

Family Well-Being, Hardiness, and Coping Under Socioeconomic Disruption: Evidence From Thai Families Raising Young Children Exposed to Adverse Childhood Experiences During the COVID-19 Pandemic

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Abstract

The COVID-19 pandemic intensified vulnerabilities among families raising young children, particularly those exposed to adverse childhood experiences (ACEs). Evidence remains limited on how family well-being, resilience orientations, and coping interact under sustained structural constraint in middle-income contexts. This mixed-methods study examined family well-being, family hardiness, and family coping among 212 Thai families raising children aged 0–6 years with ACE scores ≥ 2 in Bangkok, of whom 26.9% had ACE scores ≥ 4 . Quantitative analyses used descriptive statistics and Pearson's correlation, complemented by qualitative interviews. Overall family well-being was moderate ($M = 3.38$), with stronger relational and value-based domains but weaker economic conditions. Families demonstrated high family hardiness ($M = 42.32$), particularly in cohesion and commitment, alongside limited perceived control. Family well-being was strongly associated with family hardiness ($r = .64$) and moderately associated with family coping ($r = .46$). Qualitative findings highlighted self-reliance and emotional endurance amid economic insecurity. These findings suggest that families sustain relational well-being through internal resilience orientations despite structural constraints. Family hardiness serves as a foundational resource, while coping operates within bounded conditions, underscoring the need for policies that address material vulnerability, including income security and accessible childcare support, particularly among single-parent and skipped-generation households.

Keywords

Adverse childhood experiences; COVID-19; family resilience; family well-being; Thailand

Introduction

From a population science perspective, understanding family adaptation to adverse childhood experiences (ACEs) requires moving beyond deficit-oriented frameworks toward an integrated examination of vulnerability and resilience at the family level (Masten, 2014; Walsh, 2016a). Families do not respond uniformly to adversity; rather, patterns of adaptation are shaped by household structure, socioeconomic conditions, cultural norms, and the availability of internal and external resources (Conger et al., 2010; Prime et al., 2020). A large body of population-based research documents the prevalence and long-term consequences of ACEs across the life course (Bellis et al., 2019; Hughes et al., 2017; Madigan et al., 2023). In Thailand, recent school-based studies show that nearly half of primary school children (48.7%) report at least one ACE, with caregiver divorce or separation (33%), neglect (9.3%), and domestic violence (8.3%) among the most common experiences (Hunworawong et al., 2025).

Among adolescents in Bangkok, 78.1% report at least one ACE, and higher cumulative ACE exposure is strongly associated with increased substance use, mental health problems, and other risky behaviors (Thein & Thepthien, 2025). Together, these findings suggest a developmental pathway through which the impacts of ACEs in early childhood may persist and intensify into adolescence. Evidence from high-income countries further suggests that family resilience and supportive parent-child relationships can buffer risk even among ACE-exposed children (Goldstein et al., 2020; Thompson et al., 2024; Webster, 2022). However, population-based evidence on how families sustain well-being while raising ACE-exposed young children remains limited in low- and middle-income countries (LMICs), where research has focused primarily on prevalence, predictors, and health consequences rather than family strengths and adaptive capacity (Bhutta et al., 2023; Kidman et al., 2024).

Focusing on early childhood (0–6 years) is particularly important, as exposure to toxic stress during this developmental period has profound effects on brain development, stress regulation, and later educational outcomes. Adversity during this period can become biologically embedded, shaping long-term health and developmental trajectories. Understanding how families sustain well-being and resilience during this critical period is therefore essential for informing population-level strategies to mitigate the long-term impacts of ACEs.

Family well-being is a multidimensional construct encompassing relational, psychological, economic, and social domains of family functioning (Crandall et al., 2023; Phuphaibul et al., 2020; Ramaswami et al., 2022; Thayansin et al., 2021). Although ACE exposure is consistently associated with compromised family well-being and elevated developmental risk (Felitti et al., 1998; Houtepen et al., 2020; Liming & Grube, 2018), existing studies tend to emphasize overall deficits or average effects, offering limited insight into how specific domains of family well-being may be differentially sustained or constrained under cumulative and structurally embedded adversity. Identifying these differentiated patterns is critical for population-level policy and intervention design, as it enables recognition of both vulnerability and capacity within families raising ACE-exposed young children (Homan et al., 2024; Orthner et al., 2004).

Within family resilience theory, family hardiness, as a core dimension of family resilience, represents a relatively stable internal orientation characterized by cohesion, commitment, shared belief systems, and collective endurance in the face of stress (McCubbin & McCubbin, 1996; Walsh, 2016a, 2020). While family hardiness has been shown to buffer adverse outcomes by shaping how families interpret and engage with challenges (Dunst, 2021; Wen & Goh, 2022),

population-based evidence remains scarce, particularly among families raising ACE-exposed young children in LMICs. To date, no population-level studies in these settings have explicitly examined family hardiness in relation to ACE exposure.

Family coping, in contrast, reflects families' situational efforts to manage stressors through cognitive, emotional, and behavioral strategies (Lazarus & Folkman, 1984; Skinner et al., 2003). Although coping is a central mechanism linking stress to outcomes, its effectiveness is highly contingent on structural conditions such as economic security, social support, and access to services (Fong & Iarocci, 2020; Negi & Sattler, 2025). Distinguishing between relatively stable resilience orientations (hardiness) and context-dependent coping processes is therefore critical for understanding how families maintain well-being under prolonged adversity (Walsh, 2016a).

