

## Childhood Trauma and Somatic Complaints in Male Child Laborers and Mainstream School Children: A Comparative Study

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### Abstract

The present study intended to investigate the relationship between childhood trauma and somatic complaints in male child laborers and to compare child laborers and mainstream children concerning childhood trauma and somatic complaints. In the current correlational study, a sample of 400 boys (child laborers=200; mainstream school children=200) in the age range of 6-16 years ( $M=12.03$ ;  $SD=2.03$ ) was selected using the multistage sampling technique from two cities i.e., Faisalabad and Chiniot of Punjab province, Pakistan. The Childhood Trauma Questionnaire-Short Form (Bernstein, et al., 1994) and Somatic Complaints List (Jellesma et al., 2007) were used in the Urdu language to assess childhood trauma and somatic complaints respectively. Pearson product-moment correlation, regression analysis, and  $t$ -test through Statistical Package for Social Sciences (SPSS v-25) were conducted for data analysis. The results indicated a significant positive correlation between childhood trauma and somatic complaints. Furthermore, childhood trauma was found to be a significant predictor of somatic complaints. Additionally, Child laborers scored significantly higher than mainstream school children on the Childhood Trauma Questionnaire and Somatic Complaints. As far as subscales of the Childhood Trauma Questionnaire are concerned, child laborers scored higher on Abuse, and Physical Neglect as compared to mainstream school children whereas, Emotional Neglect and Denial were found to be more in mainstream school children as compared to the child laborers.

**Keywords:** *child labor, childhood trauma, somatic complaints, school children, comparative study*

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### Introduction and Literature Review

School-aged children working for a salary or engaged in a family business to earn a living or contribute to the family income are known as child laborers (Khan et al., 2010). Since these children are forced to earn, therefore, it not only threatens their quality of life but also encourages a rancorous cycle of child employment as insurance against future expected crises. In this way, the family/caretakers of these children lose forethought of alternate

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opportunities to increase their income without manipulating children for labor (Fernandez & Aboejo, 2014). The situation gets worse when these child laborers are forcibly recruited, exposed to hazards, engaged in enslaved heavy work, and even forced into illegal activities (Nafees et al., 2012).

Child labor has always been a concern in Pakistan. Its motivations and core causes are varied as well as intricate. Fear of their children being idle if they do not work is one of the indigenous cultural perceptions of the parents that motivates them to send their children to work. In a survey conducted on poor urban families, the majority of parents said that the earnings of working children were not important to the family for their survival, but the children were sent to work with the assumption that “it would be wrong for children, especially adolescents, to do nothing” (Delap, 2001). Idleness is seen to be particularly destructive to poor urban boys as parents constantly worry that their children might become involved in criminal activities (Amin et al., 2004). Poverty is another significant determinant of child labor as it was found that youngsters’ labor was primarily owing to poverty in Pakistan. Parents who could not afford to take their children to school were compelled to put them to work (Naeem et al., 2011). On the other hand, household assets are also considered to have an imperative role in the decision of child labor. It might be expected that the higher the socioeconomic status of a family, the lower the likelihood of child labor. However, many assets require a complementary input of labor, and some families may expect children to work for an increase in those assets (Brown et al., 2002).

Child laborers with high concentrations in rural agricultural villages and certain metropolitan areas may be found worldwide. Most children and early adolescents are employed in commercial and subsistence agriculture, tourism, and out-of-home domestic work. In some situations, they are involved in the most dangerous kinds of child labor, such as hazardous agricultural work, street employment, trafficking, and even sexual exploitation. This labor robs the children of their youth, potential, and dignity by harming their physical, mental, moral, spiritual, and social development (Young, 2003). Therefore, several physiological problems including; respiratory, digestive, and dermatological issues, and mental health issues including; migraines, insomnia, irritability, enuresis, and asthenia have been found prevalent in child laborers (Srivastava, 2011).

