

Emotional Maltreatment and Verbal Victimization in Childhood: Relation to Adults' Depressive Cognitions and Symptoms

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SUMMARY. Despite evidence that a history of childhood emotional maltreatment is related to the presence of a cognitive vulnerability to depression in adulthood, few studies have examined the relative impact of emotional maltreatment from parents versus verbal victimization from peers. In addition, no study of which we are aware has examined the relative impact of these forms of victimization on the presence of negative versus positive automatic thoughts in adulthood. Given this, we tested

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the hypothesis that negative and positive automatic thoughts would mediate the link between childhood emotional maltreatment and verbal victimization and young adults' current depressive symptoms. This hypothesis was supported. In addition, both emotional maltreatment and verbal victimization were independently related to the presence of negative automatic thoughts and both were significantly more strongly related to levels of negative thoughts than positive thoughts. doi:10.1300/J135v07n02_04 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

In his cognitive theory of depression, Beck (1987; Beck, Rush, Shaw, & Emery, 1979; Clark, Beck, & Alford, 1999) proposed that the presence of a maladaptive self-referent schema centering on themes of failure, rejection, or worthlessness contributes vulnerability to the development of depression following the occurrence of negative life events. Although considered relatively trait-like, these schema are hypothesized to remain latent until activated by schema-congruent negative life events. Once activated, depressive schema are hypothesized to give rise to negative automatic thoughts regarding one's self, world, and future (referred to as the negative cognitive triad), which then contribute to the development of depression. In contrast to the trait-like depressive schema, negative automatic thoughts are hypothesized to be relatively state-like cognitions, generated without the person's conscious awareness, that contribute to depressive reactions following negative events and then dissipate with the alleviation of the depressed mood. Supporting Beck's theory, studies have found that changes in negative automatic thoughts predict changes in depressive symptoms (Dozois, 2002; Furlong & Oei, 2002; Philpot & Bamberg, 1996) and that they mediate the relation between dysfunctional attitudes and depressive symptoms (Kwon & Oei, 1994, 2003). Researchers (Kwon & Oei, 1992) have also found that negative automatic thoughts mediate the relation between negative life events and symptoms of depression.

Although the majority of research has focused on levels of negative automatic thoughts, Beck has suggested that depression is characterized not only by increases in negative automatic thoughts, but also decreases in positive automatic thoughts (e.g., Clark et al., 1999). Supporting Beck's distinction, studies have suggested that negative and positive automatic thoughts represent related but distinct constructs rather than opposite ends of the same continuum (for a review, see Clark et al., 1999). In addition, there is evidence that both types of automatic thoughts are independently related to levels of depressive symptoms (Dozois, 2002), supporting the importance of examining both within the same study. This said, however, it appears that depression is more strongly related to increased levels of negative thoughts than decreased levels of positive thoughts (e.g., Ingram, Slater, Atkinson, & Scott, 1990; Lightsey, 1994).

Given evidence for the relation between both negative and positive automatic thoughts and depressive symptoms, it is important to examine potential developmental antecedents to these thoughts. There is a growing body of research supporting the link between a history of childhood maltreatment and adults' cognitive vulnerability to depression (for a review, see Gibb, 2002). For example, building upon Rose and Abramson's (1992) developmental model, studies have supported the hypothesis that childhood emotional maltreatment by parents and verbal victimization from peers are related to the presence of a cognitive vulnerability to depression in young adults (Gibb et al., 2001; Gibb, Abramson, & Alloy, 2004).¹ In addition, there is evidence that these cognitive styles mediate the link between reports of childhood emotional maltreatment and both symptoms and diagnoses of depression among young adults (Gibb et al., 2001; Gibb, Alloy, Abramson, & Marx, 2003). Finally, there is evidence that verbal victimization prospectively predicts changes in children's cognitive styles and that these cognitive styles mediate the link between reports of verbal victimization and changes in children's depressive symptoms (Gibb & Alloy, 2006; Gibb, Alloy, Walshaw, Comer, Chang, & Villari, 2006).

