

Quality of father-child interaction in refugee and asylum seeker families: The relation among posttraumatic stress and parental caregiving.

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Abstract

Object. This study provides a comprehensive picture of the quality of interaction between parents, suffering from posttraumatic stress, and their children in refugee and asylum seekers families. The first aim of this study was to examine the influence of parental posttraumatic stress symptoms and the quality of interaction. Present study focused on fathers, because compared to mother-child interaction, little is known about the interaction between father and child. Therefore another aim of this study was to examine the overall quality of the father-child interaction in the refugee and asylum seeker population. In order to do this, a comparison was made with mothers.

Measures. Eighty parent-child dyads, consisting of fathers (n=29), mothers (n=51) and their young children (18 till 40 months) participated in this study. Quality of interaction was operationalized as Emotional Availability (Biringen, 2008) and was measured during a free play session. Parents' posttraumatic stress was measured by completing the Harvard Trauma Questionnaire (Mollica, McInnes, Poole & Thor, 1998).

Results. In line with the expectations, posttraumatic symptoms negatively affected Sensitivity, Structuring, Non-intrusiveness and Non-Hostility. No interaction was found between gender and posttraumatic stress. In contrast to what was expected, current study found fathers and mothers to be equally Sensitive, Structured and Non-Intrusive. The hypothesis with respect to Non-Hostility was confirmed, no differences were found between fathers and mothers on this scale.

Conclusions. The results indicate that posttraumatic stress negatively affects quality of interaction. The influence of posttraumatic stress symptoms on the quality of interaction is the same for fathers and mothers. Moreover, no differences were found between refugee and asylum seeker fathers and mothers in the quality of interaction with their child.

Introduction

Refugees, asylum seekers and psychological distress

As a result of war, political or military actions or because they belong to a discriminated group, many people from all over the world are forced to abandon their homeland and seek refuge in a foreign country (Papadopoulos, 2007). Refugees and asylum seekers have to deal with a lot of stressful events, both in home and host country. In their home country they may experience or witness combat situations, serious injury, rape, imprisonment, torture, being close to death and murder of family or friends (Nickerson et al., 2011). After fleeing they face new difficulties, such as obtaining legal residency, learning a new language and learning the ways of a new culture (Loar, 2004). Before arriving in a new country, refugee and asylum seekers leave their home country and family and friends behind. This can evoke feelings of loneliness, alienation or isolation (Silove, Sinnerbrink, Field, Manicavasagar & Steel, 1997).

The accumulation of these stressful events can lead to considerable psychological problems. Several studies find a dose–response relationship between the severity of events and the level of psychological distress among refugees and asylum seekers. As exposure to stressful events increases, greater amounts of psychological distress are found (Mollica, McInnes, Poole & Tor, 1998; Steel, Silove, Phan & Bauman 2002). Refugees and asylum seekers often experience high levels of posttraumatic stress. Posttraumatic stress can manifest itself in flash backs, nightmares, anger, hyper vigilance, sleeping problems and concentration difficulties. Besides posttraumatic stress, refugees and asylum seekers can suffer from anxiety, depression, psychosomatic disorders, grief-related disorders, crises of existential meaning and drug or alcohol abuse (Momartin, Silove, Manicavasagar & Steel, 2004; O'Donnell, Creamer, Bryant, Schneyder & Shalev, 2003; Silove, 1999).

Risks for the second generation

What are the risks for a child growing up in a family suffering from posttraumatic stress? This is not an easy question to answer and is currently in debate. Clinicians observe various problems in children of parents who suffer from posttraumatic stress. These findings are not supported by a few systematic and controlled studies that have been done in the 80's en 90's of last century (van Ee, 2011). In a meta-analysis conducted by Van IJzendoorn, Bakermans-Kranenburg and Sagi-Schwartz (2003) is found that children of Holocaust survivors do not show more pathological symptoms or have less mental health than children from parents that did not experience the Holocaust. The studies used in the meta-analysis have several important limits that should be taken into account. One important criticism is that these studies do not examine whether parents who experienced the Holocaust suffered from psychological problems. These studies therefore ignore the fact that many people do not develop psychopathology after experiencing a stressful event. Another criticism is that the studies are all aimed at adult children and thus investigated retrospectively. This can give a distorted image, because participants have to rely on their memory. Cross-sectional or longitudinal studies can be an answer to this problem (van Ee, 2011). Finally, these studies

focus on the direct link between the traumatic event experienced by the parent and the psychological problems in the child, without paying attention to the mechanism that underlies this link.

Present study

In response to these criticisms, the current study is cross-sectional and will focus on a group of parents suffering from posttraumatic stress and their young children. Furthermore, instead of looking at the direct link between posttraumatic stress of the parent and psychological well-being of the child, this study will investigate the interaction between parent and child. This way we are able to examine whether posttraumatic stress causes limitations in parenting, which may subsequently have an impact on the development of the young child.

Our study differs from most other studies in that we focus on fathers, because compared to mother-child interaction, our knowledge about father-child interaction is limited. Research long focussed solely on mothers, because it was culturally determined that they were the primary caregivers, whereas fathers were seen as providers. Today researchers have begun to recognize this lack of knowledge and more research is done on fathers (Connell & Goodman 2002). By comparing fathers to mothers, the present study attempts to contribute to this accumulations of knowledge about fathers.

