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Gender differences in the association of adult hopelessness with adverse childhood experiences

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■ **Abstract** *Background* The impact of childhood traumatic events on long-term psychological development has been widely studied. Nevertheless, little research has been carried out on possible associations between adverse childhood experiences (ACEs) and hopelessness in adulthood, and whether any gender differences exist. *Aim* The aim of this study was to examine the association between ACEs (poor relationship between parents, unhappiness of childhood home, hard parenting, physical punishment, domestic violence, alcohol abuse in primary family) and current hopelessness without any mental disorder in a general population sample. *Method* 1598 adults (43% were men), aged 25–64 years, completed self-report measures to assess ACEs and hopelessness by means of the Beck Hopelessness Scale (HS). Logistic regression was used to adjust for the effects of sociodemographic factors on the association between the cumulative number of ACEs and hopelessness. *Results* Whereas several bivariate associations were found between ACEs and hopelessness, none of them remained significant in multivariate analysis. However, men who reported three or more ACEs were 2.79 times (95% CI 1.17–6.63) and women 2.19 times (95% CI 1.04–4.65) more likely to be hopeless compared with those without any ACEs. In women (OR 2.25, 95% CI 1.01–5.00), but not in men, this relationship remained

significant after adjusting for several current covariates. *Conclusion* Clustering of ACEs may have long-lasting effects by increasing the risk of hopelessness in adulthood, especially in women. Increased awareness of the frequency of ACEs and their subsequent consequences, such as hopelessness, may encourage health care professionals to undertake preventive work in primary and mental health care.

■ **Key words** adverse childhood experience – hopelessness – gender – population – trauma(tic)

Introduction

Although various forms of childhood adversity have been widely studied [1–5], relatively little is known about the impact of adverse childhood experiences (ACEs) on mental health in a general population. Crouch *et al.* [6] reported that childhood physical abuse among adults in a general population was related to the risk of physically abusing children. Felitti *et al.* [7] examined seven categories of ACEs and showed that general population subjects who had experienced four or more categories of ACEs had a 4- to 12-fold increased health risk of depression in the past year, and of alcoholism, drug abuse, and suicide attempts throughout the whole life span compared with those who had experienced none. In their extensive community study of women, Mullen *et al.* [8] addressed that those women who had reported being exposed to some form of abuse in childhood were in adult life more likely to have mental health, interpersonal, and sexual difficulties. Furthermore, Bifulco *et al.* [9], in their study of women, also highlight the relationship of physical and sexual abuse in childhood to adult depression.

It has been suggested that previous life experiences and hopelessness are associated [10–11]. However, limited data are available on ACEs and adult hopelessness at the population level. In a study by Stepakoff [12] with a selected sample, adult sexual victimization, but not

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childhood sexual abuse, predicted current hopelessness and suicidal ideation among female students. However, childhood sexual abuse predicted suicidal behavior.

Previous research has demonstrated that hopelessness is an essential element of suicidality [13–14], even more so than depression [15–18]. Although hopelessness is not always a predictor of suicidal intent [19–20], the identification of hopeless persons may be considered as preventive. However, hopelessness in general populations has only been examined in a limited way [10, 21–23].

Although females have been found more sensitive to the effect of ACEs [24], data on gender differences in the association between ACEs and subsequent mental health in general population are exiguous. In a previous Finnish population study, Veijola *et al.* [25] reported that ACEs such as disturbed relationships, a disturbed atmosphere at home, and parental alcoholism were more highly predisposing to depression in women than in men. In Magee's [26] study, an association between sexual assault by a relative and social phobia was found in women, but not in men. Moreover, it is important to note that a history of sexual trauma may also be associated with an increased lifetime rate of attempted suicide in women [27].

As hopelessness threatens a person's physical and psychological health and quality of life on a long-term basis [10] and, in addition, is significantly associated with suicidality [13–14], any new information about hopelessness and factors associated with it should be acknowledged. The aim of this study on a sample of the Finnish population was to determine whether any association exists between ACEs and adult hopelessness without any mental disorder, and whether there are any gender differences in this association.

