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Notwithstanding the argument that Mississippi was "singled out," and the fact that the state did not have the highest rate of jail suicides in the country, there was general consensus that deplorable jail conditions and grossly inadequate suicide prevention procedures were pervasive and long-standing problems that had previously received little attention in Mississippi. As

bluntly stated by one jail administrator whose facility was recommended for closure — "We're not surprised. In fact, we are relieved. No one really should have to be in our jail. We never have been able to get across just how serious a situation we have here. It took the Justice Department to come in and make it known to the world."

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**AMERICAN INDIAN SUICIDAL BEHAVIOR IN  
DETENTION ENVIRONMENTS: CAUSE FOR  
CONTINUED BASIC AND APPLIED RESEARCH**

by

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*The perception that Indians frequently commit suicide in correctional settings is common throughout Indian and non-Indian Country, but actual data is difficult to obtain. This paper begins to address issues regarding suicidal behavior among Indian jail detainees, the on-reservation detention environment, hindrances to collecting data within this environment, current developments, and recommendations for continued basic and applied research in this unique treatment arena.*

*Overview of the Detention Environment*

As of January 1, 1988, American Indians comprised 2.9 percent of the state and federal prison population, yet only .6 percent of the general population. National jail and juvenile detention data categorizes American Indian and Alaska Native by the term "other" in all published reference material. In addition, reservation-based data is not included within these national statistics at all, making it virtually impossible to compile Indian/Native-specific detention statistics. Clearly, we can assume that this particular ethnic population is more significantly over-represented in these settings since this is the starting point in all felony and misdemeanor incarcerations for offenses on and off the reservation.

Over the years, various treaties, federal laws, and court rulings have created an assortment of jurisdictions over Indians who commit crimes against tribal, state or federal law — on or off the reservation. Thus, Indians can be detained in facilities that are operated by tribes, the Bureau of Indian Affairs (BIA), city, county, state, and federal authorities.<sup>1</sup>

There are approximately two million American Indians and Alaska Natives residing on a total of 53 million acres of land throughout the United States. Of the 271 federal Indian reservations (BIA, 1990), 175 reservations provide some degree of law enforcement services to their members (BIA, 1993a). There are, however, only 67 detention facilities in existence today for the large number of federal reservations (BIA, 1993b). Within the Department of Interior, the BIA is the federal agency responsible for working with Indian tribal governments and Alaska Native village communities in a government-to-government

relationship. Thus, the BIA is the primary agent for providing detention services to the reservations and villages.

The Bureau of Indian Affairs is a decentralized organization administering 84 agencies at the reservation level through 11 area offices.<sup>2</sup> Indian jail facilities hold both adults and juveniles detained for misdemeanor offenses. Tribal members charged with felonies within the boundaries of the reservation are usually quickly transferred into the custody of other federal agencies at off-reservation locations. The majority of the 67 BIA or tribal detention facilities are comprised of small buildings, which often also house both the police headquarters and tribal court. Most of the facilities were built in the 1960s and 1970s with now-defunct federal Law Enforcement Assistance Administration funds.

Overall, there are primarily two disturbing characteristics of reservation jails. *First*, it is thought that between 95 to 99 percent of all Indian inmates (both adults and juveniles) are detained because of alcoholism or alcohol-related offenses (National Academy of Public Administration [NAPA], 1988). In addition, most of those detained are very well known to law enforcement officers as repeat offenders. When sober, Indian inmates are rarely violent and seldom endanger citizens, detention staff, or each other. However, strong suicidal tendencies have been shown to accompany alcohol abuse (Hayes and Rowan, 1988). For example, the NAPA survey found through informal interviews that 14 inmates committed suicide in BIA facilities in a recent five-year period (NAPA, 1988). The survey also found that attempted suicides seemed to occur as often as once a month in larger facilities.