Interaction between parent and child

This study focuses on the interaction between parent and child, because it is through this relationship that children gain the skills they need for a healthy physical and psychological development. It is also through this relationship that young children are exposed to environmental risk factors, such as parental mental illness (Scheeringa & Zeahna 2001). Examining the parent-child interaction is especially interesting in young children because these children largely depend on their parents. Parents establish expectable interactions with their young child through their voices, facial expressions and gestures (Bornstein et al., 2006). The attachment theory supports this argumentation. According to this theory, it is in these early interactions that children develop cognitive representations of their selves in relation to others. When the caregiver is psychical and emotional available and interacts in a sensitive and responsive manner, secure attachment is fostered (Bowlby, 1969/1982; Rothbaum, Rosen Schneider, Pott, & Beatty, 1995).

In this study quality of interaction is operationalized as emotional availability (Biringen, 2008). Emotional availability can be described as the quality of emotional transactions between parent and child, specifically focusing on parents' accessibility and ability to read and respond properly to the child's communicative input (Biringen & Robinson, 1991). Emotional transactions are very important for a healthy child development. Emotional availability is measured by examining parents' level of sensitivity, structuring, non-hostility and non-intrusiveness.

Posttraumatic stress and parenting.

It is common for parents suffering from posttraumatic stress to experience intense anger, sadness, fear, hyperarousal, flash backs and dissociation (DSM-IV-TR, 2008). There are no studies on the relationship between these posttraumatic stress symptoms and the quality of interaction between father and child. In contrast, some research has been done on this subject for mothers.

Lyons-Ruth & Block (1996) found that as the severity of the mother's traumatic experiences increases, a mother's responsive involvement decreases. Mothers also become more hostile and intrusive. These results are supported by other studies that found that mother's childhood or cumulative traumatic experiences have a negative effect on physical punishment, child abuse potential, punitiveness, psychological aggression and neglect of the child (Banyard, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008). Traumatized mothers are also found to be less available and more emotionally withdrawn from their child, which may impair the ability to respond sensitively (Almqvist & Broberg, 2003). Scheeringa & Zeahna (2001) propose that mother's posttraumatic stress may lead them to fear for their children's safety. As a consequence, mothers may show exaggerated responsiveness in the form of overprotection and intrusiveness.

Do these findings also apply to fathers? There are a few studies that examined the relationship between father's perception of the relationship with their child and posttraumatic stress. Recent studies on male Vietnam veterans show that fathers diagnosed with PTSD, in particular the ones that suffer from avoidance and emotional numbing symptoms, evaluate the parent-child relationship as less qualitative and parenting as less satisfying (Ruscio, Weathers, King & King 2002; Samper, Taft, King & King, 2004). The question remains whether, besides the perception of the father-child relationship, father's capacity to take care of their children is also affected by posttraumatic stress? This study attempts to answer this question.

Mechanisms underlying the relation between posttraumatic stress and parenting

Previous paragraph shows that posttraumatic stress can seriously affect parenting. The question arises what mechanism underlies the relationship between posttraumatic stress and parenting? Researchers have several ideas about this. Hesse and Main (1999) suggest that posttraumatic stress symptoms, such as the oscillation between avoidance and intrusion and dissociative symptoms, may result in an incomplete mental reorganization. As a result, people stay in a continuing state of fear. Especially under stress, this fear can lead to dissociated, frightened or anomalous forms behavior. For example, a parent may suddenly 'freeze'. In such cases the parent is completely unresponsive to the movements and vocalizations of the child. Also seen in parents suffering from posttraumatic stress are sudden movements or postures that appear briefly and without an apparent reason. They resemble a hunt or a persecution that is in no way playful. These behaviors may be driven by the parents' frightening and dissociated memories or thoughts related to their trauma.

An important risk of these behaviors is that the child develops a disoriented/disorganized attachment (Hesse & Main, 1999). When a parent is unpredictable and insensitive to the child's needs, the child may

feel that the parent cannot be trusted and serve as a secure base. As a result, these children may distance themselves from the parent, or they may continue making attempts to increase proximity, but fail to find security and comfort (Cassidy, 1999). An insecure attachment can subsequently lead to a wide range of developmental problems (Guttmann-Steinmetz & Crowell, 2006; Zeanah, Boris, & Larrieu, 1997).

Another mechanism that could account for the disturbed parent-child interaction, is parents' ability to regulate emotions (van Ee, 2011). Through parent-child interaction, parents implicitly teach children which emotions are expected and acceptable in certain situations and how to manage these emotions (Morris, Silk, Steinberg, Myers & Robinson, 2007). Parents' posttraumatic stress can cause problems in emotion regulation, which may disturb this process of modelling. For example, parents have limited access to emotion regulation strategies and difficulties to refrain from impulsive behavior when upset (Tull, Barrett, McMillan & Roemer, 2007). As a consequence children do not get the opportunity to learn from their parents how to regulate emotions adequately (Chang, Schwartz, Dodge & McBride-Chang, 2003). This will have a negative influence on their ability to regulate emotions. Children that have difficulties regulating their emotions are at greater risk for child psychopathology (Schipman, Zeman, 2001).

Father's and mother's unique roles

Besides examining the influence of posttraumatic stress on parenting, another aim of this study is to examine the overall quality of the father-child interaction in the refugee and asylum seeker population. It is important to make a distinction between parents, because previous studies showed that fathers and mothers each have their unique contributions to the development of the child. Mothers are found to be nurturing, attentive to the needs of their children and providing them with a sense of security and well-being. In contrast, fathers often use play as a way of connecting with their child (Doucet, 2009). Children prefer to play with their father because paternal play is less structured, more stimulating, psychological, exciting and unpredictable and associated with more laughter and joy (Labrell, 1996; Paquette, 2004). An important function of paternal play is to help the child making the transition to the outside world (Paquette, 2004). By teasing, the father destabilizes the child emotionally and cognitively. This way the child learns to deal with irregularities and unexpected events and gets prepared for the social world (Labrell, 1996; Paquette, 2004). Bögels and Phares (2008) also emphasize this social function. They argue that paternal play incites experimentation with social lessons, which contribute to the socialization process and development of social skills. The positive influence of paternal play is not restricted to the early childhood since it also predicts social competence and popularity in adolescents (Parke et al., 2004). In summary, the role of the father can be characterized by play, challenge, risk taking, autonomy and exploration.

