

# Variables Distinguishing Self-Injurers, Suicide Attempters and Non Self-Injurers within a Correctional Psychiatric Inpatient Sample

by Monica Parkins, M.S., Robert Horon, Ph.D., & Todd McManus, Ph.D.

## Abstract

The present study aims to differentiate between groups of inmates who have attempted suicide and engage in frequent self-injury (self-injurers, SIB); those who have attempted suicide and engage in no, or infrequent, self-injury (suicide attempters, SA); and those with no prior suicide attempts or self-injury (non self-injurers, NSIB) during hospitalization. 235 male inmates were assessed during psychiatric hospitalization in a California state prison using prison records, interviews, and a suicide risk battery consisting of the BSS, ACSS, ASIQ, and RASQ. The three groups (SIB, SA, and NSIB) were then compared in regards to severity of past offenses, prison behavior, past self-injurious behaviors (including suicide attempts), and scores on standardized suicide risk measures. Significant differences were found between groups in regards to desire for death, suicidal ideation, and severity of attempts.

## Hypotheses

**Hypothesis 1:** Significant differences will be evident between groups of suicide attempters with frequent SIB (SIB), suicide attempters with no (or infrequent) SIB (SA) and non self-injurers (NSIB).

**Hypothesis 2:** In comparison to other groups, suicide attempters with no, or infrequent SIB (SA) will demonstrate greater levels of motivation for suicide characterized as due to anguish or psychache (higher RASQ Internal scores) than other groups. The SA group will also have higher BSS and ASIQ scores than NSIB group, but lower scores than SIB group.

**Hypothesis 3:** In comparison to other groups, attempters with frequent SIB (SIB) will demonstrate greater levels of motivation for suicide due to external factors (higher RASQ External scores) & increased acting out behaviors resulting in disciplinary infractions (CDCR 115's). They will demonstrate higher ACSS scores, more severe offenses, more suicidal ideation (per ASIQ scores), and a greater number of attempts resulting in hospitalization, in comparison to other groups.

## Measures

- 1.) Beck Scale for Suicidal Ideation (BSS)
- 2.) Acquired Capability for Suicide Scale (ACSS)
- 4.) Reasons for Attempting Suicide Questionnaire (RASQ)
- 5.) Adult Suicidal Ideation Questionnaire (ASIQ)

## Procedure

235 male inmates from a California state prison were assessed during psychiatric hospitalization. Participants were chosen at random and asked to participate in the study.

- 1.) A suicide risk battery, consisting of the BSS, ACSS, ASIQ and RASQ, was administered.
- 2.) Clinical interview was conducted to collect information about symptoms and past history, type, severity and frequency of SIB and method and medical consequences of suicide attempts.
- 3.) Following the assessment a file review was done to confirm participant's statements and gather additional information regarding past/current offenses, mental health treatment history, disciplinary actions, and sentencing.

The study compared groups of suicide attempters with frequent SIB (SIB), suicide attempters with no or minimal SIB (SA), and those who had not either self-injured or attempted suicide. Frequent SIB was defined as being at least every few months. Infrequent SIB was considered once a year or less.

## Results

*Suicide Risk Measures by Groups with No SIB/Suicide Attempt (NSIB), Suicide Attempt & No/Infrequent SIB (SA), and Suicide Attempt & Frequent SIB (SIB)*

	No Self-Injury (NSIB) (n = 16)				Suicide Attempt & No/Infrequent SIB (SA) (n = 135)				Suicide Attempt & Frequent SIB (SIB) (n = 74)						
	M	SD	Median	Range	M	SD	Median	Range	M	SD	Median	Range			
BSS	2.81	5.10	0.00	59.69 <sup>a</sup>	0.15	10.69	9.03	11.00	120.24 <sup>b</sup>	0.31	13.66	10.05	14.00	140.66 <sup>c</sup>	0.32
ACSS	39.00	9.50	35.00	37.71	27.51	43.88	10.29	43.00	51.13	17.46	46.89	12.88	48.00	58.09	15.70
ASIQ	41.07	51.93	17.00	75.37 <sup>a</sup>	0.475	59.35	33.11	54.00	117.02 <sup>b</sup>	5.131	72.82	33.45	69.00	142.65 <sup>c</sup>	1-135
RASQ Internal	13.93	7.37	15.00	66.23 <sup>a</sup>	6.25	20.13	5.68	21.00	121.60 <sup>b</sup>	6.30	21.11	5.53	22.00	133.26 <sup>c</sup>	6.30
RASQ External	15.00	6.74	15.00	97.60	4.25	17.45	7.85	15.00	116.49	8.37	18.50	7.13	17.50	129.11	8.35
# of attempts w/ 1+ day hospitalization	0.00	0.00	0.00	61.00 <sup>a</sup>	0.0	1.26	2.65	0.50	116.64 <sup>b</sup>	0.23	1.97	2.87	1.00	141.00 <sup>c</sup>	0.18
# of non-violent 115's	2.63	2.78	1.50	112.63	0.7	3.63	5.68	1.00	111.02	0.32	3.94	6.78	1.00	111.33	0.42
# of violent 115's	0.69	1.20	0.00	94.03	0.4	1.29	2.21	0.00	109.89	0.15	2.06	3.39	0.50	117.94	0.16
Current conviction	4.69	1.92	5.00	136.94	1.7	4.18	1.60	5.00	115.03	1.7	4.15	1.62	5.00	114.10	1.7
Violence level															
Highest conviction	5.13	1.54	5.00	131.03	1.7	4.89	0.95	5.00	110.64	1.7	4.90	0.93	5.00	110.70	2.7
Violence level															

