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CHILDHOOD TRAUMA AND MOOD STATES: A COMPARATIVE STUDY BETWEEN MAINSTREAM SCHOOL CHILDREN AND CHILD LABORERS

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Abstract

The current study aimed to investigate the association between childhood trauma and mood states in children and to compare child laborers and non-working/mainstream school children concerning childhood trauma and mood states. For this purpose, a sample of 400 boys (mainstream school children=200; child laborers=200) in the age range of 6-16 years (M=12.03; SD=2.03) was selected through a purposive sampling technique from the Faisalabad district, Pakistan. The Childhood Trauma Questionnaire (Bernstein, et al., 1994) and the Mood Questionnaire (Rieffe et al., 2002) were used for data collection. Data analysis was carried out through the Statistical Package for Social Sciences (SPSS v-25). The Pearson product-moment correlation and regression analysis revealed a significant positive correlation between childhood trauma and mood problems, as well as childhood trauma, appeared to be a significant predictor of mood problems in the participants. Furthermore, in the t-test, child laborers significantly scored higher on the Childhood Trauma Questionnaire and negative mood states (i.e., anger, sadness, and fear) whereas, they scored lower on a positive mood state (i.e., happiness) as compared to mainstream school children. Based on the current findings, the implications of the study and

suggestions for future research were discussed.

Keywords. *School Children, Child Labor, Childhood Trauma, Mood States, Comparative Study.*

INTRODUCTION

In developing countries like Pakistan, child labor has always been a problem especially due to its underlying varied as well as complex nature of causes (Delap, 2001). Therefore, many children and adolescents, some as young as seven, are forced to work in quarries, mines, factories, farms, and service businesses in developing countries, where it is much more common. Child labor is the employment of a child under a legal age limit thus, such child laborers are school-age youngsters (5-15 years old) employed in family businesses or paid jobs to support the family or make a living (Khan et al., 2010). Child labor is found to be associated with several adverse health outcomes, including poor growth, malnutrition, higher incidence of infectious and system-specific diseases, behavioral and emotional disorders, and decreased coping efficacy (Ibrahim et al., 2019). The not-working children's subjective well-being was already high compared with the child laborers (Eryilmaz, 2020).

Since child labor is harmful to children on the bio-psycho-social level, it serves as a traumatic experience for child laborers (Young, 2003). As a result of direct trauma exposure, witnessing trauma, or learning about the trauma that befell a close friend or relative, childhood trauma is caused by exposure to real or threatened death, major injury, or physical/sexual violence (American Psychiatric Association, 2013). Additionally, children's traumatic experiences are predicted by bullying, aggression, and maltreatment i.e., neglect; physical, sexual, and emotional abuse (Belis & Zisk, 2014). A research of 123 bulimic women looked at daily mood and behavior variables, as well as the correlation between psychiatric problems and histories of childhood trauma. Emotional abuse was linked to eating disorder psychopathology, while sexual abuse was linked to a history of mood and anxiety disorders. Self-destructive conduct and the frequency of daily purging have been linked to sexual abuse. Mood lability and average daily mood were linked to emotional maltreatment. These results provide credence to the hypothesis that several facets of bulimia-related psychopathology may be linked to abuse of children (Wonderlich et al., 2007).

Existing literature suggests that child laborers have an increased likelihood of experiencing violence and abuse (Catani et al., 2009). Such traumatic experiences lead to certain mood problems in children and adolescents in terms of mood dysregulation, manic symptoms, difficulties in regulating anger, and other mood-related issues (Dvir et al., 2020) and are considered to be potential risk factors for developing depression in adulthood, particularly in response to additional stress

(Heim et al., 2008).

Childhood trauma impedes the development of adequate emotion regulation skills, which disrupts the development of the ability to regulate emotions healthily (Burns et al., 2010, Cicchetti & Rogosch, 2009). Therefore, childhood trauma/abuse is found to be positively associated with post-traumatic stress disorder (PTSD) through emotion dysregulation (Goncharenko et al., 2021). That is why, it is established that childhood trauma, particularly emotional abuse during childhood significantly increases the risk of developing depressive symptoms. The significance of emotion dysregulation and emotional trauma throughout childhood concerning adult depression is highlighted by research (Crow et al., 2014). It was also found that trauma-exposed youth failed to dampen dorsolateral prefrontal cortex activity and engage the amygdala during the regulation of emotional conflict, and were less able to regulate emotional conflict. Decreased reward sensitivity was linked to an abnormal amygdala response to emotional conflict, which is now known to be a crucial stress-susceptibility feature that may aid in the development of mental illness during adolescence. These findings imply that people who experience early-life trauma may be more susceptible to psychopathology due to deficiencies in conflict control for emotional material (Marusak et al., 2015).

