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Thai Lay Perceptions of Child Psychological Maltreatment: A Generational Analysis of Dimensions, Mechanisms, and Pathways to Change

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Abstract

Background: Child psychological maltreatment (CPM) is underrecognized in Thailand. Despite legal reforms, recognition is hindered by hierarchical norms that normalize shaming and conditional affection as discipline. The cumulative nature of these harms underscores the need to understand lay perceptions to improve awareness, and inform prevention and intervention.

Objectives: To characterize Thai lay perceptions and boundary criteria for CPM by primary caregivers, describe perceived mechanisms, explore generational contrasts (Generation X, Y, Z), and identify implications for prevention and intervention.

Methods: Semi-structured Zoom interviews were conducted with 12 Thai adults (aged 19-54), across 3 cohorts: Generation Z (n = 5), Generation Y (n = 3), and Generation X (n = 4). Transcripts were analyzed using reflexive thematic analysis (RTA).

Results: Three themes emerged including 1) sense-making: CPM was defined via 3 intersecting dimensions — agency (commission/omission), mode (direct/indirect), and salience (overt/subtle); 2) mechanisms: CPM left an "imprint in the heart", through identity derogation, emotional neglect, and conditional regard; and 3) pathways to change: social media catalyzed awareness; Generation Z recognized CPM earlier and prioritized autonomy support, while Generation X and Y recognized harm retrospectively and normalized physical discipline. Proposed prevention and intervention include relational repair through caregiver apology and the education system as a secondary safety net.

Conclusions: CPM was framed as relational and cumulative harm within hierarchical family norms. Generational shifts lean toward earlier recognition and autonomy-supportive caregiving. Responses should extend beyond legal frameworks by leveraging schools, media-based awareness, and caregiver apology.

Keywords: Child rearing, Cohort effect, Emotional abuse, Parenting, Psychological trauma, Qualitative research

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Introduction

Child psychological maltreatment (CPM) is a pervasive yet underrecognized public health crisis globally and in Thailand. Systematic reviews estimate that over one billion children endure violence or neglect annually, with CPM prevalence often exceeding that of physical or sexual harm.[1] Meta-analytic evidence established a global self-report prevalence for emotional abuse at 36.3%, with significantly higher rates of 41.6% observed in Asian samples.[2] This burden was exacerbated during the COVID-19 pandemic,

with psychological abuse rates rising to an estimated 39% due to increased domestic stressors.[3] Data from UNICEF supports these high figures, noting that 6 in 10 children under the age of 5 regularly experience psychological aggression or physical punishment at home.[4]

In the East Asia and Pacific region, a meta-analysis similarly indicates substantial levels of CPM, including in the South-East Asia Region (SEAR)-B subregion.[5] A multicountry ASEAN study of university students reported a lifetime prevalence of 17.6% for childhood emotional abuse, compared with 28.2% for physical abuse and 22.4% for contact sexual abuse, indicating that CPM is a common but often underrecognized form of adversity in the region.[6] In Thailand, the 2022 Multiple Indicator Cluster Survey (MICS) reported that 57.6% of children aged 1 to 14 experienced violent discipline in the month preceding the survey.[7] Among Bangkok primary school students (ages 6 to 12), 48.7% reported at least one adverse childhood experience (ACE). Cumulative exposure showed a graded association with behavioral issues with 4 or more ACEs predicted higher internalizing, externalizing, and total problem scores, alongside lower resilience.[8] These findings underscore that CPM is a substantial public health concern and underscore the urgency of early recognition to prevent cumulative psychological harm.

Despite these high prevalence rates, recognition is hindered by cultural normalization. In Thailand, hierarchical values emphasizing obedience and parental authority often normalize shaming and conditional affection as discipline rather than CPM. These low-visibility, relational, and cumulative harms are difficult to identify from frontline services. Effective implementation relies on shared, culturally intelligible boundary criteria;[9] therefore, understanding these lay definitions is essential for bridging the gap between child protection policy and community-level action.

Efforts to standardize definitions of CPM characterize it as repeated or extreme incidents communicating that a child is worthless, unloved, unsafe, or valued only through compliance.[10-12] Fundamentally, CPM is divided into acts of commission (eg, denigration) and omission (eg, emotional unavailability).[11, 12] However, such frameworks may not align with Thai contexts or lay understandings, resulting in a disconnect between professional definitions and lived realities.

In parallel, Thailand's legal framework prohibits disciplinary practices harming a child's body or mind,[13] signaling alignment with international child-rights standards. Yet, psychological harm lacks clear legal definitions and evidentiary thresholds applied to physical or sexual abuse. Unlike India's Protection of Children from Sexual Offences (POCSO) Act, which codifies specific child sexual offences and establishes child-friendly procedures, Thailand's legal framework relies primarily on child-protection and reporting mechanisms under the Child Protection Act alongside general criminal law, resulting in less standardized offence categorization for child sexual abuse.[14] Such ambiguity necessitates shared interpretive boundaries beyond formal legal thresholds.

To clarify these boundary judgments, this study integrated 3 established frameworks into a unified multidimensional model of CPM. This study draws on Glaser's[11, 12] conceptualizations of agency, which distinguishes commission (active harm, such as denigration) from omission (the withholding of expected emotional care). Following Slep et al[12] and English et al,[15] this study incorporates interactional mode to differentiate direct harm aimed specifically at the child from indirect harm conveyed through a patterned family "threat climate" or modeled aggression. Finally, this study include salience — as conceptualized by Slep et al[12] and Brassard et al[16] — to separate overt, highly noticeable behaviors from

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subtle patterns, such as conditional regard or the "silent treatment", which are frequently minimized in child welfare practice.

