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

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Individuals in custody are a group at particularly high risk with respect to completed and attempted suicides. Completed suicides are among the most dramatic, tragic, and shocking events within the detention and correctional environment, especially when involving an adolescent. Suicidal behavior can be one of the most frustrating and embarrassing management problems of those who are held responsible for inmates' health; i.e., administration and direct line officers. The perception that Indians commit suicide frequently in correctional settings is common throughout Indian and non-Indian country, but actual data are difficult to obtain. This paper begins to address issues concerning suicidal behavior among Indian adolescent detainees, the on-reservation detention environment, individual risk factors that have been associated with suicidal behavior, hindrances to collecting data within this environment, and recommendations for continued basic and applied research in this unique treatment arena.

Overview of the Detention Environment

Most criminal justice institutions are of two types: jails or detention facilities and prisons or correctional facilities. As of January 1, 1988, American Indians made up 2.9% of the state and federal inmate prison population, yet this ethnic group comprised only .6% of the general population — obviously an overrepresentation. National jail and juvenile detention data categorize American Indian and Alaska Native by the term "other" in all published reference material. In addition, reservation-based data usually are 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 overrepresented in these settings since this is the starting point in all felony and misdemeanor incarcerations for offenses, on and off the reservation.

The views expressed in this paper are the authors' and do not necessarily reflect those of the Bureau of Indian Affairs, Law Enforcement Service.

In the United States, a total of 3,316 local jails[1] were operating on June 30, 1988 (U.S. Department of Justice, 1990a). In 1985, private and public juvenile detention and shelter facilities numbered 3,036 (U.S. Department of Justice, 1989). The jail is, with rare exception, the universal place of detention for untried prisoners (pretrial detainees), sentenced prisoners awaiting transfer, prisoners serving sentences, mentally ill persons, parole violators, troubled juveniles, "drunks drying out," and, occasionally, key witnesses. Surveying jails administered by the city, township, or county, the Bureau of Justice Statistics found, as of June 30, 1988, that the nation's local jail population rose 54% in 5 years to 343,569 (U.S. Department of Justice, 1990a). In 1988, jail admissions and releases numbered 19.5 million. Two thirds to three fourths of all convicted criminals serve their sentences in jails. Because of the large numbers processed through this system, it is apparent that the jail is the most important institution in the criminal justice hierarchy. However, it is often the most neglected.

Treaties, federal laws, and court rulings over the years have created an assortment of jurisdiction over Indians who commit crimes against tribal, state or federal law — on or off the reservation. Thus, they can be detained in facilities that are operated by tribes, the Bureau of Indian Affairs (BIA), city, county, state, and federal authorities.[2]

There are approximately 1.4 million American Indians and Alaska Natives residing on a total of 53 million acres of land throughout the United States. Of the 304 federal Indian reservations (Bureau of Indian Affairs [BIA], 1988), 224 provide some degree of law enforcement services to their members (BIA, 1990b). There are, however, only 72 detention facilities in existence today for the large number of federal reservations (BIA, 1990a). In the Department of Interior, the BIA is the responsible federal agency for working with Indian tribal governments and Alaska Native village communities in a government-to-government relationship. The BIA, thus, is the primary agent for providing detention services to the reservations and villages.

The BIA is a decentralized organization administering 84 agencies at the reservation level through 11 area offices.[3] These detention services holding both adults and juveniles are jails for misdemeanor offenders only. Tribal members charged with felonies within the boundaries of the reservation are usually moved quickly into the custody of other federal agencies at off-reservation locations.

The majority of the 72 BIA or tribal detention facilities are small buildings. Most of these were built in the 1960s and 1970s with now-defunct Law Enforcement Assistance Administration funds. In most cases, these facilities house the police headquarters and tribal court, in addition to the jail.

Overall, there are two disturbing characteristics of reservation jails. First, it is thought that 95 to 99% 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, inmates are rarely violent and seldom endanger citizens, detention staff, or one another. However, strong suicidal tendencies can accompany alcohol abuse (Rowan, 1988). For example, in the BIA detention facilities observed by the National Academy of Public Administration (NAPA) surveyors during the summer of 1988, detention officials reported in informal interviews that 14 inmates had committed suicide during the past 5 years (NAPA, 1988). Also, from this evaluation, it was cited that in the larger facilities, attempted suicides seemed to occur as often as once a month. These findings were suggestive and need to be studied in a more rigorous fashion.

Second, all 72 jails are poorly designed for the custody level that these inmates require (NAPA, 1988). This is especially crucial for inmates with strong suicidal tendencies accompanied by alcoholism/alcohol abuse. The jails are maximum security with linear/intermittent surveillance design. This design is generally rectangular, with cells arranged at right angles to the corridor. They are designed as high-security institutions with hardware, plumbing, and accommodations ordinarily associated with higher-risk jails and penal institutions. The maximum security design does not lend itself to correctional or rehabilitative programs.[4] Effective inmate supervision in jails of this design requires a staff complement beyond what seems to be presently available. The detention staff can provide only intermittent supervision by circulating around the cell blocks periodically. The detention officers must patrol to see into cells or housing areas. Once in a position to observe one cell, they are seldom able to observe others, thus creating unsupervised situations.

The critical variables that determine the severity of problems associated with these linear/intermittent surveillance jails are the frequency and thoroughness of patrols and the aggressiveness of inmates in multiple-occupancy cells. Once a problem is detected, help usually must be summoned to resolve it. The interval between patrols is a management variable not easily controlled, given the factors of design and variance of behavior during any given patrol. Inmates have the intervals between patrols to attempt suicides, assault others, vandalize the facility, and escape.

Usually, in these small Indian facilities, inmate supervision is accomplished by minimal staff. One or two officers plus the dispatcher are usually on duty until midnight, although in some facilities there are no detention officers, only a dispatcher/jailer. From midnight to 8 a.m., the dispatcher frequently is the sole supervisor of inmates. In these situations, the dispatcher is expected to make the rounds of cells every 30 minutes and also to attend to police radio dispatching duties. Obviously,

the individual must spend more time dispatching than supervising inmates.

It generally is reported that 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; e.g., inmates are not required to work and there is a lack of inmate discipline. Many staff members are sensitive to the fact that most inmates are simply afflicted with the disease of alcoholism or alcohol abuse (NAPA, 1988). Thus, the main function of reservation jails currently due to funding, staffing, and program development is to permit alcohol abusers time to sober up. They remain in the facility only long enough to become sober, or they may serve a brief sentence, depending on the local tribal court and the capacity of the jail. In any case, they are often released within hours or days, and unfortunately, the cycle is likely to be soon repeated.

Looking at overall daily population counts, few juveniles in relation to adult numbers are incarcerated within these adult reservation facilities. This is probably due to three factors: (a) Communities prefer not to lock up juveniles; (b) many jails, by their design, do not permit segregation of juveniles from adults; and (c) there is a lack of appropriate facilities.[5]

It is obvious that the present detention system operating within Indian country is severely handicapped and needs a great deal of relief to run more efficiently. However, to further complicate matters, as mentioned earlier, there are wide differences in how reservation jails are owned, managed, and staffed. Either the BIA or the tribe may own the facility, provide maintenance, or be responsible for law enforcement and detention functions. In those cases in which tribes assume responsibility for law enforcement, detention services, or maintenance functions, their programs are usually 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 P.L. 93-638, tribes can unilaterally decide those functions and services that they want to operate. This permits them to also turn functions back to the BIA when they so desire. Hence, the BIA operates in an environment in which they are held accountable to a degree that is in excess of their actual authority to effect change.