Fathers and emotional availability

The question arises whether, as a result of these gender specific roles, fathers and mothers differ in emotional availability? Only two studies using the emotional availability construct of Biringen (2008)

included both fathers and mothers (Lovas, 2005; Venuti, de Falco, Giusti & Bornstein, 2009). A few other studies investigated similar constructs in fathers (Power, 1985; Nakamura, Stewart & Tatarka, 2000; Volling, McElwein, Notero & Herrera, 2002). These studies show that mothers are generally more sensitive than fathers (Lovas, 2005; Volling, McElwein, Notaro & Herrera, 2002). They are more positive and their communication is more intimate (Nakamura, Stewart & Tatarka, 2000). Their ability to decode social and emotional non-verbal communication is also better, which benefits structuring (Lovas, 2005). Fathers appear to be more intrusive than mothers (Lovas, 2005). They are less responsive to the cues of the child and interfere more with the child's play (Power, 1985). Research shows no differences between fathers and mothers in terms of hostility (Lovas, 2005; Venuti, de Falco, Giusti & Bornstein, 2009). In summary, fathers are found to be less emotionally available to the child than mothers. As described before, the father's role seems to lie more in being a playmate and making the child ready for the outside world, whereas mothers are attentive to the child's emotional needs and provide security and comfort.

Refugee and asylum seeker fathers

Do these findings also apply to our sample of refugee and asylum seeker parents? It is widely known that parenting beliefs and styles differ across cultures (Bugental & Johnston, 2000; Kağıtçıbaşı, 1997; Rubin & Chung, 2006). The majority of the families in this study fled from Central Asia (Middle East) and Africa, which are both less industrialized continents (Moghadam, 2003). In these areas, traditional gender roles are most evident (Lamb, 2004; Therborn, 2004). In traditional cultures, mothers role is to take care of the children while fathers provide and are seen as the head of the family (Lamb, 2004; Lamb & Bougher, 2009; Moghadam, 2003). Mother's caring roles might lead them to be more involved with their children (Moghadam, 2003). As a consequence, mother's ability to read and respond to their children's needs may become better, which might positively affects their emotional availability. In contrast, father's role as provider might lead to less involvement with the child. Therefore fathers do not get the opportunity to gain the skills they need for reading their child's emotional needs. In conclusion, we expect that the traditional roles may further increase the differences between father's and mother's emotional availability.

Expectations

As described before, our aim is to investigate whether parents' posttraumatic stress influences the interaction with the child. We expect that posttraumatic stress will have a negative influence on both father's and mother's emotional availability. More specifically, we expect parents with posttraumatic stress symptoms to be less sensitive and structuring and more intrusive and hostile during the interaction with their child. We expect no sex differences in the influence of posttraumatic stress on parenting.

Another aim of this study was to examine the overall quality of the father-child interaction in the refugee and asylum seeker population. In order to do this, a comparison was made with mothers. Based on earlier findings we predict that mothers are more sensitive and structuring and less intrusive than fathers. We expect fathers and mothers to be equally non-hostile.

Methods

Participants

From a larger study directed at parent-child interaction in refugees and asylum seekers, 83 families including fathers, mothers and children participated. Participants were recruited from Dutch asylum seeker centers (ASC) and from client groups at Centrum '45, a national treatment and expertise center for psychological trauma. Participants included in this study met the following criteria: (a) they were asylum seekers or refugees that had been exposed to traumatic events, (b) they had at least one child in the age of 18-40 months, who had been born in the Netherlands and had not been exposed to a traumatic event, (c) they did not suffer from addiction, mental retardation or psychosis. Four participants were excluded from the study because they did not meet the inclusion criteria. Furthermore three participants were excluded because of non-response. One participant was in the final trimester of her pregnancy, one participant could not be measured because of work related circumstances and one participant did not give a reason for non-response.

The final sample consisted of 80 parents and their children; 29 fathers, 51 mothers, 45 sons and 35 daughters. Per family, one parent and one child participated. Mean ages for fathers, mothers and their children were 35.63 years ($SD = 7.97$), 29.57 years ($SD = 6.15$) and 27.14 months ($SD = 9.10$) respectively. Parents had fled from different countries: West and South Europe (1,3%), East Europe and Balkan (5,0%), Russia and former Russian states (7,5%), South and East Asia (8,8%), Middle East (43,8%), Africa (32,5%) and South America (1,3%). The level of education among participants was strongly divided: 20% had no or little education, 15% had finished primary school, 18,8% had finished secondary school, 11,3% had finished vocational education and 27,5% held a professional or university degree. In the sample 55% were refugee and 45% were asylum seeker. Furthermore, 49% of the sample population were living in an asylum seeker center, where 51% were not.

Procedure

Measurements were taken over the course of one day and took place at Centrum '45 in Diemen or Oegstgeest. Parents and their children participated in several assessments including interviews, observations and questionnaires. Procedures were approved by the Ethical Committee of Leiden University Medical Centre.