Utilizing reflexive thematic analysis (RTA), this study examined how 3 generations of Thai adults (Generation X, Y, and Z) navigate CPM dimensions and articulate bottom-up definitions grounded in lived experience rather than solely in professional criteria. The findings offer 3 implications. Theoretically, this study provides a culturally grounded framework of CPM within a collectivist, hierarchical society beyond Western-centric rights frameworks. Practically, the identification of indigenous mechanisms can inform relatable prevention messaging and clinical screening tools. Societally, these insights support the deprivatization of child protection in Thailand by helping bridge the gap between legal standards and daily practice.

Methods

Study Design

This study was conducted using a qualitative study using RTA to explore lay perspectives on CPM by primary caregivers within Thai family contexts. RTA supported attention to patterned meanings while preserving diversity of experience.[17]

Participants

Twelve Thai adults were recruited via online poster advertisements circulated on social media and online communities, supplemented by chain-referral (snowball) sharing of the poster link. Although referrals were snowballed, participants were purposively selected to achieve the predefined generational composition based on the order of enrollment within each generation. All participants reported enrolling via the poster rather than direct invitation and did not report knowing other participants; therefore, prior relationships between participants cannot be confirmed, though they were unlikely. Inclusion criteria were aged 18 and older; no prior academic/professional background in psychology, psychiatry, or human rights; not undergoing psychiatric treatment (or discontinued more than 2 years); fluent in spoken Thai. Exclusion criteria were failure to meet any inclusion criterion. Participants could withdraw at any time (before, during, or after the interview); if withdrawal occurred mid-interview, the interview was stopped immediately.

All participants provided written informed consent electronically and completed online interviews (Zoom; audio/video recorded). One participant withdrew after completing the interview and requested that their data not be used; these data were discarded in accordance with the informed consent protocol. Recruitment targeted 4 participants per cohort (n = 12) but resulted in a final distribution of Generation Z (n = 5), Generation Y (n = 3), and Generation X (n = 4). This occurred because one participant fell on the generational boundary; to maintain methodological rigor and avoid subjective recategorization, this study strictly applied the birth-year parameters established by the Pew Research Center.[18] Consequently, participant Generation Z-05 (age 28) was classified as Generation Z, though her insights bridged the developmental perspectives of both Generation Y and Generation Z. The final sample comprised Generation Z (n = 5; ages 19-28; 2 nonbinary, 2 women, 1 man), Generation Y (n = 3; ages 35-38; 1 nonbinary, 2 men), and Generation X (n = 4; ages 46-54; 1 nonbinary, 2 women, 1 man). Participants represented diverse occupational sectors, including higher education, technical and corporate services (eg, marketing, finance, and health), and self-employed entrepreneurs or freelancers.

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Procedures and Data Collection

Following informed consent and screening, participants engaged in one-to-one, semi-structured interviews via Zoom (duration: 45-70 minutes) in Thai, conducted between February and April 2025. Data collection continued until thematic saturation was reached, defined as the point at which later interviews yielded repetitive patterns rather than new conceptual insights.

The interview guide addressed: a) "What do you think counts as CPM within the family by primary caregivers?"; b) "Which caregiving behaviors would you consider psychologically maltreating, and why?"; c) "In your surroundings, how often do you encounter or hear about CPM by primary caregivers?"; and d) "How can families, society, and outside agencies help with prevention or healing?". Three interviewers, trained in qualitative interviewing and safeguarding practices, conducted the interviews, flexibly adapting question order to maintain conversational flow while prioritizing psychological safety. Interviewers periodically checked participants' comfort and reiterated that they could pause or terminate the interview at any time if distressed.

Data Management and Analysis

Recordings were transcribed and analyzed using RTA for 6 phases (familiarization, coding, constructing candidate themes, reviewing, defining/naming, and producing the analytic narrative with supporting excerpts).[17] Four authors independently coded, then met iteratively to compare interpretations and refine a thematic map until analytic coherence. Transcripts were tagged by generation; comparative memos examined cross-generational patterning. Given the small nonprobabilistic sample, generational contrasts were treated as exploratory and interpreted cautiously. All excerpts were translated to English by a bilingual researcher. A second bilingual reviewer checked each excerpt for conceptual equivalence; discrepancies were adjudicated to consensus with attention to culturally specific connotations.

Reflexivity

The team consisted of researchers with qualitative research backgrounds. This study maintained reflexive memos, discussed positionalities (age, professional training, parenting status), and examined how these might shape coding/interpretation. Disagreements were resolved through reasoned consensus.

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Results

Guided by RTA, this study identified 3 overarching themes organizing Thai lay definitions and boundary criteria for CPM by primary caregivers as follows 1) making sense of CPM by primary caregivers: dimensions and dynamics; 2) manifestation and mechanisms; and 3) pathways toward awareness and change. The orienting thematic map was provided (Table 1). Given that most excerpts are presented (Tables 2-4), the narrative below focuses on analytic interpretation, with generational contrasts treated as descriptive and exploratory. Participants described CPM through examples drawn from direct experience (DE), observed/overheard events (OE), and general opinions or illustrative scenarios (GO). To protect anonymity, this study labeled participants using generation-based pseudonyms, age, and gender identity (eg, Generation Z-04, 24, man).

