

An Exploration of Self-Reported Suicidality and Suicide-Related Behaviors Across Gender and Ethnic Groups in a Forensic Inpatient Sample

Emily A. Cordova¹, Amanda N. Hansen¹, Chloe A. Patch¹, Danielle Burchett¹, & David M. Glassmire²

¹Department of Psychology, California State University, Monterey Bay, ²Patton State Hospital



Introduction

- Suicide is a leading cause of death in the U.S and is a concern for people of all backgrounds.¹
- Studies suggest differences across cultural groups and across genders^{2, 3, 4}
- It is important to address gender and cultural differences for improved suicide prevention and treatment for suicidal thoughts and behaviors

Gender

- Women report experiencing more suicidal thoughts than men⁵
- Women are more likely to report suicidal thoughts across cultural groups (e.g., Caucasian, African American, Hispanic)⁶

Cultural Groups

- Caucasians have higher rates of suicidal ideation and completed suicides than Hispanic and African Americans⁵

Aims & Hypotheses

This study compares rates of self-reported suicidality and documented suicide-related behaviors across gender and ethnic groups in a forensic inpatient setting.

Hypotheses

- Women would be more likely to report more suicidality and experience more suicidal thoughts and attempts than men
- African American and Hispanic patients would be less likely to report suicidal thoughts and behaviors than Caucasians
- Hispanic patients would be less likely to experience more suicidal thoughts and attempts than Caucasians

Method

Participants

- 327 forensic inpatients with valid MMPI-2-RF results and available incident report data were examined
- Native American, Asian American, and other cultural groups were excluded due to small sample sizes

Measures

- **MMPI-2-RF Suicidality Items.** We examined responses for 5 items with suicidality content
- **Hospital Incident Reports.** We examined reports of self-aggression/suicide attempts and suicide threats documented by hospital staff

Procedures

- Patients were administered the MMPI-2 or MMPI-2-RF as part of clinical or forensic evaluations
- Deidentified archival data were examined
- Individuals with invalid test results or missing incident reports or ethnicity data were excluded

Table 1: Suicidality Rates by Gender (n = 327)

	χ^2	p	% of Men	% of Women
Measures of Self-Reported Suicidality (MMPI-2-RF Items)				
93: Recent suicidal thoughts	3.06	.08	4.5	9.3
120: Thoughts of wanting to be dead	8.78†	.003	1.9	8.3
164: Recent suicidal thoughts	0.96†	.33	2.7	4.6
251: Recent undisclosed attempt	2.49†	.29	11.0	10.2
334: Recent thoughts of death and afterlife	2.73†	.26	12.9	14.8
Suicidality Documented by Staff (Incident Reports)				
Suicidal Attempt or Self-Aggression	0.01	.94	11.7	12.0
Suicidal Threat	0.06	.80	10.2	11.1

Note: Statistically significant chi-square results with standardized residuals greater than [1.96] are bolded. †: cell counts were small, making results unreliable. MMPI-2-RF item content is described rather than directly reported.

Table 2: Suicidality Rates by Ethnicity (n = 284)

	χ^2	p	% of African American Patients	% of Caucasian Patients	% of Hispanic Patients
Measures of Self-Reported Suicidality (MMPI-2-RF Items)					
93: Recent suicidal thoughts	2.29†	.32	2.8	7.9	8.3
120: Thoughts of wanting to be dead	0.83†	.66	2.8	4.2	6.3
164: Recent suicidal thoughts	2.21†	.33	1.4	3.0	6.3
251: Recent undisclosed attempt	7.50†	.11	16.9	9.1	6.3
334: Recent thoughts of death and afterlife	3.25†	.52	15.5	13.3	14.6
Suicidality Documented by Staff (Incident Reports)					
Suicidal Attempt or Self-Aggression	6.78	.03	9.9	17.6	4.2
Suicidal Threat	1.23	.54	8.5	13.3	10.4

Note: Statistically significant chi-square results with standardized residuals greater than [1.96] are bolded. †: cell counts were small, making results unreliable. MMPI-2-RF item content is described rather than directly reported.

Acknowledgements

This research was made possible by support from a grant from the University of Minnesota Press, Test Division—which supported data collection—and the California State University, Monterey Bay Undergraduate Research Opportunity Center (UROC)—which provided additional financial, logistical, and mentorship support. This research was approved by the California Human Services Agency Committee for the Protection of Human Subjects. The statements and opinions expressed are those of the authors and do not constitute the official views or the official policy of DSH-Patton, The California Department of State Hospitals, or the State of California.

Results & Discussion

Findings

- As hypothesized, **Hispanic patients were less likely** than Caucasian or African American patients to have documented **self-aggression/suicide attempts**
- There were **no ethnic group differences in documented suicide thoughts**
- African American patients showed low endorsement rates for several suicidality items
- Few gender differences in suicide-related item endorsement were observed, except that **women were more likely to report they wish they were dead** (Item 120)
- Associations between items and self-aggression/suicide attempts were somewhat stronger for men (statistically significant phi† range: .12 to .20).
- Associations between **suicidality items and suicide thoughts** were **stronger for women** (statistically significant phi† range: .28 to .41)

Implications

- Forensic inpatient clinicians should consider ethnicity and gender when treatment planning for suicide prevention
- For instance, Caucasian and African American patients are at higher risk of self-harming behavior, and women are at higher risk of thoughts of wanting to be dead
- When assessing forensic inpatients, clinicians should be aware that MMPI-2-RF suicidality items are stronger predictors of behavior for men and notably stronger predictors of thoughts for women

Limitations & Future Directions

- Limitations included a small sample size that limited the reliability of findings
- Future studies should replicate with a larger sample

References

¹ Anestis, M.D. (2018). *Guns and suicide: An American epidemic*. New York, NY: Oxford University Press.

² Morrison, L. L., & Downey, D. L. (2000). Racial differences in self-disclosure of suicidal ideation and reasons for living: Implications for training. *Cultural Diversity and Ethnic Minority Psychology*, 6(4), 374-386.

³ Perez-Rodriguez, M. M., Baca-Garcia, E., Oquendo, M. A., & Blanco, C. (2008). Ethnic differences in suicidal ideation and attempts. *Primary Psychiatry*, 15(2), 44-53.

⁴ Sorenson, S.B., & Golding, J.M. (1988). Suicide ideation and attempts in Hispanics and non-Hispanic whites: Demographic and psychiatric disorder issues. *Suicide and Life-Threatening Behavior*, 18(3), 205-18.

⁵ Barnow, S., & Linden, M. (1997). Suicidality and tiredness of life among very old persons: Results from the Berlin Aging Study (BASE). *Archives of Suicide Research*, 3(3), 171-182.

⁶ Langhinrichsen-Rohling, J., Friend, J., & Powell, A. (2009). Adolescent suicide, gender, and culture: A rate and risk factor analysis. *Aggression and Violent Behavior*, 14, 402-414.