On the other hand, adolescents' perception of psychological abuse (verbal abuse, withholding, terrorizing acts, neglectful, and exploitative acts) is positively associated with their emotional behavioral problems (Rizvi & Najam, 2017). In addition, compared to the general population, people with mood disorders experience childhood trauma more frequently; as a result, there may be a connection between the pathophysiology, development, and management of mood disorders and these traumatic childhood experiences (Jaworska & Janusz, 2019). In this regard, Ahuja and Kalpana (2020) conducted a comparative study among child laborers and school-going children (7-14 years old) of the same socio-economic status in Delhi (India). It was found that the child laborers were more prone to face psychological and behavioral problems than the school-going children.

Researchers have also studied childhood trauma in terms of child abuse and found that child abuse adversely affects millions of children worldwide. In this regard, child laborers are found to be highly susceptible to such abuse or maltreatment due to their economic vulnerability as well as workplace practices (Ahad et al., 2021). Teisl and Cicchetti (2008) conducted a comparative study between a sample of children with a history of abuse (n=167) and a sample of non-maltreated children (n=100). Physical abuse was found to be positively associated with errors in cue interpretation, aggression, poor emotion regulation, and

disruptive behavior. The children with a history of abuse (i.e., physical/emotional/sexual) had more psychological issues than those of non-maltreated children.

In a study conducted on 269 patients with major depression, Hopfinger et al. (2016) found that childhood trauma increases the risk of depression through dysfunctional emotion regulation where the dysfunctional emotion regulation not only mediated the relationship between childhood trauma and the severity of the disorder but also predicted lifetime persistency of depression in the participants. Subsequently, Ahad et al. (2021) reviewed the studies conducted on the maltreatment/abuse of child laborers in 4 South East Asian countries. It was found that the emotional maltreatment was three times more prevalent than that of physical abuse. Sexual abuse, neglect, financial exploitation, witness victimization, and forced work were notable forms of maltreatment. It was further found that this maltreatment led to trauma and was manifested in specific phobias, social phobias, conduct disorders, and obsessions.

To cut the long story short, using 13,210 papers from 1947 to 2012 that were retrieved from 18 databases, 111 of which received a thorough critical evaluation, a systematic review of the literature found characteristics that children between the ages of 5 and 14 who are enduring emotional or neglectful abuse – as opposed to physical or sexual abuse – may display. Out of the 30 studies that were considered, 15 studies focused on behavioral aspects; the most common features were externalizing (8/9 studies), whereas internalizing elements were identified in 4/6 studies. The characteristics of impulsivity, inattention, or hyperactivity linked to attention deficit hyperactivity disorder (ADHD) were found in four research. Seven research found that kids have trouble making or maintaining friends. Out of 13 studies that examined emotional well-being, three focused on depression (6), which includes suicidality (1), or poor self-esteem with a sense of external control (1). Depression was more likely if the mother had a negative internal functioning model (1). Lower general intelligence (3/4) and lowered literacy and numeracy (2) were noted in assessments of cognition or academic performance, but no discernible impact on memory (3). When school-age children exhibit irregular behaviors, poor academic performance, or symptoms of ADHD, it is important to determine whether emotional abuse or neglect may be the underlying cause (Maguire et al., 2015).

As discussed above, the existing literature indicates a significant positive relationship between childhood trauma and mood states. Child laborers are also found to be at greater risk of having childhood trauma and are more likely to develop mood dysregulation as compared to the other populations. However the

majority of empirical research on child workers focused only on the psycho-social problems that this group experienced, or they investigated factors that could have contributed to the child labor in the first place. Thus, it was determined that in Pakistan, a developing nation where the problem of child labor and its effects is still present, it was essential to compare this population with mainstream schoolchildren (normal population) concerning the study variables in addition to examining the relationship between childhood trauma experienced by the child laborers (marginalized population) and their mood states.

