



NIJ

Research for

Practice



American Indian Suicides in Jail:
Can Risk Screening Be Culturally Sensitive?

**U.S. Department of Justice
Office of Justice Programs**

810 Seventh Street N.W.

Washington, DC 20531

Alberto R. Gonzales

Attorney General

Tracy A. Henke

Acting Assistant Attorney General

Sarah V. Hart

Director, National Institute of Justice

This and other publications and products
of the National Institute of Justice can be
found at:

National Institute of Justice

www.ojp.usdoj.gov/nij

Office of Justice Programs

Partnerships for Safer Communities

www.ojp.usdoj.gov

JUN. 05

American Indian Suicides in Jail: Can Risk Screening Be Culturally Sensitive?

Findings and conclusions of the research reported here are those of the authors and do not reflect the official position or policies of the U.S. Department of Justice.

This research was supported by the National Institute of Justice under grant number 99-IJ-CX-0016. The study was conducted by the University of Kansas School of Social Welfare and the University of Colorado Health Sciences Center in the Department of Family Medicine.

NCJ 207326

ABOUT THIS REPORT

Culture can affect how inmates view suicide and, consequently, how they react to authorities' attempts to assess their risk for suicide. In a county detention center in a Northern Plains State where American Indians are the dominant cultural minority in both the jail and the community at large, the jail administrator became concerned about the extent of suicidal behavior in the facility and asked researchers to help find the reason.

The study findings

Discomfort with the interview process appeared to be the major reason the detainees were not candid in answering questions in the suicide risk assessment. American Indians were less open in answering questions about health and use of drugs and alcohol. The wording of the questions and the setting of the interview seemed to have more of an effect than the nature of the questions.

The researchers found that the American Indian concept of mental illness may cause them to interpret questions about this condition differently, and that a relationship of

trust with the interviewer may produce more openness.

The findings suggest that suicide risk assessment protocols tailored to the cultural backgrounds of detainee populations might be more effective than an impersonally administered one-size-fits-all approach. In view of American Indians' high incarceration rate and risk for suicide, their experiences could be used to design more culturally sensitive risk assessment protocols.

The study's limitations

Only the experiences of Northern Plains Indians were studied. Although they are similar to other tribes in some ways, local experiences prohibit generalizing the results to all tribes. The study was exploratory in nature, yet the findings suggest that modifications to current screening protocols may sharpen risk determination.

Who should read this report

Jail administrators, particularly those whose detainees include cultural or racial minorities.

Margaret Severson and Christine Wilson Duclos

American Indian Suicides in Jail: Can Risk Screening Be Culturally Sensitive?

This Research for Practice is based on “Assessing Suicide and Risk Behaviors in an Incarcerated American Indian Population: Investigating Culturally Sensitive Risk Assessment Instruments and Procedures in a Border Jail,” final report to the National Institute of Justice, June 2003, NCJ 199363, available from the National Criminal Justice Reference Service Web site at www.ncjrs.org/pdffiles1/nij/grants/199363.pdf.

About the Authors

Dr. Severson is with the School of Social Welfare, University of Kansas; Dr. Duclos is with the Department of Family Medicine, University of Colorado Health Sciences Center.

When jail inmates are screened for suicide risk on admission, their culture may make a difference in the outcome of the assessment. For any group of people, culture—or way of life—is the prism through which group members see the world and respond to it. Culture shapes people’s view of concepts like trust and authority and can even affect their perceptions of physical and mental health.

With the help of researchers, the administrator of a jail in a Northern Plains State found out how culture can help identify detainees’ risk for suicide. American Indians are the dominant cultural minority at the facility,¹ located near reservation lands in a region of the country where Plains Indians tribes live (see “Characteristics of American Indian Detainees”). The rate of suicidal behavior at this facility was of concern to the administrator, who asked researchers to find out why the behavior was occurring and what could be done about it.

The study was conducted over a 2-year period between 1999 and 2001. In the first year, 677 detainees participated in a survey that explored their level of risk for suicide. In the second year’s survey, 742 detainees were asked about the openness of their responses to the risk assessment procedure and whether they felt at ease with it. In 7 focus groups convened in the first year, 42 detainees re-viewed the procedure.²

Culture and suicidal behavior

Suicide is the second leading cause of death among jail detainees,³ but little is known about the possible roles of ethnicity and culture in suicidal behavior in jail. Until now there have been no studies of suicidal behavior among American Indians in jail.