Juveniles in Custody

In 1987, there were 1,172,585 juveniles taken into police custody. As of February 2, 1987, there were 91,646 juveniles in public and private juvenile facilities within the United States (U.S. Department of Justice, 1989). An estimated 1,781 juveniles were housed in adult jails across the country on June 30, 1987. Statistics are currently not available on the number of American Indian and Alaska Native youth represented in either

of these groups, and the data do not include those juveniles held in reservation-based adult and juvenile facilities (U.S. Department of Justice, 1988a). Results from a nationally representative survey of juveniles (younger than 18) and young adults (18 to 25) in long-term, state-operated juvenile institutions indicate that 93.1% were male. More than 60% used drugs regularly, and almost 40% were being held for a violent offense. While they were growing up, less than one third lived with both parents, and more than half reported a family member had been incarcerated at some time.

Nearly 43% of the juvenile sample had been arrested more than 5 times, with more than 20% of them having been arrested more than 10 times in the past. Nearly half or 47.6% of the juveniles reported that they were under the influence of either drugs or alcohol at the time of their current offense. Of those surveyed, over 75% drank alcohol in the year prior to their current offense, while 57% drank regularly (U.S. Department of Justice, 1988b).

The rate of delinquency among Indian adolescents has not been substantiated in the literature. This delinquency is thought to be a large and growing problem among Indian adolescents and a part of the complicated interaction between substance abuse and school dropouts. Studies appearing in the 1960s, 1970s, and 1980s indicated that delinquency among Indian youth was characterized by a preponderance of petty offenses and misdemeanors often related to substance abuse (Office of Technology Assessment, 1990). These findings are contrary to the general juvenile offender profile described above. When factoring out alcohol-related offenses, to which Indian youth were three times more prone than Anglo or Hispanic youth, Jensen, Strauss, and Harris (1977) found delinquency rates comparable across different populations.

For lack of published Indian juvenile offender characteristics, we examined criminal justice data collected on three reservation sites between July 1988 and September 1990.[6]

Location 1

The booking rate[7] for juveniles at this location was 4,426 per 100,000, with considerable variation among the sites considered. During this period, charges per youth detained averaged 1.43, which was in turn broken into 1.2 charges per booking and 1.19 bookings per youth. Forty-one percent of all bookings occurred on Saturday and Sunday. Fifty percent of youths were detained between 4 p.m. and midnight; an additional 25% were detained between midnight and 8 a.m.

The average age of youth detained was 15.23 years and 21% of youth detained were female. Six percent were charged with offenses against persons, 22% were charged with property offenses, 22% were charged with disturbing the peace, and 10% were beyond the control of

parent or guardian. Offenses directly attributable to substance abuse (DUI, liquor law violations, public intoxication, etc.) accounted for 24% of offenses. Most cases (68%) were handled internally within the local department. Ninety-six percent of youth were detained less than 24 hours.

Location 2

The booking rate for juveniles at this location was 21,071 per 100,000: approximately one admission for every four youth living on the reservation. The average number of bookings per juvenile per year was 1.61. Forty-seven percent of youth were arrested on Saturday or Sunday. Forty-six percent were detained between midnight and 8 a.m., and 33% were detained between 4 p.m. and midnight.

The average age of youth detained was 15.33 years. Thirty-nine percent of youth detained were female. This percentage remained virtually unchanged (35%) when only those charged with delinquencies were considered. Thirty percent of youth were charged with public intoxication, 20% were charged with curfew violations, 17% were identified as juveniles in need of care, approximately 2.5% were charged with crimes against persons, and 36% were charged with an offense directly attributable to alcohol or substance abuse.

Location 3

The booking rate at this location was 25,533 per 100,000. Their average length of stay was 20 hours. Fifty-three percent detained were admitted between midnight and 8 a.m., while 29% were admitted between 4 p.m. and midnight. Forty-one percent were detained on Saturday and Sunday.

Youth at this location were slightly older (an average of 15.86 years old). Thirty-nine percent were female. Thirty-seven percent were charged with possession of alcohol, and 12% were charged with curfew violations. There were no offenses against persons noted.

In reviewing the three locations, there are both similarities and differences in the emerging profile of youth detained in these reservation facilities. Youth within these samples are most consistent in terms of age (15–16 years old) and day and time of arrest (midnight to 8 a.m. on Saturday and Sunday). They are held less than 24 hours. There are differences in the proportion of per capita rate youth detained, of female youth detained, and the type of offense. The majority of all offenses would be classified as nonviolent. Substance abuse and curfew violations appear to be common threads that link all sites.

Suicidal Behavior in Detention Settings

Nationally, jail and detention staffs, custodial in nature, tend to be inadequately trained in human behavior and frequently are composed of individuals new to the job. Emphasis for staff is on security and management of inmates. Typically, any mental health services offered are on a crisis-only basis and involve hospitalization. This is especially true for rural facilities. Within the detention setting there are great numbers of not only diagnosable chronic mental health disorders but also acute disorders induced by the confinement process itself.

Many jails and lockups, especially in smaller communities, are faced with serious administrative barriers that impede effective service delivery: Interorganizational linkages tend to be weak, resources are not readily available, identification procedures are often inadequate, and crisis care is available only at selected sites and times (Steadman, McCarty, & Morrissey, 1989). Quality physical and mental health care services are recent introductions to non-Indian/Native facilities stemming from inmate-sponsored litigation and unconstitutionality outcomes. Tribal and/or BIA facilities are still in the "hands-off" era; there have not been the lawsuits over jail conditions that have served as a catalyst for change in state and county facilities (Martin, 1988).[8]

Suicide is the leading cause of death in our nation's jails (U.S. Department of Justice, 1989). Nearly all of these suicides are alcohol related and occur within the first 24 hours of incarceration. The rate of suicide in these facilities is *nine* times greater than that of the general population. This is especially true among incarcerated American Indians. A recent survey of the prevalence of suicides during 1985 and 1986 in county jails, city jails, and police department lockups found that American Indians represent 1% of the jail population, yet *5%* of the jail suicides (Hayes & Rowan, 1988).

The professional literature on suicide is vast. It is generally recognized, however, that suicidal behavior in the correctional/detentional setting, especially attempted suicide, has been a relatively neglected topic in both penological and suicidological literature. Very little literature is directly concerned with juvenile suicidal behavior in jails or detention centers, and none of it specifically examines American Indian/Native juvenile suicide (Beall, 1969; Community Research Forum, 1980; May, 1987). Experience has shown that suicides among juvenile detainees, like those in the general community, have been increasing significantly, and that much of the data on the problem of adult suicide in jails seem applicable to juvenile suicide in the same setting (Community Research Forum, 1980).

Beigel and Russell (1973), in their study of the background, mental status, and criminal histories of inmates who made suicide attempts in Arizona jails during 1970, observed that suicide attempters are likely to be younger than the average inmate, to have had an unsuccessful marriage

even at such a young age, to be in jail for a nonviolent crime, and to have been confined in jail or prison previously. These suicide attempters also are more likely to have a history of previous attempts.

The risk of suicide is increased when one is arrested for something perceived as shameful (Williams, 1989); divorced or separated from spouse or family (Arboleda-Florez & Holley, 1989; Hayes & Rowan, 1988); isolated within the jail setting (Community Research Forum, 1980; Hayes & Rowan, 1988); experiencing symptoms of depression (Arboleda-Florez & Holley, 1989); currently physically and/or mentally ill (Williams, 1989); and experiencing prisoner fear and stress (Community Research Forum, 1980; Rowan, 1989, Williams, 1989). Due to the national juvenile jail removal initiative, youth rarely are held for very long in adult jails (usually hours to days),[9] but suicides among adult inmates frequently occur within the first 24 hours, making this a crucial time for both adults and juveniles (Community Research Forum, 1980; Hayes & Rowan, 1988).

