

Verbal Victimization and Changes in Hopelessness Among Elementary School Children

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Hopelessness is a known risk factor for a number of negative outcomes including suicide attempts and deaths. However, little is known about how hopelessness may develop. The goal of this study was to examine the impact of verbal victimization on changes in children's levels of hopelessness. Participants were 448 fourth- and fifth-grade children who were assessed twice, 6 months apart. As hypothesized, reports of verbal victimization occurring during the follow-up period predicted residual change in children's levels of hopelessness. This relation was maintained even after statistically controlling for children's depressive symptoms. Together, these findings suggest that verbal victimization is associated with a greater risk for developing hopelessness in elementary school children, an effect that appears at least partially independent of concurrent depressive symptoms.

In 2007, suicide was the 11th leading cause of death for all ages in the United States. It was the 4th leading cause of death among 10- to 14-year-olds, the 3rd leading cause of death among 15- to 24-year-olds, and the 2nd leading cause of death among 25- to 34-year-olds (Centers for Disease Control and Prevention, 2010). Although there are a number of potential contributors to suicide risk, hopelessness is perhaps the strongest psychosocial risk factor (Beck, Brown, Berchick, Stewart, & Steer, 1990; Beck, Steer, Kovacs, & Garrison, 1985; Glanz, Haas, & Sweeney, 1995). Indeed, there is considerable research demonstrating that increased risk for suicidal ideation, suicide attempts, and death by suicide is associated with higher levels of hopelessness (for a review, see Young et al., 1996).

Hopelessness is prominently featured in leading cognitive theories of depression (Abramson, Metalsky, & Alloy, 1989; Beck, 1987; Clark, Beck, & Alford, 1999). Despite the importance of hopelessness as a risk factor for depression and suicide, little is known about how

hopelessness may develop. Young and colleagues (1996) found that hopelessness is composed of both a traitlike component (basal level of hopelessness when not depressed) and a statelike component (sensitivity or increase in hopelessness when depressed). In their study, basal levels of hopelessness, but not sensitivity, predicted future suicide attempts. Therefore, in examining the developmental correlates of hopelessness, it is important to determine predictors of hopelessness that are at least partially independent of current levels of depression.

Theorists have long thought that early adverse experiences may contribute to the development of psychopathology. In extending the etiological chain of the hopelessness theory, Rose and Abramson (1992) proposed a developmental pathway by which negative life events, especially childhood victimization, may contribute to the development of a negative cognitive style. Specifically, Rose and Abramson hypothesized that although children may initially make hopefulness-inducing attributions about the occurrence of negative events (e.g., "He was just in a bad mood that day"), with repeated occurrences the attributions will become more hopelessness inducing (e.g., "I'm worthless"). Over time, these hopelessness-inducing attributions may generalize to other types of negative events, culminating in a relatively generalized cognitive vulnerability. Rose and

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Abramson proposed that experiences of emotional abuse/verbal victimization would be more likely to contribute to the development of a cognitive vulnerability to depression than other forms of negative life events because, with emotional abuse or verbal victimization, the negative cognitions are directly supplied to the child by the abuser. Supporting Rose and Abramson's theory, there is growing evidence that emotional abuse and verbal victimization in childhood contributed to prospective changes in children's inferential styles (Gibb & Abela, 2008; Gibb et al., 2006).

However, it remains unclear whether similar negative experiences in childhood may contribute to the development of other forms of depressive cognition such as hopelessness. The primary goal of the current study, therefore, was to examine the impact of children's reports of verbal victimization on changes in levels of hopelessness. A secondary goal was to determine whether any relation observed would be maintained even after statistically controlling for the role of concurrent depressive symptom levels. We hypothesized that children's reports of verbal victimization would predict changes in their levels of hopelessness over a 6-month follow-up and that this effect would be maintained even after statistically controlling for children's concurrent levels of depressive symptoms.

METHOD

Participants

Consent forms were sent to all parents of fourth- and fifth-grade children at participating public and private schools (18 public and 6 private schools) in a metropolitan, Pennsylvania city. Of the 578 consent forms returned, 507 parents gave consent for their children to participate and 71 parents declined participation. Of those children whose parents provided consent, 448 children participated in the Time 1 assessment and 415 completed the Time 2 assessment 6 months later, an attrition rate of 7%. Children's attrition from the study was due almost entirely to children moving to a different school (81%). A series of *t* tests was conducted to determine if attriting children differed from nonattriters on any of the variables included in this study. None of these analyses was significant.