Researchers expected the rate of suicidal thoughts (ideation) and gestures to be higher among the incarcerated

CHARACTERISTICS OF AMERICAN INDIAN DETAINEES

American Indian inmates in this Northern Plains detention center differed from other inmates in certain demographic and other characteristics. In the survey conducted at booking, the researchers found that American Indians were more likely than other detainees to—

- Be older.
- Have more children.
- Be unemployed or underemployed.
- Have had more alcohol-related charges.
- Have been arrested more often.
- Have served more time in jail.
- Have been hospitalized more often for alcohol problems.
- Have used services for emotional and other health problems in the past 6 months.

Additionally, among female detainees, American Indians were overrepresented in this facility. Researchers noted that, at times, only Indian female detainees were housed in the facility.

Auto-related offenses (excluding driving while intoxicated/driving under the influence [DWI/DUI], and including driving with a revoked or suspended license) were the most common charges for detainees overall. Among American Indians, the most common offenses were such nuisance charges as disorderly conduct, littering, and vagrancy. For non-Indians, the most common offense was DWI/DUI.

American Indian population, but the data did not support this hypothesis. In fact, suicide ideation rates were similar for American Indian and white detainees. Yet the problem of suicide in this population is still compelling, not only because American Indians have the highest jail confinement rate of any racial and ethnic group, but also because they are much more likely than Americans in general to take their own lives.⁴

What detainees think of the screening

In the 2-year National Institute of Justice-sponsored study, the researchers found that the detainees, whether American Indians or others, were not completely candid in answering the screening questions, which explored issues like hopelessness, family history of suicide, anxiety, and depression (see “Trauma and Suicide Risk”). American Indians tended to be less candid than other detainees when asked about their physical and mental health and use of drugs and alcohol.

The reason for this lack of candor seems to be discomfort with the interview process. But the nature of the questions was not as important

as the process itself, the way the questions were worded, and the setting. This was true for detainees in general, but especially for American Indian detainees. In this facility as in others across the country, suicide screening is routinely conducted by a uniformed stranger, the process is sometimes rushed, and the interview may not always take place in a private setting. Focus group sessions held to find out what detainees thought of the screening procedure brought these concerns to light.

The researchers found that the detainees, American Indians and others, considered many of the screening questions intrusive, dealing with intensely personal matters, and that detainees feared the consequences of admitting to being suicidal or to having thoughts of harming themselves. Though detainees indicated that they understood the questions and they agreed that these risk assessment questions needed to be asked, they also felt ill at ease answering these highly personal questions because of the absence of a caring and empathetic dialogue between interviewer and interviewee. The officers who conduct the screening

TRAUMA AND SUICIDE RISK

Many detainees who participated in the study—American Indians and others—had experienced several stressful events, involving either themselves or others, over the course of their lives. These events included experiencing a life-threatening illness or accident; being the victim of force in a robbery; being seriously injured or in danger of death; and being present when someone else was killed, injured, or assaulted.

Detainees who were suicidal were much more likely to have experienced one or more of these stressful events. More than 90 percent reported experiencing at least one such event during their lifetime. Overall (with the exception of automobile accident-related trauma), no statistically significant difference was found in the stressful experiences of American Indian and non-Indian detainees.

Thus far, trauma has not been identified as a risk factor for jail suicide. The fact that extraordinarily stressful experiences were so common in the lives of detainees, especially those who are suicidal, indicates that trauma could be included in suicide assessments.

are often seen as simply following a routine procedure, one often devoid of a sense of genuine caring about the emotional state of the detainee.

American Indian culture affects their response

American Indian detainees were found to have different reactions than their non-Indian counterparts to the framing or wording of the risk assessment questions. Many of

“Indians don’t have that psychiatric history all that much. I’ve never known any.... A lot of white girls, I notice, have real bad psychiatric problems.”
— *Indian woman*

these differences are thought to stem from their culturally distinctive worldview as well as from the history of their association with non-Indian American culture. For example, American Indian detainees suggested that the negative wording of risk assessment questions discouraged accurate responses. Further, the sterile environs of a booking area combined with the asking of questions requiring only yes or no responses inhibits the opportunity for self-disclosure in the narrative style common to American Indian dialogue.

Mental health and mental illness. The majority of detainees in the focus group sessions thought that having a history of psychiatric problems is stigmatizing, but American Indians were more inclined to accept someone’s social deviance than to label the person as mentally ill. In fact, in American Indian culture, such people may be considered gifted, and thus very spiritual. In some American Indian cultures, people with special needs are considered “waken,” or holy, and belong to the creator. They are therefore treated accordingly.