*Second*, with the exception of two detention facilities built last year, 65 jails are poorly designed for the supervision levels that these inmates require (NAPA, 1988). Many of these facilities have obvious protrusions in the cells that are conducive to suicidal behavior. Similar to non-Indian linear facilities, reservation jails require a staff complement well beyond what is presently available. In facilities built prior to 1993, inmate supervision is accomplished with minimal staff. In addition to a dispatcher, one or two officers are usually on duty until midnight — although some facilities do not have any correctional staff. From midnight to 8:00 am, the dispatcher is frequently the only employee in the facility. Like many police departments throughout the country, the dispatcher is expected to make physical inspections of cells every 30 minutes while maintaining primary responsibility for radio communication within the department. In addition, staff turnover (among both line officers and administrative ranks) is high. Access to training resources is severely limited — with one academy providing only a 40-hour (recently increased) basic jail officer training course.

In general terms, there is no evidence of abusive treatment of inmates by staff in Indian jails. On the contrary, an overly tolerant attitude appears to characterize the management of most facilities. Staff appear to be sensitive to the fact that many inmates are simply afflicted with the disease of alcoholism (NAPA, 1988). Thus, the main function of reservation jails is detoxification of inebriated detainees — they remain in the facility only long enough to become sober or to serve a brief sentence, depending on the local tribal court and capacity of the jail. In any case, these inmates are often released within hours or days of initial confinement and, unfortunately, the cycle often begins anew.

While civil rights litigation has spawned quality medical and mental health services in non-Indian/Native facilities, tribal and BIA facilities are still in the "hands off" era<sup>3</sup> — there have been few lawsuits filed over jail conditions to date (Martin, 1988).

It is obvious that the present detention system operating within Indian Country is severely handicapped and needs a great deal of relief in order to run more efficiently. However, to further complicate matters, there are wide differences in how reservation jails are owned, managed, and staffed. Either the BIA or tribe may own the facility, provide maintenance, or be responsible for law enforcement and detention services. In cases in which tribes assume responsibility for law enforcement, detention services, or maintenance functions — their programs are invariably based on *Public Law 93-638* — "Indian Self Determination And Education Assistance Act," whereby tribes are reimbursed for performing normal BIA functions and responsibilities.

Under *Public Law 93-638*, tribes can unilaterally decide those functions and services that they want to operate. This permits them to also turn responsibilities back to the BIA when they so desire. Hence, the BIA operates in an environment by which they are held accountable to a

degree which is in excess of their actual authority to effect change. The result has been inconsistency of standards, training and data systems.

### *Suicidal Behavior in Detention Settings*

Suicide is among the leading causes of death in our nation's jails (U.S. Department of Justice, 1993). A study of suicide in county jails, city jails and police lockups during 1985 and 1986 found that American Indians represent one (1) percent of the jail population, yet five (5) percent of jail suicides (Hayes and Rowan, 1988; personal communication). While the professional literature on jail suicide is vast, adequate discussion of suicidal behavior among incarcerated American Indian/Alaska Natives remains very limited. Van Winkle and May (1986) reviewed death certificates of American Indian suicides in the state of New Mexico for the years 1957 through 1979. Based upon this research, as well as additional data gathered on jail suicide occurring in New Mexico jails between 1980 through 1987, the authors developed a suicide victim profile which contained the following characteristics — single, Indian male, employed, non-veteran, with a median age of 28. Although the victim was living on a reservation, he killed himself on a Friday or Saturday night in an off-reservation jail by hanging (Duclos, Van Winkle and May, in preparation).

Suicide rates among Indians and Natives in the general population vary greatly between tribes over time. Suicide is primarily a phenomenon among the young — especially young adult and adolescent males (Earls, et. al., 1990; May 1987). Indian Health Service data shows age-specific suicide rates for ages 10 through 24 to be 2.3 to 2.8 times higher than the general population throughout the United States (May 1987). Other research indicates that certain Indian communities experience higher rates and clusters of suicides. In fact, a few of the widely publicized adolescent cluster suicides were linked to an earlier reservation jail suicide (Bechtold, 1988). The high mortality rates for accidental injury have been suspected of indication high rates of "parasuicidal" behavior in Alaska Natives (Kraus and Buffler, 1979).<sup>4</sup> Finally, as reported consistently in the research, the great majority of American Indian/Alaska Native suicides involve alcohol consumption (Kraus and Buffler, 1979; Berlin, 1987).