Method/Participants

A sample of 400 boys, aged 5–17 (Age M=12.03; SD=2.03), who were both child laborers (200) and mainstream schoolchildren (200), were chosen using a multistage sampling technique for the current cross-sectional study. Two cities in Pakistan's Punjab province, Faisalabad and Chiniot, were chosen for the first phase using a convenience sample method. Using a purposive sample technique, 200 child laborers from both cities who worked as domestic helpers, in restaurants, furniture stores, and workshops that repaired motorcycles and motorcars were chosen for the second stage. Conversely, 200 students attending mainstream schools were chosen from two secondary public schools. A simple random procedure was used to select one school from each city for this sub-sample, while a stratified sampling technique was used to select participants (i.e., 100 children from each school). This resulted in the selection of 25 students from each class, or grades 2 through 9, with a total of 200 participants because each class was viewed as a single stratum. The aforementioned classes were selected with the age range of child laborers in mind – that is, 5 to 17 years old – which corresponded to the age range of schoolchildren in these classes to guarantee the homogeneity of both sub-samples.

Instruments

Childhood Trauma Questionnaire (Bernstein et al., 1994) The Childhood Trauma Questionnaire (CTQ) is a 28-item self-report measure designed for use with adolescents and adults that assesses traumatic experiences during childhood. These experiences include physical, emotional, and sexual abuse as well as emotional and physical neglect. The participants' answers are computed using a 5-point Likert scale, which goes from 1 (never true) to 5 (very often true), representing the frequency of traumatic situations. The CTQ demonstrated a high level of internal consistency (a=.95) and test-retest reliability (r=.88) across a two to eight-month period.Mood Questionnaire (Rieffe et al., 2002)

Numerous studies demonstrated the usefulness of the Mood Questionnaire. Four mood scales, each with four items, make up the questionnaire; happiness is seen as a positive mood, while anger, sadness, and fear are considered negative. The list contained 16 elements altogether, plus 4 positive filler items. The internal

consistency of each mood scale is high (>.70). A Likert-type score is assigned to each item; 0 indicates never, 1 indicates occasionally, and 2 indicates frequently.

Procedure

With the approval of the official institutional approvals and the authorization of the authors of the instruments used in this study, the study participants were selected through the sampling strategy discussed earlier in detail and the administration of the instruments carried out. The instructions were given in varying degrees of Urdu depending on the participants' comprehension ability. The participants were guaranteed the privacy of the information they submitted. The study was voluntary, and participants were free to discontinue participation at any time while it was still going on. The test administration took a total of 25 to 30 minutes for each group. Pearson Product Moment Correlation, Regression analyses, and t-test were carried out using Statistical Package for Social Sciences (SPSS, v-25) to analyze the data.

Results

Table 1

Reliability Coefficients of the Instruments (N=400)

Scales	*A*
Childhood trauma Questionnaire	*.86*
Mood Questionnaire	*.75*

The data given in Table 1 showed the high internal consistency of the instruments in the sample of the current study.

Table 2

Intercorrelations, Means, and Standard Deviations of Childhood Trauma Questionnaire and Mood Questionnaire of the Participants (N=400)

	1	***2***	***3***	***4***	***5***
1. Sadness	*-*	*.15**	*.72****	*.71****	*.61****
2. Happiness		*-*	*.08*	*.09*	*.24***
3. Anger			*-*	*.67****	*.58****
4. Fear				*-*	*.60****
5. CTQ					*-*
M	*3.94*	*5.45*	*4.09*	*4.25*	*81.73*
SD	*2.26*	*1.67*	*2.13*	*2.15*	*19.19*

Note. *CTQ= Childhood Trauma Questionnaire. *p<.05, **p<.01, ***p<.001.*

Data given in Table 2 depicted a significant positive correlation between the Childhood Trauma Questionnaire and all the sub-scales of the Mood Questionnaire (including Happiness). A significant positive association of

childhood trauma with sadness, anger, and fear was expected as per the existing literature. However, the positive correlation between childhood trauma and happiness was unexpected. To reveal this unexpected finding, the association of childhood trauma with the mood of the participants was further determined in sub-samples (i.e., mainstream school children and child laborers) separately as given in Tables 3 and 4.