In this regard, Laraqui et al. (2000) conducted a retrospective cohort study and compared the physical health of working children (in the handicraft sector) with mainstream school children in a small neighborhood of Casablanca. The results revealed that the painful conditions of work and the adverse consequences on the health state with a wide prevalence of pathologies were higher in working children than for mainstream school children. Khan et al. (2007) conducted a study on 200 boys working in 32 different auto-motor repairing workshops in Peshawar city, Pakistan. It was found that all the participants were uneducated or undereducated. Most of the participants doing mechanical jobs were suffering from persistent cough, watery eyes, and/or diarrhea among which 38% were with physical injuries.

The existing literature also established a significant association between labor-related variables and mental health problems in child laborers. In the Gaza Strip, a study was conducted on 780 child laborers and it was found that certain mental health problems of working children were associated with their socioeconomic determinants as well as with various factors related to their underage employment (Thabet et al., 2011). In Addis Ababa (DICA), a random sample of child laborers (including; domestic workers, street workers, and private company workers) was compared with a sample of unemployed controls. The findings of this study revealed that child laborers were more likely than non-laborers to suffer from childhood emotional and behavioral issues. Based on these findings, it was suggested that child labor should be viewed not only as a threat to the healthy psycho-social development of children but also as a danger of psychological disorders (Fekadu et al., 2006).

In this regard, individuals who experience childhood trauma are more likely to have dysfunctional emotion regulation (Hopfinger et al., 2016), display greater levels of distorted cognition, personality impairments, depression, anxiety, and lesser social support, which may signify the psychosocial susceptibility to developing other mental health problems due to childhood traumatic experiences (Wang et al., 2018). Therefore, early childhood trauma is found to be strongly correlated with mental health issues later in life. Thus, people with early childhood trauma may become alcohol-dependent to manage trauma-related issues. There is also unanimity suggesting that childhood trauma is linked with the development of depression and experiences of multiple traumas also lead to significantly more adverse depressive symptoms (Brady & Back, 2012).

Furthermore, childhood sexual and/or abuse emotional is also found to be correlated to severe and chronic depression in adults (Negele et al., 2015). Such sexual abuse (Spitzer et al., 2008), emotional abuse and neglect (Spertus et al., 2003), and physical abuse (Sansone et al., 2009), or experience of all these abuses are associated with mental health issues in adulthood (Chartier et al., 2010). Other than psychiatric disorders, such childhood traumatic experiences also result in damage to basic abilities for self-regulation and interpersonal relationships as individuals who experienced childhood trauma often report problems that place them in danger of other traumatic exposure as well as psycho-social impairment. These issues may range from childhood to adolescence and into adulthood (Cook et al., 2017).

Since individuals exposed to childhood trauma used to practice experiential avoidance for the management of negative emotions, therefore, childhood trauma has also been found to be correlated with psycho-somatic symptoms (Heshmati et al., 2021). Childhood traumatic experiences most commonly include; abuse (i.e., physical, emotional, and sexual), and neglect (i.e., physical and emotional) in childhood (Bernstein et al., 1994). Therefore, a sample of sexually abused girls and boys reported having a greater number of somatic symptoms as compared to a non-abused sample of children suggesting that sexual abuse is related to increased levels of somatic complaints (Friedrich & Schafer 1995). Findings of another study revealed that childhood trauma (particularly emotional abuse and neglect) was significantly and positively correlated with depressive symptoms, anxiety, post-traumatic stress, and several physical symptoms. Moreover, childhood trauma in terms of physical and/or sexual abuse appeared to be a significant predictor of somatic symptoms in the participants (Spertus et al., 2003).

In another cross-sectional study, it was found that women having a history of sexual abuse had significantly increased levels of a varied range of physical complaints, somatization, and health anxiety. Sexual abuse was also a significant predictor of multiple cycles of sick days as well as of frequent hospital visits for health care (Stein et al., 2004). Childhood trauma and domestic violence are found to be associated with stress, sleep difficulty, somatic complaints, and psychopathology in urban African-American children as well (Bailey et al., 2005). Recent literature has also revealed that childhood trauma (particularly sexual abuse) significantly predicts higher levels of psychosomatic complaints in adolescents (Bonvanie et al., 2015), and it is found that somatic complaints of the patients (both genders) with chronic pain had a significant positive relationship with childhood trauma history where women reported significantly more somatic symptoms than men (McCall-Hosenfeld et al., 2014).