### *Data Collection Attempts For Suicidal Behavior*

In order to develop a current "Indian jail profile," the authors conducted a pilot telephone survey of 18 Bureau of Indian Affairs and/or tribal jails within 6 of the 11 BIA law enforcement areas. The survey (performed between April 24 and May 16, 1990) was conducted with both BIA support and encouragement — and all but one facility offered cooperation. Areas of survey inquiry included basic jail characteristics (size, average daily population, staffing, monthly admissions, length of stay, etc.); existence of special programs such as mental health, medical, and alcohol treatment; number of deaths; and preliminary inquiry into policies and procedures. Because the survey design was of an

exploratory nature, it was not possible to draw definitive conclusions about Indian jail or detention programs based upon the data generated in this inquiry. It was possible, however, to offer general and preliminary information based upon survey responses.

Overall, Indian jails were found to be small facilities (i.e., approximately 30 beds) housing both pretrial and sentenced inmates. More than 87 percent of inmates were held on alcohol-related offenses.<sup>5</sup> In relation to their small size, Indian jails had very high admission rates (approximately 250 per month) and minimal staff. Forty-seven percent of jails had only one jailer/dispatcher during the day shift; and 65 percent of jails had only one jailer/dispatcher during the midnight shift. Indian jails did not have any medical or mental health programs — utilizing the Indian Health Service on a crisis-basis only. Jail personnel were faced with multiple inmate suicide attempts per year, but did not seem to have the high number of completed suicides as previously thought.<sup>6</sup>

Both the BIA and tribal contract law enforcement service programs are required to submit monthly narrative reports on suicides and/or attempts to the BIA's Division of Law Enforcement in Albuquerque, New Mexico. Unfortunately, what is mandated and what is submitted are two entirely different issues. (For example, the last comprehensive BIA/Tribal Annual Law Enforcement Statistical Report was completed in 1985.) One of the main problems in this dilemma is that the BIA's Division of Law Enforcement was semi-automated up until February 1986. A command decision was issued at that time to discontinue use of the old system — it was deemed too costly and cumbersome. A decision was then made to create an automated law enforcement management system for all of Indian Country (BIA, 1990b). This new system (designed to include detention records) is approximately 50 percent complete and the target date for full implementation is Fiscal Year 1996 (BIA, 1993c). The system will allow BIA and tribal law enforcement to be a part of the annual Federal Bureau of Investigation's crime report as required by *Public Law 100-690, Subtitle I, Section 7332 of the Uniform Federal Crime Reporting Act of 1988*.

Further, because reservation law enforcement and detention programs are managed so differently throughout Indian Country, information becomes totally dependent upon individual reporting. Not surprisingly, the authors found wide discrepancies in the reporting of data on suicidal behavior. For example, a request was made by the authors for an accounting of suicides and/or attempted suicides taken from the monthly narrative reports submitted to the BIA for 1989. The result — it was found that only 50 percent of the facilities submitted reports; with 17 adult suicide attempts and one completed juvenile suicide reported for that year.

#### *Further Difficulties In Data Collection*

Data collection always represents a significant challenge to researchers. Beyond the standard issues of data integrity, consistency and methodology, additional difficulties often

arise from both the environment and research topic. This section summarizes several specific problems associated with three research projects at eight reservation sites between July 1988 and September 1990.

#### 1) **Fragmented Information**

Just as general criminal justice information is fragmented, information sources regarding suicidal behavior within Indian jail facilities are similarly divided. Completed suicides almost certainly result in an investigation by a police agency with jurisdiction in the matter. The agency will vary from location to location, but typically will either be the investigative division of the tribal police department (if this function is provided under a *Public Law 96-938* contract) or staff from the BIA. The jail facility may also have gathered documentation of the incident, and have crucial information regarding the victim's pre-suicidal behavior. In addition, the IHS Mental Health Program or Tribal Mental Health Program may have information regarding the victim's psycho-social history and diagnosis. It is entirely possible that information could be spread across four agencies.