Subjects and methods

■ Study population

The study was conducted in the district of Kuopio, in the central-eastern part of Finland, Northern Europe. The study population included a stratified sample of 2945 subjects living in that area, aged 25–64 years, selected from the National Population Register. A study questionnaire was mailed in the period May–June 1999. A total of 1767 (60%) questionnaires were returned. Subjects ($n=162$) with the diagnosis of any of the following mental disorders (depressive disorder, bipolar disorder, anxiety disorder, schizophrenia, dementia, alcohol or drug dependence, anorexia or bulimia, or personality disorder) during the preceding year and subjects ($n=7$) with incomplete data were excluded from the analysis. Thus, the final sample ($n=1598$) comprised 687 (43%) men and 911 (57%) women.

The mean age of the respondents was 46.0 (SD 10.6) years; men were on average older than women [mean age (SD): 46.6 (10.3) vs. 45.5 (10.9) years, $p=0.04$]. The subjects were mainly married or cohabiting (74.5%), were living in an urban area (74%), and were white-collar workers (74.8%). The complete study design and dropout analyses have been described in detail elsewhere [28]. Approval for the study was obtained from the Ethics Committee of Kuopio University Hospital and the University of Kuopio.

■ Adverse childhood experiences

To assess adverse childhood experiences, six questions were used. The response alternatives and classification are presented in parentheses after a question.

Poor relationship between parents

Poor relationship between parents was determined with the question: "What was the relationship between your parents like in your childhood and adolescence?" (good/fairly good = 0; fairly poor/poor/don't know = 1).

Unhappiness of childhood home

Unhappiness of childhood home was defined with the question: "Was your childhood home happy?" (yes = 0; no = 1).

Hard parenting

Hard parenting was assessed with the question: "What was the parenting like in your home?" (gentle/fairly gentle = 0; fairly hard/hard = 1).

Physical punishment

Physical punishment (e.g., pulling of hair, spanking, birching) was investigated with the question: "If you were physically punished, by whom did it happen?" (I was not physically punished = 0; by father/by mother/by both parents/by somebody else = 1).

Domestic violence

Domestic violence was estimated with the question: "Did there ever appear domestic violence directed at you in your childhood or adolescence?" (no domestic violence directed at me = 0; yes, physical violence without sexual violence/yes, physical violence including sexual violence/yes, sexual violence or sexual abuse, no other violence = 1).

Alcohol abuse in primary family

Alcohol abuse in primary family was asked about with the question: "Did anybody have a problem with alcohol misuse or abuse in your childhood home?" (nobody = 0; father, nobody else/mother, nobody else/both father and mother/somebody else = 1).

The correlation analyses showed the strongest correlations between unhappiness of childhood home and poor relationship between parents ($r=0.598$, $p<0.01$), and between unhappiness of childhood home and domestic violence ($r=0.406$, $p<0.01$). In multiple logistic regression analysis, ACEs were studied separately and by clustering them together (none/one or two/three or more).

■ Hopelessness

The level of hopelessness was assessed by using the Beck Hopelessness Scale (HS), which is a 20-item, self-administered rating scale designed to measure an adult's negative expectancies concerning oneself and one's future life [29]. The total score ranges from 0 to 20, and the level of hopelessness increases with increasing scores. Based on the original cut-off points, the subjects were classified into four groups: 0–3 = no hopelessness at all, 4–8 = mild hopelessness, 9–14 = moderate hopelessness, and 15–20 = severe hopelessness [29]. The alpha reliability coefficient for HS was 0.80 in this study.

■ Other risk factors

The subjects also reported data on their sociodemographic background and the following factors (classification in parentheses): marital status (married = 0; single, divorced, or widowed = 1); years of education (high, i.e., $\geq 9=0$; low, i.e., < 9 years = 1); area of living

(urban = 0; rural = 1); employment situation (employed = 0; unemployed = 1); subjective financial situation (good/fairly good = 0; fairly poor/poor = 1); and subjective general health (good/fairly good = 0; fairly poor/poor = 1).

