

Native American and Alaskan Native Youth Suicide

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NATIVE AMERICAN AND ALASKAN NATIVE YOUTH SUICIDE

by

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A thesis submitted in partial fulfillment of the requirements for
the Honors in the Major Program in Anthropology
in the College of Sciences
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ABSTRACT

Indigenous populations in the U.S. have been suffering from a youth suicide epidemic for decades. The epidemic and risk factors associated with it can be connected to the mistreatment of Native Americans throughout history which has caused their communities to suffer from numerous inequalities such as poverty, inadequate housing, loss of land, and destruction of culture. Using the concepts of biopolitics, post-colonialism, and structural violence, I argue that the social and political institutions forced upon Native American communities have led to increased alcohol and drug abuse, poverty, and disempowerment, all important factors that aid in the youth suicide epidemic. I also suggests that preventative programs not only focus on suicide but other risk factors involved such as alcohol and drug abuse.

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I would like to dedicate my thesis to the victims of suicide. Special thanks to my committee members and thesis chair for their help and advice.

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INTRODUCTION

There are over 500 federally recognized tribes in the United States, and in Latin America there are over 400 federally recognized tribes (Brave Heart 2011). Many Americans have misconceptions about Native American communities ranging from ignorance —“Native Americans live in teepees”— to prejudice — “all Native Americans are addicts of some kind”. The lack of knowledge about the lives of people living on reservations today, is a part of the reason these communities face social and economic obstacles. The Bureau of Indian Affairs defines a Native American as an American Indian or Alaskan Native. Throughout this paper I will use the phrase Native American to represent both American Indians and Alaskan Natives. Native Americans live on reservation lands as well as in cities (BIA 2014). Of the 2.5 million Native Americans in the U.S. 40% live on a reservation or some other type of tribal community (Freedenthal, Stiffman 2004). Urban Native Americans tend to not have a strong connection to their culture or history and may experience limited tribal benefits including Indian Health Services (Freedenthal, Stiffman 2004).

American Indians/Alaska Natives rank higher in health disparities than any other racial or ethnic group in the United States. American Indians face emotional challenges such as depression, substance abuse, collective trauma exposure, interpersonal losses, unresolved grief, and related problems within a lifespan and across generations (Brave Heart 2011). Native American families have the highest poverty rate in the U.S. over any other ethnic group (LaFromboise 2007). In 2010 it was estimated that 23% of Native American families earned incomes below the poverty line. The highest poverty rate is in South Dakota with 43-47 percent of families earning incomes below the poverty line (BIA 2014). Poverty and geographic

isolation have been linked as contributing factors to the Native American youth suicide rates. Native American youth and adolescents often mention that the economic issues their families face cause them anxiety.

Youth suicide is currently devastating the U.S Indigenous populations, and this tragedy has been affecting Native communities for decades. Research on mental health and substance abuse among Native American populations began as early as the 1980's yet they are still ever present (May 1988). While research on this epidemic began in the 1980's it has been present ever since the mistreatment of Native Americans began. In her memoir *Lakota Woman*, Mary Crow Dog discusses that while she was at an Indian Boarding School she witnessed the suicidal hanging of an eleven year old girl and the attempted suicide of another girl who jumped out of a window (Crow Dog 1990). While I was living on the White Mountain Apache reservation many elders discussed that the Apache people had premonitions of their people suffering greatly in the future due to the extreme changes the U.S. government was forcing upon them and their livelihood. Suicide seems to be connected to disempowerment and mistreatment and happened infrequently prior to colonization. Native Americans are considered to be a growing at-risk population. They face social issues such as: alcoholism, gambling, domestic violence, poverty and lack of education. Suicide stands out as the most devastating social problem among Native Americans (Hamilton, Rolf 2010). In the 1990's there was a greater awareness of suicide on a national level, leading the Surgeon General to issue a Call to Action to Prevent Suicide. The Department of Health and Human Services published the Prevention of Suicide Guidelines (Hamilton, Rolf 2010). However more recently the U.S Commission on Civil Rights reported

that American Indian and Alaska Native communities have not received sufficient federal resources for their particular needs (May 2005).

Many programs are being implemented in a suicide prevention effort including; Adolescent Suicide Prevention Project, American Indian Life Skills Development Curriculum, Zuni Life Skills Development (M. Hamilton, A. Rolf 2010), and the White Mountain Apache Suicide Surveillance System (Tingey 2013). The White Mountain Apache tribe has the highest suicide rates in the nation and they began addressing this epidemic in the early 2000's when the Tribal Council passed a resolution and initiated a Suicide Prevention Task Force. This created a community-wide reporting system. With the assistance of John Hopkins University a program involving the community and elders was developed and identified 30 at-risk Apache youth and data has shown a reduction in depression and negative thinking (Tingey 2013). Programs which produce successful results are often discontinued due to various factors including funding, poor organization and a lack of future planning (EchoHawk 2006).

It is extremely frustrating seeing a rather extensive amount of knowledge and research addressing that a suicide epidemic exists, yet creating effective programs does not seem to be a priority for our federal government. While the creation of programs is a positive step, the issue still persists because not enough attention is being given to the issue, and funding is limited thus programs often discontinue. I was personally impacted by this epidemic while living on the White Mountain Apache Reservation in Arizona for a summer REU program in 2013. One of the local students' siblings committed suicide a few weeks prior to the start of the program. This gave me a first-hand experience of how families and entire communities are torn apart by youth suicide. At the age of seventeen my peer's brother Raymond jumped off a cliff. This form of

suicide is common on the WMAT reservation because it is very easy to walk in any direction and find a drop off. He had been drinking at the time and that is believed to be at least one of the contributing factors of his death. He had not previously mentioned suicidal thoughts to anyone; however he was bullied at school for wearing makeup and dressing femininely. I experienced a few examples of homophobia in the White Mountain Apache community which was extremely disheartening. While conversing with a woman in her fifties she let slip that she had a girlfriend and was extremely embarrassed and apologetic. I was so upset and shocked that an adult was concerned about my opinion of her, I assured her that I respected and understood her sexuality. If a woman in her fifties was worried about what a white college student thought of her sexuality I could not imagine the emotional stress a high school student would have to face on a daily basis. Historically the Apache were open to individuals who were homosexual or transgendered. This is another example of how Western society has tainted Native American communities. Suicide was one of the numerous tragedies I witnessed while spending the summer on the beautiful Fort Apache reservation, with the kind and open hearted people who call it home. I was faced with many emotionally upsetting events during the summer but it was also a summer of my greatest happiness and the best memories. Though teen pregnancy, substance abuse, and various other occurrences effected my time there, my friend's personal experience with suicide influenced my desire to choose Native American and Alaskan Native Youth Suicide as my thesis topic. I felt that this was the most disturbing issue I encountered and one that most upset me; therefore I hope through this thesis to add to the research that has already been done on Native American youth suicide, bring more awareness to this issue and spark an urgency in our nation to actively part take in ending this tragedy. A means to spark this urgency is explaining some of the causes

of this epidemic which can be explained through the theories of structural violence, post-colonialism and biopolitics.