The situation is even more muddled in the case of suicide attempts and/or identification of at-risk detainees in the jail setting. Suicide gestures perceived as serious are more likely to be documented. It remains unclear, however, if such documentation will extend beyond the facility or which agency will receive it. Since there are currently no standardized policies in effect at all facilities, it remains unclear when (if ever) referrals are made to a mental health provider.

As a result of this fragmentation, research efforts have not been able to look to a single source of information regarding suicidal behavior in reservation jails. Rather, a strategy that utilizes various potential sources in cross-referencing fashion seems more likely to accurately identify and describe this population.

#### 2) **Undocumented Attempts**

Staffing levels in Indian jails provide many opportunities for unobserved inmate behavior. As previously discussed, staff shortages frequently result in a single staff person responsible for dispatch, booking, and supervision of inmates. This is an incredible task since many Indian jails process more inmates than off-reservation facilities 50 to 100 times their size. Most inmate supervision occurs on an intermittent, undocumented basis. During high activity periods, the volume of inmate processing often dictates that staff are unavailable to make cell checks with the frequency required to thwart suicidal behavior. In addition, documentation of suicide attempts is often based upon the severity of the attempt, as well as presence of consistent policy regarding what must be recorded and by whom.

#### 3) **Undocumented Precursors to Suicide**

As previously noted, Indian jails are also much less likely to document both normal and unusual events in

the facility. For example, most non-Indian jails require staff to log the times of cell checks in order to verify the safety and well-being of inmates (as well as the security of the institution). Many Indian jails, however, have no such requirement. As a result, critical information regarding time may be lost. In addition, many non-Indian jails routinely develop a written log of information to be passed on to other shifts — and ideally include comments regarding an inmate's suicidal behavior. Again, no such requirements exist for Indian jails. To the researcher looking for patterns, this lack of documentation creates significant difficulty — recollection, rather than fact, is the source document. As noted earlier, this is a shaky foundation on which to build theory.

Finally, of the nine Indian jails evaluated by one of the authors during the past two years, *only one routinely performed a suicide risk assessment* — and that was only *after* the youth had been identified as potentially suicidal by another source. The failure to routinely complete this assessment form eliminates one potentially powerful source of information regarding the degree of suicidal behavior in Indian jails.

#### 4) Difference in Cultural Concept of Suicide

Indian jails have come under considerable criticism over the past several years. As a result, questions regarding operational practices (particularly on an issue as sensitive as suicide) could easily be perceived as threatening. Information then becomes protected and not readily accessible to "outsiders who would not understand." Beyond these reasons, there is a strong potential that some American Indian cultures may perceive suicide as either a "shameful death" or a highly acceptable way to die; others may have taboos regarding discussion of the dead in general. As such, jail administrators and staff, particularly those who hold strong traditional values, may be reluctant to discuss the issue of suicidal behavior within their facilities.

An example of how one American Indian tribe views suicide can best be described through the eyes of a traditional Hopi:

It is believed by Hopi people that there is a celestial spirit that guides a Hopi Indian through his life on earth. It is this spirit who then tells a Hopi when it is time to die. Upon death, the Hopi's spirit takes a journey back to the 'Under World' where all life began and where everlasting life is for the Hopi. This spiritual journey back to the Under World is conceived to be a reflection on how the Hopi lived his life on earth. The individual's journey could then be a glorious adventure taking little time or a long difficult journey with the possibility of never reaching his spiritual eternity. Consequently, to die is not a scary virtue because the Hopi considers the Under World as the happiest place to ever be.