Table 1. Thematic Map of Thai Lay Definitions of Child Psychological Maltreatment and Cross-Generational Patterns

Theme (Subtheme)	Cross-Generational Pattern	
	Shared	Shifting
Making sense of CPM: dimensions and dynamics (subtheme 1.1-1.2)	CPM is bounded using multidimensional judgments (commission/omission; direct/indirect; overt/subtle).	Generation X/Y more often integrate psychological harm with physical discipline and recognize harm retrospectively; Generation Z differentiates subtle CPM as cumulative and labels it earlier.
Manifestations and mechanisms (subtheme 2.1-2.3)	CPM is framed as enduring psychological "imprint," operating through identity derogation, emotional neglect, and conditional regard.	Generation Z places greater emphasis on low-visibility harms and real-time identification.
Pathways toward awareness and change (subtheme 3.1-3.3)	Recognition is catalyzed by social comparison/peer dialogue; repair and external supports are valued.	Generation Z awareness is media-enabled and immediate; Generation X/Y awareness is largely retrospective and may adopt newer language to increase awareness.

Abbreviation: CPM, child psychological maltreatment.

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Theme 1: Making Sense of Child Psychological Maltreatment: Dimensions and Dynamics

Theme 1 captures how participants made sense of CPM by primary caregivers by drawing practical boundaries around what "counts" as emotionally harmful caregiving. Rather than offering abstract definitions, participants provided incidents that could be mapped through relational dynamics of how it was enacted. Two subthemes summarize these interpretive processes: the mapping of 3 dimensions of maltreatment that participants used to classify psychologically harmful caregiving, and generational shifts in perceiving and labeling childhood emotional maltreatment. Across configurations, parents were consistently positioned as the central actors rather than other primary caregivers. This underscores the salience of parents as primary actors in childrearing and the primacy of parent-child power asymmetries in lay boundary judgments of CPM.

Subtheme 1.1: The 3-Dimension of Maltreatment

CPM was perceived as operating along 3 intersecting dimensions — agency (commission vs omission), interactional mode (direct vs indirect), and salience (overt vs subtle) — yielding 8 distinct configurations of psychologically harmful caregiving. Configurations of commission involved "doing" harm through direct attacks and comparisons, or the indirect creation of an unstable environment and favoritism. The full dimensional framework encompassing all 8 configurations is presented (Figure 1), while the specific behavioral manifestations and representative participant excerpts are detailed (Table 2).

Participants most readily identified overt, direct attacks (configuration 1) on a child's intrinsic worth, specifically the "regret of existence" statements as a primary marker of maltreatment. These verbal assaults function as identity-based degradation. Interestingly, physical intimidation was often recategorized by participants as psychological maltreatment, noting that although physical pain is experienced in the body, its consequences are unavoidably psychological. Even when the harm was not located in the physical injury, the threat of force, and the intimidating "glare" alone were sufficient to communicate psychological harm. Indirect and overt displays of parental conflict or divorce are interpreted as psychological stressors that destabilize a child's sense of belonging (configuration 2).

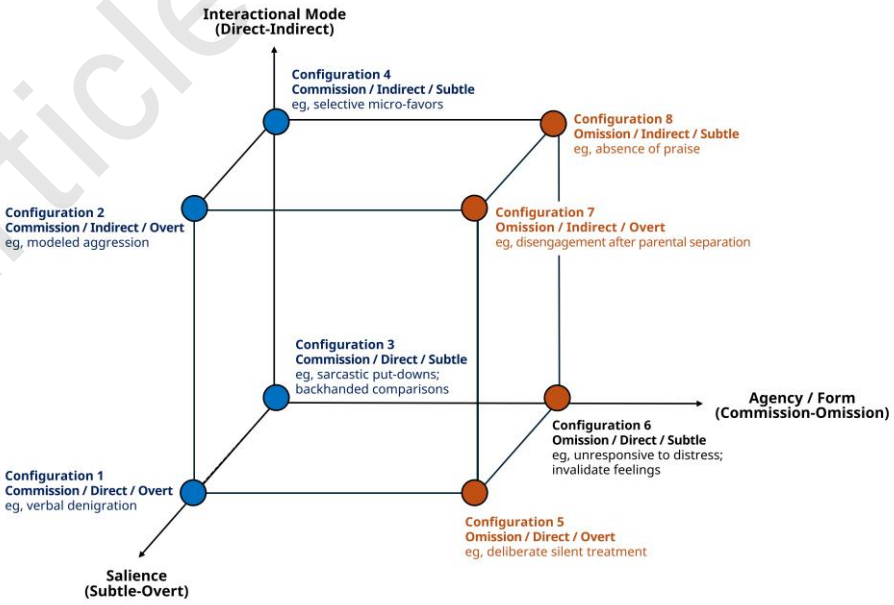
Direct yet subtle forms of commissions (configuration 3) were often expressed through persistent jabs and comparative remarks that positioned the child as inadequate relative to peers or other families. These comparisons functioned as persistent "jabs" that elicited shame and anticipatory pressure, discouraging children from expressing needs or seeking support. At the more subtle level, indirect commission manifests as patterned differential care (configuration 4). The "micro-favors" such as preparing a school bag for one sibling but not another or providing specific foods only for one child, accumulate into a sense of emotional unfairness that undermines a child's self-concept without the need for explicit insults.