The COVID-19 pandemic provides a salient empirical context for examining these dynamics, as it intensified existing inequalities and placed disproportionate strain on families raising young children (Patrick et al., 2020; Prime et al., 2020). Beyond the pandemic itself, this context offers broader insight into family adaptation under large-scale socioeconomic disruption and persistent structural stress (Benner & Mistry, 2020; Brock & Laifer, 2020).

Using a mixed-methods, community-based approach, this study examines family well-being, family hardiness, and family coping among Thai families raising young children exposed to ACEs. Specifically, the study aims to: (1) document population-level and domain-specific patterns of family well-being across household structures; (2) examine the distribution of family hardiness and family coping as internal resources and adaptive processes; and (3) assess the relationships among family well-being, family hardiness, and family coping, integrating quantitative and qualitative evidence to illuminate how internal family resources operate under structural constraint. By situating family resilience within a population science framework, this study provides evidence to inform policies and interventions that support ACE-affected families in contexts of inequality and socioeconomic disruption.

Literature review

Family well-being in population and social contexts

Building on this multidimensional perspective, family well-being is socially patterned, with families facing economic disadvantage, caregiving strain, or structural vulnerability reporting lower levels of well-being (Gard et al., 2020; Martins & Oliveira, 2024). Rather than being uniformly distributed across populations, family well-being varies across domains and is shaped by broader socioeconomic conditions. In middle-income contexts, economic insecurity and employment instability interact with household composition to shape family well-being outcomes (Hernandez & Napierala, 2020; Lee et al., 2022).

Research further indicates that relational and value-based family processes—such as positive relationships, parenting competence, and shared values—can buffer the effects of socioeconomic stress (Brown et al., 2020; Fonseca et al., 2023; Jeon & Nepl, 2019). However, much of this evidence remains focused on individual or child-level outcomes, while explicitly family-level assessments of multidimensional well-being remain limited (Buehler, 2020; Jensen & Sanner, 2021). Recent work integrating economic strain, family rituals, and problem-solving

communication represents an important step toward holistic family-level conceptualizations, yet such approaches remain rare in population-based research (Fonseca et al., 2023).

Family hardiness as an internal resource

Family hardiness refers to a family's shared sense of commitment, perceived control, and capacity to interpret stressors as manageable challenges rather than overwhelming threats (McCubbin & McCubbin, 1988; Walsh, 2016a). As a relatively stable internal orientation, hardiness shapes how families respond to adversity over time. Empirical studies link higher family hardiness to more adaptive functioning and psychological resilience under chronic stress (Clark, 2002; Dunst, 2021; Weiss et al., 2013).

Importantly, family hardiness is unevenly distributed across populations. Household structure, cumulative disadvantage, and the availability of social support influence opportunities to develop and sustain this internal resource (Clark, 2002; Wen & Goh, 2022). While single-parent and skipped-generation households often face greater constraints, strong relational commitment may nonetheless sustain hardiness in the face of adversity (Walsh, 2016b).

Family coping and adaptive processes

Family coping encompasses the cognitive and behavioral strategies families use to manage stress and mobilize resources, including reframing stressors, problem-solving, and seeking support (Folkman & Moskowitz, 2004; McCubbin & Patterson, 1983). Population-based evidence suggests that families rely heavily on informal coping strategies, particularly where institutional support is limited (Prime et al., 2020; Scrimin et al., 2022).

Although family hardiness and coping are closely related, they remain conceptually distinct. Families with stronger internal resources are more likely to engage in adaptive coping, yet coping capacity is often constrained by poverty, caregiving burden, and social isolation (Maurović et al., 2020; Nomaguchi & Milkie, 2020). This distinction underscores the importance of examining both internal orientations and situational processes when assessing family adaptation in the face of adversity.

Household structure and family functioning

Household structure constitutes a key dimension of social stratification, shaping access to resources, exposure to stressors, and adaptive capacity. Nuclear and extended families often benefit from shared caregiving and pooled resources, whereas single-parent and other non-traditional households face greater economic strain and caregiving demands (Jensen & Sanner, 2021; Thomson & McLanahan, 2012). Despite growing recognition of these structural differences, comparative population-based studies examining multiple dimensions of family functioning across diverse household forms remain limited, particularly in Southeast Asia.

Together, the literature highlights the need for integrated, family-level analyses that distinguish between family outcomes, internal resources, and adaptive processes within their broader social and economic contexts (Dunst, 2021; Pattrawiwat et al., 2024). Building on this work, the present study examines family well-being, family hardiness, and family coping across household structures in Thailand.

Objectives

This study examines family well-being, family hardiness, and family coping among Thai families raising young children exposed to adverse childhood experiences (ACEs), using the COVID-19 pandemic as a context of large-scale socioeconomic disruption. Specifically, the study aims to:

1. Document population-level patterns and domain-specific profiles of family well-being among ACE-exposed families, with attention to structural differentiation across household types;
2. Examine the distribution of family hardiness and family coping as internal family resources and adaptive processes, and assess variation by household structure under constrained material conditions; and
3. Assess population-level relationships among family well-being, family hardiness, and family coping, and examine whether internal family resources are associated with family well-being independently of material and structural conditions, through integrated quantitative and qualitative evidence.

Methodology

Study design

This study employed a cross-sectional, convergent mixed-methods design, integrating a community-based household survey with qualitative interviews to provide contextual understanding of family adaptation under prolonged adversity. Data were collected in Thailand during the COVID-19 pandemic, with an analytic focus on families raising young children exposed to ACEs. Household structure was operationalized using co-residential living arrangements and primary caregiving configurations. Accordingly, families were categorized into five household types: nuclear, extended, single-parent, skipped-generation, and kinship/non-parental households, reflecting the diversity of caregiving and living arrangements within the study population.