Using the concepts of biopolitics, post-colonialism, and structural violence, I argue that the social and political institutions forced upon Native American communities has led to increased alcohol and drug abuse, poverty, and disempowerment, all important factors that aid in the youth suicide epidemic. I will first provide background information on the history of reservations and the economic, political, and social repercussions produced from this history. Secondly I will present data that has been found on the subject of Native American youth suicide. I will then discuss the theories of structural violence, postcolonialism, and biopolitics, and how they can be used to illustrate a cause and a solution to this issue.

HISTORY OF RESERVATIONS

Before going into detail about youth suicide it is important to discuss the history of reservations and Native American communities to understand how suicide is more prevalent in these communities than others. Native Americans, though distinct in cultural practices, share a common historical as well as contemporary experience, and frequently share similar world views and values. It is also noteworthy that 60% of Native Americans live in cities, while the remainder reside on reservations (Brave Heart 2011). Understanding the complex history of Native American tribes is important when discussing the concepts of Historical Trauma and Structural Violence. Historical trauma is often the result of colonialism, and is the continued grief that negatively affects a population of survivors who were abused in the past. This grief can remain within a population and be passed down through generations (Oetzel, Duran 2006). Structural Violence is a theory that describes the way social, economic or political institutions can adversely affect a certain population over another (Pederson 2013). This theory is useful when analyzing reasons for the higher rates of suicide among Native American populations. The numerous economic, political, and social obstacles many Native American communities experience can have drastic effects on their mental health. These obstacles can be linked to the mistreatment they faced in the past.

Native American Reservations have their own sovereignty; however, the United States' government acts as a "guardian" and has major authority and control over tribes. The economic disadvantages of tribes is due to their isolation, the environmental degradation of their land, and their lack of sufficient human capital to address the few resources they do have (Anderson 2008). The events of the past including removal of tradition, erosion of cultural practices and values,

forced displacement and a Western based education system have worked together to destroy emotionally supportive cultures and social systems that are essential to creating and maintaining a healthy identity (Markstrom 2010). Although there are tribal differences in the degree of collective generational trauma exposure, there are also similarities among Native Americans communities; specifically with shared values and traditions. Certainly tribes share a history of colonization, genocide, oppression and racism although each tribe and community's experiences differ (Brave Heart 2011).

Since the colonization of the New World, Europeans were exposed to the local inhabitants. From the initial interactions between these cultures stems the idea of the "noble savage" stoic and in touch with nature. From this time we also get the stereotype of the "ignoble savage" cultureless and war-like. (Prucha 1984). These two stereotypes led to misconceptions of Native Americans and dehumanized native people into a character that needed to be "whitened" or exterminated. As settlers ventured further and further out west, dealing with the "indian" population became a priority for the government. The U.S. government and Native Americans have a complicated and grey history. Each tribal community has had its own experience and each differs from the next. However I will describe some crucial overall historical events that drastically changed the lives of Native Americans.

Reservations were initially created as a way of maintaining a "peace" between both cultures, allowing the Native Americans to exist on their own land and be out of the way of white Americans. Though reservations were initially expected to be temporary, the long term goal was to Christianize and assimilate Native Americans into self-supporting citizens, by turning them into cultivators. (Prucha 1984). Various treaties were created and broken as the

desire to expand the nation out west persisted. Railroads connecting the nation from coast to coast, as well as telegraphs became precedent over the well-being of the tribes in the way. The “Indian Barrier” needed to be destroyed. Some tribes moved peacefully, but the Federal government had conflict in the plains (Prucha, 1984). The violence between tribes, white settlers, and the military lasted on the plains well after the Civil War.

The Peace Commission which was authorized by Congress in 1867 led to re-locating tribes in the West to reservations. Under the presidency of Ulysses S. Grant, a more peaceful agenda than President Jackson’s Indian Removal Policy, occurred involving the removal of army agents from Native communities. However; this was also the time when civilizing and Christianizing Native Americans became the ideal motive (Prucha 1984). Indian boarding schools became a place where children were taken from families, stripped of their culture, and forced into a strict environment where they became “civilized” learning English and the ways of Christianity. It is important to stress that each tribe has had its own experience with historical trauma. Attendance of boarding schools varies from communities and was more widespread in some than others. The amount of trauma experienced between each school varies and other factors such as regional or tribal, may impact the response to and/or the magnitude of these historically traumatic events. Today in certain regions tribes may be exposed to greater oppression or discrimination and this must be understood in the context of their unique historical trauma (Brave Heart 2011).

The Federal Indian Policy from 1887 to 1934 was designed to integrate Native Americans into citizens who no longer needed government supervision and could support themselves. The Dawes Allotment Act of 1887 caused many Native American communities to be split apart and resulted in the loss of land. The Dawes act was designed as a way to assimilate

Native American communities into becoming farmers and joining white civilization. It was believed that through allotment government control of Native Americans could cease and the Bureau of Indian Affairs would be abolished (McDonnell 1991).

The Dawes Act comprised of the allotment of reservation land to Individual Native Americans. The amounts consisted of: 160 acres to family heads; 80 acres to each single person over eighteen and each orphan under eighteen; and 40 acres to single persons under 18 then living or born before the president ordered allotment. Surplus land could be purchased and then sold to homesteaders (McDonnell 1991). Allotment caused 100,000 Native Americans to lose their, and others had to lease their land which created a dependence on rental income. This system created more value on the productivity of the land than the Native American rights and ownership of their land (McDonnell 1991). Taking land away from Native American communities was another way in which the government attempted to strip Native Americans of their cultural identity, heritage and pride by gaining control over them. While there were numerous events of government abuse over Native American communities, the misuse and discrimination of Native American people and their cultural practices lasted well into modern times. There was a federal prohibition of traditional American Indian and Alaska Native ceremonies which existed until 1978 when the American Indian Religious Freedom Act was created. Unfortunately some parts of various Indigenous burial practices are still outlawed (Brave Heart 2011).