Table 3

Intercorrelations, Means, and Standard Deviations of Childhood Trauma Questionnaire and Mood Questionnaire of Main Stream School Children (n=200)

	1	2	3	4	5
1. CTQ	-	.28**	-.22**	.28**	.24**
2. Sadness		-	-.15*	.52***	.52***
3. Happiness			-	-.27**	-.24**
4. Anger				-	.46**
5. Fear					-
M	69.47	2.41	5.04	2.81	2.79
SD	10.48	1.71	1.69	1.82	1.80

Note. *CTQ= Childhood Trauma Questionnaire. *p<.05, **p<.01, ***p<.001.*

Data presented in Table 3 revealed that childhood trauma was significantly and positively correlated with sadness, anger, and fear in mainstream school children. However, a significant negative association between childhood trauma and happiness was evident in this sub-sample.

Table 4

Intercorrelations, Means, and Standard Deviations of Childhood Trauma Questionnaire and Mood Questionnaire of Child Laborers (n=200)

	1	2	3	4	5
1. CTQ	-	.34**	.32**	.37**	.38**
2. Sadness		-	.13	.55***	.38**
3. Happiness			-	.13	.08
4. Anger				-	.44**
5. Fear					-
M	94.00	5.47	5.87	5.38	5.71
SD	18.05	1.63	1.53	1.57	1.33

Note. *CTQ= Childhood Trauma Questionnaire. **p<.01, ***p<.001.*

Data given in Table 4 depicted a significant positive correlation between the Childhood Trauma Questionnaire and all the sub-scales of the Mood Questionnaire (including Happiness) in the sub-sample of child laborers.

Table 5

Linear Regression Analysis indicating Childhood Trauma as Predictor of Sadness

(N= 400)

Predictor	***B***	***SEB***	***β***	***T***	***p<***
R^2=.369, ΔR^2 =.367					
Constant	*1.92*	*.395*		*4.87*	*.001*
Childhood Trauma	*.072*	*.005*	*.61*	*15.26*	*.001*

****p<.001.*

Data presented in Table 5 revealed that childhood trauma is a significant predictor of sadness depicting that with the increase in childhood traumatic experiences, sadness is also likely to be increased in the participants.

Table 6

Linear Regression Analysis indicating Childhood Trauma as Predictor of Anger (N= 400)

Predictor	***B***	***SEB***	***β***	***t***	***p<***
R^2=.336, ΔR^2 =.334					
Constant	*1.16*	*.380*		*3.06*	*.001*
Childhood Trauma	*.064*	*.005*	*.58*	*14.19*	*.001*

****p<.001.*

Data given in Table 6 revealed that childhood trauma is a significant predictor of anger depicting that with the increase in childhood trauma, the level of anger also increases in the participants.

Table 7

Linear Regression Analysis indicating Childhood Trauma as Predictor of Fear (N= 400)

Predictor	***B***	***SEB***	***β***	***t***	***p<***
R^2=.360, ΔR^2 =.358					
Constant	*1.26*	*.378*		*3.33*	*.001*
Childhood Trauma	*.067*	*.004*	*.60*	*14.96*	*.001*

****p<.001.*

Data presented in Table 7 indicated that childhood trauma is a significant predictor of fear revealing that with the increase in childhood traumatic experiences, sadness is also likely to be increased in the participants.

Table 8

Linear Regression Analysis indicating Childhood Trauma as Predictor of Happiness (N= 400)

Predictor	***B***	***SEB***	***β***	***t***	***p<***

R^2=.06, ΔR^2 =.05					
Constant	*3.77*	*.356*		*10.60*	*.001*
Childhood Trauma	*.021*	*.004*	*.24*	*4.86*	*.001*

***p<.001.

Table 8 indicates that childhood trauma is a significant predictor of happiness depicting that interestingly, with the increase in childhood traumatic experiences, happiness is also likely to be increased in the participants. This was an unexpected finding therefore, to determine the predictive role of childhood trauma in happiness, separate regression analyses were run for both subsamples (i.e., mainstream school children and child laborers) as given in Tables 9 and 10.