Moreover, it was found that females who had a history of sexual abuse in childhood were at greater risk of having pregnancy-related complications than females from the general population. It was also found that compared with participants from the general population (Fortin-Langelier et al., 2019). On the other hand, in a sample of children and adolescents, it was also found that exposure to violence (at home, neighborhood, and/or school) predicted higher levels of post-traumatic stress, social and emotional problems, and other mental health issues in the participants (El-Khodary & Samara, 2019).

Additionally, meta-analytical studies have depicted a clearer picture of this issue. A review of 86 articles published in the last 10 years investigating the relationship between childhood trauma in terms of sexual abuse and somatic symptoms in children, adolescents, and adults, a higher prevalence of various somatic symptoms in the participants (who experienced abuse in childhood) was evident. These somatic symptoms included; somatic dissociative symptoms, neurological symptoms, gastrointestinal symptoms, pain, somatic concerns, and miscellaneous illnesses requiring a medical consultation (Porturas, 2018). Another meta-analytical review of 195 articles involving 2076 participants carried out by Iloson et al. (2021) revealed that trauma caused by sexual abuse has a higher impact on the levels of somatization than other traumatic experiences. Most of the studies suggested that sexual abuse has a significant positive relationship with somatic symptoms. However, four of the studies depicted inconsistent results regarding the association between sexual abuse and symptoms of acute or chronic somatization.

For a better understanding of the association between childhood trauma and somatic complaints, advanced statistical analyses have also highlighted the dynamics of this relationship. Therefore, a study conducted on children (who had experienced neglect and/or abuse) residing at a residential treatment home indicated that these children had higher rates of somatic symptoms relative to children who had not. It was further revealed that anxiety mediated the relationship between traumatic experiences and somatic symptoms in the participants (Erica et al., 2012). Likewise, in a sample of psychiatric patients, a significant indirect relationship between emotional abuse and shame was found to contribute to somatic symptoms. A similar result was also observed depicting the mediating role of “shame” in the association between emotional neglect and somatic symptoms. Moreover, childhood sexual abuse was found to be directly related to somatic distress. Therefore, the findings of this study provided evidence of the association between childhood trauma and somatic symptoms through the emergence of “shame” predicted through emotional and sexual abuse, and neglect (Kealy et al., 2018).

### **Rationale of the Study**

Since the existing literature indicates a significant positive relationship between childhood trauma and somatic complaints, therefore, the phenomena have been under investigation by researchers in different populations as discussed earlier in detail. Child laborers are also found to be at greater risk of having childhood trauma and are more likely to develop somatic complaints as compared to the other population. However, most of the empirical studies conducted on child laborers either explored predictors of child labor or emphasized merely the psycho-social issues faced by this population. Therefore, it was found imperative not only to investigate the relationship between childhood trauma experienced by the child laborers (marginalized population) and their somatic complaints but also to compare this population with mainstream school children (normal population) concerning the study variables in a developing country, Pakistan, where the issue of child labor and its consequences are still a challenge. Initially, it was decided to include both boys and girls in the current study. However, in the pilot study, it was found that approaching and collecting data from female child laborers was very difficult. Most of the working girls were hired for domestic labor and their employers as well as their parents were reluctant to allow the children to participate in the study. On the other hand, adolescent girls were themselves were reluctant in this regard. Thus, it was decided to collect data from the boys only.

### **Objectives**

There were two main objectives of the current study as follows:

1. To investigate the association between childhood traumatic experiences and somatic complaints in boys

2. To examine the differences between child laborers and mainstream school children on childhood traumatic experiences and somatic complaints

### Hypotheses

In this regard, the following hypotheses were made based on the existing literature:

1. There would be a significant positive correlation between childhood traumatic experiences and somatic complaints in boys
2. The child laborers would score significantly higher on the Childhood Trauma Questionnaire-Short Form and Somatic Complaints List as compared to the mainstream school children

## Material and Methods

### Participant Characteristics

A sample of 400 boys in which 25 school children were selected from each class (i.e., 2 – 9, considering every class as one stratum) made a total of 200 participants. To ensure the homogeneity of both sub-samples, the said classes were chosen considering the age group of child laborers (i.e., 6 to 16 years) which corresponded to the age group of school children in these classes. On the other hand, 200 mainstream school children were selected from two public-sector secondary schools.

