Risk and Protective Factors: American Indian and Alaska Native Populations

American Indian and Alaska Native (AI/AN) people are descended from any of the original peoples of North and South America (including Central America) and maintain tribal affiliation or community attachment. The term AI/AN encompasses many ethnic and cultural groups, tribes, and traditions.

This information sheet covers the common risk and protective factors for AI/AN populations. For data on suicidal thoughts and behaviors and suicide deaths in these populations, go to the web page “American Indian and Alaska Native Populations.”

Risk Factors

Across all racial and ethnic populations, some of the most significant risk factors are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health.

In addition, research has shown the following to be among the most significant risk factors for AI/AN populations.

Alcohol and drug use: According to the National Violent Death Reporting System 2003–2009, of AI/AN suicide decedents tested for alcohol, 36% were legally intoxicated at the time of death. There were proportionally more positive test results for alcohol among AI/AN decedents than there were for any other racial or ethnic group.

In 2011, AI/AN populations had the highest rate of current illicit drug use (13.4%) among those ages 12 or older compared to any other single racial/ethnic group, and illicit drug use is a risk factor for suicide. The overall rate for all racial/ethnic groups was 8.7%.

Historical trauma: Attempts to eliminate AI/AN culture—such as forced relocation, removal of children to boarding schools, prohibition of the practice of native language and cultural traditions, and outlawing of traditional religious practices—have affected multiple generations of AI/AN people and contribute to high rates of suicide among them.
**Alienation**: In an analysis of suicide notes to determine motivation, alienation among Native American people was double that of White people. Alienation causes a loss of well-being when the individual feels emotionally disconnected from his or her family of origin or culture.8

**Acculturation**: Alaska Native tribal members with greater adaptation to the mainstream culture reported increased psychosocial stress, less happiness, and greater use of drugs or alcohol to cope with the stress of navigating the differences between two cultures.9 In some American Indian tribes, there is more pressure to acculturate, greater conflict regarding traditional cultural practices, and a high suicide rate among adolescents and young adults.10

**Discrimination**: Studies of American Indian youth found that discrimination was as important a predictor of suicidal ideation as poor self-esteem and depression.11, 12 This association may be more common among reservation youth than their urban counterparts.13

LGBT AI/AN people experience even more prejudice and discrimination and have higher rates of suicide deaths, attempts, and ideation than heterosexual AI/AN people and LGBT people of other racial/ethnic backgrounds.14, 15, 16, 17

**Community violence**: AI/AN youth are 2.5 times more likely to experience trauma than non-AI/AN youth.18 Much of this trauma involves victimization from non-AI/AN perpetrators or from family violence and abuse.19

**Mental health services access and use**: Only 10% to 35% of American Indian adolescents and young adults use professional health services during a suicidal episode.20, 21

There are many reasons for not seeking help. In one study, youth reported that internal factors, such as embarrassment, not realizing they had a problem, a belief that nobody could help, and self-reliance, affected their decisions not to seek help.22 There is also a lack of American Indian mental health professionals.23 In addition, significant numbers of AI/AN people live in rural, isolated areas where it is difficult to get to the few mental health professionals of any racial/ethnic background that are located within a reasonable distance.24

Many AI/AN people do not trust mental health professionals because they see mental health services as part of White culture and not sensitive to their culture.25 The underlying assumptions driving psychological intervention can neglect the social, societal, and historical issues that affect many AI/AN people and can increase risk for suicide.26, 27

**Contagion**: Many suicide deaths occur on reservations where AI/AN youth have considerable exposure to suicide.28 Suicide contagion has been observed among both AI/AN adults29 and youth, and there is evidence that youth may be at particular risk.30, 31

**Relationship of risk factors**: The social significance and societal origins of suicide in AI/AN populations underscores the linkages between shared risk factors, such as historical trauma, and personal risk factors, such as acculturation, discrimination, and reluctance to seek mental health services.32, 33
Protective Factors

Across all racial and ethnic populations, some of the most significant protective factors are:34, 35

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

Two large studies found that for AI/AN youth, strengthening protective factors may be more important than reducing risk factors in addressing suicide risk.36, 37 In addition to the four protective factors above, research has shown the following to be among the most significant protective factors in AI/AN populations.

**Community control:** In a Canadian study of data from the British Columbia Coroner’s Office, tribes with no suicides had more indicators of cultural continuity. Cultural continuity was defined as having infrastructure, such as the presence of cultural facilities; sovereignty, such as self-government; having title to their traditional lands; and the provision of services within the community, including education, police, and fire, health care delivery, and child and family services.38 In another Canadian study, preliminary evaluative data and community member narratives indicated that community control in designing and carrying out suicide prevention programming can be effective toward preventing suicide.39

**Cultural identification:** Alaska Native tribal members following a more traditional way of life reported greater happiness, more frequent use of religion and spirituality to cope with stress, and less frequent use of drugs and alcohol to cope with stress.40

Two studies of Native American youth in the Midwest found that those who had a stronger ethnic/cultural identity were better able to cope with acculturative stress and less likely to have suicidal thoughts.41, 42

**Spirituality:** Commitment to tribal cultural spirituality (forms of spirituality deriving from traditions that predate European contact) is significantly associated with a reduction in suicide attempts. People with a high level of cultural spiritual orientation have a reduced prevalence of suicide compared with those with low levels of cultural spiritual orientation.43

**Family connectedness:** Connectedness to family and discussing problems with family and friends are protective against suicide attempts among AI/AN youth.44
References


23 Olson and Wahab, American Indians and Suicide


33 Wexler and Gone, Culturally Responsive Suicide Prevention

34 HHS, 2012 National Strategy

35 SPRC and Rodgers, Understanding Risk and Protective Factors


39 Kral et al., Canadian Inuit Community Engagement

40 Wolsko et al., Stress, Coping and Well-Being
41 Yoder et al., Suicidal Ideation


44 Borowsky et al., Suicide Attempts