Eligible respondents were adult family members knowledgeable about household functioning and caregiving. Qualitative data were used to contextualize and deepen the interpretation of quantitative findings, particularly regarding family coping and resilience processes, rather than to generate parallel analytic strands.

Participants and setting

The quantitative sample comprised 212 families residing across 19 districts of Bangkok who were participating in a child and family ACE surveillance initiative. This initiative is an academic research project conducted in collaboration with local service providers, with study sites selected from communities characterized by relatively lower socioeconomic conditions, consistent with the objectives of ACE surveillance to capture populations at elevated risk of adversity. As such, the sample likely reflects families already in contact with social or health services.

In this study, a family was defined as a co-residential caregiving unit raising at least one young child. Eligible families included at least one child aged 0–6 years with an ACE score of 2 or higher, and one adult caregiver who was most knowledgeable about household functioning and caregiving served as the household respondent.

For the qualitative component, 10 families with high ACE exposure ($ACE \geq 4$) were purposively selected from diverse household structures to provide in-depth insights into lived experiences amid heightened vulnerability.

Data were collected between January and February 2022 using a structured questionnaire and an in-depth interview guide. The questionnaire included sociodemographic characteristics and standardized measures of family well-being, family hardiness, and family coping. All instruments had been culturally adapted and validated for use in Thai populations.

Measures

Family well-being was assessed using the Thai Family Well-being Scale (Phuphaibul et al., 2020), a 36-item instrument covering nine domains: family relationships, roles and responsibilities, economic conditions, sufficiency-oriented living, community sharing and safety, spiritual development, health, education, and self-sufficiency and dependency. Sample items include “family members express love and care for one another,” “family members encourage one another,” “the family follows religious teachings as a guide for family life,” and “family members live according to the sufficiency economy philosophy”. Items were rated on a Likert-type scale, with average scores classified into five levels of well-being, from lowest to highest. The scale demonstrated strong internal consistency (Cronbach’s $\alpha = 0.89$).

Family hardiness was measured using a Thai-adapted version of the Family Hardiness Index (Tuson et al., 2017), assessing four dimensions: commitment, confidence, challenge, and control. The 20-item scale yields total scores ranging from 0 to 60, classified as low (< 21), moderate (21–40), or high (> 40) hardiness. Items were rated on a four-point scale ranging from “not at all true” to “very true.” The Thai version demonstrated excellent content validity (CVI = 1.00) and high reliability (Cronbach’s $\alpha = 0.91$).

Family coping was assessed using the Thai version of the Family Crisis Oriented Personal Evaluation Scales (F-COPES) (Tuson et al., 2017). The 30-item scale measures five coping domains: acquiring social support, reframing, seeking spiritual support, mobilizing family support, and passive appraisal. The F-COPES scale includes several items that require reverse scoring. These items were recoded prior to analysis to ensure that higher scores consistently reflected more adaptive coping. Items were rated on a five-point Likert-type scale, with average scores classified into five levels ranging from “not at all” to “very much.” Total scores (30–150) were classified as low (< 71), moderate (71–110), or high (> 110) coping. The instrument showed good content validity (CVI = 0.90) and acceptable reliability (Cronbach’s $\alpha = 0.79$).

Content validity was assessed using the Content Validity Index (CVI) for the measures of family hardiness and family coping, based on evaluation by three experts. Each expert reviewed the items’ relevance and clarity, and revisions were made in accordance with their recommendations prior to data collection. Both scales achieved a CVI of 1.00, indicating full agreement among the experts regarding item relevance. Reliability was assessed through pilot testing with 30 family members who shared characteristics similar to those of the study

population. Internal consistency of the family hardiness and family coping scales was evaluated using Cronbach's alpha coefficient.

In-depth qualitative interviews were conducted with heads of household or family representatives using a semi-structured guide to contextualize and enrich the interpretation of quantitative findings.

Data analysis

Descriptive statistics were used to summarize family characteristics and document population-level patterns across household structures. Pearson's correlation coefficients were computed to examine associations among family well-being, family hardiness, and family coping.

Inferential comparisons across household types were not conducted, as the analytic focus was on interpreting population-level distributions and relational patterns rather than testing causal or group-difference hypotheses, and because some household subgroups were small.

Qualitative data were analyzed thematically to identify recurring patterns related to vulnerability and adaptive responses, and to deepen the interpretation of quantitative results.

Ethical considerations

Ethical approval was obtained from the Institutional Review Board of the Institute for Population and Social Research, Mahidol University (Approval No. 2021/12-220). Written informed consent was obtained from all participants. Confidentiality and anonymity were maintained throughout the study.

Results

In line with the predefined interpretive criteria described in the Methods section, quantitative findings are presented with explicit reference to qualitative levels (very low, low, moderate, high) to facilitate substantive interpretation.

Sample characteristics

The quantitative analysis was based on data from 212 families raising children aged 0–6 years with ACE scores of two or higher, residing across 19 districts of Bangkok. Nearly half of the families (48.1%) reported children with an ACE score of 2. In comparison, one quarter (25.0%) and over one quarter (26.9%) had ACE scores of 3 and 4 or higher, respectively, indicating substantial cumulative adversity within the study population.

The sample comprised diverse household structures, with extended families representing the largest proportion (44.3%), followed by nuclear families (24.1%) and skipped-generation households (19.8%). Single-parent families accounted for 10.8% of the sample. This diversity in household arrangements provides a meaningful context for examining variations in family well-being, hardiness, and coping across household types. Sample characteristics are presented in Table 1.