A hypothetical profile based on those characteristics appearing most often in jail suicide victims was prepared by the National Center on Institutions and Alternatives for the National Institute of Corrections (Hayes & Kajdan, 1981). The victim would most likely be 22 years old, and a white, single male. He would have been arrested for public intoxication, the only offense leading to his arrest, and thereby would be under the influence of alcohol/drugs upon incarceration. The victim would not have had a significant history of prior arrests. He would have been taken to an urban county jail and immediately placed in isolation for his own protection/surveillance. However, less than 3 hours after incarceration, he would be dead from hanging.

Van Winkle and May (1986), reviewed death certificates of American Indian suicides for the state of New Mexico for the years 1957–1979. Based on this and additional data gathered for years 1980–1987 for those suicides that occurred in New Mexico jails, one of the authors found the profile similar to that previously described: single, employed Indian male, nonveteran, with a median age of 28. The victim was living on a reservation but killed himself Friday or Saturday night in an off-reservation jail by hanging.

Hayes and Rowan (1988) found in their updated survey of all non-Indian detention and holding facilities that 72% of the victims were white, 94% were male, 52% were single, and 75% were detained on nonviolent charges, with 27% detained on alcohol/drug related charges. Approximately 20% were less than 22 years of age, with an average age of 30. Sixty percent of all victims were intoxicated at the time of incarceration. Thirty percent of the suicides occurred during a 6-hour period between midnight and 6 a.m., 51% occurred within the first 24 hours of incarceration, and 29% occurred within the first 3 hours. Approximately 9 out of 10 of the victims were not screened for potentially suicidal behavior at booking. Seventy-eight percent of the victims who were intoxicated

died within the first 24 hours of incarceration, while 48% occurred within the first 3 hours. In addition, holding facility data show that 82% of victims were intoxicated at the time of their incarceration, 64% of victims died within the first 3 hours, and 97% of victims were not screened for potentially suicidal behavior at booking.

The study also showed that in regard to suicide prevention programs at jail facilities experiencing a suicide in 1986, programs of some kind were found in 58% of detention facilities and 32% of holding facilities. The quality of such programming was not analyzed. However, the mere identification of a suicide prevention program within a jail in itself acknowledges that the problem is serious and that it occurs frequently enough to merit specialized knowledge and skills that the staff should master. Experience has demonstrated that almost all suicides could be prevented in this setting with implementation of a prevention program that includes staff training, intake screening, human interaction, and communication among staff members (Rowan, 1989; Hayes & Rowan, 1988).

Suicide rates also have been found to be higher in small jails and highest in small jails with lower population densities.[10] These rates per 100,000 inmates were nine times higher in small low-social-density jails[11] than in larger high-social-density jails. In addition, low-density jails had on the average shorter lengths of stay than the large high-density jails (U.S. Department of Justice, 1990b). These statistics could have major implications in and around Indian country, where the jail facilities fit these low-density descriptions.

Youth Suicidal Behavior

The average age of the Indian population nationally is 17.3 years, as compared to 29.5 years in the rest of the population. Thus, this population has a very large proportion of adolescents and young adults — the age groups with the highest suicide, accident, and homicide rates.[12] Most Indian suicides occur while the adolescent is under the influence of alcohol (Berlin, 1987).

There has been a wide range of risk factors associated with Indian youth suicide. Frequent interpersonal conflict, prolonged and unresolved grief, chronic familial instability, depression, alcohol abuse/dependence, and unemployment. The suicide rate is also elevated in adolescents who have been seen for psychiatric problems, physical illness, previous attempts, multiple home placements, and frequent encounters with the criminal justice system (Office of Technology Assessment, 1990).

A study that conducted postmortem interviews on Indian adolescent suicides in the Southwest found that 70% of the suicides had more than one significant caretaker before the age of 15, compared with only 15% of the controls. Forty percent of the primary caretakers of the suicide

group had five or more arrests, compared with 7.5% of the comparison group. Fifty percent of the suicides had experienced two or more losses by divorce or desertion, compared with 10% of the control group. Eighty percent of suicides had *one or more arrests* in the 12 months before the suicide, compared with 25.5% of the controls; *and by age 15,* 70% had been *arrested,* compared with 20% of controls. These statistics are indicators of the impact of early, continued deprivation of parental caring leading to troublesome behavior, resulting in difficulties with the law (Berlin, 1987). Given this chapter's focus on juvenile detention suicidal behavior, we must note that there also exists a strong relationship between parental deprivation and attempted suicide among adult jail populations (Community Research Forum, 1980).

Some general statements concerning the prevalence of suicidal behavior among Indian and youth in general are that females make many more suicide attempts than males, but males use more lethal means and are successful much more frequently than females. Shaffer (1974) found the most commonly occurring situation precipitating a suicide was one in which the youth knows that his or her parents are to be told of some type of antisocial behavior or he/she may experience loss of face.

Legal problems, parental deprivation, feelings of shame, rejection or death, and individual isolation have all been linked causally to suicidal behavior among adolescents. All the previously listed causal factors can be expected among youth imprisoned in adult and juvenile jail facilities. However, these problems are exacerbated by understaffing and limited programmatic resources, common in small rural and Indian jail facilities, as well as by the federal policy of separating juveniles from adults, which results in isolation for the sole child in an adult jail.

The Community Research Forum, under a contract with the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, studied the suicidal effects of placing youth in adult jails (Community Research Forum, 1980). It found that adolescents in adult jails and lockups kill themselves more frequently than do adolescents in juvenile detention facilities and youth in the general population. This happens despite the fact that children in jails and lockups have less time in which to commit suicide and that it is more difficult to commit suicide in jails and lockups.

The low rate of completed suicides in juvenile facilities studied may be attributable to the greater supervision available at these facilities and to the ongoing youth-centered activities as opposed to the isolation within an adult setting.[13] In adult facilities, most housing types are multiple occupancy, which may be a deterrent for the adult prisoner, while the isolated juvenile does not have another person within his/her cell as a protective factor. The aforementioned study determined that the suicide rate for juveniles held in adult jails is about 4.6 times greater than the suicide rate among youth in the general population, 7.7 times greater than that of

juvenile detention centers, and 5 times greater than adult lockups. We must keep in mind that for every completed suicide, there are many more self-injurious behaviors and failed attempts, a much more difficult behavior to analyze due to its subjective nature (Arboleda-Florez & Holley, 1989). To date, there has been no such suicidal behavior research among Indian adult and adolescent detainees on- or off-reservation.

Suicidal Behavior Data Collection Attempts

For want of a published "Indian jail profile," we conducted a pilot telephone survey of 18 BIA and/or tribal detention facilities within 6 of the 11 BIA Law Enforcement Areas. This effort was conducted with BIA support and encouragement. The agencies were selected by the BIA detention specialist, and contacts were forwarded to one of the authors for letter and later telephone contact. This work was useful in documenting, within a rather short period of time, the existence of a sample of local adult jail programs. It also identified the broad variation in their characteristics and gathered actual suicidal behavior data.

Because the survey design was of an exploratory nature, it is not possible to draw definitive conclusions about "Indian" jail or detention programs based upon the data generated in this inquiry. It is possible, though, to make general and preliminary statements based upon responses. Due to the explorative character of the survey and to the type of data available, analysis was limited to frequencies and descriptive statistics.