Statistical analysis

Subjects with moderate or severe hopelessness (HS score ≥ 9 ; $n = 128$) were compared with the others (HS score < 9 ; $n = 1470$). The statistical methods used included Pearson's chi-squared test for categorical variables, the independent-samples *t*-test, Pearson's correlation analysis, analysis of variance for continuous variables, and multiple logistic regression analysis (method: enter) to identify factors independently associated with hopelessness. Data analysis was conducted with SPSS 10.0. All statistical tests were two-tailed.

Results

A total of 449 men (65.4%) and 571 women (62.7%) reported no hopelessness, 175 men (25.5%) and 275 women (30.2%) mild hopelessness, 54 men (7.9%) and

54 women (5.9%) moderate hopelessness, and 9 men (1.3%) and 11 women (1.2%) severe hopelessness.

In general, more men than women reported adverse childhood experiences. The proportions of men in relation to the number of ACEs [0; 1–2; 3–4, 5–6] were 16%, 59%, 18%, and 7%. For the women, the corresponding proportions were 26%, 52%, 16%, and 6%, respectively ($\chi^2 = 21.09$, $df = 3$, $p < 0.0005$). A single gender difference in ACEs was found: physical punishment was reported more often by men than by women (Table 1). However, more women than men reported physical violence including sexual abuse or sexual abuse alone (1.4% vs. 0.4%, $\chi^2 = 3.92$, $df = 1$, $p = 0.048$). Men were more often married than women, of a low educational level, and in a poor subjective financial situation.

There were several significant differences in ACEs among both genders related to hopelessness (Table 2). Among those who were hopeless, the childhood home had more often been unhappy and parenting had been hard. Moreover, among hopeless men, there had been

Table 1 Adverse childhood experiences and sociodemographic characteristics according to gender in a population-based sample

	Total ($n = 1598$) %	Men ($n = 687$) %	Women ($n = 911$) %	χ^2 ($df = 1$)	p-value
Adverse childhood experiences					
Poor relationship between parents	19.6	18.5	20.4	0.9	NS
Unhappiness of childhood home	13.8	11.9	15.3	3.7	NS
Hard parenting	40.6	39.9	41.2	0.3	NS
Physical punishment	61.1	71.1	53.5	50.9	< 0.0005
Domestic violence	10.1	10.8	9.6	0.6	NS
Alcohol abuse in primary family	27.6	28.7	26.8	0.7	NS
Sociodemographic characteristics					
Single, divorced, or widowed	25.5	21.6	28.5	9.8	0.002
Living in rural place	26.0	26.6	25.5	0.3	NS
Unemployed	9.3	9.0	9.5	0.1	NS
Low educational level	16.0	19.4	13.4	10.1	0.001
Poor subjective financial situation	17.1	20.2	14.7	8.4	0.004

NS, $p > 0.05$

Table 2 Adverse childhood experiences and sociodemographic characteristics according to hopelessness (HS scores ≥ 9) among men and women in a population-based sample

	Men				Women			
	With hopelessness ($n = 63$) %	Others ($n = 624$) %	χ^2 ($df = 1$)	p-value	With hopelessness ($n = 65$) %	Others ($n = 846$) %	χ^2 ($df = 1$)	p-value
Adverse childhood experiences								
Poor relationship between parents	25.8	17.8	2.4	NS	26.2	20.0	1.4	NS
Unhappiness of childhood home	25.8	10.5	12.6	< 0.0005	26.2	14.4	6.4	0.01
Hard parenting	58.7	37.9	10.3	0.001	53.8	40.2	4.7	0.03
Physical punishment	79.4	70.3	2.3	NS	56.3	53.3	0.2	NS
Domestic violence	15.9	10.3	1.9	NS	15.4	9.2	2.7	NS
Alcohol abuse in primary family	42.9	27.2	6.8	0.009	36.9	26.0	3.6	NS
Sociodemographic characteristics								
Single, divorced, or widowed	31.7	20.6	4.2	0.04	35.4	28.0	1.6	NS
Living in rural place	33.3	26.0	1.6	NS	26.2	25.4	0.0	NS
Unemployed	33.3	6.6	49.8	< 0.0005	20.3	8.7	9.4	0.002
Low educational level	29.0	18.4	4.1	0.04	24.2	12.6	6.6	0.01
Poor subjective financial situation	57.1	16.5	58.5	< 0.0005	40.6	12.8	36.8	< 0.0005