Thus, the means of the death is not the important consideration for the Hopi, only the immediate preparation of the body for the individual's spirit to

begin its journey which is of paramount importance. The Hopi traditionally have a formal community ceremony to bury the deceased, one day after the individual dies. So death does not have to be an involuntary and natural process for the Hopi because his spirit is judged by his life on earth and not how he died. In addition, his relationship remains constant with the living, and death is only a matter of returning to the everlasting.<sup>7</sup>

As a consequence, suicide is not viewed as a value that is right or wrong by the Hopi society, but only as a means of dying. Conversely, this acceptance of death is difficult for non-Hopi people to appreciate. Further, if suicide is only a self-selected vehicle to the Under World, then how can a non-Hopi person expect to change a social problem that is not identified as such within the Hopi culture? Finally, imposing non-Hopi legal mandates upon Hopi people following a suicide becomes extremely frustrating. For example, autopsies are often required following a jail suicide yet this mandate interferes with the Hopi tradition of the one-day burial ceremony.

On the other hand, some Plains tribes view a "good" death as a "warrior's death" (e.g., "going out in a blaze of glory"). Thus, for example, a suicide, as opposed to an automobile accident, is not viewed favorably for it is not considered a warrior's death. A final example of the cultural hindrance to data collection is illustrated among the Navajo. This tribe avoids talking about the "dead," thus making it difficult to identify a suicide. The "dead" becomes the problem — not the suicide.

#### 5) Detention Staff Lack Training in Suicide Risk Assessment

The lack of jail officer training has been previously noted. The lack of staff training in suicide prevention is particularly acute. In order to comply with prevailing national jail standards, staff working in Indian jails should be trained in the use of suicide risk screening instruments. From a research perspective, screening forms would provide valuable information regarding the proportion of the Indian jail population whose behavior puts them at risk. From the operational perspective, the lack of procedures for assessing suicide risk decreases staff awareness of the problem. As a result, not only is there less documentation of risk but also less sensitivity to the topic which, in turn, results in under-reporting.

#### *New BIA Initiatives and Developments*

The Bureau of Indian Affairs has recently made significant accomplishments to improve both operational services and physical conditions within Indian jails. The following is a summary of on-going events and special projects within the BIA's Division of Law Enforcement:

- 1) The BIA has opened two new state-of-the-art detention/rehabilitation facilities. The Fort

Peck Assiniboine and Sioux Tribe opened a 16-bed juvenile facility in July 1993, and the Cheyenne River Sioux Tribe opened a 66-bed facility for adult and juvenile offenders in October 1993. These facilities are the first "new generation" jails (out of 19 construction projects) to be built within Indian Country, and serve as models for all other American Indian tribes to emulate in planning, designing, constructing, and operating;

- 2) The two facilities are milestones for the BIA and tribes. They represent five years of hard work by the BIA in bringing necessary technology to Indian reservations to deal with the number one social problem of alcohol abuse and dependence. Both facilities provide psychological, social, and educational assessments, and evaluations to be incorporated into individualized treatment plans that foster a rehabilitative environment;
- 3) Two detention specialist positions have been established and filled to provide technical assistance and training to BIA and tribal law enforcement detention programs. These specialists also serve as program experts for new detention facility planning, design, and construction; as well as conduct reviews and inspections of existing jail facilities;
- 4) The existing jail regulations are over 20 years old and extremely limited. New *Standards for Adult and Juvenile Detention, Community Residential, and Holding Facilities and Programs* for the BIA and Indian tribes have been developed to be included in Title 25 of the *Code of Federal Regulations*. These standards will provide uniform guidelines for facility and program operations. The standards will also serve as a basis for developing policy and procedures manuals and training curriculum. These policies and procedures will enable Indian Country jail facilities to be professionally operated. (They will be published as 69 BIAM, a new and separate inter-agency manual created strictly for detention operations.) The *Standards* manual (as well as policies and procedures) will be published in 1994;
- 5) Training for jail officers has been increased. The BIA currently provides law enforcement and detention officer training at the Indian Police Academy, located at the Federal Law Enforcement Training Center in Artesia, New Mexico. Various liability issues regarding detention facilities required the BIA to expand the basic jail officer training course from two to four weeks. Current standards mandate that

both BIA and tribal detention officers satisfactorily complete the training course. In addition, a group of experts (including BIA and tribal jail personnel) were convened to develop a supervisory detention officers course. That course will be introduced at the Academy in 1994; and

- 6) Future tasks include the development and implementation of a planning process, design criteria, accreditation process, technical assistance center, and new training material. These tasks should all be accomplished within two years.