The agencies and administrators initially were approached by letter, which included a copy of the survey. All the facilities in this particular survey were considered adult or "both" (adult and juvenile) jails. The survey's areas of inquiry included basic jail characteristics (size, daily counts, personnel, number admitted, average length of stay, etc.); existence of special programs such as mental health, alcohol, and medical; number of deaths; and policies and procedures. Each letter specified a date that a telephone contact would be made. Contacts were made between April 24 and May 16, 1990. We received 94% cooperation.[14]

As expected, some data and responses were more complete than others, depending on whether individual administrators responded by mail or telephone and the sophistication of the jail. Two agencies decided to respond by mail rather than phone because of scheduling conflicts. The idiosyncratic nature of the individual responses highlights the need for on-site visits with more structured interview protocols. Another difficulty that affected the survey was the uncertain and imprecise definitions of such specific programs as medical, mental health, suicide prevention, and alcohol abuse. Nevertheless, because the intent of the survey was to acquire as much information as possible in a short time about what

existed in the field, the interpretations were left open. Following are brief highlights of the results.

The average daily inmate population ranged from 3 to 70, in a facility with a designed capacity of 8 to 90, with a mean number of 30.4 inmates. The day of phone contact, the facilities averaged 24.8, inmates with 2.6 juveniles being held in each facility. Thus, the majority of the facilities fall within the small-jail classification.[15] Fifty-nine percent of the facilities held juvenile as well as adult detainees/inmates. All were considered holding as well as detention facilities.[16]

Forty-seven percent of the jails had one person on day shift, 35% had two, and 18% had three. During the evening and night shifts (which is the most crucial period for suicidal behavioral), 65% of the facilities had only one dispatch/jailer. Twenty-nine percent of the jails combined the roles of jailer and police dispatcher. In all facilities, the jailer/dispatcher/detention officer conducted the booking, general screening, and intake procedures proven crucial to suicidal behavior detection (Hayes & Rowan, 1988). No routine follow-up screening was evident in any of the agencies.

For the month of February, the mean number of inmates admitted was 249.6, with a range from 14 to 1178, thus showing considerable variability. The average length of stay was 14.5 days, with a range of 0 to 7 months. There was some question as to the understanding of average length of stay of unsentenced versus sentenced prisoners when analyzing the results. This would be clarified more fully by a larger, more structured on-site data collection.

Twenty-four percent of the jails had some sort of informal — not guided by medically approved policies and procedures — sick call procedure that they referred to as their medical program. This was usually conducted by the community health or Indian Health Service (IHS) representative and was held one to three times a week. Two (12%) of the facilities reserved an infirmary cell/room for examinations. Twelve percent provided physicals to sentenced inmates. All utilized the IHS for medical intervention either as needed or in emergency situations. It is clear that the majority of the facilities act on an emergency, as-needed basis only.

Only one had an informal in-house mental health program. The majority (94%) utilized IHS or tribal mental health programs for crisis intervention only. Fifty-three percent had some sort of in-house alcohol abuse program, most consisting of Alcoholics Anonymous or tribal alcohol programs, with sessions held once to twice a week.

When reporting number of deaths within the past year, one facility reported one adult male completed suicide. Eighty-one percent reported at least one adult suicide attempt ($\bar{x}$ = 1.6, range 0–6) and 57% reported at least one juvenile suicide attempt ($\bar{x}$ = 1.7, range 0–6) within the past year.

Inquiries about inmate status indicated the majority ($\bar{x}$ = 12.5) were serving a sentence. This was followed by those awaiting arraignment ($\bar{x}$ = 5.1) and those awaiting sentencing ($\bar{x}$ = 4.4). The facilities reported that an average of 87.3% of their inmates were held on alcohol-abuse-related charges. During this preliminary work, we could not clarify if these were actual figures or perceptions of the respondent administrators.

Fifty-nine percent of the jails provided social detoxification[17] at the facility (or used the "drunk tank" until inmates sobered up). All responded that this was done without any type of medical supervision. All the jails noted having some type of plan for suicidal and alcohol abusing inmates, but not formal written policies and procedures.

This survey characterized Indian jails as small facilities holding both adult and juvenile sentenced offenders on alcohol-abuse-related charges. In relation to their size, these jails have very high admission rates with a relatively short length of stay during the already-proven critical period of suicide attempts and completions (first 3–24 hours). The jails have overworked, minimal and multifunctional staff. This is especially true during the evening and late shifts, when suicidal behavior can rise when staff supervision is reduced. The jails have no medical or mental health program, using IHS services on a crisis-only basis, but have some kind of in-house alcohol abuse program. The personnel are faced with at least one adult and juvenile suicide attempt per year but do not seem to have the high number of completions as previously thought. Most administrators indicated that the reservations had a suicide completion problem, but the incarcerated were somehow protected. This preliminary finding is at variance with the NAPA report (1989), which indicated by informal interviews high numbers of attempts and completed suicides. This also is contrary to the results of the national survey by Hayes and Rowan (1988), which indicated that rates of off-reservation Indian/Native jail suicides are extremely high.

To get a feel for suicidal behavior in strictly juvenile facilities, a phone inquiry was conducted with all Indian juvenile detention facilities (n = 4) within Indian country. Of the four operating facilities, three indicated attempts ($\bar{x}$ = 7.33) during 1989, with one completion (see Table 9–1).

This preliminary study addressed our questions about characteristics, feasibility, and clear, ready access to the sites for possible future study. It also speaks to the availability of data, while underscoring the need for on-site field visits for more complete, uniform, and less unbiased collection. The high level of cooperation from the local facilities as well as the national and regional BIA Law Enforcement Offices emphasizes local interest, need, and significance of this type of inquiry.

Both BIA and tribal contract law enforcement service programs are required to submit monthly narrative reports on suicides and/or attempts to the BIA, Division of Law Enforcement Services, Branch of

Table 9–1
1989 Reported Juvenile Suicidal Behavior in Indian Juvenile Facilities

Facility	Facility Capacity	Attempted Suicides	Completions
A	14	7	0
B	2	0	0
C	32	10	0
D	18	5	1

Police Operations in Albuquerque. Unfortunately, what is mandated and what is accomplished are two entirely different issues.

One of the main factors in this dilemma is that the BIA, Division of Law Enforcement Services, was semiautomated until February 20, 1986. A command decision was issued at that time to discontinue the use of the old system, because it was deemed to be too costly and cumbersome. It then was decided to create a modern Integrated Police Law Enforcement Management System for all of Indian country (BIA, 1990b). However, as of this date, the new IPLEMS computer system is still nonoperational and not projected to be on-line until 1993. Consequently, the last comprehensive BIA/Tribal Annual Law Enforcement Statistical Report completed was for 1985.

We requested an accounting of suicides and/or attempted suicides taken from these monthly narrative reports submitted to the BIA for the year 1989. It was found that only one half the facilities submitted reports, indicating 17 adult and no juvenile suicide attempts and 1 completed juvenile suicide.

The bulk of information received monthly, together with lack of staff and automation, makes routine analysis, documentation and dissemination of law enforcement information, including suicide data, a monumental task. It requires special priority, redirected staff resources, and ample staff hours dedicated to completing the task.

Another important factor is that without the convenience of automation, the field reporting of information is basically at the mercy of the program manager's discretion, accountability, and competence. Complicated by the fact that reservation law enforcement and detention programs are managed, staffed, and owned so differently throughout Indian country, information becomes totally dependent upon the individual reporting. Thus, this set of circumstances could account for the discrepancies found in the number of actual suicidal gestures cited within the different inquiries attempted by us as well as other published studies.

Difficulties in Data Collection

Data collection always represents a significant challenge in research undertakings. Beyond the usual challenges of data integrity, consistency, and methodological issues, in this situation additional difficulties arise from both the environment and the research topic. The difficulties associated with research in the criminal justice arena have been well documented (Clark, 1977). These difficulties relate to the basic requirements for research and the potential for the intrusion of bias.