At the initial assessment, the average age of the children was 9.77 years ($SD = 0.72$). Two-hundred sixty (58%) of the children were girls, and 253 (56.5%) were in the fourth grade. In terms of racial/ethnic composition, 227 (50.7%) were African American, 106 (23.7%) were Caucasian, 44 (9.8%) were Hispanic, and the remaining 71 (15.8%) were from other racial/ethnic groups. The median family income ranged from \$25,000

to \$30,000. The highest level of education completed by the parents was an elementary school diploma for 7.6%, a high school diploma for 32.9%, a community college diploma for 42.3%, a bachelor's degree for 10.7%, and a graduate degree for 6.7%.

Measures

Victimization. A modified version of the Childhood Trauma Questionnaire–Emotional Abuse subscale (CTQ-EA; Bernstein, Fink, Handelsman, & Foote, 1994) was used to assess children's levels of verbal victimization. A number of studies have supported the reliability and validity of the CTQ-EA in both clinical and community samples, including concurrent validity with therapists' ratings of abuse (e.g., Bernstein, Ahluvalia, Pogge, & Handelsman, 1997; Bernstein et al., 1994; Bernstein et al., 2003; Kaslow, Thompson, Brooks, & Twomey, 2000; Scher, Stein, Asmundson, McCreary, & Forde, 2001). The current study used a four-item modified version of the CTQ-EA (M-CTQ-VV). The M-CTQ-VV was identical to the CTQ-EA subscale except that the questions inquired about the behavior of peers and parents (e.g., "Someone called me things like 'stupid,' 'lazy,' or 'ugly'"), and we omitted one item ("I believe that I was emotionally abused"). Forms of verbal victimization assessed included humiliation, rejection, and teasing. Each item on the M-CTQ-VV is rated on a 5-point Likert-type scale, with response options ranging from *never true* to *very often true*. Total scores on the M-CTQ-VV can range from 4 to 20, with higher scores reflecting more frequent and intense victimization. The M-CTQ-VV has been used in samples as young as 6 and has demonstrated predictive validity for depressive cognitions and symptoms (see Gibb & Abela, 2008; Gibb et al., 2006). In this study, the M-CTQ-VV was administered at Time 1 and 2 and children were asked to report on experiences occurring during the last 6 months (Time 1) or since the initial assessment (Time 2). The M-CTQ-VV exhibited adequate internal consistency at both time points ($\alpha = .70$).

Hopelessness. The Children's Hopelessness Scale (CHS; Kazdin, Rodgers, & Colbus, 1986) was used to assess children's negative expectations about the future. The CHS, which was modeled after the Beck Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974), is composed of 17 true–false items. Total scores on the CHS can range from 0 to 17, with higher scores indicating more severe levels of hopelessness. The CHS has adequate reliability and construct validity with children aged 6 to 13 (Kazdin, French, Unis, Esveldt-Dawson, & Sherick, 1983; Kazdin et al., 1986) and has

demonstrated adequate internal consistency ($\alpha = .69$) and moderate retest reliability over 10 weeks ($r = .49$) among a community sample of adolescents aged 12 to 17 (Spirito, Williams, Stark, & Hart, 1988). In this study, the CHS exhibited adequate internal consistency ($\alpha s = .68$ and $.66$ at T1 and T2, respectively).

Depression. The Children's Depression Inventory (CDI; Kovacs, 1981), a 27-item self-report inventory, was used to assess children's levels of depressive symptoms. Each item on the CDI inquires about the presence of a depressive symptom in the previous 2 weeks. Modeled after the Beck Depression Inventory (Beck, Rush, Shaw, & Emery, 1979), the CDI was designed to assess symptoms of depression in children between the ages of 8 and 17, and numerous studies have supported its reliability and validity (e.g., Kovacs, 1981, 1985; Smucker, Craighead, Craighead, & Green, 1986). Consistent with previous studies (e.g., Nolen-Hoeksema, Girgus, & Seligman, 1992; Smucker et al., 1986), Item 9 on the CDI, which assesses suicidal ideation, was not administered because of concerns expressed by school officials. Excluding Item 9, total scores on the CDI can range from 0 to 52, with higher scores indicating more severe levels of depressive symptoms. In the current study, the CDI exhibited good internal consistency ($\alpha = .87$ at Time 1 and Time 2).