Conversely, omission captures the absence of expected emotional or practical care. Overt direct omission (configuration 5) is frequently utilized as a punitive strategy, such as silent treatment or a cold war. A caregiver withdraws communication to enforce compliance. In contrast, subtle direct omission (configuration 6) involves quiet nonresponse or apathy during moments of a child's distress. This is perceived as particularly damaging because it communicates that the child's internal world is unimportant, thereby eroding relational trust.

In contexts of family separation, omission can escalate to chronic disengagement (configuration 7). While the omission is not directly enacted through a parent-child interaction, a child is left without basic resources or food because they no longer fit into the new family arrangements of either parent. Finally, participants identified an indirect, subtle omission through a low-warmth family climate (configuration 8). This is often tied to a specific Thai cultural norm where wrongdoing is reprimanded but positive behavior is met with silence. Participants described this as an "imbalanced scale" of parenting, where the persistent lack of praise and emotional attunement leaves a lasting "imprint in the heart" of feeling unloved.

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Figure 1. Dimensions and Configurations of Child Psychological Maltreatment by Primary Caregivers Based on Thai Lay Perspectives



The conceptual model illustrates the intersection of 3 dimensions: agency/form (commission-omission), interactional mode (direct-indirect), and salience (subtle-overt). Eight distinct configurations are identified, ranging from overt verbal denigration (configuration 1) to subtle lack of praise or emotional attunement (configuration 8).

Table 2. Dimensional Configurations and Manifestations of Child Psychological Maltreatment

Configuration	Dimension Mapping	Behavioral Manifestation	Representative Participant Quote
1	Commission/direct/overt	Verbal attacks on existence	[GO] "You shouldn't have been born… raising you is a waste of rice" (Generation Y-03, 38, nonbinary; also Generation Z-03, 23, nonbinary) [GO] "scolding, insults, belittlement, humiliation, and contempt…affects the mind" (Generation X-04, 54, man)
		Physical intimidation	[GO] "caning and violent caning" (Gen X-02, 50, woman; also Generation X-04, 54, man similarly emphasized "the mind must feel too") [GO] "A glare or giving a side-eye is enough to cause the feeling [of pain]. Words make it worse. But when the stick comes out? That's when the abuse hits level 3" (Generation X-03, 53, nonbinary; reflecting on perceived severity of physical intimidation)
2	Commission/indirect/overt	Aggressive family climate	[GO] "A big fight [among parents] even if it's not direct, it's also emotional abuse" (Generation Y-01, 35, man; and Generation X-02, 50, woman who similarly emphasized "the climate is distressing")
3	Commission/direct/subtle	Social comparisons	[DE] "Your salary is much higher — why can't you support yourself like them?" (Generation Z-05, 28, woman) [DE] "I was always compared with my sister" (Generation X-01, 45, woman) [GO] "Why can't you do it? Look at that family, their [child] can" (Generation X-04, 54, man)
4	Commission/indirect/subtle	Differential care/favoritism	[GO] "The brother said a boiled egg is a must for ramen, so the daughter later realized her mom had never done that for her" (Generation Z-01, 19, nonbinary; reflected on a Korean drama vignette) [DE] "[Mother said my older sister was better], it made me feel that I was expendable. It stayed with me and has never left my mind" (Generation X-01, 45, woman)
5	Omission/direct/overt	Punitive silent treatment	[GO] "A mother that does not talk to her child for several days… a cold war" (Generation Z-03, 23, nonbinary) [DE] "He [father] would not speak to us for weeks" (Generation Z-05, 28, woman; recalled a childhood episode following family conflict)
6	Omission/direct/subtle	Apathy during distress	[DE] "When I was upset, they just stayed silent — never asked what was wrong" (Generation Z-05, 28, woman)
7	Omission/indirect/overt	Chronic disengagement	[OE] "[My friend was] left in the middle, couldn't even ask for food — not from either dad or mom" (Generation Z-05, 28, woman)
8	Omission/indirect/subtle	Persistent low warmth	[DE] "No hugs, no compliments. I grew up lacking warmth" (Generation X-04, 54, man) [GO] "not being there when they want, only this is called emotional harm" (Generation X-04, 54, man)

Abbreviations: DE, direct experience; GO, general opinion; OE, observed experience.

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Subtheme 1.2: Generational Shifts in Perceiving and Labeling Child Emotional Maltreatment by Primary Caregivers

Across generations, participants emphasized the enduring residue of CPM into adulthood as the phrase "imprinting in one's heart" recurred across participants and distinguished it from other forms of abuse. Despite this shared premise, distinct generational boundaries emerged in how harm was evaluated, categorized, and tolerated. These contrasts are synthesized (Table 3), together with representative excerpts.

Older participants, now in middle adulthood, viewed physical punishment as inherently psychological in consequence, reasoning that both verbal and physical acts ultimately affect the mind. For this group, "hitting or caning" served as the near-universal descriptor for childhood distress. However, these experiences were frequently framed as conditionally acceptable, and therefore not labeled as maltreatment if the punishment was viewed as instructional, proportional to a wrongdoing, or part of a culturally normative low-affection family climate. Some participants rationalized their experiences of being hit as justified in cases of severe wrongdoing (eg, truancy; Generation Y-01, 35, man). Similarly, a Generation X participant retrospectively viewed such discipline as necessary given her mother's multiple responsibilities, noting it made her afraid to do wrong and less likely to misbehave (Generation X-01, 45, woman).