Note: Mean ranks with different superscripts significantly differ at the .01 level. BSS = Beck Suicide Scale. ACSS = Acquired Capability for Suicide Scale. ASIQ = Adult Suicidal Ideation Questionnaire. RASQ = Reasons for Attempting Suicide Questionnaire.

## Results

Data was analyzed using Kruskal-Wallis and Mann-Whitney Tests. Post-hoc analyses were conducted to examine a fourth group (SIB with no attempt) which emerged during data analysis. The group closely resembled NSIB group on all variables.

**Hypothesis 1:** Significant differences were evident between suicide attempters with frequent SIB (SIB), suicide attempters with no (or infrequent) SIB (SA) and non self-injurers (NSIB).

**Hypothesis 2:** Suicide attempters with no, or infrequent SIB (SA) demonstrated greater levels of motivation for suicide due to anguish or psychache (higher RASQ Internal scores) than NSIB group ( $\mu=525.5$ ,  $p=0.002$ ) but not more than SIB group ( $\mu=4450.5$ ,  $p=0.221$ ). As predicted, SA group had higher BSS ( $\mu= 510$ ,  $p=0.000$ ) and ASIQ scores ( $\mu=621.5$ ,  $p=0.016$ ) than NSIB group, but lower BSS ( $\mu=4097.5$ ,  $p=0.031$ ) and ASIQ scores ( $\mu=3749$ ,  $p=0.006$ ) than SIB group.

**Hypothesis 3:** Attempters with frequent SIB (SIB) did not report more motivation for suicide due to external factors (higher RASQ External scores) than other groups ( $\chi^2(3)= 5.192$ ,  $p=0.158$ ). SIB group did not differ from other groups on non-violent CDCR 115's ( $\chi^2(3)= 0.078$ ,  $p=0.994$ ), violent CDCR 115's ( $\chi^2(3)= 2.915$ ,  $p=0.405$ ), current conviction violence level ( $\chi^2(3)= 1.856$ ,  $p=0.603$ ), or highest conviction violence level ( $\chi^2(3)= 2.564$ ,  $p=0.464$ ). There was a trend toward higher ACSS scores, which did not reach significance ( $\chi^2(3)=7.197$ ,  $p=0.066$ ). SIB group reported significantly more suicidal ideation (per ASIQ scores) ( $\mu=3749$ ,  $p=0.006$ ) and attempts requiring hospitalization over one day ( $\mu=3770.5$ ,  $p=0.006$ ) than SA group.

## Discussion

Significant differences were found between groups of non self-injurers; suicide attempters with no, or infrequent SIB; and suicide attempters with frequent SIB. Suicide attempters, regardless of frequency of SIB, displayed increased internal motivation for suicide, greater desire for death by suicide, and more frequent suicidal ideation when compared to non-self injurers. In comparison to suicide attempters with no history of SIB or infrequent SIB, suicide attempters with frequent SIB displayed significantly more suicidal ideation, reported a greater desire for suicide, and made significantly more attempts requiring hospitalization. Suicide attempters with infrequent vs. frequent SIB did not differ on levels of internal or external motivation for suicide, which may have been due to strong motivation to die by both groups. Individuals who engaged in SIB but had no history of attempting suicide closely resembled non self-injurers. Results suggest that considering the frequency of SIB may be more useful than simply noting its presence when assessing for suicide risk. Suicide potential should not be minimized when frequent SIB is found; when a history of attempts is also found significant risk can remain.