> Accurate, permanently recorded observations are the foundation stones of a growing science, but government has been built on quicksand. Without objective, impartial factual data, we read of . . . skilled practitioners, but we are unable fully to comprehend their deeds. There are many political statements . . . but little that can be set forth as objective facts pointing the way.
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> When criminal justice has amassed a solid mass of empirical, controlled observation, it will have a rock embedded in reality. On this it will be possible to erect a true science of criminal justice.
>
> There are few if any "facts" in criminal justice that are not corrupted by bias. Operationalization of behavioral measurement appears to run risks that are not run in the physical sciences. The focus of concern in criminal justice is humanity — a changeable, malleable, vital, stubborn thing, perhaps beyond the understanding of mortals. (Clark, 1977)

This section of the paper underscores the difficulty mentioned in previous sections in collecting data and describes the specific problems associated with three collection projects at eight reservation sites between July 1988 and September 1990. The purpose of this data collection was the planning of new adult and juvenile jail facilities. The difficulties are divided into two general categories, environmental and issue-specific, that relate to the topic of suicide.

Environmental Difficulties of the Correctional Setting

Environmental difficulties are those that stem from on-reservation correctional settings. These unique settings have influenced jail management practices including documentation.

Limited historical data In most cases, there is a lack of historical data that document both the specific detention population and the juvenile population of the reservation in general. The true number of youth living on-reservation is difficult to estimate accurately. Figures from both tribal governments and the IHS are linked to census data; each present research problems, some of which are shared. Tribal data may provide information regarding registered members of a specific tribe. However, youth on the reservation will include members of other tribes, and not all children born on-reservation are registered. Additionally, some youth who

are born and live off-reservation may be included in tribal totals. IHS data include members of other tribes who are born at IHS facilities on-reservation and those for whom the IHS provides contract health care. Additionally, both sources of information may not include American Indian youth who live in bordertowns and who have significant ties to the reservation.

Beyond these difficulties in determining the size of the juvenile population at large, there are specific difficulties in determining the size of the population of juveniles who are booked at the detention facility. Information that is typically available in off-reservation settings for the use of administrative personnel, such as average daily population, number of admissions, length of stay, is not summarized and is sometimes not recorded. As a result, the development of measurements such as incarceration rates becomes very difficult and comparison with off-reservation facilities can be statistically dangerous.

Rudimentary information systems Automation has become a powerful presence in the criminal justice arena in off-reservation facilities. Most local detention facilities that hold more than 100 inmates have some level of automation of their records; automation is becoming increasingly popular in smaller institutions as well. However, it has been slow in coming to reservation facilities. As a result, most data gathering must deal with manual record-keeping systems, making the process much more time-consuming.

While recognizing that data gathering from automated systems has problems of its own, the problems associated with missing forms and files and illegible handwriting, which have been significant in the reservation settings studied, are alleviated.

Fragmented information While criminal justice entities have been called a system because they are functionally interdependent, from an information perspective, they tend to function independently. As a result, data needed for many research efforts are scattered among separate entities (typically law enforcement, detention, and the courts) that often have their own record-keeping and numbering systems. Thus, assembling information about individuals in particular and groups in general requires a manual cross-referencing of multiple record-keeping systems. The basic task of matching arrest-disposition-result becomes an onerous task.

Inadequate documentation Beyond the lack of basic management information, most reservation detention facilities operate with minimal amounts of event documentation. Unlike local detention facilities, in which documentation practices have been driven by the prevalence of litigation, on-reservation detention facilities have been relatively insulated from the litigious environment in which documentation is essential. As a result, sources that typically would be available to document a variety of operational matters are simply not available. Three typical sources (incident reports, medical and suicide screening forms completed by

detention personnel, and classification interview summaries) are rarely found.

Confidentiality of juvenile records In all systems, the identity of juveniles is protected by law. These protections are extended to juveniles under tribal code. Access to these records is difficult in many systems, but in the on-reservation facilities, where administrators may have been criticized about violations of this confidentiality, access to these records for legitimate research purposes may be even more difficult. Additionally, sources that can assist administrators in determining the validity of requests for information are few and far between. As a result, administrators may tend to take a conservative position regarding access to records.

Inaccurate recording Consistent recording of information is a research fundamental. Unfortunately, in many correctional settings, there are many factors that lead to inconsistency. Staff may be inadequately trained in proper documentation procedures, formats for recording information change, law and policy change the items that must be kept, and information may be highly valued by one administrator but perceived as an obstacle to "getting the work done" by another.

When these factors are combined, there is a high potential for inconsistency in the on-reservation facilities. Employee turnover on reservation facilities, in both the line officer and administrative ranks, is high. Access to training resources is limited. The Indian Police Academy provides a 40-hour introductory training course for jailer/dispatchers that is to teach all aspects of these two functions. In contrast, most state certification programs for detention officers range from 160 to 320 hours — *without dispatch operations*. Access to state certification programs for officers working in the tribal system also is restricted and in some states is prohibited. When facilities are operated by the BIA, there is also potential for high turnover as people move through detention into police operations and administrators move from post to post.

The format for record keeping is often linked to requests for program budgets. As these change in the federal and tribal systems, information requirements change. Information, particularly of a statistical nature, may not be highly valued by managers, who are consumed by the day-to-day aspects of this job. As a result, in many cases, documentation and record keeping are perceived as intrusions into the real business of police and detention work.

Small juvenile detention population Unlike most states and local jurisdictions, many places in Indian country have not experienced the impact of the juvenile jail removal initiative. As a result, juveniles are still held in adult facilities in many locations. When this occurs, juveniles tend to be a relatively small segment of the facility population; this small subset may not always be immediately distinguishable in summary reports. When it is possible to separate the adult and juvenile offender population statistically, the small size of the juvenile population presents statistical

challenges. In other locations where juveniles have been removed, the absence of detention facilities means that juvenile police contacts are often unreported or underreported. This makes the task of identifying the true size of the at-risk population extremely difficult.

The size of the detention population presents another type of problem for the researcher, which is linked to the final difficulty discussed in this section of the paper. Law enforcement and detention agencies typically record information about two different categories of events: offenses and bookings. An offense is a single violation of tribal code; a booking is a single time when a youth is arrested and brought to detention. It is not uncommon to find more offenses than bookings for the same period of time, since a youth may be arrested on more than one offense. An additional complication occurs because, over time, each youth may be arrested more than once. As a result, from summary statistics it is usually much easier to identify the number of reported offenses or the number of bookings than it is to determine how many people the detention facility dealt with in a specific time period. In many ways, it is the number of youth that is of interest to the researcher; a lack of clear understanding of the differences among these three categories may lead to over- or underestimation.

Information for legal, not management, purposes Most criminal justice systems keep records for a variety of reasons that have nothing to do with research questions or purposes. Information is needed to present in court, to identify persons, to account for property, etc. Information that describes inmates in terms of their psychosocial needs is perceived as having little purpose in a facility whose foundation rests on the law. Interestingly enough, while the youth is in the facility, there is a tremendous amount of precisely this type of information available; unfortunately, when it is documented (which is infrequently), this documentation is often lost when the individual is released. On-reservation detention facilities are no different in this respect. As a result, information that is kept seldom extends beyond basic demographics.

While there are similarities in the difficulties associated with data gathering in on- and off-reservation correctional settings (particularly small, rural local jails), the relative lack of management information and documentation in general presents greater challenges on-reservation. In many cases, because of the problems cited previously, research efforts that require longitudinal information may fare better if they don't plan to use historical data.

Issue-Specific Difficulties

Issue-specific difficulties are those that relate directly to the topic of suicide within this environment and geographical setting.