Procedures

Active assent was obtained for all children. They were informed that their participation was entirely voluntary and that they could withdraw from the study at any time. Permission to conduct this investigation was also provided by the school districts and their Institutional Review Boards, school principals, the individual classroom teachers, and university Institutional Review Board. The study questionnaires were administered in a group format and read aloud as the children followed along and answered the questions. Participants completed questionnaires that focused on levels of hopelessness (CHS) assessed at both time points, levels of

verbal victimization (M-CTQ-VV) having occurred within the past 6 months at Time 2, and depressive symptoms (CDI) assessed at Time 2. The mean interval between the initial and follow-up assessments was 5.90 months ($SD = 0.79$). The names of parents returning consent forms, either accepting or declining participation in the study, were entered in a lottery for one of three cash prizes—two \$100 prizes and one \$250 prize.

RESULTS

Given the presence of missing data (T1 CHS = 0.4%; T2 CHS = 7.1%; T2 M-CTQ-VV = 6.9%; T2 CDI = 7.4%), we examined whether the data were missing at random in order to justify the use of data imputation methods for estimating missing values (cf. Schafer & Graham, 2002). As a first step, a series of *t* tests was conducted to determine if attriting children differed from nonattritors on any of the variables included in this study. As previously noted, none of these analyses was significant. Also, Little's missing completely at random test, for which the null hypothesis is that the data are missing completely at random (Little & Rubin, 1987) was non-significant, $\chi^2(40) = 46.05$, $p = .24$, providing further support for the imputation of missing values. Given these results, maximum likelihood estimates of missing data were created and used in all subsequent analyses (see Schafer & Graham, 2002). Unless otherwise noted, therefore, all analyses are based on the full sample of 448 children.

Correlations and descriptive statistics for the study variables are presented in Table 1. Preliminary analyses were then conducted to determine whether any of the study variables were significantly related to children's demographic characteristics (age, sex, and race/ethnicity). There were no significant sex differences in any of the variables. However, we did find a significant correlation between children's age and their levels of hopelessness at Time 1 such that older children, compared to younger children, reported higher levels of

TABLE 1
Intercorrelations and Descriptive Statistics for Study Variables

Measure	1	2	3	4	5	M	SD
T1 Hopelessness	—					3.62	2.69
T2 Hopelessness	.46**	—				3.47	2.52
T1 Verbal Victimization	.41**	.29**	—			9.72	3.87
T2 Verbal Victimization	.26**	.33**	.48**	—		9.32	3.69
T1 Depression	.51**	.35**	.55**	.36**	—	9.38	7.52
T2 Depression	.41**	.47**	.39**	.48**	.64**	8.25	7.19

** $p < .001$.

hopelessness at Time 1 ($r = .10$, $p = .03$). In terms of racial/ethnic differences, Caucasian children, compared to children from other racial/ethnic groups reported lower levels of hopelessness at Time 1, $t(446) = 2.18$, $p = .03$, $r_{effect\ size} = .10$, and lower levels of depressive symptoms at Time 1, $t(446) = 2.21$, $p = .03$, $r_{effect\ size} = .10$, and Time 2, $t(446) = 3.20$, $p = .001$, $r_{effect\ size} = .15$.

Next, we tested our hypothesis that verbal victimization during the follow-up period would predict residual changes in children's levels of hopelessness. Specifically, using Time 2 hopelessness as the criterion variable in a hierarchical regression analysis, Time 1 hopelessness was added as a predictor in the first block and reports of verbal victimization were added in the second block. In this analysis, Time 1 hopelessness was significantly related to Time 2 hopelessness in the first block of the regression, $t(446) = 11.21$, $p < .001$, $\beta = .47$, $pr = .47$. When verbal victimization was added in the next block, it also significantly predicted hopelessness at Time 2, $t(445) = 5.39$, $p < .001$, $\beta = .23$, $pr = .25$. It is important to note that the significant effect of verbal victimization on residual changes in children's levels of hopelessness was maintained even after statistically controlling for the effects of depressive symptoms at Time 2, $t(444) = 2.38$, $p = .02$, $\beta = .11$, $pr = .11$. Consistent with our hypothesis, therefore, verbal victimization reported during the follow-up predicted residual change in children's levels of hopelessness, and this effect was not due simply to Time 2 levels of depressive symptoms. This analysis, however, does not take into account levels of verbal victimization and depressive symptoms reported at Time 1.