Table 9

Linear Regression Analysis indicating Childhood Trauma as a Predictor of Happiness in Mainstream School Children (n= 200)

Predictors	***B***	***SEB***	***β***	***t***	***p<***
R^2=.05, ΔR^2 =.04					
Constant	*7.55*	*.787*		*9.60*	*.001*
Childhood Trauma	*-.036*	*.011*	*-.22*	*-3.23*	*.001*

***p<.001.

Data given in Table 9 revealed that childhood trauma is a significant negative predictor of happiness in mainstream school children indicating that with the increase in childhood traumatic experiences, happiness is likely to be decreased.

Table 10

Linear Regression Analysis indicating Childhood Trauma as a Predictor of Happiness in Child Laborers (n= 200)

Predictors	***B***	***SEB***	***β***	***t***	***p<***
R^2=.11, ΔR^2 =.10					
Constant	*2.27*	*.549*		*5.96*	*.001*
Childhood Trauma	*.028*	*.006*	*.324*	*4.82*	*.001*

***p<.001.

Table 10 revealed an interesting finding that childhood trauma is a significant positive predictor of happiness depicting that with the increase in childhood traumatic experiences, happiness is also likely to be increased in child laborers.

Table 11

Means, Standard Deviations, and t-values of Main-stream School Children and Child Laborers on Childhood Trauma Questionnaire and Mood Questionnaire (N = 400)

Factors	*Mainstream n=200*	*Child Laborers n=200*	*t(398)*	*95% CI*		*Cohen's d*
				LL	*UL*	
	M(SD)	*M(SD)*				
Sadness	*2.41(1.71)*	*5.47(1.63)*	*18.37***	*-3.39*	*-2.74*	*-1.51*
Happiness	*5.94(1.69)*	*5.04(1.54)*	*3.10***	*-1.14*	*-.51*	*0.44*
Anger	*2.81(1.82)*	*5.38(1.57)*	*15.09***	*-2.90*	*-2.23*	*-1.47*
Fear	*2.79(1.80)*	*5.71(1.32)*	*18.46***	*-3.23*	*-2.61*	*-0.77*
CTQ	*69.47(10.48)*	*94.00(18.04)*	*16.63***	*-27.44*	*-21.63*	*-0.78*

Note. *CTQ= Childhood Trauma Questionnaire. **p<.01, ***p<.001.*

Data given in Table 11 revealed significant mean differences between mainstream school children and child laborers on the Childhood Trauma Questionnaire and the subscales of the Mood Questionnaire (i.e., Negative Moods – Sadness, Anger, and Fear). The child laborers got significantly higher scores on the Childhood Trauma Questionnaire and negative mood states on the Mood Questionnaire as compared to mainstream school children. However, the mainstream school children had higher scores on the Positive Mood (i.e., Happiness) of the Mood Questionnaire as compared to child laborers.

Discussion

Child labor is found to be associated with several adverse health outcomes, including poor growth, malnutrition, higher incidence of infectious and system-specific diseases, behavioral and emotional disorders, and decreased coping efficacy (Ibrahim et al., 2019). The not-working children's subjective well-being was already high compared with the child laborers (Eryilmaz, 2020). Therefore, it was planned to conduct the study to determine the association between childhood trauma and the mood states of children as well as to examine the difference between mainstream school children and child laborers concerning the childhood traumatic experiences and mood states of children in two cities (Faisalabad and Chiniot) of Punjab province, Pakistan. The current study yielded various