### Sample size and Sampling Technique

A sample of 400 boys (child laborers=200; mainstream school children=200) aged 6-16 years (Age  $M=12.03$ ;  $SD=2.03$ ) was selected through the multistage sampling strategy. In the first stage, two cities in Punjab province, Pakistan (i.e., Faisalabad and Chiniot) were selected through a convenience sampling technique. In the second stage, 200 child laborers (working in motorcycle/motorcar repairing workshops, restaurants, furniture shops, and domestic labor) were selected from both cities using a purposive sampling technique. For the selection of this sub-sample, one school from each city was selected through a simple random technique whereas the participants were selected using a stratified sampling technique (i.e., 100 children from each school).

### Instruments

**Childhood Trauma Questionnaire-Short Form (CTQ-SF).** The Childhood Trauma Questionnaire-Short Form (Bernstein et al., 1994) is a 28-item self-report instrument that measures childhood traumatic experiences including; abuse (physical, emotional, and sexual), and neglect in childhood (physical and emotional). The participants' responses are calculated on a 5-point Likert scale ranging from 1 (i.e., never true) to 5 (i.e., very often true) indicating the frequency of traumatic experiences with which that occurred. The internal consistency of CTQ-SF ( $\alpha=.95$ ) as well as test-retest reliability over a two to eight-month interval ( $r=.88$ ) was found to be high.

**Somatic Complaints List (SCL).** An eight-item Somatic Complaint List (Jellesma et al., 2007) developed based on observations (of somatic complaints) made by a group of schoolteachers measures psychosomatic complaints of the individuals on a 3-point Likert scale ranging from 1 (i.e., almost) to 3 (i.e., quite often). The internal consistency of SCL ( $\alpha=.83$ ). Moreover, the SCL demonstrated acceptable temporal stability as, for six months, the scores on SCL remained significantly steady as well as were found to be more stable as compared to the Children's Somatization Inventory CSI-C ( $z=1.94$ ,  $p<.05$ ), another widely used instrument to measure somatic complaints.

### Procedure

After getting permission from the authors of the instruments used in this study and formal institutional permissions, the participants were selected and the instruments were administered. The instructions were given in the Urdu language as per the understanding level of the participants. The participants were told that their information would be kept confidential. They were asked to be engaged willingly in the study and would also be able to withdraw their

participation during the study whenever they intend to do so. The process of test administration took 25-30 minutes group-wise. The data was then analyzed through the Statistical Package for Social Sciences (SPSS v-25).

## Results

**Table 1**

*Reliability Coefficients of the Instruments (N=400)*

Scales	$\alpha$
Childhood Trauma Questionnaire-Short Form	0.86
Somatic Complaints List	0.80

Table 1 shows the high internal consistency of the instruments in the sample of the current study.

**Table 2**

*Intercorrelation, means, and Standard Deviations of Childhood Trauma Questionnaire-Short Form and Somatic Complaints List (N=400)*

Scales	1	2	3	4	5	6	7	8
1-EA	-	0.79**	0.79**	-0.23**	0.56**	-0.10	0.85**	0.25**
2-PA		-	0.76**	-0.24**	0.55**	-0.16**	0.84**	0.27**
3-SA			-	-0.19**	0.57**	-0.22**	0.85**	0.24**
4-EN				-	-0.00	0.59**	0.11**	-0.25**
5-PN					-	0.06	0.72**	0.09
6-D						-	0.13**	-0.13**
7-CT-T							-	0.18**
8-SC								-
<i>M</i>	12.40	12.23	11.76	19.08	15.68	10.60	81.73	18.12
<i>SD</i>	6.00	5.92	6.55	4.26	3.65	3.24	19.19	4.98

*Note.* EA=Emotional Abuse; PA=Physical Abuse; SA=Sexual Abuse; EN=Emotional Neglect; PN=Physical Neglect; D=Denial; CT-T= Total of Childhood Trauma Questionnaire; SC=Somatic Complaints; \*\* $p<.01$ .