From the beginning, reservations were designed to control and maintain an unwanted population. The consequences of the inhumane acts of our countries forefathers has had dramatic effects on the lives of Native Americans today. Today Native American communities are

stricken with poverty, limited resources, few job opportunities, and disempowerment. Having been stripped of their culture, and way of life, these communities were emotionally impacted and it is taking time to reverse the damage. This tragic history has led to social and economic inequalities for Native American communities, displaying a case of structural violence that has led to various social consequences, youth suicide being just one of them.

SUICIDE DATA AND STATISTICS

Suicide among Native American youth is becoming distressingly common. According to the American Indian/Alaskan Native National Behavioral Health Strategic Plan for 2011-2015, suicide rates for all ages of AI/AN are 1.7 times higher than the U.S. all-races rates. More shockingly suicide “is the second leading cause of death for Indian youth between the ages of fifteen and twenty four [which is] 3.5 times higher than the national average” (Indian Health Services: National Behavioral Health Strategic Plan 2011-2015). The leading cause of death for this population is unintentional injuries, specifically motor vehicle accidents (Shaughnessy 2004). The AI/AN suicide death rates for the years 2003-2005, was 55.2 per 100,000 people for males between the ages of fifteen and twenty four and 58.0 per 100,000 for males ages twenty five to thirty four (Indian Health Services: National Behavioral Health Strategic Plan 2011-2015), in contrast to the rate of 15.4 per 100,000 for the rest of the US population in the year 2003 for ages twenty five to forty four, and 9.8 per 100,000 for ages fifteen to twenty four (Trends in Indian Health 2002-2003).

These statistics are evidence that Native American communities are unique in that they are drastically suffering from more suicide deaths, as compared to the rest of the country which implies a difference between reservation life, and life off the reservation. From 2000-2006 the states with the highest suicide rates for Native Americans—ranging from 26.28 to 65.92 per 100,000 for both sexes ages 10 to 44— were: Alaska, Arizona, North Dakota, South Dakota, Idaho, Montana, and Minnesota (IHS 2010). Alaskan Natives are suffering immensely from suicide; the northwest region alone has a suicide rate of 60 per 100,000, more than five times of the U.S. average. For Alaskan Native youth ages fifteen to nineteen the rate is 124 per 100,000

which is eighteen times higher than American youth who are 6.9 per 100,000 (Wexler, 2012). Not all Native American communities are suffering from the suicide epidemic. In fact suicide rates are below the national average in the Aleutian Islands, with few incidences of nonfatal suicide behavior (Allen & Butler, 2009). This is related to different historical events, and is a good reminder to not clump together all Native American communities as having one shared history and experience. What these statistics do present though is that many Native American communities are being impacted by youth suicide, which can be connected to a history of mistreatment by our federal government.

Native American adolescent suicide related behaviors overlap with death by suicide with the overlap increasing with age (LaFromboise 2007). Native American females from 15-19 years of age are significantly more at risk for suicidal behavior as compared to the 12-14 year old females (LaFromboise 2007). Native American female adolescents are more prone to depression with levels increasing at every grade level in high school and 14% compared to 8% of male adolescents admitted in a survey that they felt a sense of hopelessness (LaFromboise 2007). Native American males ages 10-24 commit suicide more than Native American females of the same ages — males 31.27 and females 10.16 suicides per 100,000 — during the years 2005-2009 (Centers for Disease Control and Prevention 2012).

In a survey of high school students from three different tribes in three tribal regions— Pueblo, Northern Plains, Southwest; the tribes identities remain anonymous— displayed that no single correlate of suicide ideation was shared by all three tribes meaning that each tribe had its own particular factors leading to suicidal behavior (Novins 1999). The differences were due to social structure, gender roles, support systems and ideas of death. What the results show is that

suicide prevention programs would be difficult to duplicate cross-tribally (Novins 1999). This is extremely important to consider when designing programs for specific communities. It also displays that each individual Native American community has their own social obstacles and cultural beliefs that relate to how they perceive youth suicide as well as the risk factors that are uniquely associated to their communities. Rather than use one existing model for each community, administration and staff should consider how one particular program worked for one community and see if they can use certain attributes from that program and mold it to fit their own community's needs.

Suicidal Ideation pertains to an individual's thoughts related to suicidal behavior and self-injury (LaFromboise 2007). In Novin's study Pueblo youth suicidal ideation was related to a friend's suicidal behavior being unsupported by family and friends which coincides with Pueblo communities having strong social networks. The Northern Plains have a more individualistic sense of self so low self-esteem is linked to their suicidal ideation. Lastly the Southwest tribe linked not having both biological parents in the home to suicidal ideation, which corresponds to that tribes strong family ties (LaFromboise 2007). Stress has been linked to Native American youth suicide as well as a family environment consisting of violence, sexual abuse, alcohol, divorce, and suicides (Strickland, Cooper 2011).

In a focus group study with Pacific Northwest tribal youth, certain stresses were indicated by students. The results displayed that the teens hope for: opportunities for them to help their tribes, overall economic improvement and for greater importance of cultural values (Strickland, Cooper 2011). American Indian males had the highest suicide rates in Washington state in 2009, and the Native American suicide rate in Washington State was 19.2 per 100,000. For all races

Washington State suicide rates are 10% higher than the national average (Strickland, Cooper 2011). During this study the mental health services were provided by a tribal clinic under the authority of the tribe and not IHS (Strickland, Cooper 2011). Depression is linked to Native American youth suicide and is considered a part of a multitude of dysfunctions within the family including instability and unemployment (Strickland, Cooper 2011).

In a survey done by the Youth Risk Behavior Surveillance System for high school students attending all BIA funded schools with ten or more students enrolled across twenty two states; 16% of students attempted suicide during the twelve months preceding the survey, and females were more likely to attempt than males. Students who had attempted were likely to have engaged in each of the unintentional injury and violent behaviors, sexual behaviors, tobacco use, and drug and alcohol use, which was consistent for both males and females (Shaughnessy 2004). This study supports the idea of prevention programs that target other health risk factors and behaviors.

Native American youth suicide is a complex issue that contains many contributing factors. There must be a focus on creating and funding programs that address suicide prevention as well as other risk factors and behaviors that are associated with youth suicide such as alcohol abuse, family dysfunction, lack of support and an overall sense of hopelessness.

Table 1.

Suicide Data as Mentioned in text.