A limitation of this line of research, however, is that it has focused almost exclusively on the development of negative cognitive styles. In contrast, potential developmental antecedents of positive thoughts have received less empirical attention. Therefore, it is not clear whether a history of emotional maltreatment or verbal victimization is related specifically to an increase in negative automatic thoughts or to both an increase in negative thoughts and a decrease in positive thoughts. Another limitation of past research is that victimization from parents and peers is rarely considered together in the same study. Although there is

some evidence that both may contribute to the development of a cognitive vulnerability to depression (cf. Gibb et al., 2004), the relative contributions of emotional maltreatment and verbal victimization to positive versus negative automatic thoughts has not been explored. This type of investigation could be an important initial step in determining the relative impact of childhood victimization from parents versus peers as well as whether there is any specificity in terms of their effects on negative versus positive automatic thoughts.

The primary goal of this study, therefore, was to examine the relations among reports of negative childhood experiences, negative and positive automatic thoughts, and depressive symptoms in a cross-sectional study of young adults. Consistent with the results of previous studies (e.g., Gibb et al., 2001, 2003, 2004), we predicted that reports of both childhood emotional maltreatment and verbal victimization from peers would be related to participants' automatic thoughts. Furthermore, we predicted that these thoughts would mediate the relations of childhood emotional maltreatment and verbal victimization with young adults' depressive symptoms. A secondary goal was to examine the relative specificity of emotional maltreatment and verbal victimization to negative versus positive automatic thoughts. We predicted that reports of both childhood emotional maltreatment and verbal victimization would be more strongly related to levels of negative automatic thoughts than to positive automatic thoughts.

METHOD

Participants

Two hundred twelve undergraduates (156 women and 56 men), recruited from introductory psychology classes, participated in the current study. Of these, 121(57.1%) were Caucasian, 51(24.1%) were African American, 21(9.9%) were Asian, 8 (3.8%) were Hispanic, and the remaining 11(5.1%) participants either were from other ethnic groups or did not report their ethnicity. The mean age of the participants was 18.79 years ($SD = 1.42$).

Measures

Emotional maltreatment. Participants' histories of childhood emotional maltreatment by parents were assessed using the Life

Experiences Questionnaire (LEQ; Gibb et al., 2001). The LEQ was modeled on Cicchetti's (1989) Child Maltreatment Interview, but is more comprehensive and specific with respect to the events it assesses. For each event listed in the LEQ, participants indicate if they experienced the event before age 15, the age of onset and offset for the event described, its frequency of occurrence, and who the perpetrator was. Consistent with the suggestions made by Brewin, Andrews, and Gotlib (1993), the LEQ assesses a broad range of specific events rather than asking individuals for global estimates of maltreatment and neglect. The emotional maltreatment subscale of the LEQ has demonstrated predictive validity for episodes of depression (Gibb et al., 2001). In addition, levels of specific maltreatment experiences endorsed on the LEQ are related to depressive symptoms and cognitions whether or not participants label those experiences as maltreatment, suggesting that the relations are not due simply to a recall bias (Gibb, Alloy, & Abramson, 2003). Forms of emotional maltreatment assessed included derogation, humiliation, rejection, extortion, and teasing. Examples of items from the emotional maltreatment subscale include, "Did any of your caretakers ever say they wished they were not parents or that you had never been born?" and "Did anyone ever try to get you to do what he/she wanted by threatening you or someone you loved with physical harm?" Histories of emotional maltreatment were determined by summing the number of different maltreatment experiences endorsed by participants as having been committed by their parents (i.e., biological, step, adoptive, or other primary caretakers). Levels of emotional maltreatment by parents (LEQ-EM) could range from 0-51, with higher scores indicating more maltreatment. In this study, the LEQ-EM subscale exhibited good internal consistency ($\alpha = .86$).