Data given in table 2 depicted a significant positive correlation between childhood trauma and somatic complaints. Furthermore, the subscale of childhood trauma (except physical neglect) had also a significant positive association with somatic complaints in the participants.

**Table 3**

*Hierarchical Regression Analysis for Predictors of Somatic Complaints (N= 400)*

Predictors	B	SEB	$\beta$	<i>t</i>	<i>p</i> <
Step I (R=0.45, $\Delta R^2 = 0.20$ )					
Constant	16.36	1.52		10.77	0.001

Age	0.33	0.14	0.14	2.46	0.014
Education	-0.74	0.08	-0.51	-9.26	0.001
Step II (R=0.48, $\Delta R^2=0.21$ )					
Constant	14.04	1.70		8.24	0.001
Age	0.38	0.14	0.15	2.76	0.006
Education	-0.81	0.08	-0.56	-9.75	0.001
Step III (R=0.49, $\Delta R^2=0.22$ )					
Constant	17.53	2.12		8.27	0.001
Age	0.43	0.14	0.18	3.15	0.002
Education	-0.97	0.10	-0.67	-9.57	0.001
Childhood Trauma	0.05	0.02	0.18	3.72	0.007

Note. Only significant results are presented in the table. Step I:  $F = 49.43$ ,  $df = 2$ ; Step II:  $F = 12.79$ ,  $df = 9$ ; Step III:  $F = 12.44$ ,  $df = 10$ ; \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

To determine the predictors of somatic complaints in the participants, a hierarchical regression analysis was carried out. In the first step, the personal characteristics (i.e., age and education), and in the second step, familial characteristics (i.e. family monthly income and No. of family members) of the participants were added. In step III, the Childhood Trauma Scale along with its sub-scales was included. Data given in Table 3 revealed that age, education, and childhood trauma are significant predictors of somatic complaints. With growing age, the likelihood of somatic complaints increases however, the increase in education decreases the chances of somatic complaints in children and adolescents. Moreover, as hypothesized, with the increase in childhood traumatic experiences, somatic complaints are also likely to be increased.

**Table 4**

Means, Standard Deviations, and *t* Values of Main-stream School Children and Child Laborers on Childhood Trauma Questionnaire and Somatic Complaints List ( $N = 400$ )

Factors	Mainstream	Child labor	<i>t</i> (398)	95% CI		Cohen's <i>d</i>
	<i>n</i> =200	<i>n</i> =200		LL	UL	
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )				
EA	8.53(4.00)	16.28(5.10)	16.90***	-8.65	-6.84	1.69
PA	8.36(4.16)	16.09(4.78)	17.26***	-8.61	-6.85	1.72
SA	7.17(4.05)	16.34(5.22)	19.63***	-10.09	-8.26	1.96
EN	20.08(3.82)	18.09(4.44)	4.80***	1.18	2.81	0.41
PN	14.01(2.79)	17.36(3.64)	10.33***	-3.99	-2.71	1.03
D	11.33(3.07)	9.86(3.24)	4.66***	0.85	2.09	0.47
CT-T	69.47(10.48)	94.01(18.05)	16.63***	-27.44	-21.64	1.66
SC	15.38(3.62)	20.87(4.63)	13.21***	-6.31	-4.67	0.42

Note. EA=Emotional Abuse; PA=Physical Abuse; SA=Sexual Abuse; EN=Emotional Neglect; PN=Physical Neglect; D=Denial; CT-T= Total of Childhood Trauma Questionnaire; SC=Somatic Complaints; \*\*\* $p < 0.001$ .

