



Toxic parenting and nursing roles: A multidisciplinary perspective

^{1*}Bincy Cherian and ²Ashfa Anjum

^{1, 2} Baba Ghulam Shah Badshah University, Jammu and Kashmir, India

Corresponding Author: Bincy Cherian

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Abstract

Toxic parenting, characterized by emotionally harmful behaviors such as excessive control, emotional neglect, and psychological abuse, poses serious risks to a child's emotional and developmental health. In the Indian context, such behaviors are often normalized or obscured by socio-cultural expectations around discipline, obedience, and academic performance. Nurses, as frontline healthcare providers, are in a unique position to identify early signs of emotional maltreatment, provide supportive intervention, and advocate for child protection. This paper examines the cultural underpinnings and psychological consequences of toxic parenting in India and outlines the critical roles nurses play in screening, education, and coordinated care to mitigate long-term harm.

Keywords: Toxic parenting, Indian parenting, nursing roles, child abuse, psychosocial health, paediatric nursing

Introduction

Parenting practices significantly influence a child's emotional, psychological, and behavioural development. While positive parenting fosters secure attachment and resilience, toxic parenting creates an environment of fear, stress, and emotional instability. In the Indian context, traditional beliefs often shape parenting behaviours, sometimes reinforcing authoritarian and emotionally harmful practices. Nurses, particularly in paediatric, psychiatric, and community health settings, are crucial in identifying and intervening in such dynamics to safeguard child health.

Objectives

1. To examine the cultural, social, and behavioural roots of toxic parenting in the Indian context.
2. To assess the psychological and developmental consequences of toxic parenting on children.
3. To explore the role of nurses in screening, identifying, and managing toxic parenting behaviours.
4. To provide evidence-based recommendations for strengthening nursing interventions.
5. To propose strategies for public awareness and intersectoral collaboration to mitigate toxic parenting.

Methodology

Design

This study adopts a qualitative research design involving a literature review and thematic analysis. Peer-reviewed journals, official health policies, and relevant legal documents published between 2000 and 2024 were systematically reviewed. Databases such as PubMed, Scopus, and Google Scholar were used to identify studies

related to toxic parenting, child abuse, Indian parenting norms, and nursing interventions.

Key inclusion criteria included

- Focus on Indian or similar collectivist cultures.
- Studies addressing emotional abuse or non-physical maltreatment.
- Research highlighting healthcare professional roles, especially nurses.

Thematic synthesis was used to identify recurring patterns and themes across studies, leading to the formulation of recommendations.

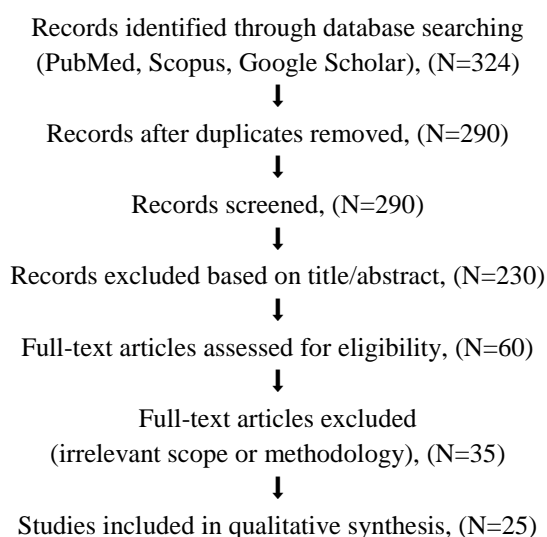


Fig 1: Flow Diagram: Literature Review Process

Toxic parenting attitudes and perspectives among Indian parents

1. Cultural context and parenting norms in India

Indian parenting is shaped by a deep-rooted culture of collectivism, respect for authority, and academic achievement. While these values can support familial strength, they often manifest as emotionally distant or controlling parenting styles. Practices like shaming, comparison with peers, and conditional affection are often rationalized as “motivational tools” [1].

2. Common toxic parenting patterns in India

- **Authoritarian Control:** Emphasis on obedience and punishment, with limited emotional warmth [2].
- **Academic Pressure:** Children are often pressured into performing well academically at the cost of mental well-being [3].
- **Emotional Neglect:** Emotional discussions are taboo, leading to an inability to express vulnerability [4].
- **Gender Bias:** Girls may experience neglect or overcontrol compared to boys due to patriarchal expectations [5].

3. Generational and Urban-Rural Divide

While urban parents are gradually adopting more liberal parenting styles, traditional methods are still prevalent, especially in rural and semi-urban regions. However, even educated urban parents often subconsciously replicate the authoritarian styles they were raised with [6].