Verbal peer victimization. Responses to the LEQ were also used to calculate levels of verbal peer victimization occurring before age 15. Scores on the peer victimization variable (LEQ-VV) were calculated by summing the number of experiences endorsed on the LEQ as having been committed by either peers or boy/girlfriends. Aside from the few items referring specifically to the behavior of parents (which were removed), these were the same items used to calculate levels of emotional maltreatment by parents. The difference lies in the subjects' report of who the perpetrator of the victimization was rather than in the type of experiences endorsed. Scores on this variable had a possible range of 0-45,

with higher scores indicating more verbal victimization from peers. This subscale exhibited good internal consistency ($\alpha = .81$).

Automatic thoughts. Participants' negative and positive automatic thoughts were assessed using the Automatic Thoughts Questionnaire-Revised (ATQ-R; Kendall, Howard, & Hays, 1989). The ATQ-R consists of 30 negative self-statements (ATQ-R-N) and 10 positive self-statements (ATQ-R-P). Scores on each subscale were created by summing the relevant items, with higher scores indicating more negative (ATQ-R-N) or positive (ATQ-R-P) thoughts. Studies have supported the reliability and validity of the ATQ-R (e.g., Kendall et al., 1989). In this study, the ATQ-R-N and ATQ-R-P subscales exhibited excellent internal consistency (α s = .97 and .92, respectively).

Depressive symptoms. The Beck Depression Inventory (BDI; Beck et al., 1979) was used to assess participants' levels of depressive symptoms. Total scores on the BDI range from 0 to 63, with higher scores indicating more severe levels of depressive symptoms. Numerous studies have established the validity and reliability of the BDI (Beck, Steer, & Garbin, 1988). In the current study, the BDI exhibited excellent internal consistency ($\alpha = .90$).

Procedure

Participants were recruited from introductory-level psychology classes and received course credit for their participation. Participants completed all questionnaires in groups ranging in size from approximately five to 20.

RESULTS

Preliminary analyses revealed that a number of the variables exhibited significant skew. These variables were transformed (e.g., square root) prior to further analysis to satisfy assumptions of normality. Correlations among each of the variables as well as their means and standard deviations are presented in Table 1. To facilitate comparisons with other studies, the means and standard deviations presented are those for the untransformed variables.

As can be seen in Table 1, all of the variables were significantly intercorrelated. Focusing on the absolute magnitude of the correlations, we found that LEQ-EM was significantly more strongly related to ATQ-R-N than to ATQ-R-P, $z = 3.14, p = .001$ (cf. Meng, Rosenthal, & Rubin, 1992). The same pattern was also observed for LEQ-VV, $z = 2.64$,

TABLE 1. Correlations and Descriptive Statistics for Study Variables

	1	2	3	4	<i>M</i>	<i>SD</i>	Range
1. LEQ-EM	–				2.91	4.11	0-22
2. LEQ-VV	.46***	–			2.08	2.91	0-16
3. ATQ-R-N	.40***	.31**	–		49.88	20.15	30-149
4. ATQ-R-P	-.22**	-.16*	-.60***	–	32.54	8.76	11-50
5. BDI	.36**	.28***	.72***	-.62***	6.80	7.33	0-47

Note. LEQ-EM = Life Experiences Questionnaire-Emotional Maltreatment subscale. LEQ-VV = Life Experiences Questionnaire-Verbal Victimization subscale. ATQ-N = Automatic Thoughts Questionnaire-Revised Negative subscale. ATQ-P = Automatic Thoughts Questionnaire-Revised Positive subscale. BDI = Beck Depression Inventory.

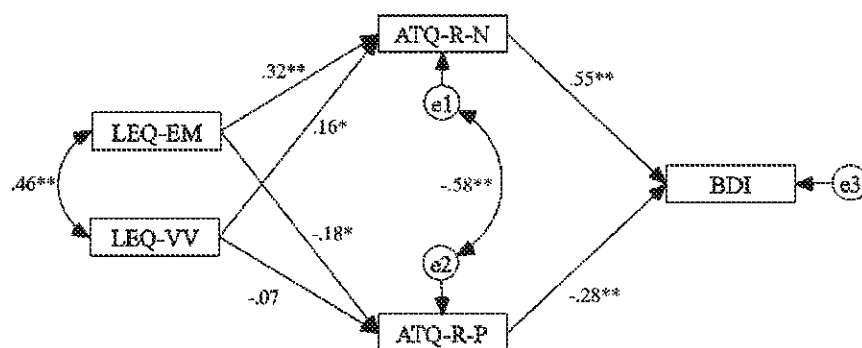
* $p < .05$. ** $p < .01$. *** $p < .001$.