NS, $p > 0.05$

more alcohol abuse in their primary family. Differences were also found in sociodemographic characteristics. In both men and women, hopelessness was more common among those whose subjective financial situation was poor, who were unemployed or of a low educational level than among the others. Furthermore, hopelessness in men was more common among those who were single, divorced, or widowed. Moreover, those who were hopeless were older than the others; in women the difference was statistically significant [mean age (SD): 48.5 (11.0) vs. 45.3 (10.9) years, $t = -2.308$, $df = 909$, $p = 0.021$].

When all the ACEs and the statistically significant sociodemographic characteristics from Table 2 were simultaneously included in multiple logistic regression analysis (Table 3), none of the ACEs remained significantly associated with hopelessness. However, among the sociodemographic factors, a poor subjective financial situation remained statistically significant in both genders and being unemployed in men.

When the effect of clustering of ACEs was studied, the

more ACEs both men and women had, the more likely they were to suffer from hopelessness (Table 4). Regression analysis was performed on two models: model A was adjusted for age, and model B for age, marital status, education, employment status, and subjective financial situation. Among subjects of both genders with three or more ACEs, the adjusted relative risk of hopelessness was over twofold higher than among the others. However, the association between the number of ACEs and hopelessness in model B, after adjusting for several covariates, remained significant only in women. In men, unemployment (OR 3.14, 95% CI 1.57–6.30) and poor subjective financial situation (OR 4.56, 95% CI 2.49–8.36) were associated with hopelessness, and in women poor subjective financial situation (OR 4.82, 95% CI 2.68–8.66), also in model B.

Finally, to attain an incomparably fuller picture of what a measure of hopelessness means, we carried out complement analyses including those 162 subjects with current mental disorder. We found that the results of

Table 3 Risk factors for hopelessness (HS scores ≥ 9) among men and women in a multiple logistic regression model of a population-based sample

Variables	Men				Women			
	Age-adjusted		Full model		Age-adjusted		Full model	
	odds ratio	95% CI	odds ratio*	95% CI	odds ratio	95% CI	odds ratio*	95% CI
Unemployed	7.09	3.84–13.08	3.18	1.57–6.43	2.79	1.44–5.39	1.89	0.92–3.85
Poor subjective financial situation	6.82	3.96–11.75	4.36	2.37–8.02	5.34	3.07–9.28	4.51	2.53–8.04
Unhappiness of childhood home	2.90	1.55–5.43	1.76	0.83–3.73	1.98	1.10–3.57	1.48	0.75–2.93
Hard parenting	2.28	1.34–3.88	1.63	0.89–3.01	1.66	1.00–2.76	1.50	0.85–2.63
Alcohol abuse in primary family	2.02	1.19–3.43	1.31	0.71–2.42	1.72	1.01–2.91	1.43	0.79–2.59
Single, divorced, or widowed	1.89	1.07–3.35	1.27	0.67–2.42	1.39	0.82–2.37		
Low educational level	1.75	0.90–3.41			1.89	0.95–3.78		
Domestic violence	1.63	0.79–3.37			1.76	0.86–3.59		
Poor relationship between parents	1.62	0.88–2.96			1.41	0.79–2.52		
Physical punishment	1.60	0.85–3.02			1.12	0.67–1.87		

* Adjusted for all those factors which were statistically significant in the age-adjusted model

Table 4 Prevalence and adjusted relative risks of hopelessness (HS scores ≥ 9) according to the number of adverse childhood experiences among men and women

