BJPsych | The British Journal of Psychiatry (2008) 192, 166–170 doi: 10.1192/bjp.bp.106.030650

Data supplement

Table DS1 Methods and findings of 45 analyses of the relationship between childhood sexual abuse and self-injurious behaviour

Study	Sample size, *n*	Age, years	Female, %	Sample type	Phi[a]
Bierer *et al* (2003), Sample 1[33]	118	38	0	Personality disorder out-patients	0.01
Bierer *et al* (2003), Sample 2[33]	64	38	100	Personality disorder out-patients	0.04
Boudewyn & Liem (1995)[34]	438	25	61	College students	0.27
Briere & Gil (1998), Sample 1[35]	927	46	50	General population sample	0.13
Briere & Gil (1998), Sample 2[35]	390	36	78	Mixed psychiatric patients	0.25
Briere & Zaidi (1989)[36]	50	34	100	Psychiatric emergency room patients	0.24
Brown *et al* (1999)[37]	117	25	98	Eating disorder patients	0.21
Carroll *et al* (1980)[27]	28	28	71	Mixed psychiatric patients	0.35
Craine *et al* (1988)[28]	105	35	100	Mixed psychiatric patients	0.22
Darche (1990)[38]	96	15	100	Mixed psychiatric patients	0.32
Evren & Evren (2005)[39]	136	36	0	Substance disorder disorder patients	0.27
Favaro & Santonastaso (1999)[40]	175	24	NA	Bulimia patients	0.24[b]
Gladstone *et al* (1999)[41]	171	43	100	Depressed patients	0.27[c]
Gladstone *et al* (2004)[42]	125	38	100	Depressed patients	0.19[c]
Gleaves & Eberenz (1993)[43]	535	n/a	100	Eating disorder patients	0.20
Gratz (2006)[44]	200	23	100	College students	0.19
Gratz *et al* (2002)[45]	133	23	67	College undergraduates	0.24
Jarvis & Copeland (1997)[46]	180	33	100	Substance and trauma patients	0.25
Joyce *et al* (2006)[47]	195	n/a	57	Depressed patients	0.21[d]
Kroll *et al* (1996)[48]	38	40	100	Mixed psychiatric patients	0.37
Lipschitz *et al* (1999)[49]	71	15	52	Mixed psychiatric patients	0.30
Low *et al* (2000)[50]	50	32	100	Mixed psychiatric patients	0.37
Martin *et al* (2004)[51]	2485	14	45	Community sample	0.17
Matsumoto *et al* (2004)[52]	65	24	100	Mixed psychiatric patients	0.32
Nijman *et al* (1999)[5]	47	38	48	Mixed psychiatric patients	0.33
Paivio & McCulloch (2004)[53]	100	21	100	College students	0.45
Parker *et al* (2005)[54]	282	35	74	Depressed patients	0.16[e]
Pettigrew & Burcham (1997)[55]	146	33	100	Mixed psychiatric patients	0.11
Rodriguez-Srednicki (2001)[56]	441	21	100	College students	0.08
Rose *et al* (1991)[57]	89	n/a	44	Chronic psychiatric disorder patients	0.44
Sar *et al* (2004)[58]	38	33	87	Conversion disorder patients	0.24[f]
Schwartz *et al* (1989)[29]	60	15	100	Substance disorder patients	0.08[g]
Swanston *et al* (1999)[31]	51	18	91	Abuse victims and controls	0.36
Tobin & Griffing (1996)[59]	103	29	94	Eating disorder patients	0.42
Tyler *et al* (2003)[32]	428	17	56	Homeless	0.21
van der Kolk *et al* (1991)[16]	74	18–39	53	Mixed psychiatric and forensic cases	0.36
Whitlock *et al* (2006)[60]	2849	Mostly 18–24	56	Undergraduate and graduate students	0.14[h]
Wonderlich *et al* (1996)[17]	65	34	100	Incest victims and psychiatric controls	0.39
Wonderlich *et al* (2001)[30]	51	38	100	Abuse victims and controls	0.33
Wright *et al* (2004)[61]	524	15	100	Secondary school students	0.26[i]
Ystgaard *et al* (2004)[62]	41	n/a	65	Suicide attempters	0.45
Zanarini *et al* (2002)[63]	290	27	80	Borderline in-patients	0.35
Zlotnick *et al* (1996)[64]	148	33	100	Mixed psychiatric patients	0.31
Zoroglu *et al* (2003)[65]	818	16	61	High-school students	0.15
Zweig-Frank *et al* (1994a)[66]	150	18–48	100	Borderline personality disorder patients	0.17
Mean weighted aggregate					0.23
Unweighted median					0.25

n/a, information not available in the article.
a. Studies used either chi-squared or correlational analyses depending on whether dichotomous or continuous measures of childhood sexual abuse (CSA) and self-injurious behaviour (SIB) were used. In some cases effect sizes were calculated by E.O.K. on the basis of data reported in the original article; the effect sizes from the original studies were then converted into phi coefficients.
b. This effect size indicates the relationship between CSA and what authors termed 'impulsive self-injurious behaviour'.
c. The study separately analysed associations of CSA to current SIB and history of SIB. We used the effect size for history of SIB.
d. Estimated, based on the reported odds ratio of 3.2 for the relationship of CSA and SIB along with limited information in the article about the rates of SIB and CSA in the sample.
e. Parker *et al*[54] reported data from three samples of patients with depression. We treated the three samples as one large sample for the purpose of this meta-analysis. In addition, two different effect sizes were calculated for two different forms of CSA: that perpetrated by a parent and that perpetrated by someone other than a parent. These two forms of CSA corresponded to phi coefficients of 0.18 and 0.14 respectively; the average of these two coefficients, 0.16, was used for the purposes of the meta-analysis.
f. Data necessary to calculate the effect size were not reported in the original article and were obtained from the corresponding author by email.
g. Two different effect sizes were calculated for two different forms of CSA: incest and rape corresponded to phi coefficients of −0.06 and 0.22 respectively. The average of these two coefficients, 0.08,[59] was used for the purposes of the meta-analysis.
h. Whitlock *et al*[60] divided participants who self-injured into more than one category for most of their analyses. The effect size reported here represents the relationship between CSA and SIB where both are treated as dichotomous, present–absent variables.
i. Based on data from girls in a secondary school setting with and without a history of CSA. A third sample consisting of sexually abused girls from a clinical setting was not included since there was not a sample of non-abused girls from a clinical setting to serve as a comparison group.