In contrast, Generation Z participants prioritized individual autonomy, clearly differentiating psychological harm from physical violence as a distinct, long-term injury. Although they acknowledged that physical punishment could have psychological effects, Generation Z participants were far less likely to foreground hitting in their narratives. Instead, they emphasized low-visibility psychological harms, particularly verbal denigration and identity-based criticism as primary markers of maltreatment.

Generation Z emphasized a cumulative harm logic, describing how subtle, repeated patterns such as caregiver nonresponse, favoritism, or silence accumulate over time and gradually erode sense of safety rather than constituting a single explosive event. As one participant noted, physical injuries can be treated at a hospital, but "small words… accumulate over time and become difficult to heal" (Generation Z-04, 24, man). Consistent with this framing, Generation Z also showed lower tolerance for normalizing physical punishment and were more likely to label harmful behaviors as abusive in real time. Participants attributed earlier recognition to the normalization of mental health discourse and increased parenting awareness, which provide vocabulary to identify and contest maltreatment as it occurs.

Building on these boundary judgments, Theme 2 shifts from how CPM is defined to how it operates, examining the concrete mechanisms through which psychological harm is enacted and sustained in everyday caregiving interactions.

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Table 3. Generational Comparison of Child Psychological Maltreatment Perceptual Frameworks

Topic	Generation X/Y	Generation Z
Primary descriptor of CPM	Physical (hitting/caning) [DE] "It is spanking…I was spanked since I was a child…probably because it was an easy way to control [a child]" (Generation X-01, 45, woman) [GO and DE] "CPM has many forms… from what I've seen, it is hitting…some people think hitting a child is teaching. For me it [being caned] is normal" (Generation Y-01, 35, man)	Verbal and psychological [DE] " They said 'Why don't you take care of your hygiene'…well, I did my best" (Generation Z-01, 19, nonbinary; recalled a parent's comment about acne) [GO] "If you are physically injured, you can go to the hospital; but with these small words, they accumulate over time and become difficult to heal" (Generation Z-04, 24, man)

Table 3. Generational Comparison of Child Psychological Maltreatment Perceptual Frameworks (Continued)

Topic	Generation X/Y	Generation Z
Core framework	Proportionality logic: CPM defined by the severity and intent of discipline [GO] "If the caning was reasonable — if the child really did something wrong — then it is acceptable" (Generation Y-01, 35, man) [GO] "Just enough to remember, not to the point of serious injury" (Generation X-03, 53, nonbinary)	Cumulative logic: Maltreatment defined by the psychological impact of repeated patterns [OE] "I can see that she keeps trying over and over to make her mom accept her, or feel happy to have her" (Generation Z-02, 20, woman; describing a younger child she knows) [GO] "Result may not come out right away, but emotional harms affect more in the long run" (Generation Z-04, 24, man)
Tolerance threshold	Rationalize [GO and DE] "if there is hitting… it might have to be a bit severe, such as when we skipped school to go out and play games — and I got hit" (Generation Y-01, 35, man) [DE] "it made me "afraid to do wrong", and less likely to misbehave (Generation X-01, 45, woman)	Low tolerance; focus on felt safety and emotional belonging [DE] "I stopped consulting her about my study ever again" (Generation Z-02, 20, woman) [GO] "Younger people today, they do not endure it; they leave home and find their own way" (Generation Z-05, 28, woman)
Labeling timeline	Retrospective [DE] "I didn't think it was abuse until I talked with friends" (Generation X–03) [DE] "I got through that time, it was quite bad" (Generation Y-02, 37, man)	Real-time [DE] "those words are with me all the time, and they caused me to… change my way of thinking… It made me realize that this was mistreating my heart" (Generation Z-02, 20, woman; following sarcastic remarks from her mother) [GO]: "people from my gen would know that they are CPM and have a choice to keep it up… or fight it" (Generation Z-03, 23, nonbinary)

Abbreviations: CPM, child psychological maltreatment; DE, direct experience; GO, general opinion; OE, observed experience.

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Theme 2: Manifestations and Mechanisms

Three interlinked subthemes emerged: verbal and identity derogation, emotional neglect, and conditional regard and emotional manipulation. These are mechanisms by which psychological abuse exerted long-term effects on self-worth and relational security. Representative behavioral manifestations and supporting quotations for each mechanism are summarized (Table 4), which provides the detailed excerpt underlying subthemes 2.1 to 2.3.

Subtheme 2.1: Verbal and Identity Derogation

The primary mechanism identified was identity-based degradation, where caregivers attack a child's intrinsic worth through "regret-of-existence" language. This derogation extends to appearance, intelligence, and interest-based shaming (eg, short, fat, dumb, or nonsense) which were reported to "hurt the mind to some extent" (Generation Z-04, 24, man). These insults are psychologically damaging regardless of gender or gender identity, particularly when they target core attributes that are inherent, socially defined, or developmentally constrained (eg, physical appearance, gender identity and identity-related characteristics, and a child's status within the family). These forms of derogation communicated that the children

themselves or their values are fundamentally inferior, reflecting hierarchical family norms in collectivist contexts.[19]

Subtheme 2.2: Emotional Neglect

Emotional neglect manifests as an absence of emotional attunement, where caregivers respond to a child's distress with silence or sarcasm. Participants recalled direct experience of low warmth upbringing, including dismissive or unsupportive response to distress. Within Thai norms, neglect is perpetuated by an imbalanced scale where positive behavior is met with silence while wrongdoing elicits scolding (Generation X-03, 53, nonbinary). This is compounded by secondary invalidation, where children face accusatory questioning at home after experiencing external distress, adding to the emotional injury. This terminates help-seeking behavior and erodes relational trust ("I stopped consulting her…ever again"; Generation Z-02, 20, woman). Such neglect, consistent with Glaser's framework,[11] eroded participants' sense of worth and belonging. In contexts of parental separation, neglect intersects with a deficit in instrumental support, such as the failure to provide basic food or responsive care.