Table 1: Characteristics of Families Raising Young Children with ACE Exposure
(*N* = 212)

Characteristic	<i>N</i>	%
Child ACE score		
ACE score = 2	102	48.1
ACE score = 3	53	25.0
ACE score $\geq$ 4	57	26.9
Household structure		
Nuclear family	51	24.1
Extended family	94	44.3
Single-parent family	23	10.8
Skipped-generation family	42	19.8
Kinship/non-parental	2	0.9

Note: Percentages may not total 100 due to rounding; ACE = adverse childhood experiences. The kinship/non-parental household group (*n* = 2) is included for descriptive purposes but was excluded from subsequent analyses (Tables 2–4) due to the very small sample size.

Family well-being

Table 2 presents mean scores for family well-being across nine components by household structure among families raising young children who are exposed to adverse childhood experiences. The kinship/non-parental household group (*n* = 2) was not included in Table 2 due to the very small sample size. Descriptive patterns for this group are briefly noted in the text, but no statistical comparisons were conducted. Overall, family well-being across most dimensions fell within the moderate-to-high ranges, indicating relatively adaptive family functioning despite cumulative adversity.

Table 2: Family Well-Being by Components and Household Structure (Mean)

Components	Overall	Nuclear	Extended	Single-parent	Skipped-generation
Family relationships	3.62	3.57	3.79	3.39	3.89
Family roles and responsibilities	3.45	3.49	3.75	3.18	3.11
Economic	2.52	2.58	2.68	2.33	2.25
Sufficiency-oriented living	3.58	3.61	3.63	3.55	3.48
Community sharing and safety	3.27	3.27	3.25	3.36	3.17
Spiritual development	3.86	3.98	3.80	3.68	3.89
Health	3.54	3.55	3.61	3.33	3.79
Education	3.52	3.59	3.61	3.27	3.52
Self-sufficiency and dependency	3.05	3.11	3.31	2.64	2.96
Overall	3.38	3.49	3.41	3.34	3.19
Family well-being					

Note: Higher scores indicate stronger family well-being. Scores were classified as lowest (< 1.50), low (1.51–2.50), moderate (2.51–3.50), high (3.51–4.50), and highest (4.51–5.00)

Based on the predefined five-level classification of family well-being, several components fell within the high well-being range (*M* = 3.51–4.50). These included spiritual development (*M* =

3.86), family relationships ($M = 3.62$), sufficiency-oriented living ($M = 3.58$), health ($M = 3.54$), and education ($M = 3.52$). In contrast, family roles and responsibilities ($M = 3.45$), community sharing and safety ($M = 3.27$), and self-sufficiency and dependency ($M = 3.05$) fell within the moderate well-being range ($M = 2.51$ – 3.50). The economic dimension recorded the lowest overall mean score ($M = 2.52$), remaining at the lower bound of the moderate well-being range and reflecting persistent material constraints among families raising ACE-exposed children.

Across household structures, a clear contrast emerged between relational and value-based dimensions, which consistently fell within the high well-being range, and material or structural dimensions, particularly economic conditions and self-sufficiency, which remained moderate. This pattern is consistent with the possibility that internal family resources may help sustain relational functioning but are insufficient to fully offset broader economic stressors faced by families of children with ACE exposure.

Variation by household structure was evident across several components. Extended families generally reported higher mean scores across multiple domains, including family relationships, family roles and responsibilities, and economic well-being, compared with nuclear and single-parent families. Skipped-generation households demonstrated high well-being in family relationships ($M = 3.89$) and health ($M = 3.79$), suggesting strong intergenerational support despite caregiving challenges. In contrast, single-parent families consistently reported lower mean scores across several domains, particularly in economic well-being ($M = 2.33$) and self-sufficiency and dependency ($M = 2.64$), both of which remained within the moderate range.

Taken together, these patterns highlight the role of household structure as a marker of structural vulnerability, with single-parent and skipped-generation families facing compounded challenges in material well-being while simultaneously maintaining relatively strong relational functioning.

In addition to dimension-specific patterns, the overall family well-being score indicated a moderate level of well-being across the study sample ($M = 3.38$). This aggregate score reflects families' capacity to maintain relatively adaptive functioning despite persistent economic and structural constraints associated with raising young children exposed to adverse childhood experiences.

The coexistence of moderate overall family well-being and high scores in relational and value-based components suggests that families may draw on internal strengths and shared meanings to sustain daily functioning under prolonged stress. This pattern underscores the importance of examining family hardiness as a complementary construct that captures the internal resilience orientations that may underpin families' ability to cope with adversity.

Family hardiness

Table 3 presents mean scores for family hardiness and its four components across household structures among families raising young children who are exposed to adverse childhood experiences. Overall, families demonstrated a high level of family hardiness, with a mean total score of 42.32, exceeding the established threshold for high hardiness and indicating substantial internal family strengths despite cumulative adversity.

Table 3: Family Hardiness Components by Household Structure (Mean)

Components	Overall	Nuclear	Extended	Single-parent	Skipped-generation
Cohesion & Commitment	17.58	17.51	18.49	17.02	16.87
Belief	8.41	8.24	8.55	8.48	8.17
Challenge	10.31	10.12	10.94	10.12	10.04
Control	6.02	6.13	6.08	5.88	5.52
Overall family hardiness	42.32	41.99	44.06	41.50	40.61

Note: Higher scores indicate stronger family hardiness. Total scores were classified as low (< 21), moderate (21–40), and high (> 40)

Across components, cohesion and commitment emerged as the strongest dimensions of family hardiness ($M = 17.58$), suggesting that emotional bonding, shared responsibility, and commitment among family members were relatively well maintained during the crisis period. Extended families reported the highest cohesion and commitment scores ($M = 18.49$), consistent with shared caregiving roles and intergenerational support within these household arrangements.