Fragmented information Just as criminal justice information is fragmented, information sources regarding completed suicides and suicide gestures in correctional facilities are similarly divided. Completed suicides almost certainly will result in an investigation by the police agency with jurisdiction in the matter. This agency will vary from location to location, but typically will be either the investigative division of the tribal police department (if this function is provided under a PL 93-638 contract) or the BIA's agency special officer. The detention facility may also have written its own documentation of the incident and may have crucial information/documentation regarding presuicidal behavior. Additionally, the IHS or tribal mental health programs may have information regarding psychosocial history and a diagnosis. Information could be spread across four agencies.

In the case of suicide attempts or the identification of at-risk youth in the detention setting, the situation is more muddied. Gestures that are perceived as more serious are more likely to be documented. It is unclear whether that documentation will extend beyond the facility or which agency will have it. Further, since there are no standardized policies currently in effect for all facilities, it is unclear at what point referrals to a mental health provider actually occur.

As a result, because of this fragmentation, research efforts will not be able to look to a single source of information regarding adolescent suicides in detention settings on reservations. Rather, a strategy that uses the various potential sources in a cross-referencing fashion is more likely to accurately identify and describe the population.

Undocumented attempts Staffing levels in on-reservation facilities provide many opportunities for unobserved behavior. As previously discussed, staff shortages frequently result in a single staff person, who sometimes also has responsibility for dispatch, bookings, and the supervision of all inmates. This is truly an incredible task, since many on-reservation facilities book more people than off-reservation facilities 50 to 100 times their size. Most staff supervision of the inmate population occurs on an intermittent basis and is usually undocumented; detention officers check cells only during the best circumstances. During high-activity periods, the volume of facility bookings frequently dictates that staff is unavailable to make cell checks with the frequency and in a manner that would immediately alert officers to suicidal behavior.

Additionally, most on-reservation facilities are designed in a linear rather than podular manner, as discussed earlier, with long cellblocks isolated from areas where staff is located. Inmates are observed only when staff leaves the booking or control area to perform cell checks. Linear facilities make detection of many types of unwanted inmate behavior much more difficult that podular designs, in which inmate housing is organized around a common day area that is observable from a staff post. As a result, the potential for attempts clearly exists.

Beyond this potential, there also is the possibility that documentation of known attempts may vary considerably based upon the perceived degree of severity of the attempt and the relative lack of consistent policy regarding what must be documented and by whom.

Undocumented precursors to suicide As noted previously, on-reservation facilities are much less likely to document both normal and unusual events in the facility. For example, most local jurisdictions carefully log the times of cell checks in order to be able to prove that the safety and well-being of inmates (as well as the security of the institution) has been checked on a regular basis. Many on-reservation facilities do not routinely document operational details of this nature. As a result, critical information regarding time may be lost. Additionally, many off-reservation facilities routinely develop a written log of information to be passed on to other shifts; these typically would include comments regarding individual behavior. To the researcher looking for patterns, this lack of documentation creates the potential for significant difficulty; recollection, rather than fact, is the source document. As noted earlier in this paper, this is a shaky foundation on which to build theory.

A second lack of documentation is even more critical. Of the nine on-reservation facilities evaluated by one of the authors during the past 2 years, only one routinely performed a suicide risk assessment — and that occurred after the youth had been identified as a suicide risk by another source. This report of routine risk assessment is contrary to that reported by the telephone survey mentioned earlier. The failure to complete an in-facility suicide risk assessment on each youth eliminates one potential powerful source of information regarding the degree of risk in the juvenile detention population.

Medical consent rules apply to a significant source As noted previously in this article, the IHS is a significant participant in the assessment of suicidal behavior. As a result, all of the requirements for the confidentiality of medical records apply.

Difference in cultural concept of suicide Over the past 2 years, on-reservation facilities have come under considerable criticism. Both the National Institute of Corrections and NAPA (1988) have released highly critical evaluations of on-reservation facilities. Consquently, questions regarding operational practices, particularly on an issue as sensitive as adolescent 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 talk about the dead in general. As a result, facility staff and administrators, particularly those who strongly hold traditional values, may be

reluctant to discuss both suicides and suicide attempts that have occurred in their facilities.

An example of how Hopis view suicide probably can be best described through the eyes of a traditional Hopi.[18]

> 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 his 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.

Consequently, 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 be sensitive to. 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 a problem within the Hopi culture? Last, imposing non-Hopi legal mandates upon Hopi people during these incidents of suicide extremely frustrates them.[19]

On the other hand, some Plains tribes view a "good" death as a "warrior's death" (going out in a "blaze of glory"). Thus, a suicide, as opposed to a car accident, for example, is not viewed favorably, for it is not considered a warrior's death. Another case of a cultural hinderance to data collection is illustrated among the Navajo. This tribe avoids talking about the dead, making actual identification of a suicide difficult. The dead thus becomes the problem, not the suicide.

Detention staff may lack training in suicide risk assessment The lack of detention officer training has already been noted in this article. The lack of training in this area is particularly acute. In order to comply with prevailing correctional standards, local detention facilities should use a risk assessment instrument to determine those who may be at risk. In some cases, there should be an effort to determine the level of risk through the use of a rating scale; individuals who score high are then referred for mental health evaluation. Implementation of this level of

screening also includes training for staff in identifying behavior that may indicate that the youth is at risk.

From a research perspective, these screening documents provide valuable information regarding the proportion of youth in the detention population whose behavior puts them at risk. From an operational perspective, the lack of suicide risk assessment procedures decreases staff awareness of the issue. As a result, not only is there less documentation of risk, but there is also less sensitivity to the topic, which in turn can result in underreporting.

Detention and mental health jargon may present barriers All professions have a language of their own; the detention and mental health fields are no exception. In addition, particularly in the on-reservation facilities, language barriers are likely to occur when mental health professionals begin to talk with detention staff, whose professional language is significantly different and whose educational background involves far less formal education. As a result, researchers must consider carefully both written and verbal communication to ensure that detention personnel understand the nature of the questions being asked of them.

Summarizing the difficulties in gathering information, the need for more complete and consistent documentation must be stressed. This documentation can be accomplished through increased resources, increased training of officers, automation, standard forms, compliance with professional and BIA standards, and development of a more unified and collaborative system with IHS and/or tribal mental health programs. Reporting for management purposes is a much-needed, new concept within Indian country.

Researchers face significant difficulties gathering information regarding juvenile suicide in on-reservation facilities. In projects that explore this issue, the research must develop strategies to deal with underreporting, cultural sensitivities, lack of training on the topic in general, and the lack of available documentation.

Recommendations for Continued Basic and Applied Research

The exploratory findings and issues discussed within this paper suggest much needed continuing epidemiologic and preventive research. Risk factors must be explored on both the institutional and the personal psychological level. We need to examine the extent to which suicidal behavior is actually present among Indian/Native juvenile offenders both on and off the reservation. Does this picture vary by jurisdiction, geographic areas, and local law enforcement policies, procedures, and management practices?

It is necessary to systematically characterize current identification and management resources and procedures for the suicidal adolescent 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 (standards) culturally sensitive to this particular group?

Clinical and diagnostic studies will 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 preventive risk assessment tools and management/treatment practices.

Thus, continued basic and applied research must answer these questions: Is the suicidal Indian youth a problem within jails both on and off the reservation? What does the Indian/Native suicidal juvenile detainee actually look like? How can we prevent and treat this behavior within this unique setting? This can be done only through on-site, systematic, in-depth studies with built-in strategies for the difficulties in data collection identified in this paper.