4. Awareness and Denial: Many Indian parents do not recognize emotionally harmful behaviours as abusive. Verbal criticism, guilt-tripping, or withholding affection is seen as acceptable. There is limited awareness of emotional abuse or its long-term consequences [7].

5. Psychological Impact on Children

Such toxic parenting leads to:

- Depression and anxiety
- Low self-worth
- Poor coping mechanisms
- Risky behaviours and academic burnout [8]

Review of Literature

Prevalence and Impact

Norman *et al.* found that emotional abuse affects over one-third of children globally, often leading to long-term mental health issues [9]. In India, a 2020 study reported that nearly 42% of school-going adolescents felt emotionally neglected or belittled by their parents [3].

Neuropsychological Effects

Teicher and Samson proved that emotional maltreatment alters brain development in areas related to emotion regulation and stress response, increasing the risk of psychiatric disorders [10].

Role of healthcare professionals

Nurses and other frontline workers are instrumental in identifying and managing the effects of toxic parenting. Tools such as the Paediatric Symptom Checklist (PSC) help detect behavioural and emotional disturbances [11].

Legal Obligations in India

Under the POCSO Act and Juvenile Justice Act, nurses in India are mandated to report any suspected abuse, including emotional and psychological harm [12].

Definition and characteristics of toxic parenting

Toxic parenting refers to repeated behaviour's that cause psychological distress or trauma in children. Characteristics include:

- Verbal abuse and emotional invalidation
- Control through guilt, fear, or conditional love.
- Inconsistent or absent affection
- Chronic criticism and comparison

These patterns often lead to toxic stress, with lifelong effects on physical and mental health [13, 14].

Nursing Roles in Addressing Toxic Parenting

1. Screening and Early Identification

Nurses should assess signs of distress using tools like the Strengths and Difficulties Questionnaire (SDQ) and Paediatric Symptom Checklist (PSC) [11].

Table 1: Psychosocial screening tools for assessing child and adolescent well-being

Tool Name	Purpose	Age Group	Developer/Source
Pediatric Symptom Checklist	Identifies psychosocial problems	4-16 years	Jellinek <i>et al.</i> [11]
Strengths and Difficulties Questionnaire (SDQ)	Assesses behavioural/emotional functioning	3-17 years	Goodman R. J Child Psychol Psychiatry. 1997;38(5):581-6.
ACEs Questionnaire	Identifies adverse childhood experiences	Adolescents+	Felitti VJ <i>et al.</i> Am J Prev Med. 1998;14(4):245-58. WHO ACE-IQ: World Health Organization, 2018.

2. Health Education and Parental Counselling

Nurses can organize workshops and support groups to educate parents about healthy child-rearing practices and emotional intelligence [15].

3. Referral and Advocacy

When abuse is suspected, nurses must collaborate with child protection services, school counsellors, and psychologists. Timely referral is crucial [12].

4. Community Engagement

Community health nurses play a vital role in conducting awareness programs about the adverse effects of toxic parenting, especially in underserved areas.

5. Legal Reporting

Nurses are legally obligated to report suspected cases of child maltreatment under Indian child protection laws and must be trained in proper documentation and referral processes [12].

Table 2: Key Indian legal acts relevant to child protection and nursing practice

Law/Act	Scope	Relevance to Nurses	Source/Citations
POCSO Act, 2012	Protection against sexual offenses in children	Mandatory reporting of abuse	Ministry of Women and Child Development. The Protection of Children from Sexual Offences (POCSO) Act, 2012. Government of India.
Juvenile Justice Act, 2015	Childcare, protection, and rehabilitation laws	Framework for institutional referral	Ministry of Law and Justice. The Juvenile Justice (Care and Protection of Children) Act, 2015. No. 2 of 2016. Government of India
Mental Healthcare Act, 2017	Rights-based mental health care	Ensures access to child mental health services	Ministry of Law and Justice. The Mental Healthcare Act, 2017. No. 10 of 2017. Government of India.

Challenges in Indian Nursing Practice

1. Cultural Barriers

- The prevailing cultural norm in India discourages interference in family matters, which often leads to nurses feeling it is inappropriate to question parental behavior-even when signs of emotional abuse are clear ^[3].
- A study on nursing students highlighted how cultural perspectives shape attitudes toward child abuse, reducing willingness to report or intervene ^[2, 3].

2. Lack of Training

- Nursing curricula often lack modules on psychosocial assessment, trauma awareness, or child abuse detection.
- For example, one study among Indian nursing students found their knowledge about child abuse and neglect was inadequate (mean score 13.8 ± 4.35) ^[17].
- Broader research also notes insufficient staff training as a major limitation within India's mental health system, resulting in fewer skilled professionals to support child mental health needs ^[16].