When participants arrived, study procedures were described. The MINI questionnaire was conducted to check for the exclusion criteria. Written informed consent was obtained and participants filled out demographic information. In case of a language barrier, qualified interpreters were available. Assessments were conducted by trained master students or psychologists.

First researchers videotaped parent-child interaction during a 15 minutes free-play session between parent and child. The observation was carried out in a mirror room, so the psychologist could monitor the session. The available toys were gender neutral. Parents were instructed to play with their child in the way they would normally do.

After the free-play sessions participants completed the HTQ. When the assessments were finished, participants who were already in treatment at Centrum 45 had the opportunity to discuss the results with their counselors. Participants received a small financial compensation, reimbursement of travel expenses and a lunch.

Measures

Emotional availability

Quality of parent-child interaction was evaluated from the videotaped free-play sessions between parent and child, using the Emotional Availability Scales (EAS): Infancy to Early Childhood version (4th edition, Biringen, 2008). The EAS was designed to measure dyadic interactions between an adult and a child. The construct is dyadic in that it takes into account the interaction, not solely the adult's or child's individual behavior. It is a global measure that is not aimed at counting discrete behaviors, but requires sensitivity to context and emotional cues. As a consequence, the adult cannot act appropriate without the child responding properly to these attempts. The EAS consist of six dimensions, of which four dimensions concern the emotional availability of the adult toward the child (Sensitivity, Structuring, Non-Intrusiveness and Non-hostility) and two dimensions concern the emotional availability of the child toward the adult (Responsiveness & Involvement). In this study the four adult scales were used. Each scale consists of two criteria measured on a seven point Lickers Scale and three criteria measured on a three point Licker Scale. The total scale score is ranging from one to seven, where higher scales indicate better interaction quality (4th edition, Biringen, 2008).

The Sensitivity dimension derived from the sensitivity scale from Ainsworth (Ainsworth et al., 1978). It measures a variety of qualities that can be summarized as the adult's ability to be warm and emotionally connected with the child. This scale ranges from highly insensitive (1) to highly sensitive (7). Structuring refers to the parents' ability to structure the child's play appropriately and in the right amount. It is important to follow the child's lead while setting limits by the means of rules and to consequently demand compliance with these rules. This scale ranges from non-optimal structuring (1) to optimal structuring (7). Non-intrusiveness concerns a parents' capacity to be available to the child when needed, without being intrusive and undermining the child's autonomy. This scale ranges intrusive (1) to non-intrusive (7). The Non-hostility dimension assesses the degree of hostility. Indications of Non-hostility include absence of vocal and facial hostility and not acting in a frightening way or placing mocking, ridiculing or other disrespectful statements. This scale ranges from markedly and overtly hostile (1) tot non-hostile (7).

Biringen (2000) has examined the construct validity of the EA concept operationalized in the EA Scales. She concluded that the EAS had a predictive value for several developmental variables related to the parent-child relationship. These results indicate that the EA Scales also give a good reflection of the overall quality of the parent-child relationship. Coders followed a practical training on how to encode the tapes. Two independent coders rated the tapes in order to obtain satisfactory interrater reliability with the Biringen lab and between themselves. Inter-rater reliability was based on a randomly selected 30% of the

videotapes and was found satisfactory. Cohen's Kappa ranged from .76 to .91, Sensitivity: $k = .89$, Structuring: $k = .91$, Non-intrusiveness: $k = .86$ and Non-hostility: $k = .76$.

Trauma

To measure the degree of posttraumatic stress in parents, the Harvard Trauma Questionnaire (Mollica et al., 1992) was used. The HTQ is a self report measure. Part one consists of 20 items related to the degree of exposure to traumatic events. Participants rated if they had experienced, heard about and/or witnessed several traumatic events. Part four consists of 30 items on which participants indicated to what degree various symptoms had bothered them in the past week. The first sixteen items (PTSD total score) are designed to measure posttraumatic stress symptoms, according to the Diagnostic and Statistical Manual of Mental Disorders-IV (2008). The remaining 14 items are cultural related posttraumatic symptoms. A four point Likert scale was used, where 1 = not at all and 4 = extremely. In the present study posttraumatic stress is measured using the PTSD total score.

Based on a review, the HTQ has been found statistically reliable and valid in diagnosing PTSD in clinical populations (Hollifield et al., 2002). The HTQ is available in many different languages and translations have proved to be reliable (Kleyn, Hovens & Rodenburg, 2001).

Analysis plan

All statistical analysis were completed using SPSS 18 for Windows. Before being analyzed, the data was checked for outliers and missing values. Preliminary analysis have been carried out, intercorrelations among the independent variables were evaluated for potential multicollinearity. To test for the differences between fathers and mothers on posttraumatic stress symptoms and EA score, t-tests were carried out.

To further explore the findings from the t-tests, multiple hierarchical regression analysis have been carried out for each of the four EA Scales. These tests were performed in order to examine whether parental gender and posttraumatic stress affected EA scores. Before conducting the multiple regressions, assumptions were tested. The categorical independent variable parental gender was converted into a dichotomous dummy variable, differentiated into male (0) and female (1). Nine participants were not included in the analysis because of missing data on one of the variables.

Results

Preliminary analysis

Intercorrelations among the independent variables are shown in Table 1. Correlations ranged from -.05 to -.37, indicating that there is no multicollinearity.

Table 1 . Intercorrelations among the independent variables

	Parental Age	Parental Gender	PTSD Symptoms
Parental Age	-		
Parental Gender	-.37**	-	
PTSD Symptoms	.07	-.17	-
PTSD Symptoms * Parental Gender	-.33**	.90**	.21

Note. * $p < .05$; ** $P < .01$.