Therefore, we conducted additional analyses to determine whether change in verbal victimization over the follow-up predicted change in hopelessness while statistically controlling for change in depressive symptoms. Although we initially conducted analyses entering Time 1 levels of verbal victimization and depressive symptoms to the previous hierarchical regression, we found evidence for suppressor effects due the high correlation between the Time 1 and Time 2 variables. Therefore, we created residual change scores in verbal victimization and depressive symptoms and used these in our regression analysis. We found that residual change in verbal victimization predicted change in children's levels of hopelessness, $t(445) = 4.48$, $p < .001$, $\beta = .18$, $pr = .21$, even after statistically controlling for residual change in depressive symptoms across the follow-up, $t(444) = 2.44$, $p = .02$, $\beta = .10$, $pr = .12$. Finally, although we evaluated whether children's sex, age, or race/ethnicity moderated the effect of verbal victimization on changes in children's levels of hopelessness across the assessments, none of these analyses was significant.

DISCUSSION

The primary goal of the current study was to examine the impact of verbal victimization on changes in hopelessness among elementary school children. As predicted, children who reported experiencing higher levels of verbal victimization during the follow-up exhibited greater increases in hopelessness across the 6-month follow-up than those reporting lower levels of verbal victimization. It is important to note that this relation was at least partially independent of children's current levels of depression.

These results have potentially important theoretical implications for cognitive models of depression among children. The current findings add to the growing body of research suggesting that negative peer experiences may contribute to the development of various forms of depressogenic cognitions in children (see also Gibb & Abela, 2008; Gibb et al., 2006). It will be important to determine in future research whether there is any specificity in the types of negative cognitions that may develop as a result of verbal victimization or whether the relations observed with various forms of cognition really reflect effects on a broader, higher order form of cognitive vulnerability to depression.

This study had a number of strengths, including its longitudinal design and inclusion of a relatively racially and ethnically diverse sample. Despite these strengths, however, some limitations of the current study should be noted, as they may provide directions for future research. First, because we focused on a community sample, additional research is needed to determine whether the findings generalize to a more impaired sample. Second, we focused exclusively on self-report assessments of hopelessness and verbal victimization, which may have been subject to recall or response bias. This said, the impact of verbal victimization on residual change in hopelessness was maintained even when we controlled for self-reported levels of depressive symptoms suggesting that this relation was not due simply to the presence of depressive symptoms. However, future studies would benefit from multimethod assessments of each construct (i.e., interviews, parent and/or teacher reports, or computer-based assessments) to more fully rule out the potential influence of shared method variance. A third limitation was that because the measure of verbal victimization used in this study focused on victimization from multiple sources, it is not clear whether the significant relations observed were due to verbal victimization from children's parents, whether it may have been due to messages from one's peers, or whether the effects observed were due to children receiving messages from both sources. Future studies, utilizing a more fine-grained assessment of verbal victimization, are needed to answer this important question.

Implications for Research, Policy, and Practice

Although conclusions from this study must remain tentative pending replication, they may have potentially important implications for early intervention and prevention efforts among children. Specifically, to the extent that hopelessness, particularly any basal levels of hopelessness that may be present even in the absence of current depression (cf. Young et al., 1996), increases risk for suicide, interventions designed to reduce the impact of victimization, including peer victimization, should focus on reducing levels of negative cognition including hopelessness in addition to focusing on symptom reduction.

In conclusion, results from the current study provide initial support for the role that verbal victimization may play in the development of hopelessness. Understanding how cognitive styles emerge as vulnerability or resilience factors, along with a better understanding of what factors may account for individual differences in these styles, could help clinicians better identify children at greatest risk. This, in turn, could facilitate the development of more effective interventions that target an individual's specific risk factors and bolster resilience.

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