important findings as discussed below. Since the first objective of this study was to determine the relationship between childhood trauma and mood states in children and adolescents thus, it was hypothesized that childhood trauma would be positively associated with negative mood states (i.e., anger, sadness, and fear) while negatively associated with positive mood state (i.e., happiness) in children and adolescents. Results of this study revealed that childhood trauma was significantly and positively associated with negative mood states (i.e., anger, sadness, and fear) in children and adolescents supporting our hypothesis. The same pattern was evident in the regression analysis where childhood trauma was found to be the positive predictor of negative mood states (i.e., anger, sadness, and fear).These findings are in line with the existing literature (e.g., Jaworska & Janusz, 2019; Wonderlich et al., 2007) indicating that children and adolescents with childhood traumatic experiences are likely to have negative mood states. Such traumatic experiences might have led them to certain mood dysregulation in terms of mood mood-related issues (Dvir et al., 2020). Moreover, since the existing literature has highlighted that emotion dysregulation and emotional trauma experienced in childhood are associated with mood-related issues (Crow et al., 2014) therefore, the participants of the current study who experienced early-life trauma appeared to be susceptible to psychopathology due to deficiencies in conflict control for emotional material (Marusak et al., 2015) ultimately developed negative mood states (i.e., anger, sadness, and fear).On the other hand, contradicting our hypothesis, childhood trauma was found to be significantly and positively associated with a positive mood state (i.e., happiness) as well. The same pattern was evident in the regression analysis where childhood trauma was found to be the positive predictor of a positive mood state (i.e., happiness) along with negative mood states (i.e., anger, sadness, and fear). To further investigate these findings, Pearson Product Moment Correlation and Linear Regression were carried out for both sub-samples (i.e., mainstream school children and child laborers) separately. The results revealed that childhood trauma was significantly and negatively correlated ($r = -.22$, $p<.01$) with happiness in mainstream school children. However, a significant positive correlation ($r = .32$, $p<.01$) between childhood trauma and happiness in the sub-sample of child laborers was evident.

Consequently, regression analyses were also carried out for both sub-samples separately and it was found that in mainstream school children, with the increase in childhood traumatic experiences, happiness is likely to be decreased. However, childhood trauma appeared to be a significant positive predictor of happiness depicting that with the increase in childhood traumatic experiences, happiness is also likely to be increased in child laborers. Two possible reasons might be responsible for this observed association – either the child laborers have lost the

subjective meaning of happiness for them or they have developed "pseudo-happiness" in them as a defense mechanism to satisfy their ego. In any case, these unexpected findings need further investigation in future studies particularly in terms of qualitative exploration of the phenomenon.The second objective of this study was to examine the difference between mainstream school children and child laborers concerning childhood traumatic experiences and mood states. It was hypothesized that child laborers would score significantly higher on Childhood Trauma Questionnaire and negative mood states whereas would score significantly less on positive mood state as compared to the mainstream school children. The hypothesis was supported as the child laborers got significantly higher scores on the Childhood Trauma Questionnaire and negative mood states on the Mood Questionnaire as compared to mainstream school children. However, the mainstream school children had higher scores on the Positive Mood (i.e., Happiness) of the Mood Questionnaire as compared to child laborers.Parallel to our findings, the existing literature also suggests that child laborers were more prone to face psychological and behavioral problems than school-going children (Ahuja & Kalpana, 2020). It was also found previously that child laborers have an increased likelihood of experiencing violence and abuse (Catani et al., 2009). They are found to be highly susceptible to such abuse or maltreatment due to their economic vulnerability as well as workplace practices (Ahad et al., 2021). Such abuse/maltreatment might have led the child laborers to trauma and was manifested in certain mood issues (Ahad et al., 2021).

Conclusion

Based on the current findings, it can be concluded that child laborers are more prone to experience childhood trauma as compared to non-working/mainstream school children, and childhood traumatic experiences significantly and adversely affect the mood of children and adolescents, as a whole.

Implications of the Study

The current study has significant implications for the concerned stakeholders – policymakers, government, and psychologists to take requisite, effective, and timely measures for better psychological development along with physical development of children and adolescents, especially, taking child laborers into exceptional consideration. The government, child protection agencies, and other concerned authorities can develop requisite policies to safeguard children from being forced into child labor. On the other hand, based on the current findings, mental health professionals can develop tailor-made interventions to provide effective psychological services to children and adolescents with childhood traumatic experiences and consequent mood issues to prevent further

psychological damage to them.

Limitations and Suggestions

Apart from the important findings revealed through this study and its vital implications, the study had room for improvement in terms of limitations as follows:

The sample of the study was collected from only two cities in the Punjab province. In the future, more cities in the province may be chosen to have more generalizable findings.

The sample of the current study comprised only boys. In future studies, both genders can be sampled to have an understanding of the problems faced by girls as well.

One of the unexpected findings of this study i.e., the positive association between childhood traumatic experiences and happiness in child laborers could not be further explored qualitatively. It should be explored through a qualitative study in the future.

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