Native Youth (Males 15-24)	55.2 per 100,000
Remaining U.S. Population (Males 15-24)	9.8 per 100,000
Native Youth (Males 25-34)	58 per 100,000
Remaining U.S. Population (Males 25-34)	15.4 per 100,000
Native American Males (10-24)	31.27 per 100,000
Native American Females (10-24)	10.16 per 100,000
Alaskan Youth (Males 15-19)	124 per 100,000
Remaining U.S. Population (Males 15-19)	6.9 per 100,000
Alaskan Natives in the Northwest (All ages)	60 per 100,000
Washington State Natives (All ages)	19.2 per 100,000

PROGRAMS

This section gives examples of various programs that have worked and are working. This means that a greater awareness and demand for funding and programs is a necessity in ending this epidemic. While funding for programs will not eliminate the lasting effects of historical trauma it will allow individuals an outlet to cope with them. Programs should be tailored to fit each tribe's specific cultural needs and community involvement including family and school should be incorporated.

It is important to note that Indian Health Service or IHS, a part of the U.S. Department of Health and Human Services, is the main agency to handle Native American and Alaskan Native health needs. The IHS is responsible for maintaining suicide surveillance, protection, and review. Because tribes are sovereign nations they have the agency to work with IHS and their health programs as well as federal, state and local health systems (EchoHawk 2006). Native Americans have access to tribal services and IHS as long as they are enrolled members of a tribe (Oetzel, Duran, 2006). The BIA has its own criteria for identifying an individual as Native American, this includes blood quantum. This criteria must be met in order to receive their services. There criteria is controversial because it does not account for cultural or traditional definitions of identity for the self-perception of an individual (Markstrom 2010).

The IHS is not the only option for tribal members. Alcohol, drug and mental health care services are available in three different service sectors: Indian Health Services, tribal care, and private sources of care (Oetzel, Duran 2006). Many tribes maintain their own programs that are managed by both the Bureau of Indian Affairs and IHS. This allows tribes to create programs that specifically address their specific cultural needs. (EchoHawk 1997). Native Americans,

similar to other population groups do not utilize mental health services at rates consistent with the need for these services (Oetzel, Duran 2006). The reasons for this are often due to culturally insensitive care providers or a mistrust. Many scholars stress that an ideal intervention program would incorporate traditional healing customs and allow an individual to discover or return to their sacred path, which is defined by that individual's unique tribal culture (Brave Heart 2011).

Under the public law 93-638 tribes have the option to opt out of federally provided services, which enables them to use funding on local services that are not provided through IHS (Oetzel, Duran 2006).

Marlene EchoHawk has done research on Native American suicide and works for the Indian Health Service. She was raised in a traditional Native American home and is a member of the Otoe Missouria tribe located in Oklahoma. She uses this knowledge and cultural understanding to suggest methods for ending this epidemic. Her research explores psychological autopsies done by IHS in Aberdeen South Dakota. Psychological autopsies involve exploring a victim's life by speaking with family members, friends, and figuring out potential causes for their suicide. This method is used to find the factors that aided in both fatal and non-fatal suicide attempts. This method proved to be extremely successful but sadly only lasted a few years due to the reassignment of some committee members. The creation of the Area Suicide Prevention committee yielded positive results. The committee operated during the time EchoHawk was working there and it involved the use of multiple experts in various field including both a psychologist and psychiatrist, the Area Alcoholism Consultant, the Area Injury Control Officer, a nurse, social worker, and law enforcement officer. The majority of the team members were local, making meetings more feasible and cost effective. (EchoHawk 2006).

The Area Suicide Prevention Committee would review victim's mental health status, and examine possible contributing factors by interviewing family members and close relations. The Psychologist would identify those who were possibly at risk to have suicidal behavior and refer them to the local health staff. The mental health consultant worked with grief intervention. This also included staff monitoring other students in schools that knew the victim. (EchoHawk 2006). Including the community members and family in the healing and treatment process is helpful for both the victim and the community. The victim feels loved and thought of and the community begins working together as a cohesive unit, building strong ties and a sense of and unity.

Native American Youth Suicide is a part of the research by Lisa Stevenson, who carried out fieldwork with the Canadian Inuit. She discusses the Canadian government's views on the Inuit, the effect it has on policy and the well-being of their communities. She uses Foucault's definition of biopolitics to discuss the lives of the Inuit today in relation to their health. Foucault explains biopolitics as the government's role and power over the lives of its' citizens (Foucault 1976). An example of this is that it is illegal in the United States to commit suicide. Stevenson states "Biopolitical models of aid (i.e., aid that focuses on the bare life of a population), such as anonymous hotlines aimed at preserving the life of the Inuit population, ignore the pull of these personal ties and, in so doing, fail to acknowledge that, for Inuit, death has not yet become anonymous or clinical" (2012 pg 606). She addresses a flaw in health programs, suggesting that a personal connection with patients, in regards to their particular culture, is not being made, therefore the programs are not effective. Canadian Indigenous people have experience loss of language, culture and ceremony which has led to disruptions in parenting practices producing a legacy of despair and hardship of the modern First Nations people (Gone 2009). This is similar

to the historical trauma we see with tribes in the U.S. For Canada this history of abuse has led to the Aboriginal Healing Foundation which provides funds for First Nations organizations and communities (Gone 2009).

In an Alaskan Native suicide analysis flaws in health programs were also evident. Very few of the suicide victims received behavioral health services. For the non-fatal and fatal victims who did seek treatment, over half of them discontinued their care, which suggested an ineffective and flawed system (Wexler 2012). Native American communities are not being offered adequate health programs to prevent and deal with suicide. A major part of EchoHawk's research suggests blending Traditional and Western ways to create a more efficient system for helping those at risk. She states that "Indigenous clients must be allowed to grieve and talk about their feelings of historical trauma, alienation, and poor sense of identity. Acceptance of their spiritual practices must be encouraged and viewed as high priority" (pg 66, 1977). Joseph Gone discusses that there is a lack of research done on the use of cultural practices as a form of treatment for alcohol abuse. He suggests more scientific literature focus on the culture-as-treatment hypothesis (Gone 2011). I think this approach can apply to suicide prevention as well. Not only is it addressing the social issue of alcohol, which can support suicidal actions, but it is promoting cultural pride and identity, which promotes positive mental health. Cultural pride can aid in reversing the effects of structural violence in these communities. More anthropological research into particular communities, their programs, and the lives of their youth, may help prevent more suicides. The collective traumatic past shared by Native Americans must be taken into consideration when designing suicide prevention programs. The collective as well as individual experience with grief and trauma due to colonization, forced assimilation, genocide, and exclusion must be understood

because they are factors that aid in health and well-being (Brave Heart 2011). It has been found that cultural attitudes and perspectives are underrepresented in the obstacles to health care literature (Oetzel, Duran 2006). It is of vital importance that those who work with Native American and Alaska Native Youth such as educators, and health care professionals are aware of the of the multiple risk factors that aid in suicidal behavior so they will be better prepared for to recognizing, and intervening, as well as assisting in developing programs to asses and manage these health risk behaviors (Shaughnessy 2004). Cultural competence must be implemented when designing suicide prevention and health care programs. Each tribe will have its' own traditions and needs that must be addressed. Research and intervention should be based upon a respect and knowledge for individual tribal suffering and degrees of trauma exposure while also noting tribes have a shared philosophy and word view (Brave Heart 2011). The former is of great importance when developing program for individual communities. There should not be one program designed for all tribes. This would never prove to be effective.

