world was against me because of my race. It contributed a great deal to thinking about dying (Boy, 16, Black)
Beliefs about people <i>Contributed</i>	Disdain for & Negative experiences with specific people	39 (11.4) 24 (61.5)	I've had teachers say I am "scary" because I'm Muslim. This discriminatory behavior fueled my desire for death (Girl, 15, Middle eastern North African)
Beliefs about self <i>Contributed</i>	Self-blame and negative beliefs about themselves	81 (23.6) 49 (60.4)	I knew that it was because of my race that made them expel me. This experience made me feel like trash and worthless and contributed to my suicidal thoughts (Girl, 16, Black) It contributed immensely because I felt very sad and irrelevant. Nobody was willing to hear my own side of the story and it was really painful (Boy, 17, Black)
Negative Affect			
Psychological pain <i>Contributed</i>	Intense negative emotions	134 (39.1) 93 (69.4)	This experience was so traumatizing and heartbreaking. No one wanted to associate or roll with me. I became withdrawn and so depressed that I wanted to die (Girl, 16, Black)
Resignation <i>Contributed</i>	Reluctant acceptance of an unjust social system	31 (9.0) 10 (32.2)	There's nothing I can do that will make people understand what it's like to be Black in America. I have to grow up in a world where I am discriminated against because of something I can't control. I felt as if there's no point of me being here. (Girl, 16, Black) A little bit. I was given ISS for standing up to a teacher who was making fun of an autistic student. I feel like the world is unfair and awful and people should be treated with respect/equally when it comes to race, which cannot be controlled. It makes me not desire to live in a world like this. (Boy, 14, White)

Note. Contributed: Italicized subentries under Main Themes indicate the subset reporting that experiences contributed to suicidal thoughts.

Hyper-Surveillance as a Moderator of the Traumatic-Stress SI or Suicide Attempts Relationship

Hyper-surveillance significantly moderated the traumatic-stress-to-SI severity relationship, such that the association between traumatic-stress symptoms and SI severity was significantly increased among youth who experienced hyper-surveillance (see Table 2). This pattern suggests hyper-surveillance may function as a context that intensifies the mental health consequences of traumatic-stress. The interaction remained significant after adjusting for sociodemographic covariates, and also held after controlling for violence exposure (interaction $p < .05$), together explaining 44.9% of the variance. With regard to suicide attempts, the interaction between hyper-surveillance and traumatic-stress symptom severity was initially significant ($\chi^2(1, 445) = 8.95, p < .01$), indicating that youth experiencing both higher traumatic-stress symptoms and hyper-surveillance showed greater odds of reporting a past suicide attempt. However, this interaction did not hold after adjusting for sociodemographic covariates, suggesting that these factors may account for some of the moderation effect on suicide attempts.

To assess the relative importance of hyper-surveillance as a moderator, we substituted violence exposure for hyper-surveillance in the moderation model. The interaction between traumatic-stress symptoms and violence exposure was not associated with SI severity (interaction $p = .543$) or suicide attempts (interaction $p = .741$), further supporting the unique moderating role of hyper-surveillance experiences.

Associations Between Hyper-Surveillance and Antisocial Behavior

Main Effects and Moderation

Traumatic-stress symptom severity was significantly associated with antisocial behavior severity, even after adjusting for sociodemographic covariates. However, hyper-surveillance exposure alone was not directly associated with antisocial behavior severity. Hyper-surveillance significantly moderated the association between traumatic-stress symptoms and antisocial behavior, such that the association between traumatic-stress symptoms and antisocial behavior was significantly increased only among youth who experienced hyper-surveillance (see Table 2). In contrast, the interaction between traumatic-stress symptoms and violence exposure was not associated with antisocial behavior, suggesting that the moderating effect was specific to hyper-surveillance experiences.