Conclusion

Our intent is to illustrate the lack of consistent available data of suicidal behavior prevalence among Indian adolescent detainees. First, we began with a basic overview of the detention environment for American Indian adolescent offenders, with a focus on the reservation setting. Second, we looked at available juvenile offender data, compiling a profile of youth detained in reservation-based facilities. Third, we discussed literature addressing suicidal behavior within these settings, pointing out the dearth of information available on adolescents, especially American Indian youth. Fourth, preliminary data were presented, including a tentative "Indian" jail profile. Fifth, we discussed the significant difficulties in data gathering within and near Indian country. Finally, we presented future in-depth topics of basic and applied research within this unique treatment arena and cultural group, stressing on-site data collection.

The need for Indian juvenile suicide information in detention settings on and off the reservation is a highly pertinent topic. Currently, a number of tribes and the BIA are involved in detention planning projects. As these projects are implemented and policy made, the need for more information about the levels and strategies to minimize risk becomes even more critical. Those facilities located off the reservation that house a large number of Indians also will be affected greatly by continued research as minority inmate management becomes a more paramount issue. This neglected institutional treatment setting, especially in and near Indian country, will see massive changes within coming years as litigation is introduced over jail conditions. Continued research as suggested earlier not only will fill in gaps in the existing epidemiologic knowledge base and affect correctional/detentional policy but will also

give impetus to well-informed preventive programs t argeted toward this specific at-risk population.

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Discussion

Mr. Rowan: The difficulty in obtaining data as described by Chris and Gail was a major factor why we did not include the reservation-operated jails and the BIA-operated jails in our 1987 survey. They were also not included in the 1981 survey of the 16,000-and-some jails and lockups in this country.

I would like to address some things that are happening on the national scene. I think you will agree some of these factors apply. I do recognize that when we talk about interventions and other factors which have been highly successful in preventing suicide on this level, they will have to be modified tribally and community-specific when utilized within Indian country. As was pointed out by Gail and Chris, over 75% or more of the adult jails hold juveniles. While there has been intensive effort over the years to get juveniles out of adult jails, we still find most states still confining juveniles in adult jails, with juveniles suiciding five times greater than adults in the same facilities. So when we do training, we say all juveniles handled in adult jails have got to be handled as high-risk suicide candidates.

From the training, surveys, and lawsuits that I've been involved in, the most serious problem that looms is not the lack of resources but failure of correctional, medical, and mental health people to control their attitudes, biases, and prejudices. In preparation for developing a suicide prevention training manual, we asked if you were to follow only one criterion for hiring, what would it be. In the 12 seminars, we had over 90% agreement that one characteristic in either law enforcement or corrections and detention people would be self-respect. Unless you have self-respect, you're not going to be able to respect other people. This ties in with the notion that we as professional people often cannot cope with the malingering or the manipulation syndrome. This can do us in.

We found that suicide training, to a great extent, was not very effective unless we trained the top administrator. Training in suicide signs and symptoms is one of the major, important factors of intervention. Implementing receiving screening at the front end was considered in our

American Medical Association advisory committee as being the most important factor in the whole health care system.

I'd like to mention one facility of 375 beds which had no suicides in over 10 years. Across the street was a city jail. This jail had six suicides in less than 2 years. This jail had no training or no screening. So how do you figure out what the situation is? It's very simple — good administration, good supervisors, proper training, receiving screening, and good attitudes.

I've been in Australia three times in the last 2 years. I was brought over by the commonwealth government to work regarding the serious suicide problem among the native aborigines in custody. The native aborigines are suiciding 16 times their population, compared with five times their population among the American Indians in this country within this setting. It's the same scenario — dispossessed of land, a nomadic people living in urban areas, heavy use of alcohol, high unemployment, and severe rejectional attitudes.

The Commission on Accreditation for Law Enforcement in 1983 said intoxicated people should not be kept in holding facilities, they should be referred for detoxification. Only a few states really have done anything effectively regarding that. If kept in holding facilities, they must be observed at all times. This means constant observation.

I'd like to mention in closing of an innovative prevention program that trained general population inmates as peer counselors. In Fairbanks, Alaska, the Fairbanks Correctional Center is training inmates for peer suicide prevention, which has worked extremely well.

Dr. Grossman: From personal experience of being a physician in the Indian community, it was not uncommon that individuals were referred to jail because they were suicidal. There were no available beds, and because the state refused to accept people who were suicidal, the hospital was deemed to be inappropriately staffed to observe those individuals. So, one, I'm curious; it sounds like the data is so poor that it would be very interesting to know how many of these patients that were referred to jail were referred because they were suicidal.

Ms. Elias: It does, in fact, happen. I think it's extremely difficult to document that because of how records are kept in the system. Typically, if you are not charged with an offense but you go to the jail as a protective custody hold, which is what those would typically be, your name will not go into the booking log. One of the things that I can tell you from conversations that we've had is that this is a very prevalent issue and concern in every one of the facilities that we've looked at. They would get people who had serious mental health problems. Those people would be held in the facility because there was no secure mental health facility. They were unable to get the person into the facility at that time because there was no bed in the hospital, and/or the hospital was 150 miles away.

Dr. Grossman: They can also be booked on other charges to hold them.

Dr. Manson: Joe Bloom, Gordon Neligh, and I did a 3-year study of involuntary commitment codes. It included nine different reservations including Navajo and visits to numerous jails and other places. In fact, in the absence of involuntary commitment codes and the absence of secure environments for mental health treatment, individuals who are deemed dangerous to themselves or others were handled exactly that way. In a number of the jails that we visited, there were individuals on the day of the visit who were being held for those purposes. There were no records of those individuals for the most part, and secondly, there was relatively poor liaison effort with the Indian Health Service and tribal mental health programs.

Dr. Neligh: Another hidden piece of the system, I think, is also legally mandated tribal detox, much of which is alleged social detox. As we all know, in non-Indian populations, there's about a 10% mortality from untreated detox. I ran into a lot of anecdotes about people who woke up dead in detox. It's basically untreated in those facilities.

Dr. Shore: Those of us who were involved in this worked to stimulate national awareness and BIA training and standards for law enforcement. We felt, at least in the early 1970s, we were making some progress. Hearing this presentation today, I am frankly depressed because it sounds like not only have we not made progress, but we have lost ground since the mid-1970s, when there was a more centralized detention program. Subsequently, because of the delegation of many of these programs and jails to tribal governments, we now have a nationally decentralized program. So one simplistic interpretation is that in decentralization we've lost consistent standards, training, and data systems. That may be too simplistic. I wonder if we have gone backwards?

Mr. Rowan: I really was not in the field of suicidology in 1975. I do know that when we offered the 12 preparatory seminars when developing our manual, we did get a strong request from Arizona and New Mexico. We did do a full day of training for detention officers and mental health staff from the reservation. This also happened in South Dakota. We conducted two seminars in Oklahoma. So there was quite an interest in the training program on the reservations. But I don't know what it was before.

Ms. Duclos: On the national scene, I think we've progressed because of litigation. In the past, Indians/Natives have not brought lawsuits which would instigate mandatory change. This is beginning to change.

Mr. Rowan: Today 35 to 40% of our nations jails are under lawsuit.

Ms. Elias: I can't comment on what the change is because my exposure in reservation settings is limited to the past 2 years. I see two things that may affect the decentralization issue. First of all, the Bureau was involved

in developing a computerized information system, Indian police and law enforcement management system. This could begin once again the process of trying to gather data systematically. That system was promised for implementation in 1990. We're now saying maybe '93 or '94. There have been major issues getting that implemented, and it's not mandatory. So I'm not sure what the future will be.

The second thing is that the Bureau has developed standards for operating and constructing both adult and juvenile facilities. Anything that is being planned and built now must be in compliance with those. Those are very consistent with the ACA standards. The issue is that those standards are not mandatory. So, again, the mechanism which could force some of the centralization or conformity is a voluntary mechanism. If you were to ask me what decade these jails are in, I would tell you that I see them in the 1950s.