Intercultural interaction are generally more difficult than within culture interactions, the former leading to more tension, conflict and power struggled most often due to a lack of cultural competence by the professional (Oetzel, Duran 2006). This epistemic violence, a form of marginalization due to lack of knowledge, can be prevented by assisting the patient with connecting history and colonization to current social problems, while implementing indigenous healing methods and helping patients find a commonality of their problems in hopes of combining narratives of wounding and healing (Oetzel, Duran 2006).

A study about the various obstacles that prevent Native Americans from utilizing substance abuse and mental health services showed that self-reliance or the desire to solve the

problem on one's own was one of the obstacles pertaining to the under-utilization of services, with 54% of participants selecting this as one of the obstacles (Oetzel, Duran 2006). The study also displayed that confidentiality and privacy were concerns for Native Americans, 46% presented this as an obstacle (Oetzel, Duran 2006). This may also relate to the stigma of mental health issues and the tendency for Native American communities to be close knit. Stigma is an issue for rural American Indians living on reservations due to their communities tending to be smaller (Oetzel, Duran 2006). Overall, the most frequently stated reasons for not seeking formal help pertained to perceiving no need for help, avoiding stigma, and turning to friends or family for support. From this study we learn that cultural competence and understanding may decrease the privacy concerns some individuals have. Also that since a large number of individuals are not utilizing services, the community, families, and schools become important factors in addressing suicidal behavior. There was not difference between treatment sectors, which suggests the communication and mistrust issues stem for the patients seeking a different type of care (Oetzel Duran, 2006). In a focus group addressing stresses for Native Youth in the Pacific Northwest found that the family and community can act as a source of support but can also be a stressor. Positive activities identified by youth in were prayer, communicating with elders and exploring nature (Strickland, Cooper 2006). Positive conditions identified by the youth in the study included having a friend or adult to confide in, strong cultural belief, supportive adults, friends who excel in school and caring neighbors. Risk conditions identified by the youth were poverty, alienation in school, friends that use drugs and alcohol, discrimination, and coercive parents or care-taker rejection (Strickland, Cooper 2006).

Early screening of depression, and suicidal behaviors is crucial in preventing more suicides. School curriculums should include emotional learning activities to promote motivation and optimism, as well as methods on how to reduce negative thoughts (LaFromboise 2007). Preventative programs should target different factors in each individual Native American community in order to properly identify at risk youth (Novins, 1999). In a successful and well-funded program with a tribe in New Mexico it is clear that community involvement produces culturally appropriate responses and flexibility in program development to allow for community feedback (May 2005). If federal or other findings become available to more tribes then the applicability of this particular program can be tested and molded for other tribes to utilize (May 2005).

SOCIAL OBSTACLES

Substance abuse is often associated with suicide. It affects the cognitive ability of an individual, and can increase the likelihood of a person to attempt suicide. Suicides for Apache youth happened most frequently on Saturdays, correlating to weekend partying involving drug and alcohol use (Mullany 2009). Both substance abuse and family relations can be related to structural violence, the idea that social structures and policies can place certain people at a greater disadvantage than others. The theory of structural violence as presented by Pierre Bourdieu has been applied by many Anthropologists including Nancy Scheper-Hughes and her research on Brazilian Favelas. This theory gives an explanation to various inequalities that may exist in a particular place by looking at the greater social, economic and political issues and the cause of them, usually from government neglect or misconduct. Native American populations suffer from poverty which can have negative consequences on personal health. Lack of personal autonomy in the face of poverty and everyday struggles can lead to feelings of hopelessness, thus increasing the amount of risk factor for suicidal individuals.

EchoHawk presents a case study where one suicide victim's clinical data revealed that drug and alcohol use were involved at the time of his suicide and the victim also suffered from child abuse. Had these risk factors been known prior to his suicide, treatment for both mental health and substance abuse as well as social service intervention could have saved his life. Most of the psychological autopsies displayed that most of the victim suicide, both adolescent and young adults had no treatment prior to their deaths. The suicides causes were found to be extremely complex and with no single factor. Although it is extremely important to note that in 90% of the cases substance abuse was present. (EchoHawk 2006). This indicates that the suicide

epidemic that is tearing Native American communities apart can be helped or prevented if a focus on eliminating substance abuse is also a priority. Many of the social issues on reservations stem from substance abuse, however the current living conditions also support substance abuse and poor mental health. EchoHawk suggests that drugs are easily available to junior high students and that the prescription drugs more common in the young adult group had to have been bought from people who had prescriptions. This indicates a greater social issue of prescription drug misuse and the exposure of drugs to minors. This issue can be related to the effects of structural violence and colonialism which have caused communities to suffer from depression and hopelessness (EchoHawk 2006). Drugs are more prevalent around youth in these communities so they are therefore at greater risk of accessing what their environment offers.

In an analysis of suicidal behavior in Alaskan Natives, it was revealed that for individuals who had a family history of suicide, then they were more likely to be in the category of non-fatal suicide behaviors as opposed to individuals who died from suicide were more likely to have a family history of substance abuse. Other forms of abuse such as sexual abuse, neglect, child abuse, and family violence were present in 12% showing no difference between fatal and non-fatal behaviors (Wexler 2012). This analysis presents many noteworthy observations. Suicidal individuals coming from a family that suffers from addiction are more likely to have a fatal suicide. For those who have a family history of suicide they are pre disposed to this behavior and may do so as a cry of help. From this data we can see that when creating programs to prevent suicide family issues will be a topic that must be discussed.

Mental Health employees must be knowledgeable and sensitive to the lives of Native American Youth. Understanding that they may be coming from a background of emotional

trauma and or abuse is significant for the employee to successfully fulfill their needs when working with at risk youth and adults. Very importantly the Alaskan Native suicide analysis also presented that 54.1%, or over half of the individuals that were suffering from suicidal behavior had a history of alcohol abuse (Wexler 2012). This clearly indicates a need for programs that deal with not only preventing suicidal behavior but be able to address other factors, especially alcohol abuse.