Number of adverse childhood experiences	Prevalence of hopelessness %	Adjusted relative risks of hopelessness (with 95% confidence intervals)			
		Model A ¹	p-value	Model B ²	p-value
Men					
None	6.4 ^a	1.00 (ref.)		1.00 (ref.)	
One or two	6.9 ^a	1.06 ^c (0.45–2.50)	NS	0.92 ^e (0.37–2.26)	NS
Three or more	16.3 ^a	2.79 ^c (1.17–6.63)	0.021	2.13 ^e (0.85–5.36)	NS
Women					
None	4.8 ^b	1.00 (ref.)		1.00 (ref.)	
One or two	6.9 ^b	1.45 ^d (0.72–2.94)	NS	1.37 ^f (0.64–2.92)	NS
Three or more	10.2 ^b	2.19 ^d (1.04–4.65)	0.040	2.25 ^f (1.01–5.00)	0.047

¹ Adjusted for age

² Adjusted for age, marital status, education, employment status, and subjective financial situation

^a $p = 0.002$ for linear trend (Wald $\chi^2 = 9.88$, $df = 1$)

^b $p = 0.028$ for linear trend (Wald $\chi^2 = 4.83$, $df = 1$)

^c $p = 0.002$ for linear trend (Wald $\chi^2 = 9.73$, $df = 1$)

^d $p = 0.035$ for linear trend (Wald $\chi^2 = 4.45$, $df = 1$)

^e $p = 0.022$ for linear trend (Wald $\chi^2 = 5.25$, $df = 1$)

^f $p = 0.037$ for linear trend (Wald $\chi^2 = 4.35$, $df = 1$)

NS, $p > 0.05$

these extra analyses were almost the same as in the analysis reported above. The only differences in multiple regression analyses were unhappiness of childhood home among men (OR 2.2, 95 % CI 1.01–4.80), and alcohol abuse in primary family among women (OR 1.9, 95 % CI 1.22–3.11) being associated with hopelessness additionally to those presented in Table 3. The results presented in Table 4 did not change after including subjects with current mental disorder.

Discussion

The results of our study indicate that clustering of ACEs is more explicitly associated with hopelessness among adult women than men, even though men reported more ACEs than women. When all the ACEs were under examination as a clustered variable in logistic regression analysis, the number of ACEs was linearly associated with hopelessness but remained significant only in women after adjusting for several current sociodemographic factors. Thus, the findings suggest that the impact of cumulative ACEs on the mental health of women assessed by hopelessness is even stronger and more long term than in men. Our findings are consistent with the results of those previous studies [25–27] in which women have been proven more vulnerable to the mental health consequences of ACEs.

As all the ACEs were under separate examination in the multiple logistic regression analysis, none of them was associated with hopelessness alone, while among current factors a poor subjective financial situation and being unemployed were. This is somewhat consistent with the results of Stepakoff [12], who demonstrated that a single ACE, childhood sexual abuse, was not associated with adult hopelessness. However, it predicted suicidal behavior, and hereby points to the importance of inquiring into ACEs.

Our study revealed some bivariate associations between ACEs and hopelessness among both genders and a difference between men and women so that alcohol abuse in primary family was associated with hopelessness in men but not in women. In our study, 28 % of participants reported alcohol abuse in the primary family, which is on the same level (24 %) as has been reported in the US [7]. In his review, Sher [31] noted that nearly all families where one or both parents are alcohol abusers are dysfunctional. Moreover, previous studies focusing on parental alcohol abuse have suggested that the effect of parental alcoholism on sexual abuse, for instance, may be part of a general family dysfunction rather than a specific cause [32–33].

Furthermore, 61 % of our study subjects reported physical punishment and 10 % domestic violence directed at themselves as children, whereas in a US general population study 78 % reported subjection to physically abusive behavior during childhood [6]. As we asked dif-

ferent questions in our study, these results are difficult to compare. Nevertheless, it is clear that physical punishment is common in Finland as well as in the US. Moreover, this study augments previous data on gender differences in ACEs in general population [25, 27].