Dr. Clark: I served as a consultant to three community mental health systems, one time with ACLU and the other times with the county governments. In two of those cases, real poor counties had to build a whole new jail with a whole new set of standards. My sense was that was happening all the way across the country. Society was pressuring the people that ran the jails. What about the reservation and the BIA situation makes them lag further behind? You mentioned one was full court press from litigation. What other factors in the reservation environment make this system lag behind? What are the obstacles?

Ms. Elias: One of the tribes in Washington tribal court determined that it had jurisdiction under the Indian Civil Rights Act to close their facility. They have, in fact, twice closed it. They have also mandated corrections in order for it to stay open. The fact that there has not been a lot of litigation driving much of the change is a big influence. The other thing which drove change in many states was the development of mandatory standards. The Bureau has, in fact, developed standards, but they're nonmandatory. A third factor has to do with resources. Most, even the most isolated small rural counties, tend to have more resources in their facilities than the Indian facilities, including dollar resources and access to more training resources. They are more pressured to do that. I think the key factor here has been a lack of pressure to change.

Dr. Guilmet: Another point to consider is that informal dispute resolution has been a tradition for a long time. In a family-kinship interaction system, there's going to be a tendency not to want to have things go public if they can be solved informally.

Dr. May: My experience has been to the opposite. I think a lot of tribes have completely formal resolution of various kinds of crimes. They've turned to a great degree to the modern Western criminal justice system and flooded jails with people. In terms of resources, one of the key areas

of resources that I think held back change has been the tremendous turnover in personnel. It's unbelievable in some locations.

Dr. Schoettle: Has there been a shift to training, away from education? I tend to see training as more work-oriented, cookbook style as opposed to education. I think in training one gets talked at about having attitudes, but one doesn't typically look at one's own attitudes. Can we honestly reinvent the wheel with new terminology? Can we look at the educational process rather than just the training process, especially of child-care workers or juvenile detention workers? Because otherwise, they'll feel like they've just been trained, and we basically do that with animals. It doesn't feel very humanistic. I think that may be a step in the attitude toward Indians or toward people in jails.

Mr. Rowan: I think you hit the nail on the head from the standpoint that we particularly addressed the motivation attitudes in our training curriculum. It gets into initial feelings and reactions that we have that draw emotional feelings. We train/educate around those for 8 hours. Negative attitudes, biases, and prejudices are the major factors preventing officers from carrying out their duty of care. It impacts mental health, medical people, correctional, all down the line.

Dr. Shore: I think we are talking about a much bigger issue. We have a major clash of cultural values. In the American health care system of hospital care, the Indian Health Service strongly subscribes to the standards of the JCAHO, albeit voluntarily. They insist that those hospitals be accredited under the same standard that every hospital in this country is accredited by. That produces a vastly different standard for health care than a law enforcement system that has 300 different standards. You can train, you can educate, you can do a lot of other things, but you will never reach a quality level of consistent care with that kind of piecemeal approach, even though the reason for it may be to legitimate cultural values and tribal control of their destiny.

Dr. Neligh: There are some legal reasons to answer the question, too. There was a U.S. Supreme Court case in the late 1970s on one of the Pueblos in which the U.S. Supreme Court said that in tribal jails under tribal codes, there is no remedy in federal court except the writ of habeas corpus. This does not address jail conditions. So the way that the legal system around governing tribal jails is set up, there is no remedy that has to do with jail conditions.

Ms. Elias: Yes and no. There was a case that was filed within the last six months which was filed in federal district court that the Court agreed to hear. It was a 1983 action in violation of civil rights. I don't know what is going to happen with that case, but I think it's very interesting that the Court agreed to hear it.

Dr. Neligh: This points out the need for another area of research. Maybe we need to look at the issue of mental health law research carried out by legal people. This would deal with the issue of jurisdiction and review of governing of tribal jails.

Notes

1. For this report a jail is defined as a locally administered confinement facility that holds persons pending adjudication or persons committed after adjudication, usually for sentences of a year or less. This figure does not include facilities located on reservations.

2. The tribal and/or BIA jails, which we shall call "Indian" jail facilities, physically number approximately 72, with an additional 71 contractual programs (contract with other jurisdictions such as county authorities) throughout the United States. Included within these programs are 4 operating juvenile detention facilities, with the majority of the adult facilities also holding juveniles for varying lengths of time.

3. Anadarko, Aberdeen, Albuquerque, Billings, Eastern, Juneau, Minneapolis, Navajo, Phoenix, Portland, and Sacramento.

4. Maximum security design layout usually does not include day rooms, meeting rooms, etc., where treatment or group activity can be held.

5. To date, there are only 6 juvenile detention facilities (2 closed due to funding), 1 juvenile holding facility, and 40 adult facilities that have some juvenile detention capacity available.

6. These data were gathered by one of the authors while conducting a "P.O.N.I." (Planning of New Institutions) procedure, whose final document will be used by the BIA and/or tribe.

7. Booking rate is defined as the number of charges recorded on a police record during a certain length of time.

8. The first lawsuit was filed within this year, and we can predict rapid programmatic change will be forthcoming.

9. Congress acted in 1974 to pass the Juvenile Justice and Delinquency Prevention Act. The act mandates that participating states remove status offenders (e.g., truants and runaways) and

nonoffenders (e.g., abused and neglected youth) from juvenile detention and correctional facilities. In addition, it mandates that when juveniles and adults are detained in the same facilities, the juvenile detainees be outside the sight and the hearing of adult prisoners. In 1980, the act was amended to further require that the states remove all juveniles from adult jails and lockups, with the exception of areas of low population density. Detention of juveniles who commit crimes against persons are permitted within these areas in adult institutions where no existing acceptable alternative is available. This provision is utilized in Indian country, which is characterized by low population density and having no alternative juvenile facilities (U.S. House of Representatives, 1980).

10. Population density encompasses three elements: space per inmate, number of persons sharing a housing unit, and amount of time spent in the housing unit.

11. An average of five or more persons per housing unit would be considered in the high-social-density category.

12. The two leading causes of death among the age group 15–24 within the Indian/Native population is accidents and suicides (U.S. Department of Health and Human Services, 1988).

13. The juvenile and adult criminal justice systems, whether Indian or non-Indian, usually represent separate tracks reflecting differences in procedures, philosophies, record keeping, dispositional alternatives, and statutory authority.

14. One facility out of the 18 decided to respond by letter. At the time of this writing, we have not received their responses. This is interesting to note, since it was this agency that we heard has been having a high number of suicide attempts and completions.

15. Small facilities usually hold fewer than 50 inmates/detainees, medium facilities hold 50–249, and large jails have the capacity for 250 or more (U.S. Department of Justice, 1990).

16. Holding facilities by definition confine for less than 72 hours while detention facilities detain for more than 72 hours, but usually less than 2 years.

17. The term "drunk tank," a short-term holding cell in which individuals who are intoxicated are held until they can "sober up" and

either be released or placed in an inmate housing area, has in the past decade fallen out of use in professional detentional language. This term has been replaced by "detox." Social detox is defined as not involving the administration of any medication or any effort to treat the chemical dependency with drugs and/or medical supervision. It involves holding the person safely until such time as they are sober enough to be released (typically 8–18 hours), as opposed to the term "medical detox."

18. The source of the quotation was a private conversation one of the authors had with this gentleman. He asked that he not be named.

19. This especially happens when it is mandated to take the body away for autopsy. The Hopi people believe that the 1-day burial ceremony must transpire as tradition has always dictated.