As a result, children may become guarded and adopt protective silence to avoid further invalidation or humiliation. Prior research indicated that expressive suppression mediates links between emotional abuse and depression, and is associated with elevated risk of self-harm and suicidality.[20] For lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual and gender minority (LGBTQIA+) participants, such identity-based invalidation was linked to experiences of chronic shame and depression as longitudinal research pointed to family rejection as a critical predictor of severe negative health outcomes, including suicidality and substance abuse among gender minorities.[21]

Subtheme 2.3: Conditional Regard and Emotional Manipulation

Participants described conditional regard — love or approval tied to achievement or compliance — often enforced through comparisons with siblings, peers, or neighbors. One participant recalled a childhood classmate who was repeatedly compared with their twin which eventually fueled conflict between them. This is consistent with evidence that parental conditional regard can undermine sibling relationships by heightening competition and perceived disfavoritism.[22] A Generation X-01 (45, woman) recalled her most enduring emotional wound, rooted in her mother's persistent comparisons with her older sister which made her "feel like a burden". This reflects the frustration of the basic psychological need for relatedness, where the child's sense of belonging is compromised by the contingent nature of parental affection.[23, 24] When a child receives compliments only when they win the first prize, such conditional affection fosters shame and contingent self-esteem.[23, 25]

Caregivers also deployed guilt induction to shape behavior, such as the instrumental threat of self-harm or a shame-based comparison. One participant (Generation Z-05, 28, woman) described how chronic guilt-tripping escalated into severe internalizing distress and self-harm ideation. This progression from coercive control to severe internalizing symptoms is consistent with meta-analytic findings linking conditional regard to increased depressive symptoms and diminished psychological well-being.[24] At the other end, a Generation Y-02 (37, man) similarly described how unrealistic success demands pushed him to "continually strive to do better". This aligns with the concept of introjected self-regulation, a stressful internal compulsion to meet parental standards to avoid shame or the loss of parental regard.[24, 25]

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Table 4. Mechanisms and Manifestations of Child Psychological Maltreatment

Mechanism	Behavioral Manifestation	Representative Participant Quote
Identity derogation	Regret-of-existence: targeting intrinsic worth	[GO] "Words like 'I shouldn't have let you grow up… should've shoved ashes in your mouth', or 'Raising you is a waste of rice' — they make you feel like you shouldn't have been born" (Generation Z-03, 23, nonbinary) [DE] "My mom once said, 'You shouldn't have been born' — when she found out I was gay" (Generation Y-03, 38, nonbinary) [OE] "Her mother would say things like, If I didn't have you guys, my life would be better than this'" (Generation Z-05, 28, woman, describing the mother of a girl she knows)
	Appearance and competence shaming: body bullying; devaluing interests	[DE] "I was being called 'fat' and 'short' as a child…it's not something you can change in a day. It hurts to some extent" (Generation Z-04, 24, man) [DE] "…these things are nonsense; you should save your money instead…" (Generation Z-03, 23, nonbinary) [GO] "Jabbing comment about child's action… that eventually makes children feel unconfident and indecisive" (Generation X-04, 54, man)
Emotional neglect	Absence of attunement: sarcasm or silence in distress	[DE] "No hugs, no compliments. I grew up lacking warmth" (Generation X-04, 54, man) [DE] "When I was upset, they just stayed silent, never asked what's wrong" (Generation Z-05, 28, woman) [DE] "If you're that stressed, then just quit — why study at all… I never forced you into it" (Generation Z-02, 20, woman)
	Instrumental and secondary neglect: failure to provide care; victim-blaming	[OE] "…couldn't even ask for food — not from either dad or mom… She grew up thin, ugly and was bullied" (Generation Z–05, 28, woman; described her childhood classmate) [DE] "I returned home to be questioned "what have you done?" (Generation X-03, 53, nonbinary; after a teacher administered hand caning that caused minor bleeding)
Conditional regard and emotional manipulation	Conditional regard and guilt induction: love tied to comparison/performance; self-harm threats; shame-based comparison	[OE] "constantly compared to their twin… to the point it caused conflict between them" (Generation Z-01, 19, nonbinary; reflected on their childhood classmate) [DE] "Mom compared me to my older sister… it felt like she didn't love me, like I was a burden" (Generation X-01, 45, woman) [DE] "Even a bar girl can make me more proud" (Generation Z-05, 28, woman; reported her father's shame-based comparison); also [DE] "How about I shoot myself, and everyone will be happy" (Generation Z-05, 28, woman; reported her father's sarcastic threat during an argument) [DE] "…still said it wasn't good enough, I [feel that I] had to do even better" (Generation Y-02, 37, man) [DE] "I only got praise when I came first" (Generation Y-03, 38, nonbinary)

Abbreviations: DE, direct experience; GO, general opinion; OE, observed experience.

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Theme 3: Pathways Toward Awareness and Change

Theme 3 traces the movement from sense-making to critique, outlining the catalysts that make harmful patterns visible, the resulting coping strategies, and imagined pathways toward autonomy-supportive caregiving. The subthemes of Theme 3 alongside representative participant excerpts are presented (Table 5).