The belief and challenge components showed comparable levels across household structures, with overall mean scores of 8.41 and 10.31, respectively, indicating that families generally maintained adaptive orientations characterized by meaning-making, optimism, and perceived capacity to confront stressors.

In contrast, the control component yielded the lowest scores across all household structures ($M = 6.02$), suggesting that families experienced limited perceived control over life events and family circumstances during the period of economic and social disruption. Skipped-generation households reported the lowest control scores ($M = 5.52$), indicating potential vulnerabilities among older caregivers who may face compounded demands when caring for young children exposed to adversity.

When considering overall family hardiness, extended families showed slightly higher mean scores than nuclear, single-parent, and skipped-generation households. Although these differences were not subjected to inferential testing, all household types remained within the high hardiness range, indicating that internal resilience orientations were broadly present across family forms.

While the findings on family hardiness illustrate the internal strengths and resilience-related orientations that families possessed during periods of adversity, hardiness alone does not fully capture how families actively responded to the stressors associated with raising ACE-exposed young children. To further elucidate the strategies families employed to manage and adapt to crisis conditions, the subsequent analysis examines patterns of family coping behaviors across household structures. Table 4, therefore, presents the distribution of family coping strategies, providing insight into the concrete actions and resources families mobilized to navigate economic and psychosocial challenges during the COVID-19 crisis.

Family coping

Table 4 presents mean scores for family coping strategies and overall family coping across household structures among families raising young children who are exposed to adverse childhood experiences. Based on predefined interpretive criteria, the overall family coping score for the total sample ($M = 89.72$) fell within the moderate range, indicating that families employed a range of coping strategies during the crisis period, albeit with varying intensity and effectiveness.

Table 4: Family Coping by Strategies and Household Structure (Mean)

Strategies	Overall	Nuclear	Extended	Single-parent	Skipped-generation
Seeking Social Support	23.45	23.58	22.76	23.48	23.91
Cognitive Reappraisal	30.87	31.44	31.59	29.26	29.91
Spiritual Seeking	11.91	12.28	11.49	12.26	10.70
Family Support Systems	10.49	10.27	10.14	11.21	10.70
Acceptance	13.00	12.89	12.86	13.12	13.17
Overall family coping	89.72	90.46	88.84	89.33	88.39

Note: Higher scores indicate greater use of family coping strategies. Overall family coping scores were interpreted as low (< 71), moderate (71–110), and high (> 110)

Across coping strategies, cognitive reappraisal emerged as the most frequently utilized approach ($M = 30.87$), suggesting that families commonly relied on reframing stressful situations and adjusting perspectives to manage adversity. This pattern was particularly evident among nuclear and extended families, which reported the highest cognitive reappraisal scores.

Seeking social support was also widely reported across household structures ($M = 23.45$), with relatively similar levels observed across family types. Skipped-generation households reported slightly higher levels of social support seeking, reflecting reported use of external networks to supplement caregiving and material resources under constrained circumstances.

In comparison, spiritual seeking and mobilization of family support systems showed lower mean scores across the sample, indicating less frequent use of these strategies during the crisis period. Skipped-generation households reported the lowest levels of spiritual seeking. At the same time, single-parent families demonstrated the highest reliance on family support systems, potentially reflecting differential access to immediate kin-based resources.

Overall acceptance scores were moderate and relatively stable across household structures ($M = 13.00$), indicating a tendency to accommodate circumstances perceived as difficult to change during prolonged uncertainty.

Overall family coping scores ranged from 86.50 to 90.46 across household structures, with all groups remaining within the moderate coping range. Although differences across household types were modest and not subjected to inferential testing, the observed pattern suggests that families actively engaged in coping efforts during the crisis, yet remained vulnerable to the constraints imposed by sustained economic and structural stressors.

Taken together, the findings on family coping reveal that families raising ACE-exposed young children relied primarily on moderate levels of adaptive coping strategies during the crisis period, with variations across household structures and coping domains. While these patterns illustrate families' active efforts to manage economic and psychosocial stressors, they also point to potential limits in the effectiveness of coping under prolonged adversity. These findings provide a critical foundation for the subsequent discussion, which situates family well-being, hardiness, and coping within broader theoretical and structural contexts and considers implications for family support policies and interventions targeting families with young children exposed to adverse childhood experiences.

Relationships among family well-being, hardiness, and coping

Table 5 presents the bivariate correlations among family well-being, family hardiness, and family coping among families raising young children exposed to adverse childhood experiences. Family well-being was strongly and positively associated with family hardiness ($r = .64, p < .001$), indicating that families reporting higher levels of internal resilience orientations and strengths also tended to report better overall family well-being.

Table 5: Correlations Among Family Well-Being, Family Hardiness, and Family Coping

Variable	1	2	3
1. Family well-being	—		
2. Family hardiness	.64***	—	
3. Family coping	.46***	.27***	—

Note: *** $p < .001$

A moderate positive association was observed between family well-being and family coping ($r = .46, p < .001$), suggesting that more frequent or more effective use of coping strategies was associated with higher levels of perceived family well-being during the crisis period. This finding indicates that coping behaviors may play an important role in supporting family functioning under adverse conditions.

The association between family hardiness and family coping was positive but weaker ($r = .27, p < .001$), indicating that although families with stronger internal hardiness orientations tended to engage in coping strategies more frequently, the strength of this relationship was relatively modest. This pattern suggests that family hardiness and family coping, while related, may represent distinct yet complementary processes within the broader family resilience framework.