$p = .004$. Consistent with the findings of previous studies, scores on the ATQ-R-N were significantly more strongly related to BDI scores than were scores on the ATQ-R-P, $z = 2.54$, $p = .005$. Finally, there were no significant differences in the magnitudes of the correlations of LEQ-EM versus LEQ-VV with ATQ-R-N, $z = 1.29$, $p = .10$, ATQ-R-P, $z = 0.86$, $p = .20$, or BDI, $z = 1.21$, $p = .11$, scores.

Next, the mediation hypothesis was tested using path analysis in AMOS 5 (Arbuckle, 2003). We first tested a full mediation model in which negative and positive automatic thoughts fully mediated the link between both childhood emotional abuse and verbal victimization and participants' current depressive symptoms. This model provided a good fit to the data, $\chi^2(2, N = 212) = 4.35$, $p = .11$, CFI = .99, RMSEA = .08, SRMR = .02 (cf. Hu & Bentler, 1999). The relations specified in the full mediation model accounted for 18% of the variance in ATQ-R-N scores, 5% of the variance in ATQ-R-P scores, and 57% of the variance in BDI scores. As can be seen in Figure 1, all of the paths included in this model were significant, with the exception of the path linking childhood verbal victimization to positive automatic thoughts. Thus, statistically controlling for the overlap between LEQ-EM and LEQ-VV, victimization from both sources remained significantly related to ATQ-R-N, but only LEQ-EM was related to ATQ-R-P. In addition, the magnitudes of the relations of LEQ-EM and LEQ-VV with ATQ-R-N did not differ significantly, $z = 1.28$, $p = .10$, suggesting that both forms of victimization were equivalently related to ATQ-R-N. Similarly, both ATQ-R-N and ATQ-R-P were uniquely related to BDI scores, although the magnitude of the ATQ-R-N path was significantly larger than the path from ATQ-R-P

FIGURE 1. Full Mediation Model. LEQ-EM = Life Experiences Questionnaire-Emotional Maltreatment subscale. LEQ-VV = Life Experiences Questionnaire-Verbal Victimization subscale. ATQ-N = Automatic Thoughts Questionnaire-Negative. ATQ-P = Automatic Thoughts Questionnaire-Positive. BDI = Beck Depression Inventory

* $p < .05$. ** $p < .01$



to BDI scores, $z = 9.77, p < .001$. Finally, although we also tested a partial mediation model, with direct paths added from LEQ-EM and LEQ-VV to BDI scores, neither of these additional paths were significant (both $ps > .13$), and this model did not fit significantly better than the more parsimonious full mediation model, $\chi^2(1, N = 212) = 4.35, p = .11$.

DISCUSSION

The purpose of the current study was to examine the relations among reports of negative childhood experiences, negative and positive automatic thoughts, and depressive symptoms in a cross-sectional study of young adults. Supporting our hypothesized mediational model, we found that negative and positive automatic thoughts fully mediated the link between childhood emotional maltreatment and verbal victimization and young adults' current depressive symptom levels. Supporting our specificity hypotheses, we found that victimization from both sources (caretakers and peers) was significantly more strongly related to negative than positive automatic thoughts. Further, although victimization from both sources was independently related to negative automatic

thoughts, only childhood emotional maltreatment was related to positive thoughts, once the overlap between the two forms of victimization was statistically controlled. Finally, consistent with the findings of previous studies (e.g., Dozois, 2002; Ingram et al., 1990; Lightsey, 1994), we found that both negative and positive automatic thoughts were significantly related to depressive symptoms levels and that the magnitude of the relation was significantly stronger for negative thoughts.