3. Fear of Repercussions

- Nurses who suspect abuse face fear of retaliation or social backlash from families.
- Limited legal protections or ambiguity around reporting processes exacerbate this fear, discouraging proactive action.
- International studies show nurses often refrain from reporting due to concerns over uncertainty about cases and past negative experiences ^[11, 18].

4. Inadequate Support Systems

- India has a critical shortage of mental-health professionals: Approximately 0.8 mental health nurses per 100,000 population, compared to much higher ratios globally ^[19].
- Primary healthcare systems and schools lack effective referral pathways and support infrastructure, making it difficult for nurses to connect children with specialized services ^[8, 10].

Recommendations

- Incorporate modules on toxic parenting and child psychology in nursing curricula.
- Establish clear institutional guidelines for screening and intervention.
- Develop community-based parental education programs.
- Create interdisciplinary task forces involving teachers, nurses, and psychologists.

Results

The review identified key toxic parenting patterns in Indian households, psychological impacts on children, and significant legal and clinical gaps that nurses can address. Tools such as the Pediatric Symptom Checklist, SDQ, and ACEs questionnaire assist in early detection.

Implications for Profession and/or Patient Care

This review highlights critical gaps in the recognition and management of toxic parenting within the Indian healthcare context and offers actionable insights for nursing practice:

- Enhanced Role Clarity:** Nurses, particularly those in paediatrics, community health, and school-based settings, are strategically positioned to screen for emotional abuse and provide frontline intervention. Strengthening their understanding of toxic parenting can improve early detection and support outcomes.
- Curriculum Integration:** The findings underscore the need for incorporating modules on child emotional well-being, trauma-informed care, and child protection legislation into undergraduate and postgraduate nursing education.
- Improved Patient Outcomes:** Nurses equipped with psychosocial assessment tools and legal literacy can identify at-risk children early, facilitating timely referral and mental health support, which can mitigate long-term psychological harm.
- Interdisciplinary Collaboration:** Empowering nurses to act as patient advocates encourages interdisciplinary coordination with social workers, psychologists, and educators, creating a comprehensive care framework for affected children.
- Cultural Sensitivity in Care:** By addressing culturally rooted misconceptions around parenting and discipline, nurses can promote awareness among caregivers without alienating families, thereby fostering trust and receptiveness to intervention.

Discussion

Challenges include cultural stigma, lack of psychosocial training, fear of retaliation, and insufficient support systems. Nurses need systemic support, training in trauma-informed care, and legal literacy to respond effectively.

Conclusion

Toxic parenting, often hidden beneath cultural norms and familial expectations, poses serious threats to a child's mental health and development. In India, the problem is further compounded by lack of awareness and socio-cultural denial. Nurses are strategically positioned to serve as educators, advocates, and protectors of child welfare. Strengthening their roles through education, policy support,

and interprofessional collaboration is key to addressing the far-reaching consequences of toxic parenting.

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Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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References

1. Yang IMH, Fischer K. The Jossey-Bass reader on the brain and learning. John Wiley & Sons, Inc, 2008.
2. <https://www.facebook.com/souravpans>. Menstrual Cycle-Definition, Stages, Significance-Biology Notes Online [Internet], 2024 Nov 5 [cited 2024 Nov 5]. Available from: <https://biologynotesonline.com/menstrual-cycle-definition-stages-significance/>
3. Lonkhuijzen VRM, Garcia FK, Wagemakers A. The Stigma Surrounding Menstruation: Attitudes and practices regarding menstruation and sexual activity during menstruation. Women's Reprod Health. 2022;10(3):1-21. <https://doi.org/10.1080/23293691.2022.2124041>
4. Draft Menstrual Hygiene policy for social justice in India-PW Only IAS [Internet]. 2023 Dec 14 [cited 2024 Nov 5]. Available from: <https://pwnonlyias.com/current-affairs/menstrual-hygiene-policy>
5. World Health Organization. Global report reveals major gaps in menstrual health and hygiene in schools [Internet], 2024 May 28 [cited 2024 Nov 5]. Available from: <https://www.who.int/news/item/28-05-2024-global-report-reveals-major-gaps-in-menstrual-health-and-hygiene-in-schools>
6. Hassan M. Test-Retest Reliability-Methods, Formula and Examples. Research Method, 2023 [cited 2024 Nov 5]. Available from: <https://researchmethod.net/test-retest-reliability/>
7. Matched Pairs Analysis [Internet]. N.D. [cited 2024 Nov 5]. Available from: https://web.pdx.edu/~newsomj/cda/class/ho_matched.pdf

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