Subtheme 3.1: Catalysts for Awareness

Awareness of CPM accumulated through social comparison, peer dialogue, and shifting cultural norms, with a clear generational divide: younger generations used social media-driven vocabulary (eg, "toxic parenting") to name subtle harms as abusive in real time, whereas older participants who grew up without such language typically recognized harm retrospectively, often after talking with friends, and attributed earlier recognition in younger generations to greater access to the internet and social media. Collectively, these accounts suggest that social media and peer discourse function as primary tools for recognition.

Subtheme 3.2: Coping and Resistance Strategies

Coping styles reflect a shift from hierarchical endurance toward individual autonomy. Older participants employed emotional suppression to maintain family harmony or as a further harm avoidance, while younger participants asserted boundaries by refusing to engage with controlling remarks.

Across all generations, seeking emotional buffers was vital; having understanding secondary caregivers or accessing peer and LGBTQIA+ community networks provided the necessary validation to counter domestic invalidation. Otherwise, "They would have no refuge at all" (Generation Z-05, 28, woman).

Subtheme 3.3: Pathways to Change

Participants proposed 3 levels of intervention for systemic change. At the relational level, change centers on caregivers' sincere acknowledgment of harm and the "open-hearted apology" as a tool for repair, particularly as children may lack the language to recognize psychological maltreatment until it is named and validated. Systemically, the education system is viewed as a secondary safety net and refuge for children facing unfavorable home conditions. At the societal level, media-driven mental health discourse is seen as a more effective driver of change than law enforcement, which is frequently perceived as dismissive of family matters.

When envisioning prevention, participants emphasized the need for empathy, communication, and autonomy-supportive caregiving. Generation Z voices were particularly strong, positioning themselves as future parents who would "do differently" (Generation Z-05, 28, woman). For them, change meant breaking intergenerational patterns and refusing to repeat harmful caregiving practices.

Collectively, these results yield 3 distinct implications for prevention: first, a relational implication centered on caregivers' acknowledgment of harm and the open-hearted apology as a mitigator of harm; second, a systemic implication involving the integration of the education system as a primary emotional refuge; and third, a societal implication regarding the power of media-driven mental health discourse as a culturally accessible lever for change.

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Table 5. Pathways Toward Awareness and Change

Subtheme	Key Process and Mechanism	Representative Participant Quote
Catalysts for awareness	Retrospective peer comparison	[DE] "I didn't think it was abuse until I talked with friends… it's not normal for parents to control everything every aspect of our lives or to speak to us in ways that are this damaging" (Generation Y-03, 38, nonbinary)
	Social media literacy	[GO] "Nowadays kids see posts about toxic parenting… they know earlier that some things parents say or do are actually abusive" (Generation Z-02, 20, woman).
Coping and resistance strategies	Endurance; suppression	[DE] "I just learned to keep it inside… you can't talk back" (Generation Y-01, 35, man)
	Resistance	[DE] "I don't argue back. I just tell them I don't want to talk about it and go to my room" (Generation Z-02, 20, woman)
	Emotional buffering	[DE] "although my father is 'not ok'… my mother is not like that, she listens" (Generation Z-02, 20, woman) [DE] "When I talked with my friends, I realized my parents weren't right. My friends accepted me for who I am" (Generation Y-03, 38, nonbinary)
Pathways to change	Relational repair (apology)	[GO] "It is hard not to happen at all… [we need] sincere apology with an open heart" (Generation Y-01, 35, man) [GO] "If we want to fix this, we need a sincere apology with an open heart. Parents need to recognize their mistakes" (Generation Z-03, 23, nonbinary) [DE] "When I realize [I was wrong], I fix it quickly… saying, 'Dad is sorry… I lost myself'" (Generation Y-03, 38, nonbinary; reflected on his apology after scolding his child)
	Future perspective	[GO] "If I have kids, I won't control them like that. I will explain, I will listen" (Generation Z-05, 28, woman) [GO] "If adults know [recognize harms in their own upbringing] and can flip this mindset, it will be a good thing for our own descendants so they can live with confidence" (Generation Y-01, 35, man; also Generation X-04, 54, man)
	Education as secondary refuge	[GO] "Transitioning into a supportive school setting could offer an alternative source of protection… when domestic conditions are unfavorable" (Generation Z-03, 23, nonbinary; Generation Y-01, 35, man)
	Legal skepticism vs media power	[GO] "In our country… law enforcers… are quite lax. Police say it's a family matter; it will resolve on its own" (Generation Y-02, 37, man) [GO] "official organization is quite impossible, but social media or podcast might do" (Generation Z-05, 28, woman) [DE] "I don't know anything about laws that can protect a child from CPM…I know about family violence from social media" (Generation Y-03, 38, nonbinary)

Abbreviations: DE, direct experience; GO, general opinion; OE, observed experience.

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Discussion

Thai laypeople characterize CPM by primary caregivers as persistent relational harm that leaves an enduring "imprint in the heart", manifested across the 3-dimensional framework of agency (commission/omission), interactional mode (direct/indirect), and salience (overt/subtle). Across generations, participants converged in viewing CPM as having long-term consequences for children's relational security and self-confidence, shaping how they relate to others and evaluate their own worth into adulthood.