Alcohol use is a sensitive subject for Native Americans, another reason health employees must have an understanding of cultural sensitivity. Mary Crow dog beautifully describes alcohol abuse from a Native American's perspective "People talk about the Indian Drinking Problem, but we say that it is a white problem. White men invented whiskey and brought it to America. They manufacture, advertise, and sell it to us. They make the profit on it and cause the conditions that make Indians drink in the first place" (Crow Dog pg 54). Her statement is referencing to the structural violence Native American people have been faced with throughout history. Understanding this history is vital in changing the future. Knowing where an individual is coming from, why their life is the way it is, why they may be having suicidal thoughts and not blaming them are important for a health care provider to understand. History has made the lives of Native Americans today more challenging and it can be directly linked to the suicide epidemic, therefore knowledge of this history is crucial in ending the epidemic.

Risk factors between Native American youth and the general population are similar including: alcohol, depression, hopelessness, and access to firearms. However both risk and protective factors that relate to community family and school differ between the two populations (Strickland, Cooper 2011).

In a population based comparison study of Native and Non-Native youth suicide attempters, American Indian and Alaskan Native youth were found to be more at risk and more likely to commit suicide than other youth. Importantly the study showed that despite and individuals “race” if they are exposed to multiple risk factors they will act similarly (Mackin 2012). This displays that Native American Youth suicide is due to external forces that lead to risk factors. Thus the suicide epidemic is related to complex institutional matters that are unique to Native American and Alaskan Native communities. This poses a question of what are the factors that are causing the youth on reservations to be more at risk than the youth not living on reservations. Native American communities are impoverished, often isolated, and with scarce job opportunities, which can cause poor mental health, and ultimately increase the likelihood of suicide. The study however; also suggests that a change is possible because the issue is not cultural, but rather the result of a history of various social and political policies. I believe the theories of post-colonialism, biopolitics, and structural violence allow for the Native American youth suicide epidemic to become malleable by linking it to greater social and political systems that can be addressed if given the attention.

In a study that compared urban Native American Youth and Native American youth living on a reservation, 21% of the urban youth reported a history of suicidal ideation, compared to 32.6 % of youth living on a reservation (Freedenthal 2004). The study took random samples of 144 urban youth and 170 reservation youth. Attempted rates for the urban youth were 14.3% and attempted rates for reservation youth were 17.6% (Freedenthal 2004). Five of the urban youth and ten of the reservation youth reported current suicide ideation. The factors associated with a suicide attempt history differ between the two groups. The urban youth only reported two

factors: A history of physical abuse and having a friend or family member that attempted for completed suicide. The reservation youth reported multiple factors: depression, conduct-disorder, cigarette smoking, family history of substance abuse, and perceived discrimination due to Native Status. (Freedenthal 2004). This study shows that reservation life exposes youth to more risk-factors that aid in suicidal behavior. The study also suggests that programs for urban Native American youth should differ than the approaches used with youth living on reservations (Freedenthal 2004).

The theory of post-colonialism is useful in describing the youth suicide epidemic among Native American populations because it aids in describing the reasons for the amount of risk-factors they face. As mentioned in the History of Reservations section, colonialism has led to the creation of reservations and the attempted destruction of Native American culture. While many communities are reversing the effects through the sharing of cultural knowledge, the legacy of colonialism is still visible. Post-colonialism offers a way of viewing the social issues facing a population that was colonized and manipulated throughout history. Post-colonialism is explored by Gayatri Chakravorty Spivak who discusses the complexities that a colonialist past can have on present times. Surprisingly post-colonialism and Native Americans in the U.S. is not a popular area of research, and is rarely mentioned (Cheyfitz 2002). Joseph Gone is a Native American researcher interested in mental health issues. He is one of the few who apply post-colonialism to the study of Native Americans, which is surprising because Post-colonialism allows for a direct link to historical and modern issues within these communities and can suggest solutions by pin pointing certain issues and their cause. It is useful when attempting to understand the historical trauma Native American communities are suffering from. It allows for

the modern populations of previously colonized people to conceptualize how their unique past has affected their lives today and puts into perspective why their lives differ from that of the rest of the United States who do not share this history. Gone describes that this history of colonialism and the acculturation process forced upon Native American communities have strongly affected tribal structure, community identity, personal identity, religious practices and states that it is a precursor to suicidality and other mental health conditions (Gone 2007). Postcolonialism gives explanation to why this epidemic is occurring to a certain population and various populations within the greater one. Through postcolonialism it can be seen that youth living on a Native American reservation will be at a greater risk for suicide than youth living anywhere else in America. Foucault, when discussing suicide, states “political power had assigned itself the task of administering life” (Foucault pg 139). This beautifully describes how politics play a role in suicide and the state’s need to exert its’ power over the lives of the people it governs. Thus the state has prerogative to administer life. Foucault uses bio-politics, or bio-power to describe the use of the human body as a form of profit for capital growth. He states “biological existence was reflected in political existence;” meaning that one’s physical existence was connected to a greater social and political model. (Foucault pg 142). The lack of funding given to tribes can be understood through this theory. If the greater American public was more informed on this issue, and outrage concerning the lack of attention and funding by our government ensued, then it would be in the interest of the government and their political agenda to provide more funds. For this reason spreading the word on this topic is of vital importance for putting an end to this tragic epidemic Native American communities are suffering from.

It is difficult to believe that racism from police and school employees still exists in today's world but the survey of stresses from the Pacific Northwest teens gives multiple examples of mistreatment. They described that they were always seeming to get into trouble, beginning with their early years at school where they were often punished and singled out for being Indian. In one situation the teen felt discriminated against for wearing traditional bandanas which resulted in punishment (Strickland, Cooper 2011). The high school students felt that they were followed by security in shopping malls and pulled over by cops and given undeserved tickets. Several students stated that the cops touched them inappropriately. Other prejudices came from the public including store clerks and other students (Strickland, Cooper 2011).

Social, cultural and psychological obstacles that are related to suicide include: mental disorders, substance abuse, childhood and adult trauma, economic struggles, relationship loss, social isolation, and individual psychological traits like hopelessness (LaFromboise 2007). The social and cultural issues can be linked to colonialism which has resulted in various forms of structural violence. Native American youth are a part of a multigenerational legacy of repeated traumatic experiences that are associated with colonialism which has led to the loss of certain valued aspects of culture including language and land, and it has led to family and community disruption (LaFromboise 2007). Scholars note that Native American youth are faced with economic uncertainty including limited jobs and opportunities, causing negative views of the future. Generations of cultural oppression has led to a disruption in the transmission of identity and tradition (Mignone, O'Neil 2005). A theme of risk factors is apparent in the data: stress, drugs, alcohol, and family issues, compared to protective factors including: family support, and cultural traditions (Strickland, Cooper 2011).