As we asked the subjects about childhood experiences, the possibility of recall bias is apparent. Adults whose childhood abuse was previously well documented have a tendency to underreport childhood abuse in a retrospective study design [34]. The questions concerning ACEs were very intimate, in spite of the fact that they were somewhat cursory, and it may, therefore, have been difficult for subjects to respond, even anonymously. Moreover, the frequency of sexual abuse reported by both genders in our study was low, and we have reason to assume that our results reflect underreporting.

Defining hopelessness according to a particular scale imposes limitations. However, the Beck Hopelessness Scale is applicable in a questionnaire and has a high internal consistency, as shown previously [29] and also in our study. Moreover, the HS is the only hopelessness scale available [10]. On the other hand, the validity of self-report measures has been criticized because of affective bias [35]. However, our sample consisted of those who did not report any mental disorder, and this can be regarded as a strength. Furthermore, this exclusion enabled us to examine “pure” hopelessness so that neither depression nor any other mental disorder confounded the association between ACEs and hopelessness.

Another strength of our study was the large population-based sample. The age range of the stratified population sample covered the entire period of adulthood except the elderly and the response rate was satisfactory. We consider that our results proved a reasonable estimate of the association between ACEs and hopelessness in an adult population not suffering from any mental disorder.

A cross-sectional study cannot detect causal relations. Our findings should, therefore, be investigated further. Our study leaves unclear if there are any important mediators in linking ACEs and later hopelessness. However, this study focused on childhood experiences and subsequent hopelessness by also paying attention to several current factors. We were able to show that clustered ACEs seem to increase the risk of hopelessness in adulthood, and slightly more strongly in women than men. Thus, accumulated ACEs should be recognized as a risk factor for hopelessness. Moreover, increased awareness of the frequency and subsequent consequences of ACEs may encourage health care professionals to undertake preventive work in primary and mental health care.