The mechanisms of harm identified — particularly conditional regard and guilt induction — align with self-determination theory, as these behaviors are need-thwarting, obstructing a child's fulfillment of autonomy, competence, and relatedness.[23] In the Thai context, these are frequently normalized as moral guidance, a trend also observed in South Asian research where verbal aggression is permitted within patriarchal systems.[26] The emphasis on verbal over physical acts suggests that language serves as a primary tool of control in Thai families.

Cultural Framing

Unlike Western contexts where CPM is framed via individual rights and developmental milestones,[16] Thai participants situate harm within hierarchical obligations and indebtedness. This relational framing is consistent with cross-country research between India and Thailand, indicating that while both nations have ratified The United Nations Convention on the Rights of the Child (UNCRC), legal implementation struggles against traditional social norms prioritizing parental authority.[14] While Western literature emphasizes the psychological unavailability of the caregivers as a primary neglect factor,[11] Thai participants identify "identity-based derogation" — shaming a child's intrinsic worth — as a more salient form of harm. This aligns with Eastern collectivist studies where social shaming is a culturally embedded tool for behavioral correction, despite being a precursor to long-term psychological difficulties.[2]

Challenging Indigenous Beliefs and Deprivatization

Generational contrasts reveal that while older participants (Generation X/Y) often normalize low-affection environments and recognize harm only retrospectively, Generation Z identifies subtle, cumulative harms earlier and prioritizes autonomy-supportive caregiving. The results challenge long-standing Thai proverbs such as "Rak-Ua-Hai-Pook, Rak-Luk-Hai-Ti" (If you love your child, hit them), which historically normalized harshness as parental care intended to secure a child's future success. The "imprint in the heart" concept suggests a pivot: participants now perceive psychological residue as more damaging than physical pain, echoing Indian research where childhood emotional abuse (prevalence reaching 37.9%) contributes significantly to traumatic internalizing disorders.[27] Furthermore, the idiom "Lin-Kub-Fun" (the tongue and the teeth), which frames domestic conflict as inevitable and private, is increasingly questioned. By positioning the education system as an external safety net, participants advocated for the deprivatization of child protection, shifting toward a relational, accountability-based view of caregiving. Consistent with this shift, cross-national evidence indicates that public support for violent child discipline is closely tied to cultural norms emphasizing obedience and parental authority,[28] while meta-analytic findings show that corporal punishment is associated with adverse mental health and behavioral outcomes without long-term benefit.[29]

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The Role of Media in Awareness and Change

A critical finding is the role of media as a cultural catalyst for awareness. While Generation X and Y recognized harm through retrospective peer dialogue, Generation Z utilized social media literacy and terms like "toxic parenting" to label behaviors as abusive in real time. Older participants also acknowledged that younger generations recognize CPM earlier due to greater media access and described efforts to adopt this to increase awareness. Media-driven mental health discourse (eg, podcasts, social media) is perceived as more effective and accessible than formal law enforcement, which is frequently dismissive of family matters.

This perception aligns with evidence that social media platforms function as spaces where public attitudes toward mental health are actively expressed, contested, and reshaped.[30] Systematic review findings further indicate that online environments facilitate help-seeking and recognition of psychological distress outside traditional institutional channels.[31] Additionally, computational analyses demonstrate that digital campaigns and peer discourse can amplify awareness and normalize mental health terminology at scale,[32] reinforcing media's role as an alternative pathway for recognition and validation.

Clinical and Systemic Recommendations

Clinically, Thai practitioners must expand screening beyond physical markers to include subtle indicators of omission. Thailand has initiated adversity screening through validation of the ACE Questionnaire-Thai version,[33] but ACE measures may not capture the relational salience or severity of the psychological "imprint" described by participants. Similar to clinical developments in India, such as the development of the multidimensional scale for child sexual abuse (MSCSA) to capture complex psychological impacts[34] and Malaysia's psychometrically validated, culturally adapted emotional abuse and adversity screening tools (eg, Emotional Abuse Questionnaire-Malay version [EAQ-M]).[35] Thai clinicians should adopt tools assessing the level of severity of the psychological imprint alongside general ACE screening and physical evidence used for legal thresholds. The findings regarding emotional neglect are particularly critical, as participants noted that repeated invalidation effectively terminates help-seeking behavior by silencing the child. To break this silence, family interventions should prioritize the "open-hearted apology" identified by participants as a primary tool for victim-centered, repair-oriented acknowledgment and apology. Because neglect functions by communicating that a child's internal world is unimportant, the caregivers' humble acknowledgment of harm serves as a logical clinical mechanism to reverse this erasure. This form of repair is essential for restoring relational trust, which existing research consistently links to more adaptive psychological outcomes in children and adolescents.[27, 36]

Systemically, integrating schools as primary screening sites using validated tools like the Pediatric ACEs and Related Life Events Screener (PEARLS) can address the relational imprint before it consolidates into adult trauma.[8] By centering the intervention on the specific mechanisms of silencing and repair identified by Thai laypeople, the protective framework moves from a reactive posture to a proactive developmental one.

Conclusions

This study provides a bottom-up, lay-defined account of CPM by primary caregivers in Thailand, framing it as relational and cumulative harm that leaves an enduring

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psychological "imprint", and mapping boundary judgments within a 3-dimensional framework (agency, interactional mode, salience) that situates 3 indigenous mechanisms: identity derogation, emotional neglect, and conditional regard. Although generational contrasts are exploratory in a small qualitative sample, the findings support responses that extend beyond legal thresholds by strengthening culturally resonant awareness, relational repair, and school-based protective pathways.

Additional Information

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