CONCLUSION

While preventative programs are a step in the right direction, they do not address the larger concern of the marginalization of Native American populations and the social and political complexities created. I suggest further studies and research into preventive programs that adhere to not only suicide but personal well-being including physical and mental health, to build a sense of purpose and importance in the youth of these communities. Lenora M. Olson and Stéphanie Wahab discuss Native American Suicides as a neglected area of research. They suggest that multiple strategies and varieties of treatment including mental health and substance abuse, are needed to lower suicide rates (2006 pg 31). I believe their strategy is ideal. It does not solely focus on preventing suicide but incorporates other issues that often aid in suicide and suicide attempts such as alcohol and drug abuse. The theme in designing effective programs seems to involve: cultural sensitivity, family involvement, addressing substance abuse, and some take it further and suggest certain restriction on firearms such as gunlocks and gun cabinets (Wexler 2012).

Marlene EchoHawk states “Although it is recognized that there is a need for immediate and ongoing professional counseling, there are serious questions regarding the availability of prevailing services that are able to respond in culturally sensitive and appropriate ways” (EchoHawk pg 60). Cultural sensitivity is immensely important for a program’s success in working to prevent further suicides. Educating the outside team members of a suicide prevention committee on the particular cultural practices of the area they working with will really make a difference to the families and the local committee members. An understanding of the lives of the people will give the employees more sensitivity to the patients that are considered to be at risk

for suicide allowing for a more successful and trusting relationship. Hybrid therapy is an approach that can present a more culturally competent delivery of services. It includes having staff trained in Western medicine as well as Native American treatment systems. Non-native practitioners can work with traditional healers to create a more culturally sensitive and welcoming environment (Oetzel, Duran 2006).

One major issue my research has revealed is that programs, even if found to be successful, often only last for a short while. This can be prevented through spreading awareness of the suicide epidemic and making it a priority for the U.S. Department of Health and Human Services, as well as the BIA and IHS. Structurally these organizations need to commit programs and employees to an area for an extended periods of time. If the members cannot remain in the area the program must be ready to have positions filled. Native American youth suicide has received media attention but not enough to spark a change in our federal government's political agenda. Educating a larger audience about this epidemic will only help in eliminating its' existence. Coloradas Mangas an Apache youth who has lost numerous friends to suicide testified on Capitol Hill in 2010 on this issue "I am from a new generation of young men and women who believe in breaking the silence and seeking help," (Daly 2010). These communities are being torn apart by youth suicide, and it is time for our nation to come together and whole heartedly address this issue before more young men and women like Coloradas friends, and my friend's brother Raymond, leave us before their time.

While structural violence, colonialism, and biopolitics have worked against Native American Youth, there is hope in that some programs have been successful in preventing suicide from occurring. So with that in mind, if tribal and government leaders work together to make

certain that programs are created, and funded, I believe the Native American youth suicide epidemic can be stopped. Simultaneously, more research on biopolitics, post-colonialism, and structural violence within Native American communities, can lead to social and political changes that will improve the lives of these communities, thus eliminating the amount of risk factors associated with youth suicide.

SOURCES CITED

Anderson, Terry L., and Dominic P. Parker

2008 Sovereignty, Credible Commitments, and Economic Prosperity on American Indian Reservations. *Journal of Law and Economics* Vol. 51 No. 4.

Allen J., and Butler, J.

2009 Epidemiology of suicide In Alaska. Presentation at: Behavioral and Mental Health Research in the Arctic Conference. Retrieved from <http://www.arctic.gov/publications/CHS%20%285%29%20netti.pdf>

Brave Heart, Mary Yellow Horse, Josephine Chase, Jennifer Elkins, and Deborah Altschul

2011 Historical Trauma Among Indigenous People of the Americas: Concepts, Research, and Clinical Considerations. *Journal of Psychoactive Drugs* 43 (4), 282-290.

Bureau of Indian Affairs

2014 2013 American Indian Population and Labor Force Report U.S. Department of the Interior, Office of the Secretary, Office of the Assistant Secretary – Indian Affairs.

Cheyfitz, Eric

2002 The (Post) Colonial Predicament of Native American Studies. *Interventions: International Journal of Postcolonial Studies*. 4:3, 405-427

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention

2012 Suicide Rates Among Persons Ages 10–24 Years, by Race/Ethnicity and Sex, United States, 2005–2009

Cooper, Michelle, June Strickland

2011 Getting Into Trouble: Perspectives on Stress and Suicide Prevention Among Pacific Northwest Indian Youth. *Journal of Transcultural Nursing*. 22: 240.

Crow Dog, Mary.

1990 Lakota Woman. Harper Perennial.

Daly, Mathew

2010 Youth Suicides epidemic on tribal reservations: Rates among Native Americans are 10 times the national average. Associated Press 3/25/2010.

Foucault, Michel

1976 Society Must Be Defended: Lectures at the Collège de France, 1975–1976. New York: Picador.

Stacey Freedenthal, MSW, and Arlene Rubin Stiffman

2004 Suicidal Behavior in Urban American Indian Adolescents: A Comparison with Reservation Youth in a Southwestern State. *Suicide and Life-Threatening Behavior* 34(2). The American Association of Suicidology.

Freedenthal, Stacey, Arlene Rubin Stiffman

2007 "They Might Think I Was Crazy": Young American Indians' Reasons for Not Seeking Help When Suicidal. *Journal of Adolescent Research* Vol. 22 Number 1. 55-77.

Gone, Joseph and Carmela Alcantara

2007 Reviewing Suicide in Native American Communities: Situating Risk and Protective Factors within a Transactional—Ecological Framework. *Death Studies*, 31: 457-477.

Gone, J.P.

2009 A Community-based Treatment for Native American Historical Trauma: Prospects for evidence-based practice. *Journal of Consulting & Clinical Psychology* 77 (4): 751-62.

Hamilton Shane M., Karen A. Rolf

2010 Suicide in Adolescent American Indians: Preventative Social Work Programs. *Child & Adolescent Social Work Journal* 27:283–29

The IHS Primary Care Provider.

2010 Introduction to the July 2010 Special Issue on Injury Prevention. A *Journal for health professionals working with American Indian and Alaska Natives* Vol. 35 No. 7.

IHS National Tribal Advisory Committee on Behavioral Health, IHS Behavioral Health Work Group, and IHS.

2011-2015 American Indian/Alaskan Native: National Behavioral Health Strategic Plan.