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References

- Hillis SD, Anda RF, Felitti VJ, Nordenberg D, Marchbanks PA (2000) Adverse childhood experiences and sexually transmitted diseases in men and women: a retrospective study. *Pediatrics* 106:1–6
- Kendler KS, Bulik CM, Silberg J, Hettema JM, Myers J, Prescott CA (2000) Childhood sexual abuse and adult psychiatric and substance use disorders in women. *Arch Gen Psychiatry* 57: 953–959
- Rossov I, Lauritzen G (2001) Shattered childhood: a key issue in suicidal behavior among drug addicts? *Addiction* 96:227–240
- Roy A (2001) Childhood trauma and suicidal behavior in male cocaine dependent patients. *Suicide Life Threat Behav* 31: 194–196
- Wise LA, Zierler S, Krieger N, Harlow BL (2001) Adult onset of major depressive disorder in relation to early life violent victimisation: a case-control study. *The Lancet* 358:881–887
- Crouch JL, Milner JS, Thomsen C (2001) Childhood physical abuse, early social support, and risk for maltreatment: current social support as a mediator of risk for child physical abuse. *Child Abuse Negl* 25:93–107
- Felitti VJ, Anda RF, Nordenberg D, Williamson DE, Spitz AM, Edwards V, Koss MP, Marks JS (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *Am J Prev Med* 14:245–258
- Mullen PE, Martin JL, Anderson JC, Romans SE, Herbison GP (1996) The long-term impact of the physical, emotional, and sexual abuse of children: a community study. *Child Abuse Negl* 20:7–21
- Bifulco A, Brown GW, Harris TO (1994) Childhood experience of care and abuse (CECA): a retrospective interview measure. *Child Psychology and Psychiatry* 35:1419–1435
- Farran CJ, Herth KA, Popovich JM (1995) Hope and hopelessness. *Critical clinical constructs*. Sage Publications Inc, USA, pp. 121–152
- Kylmä J (2000) Dynamics of hope in adult persons living with HIV/AIDS and their significant others – a substantive theory. Doctoral dissertation. Kuopio University Publications E. Social Sciences 85, Kuopio, Finland
- Stepakoff S (1988) Effects of sexual victimization on suicidal ideation and behavior in US college women. *Suicide Life Threat Behav* 28:107–126
- Kingree JB, Thompson MP, Kaslow NJ (1999) Risk factors for suicide attempts among low-income women with a history of alcohol problems. *Addictive Behaviors* 24:583–587
- Malone KM, Oquendo MA, Haas GL, Ellis SP, Li S, Mann JJ (2000) Protective factors against suicidal acts in major depression: reasons for living. *Am J Psychiatry* 157:1084–1088
- Beck AT, Steer RA, Kovacs M, Garrison B (1985) Hopelessness and eventual suicide: a 10-year prospective study of patients hospitalized with suicidal ideation. *Am J Psychiatry* 142:559–563
- Beck AT, Brown G, Berchick RJ, Stewart BL, Steer RA (1990) Relationship between hopelessness and ultimate suicide: a replication with psychiatric outpatients. *Am J Psychiatry* 147:190–195
- Salter D, Platt S (1990) Suicidal intent, hopelessness and depression in a parasuicide population: the influence of social desirability and elapsed time. *Br J Psychiatry* 29:361–371
- Beck AT, Steer RA, Beck JS, Newman CF (1993) Hopelessness, depression, suicidal ideation, and clinical diagnosis of depression. *Suicide Life Threat Behav* 23:139–145
- Mendonca JD, Holden RR (1996) Are all suicidal ideas closely linked to hopelessness? *Acta Psychiatr Scand* 93:246–251
- Niméus A, Träskman-Bendz L, Alsén M (1997) Hopelessness and suicidal behavior. *J Affect Disord* 42:137–144
- Greene SM (1981) Levels of measured hopelessness in the general population. *Br J Clin Psychol* 20:11–14
- Tanaka E, Sakamoto S, Ono Y, Fujihara S, Kitamura T (1996) Hopelessness in a community population in Japan. *J Clin Psychol* 52:609–615
- Pillay AL, Sargent C-A (1999) Relationship of age and education with anxiety, depression, and hopelessness in a South African community sample. *Percept Mot Skills* 89:881–884
- Piccinelli M, Wilkinson G (2000) Gender differences in depression. *Br J Psychiatry* 177:486–492
- Veijola J, Puukka P, Lehtinen V, Moring J, Lindholm T, Väisänen E (1998) Sex differences in the association between childhood experiences and adult depression. *Psychol Med* 28:21–27
- Magee WJ (1999) Effects of negative life experiences on phobia onset. *Soc Psychiatry Psychiatr Epidemiol* 34:343–351
- Davidson JRT, Hughes DC, George LK, Blazer DG (1996) The association of sexual assault and attempted suicide within the community. *Arch Gen Psychiatry* 53:550–555
- Honkalampi K, Koivumaa-Honkanen H, Tanskanen A, Hintikka J, Lehtonen J, Viinamäki H (2001) Why do alexithymic features appear to be stable? A 12-month follow-up study of a general population. *Psychother Psychosom* 70:247–253
- Beck AT, Weissman A, Lester D, Trexler L (1974) The measurement of pessimism: the Hopelessness Scale. *J Consult Clin Psychol* 42:861–865
- Beck AT, Steer RA (1988) Manual for the Beck Hopelessness Scale. Psychological Corp, San Antonio, Texas
- Sher KJ (1991) Psychological characteristics of children of alcoholics. Overview of research methods and findings. *Recent Dev Alcohol* 9:301–326
- Fisher GL, Jenkins SJ, Harrison TC, Jesch K (1992) Characteristics of adult children of alcoholics. *J Subst Abuse* 4:27–34
- Radomsky NA (1992) The association of parental alcoholism and rigidity with chronic illness and abuse among women. *J Fam Pract* 35:54–60
- Femina DD, Yeager CA, Lewis DO (1990) Child abuse: adolescent records vs. adult recall. *Child Abuse Negl* 14:227–231
- Atkinson M, Zipin S, Chuang H (1997) Characterizing quality of life among patients with chronic mental illness: a critical examination of the self-report methodology. *Am J Psychiatry* 154: 99–105