Taken together, these findings highlight the interconnected but non-redundant relationships among family well-being, family hardiness, and family coping, underscoring the importance of considering both internal resilience resources and active coping strategies when examining family adaptation among families raising young children exposed to adverse childhood experiences.

Qualitative findings: Coping, hardiness, and the foundations of family well-being under crisis

Theme 1: Self-reliance as a core coping orientation in the absence of structural security

Across household structures, caregivers consistently described self-reliance as a central principle guiding daily survival during the COVID-19 pandemic. In the context of limited and uncertain external support, families emphasized individual and collective efforts to generate income, mobilize savings, and reduce nonessential expenditures to sustain household functioning. This orientation reflects a strong sense of internal commitment and responsibility toward family members, aligning with the positive associations observed between family hardiness and family well-being in Table 5.

Caregivers articulated a moral obligation to persist independently, even under extreme strain:

“Rely on yourself and take care of yourself, because there is no one to help. If I don’t do it, who will? I have to rely on myself and not depend on anyone else.”

(Grandmother, 65, skipped-generation household, ACE 9)

Similarly, younger caregivers described self-reliance as inseparable from parental responsibility and survival:

“I have to struggle so that my child can survive. If I don’t struggle or fight, who will fight alongside me? If I don’t fight, we will starve. What will the children eat? How will my child survive? How will our family survive?”

(Mother, 26, nuclear family, ACE 7)

Such narratives help explain how families maintained moderate overall family coping while sustaining relatively adaptive family well-being, despite persistent economic hardship. These expressions of self-reliance emerged not as individualistic preferences but as adaptive responses shaped by limited and uncertain structural support.

Theme 2: Everyday economic adaptation and emotion-focused coping

In addition to behavioral coping, caregivers described emotion-focused coping strategies, including acceptance, endurance, and emotional release, as essential for managing prolonged stress. Families frequently reduced personal consumption while prioritizing children’s needs, reflecting a coping pattern that combined economic restraint with affective regulation.

“At night, when the children are asleep, I start thinking, and I cry. It’s bottled up inside, so I cry it out and then let it go. Today may be like this, but tomorrow might be better.”

(Grandmother, 55, skipped-generation household, ACE 5)

“Our strength is our child. Everything we do is for our child. We can endure hunger, but our child should not have to. We try to cut back on ourselves.”

(Mother, 37, nuclear family, ACE 7)

Others described pragmatic adaptation as a way to preserve daily stability:

"During COVID, we have to spend more carefully. When the monthly income isn't enough, we use our savings."

(Single mother, 24, extended family, ACE 5)

These accounts illustrate how acceptance and cognitive adjustment, reflected in Table 4 coping scores, functioned as mechanisms that supported family functioning when control over external conditions was limited.

Theme 3: Ambivalence toward external support and selective help-seeking

While many families expressed a need for external assistance—particularly stable employment, cash transfers, or food support—help-seeking was often described as ambivalent, constrained by limited access, uncertainty, or perceived dignity. This ambivalence provides a qualitative context for the moderate association between family coping and well-being shown in Table 5.

"I want a stable job with a regular income. When you have a permanent job and income, you can survive."

(Single mother, 39, single-parent household, ACE 5)

Others relied on minimal state support with tempered expectations:

"At least 300 baht is still something. It's not much, but it helps a little. We can't really demand more from them."

(Grandmother, 55, skipped-generation household, ACE 5)

"The community is something we can rely on. During COVID, we can ask for help, like asking someone to drive us somewhere."

(Single mother, 23, extended family, ACE 4)

Conversely, some caregivers chose to avoid seeking help altogether, citing shared hardship or lack of access:

"I don't ask anyone for help. They can't really help us anyway. We help each other and do whatever we can."

(Single mother, 24, extended family, ACE 5)

These narratives underscore how coping strategies were shaped by structural constraints rather than individual preference alone.

Theme 4: Learning from crisis—Financial discipline and health vigilance

Caregivers consistently reflected on lessons learned from the pandemic, particularly regarding financial management and health protection. These reflections indicate the development of resilience-oriented beliefs, which correspond to the strong correlation between family hardiness and well-being in Table 5.

"I learned that we must live frugally. If you don't know how to save in a situation like this, you won't survive."

(Mother, 26, nuclear family, ACE 7)

Health-related vigilance was also emphasized as a collective responsibility:

"It made us protect ourselves more. We have to be much cleaner. The house has to be clean."

(Single mother, 23, extended family, ACE 4)

Such learning experiences reinforced adaptive orientations that helped families maintain relational stability despite adversity.

Theme 5: Living day-to-day and the limits of future planning

Despite resilience and adaptation, many caregivers described an inability to engage in long-term planning, focusing instead on daily survival. This theme reflects the structural limits of coping and control, complementing quantitative findings of moderate family coping.

"I don't plan at all. I just cope day by day."

(Grandmother, 65, skipped-generation household, ACE 9)

"I don't plan anymore. I planned my life before, and it always failed, so I don't want to plan anything now."

(Mother, 37, nuclear family, ACE 7)

Even when future-oriented intentions existed, financial insecurity often undermined implementation:

"I have thought about it before, but when it comes to actually doing it, I can't, because there's no income left to save."

(Grandmother, 55, skipped-generation household, ACE 5)

These accounts highlight why, despite relatively strong family hardiness, families' coping capacities remained bounded by ongoing uncertainty.

Taken together, the qualitative findings illuminate how family hardiness functioned as a foundational resource, supporting family well-being through self-reliance, meaning-making, and emotional endurance. At the same time, family coping strategies operated within structural constraints, explaining the moderate—rather than strong—quantitative association between coping and well-being. The integration of these findings underscores the importance of addressing both internal family strengths and external support systems in interventions for families raising ACE-exposed young children.