Data presented in Table 4 revealed that child laborers tend to have significantly more traumatic experiences (i.e., Emotional, Physical, and Sexual Abuse, and Physical Neglect) as compared to mainstream school children. However, two of the traumatic experiences (i.e., Emotional Neglect and Denial) were found to be more in mainstream school children as compared to the child laborers. As a whole, child laborers scored significantly higher than

mainstream school children on the Childhood Trauma Questionnaire and Somatic Complaints List.

### Discussion

Child labor has been a serious concern in Pakistan for a long (Delap, 2001) and child labor is found to be associated with various physical (Khan et al., 2007) and mental health issues (Hopfinger et al., 2016). As far as mental health issues are concerned, a positive correlation between childhood trauma and somatic complaints in children and adolescents is also evident (e.g., Heshmati et al., 2021). Therefore, it was decided to investigate the relationship between childhood trauma and somatic complaints in child laborers as well as to compare this population with mainstream school children concerning the study variables in Pakistan. For this purpose, a sample of 400 boys (child laborers=200; mainstream school children=200) was selected through the multistage sampling strategy as discussed earlier in detail. The Childhood Trauma Questionnaire (Bernstein, et al., 1994) and Somatic Complaints List (Jellesma et al., 2007) were used for the assessment of childhood trauma and somatic complaints respectively. Pearson product-moment correlation, regression analysis, and *t*-test through Statistical Package for Social Sciences (SPSS v-25) were conducted for data analysis. The findings of this study are discussed below.

The first objective of the current study was to investigate the association between childhood traumatic experiences and somatic complaints in children and adolescents, therefore it was hypothesized that there would be a significant positive correlation between childhood traumatic experiences and somatic complaints in children and adolescents, and childhood traumatic experiences would significantly predict somatic complaints in children and adolescents. The results revealed that there exists a significant positive correlation between childhood trauma and somatic complaints. Furthermore, the subscale of childhood trauma (except physical neglect) had also a significant positive association with somatic complaints in the participants. Regression analysis further revealed that age, education, and childhood trauma are significant predictors of somatic complaints. With growing age, the likelihood of somatic complaints increases however, the increase in education decreases the chances of somatic complaints in children and adolescents. Moreover, as hypothesized, it was found that with the increase in childhood traumatic experiences, somatic complaints are also likely to be increased.

These findings are consistent with the existing literature which suggests that childhood trauma is significantly associated with somatic symptoms in children and adolescents (e.g., Bonvanie et al., 2015; Iloson et al., 2021; Porturas, 2018). Moreover, it is found that childhood trauma (particularly sexual abuse) significantly predicts higher levels of psychosomatic complaints in children and adolescents (e.g., Bonvanie et al., 2015). Since people who have been exposed to childhood traumatic experiences use experiential avoidance to reduce negative emotions, therefore, childhood trauma might be associated with psycho-somatic complaints of our study participants as it has previously been established empirically (e.g., Heshmati et al., 2021). On the other hand, Kealy et al. (2018) found a significant mediating role of “shame” in the association between emotional neglect and somatic symptoms, and childhood sexual abuse was found to be directly related to somatic distress. The findings of that study provided evidence of the link between childhood trauma and somatic symptoms through the emergence of “shame” predicted through emotional and sexual abuse and neglect. Thus, the role of “shame” or other possible mediating or moderating variables might be contributing to the observed outcomes of the current study, which may be studied in future research.

However, as far as an insignificant association between physical neglect and somatic complaints in the current study is concerned, Cook et al. (2017) found that childhood traumatic experiences result in psycho-social impairment, damage to basic abilities for self-regulation, and interpersonal relationships. Moreover, Iloson et al. (2021) found that sexual trauma affects somatization levels to a greater extent than nonsexual trauma. Therefore, it can be asserted that



with the experience of this trauma, the participants of the current study were not bothered by the physical neglect and ultimately did not perceive it to that extent which might predict the somatic symptoms in them. Furthermore, findings of the current study indicate that with growing age, the likelihood of somatic complaints increases however, the increase in education decreases the chances of somatic complaints in children and adolescents highlighting the importance of education for child laborers which will reduce their somatic complaints as found otherwise with growing age these symptoms would be increasing. Nevertheless, unfortunately, it is found that all child laborers are uneducated or undereducated in Pakistan (Khan et al., 2007).