The current results have potentially important implications for cognitive theories of depression (e.g., Clark et al., 1999; Rose & Abramson, 1992). Specifically, although cross-sectional, they are consistent with the growing body of research suggesting that both emotional maltreatment from parents and verbal victimization from peers may contribute to the development of negative cognitions and depressive symptoms (see also, Gibb et al., 2004; Gibb & Alloy, 2005; Gibb et al., 2001). Specifically, Rose and Abramson (1992) hypothesized that when negative events such as emotional maltreatment occur, children initially explain its occurrence in a way that will maintain their sense of hopefulness that it will not recur (e.g., "He was just in a bad mood today"). With repeated maltreatment, however, these hopefulness-maintaining explanations are repeatedly disconfirmed and the child may begin to make hopelessness-inducing explanations (e.g., "I can't do anything right"). With chronic and widespread maltreatment, these types of explanations would be hypothesized to develop into a trait-like depressive schema (e.g., "I'm worthless") that would then contribute to the expression of more state-like negative automatic thoughts following the occurrence of negative events. Although much of this hypothesized etiological model awaits empirical evaluation with longitudinal studies, there is evidence that experiences of verbal victimization do prospectively contribute to the development of children's cognitive vulnerability to depression (e.g., Gibb et al., 2006).

The current results also extend previous examinations of developmental correlates of depressive cognitions by suggesting that the negative effects of emotional maltreatment and verbal victimization may be relatively specific to the development of negative, as opposed to positive, thoughts. Thus, even though emotional maltreatment was significantly related to positive thoughts in our mediational model, the amount of variance accounted for was quite small. This is consistent with Rose and Abramson's (1992) model which, while not discussing positive thoughts specifically, did suggest that the development of negative cognitions would be more strongly tied to emotional maltreatment than other forms

of negative events. This is expected because with emotional maltreatment the negative cognitions are directly supplied to the child by the abuser. To the extent that the content of emotional maltreatment and verbal victimization focuses on the presence of negative aspects about a child rather than the absence of positive aspects, these forms of victimization should be most strongly tied to the development of negative cognitions. Given that the current results are based upon a cross-sectional design, however, this hypothesis must remain tentative and should be explored more definitively in prospective longitudinal studies.

This said, however, participants' levels of positive thoughts were significantly related to reports of emotional maltreatment from parents, but not verbal victimization from peers. Therefore, it is possible that emotional maltreatment from parents, but not verbal victimization from peers, does affect the development of positive automatic thoughts. We may speculate about two possible reasons for this finding. First, it may be that individuals' positive self-statements are more strongly tied to messages received from parents than from other sources. A second possibility is that, because maltreatment from parents is likely to have an earlier age of onset than victimization from peers, that similar messages received from both sources have a greater effect upon one's positive thoughts at an earlier stage of development. In this view, one's positive thoughts—what has been referred to as the constructive schema (Clark et al., 1999)—may stabilize earlier in development than one's negative thoughts (depressive schema). Future longitudinal research with younger participants is needed to test this possibility.

The current results suggest a number of areas of future research. Most importantly, prospective longitudinal studies are needed to test the mediation model. Specifically, studies are needed to test the hypothesis that emotional maltreatment and verbal victimization actually contribute to the development of negative automatic thoughts and that these thoughts contribute risk to future depression. Given recent refinements in cognitive theories of depression (e.g., Hankin & Abramson, 2001), these studies should also examine potential transactional relations among victimization, negative thoughts, and depressive symptoms (cf. Gibb & Alloy, 2006). Specifically, it may be that early victimization sets in motion a vicious cycle of increasingly negative thoughts, depressive symptoms, and re-victimization. In addition, given evidence that different forms of maltreatment may have different effects based on the timing of their occurrence (e.g., Manly, Kim, Rogosch, & Cicchetti, 2001), combined with our finding that emotional maltreatment but not verbal victimization

was related to participants' positive thoughts, future longitudinal studies should try to determine not only whether this result replicates, but also whether the key variable is the source of the victimization versus its timing. Finally, if the hypothesis that emotional maltreatment and verbal victimization contribute to the development of negative automatic thoughts is supported by future longitudinal studies, research will be needed to determine the stability of these thoughts once developed. That is, once developed, do automatic thoughts remain relatively stable like other forms of cognitive vulnerability to depression (e.g., negative attributional styles; see Gibb & Coles, 2005) and contribute chronic risk to depression over the lifespan? In addition to helping refine current theories of depression, the results of these future studies could have potentially important clinical implications for the development of more effective early intervention and prevention programs for at risk children, not only in terms of the suggested focus of these interventions, but also in terms of the most promising developmental time frame for their occurrence.