Discussion

This study examined family well-being, family hardiness, and family coping among families raising young children exposed to adverse childhood experiences (ACEs) in Thailand, using a mixed-methods approach to capture both population-level patterns and lived experiences during a period of large-scale socioeconomic disruption. By integrating quantitative and qualitative evidence, the study advances understanding of how families adapt under conditions of cumulative adversity and constrained structural resources.

The findings point to a consistent pattern in which internal family strengths support relational functioning, while structural constraints continue to limit material well-being and perceived control. This interplay between internal resilience and external conditions provides a central lens for interpreting family adaptation in this context. As illustrated in Table 6, the integration of quantitative patterns and qualitative accounts highlights how family well-being, hardiness, and coping operate as interconnected yet distinct dimensions of adaptation under structural constraint.

Table 6: Joint Display of Quantitative and Qualitative Findings on Family Adaptation Under Structural Constraint

Domain	Quantitative Findings	Qualitative Theme	Illustrative Quote	Integrated Interpretation (Meta-inference)
Family Well-being	Moderate overall well-being; higher in relational and value-based domains; lower in economic domain	Economic strain with adaptive prioritization	"When the monthly income isn't enough, we use our savings."	Relational and value-based well-being appears relatively sustained despite economic constraints, suggesting partial resilience under structural limitation
Family Hardiness	High overall hardiness; strongest in cohesion and commitment; lowest in control	Self-reliance and moral responsibility	"If I don't struggle, who will? How will my child survive?"	Internal resilience orientations appear to support family functioning under conditions of limited external control
Perceived Control	Lowest scoring component of hardiness	Living day-to-day; limited future planning	"I don't plan at all. I just cope day by day."	Structural instability appears to constrain perceived control, limiting families' capacity for long-term planning despite strong internal commitment
Family Coping (Overall)	Moderate coping; strongest in cognitive reappraisal and social support	Emotional endurance and cognitive adjustment	"I cry... and then let it go. Tomorrow might be better."	Coping strategies appear to rely primarily on emotional regulation and cognitive reframing rather than structural problem-solving
Help-seeking behavior	Moderate association between coping and well-being	Ambivalence toward external support	"I don't ask anyone for help... We help each other."	Coping practices appear to be shaped by structural constraints and social norms, limiting reliance on external support despite recognized need

Family well-being under structural constraint

Consistent with family resilience and ecological perspectives, the findings indicate that families raising ACE-exposed young children maintained moderate overall family well-being despite substantial cumulative adversity and economic instability. Higher levels of well-being were observed in relational and value-based domains, such as family relationships, spiritual development, sufficiency-oriented living, health, and education. These domains may be relatively more resilient to external shocks because they are grounded in shared meanings, moral orientations, and interpersonal bonds rather than material resources alone.

In contrast, material and structural dimensions of well-being, particularly economic conditions and self-sufficiency, remained at the lower bound of the moderate range across household structures. This divergence illustrates the limits of internal family strengths in compensating for persistent socioeconomic constraints. Qualitative narratives reinforce this pattern, as caregivers consistently identified financial insecurity and income instability as the most enduring stressors, even as they demonstrated considerable effort to economize, mobilize savings, and prioritize children's needs. As one caregiver described,

"During COVID, we have to spend more carefully. When the monthly income isn't enough, we use our savings."

(Single mother, 24, extended family, ACE 5)

Variation across household structures further underscores the role of structural vulnerability. Extended families generally reported higher well-being across several domains, likely reflecting the buffering effects of shared caregiving and pooled resources. Conversely, single-parent and skipped-generation households exhibited lower economic well-being and self-sufficiency, pointing to compounded caregiving and financial burdens. These findings align with population-based research highlighting household structure as a key determinant of family well-being during periods of crisis.

Family hardiness as a foundational resilience resource

An important contribution of this study lies in the identification of high levels of family hardiness across the sample, despite only moderate levels of overall family well-being and coping. Cohesion and commitment emerged as the strongest components of hardiness, reflecting enduring emotional bonds, shared responsibility, and collective perseverance within families raising ACE-exposed young children.

Qualitative accounts vividly illustrate these resilience orientations. Caregivers framed self-reliance, endurance, and persistence not merely as coping tactics, but as moral imperatives rooted in parental and familial obligation, as reflected in statements such as:

"I have to struggle so that my child can survive. If I don't struggle or fight, who will fight alongside me?"

(Mother, 26, nuclear family, ACE 7)

This orientation may help explain the strong positive association between family hardiness and family well-being observed quantitatively, suggesting that hardiness serves as a stabilizing foundation supporting family functioning even when external conditions deteriorate.

At the same time, the consistently low scores on the control component of family hardiness reveal important constraints. Families reported limited perceived agency over life events, reflecting the realities of income loss, restricted opportunities, and uncertainty during crisis conditions. Qualitative descriptions of “living day to day” and the inability to plan for the future provide critical context for this pattern. Caregivers’ reflections illustrate this:

“I don’t plan at all. I just cope day by day.”
(Grandmother, 65, skipped-generation household, ACE 9)

highlighting how structural instability constrains perceived control despite strong internal commitment and belief systems.