Indian Health Service

2002-2003 Trends in Indian Health 2002-2003 Edition. IHS Headquarters Publications.

LaFromboise, Teresa D., Lisa Medoff, Carline C. Lee and Alex Harris

2007 Psychosocial and Cultural Correlates of Suicidal Ideation Among American Indian Adolescent on a Northern Plains Reservation. Stanford University.

Mackin Juliette, Tamara Perkins, and Carrie Furrer.

2012 The Power of Protection: A Population-Based Comparison of Native And Non-Native Youth Suicide Attempters. Centers for American Indian and Alaska Native Health. Colorado School of Public Health/University of Colorado Anschutz Medical Campus. American Indian and Alaska Native Mental Health Research. Vol. 19, No.2.

Markstrom, Carol A.

2010 Identity of American Indian Adolescents: Local, National, and Global Considerations. Journal of Research on Adolescence 21(2) 519-535.

May, P.A.

1988 Mental health and alcohol abuse indicators in the Albuquerque area of Indian Health Service: An exploratory chart review. American Indian and Alaska Native Mental Health Research. 2 (1), 33-46.

Mariddie Craig, and John T. Walkup.

- 2009 Toward Understanding Suicide Among Youths: Results From the White Mountain Apache Tribally Mandated Suicide Surveillance System, 2001–2006. *American Journal of Public Health*. Vol 99, No. 10.
- McDonnell, Janet A.
- 1991 The Dispossession of the American Indian 1887-1934. Indiana University Press.
- Mullany Britta, Allison Barlow, Novalene Goklish, Francene Larzelere-Hinton, Mary Cwik, Novins, Douglas K., Janette Beals, Robert E. Roberts, and Spero M. Manson
- 1999 Factors Associated with Suicide Ideation Among American Indian Adolescents: Does Culture Matter? *Suicide and Life-Threatening Behavior* Vol. 29(4).
- Oetzel, John, Bonnie Duran, Julie Lucero, and Yizhou Jiang
- 2006 Rural American Indian’s Perspectives of Obstacles in the Mental Health Treatment Process in Three Treatment Sectors. *The American Psychological Association* 2006 Vol.3 No. 2 117-12.
- Olson Lenora M. and Stéphanie Wahab.
- 2006 American Indians and Suicide: A Neglected Area of Research. *Trauma Violence Abuse* 7: 19
- Pederson, Jennifer Somlak, Lorraine Halinnka Malcoe, and Jane Pulkingham
- 2013 Explaining Aboriginal/Non-Aboriginal Inequalities in Postseparation Violence Against Canadian Women: Structural Violence Approach. *Violence Against Women* 19:1034.

Prucha, Frances Paul

1984 The Great Father: The United States Government and the American
Indians Vol. 1. University of Nebraska Press.

Scheper-Hughes, Nancy

1993 Death Without Weeping: The Violence of Everyday Life in Brazil.

Shaughnessy, Lana. Sonal R. Doshi, and Sherry Everett Jones

2004 Attempted Suicide and Associated Health Risk Behaviors Among Native
American High School Students. Journal of School Health Vol. 74 No.5.

Spivak

2005 Use and Abuse of Human Rights. Duke University Press boundary 2 32:1.

Stevenson, Lisa

2012 The psychic life of biopolitics: Survival, cooperation, and Inuit
community. American Ethnologist Vol. 39, No. 3, pp. 592–613.

Strickland, June C. Elaine Walsh, and Michelle Cooper

2006 Healing Fractured Families: Parents' and Elders' Perspectives on the
Impact of Colonialism and Youth Suicide Prevention in a Pacific
Northwest American Indian Tribe. Journal of Transcultural Nursing 17:5.

Tingey, Lauren.

2013. The White Mountain Apache Model for Suicide and Self-Injury
Surveillance and Prevention: Innovation in Public Health. The HIS
Primary Care Provider. Vol. 38, No. 1

SOURCES CONSULTED

Barlow Allison, Lauren Tingey, Mary Cwik, Novalene Goklish, Francene Larzelere-Hinton, Angelita Lee, Rosemarie Suttle, Britta Mullany, and John T. Walkup.

2012 Understanding the Relationship between Substance Use and Self-Injury in American Indian Youth. *The American Journal of Drug and Alcohol Abuse*, 2012; 38(5): 403–408.

Brown, Donna L., Jacqueline S. Gray, Sonia Marrone, Jennifer J.Muehlenkamp .

2009. A College Suicide Prevention Model for American Indian Students. *American Professional Psychological Association. Professional Psychology: Research and Practice*. Vol.40, No. 2 pg 134-140.

Cwik Mary F., Allison Barlow, Lauren Tingey, Francene Larzelere-Hinton, Novalene Goklish, John T. Walkup,

2011 Nonsuicidal Self-Injury in an American Indian Reservation Community: Results From the White Mountain Apache Surveillance System, 2007-2008. *Journal of The American Academy of Child & Adolescent Psychiatry*. Vol. 50 No. 9

Doll, Joy and Katelyn Brady.

2013 Project HOPE: Implementing Sensory Experiences for Suicide Prevention in a Native American Community. *Occupational Therapy in Mental Health*. 29:2, 149-158.

Goklish, Novalene

2010 Senior Program Coordinator, White Mountain Apache Youth Suicide Prevention Program Testimony before Congress.

Grossman David C., B. Carol Milligan, and Richard A. Deyo

1991 Risk Factors for Suicide Attempts Among Navajo Adolescents. American Journal of Public Health. Vol. 81, No.

Johnson, Troy and Holly Tomren.

1999 Helplessness, Hopelessness, and Despair: Identifying the Precursors to Indian Youth Suicide. American Indian Culture and Research. Journal 23, no. 3, pg 287-301.

Knesper, David J.

2011 Continuity of Care for Suicide Prevention and Research.

LaFromboise Teresa D., and Hayes A. Lewis

2008 The Zuni Life Skills Development Program: A School/Community-Based Suicide Prevention Intervention. The American Association of Suicidology. 38(3).

May Philip A., Patricia Serna, Lance Hurt and Lemyra M. DeBruyn.

2005 Outcome Evaluation of a Public Health Approach to Suicide Prevention in an American Indian Tribal Nation.
American Journal of Public Health Vol 95. No. 7.

Olson Lenora M., Stéphanie Wahab, Cheryl W. Thompson and Lynne Durrant

2011 Suicide Notes Among Native Americans, Hispanics, and Anglos.

Qualitative Health Research. 21:1484

Stevenson Lisa

2009 Being There: The Fieldwork Encounter and the Making of Truth.