This study exhibited a number of strengths, including a strong foundation in theory regarding the nature and potential developmental antecedents of depressive symptoms, the assessment of childhood victimization from parents as well as peers, and the inclusion of reports of both positive and negative automatic thoughts. However, there were several limitations as well. First, as noted above, the study design was cross-sectional, and therefore no causal conclusions can be drawn. Prospective longitudinal studies with assessments beginning in childhood are needed to determine whether emotional maltreatment and verbal victimization are more likely to contribute to the actual development of negative versus positive thoughts. A second limitation was that all assessments were based on participants' self-report, which may have been subject to response or recall bias. That is, those who were currently depressed may have been more likely to remember and/or report instances of abuse in childhood than those who were not depressed. This said, however, studies have suggested that adults' recall of specific childhood events is relatively accurate (for a review, see Brewin et al., 1993). In addition, we have found that reports of emotional maltreatment assessed using the LEQ are significantly related to participants' cognitive styles, whether or not participants report believing that they were emotionally maltreated as a child, providing further support for the hypothesis that the results are not due simply to a recall bias (Gibb, Alloy et al., 2003). Despite this, future studies would benefit from assessments of maltreatment/victimization that do not rely upon participants' self-reports (e.g., observational

methods or teacher reports). Finally, our sample consisted of undergraduate students with relatively low levels of depressive symptoms, which may limit our ability to generalize across populations. Future studies, therefore, should seek to replicate the current findings in other samples (e.g., psychiatric inpatients or outpatients, individuals with more severe histories of maltreatment, or more representative community samples of children drawn from public schools). This said, however, although this is the first study of which we are aware to examine the relations among emotional maltreatment from parents, verbal victimization from peers, negative and positive automatic thoughts, a number of studies have supported other links specified in our mediation model in more severely impaired samples. For example, there is support for the relation between a history of emotional maltreatment and diagnoses of depression in adult psychiatric outpatients (e.g., Gibb, Butler, & Beck, 2003; Gibb, Chelminski, & Zimmerman, 2007). In addition, the current results are consistent with previous studies in clinical samples (e.g., Kendall et al., 1989) suggesting that depression is more strongly linked to elevated levels of negative automatic thoughts than to lower levels of positive automatic thoughts. Based on these findings, we do have some confidence that our hypothesized mediational model will generalize to more impaired samples, though of course these individuals would be hypothesized to exhibit higher levels of victimization, negative automatic thoughts, and depression, and lower levels of positive automatic thoughts.

In summary, this study used a cross sectional design to examine the relations among reports of childhood emotional maltreatment from parents and verbal victimization from peers, and the presence of positive and negative automatic thoughts and depressive symptoms among young adults. In addition to finding support for the hypothesized mediational model, we found that victimization from both sources was independently related to negative thoughts and both were more strongly related to negative than positive automatic thoughts. These findings highlight the importance of examining victimization from both parents and peers in the development of cognitive vulnerability to depression and suggest that models proposed (e.g., Rose & Abramson, 1992) may be more applicable to the development of negative automatic thoughts than to positive thoughts. Future longitudinal studies are needed to more fully examine the extent to which emotional maltreatment and verbal victimization actually predict changes in negative automatic thoughts.

NOTE

1. It should be noted that both emotional maltreatment by parents and verbal peer victimization include the same behaviors (i.e., rejecting, humiliating, demeaning, and teasing). The key difference between these two forms of victimization lies in the child's relation to the perpetrator rather than in the type of behavior experienced.

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