Skin Tone, Antisocial Behavior, and Hyper-Surveillance

Examining the joint effects of skin tone and antisocial behavior revealed a notable pattern regarding the relationship between behavior and surveillance exposure. Youth with deeper skin tones (deep-brown and black) experienced hyper-surveillance at higher rates even when reporting little or no antisocial behavior (interaction $\chi^2(4, 421) = 41.6, p < .001$). In contrast, among youth with lighter skin tones, hyper-surveillance exposure was more closely tied to higher levels of antisocial behavior. This pattern held even after adjusting for sociodemographic covariates, suggesting that darker-skinned youth were hyper-surveilled despite low or no antisocial behavior, whereas lighter-skinned youth experienced elevated surveillance primarily at higher levels of antisocial behavior. This finding is consistent with criminology research demonstrating that darker-skinned individuals face harsher punishment in justice system settings (Burch, 2015; King & Johnson, 2016; Sissoko et al., 2023).

Perspectives on Hyper-Surveillance and SI Severity

Qualitative responses were consistent with quantitative findings linking hyper-surveillance to SI severity. Over half (58.3%, $n = 200$) of participants with suicidal thoughts reported that experiencing major discrimination including hyper-surveillance contributed to their suicidal thoughts and desire to die. For instance, one participant (Queer, 15yo, Black) explained, "It makes me feel like i need to be a certain race to even exist in this cruel world. Constantly being yelled at or suspected of something due to my skin color hurt," after describing being followed in a store and having police called on them. Another participant (Girl, 17yo, Black) shared, "This was the most traumatizing moment in my entire existence ... I just wanted to die," after being unfairly expelled from school for defending themselves from racist bullies. Yet another participant wrote, "I was physically threatened, assaulted, and abused by law enforcement because of my race. This experience made me think I was without value and would be better if I just kill myself and die" (Girl, 16yo, Black). In contrast, 30.0% ($n = 103$) reported that these experiences did not directly impact their suicidal thoughts; as one participant (Boy, 15yo, Mixed-Race) explained, "they didn't really contribute. I can't stop racism by killing myself." The remaining participants described their

feelings but did not comment directly on how discrimination and hyper-surveillance contributed to their desire to die.

Framework analysis revealed two primary themes in participants' descriptions of how hyper-surveillance affected them (see Table 3). First, participants described Negative Beliefs including hopelessness and negative beliefs about the world (17.2%, $n = 59$), negative beliefs about authority figures such as teachers and police (11.4%, $n = 39$), and negative beliefs about themselves (23.6%, $n = 81$). Second, participants described Negative Affect including intense psychological pain (39.1%, $n = 134$) and resignation or reluctant acceptance of systemic injustice (9.0%, $n = 31$) resulting from their hyper-surveillance experiences.

Discussion

This study yielded four key findings. First, youth who endorsed traumatic-stress symptoms and hyper-surveillance experienced higher SI severity and increased likelihood of suicide attempts compared to non-hyper-surveilled youth. Second, hyper-surveillance moderated the association between traumatic-stress symptoms and SI severity, such that traumatic-stress symptoms were associated with SI severity primarily among hyper-surveilled youth. Third, hyper-surveillance moderated the association between traumatic-stress symptoms and antisocial behavior, intensifying this link. Fourth, over half (58.3%) of youth with SI reported that discrimination and hyper-surveillance contributed to their suicidal thoughts, impacting their beliefs about the world, others, and themselves.

Although we did not screen for race or suicide history, most participants experienced racialized traumatic-stress and over half reported having experienced active SI. Consistent with prior work, traumatic-stress symptoms resulting from discrimination were associated with increased SI severity and suicide attempts. Extending this research, hyper-surveillance was independently associated with both outcomes above and beyond violence exposure, representing a distinct modifiable risk factor. Hyper-surveilled youth showed a nearly 3-fold increase in risk of past suicide attempts regardless of sociodemographic factors. Furthermore, hyper-surveillance significantly moderated the traumatic-stress-to-SI association even after controlling for violence exposure, whereas the traumatic-stress $\times$ violence exposure interaction was not significant. This suggests hyper-surveillance may function as a unique context that intensifies the mental health consequences of traumatic-stress.