Posttraumatic stress reactions

Table 3 provides an overview of the descriptive statistics of fathers and mothers posttraumatic stress. It also shows the results of the t-tests that were performed to test whether fathers and mothers differed on posttraumatic stress. Levene's test showed that variances were equal. The t-test indicated that there is no difference in posttraumatic stress between fathers and mothers: $t(77) = 1.48$, $p = 0.14$. According to the HTQ manual, mean scores higher than 2.45 indicated PTSD. Based on this cut-off point, 72% of all mothers and 86% of all fathers are classified as having PTSD.

Table 3. Descriptive statistics and t-tests for HTQ posttraumatic stress scores in fathers and mothers

	Mothers	Fathers	t	p
<i>HTQ PTS Score</i>			1,53	.13
M	2,56	2,82		
SD	0,70	0,77		
Minimum	1,27	1,06		
Maximum	4,00	3,69		

Note. * $p < .05$; ** $p < .01$

Descriptive of fathers and mothers EA Scale scores and differences between fathers and mothers on the EA Scales.

Table 2 presents descriptive statistics for each EA Scale separately for father-child and mother-child dyads. According to the EAS manual (Biringen, 2008), fathers are classified as inconsistently Sensitive (4,41), inconsistently Structuring (4,41), in between generally Non-intrusive and benign Intrusive (4,59) and in between covertly Hostile and generally Non-hostile (5,07). Mothers are classified as inconsistently Sensitive (4,16), inconsistently Structuring (4,24), benign Intrusive (4,33) and in between covertly Hostile and generally Non-hostile (4,92).

Table 2 also shows the results of the t-tests that were carried out to test whether fathers and mothers differed on EA scores. Tests of normality indicated that the EA scores are not normally distributed. This

may be due to the small range of EA scores (7 categories) and the limited number of subjects. Visually the scores look normally distributed, so there was no need for transformation. Levene's test showed that variances are equal for Sensitivity, Structuring and Non-hostility, but not for Non-intrusiveness. T-tests indicated that there were no significant effects for gender on all four EA Scales, Sensitivity: $t(78) = .71, p = .48$, Structuring: $t(78) = .50, p = .62$, Non-intrusiveness: $t(78) = .88, p = .38$ and Non-hostility: $t(78) = .49, p = .62$.

Table 2. Descriptive statistics and t-tests for the EA Scales in mothers and fathers separately.

	Mothers	Fathers	t	p
<i>Sensitivity</i>				
M	4,16	4,41	.71	.48
SD	1,68	1,35		
Range	1-7	2-7		
<i>Structuring</i>			.50	.62
M	4,24	4,41		
SD	1,66	1,27		
Range	1-7	2-7		
<i>Non-intrusiveness</i>			.80	.43
M	4.33	4.59		
SD	1.07	1.50		
Range	1-6	1-7		
<i>Non-hostility</i>			.49	.62
M	4.92	5.07		
SD	1.28	1.31		
Range	1-7	3-7		

Note. * $p < .05$; ** $p < .01$

Differences between fathers and mothers in quality of parent-child interaction

To investigate the role of posttraumatic stress on parenting and to test whether fathers and mothers differed in the quality of interaction with their child, multiple hierarchical regression analyses were performed for each of the four EA scales (Table 4 and 5). Variables were entered into the hierarchical regression in the following order: block 1 - parental age, block 2 – parental gender, block 3 – posttraumatic stress and block 4 – parental gender x posttraumatic stress. We controlled for parental age based on previous research. An interaction term was added to test whether gender and posttraumatic stress did interact. For this purpose an interaction variable was created and subsequently converted into z-scores.

In the first step parental age was added as a covariate, which was not significant. In the second step gender was entered into the model. In contrast to our hypothesis, gender did not predict EA scores on all four scales, indicating that fathers and mothers did not differ in the degree of Sensitivity, Structuring, Non-intrusiveness and Non-hostility. In the third step posttraumatic stress was added to the equation and was found to predict Sensitivity, Structuring and Non-Hostility. Posttraumatic stress was marginally significant on the Non-intrusiveness Scale. Finally we added an interaction term between gender and posttraumatic stress, which did not reach significance. This suggest that the there are no sex differences in the influence of PTSD symptoms on Sensitivity, Structuring, Non-intrusiveness and Non-hostility.

Table 4. Hierarchical regression analyses for estimating the effects of predictor variables on the parent-child interaction quality

	Sensitivity							Structuring						
	B	SE B	Beta	Step R ²	R ² Change	F Change (df)	P	B	SE B	Beta	Step R ²	R ² Change	F Change (df)	p
Model 1														
Parental Age	0,00	0,02	-0,01	0,00	0,00	0,005 (1,74)	.943	0,00	0,02	-0,02	0,00	0,00	,022 (1,74)	.883
Model 2														
Parental Age	-0,01	0,03	-0,05	0,01	0,01	0,697 (1,73)	.407	-0,01	0,03	-0,04	0,00	0,00	,276 (1,73)	.601
Parental Gender	-0,33	0,40	-0,11					-0,21	0,39	-0,07				
Model 3														
Parental Age	-0,01	0,02	-0,04	0,15	0,14	12,09 (1,72)	.001**	-0,01	0,03	-0,04	0,08	0,08	5,845 (1,72)	.018*
Parental Gender	-0,54	0,38	-0,17					-0,35	0,38	-0,13				
PTS Symptoms	-0,79	0,23	-0,38**					-0,56	0,23	-0,28*				
Model 4														
Parental Age	-0,01	0,02	-0,04	0,15	0,00	0,013 (1,72)	.910	-0,01	0,03	-0,04	0,10	0,02	1,312 (1,71)	.256
Parental Gender	-0,53	0,38	-0,17					-0,31	0,38	-0,10				
PTS Symptoms	-0,79	0,23	-0,38**					-0,55	0,23	-0,27*				
PTS Symptoms	-0,02	0,18	-0,01					-0,20	0,18	-0,13				
* Parental Gender														