Many American Indians view certain mental and emotional

problems as externally caused rather than rooted in psychological conflict. Unwellness introduced externally is considered unnatural (overindulgence in alcohol is an example), while “natural” unwellness stems from biological, social, and/or cultural violations or taboos. In some American Indian communities, mental illness is considered a white person’s disease and mainstream society is seen as labeling mental illness to be shameful and unnatural. As such, American Indians may see mental health as a mainstream concept that does not really apply to them. In fact, some communities do not even have a concept of “mental health.” Rather, they see wellness as an inseparable connection, or harmony, among body, mind, and spirit. All these differences mean that if an American Indian detainee is asked about his mental health history, he or she may not interpret the question the way the interviewer intends for it to be understood.

Respect, community, and communication. The American Indian conception of respect, also different from that of mainstream culture, prohibits prying deeply into the innermost thoughts and feelings of another person, as is done in suicide screening.

One lives in harmony with all other beings because it is spiritually necessary to do so. All parts of life are interrelated and thus worthy of respect. To be in a state of conflict with people or to offend them is to be in disharmony and thus in a dangerous and vulnerable state.

Non-Indians may view “community” as a term defined solely by geography, but the researchers found that American Indians may see it as broader both spatially and spiritually.⁵ As a result, risk assessment questions that ask about the detainee’s ties to the community may be interpreted differently by American Indian detainees. Community to them may go well beyond the boundaries of a city or county and beyond the boundaries of non-Indian notions of family or authority figures.

The researchers also found that in Northern Plains Indians’ view of communication, asking direct questions about suicidal ideation may actually produce the behavior. In focus groups conducted by the researchers, American Indian detainees said that many in their culture feel that such questioning can allow spirits to enter the person’s essence, producing “ghost illness.”

Talking about suicide may evoke the spirits of those who previously completed suicide in the jail and consequently may provoke suicidal behavior among Indian inmates. For this reason, some detainees suggested that questions about whether a person is considering suicide could be more positively framed as “Are you feeling all right?” or “Do you feel that you can make it?”

Relationship to mainstream society. History also colors American Indians’ worldview. The uniformed officer (often a white person) who conducts the screening interview is an authority figure who may symbolize longstanding oppression. Building trust under such circumstances may be difficult.

Detainees in general said that a trusting relationship with the officer, especially a relationship in which the officer expresses concern about the detainee’s well-being, will result in greater readiness to answer otherwise intrusive questions about physical or mental health and use of drugs and alcohol. American Indians were much more likely to feel this way. For them, the act of deception in answering (or not) the risk assessment

*“See, we, in our culture, it’s taken a little differently than in other people’s culture. See, we think that they’re gifted.... We respect that person because he’s touched.”
— Indian man*

questions may be a passive way to register their objection to the process.

The interview setting and the interviewer

The researchers presumed that the personal and professional characteristics of the interviewer and the type of setting might make a difference; that is, certain changes might make detainees feel more at ease and as a result more open in their responses. In the standard screening procedure, a uniformed officer conducts the interview in a setting that allows little privacy. American Indians were much more sensitive than other detainees about privacy, even though they felt more comfortable than others with the booking procedure in general. They noted that it would be good to have an American Indian as the interviewer, but among detainees in general, the pervasive theme was that the interviewer should be someone who cared about the detainee's well-being and who wants to help.

The researchers compared the standard screening approach to two others: one in which

the interview was conducted by a civilian and held in a private setting and one in which the interviewer was an American Indian. The researchers anticipated that the results could aid in developing culturally appropriate procedures for American Indians.

No statistically significant differences were found between American Indians and other detainees in how they reacted to the different screening protocols. Overall, both groups responded better to the two alternative approaches than to the standard screening protocol; that is, they were more open in answering questions about their physical and mental health and use of drugs and alcohol. Specifically, screening done in a private setting and by a civilian interviewer made detainees feel more at ease in addition to being more open in their responses. Though the researchers wanted to know whether either or both alternative approaches might help prevent suicidal behavior by making detainees more confident about managing their depression post-booking, the results of this analysis were mixed, perhaps due to the small sample size.