The pattern of moderation differed in theoretically meaningful ways across outcomes, suggesting that institutional context may shape the expression of traumatic-stress symptoms differently depending on whether harmful behavior is directed inward or outward. For suicidal ideation, hyper-surveillance was associated with a significantly steeper association between traumatic-stress symptoms and SI severity, such that hyper-surveilled youth showed the strongest trauma-to-SI relationship. Yet the association was also present, though weaker, among non-hyper-surveilled youth, suggesting that the relationship between traumatic-stress and suicidal ideation is amplified by, but not contingent on, experiences of hyper-surveillance. For antisocial behavior, a different pattern emerged: the association between traumatic-stress symptoms and antisocial behavior severity was observed only among hyper-surveilled youth and was not detectable among those without such experiences. This is consistent with theories of hyperarousal as a context-dependent process, in which the anger, irritability, and reactivity associated with traumatic-stress may manifest behaviorally primarily in environments characterized by ongoing adversity (Guevara et al., 2022; Tobler et al., 2013). Together, these findings suggest that hyper-surveillance is not merely an additive stressor but may function as an institutional context that can shape how traumatic-stress is expressed; intensifying inward-directed distress while appearing to be a needed condition for the outward expression of trauma-related behavioral dysregulation. This distinction has implications for intervention: the traumatic-stress-to-SI relationship may warrant clinical attention regardless of a young person's surveillance exposure, whereas the traumatic-stress-to-antisocial behavior relationship may be particularly concentrated among youth at the intersection of high traumatic-stress and hyper-surveillance.

Importantly, youth with deeper skin tones experienced hyper-surveillance at higher rates even when reporting little or no antisocial behavior, whereas lighter-skinned youth showed weaker associations between antisocial behavior and hyper-surveillance. This pattern held after covariate adjustment, indicating surveillance exposure is influenced by phenotypic characteristics rather than solely behavior. These findings align with criminological research showing lighter-skinned minoritized people receive less severe sentences (Burch, 2015) and lower incarceration rates (King & Johnson, 2016), underscoring the need to examine within-group skin color variability beyond categorical racial identity.

Limitations & Future Directions

The cross-sectional design limits causal interpretation; future studies should establish temporal precedence of hyper-surveillance before SI and suicide attempts, and assess time frames to test which antisocial behavior subtypes are worsened by punitive surveillance. Second, we used single items to preliminarily operationalize hyper-surveillance and did not assess other internalizing symptoms; future work should develop comprehensive assessments examining hyper-surveillance across multiple domains. Despite these limitations, findings provide an empirical foundation for future measurement development and highlight the need for clinical assessment of punitive surveillance experiences when evaluating suicide risk in adolescents. Third, reliance on self-reported perceived hyper-surveillance should be supplemented with multi-modal structural indices including hyperlocal policing practices, school disciplinary data, police stops, and juvenile arrest rates. Fourth, the sample was drawn from urban settings, and generalizability to suburban and rural populations remains an empirical question. Fifth, future research should examine whether the harms of hyper-surveillance are compounded by newer modalities of institutional monitoring, including AI-based threat assessment systems increasingly deployed in school settings.

Conclusion

These findings arrive at a particularly consequential period. As surveillance technologies proliferate and punitive social control practices expand, clinical researchers and practitioners must reckon with their psychological costs. Suicide risk screening for adolescents should include hyper-surveillance experiences. When adolescents report feeling targeted, these perceptions offer vital clinical insight into their vulnerability to institutional trauma. In practice, basic inquiries about hyper-surveillance experiences can strengthen safety planning, particularly for youth presenting with externalizing behaviors and justice system contact. Recognizing hyper-surveillance as an expanded adverse childhood experience (ACE; Zhen-Duan et al., 2023) can help guide providers toward trauma-informed interventions. Beyond the clinic, the psychological toll of hyper-surveillance can inform suicide prevention efforts. Educators, health systems, and legal advocates can use this understanding to actively divert heavily monitored youth toward mental health care, rather than accelerating their criminalization. Furthermore, shifting from punitive

discipline to restorative justice practices can help alleviate the psychological burden of harsh punishment perceived to be arbitrary. Ultimately, cross-sector collaboration is essential to ensure that youth exhibiting trauma-related behaviors receive stabilizing support, rather than escalating institutional discipline that compounds their risk for antisocial and suicidal behavior.

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