Note. *p < .05; **p < .01

Table 5. Hierarchical regression analyses for estimating the effects of predictor variables on the parent-child interaction quality

	Non-intrusiveness							Non-hostility						
	B	SE B	Beta	Step R ²	R ² Change	F Change (df)	P	B	SE B	Beta	Step R ²	R ² Change	F Change (df)	p
Model 1														
Parental Age	0,00	0,02	-0,01	0,00	0,00	,007 (1,74)	0,936	0,00	0,02	-0,02	0,00	0,00	,864 (1,74)	.864
Model 2														
Parental Age	-0,01	0,02	-0,05	0,01	0,01	,873 (1,73)	0,353	-0,01	0,02	-0,04	0,00	0,00	,688 (1,73)	.688
Parental Gender	-0,30	0,32	-0,18					-0,13	0,32	-0,05				
Model 3														
Parental Age	-0,01	0,02	-0,05	0,06	0,05	3,819 (1,72)	0,055	-0,01	0,02	-0,03	0,07	0,07	5,207 (1,72)	.025*
Parental Gender	-0,40	0,32	-0,16					-0,24	0,31	-0,10				
PTS Symptoms	-0,38	0,20	-0,23					-0,44	0,19	-0,26*				
Model 4														
Parental Age	-0,01	0,02	-0,05	0,08	0,02	1,670 (1,71)	0,2	-0,01	0,02	-0,03	0,08	0,01	,609 (1,71)	.438
Parental Gender	-0,40	0,32	-0,17					-0,27	0,32	-0,11				
PTS Symptoms	-0,39	0,20	-0,23*					-0,44	0,19	-0,27*				
PTS Symptoms * Parental Gender	0,19	0,15	0,15					0,11	0,15	0,09				

Note. *p < .05; **p < .01

Discussion

Current study provides a rich and comprehensive picture of the quality of interaction in a vulnerable group of traumatized refugee and asylum seeker fathers and their young children. In order to establish father's interaction quality a comparison was made with mother's, using the Emotional Availability Scales (Biringen, 2008). In answer to the critics of a previously discussed study by Ijzendoorn, et. al. (2003), current study is cross-sectional and addressed whether parental PTS symptoms affect the parent-child interaction quality. In line with previous described research (Almqvist & Broberg, 2003; Banyard, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008; Scheeringa & Zeahna, 2001; Schechter, 2004), we found parents suffering from PTS symptoms to be generally less emotional available. The results showed that parents suffering from posttraumatic stress were found to be less sensitive and structured and more intrusive and hostile during the interaction with their child. According to our expectations no sex-differences were found, indicating that both father's and mother's interaction quality with their child was influenced by parental PTS symptoms. Given this result, it appears that findings of previous research among mothers do also apply to fathers (Almqvist & Broberg, 2003; Banyard, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008; Scheeringa & Zeahna, 2001; Schechter, 2004). In response to the underexposure of fathers, current study also focused on the interaction quality between father and child. Fathers are often assumed to be less sensitive, responsive, involved and structured than mothers (Lovas, 2005; Nakamura, Stewart and Tatarka, 2000). Yet, in contrast to our expectations, this current study found fathers and mothers to be equally sensitive, structured and intrusive. According to our hypothesis and in line with findings of Falco, et. al. (2009) and Wiefel et. al. (2005), no differences were found between father's and mother's hostility in the interaction with their child.

Interaction quality in refugee and asylum seeker families

At first some interesting general conclusions can be drawn about the interaction quality in our sample of refugee and asylum seeker families. Fortunately our results showed that their interaction quality was moderately positive. According to the EAS manual (Biringen, 2008) parents in our sample were classified as inconsistently sensitive, indicating that they were sensitive in some way's but preoccupied with something else at other moments. Furthermore they were inconsistently structured which means that the parents were able to provide structure by constructing a supportive frame but lacked the capacity to guide the child. Moreover they were classified as generally non-intrusive and benign intrusive, suggesting that the parents were taking on an over teaching role but did not constantly interfere. Finally refugee and asylum seeker parents were generally non-hostile but sometimes covertly hostile, which indicates that they displayed negative affect during the interaction (Biringen, 2008). Fortunately these results show that refugee and asylum seeker parents in current sample did quite well considering the general difficulties this population is exposed to (Clark, 2000; Shimoni, Este and Clark, 2003, Clark 2004, Lamb & Bougher, 2009).