“The [Indian] community recognizes [being in jail] as a mistake, not something that is shocking. They know everybody makes mistakes. . . . You feel so defamed [in mainstream society.]”
— Indian man

Toward culturally sensitive screening

Research to date on jail suicide has produced only a very general profile of the suicidal inmate. Little more is known than that these inmates are white, male, under age 40, and housed in isolation and when they take their own life, the typical method is hanging. Current screening procedures and practices are based on the presumption that risk assessment and risk prediction are transcultural and transracial.

This study was exploratory and consequently the results are not conclusive—they do not suggest that current screening protocols are not useful. The results can help jail officials better understand good practice in suicide risk assessment. The researchers suggest that developing assessment tools geared to the culture of specific subgroups would be useful to jail suicide prevention efforts. Racial and cultural minorities are over-represented in jails and prisons in this country and, as has been suggested here, their cultural values and mores may influence their responses to the phrasing of traditional risk assessment questions. The same is true of their reactions

to the physical and emotional environment in which the risk assessment occurs.

The American Indian detainees at the facility studied offered many culturally specific, unique perspectives on and interpretations of the screening questions and process. The findings indicate a one-size-fits-all approach to screening, used in an impersonal way, will not adequately assess suicidal behavior among people of any culture, especially American Indians. Their culturally specific experiences could be used to improve the risk assessment process. And because American Indian culture has its own healing and coping rituals, culturally appropriate programming could be developed to include them, with the understanding that regional and tribal differences must be taken into account in developing the programming.

In facilities where American Indians are a significant percentage of detainees, risk screening would benefit the whole suicide prevention effort if American Indians or other individuals with knowledge of the local culture worked with the program. Suicide prevention efforts overall are likely to be more

*“They say,
‘Yo, Chief,
come here.’
I’m no chief.”
— Indian man*

“If they had somebody who sat down and really looked like they really cared, it would be a lot better on people.”
— *Non-Indian man*

effective if elements of cultural sensitivity are infused throughout and inseparable from the very fabric of the program itself.

This study looked only at detainees who are members of Northern Plains tribes. American Indian tribes are similar to each other in some ways, the most important of which is a shared history of subjugation. For this reason, the findings of this study may also apply to other American Indian populations. However, local experiences that produce suicide ideation and govern the

response to suicide assessment vary by tribe, so it is not possible to simply generalize these results to all tribes.

The wording of the questionnaire is only one aspect of screening. Privacy in the interview setting and a trusting relationship with the interviewer are just as essential in promoting openness, irrespective of the detainees' culture. Their lack of full disclosure during screening is an honest commentary on the personal impact of an impersonal process.

Notes

1. Of the 8,800 yearly average number of intake bookings at the facility, about 45 percent involve American Indians, although they generally constitute 70 percent of detainees who stay any length of time.
2. In the first year, 2,586 bookings were made; of these, 701 (representing 677 detainees) were included in the survey. Of the 742 participants in the second year's survey, the responses of only 89 were analyzed because it was not possible to identify the different experimental screening procedures tested. Although focus group sessions were held the second year, the results were not reported because they were so similar to those from the first year.
3. Stephan, James J., *Census of Jails, 1999*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2001, NCJ 186633: 8. The leading causes of death in jail are illness (excluding AIDS) and other natural causes.
4. The jail confinement rate of American Indians is cited in Greenfield, Lawrence, and Steven K. Smith, *American Indians and Crime*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 1999, NCJ 173386: viii. American Indians' rate of incarceration in both prisons and jails is 15 percent higher than the overall national rate (see Minton, Todd D., *Jails in Indian Country, 2002*, Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance, 2003, NCJ 198997: 2). The suicide rate of American Indians and Alaska Natives together is 1.5 times the national rate; among young men it is 2 to 3 times higher than the general U.S. rate (see *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*, Washington, DC: U.S. Department of Health and Human Services, 2001: 87).
5. Many American Indians regard their spiritual experiences as intensely personal, private, and sacred and are reluctant to describe them with non-Indians. Thus, some of these experiences could not be presented in detail here.

The National Institute of Justice is the research, development, and evaluation agency of the U.S. Department of Justice.

NIJ provides objective, independent, evidence-based knowledge and tools to enhance the administration of justice and public safety.

NIJ is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

U.S. Department of Justice
Office of Justice Programs
National Institute of Justice

Washington, DC 20531

Official Business

Penalty for Private Use \$300



PRESORTED STANDARD
POSTAGE & FEES PAID
DOJ/NIJ
PERMIT NO. G-91

MAILING LABEL AREA (5" x 2")
DO NOT PRINT THIS AREA
(INK NOR VARNISH)