#### *Recommendations for Continued Basic and Applied Research*

The exploratory findings and issues discussed within this article suggest much needed continuing epidemiological and preventive research in the area of jail suicide. Risk factors must be explored on both the institutional and individual psychological levels. We need to examine the extent to which suicidal behavior is actually present among Indian/ Native offenders both on and off the reservation by addressing the question — Does this picture vary by jurisdiction and geographic areas; and by local law enforcement policies and management practices?

It will be necessary to systematically characterize current identification and management resources and procedures for the suicidal detainee from intake to release within these different jurisdictional areas. What predictive and protective factors come to light in the prevention of suicide? What policy and procedure changes need to be addressed for this specific behavior? Are current state-of-the-art practices (and standards) culturally sensitive to this particular cultural group?

Clinical and diagnostic studies will need to identify personal predictive, causal, and protective factors that influence this behavior. Rigorous prevention and evaluative research can then follow with the development of culturally sensitive risk assessment tools and management practices. However, this can only be done through on-site systematic studies with built-in strategies for addressing the difficulties in data collection identified herein.

#### *Conclusion*

The intent was to illustrate the lack of consistent data available on suicidal behavior among Indian detainees. Currently, the BIA and 17 Indian communities are involved in various stages of planning, designing or constructing new jail facilities. As these projects are implemented and policies made, the need for additional information about the strategies to minimize suicide risk will become even more critical. Those facilities located off the reservation that house a large number of Indians will also be greatly affected by continued research as minority inmate

management becomes a paramount issue. This neglected institutional treatment setting, especially in and near Indian country, will see massive changes within the coming years as litigation is introduced over jail conditions. Continued research as suggested above will not only fill in gaps of the existing epidemiological knowledge base and effect correctional policy, but also give impetus to well-informed preventive programs targeted to this at-risk population.

In conclusion, the public health and policy implications are considerable at this point in time. One can only estimate the potentially immense burden that suicidal and alcohol abusing inmates can and will place on local service ecologies. With better understanding of these issues, the Bureau of Indian Affairs, together with the Indian Health Service, tribal programs, and city/county officials, can develop policies and programming surrounding the implications of this knowledge.

### Notes

- <sup>1</sup> There are approximately 72 tribal and BIA jails (referred to here as "Indian" jail facilities), with an additional 71 contractual programs (contracts with other jurisdictions such as county authorities) throughout the United States. Included within these programs are four juvenile detention facilities, although the majority of adult facilities also hold juveniles for varying lengths of time.
- <sup>2</sup> Anadarko, Aberdeen, Albuquerque, Billings, Eastern, Juneau, Minneapolis, Navajo, Phoenix, Portland, and Sacramento.
- <sup>3</sup> However, a few lawsuits have been filed within the last couple of years, and we can predict rapid programmatic change will be forthcoming.
- <sup>4</sup> The two leading causes of death among the age group 15 to 24 within the Indian/Native population were accidents and suicide (USDHHS, 1988).
- <sup>5</sup> Since this survey was completed, however, one of the authors collected data from two Sioux jail facilities and found that 63 percent of all offenses were alcohol-rated, including 39 percent for public intoxication.
- <sup>6</sup> See National Academy of Public Administration (1988), *Survey of Indian Detention Facilities*, Washington, D.C.: Author, which indicated (by informal interviews) high numbers of suicide attempts and completed suicides. In addition, pilot data collected by one of the authors found a high number of suicide attempts for the size of the jails. For the two-year period of 1992 and 1993, each jail averaged approximately six documented attempts per year. Since documentation was difficult, this number was believed to be an underestimation, confirmed by conversations with mental health providers. The average daily population for jails during those years was 16.5, which included six holds for intoxication and one hold every other day for suicidal behavior. This again was an underestimation since suicidal holds were not documented on a regular basis.
- <sup>7</sup> The quotation was derived from a personal conversation one of the authors had with an individual who asked to remain anonymous.

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