Influence of posttraumatic stress symptoms at the parent-child interaction quality

According to our expectations PTS symptoms did negatively affected emotional availability. The more parents suffered from PTS symptoms the more hostile and less sensitive and structured they became whilst interacting with their child. Parental intrusiveness was marginally affected by PTS symptoms, which indicates there was a subsequent effect. The results of this study are in line with findings of previous studies performed among traumatized mothers (Cohen, Hien & Batchelder, 2008; Kaitz et al., 2009). The interaction term between parental gender and posttraumatic stress symptoms was not found to affect the emotional availability scales. This indicates that the interaction quality displayed by both mothers and fathers was equally affected by posttraumatic stress symptoms. Establishing that the findings from previous discussed research amongst traumatized mothers do also apply to the fathers in this study. Our results showed that father's capacity to take care of their children is actually affected by their PTS symptoms. Therefore the unsatisfactory and negative evaluated quality of the father-child relation that was given by male Vietnam veterans suffering from PTS symptoms was grounded (Ruscio, Weathers, King & King 2002; Samper, Taft, King & King, 2004). Fortunately the negative evaluations in the studies of Ruscio, et. al. (2002) and Samper, et. al. (2004) are promising because these fathers seem to be aware of the influence of the PTS symptoms on the relationship with their child. This process to awareness seems to be promising given the previously stated importance of a healthy parent-child interaction quality (e.g. Bowlby, 1969/1982; Rothbaum, et. al, 1995; Scheeringa & Zeahna 2001) and might open doors to family treatment possibilities in fathers suffering from PTSD. Because it is through the parent-child relationship that risk factors are transmitted (Scheeringa & Zeahna 2001).

Father-child interaction quality

Other studies focusing on the interaction quality between father-child and mother-child dyads also failed to discover a difference (Falco, et. al. 2009; Wiefel et. al. 2005). These studies examined emotional availability in parents with children who suffered from Down's Syndrome or other psychopathology. Falco, et. al. (2009) suggested that fathers tailor their interaction style and focus more on the needs of their children when facing extra family challenges. By adjusting their interaction style these fathers try to compensate for the difficulties that their children may face. As a result fathers and mothers levels of emotional availability did not differ (Falco, [et.al](#), 2009). This argumentation can be substantiated by findings from Silverstein and Auerbach (1999), how performed qualitative research on fathering identities among two hundred actively involved men from ten different sub-cultures. They found that fathers are able to reach out to their children as long as they feel emotionally connected and responsible for them. Single fathers and gay fathers were perfectly capable of containing a responsible and emotional connection with their child. This is in line with other studies how found that fathers can take on emotional responsibility and can be nurturing, affectionate and responsive to their children (Dienhart 1998; Dowd 2000; Lamb 2000). According to Silverstein and Auerbach (1999; Silverstein, 1996) neither fathers nor mothers are essential to

a positive child outcome. In order to reach a positive child outcome, a certain level of responsibility is necessary which will lead to a healthy emotional connection between parent and child (Silverstein & Auerbach, 1999). The fathers in the study of Falco, et. al. (2009) might felt generally more responsible to their child's needs because of the difficulties their children faced. This compensation mechanism might also be applicable to refugee and asylum seeker parents in our study, even though children in current sample were healthy and parents were suffering from PTS symptoms. The fact is that refugee and asylum seeker fathers do also face difficulties which put their children's development at risk (Clark, 2000; Shimoni, Lamb & Bougher, 2009).

Immigration does affect parental gender roles and identities (Lamb & Bougher, 2009), which might subsequently lead to an increased paternal responsibility, and therefore to a stronger emotional connection between father and child. After fleeing to an industrialized and western country, gender roles are forced to change under post-migration circumstances. There is often a large contrast between the Western industrialized home country where refugee and asylum seekers fled from and the host country (Lamb & Bougher, 2009). Lamb (2004) and Therborn (2004) found that parental gender importantly conditions the roles and status initially occupied by adult immigrants in their home countries, especially in regions that are less industrialized and therefore not open to equality of opportunity for women. In these cultures gender roles are traditionally divided (Lamb & Bougher, 2009). The majority of the families in this study fled from Central Asia (Middle East) and Africa, which are both less industrialized continents (Moghadam, 2003). In 1997 women's share of the labor force in the Middle East and North Africa was found to be the lowest of any region in the world economy, even South Asian women participated more in labor (Moghadam, 2003). Gainful labor is not seen as part of a women's role in these traditional cultures, in contrast their role it to take care of their family while fathers provide and are seen as head of the family (Lamb, 2004; Lamb & Bougher, 2009; Moghadam, 2003). This gender based division obtains enhanced significance when fathers, as head of the family, immigrate with their wives and children from traditional cultures and encounter circumstances that challenge their previously respected position in the family hierarchies (Este & Tachble 2009; Qin 2009).

Several post-migration issues affect father's status and identity in refugee and asylum seeker families, including unemployment. Therefore employment issues are a common struggle for refugee and asylum seeker fathers (Clark, 2000; Shimoni, Este and Clark, 2003; Warmerdam & van den Tillaart, 2002). Immigration forces refugee fathers to accept jobs that are of considerably lower status than the profession they fulfilled in their home country (Lamb & Bougher, 2009). Indeed, higher living costs often necessitate maternal employment as well. These factors undermine father's self image as provider and leader of the family (Lamb & Bougher, 2009), which subsequently leads to a change in their families perspective of their status (Este and Tachble, 2009; Qin, 2009). This change in perception results in an adjustment in the family system and affects family members (Este and Tachble, 2009; Lamb & Bougher, 2009; Qin, 2009). In order to gain a new influential role in the family, fathers may compensate for their role loss as protector and provider by investing more energy in the interaction with their child (Lamb &

Bougher, 2009). The findings of Pino and Coltraine (2009) strengthen this conception, as they found that Mexican fathers in the US were more involved with their children when mothers provided for their families. In summary it seems that fathers regain the ability to protect their family by achieving a warm family context which eventually results in a regained role of paternal provider and protector. Father's enhanced responsibility might not only lead to a new and important father identity, but will also lead to an increased emotional connection between father and child (Silverstein and Auerbach, 1999). In current study this compensation mechanism may have enabled fathers to reach the same level of interaction quality with their child as mothers.