Family coping: Active effort within bounded conditions

Whereas family hardiness reflects relatively stable internal orientations, family coping captures families’ situational responses to stress. The findings indicate moderate overall levels of family coping, with cognitive reappraisal and seeking social support emerging as the most frequently used strategies. These patterns suggest that families commonly relied on psychological adjustment and selective engagement with social networks to navigate prolonged uncertainty, often through emotional regulation strategies:

“At night, when the children are asleep, I start thinking, and I cry... and then let it go. Today may be like this, but tomorrow might be better.”
(Grandmother, 55, skipped-generation household, ACE 5)

An unexpected finding was the relatively low level of spiritual seeking compared to relational coping strategies. One possible explanation relates to the context of the COVID-19 pandemic, during which access to formal religious spaces, such as temples, was restricted. This may have reduced opportunities for engaging in organized religious practices, which are often central to spiritual coping in the Thai context.

In response, families may have relied more heavily on internal relational resources, such as emotional support and shared coping within the household, rather than external or institution-based forms of spiritual engagement. Alternatively, the lower levels of spiritual seeking may reflect a shift toward more private or informal expressions of spirituality that are not fully captured by the scale. Further research is needed to better understand how cultural and contextual factors shape the use of spiritual coping strategies under conditions of restricted social and religious participation.

Importantly, the association between family coping and family well-being, although significant, was weaker than that observed for family hardiness. Qualitative findings help explain this distinction. Coping strategies appear to be constrained by limited resources, uneven access to external assistance, and ambivalence toward help-seeking. While some families utilized minimal state support or community networks, others avoided seeking help altogether due to shared hardship, perceived futility, or concerns about dignity and reciprocity, as reflected in statements such as:

“I don’t ask anyone for help. They can’t really help us anyway. We help each other and do whatever we can.”
(Single mother, 24, extended family, ACE 5)

Acceptance-based coping appeared particularly salient among skipped-generation households, reflecting emotional endurance and accommodation to circumstances perceived as uncontrollable. Although such strategies may reduce psychological distress in the short term, they do not necessarily translate into improved material conditions. This helps explain why coping, while adaptive, did not reach levels indicative of high effectiveness and why its association with well-being was moderate rather than strong.

Integrating well-being, hardiness, and coping in context

Taken together, the findings support a complementary framework of family adaptation in which family hardiness operates as a foundational resilience orientation, sustaining family well-being through commitment, meaning-making, and cohesion. In contrast, family coping represents context-dependent efforts shaped by available resources and structural conditions. The modest correlation between hardiness and coping suggests that families may possess strong internal resilience even when their coping options are constrained.

The qualitative evidence further illuminates this dynamic, showing how families “hold together” emotionally while struggling to secure stability or plan for the future, often relying on self-reliance as a guiding principle:

“Rely on yourself... If I don’t do it, who will?”

(Grandmother, 65, skipped-generation household, ACE 9)

This integrated perspective underscores the importance of addressing both internal family capacities and external structural supports in research and practice focused on families raising ACE-exposed young children.

Implications for policy and practice

The findings carry important implications for population-level family policy and intervention. Programs that focus exclusively on enhancing individual or family coping skills are unlikely to be sufficient in contexts of sustained economic and social instability. Strengthening family well-being among ACE-affected families requires interventions that both recognize and build upon existing family hardiness and reduce structural constraints.

In particular, policies that enhance income security, such as targeted cash transfers, employment protection, and income stabilization measures, may help reduce financial strain and support more stable caregiving environments. Expanding access to affordable and flexible childcare services, including community-based and extended-hour provision, may further alleviate caregiving burdens, particularly for working caregivers. In addition, strengthening community-level support systems, such as local family support centers and accessible social services, may facilitate timely assistance and reduce barriers to help-seeking. In addition, the findings suggest that help-seeking is shaped not only by the availability of services but also by concerns about dignity, reciprocity, and the perceived burden on others.

Policies should therefore prioritize not only the provision of support but also the accessibility and acceptability of services. Designing dignity-preserving support systems—such as non-stigmatizing service delivery, confidential access points, and flexible eligibility criteria—may help reduce barriers to help-seeking among vulnerable families. Particular attention should be

directed toward single-parent and skipped-generation households, which face compounded vulnerabilities despite demonstrating strong relational resilience. Tailored policy measures for these groups, such as childcare subsidies, caregiver allowances, and targeted outreach services, may help translate internal family resilience into sustained improvements in family well-being, especially amid prolonged socioeconomic uncertainty.

Limitations and future directions

Several limitations warrant consideration. First, the sample was drawn from an existing ACE surveillance initiative, which may introduce selection bias, as participating families were already in contact with social or health services. In addition, the focus on communities with relatively lower socioeconomic conditions may limit the generalizability of the findings to more socioeconomically advantaged populations. However, this sampling approach was appropriate for the study's aim of examining family well-being and resilience among populations at heightened risk of adversity.

Second, the cross-sectional design limits causal inference regarding the relationships among family well-being, hardiness, and coping. In addition, the data captures only a snapshot of family resilience during the COVID-19 pandemic, rather than longer-term developmental trajectories. Reliance on self-reported measures may also introduce response bias. Additionally, qualitative findings were intended to contextualize quantitative patterns rather than to achieve representativeness. Future longitudinal research is needed to examine how these constructs interact over time and how changes in structural conditions shape family adaptation trajectories across different forms of crisis.

Conclusion

Despite these limitations, this mixed-methods study provides a nuanced, population-based account of family adaptation among families raising ACE-exposed young children in Thailand. By integrating quantitative trends with lived experiences, the findings highlight both the resilience families possess and the structural constraints they face.

Although the study was conducted during the COVID-19 pandemic, the results have broader relevance for understanding family well-being, hardiness, and coping under large-scale socioeconomic crises more generally. Addressing adversity among ACE-affected families, therefore, requires not only strengthening internal family resources but also creating social and economic conditions that allow those resources to be effectively mobilized.

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