The second objective of the current study was to examine the differences between child laborers and mainstream school children on childhood traumatic experiences and somatic complaints, thus, it was hypothesized that child laborers would score higher as compared to mainstream school children on the Childhood Trauma Questionnaire and Somatic Complaints List. Results of this study revealed that child laborers tend to have significantly more traumatic experiences (i.e., Emotional Abuse, Physical Abuse, Sexual Abuse, and Physical Neglect) as compared to mainstream school children. However, two of the traumatic experiences (i.e., Emotional Neglect and Denial) were found to be more in mainstream school children as compared to the child laborers. As a whole, child laborers scored significantly higher than mainstream school children on the Childhood Trauma Questionnaire and Somatic Complaints List. These findings are in line with the existing literature (e.g., Iloson et al., 2021)

As far as mainstream school children are concerned, it was also found that exposure to violence (at home, neighborhood, and/or school) predicted higher levels of post-traumatic stress, social and emotional problems, and other mental health issues in the participants (Khodary & Samara, 2019). On the other hand, since child labor robs the children of their youth, potential, and dignity by harming their physical, mental, moral, spiritual, and social development (Young, 2003), therefore, several mental health problems are found to be more prevalent in child laborers as compared to mainstream school children (e.g., Thabet et al., 2011). Moreover, the painful conditions of work and the adverse consequences on the health state with a wide prevalence of pathologies are found to be higher in working children than for mainstream school children (Laraqui et al., 2000). Existing literature has also revealed that child laborers are more likely than non-laborers to suffer from childhood emotional and behavioral issues suggesting that child labor should be viewed not only as a threat to the healthy psycho-social development of children but also as a danger of psychological disorders (Fekadu et al., 2006).

As far as findings of the current study indicating that two of the traumatic experiences (i.e., Emotional Neglect and Denial) are more in mainstream school children as compared to the child laborers are concerned, it can safely be assumed that being normal and comparatively more sensitive individuals than working children, mainstream school children tend to perceive emotional neglect more intensely and used to deny the reality of any of the abuses they experienced to avoid “shame” which has a significant role in this phenomenon (Kealy et al., 2018). Moreover, other than child laborers, individuals with childhood trauma are more likely to have dysfunctional emotion regulation (Hopfinger et al., 2016), and display greater levels of distorted cognition and personality impairments (Dandan & Shaojia et al., 2018) which might have signified the psycho-social susceptibility to these traumatic experiences i.e., significantly heightened denial and perception of emotional neglect.

### **Conclusion**

The current study revealed a significant positive association between childhood trauma and somatic complaints. Furthermore, the subscale of childhood trauma (except physical neglect) had a significant positive association with somatic complaints in the participants. It was also found that with growing age and/or an increase in childhood traumatic experiences, the

likelihood of somatic complaints increases however, the increase in education decreases the chances of somatic complaints in children and adolescents. Moreover, child laborers displayed higher levels of childhood trauma and somatic complaints as compared to mainstream school children.

### Limitations and Recommendations

The sample of this study was chosen from only two cities in Punjab province (i.e., Chiniot & Faisalabad). In the future, data should be taken from other cities of the country as well for the true representativeness of the sample. Only boys were included in the current study. In future research, both genders should be included so that gender differences in the study variables may also be investigated. The participants of the current study were children and adolescents. Future studies should be planned for other age groups as well.

### Implications of the Study

The current findings have significant implications for the relevant stakeholders; mental health professionals, government, and concerned policymakers to take requisite effective measures well in time which can ultimately ensure the better mental health of children and adolescents, particularly child laborers. Government and law enforcement agencies should look into the matter seriously related to child labor and its adverse consequences on the physical as well as mental health of these children. On the other hand, mental health professionals should handle this issue in terms of spreading awareness in the general masses and providing necessary psychological help where and when is required. Early identification of somatic problems and effective professional intervention would be of great help to the clients, parents, and society.

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