There is no doubt that mothers benefit of their enhanced status as co-provider, but maternal employment also demands them to sacrifice shared time with their children (Lamb & Bougher, 2009). Therefore another post-migration explanation for the absent difference between father's and mother's emotional availability could lay in the amount of shared time between parent and child. According to Silverstein (1996; Silverstein & Auerbach, 1999) fathers and mother are both perfectly skilled to nurture their children. Differences between father's and mother's sensitivity merely arise because mothers do tend to spend more time with their children (Silverstein, 1996). Research underpins the illation of Silverstein (1996), which found that father's sensitiveness and responsiveness increases when they spend more time in direct contact with their child (Lamb & Openheim, 1989; Silverstein, 1996). Furthermore Hewlett (1992; see also Hewlett, 1987, 1991; as cited in Silverstein, 1996), found that Aka pygmies fathers in Republic of Congo naturally spend a lot of time in direct contact with their offspring. Lovas (2005) compared the findings of Hewlett with fathers in the normal population and found Aka fathers to provide five times more care to their infants. As a direct result of fleeing, fathers in refugee and asylum seeker families share more time with their children (Clark, 2004). In a qualitative study it was found that refugee fathers deemed shared time to be very important (Este & Tachble, 2009). Moreover fathers that shared more time with their child reported a higher interaction quality (Este & Tachble, 2009). Based on these studies it seems that quantity of interaction creates the opportunity to increase the quality of interaction. Lamb suggests that a good parent child relationship is not achieved by the quantity but by the quality of interaction (Lamb, 2004). The refugee and asylum seeker fathers in current study may have had a greater opportunity to bond with their children. In line with Silverstein (1996), this might explain the absent difference between father's and mother's emotional availability. In current study the amount of shared time between fathers and children was not measured. This should be included in future studies to provide a more thorough picture of the parent child interaction quality.

Strengths and limitations

This study is valuable in that it targets refugee and asylum seekers, which is a specific and difficult to reach population. Limited research has been directed at parenting in refugee and asylum seeker families. The findings from this study provide new information about parenting in an under studied group. This study is unique in that it focuses on fathers where other studies long focused solely on mothers. In contrast

to what is usually assumed, we found fathers equaling mothers in terms of quality of interaction. More research needs to be done regarding fathers and parenting. Another strength found in this study is the young age of the children. The first years of a child's life are fundamental because they determine development later in life (Bornstein et al., 2006). Young children are completely dependent on their parents and form a vulnerable group, therefore it is important to study them.

This study was subjected to several limitations. First, a low statistical power was detected because of the small sample size. This might be an explanation for the undetected effects. Small effects might not have been detected. As mentioned before the sample was greatly culturally divided. Therefore one should be cautious with generalizing current findings to the whole refugee and asylum seeker population. There could be differences between cultural groups that lead to distortion of the results. Though cultural differences might also cancel each other out when taken together. As a result future studies should control for cultural background, current study was not able to do so given the small sample size and the unequal distribution of the countries of origin. Another limitation was that almost all parents suffered from posttraumatic stress scores. As it was illustrated in the results section eighty six percent of the fathers and seventy two percent of the mothers suffered from posttraumatic stress disorder. A comparison was made between parents who all scored in the high range of posttraumatic stress symptoms. This resulted in impairments when detecting differences between parents suffering from severe and less severe posttraumatic stress symptoms. Finally, refugee and asylum seekers are at risk of various kinds of mental disorders because they have been exposed to obvious stressors (Lavik et.al. 1995; Lavik, Hauff, Skrondal & Solberg, 1996; Weine [et.al.](#), 1995). Depression, psycho-somatic disorders, substance abuse, grief related disorders and personality crisis are common instances in refugee and asylum seekers (Silove, 1999; O'Donnell, Creamer, Bryant, Schneyder and Shalev, 2003; Momartin, Silove, Manicavasagar, Steel, 2004). Other studies showed that parental psychopathology is often harmful for child development (Zenah, Neil, Boris & Larrieu, 1997; Bögels & Phares, 2008). Future research should include other pathologies for which refugee and asylum seeker parents are at risk.

Conclusions

This study is valuable in that it creates a comprehensive picture of the parent-child interaction quality in the refugee and asylum seeker population. Some interesting findings occurred. Fortunately this study reveals that refugee and asylum seeker parents in our sample do quite well considering the general difficulties this population is exposed to (Clark, 2000; Shimoni, Este and Clark, 2003, Clark 2004, Lamb & Bougher, 2009). It is alarming that trauma is jeopardizing the quality of interaction, given the important function of the parent-child interaction. According to the attachment theory early interaction between parent and child is essential for the development later in life (Bowbly, 1969/1982; Lovas, 2005). Children of traumatized refugee and asylum seeker parents might be at risk of developing an affected attachment. It is promising that awareness was observed in Vietnam veteran fathers how suffered from PTS symptoms (Ruscio, Weathers, King & King 2002; Samper, Taft, King & King, 2004). This process to awareness is

beneficial for early family interventions. This study further shows that fathers and mothers achieve equal interaction quality with their child. The assumption that fathers have less qualitative parenting skills than mothers should not be carelessly accepted. Many factors influence the father-child interaction. Post-migration factors which affect refugee and asylum seeker parents, may adjust the parenting roles in the family system. In the future fathers may play a promising role in early child interventions. Future studies should further explore the compensation mechanisms of fathers in challenging circumstances. More focus is needed on refugee and asylum seekers parents and their children.

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