

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 our 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. Our 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 & Zehna (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, psychical, 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. 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 (by Lieke Verhoeven)

Refugees and asylum seekers often have to deal with a lot of stressful events in both their home and host country (Loar, 2004; Nickerson et al., 2011). This may cause considerable psychological distress (Mollica, McInnes, Poole & Tor, 1998; Steel, Silove, Phan & Bauman 2002). The first aim of this study is to investigate how parents posttraumatic stress affects the quality of the parent-child interaction. Research on mothers shows that posttraumatic stress negatively influences the quality of interaction with the child (Banyard, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008; Lyons-Ruth & Block, 1996). This study examines whether these findings also apply to fathers. The second aim of this study is to examine the overall quality of the father-child interaction in the refugee and asylum seeker population. Previous studies that have been done in the western population show that mothers are generally more emotionally available than fathers (Lovas, 2005; Volling et al., 2002). We investigated if the same is true for refugees and asylum seekers parents.

Emotional availability

First we want to draw some general conclusions about the level of emotional availability in our population of refugees and asylum seekers. As outlined in the result section, our population can be labelled as inconsistently sensitive and structuring, in between generally non-intrusive and benign intrusive and in between covertly hostile and generally non-hostile (Biringen, 2008). Unfortunately we cannot easily compare these results to others studies using the EAS. Current study uses the 4th edition of the EAS and there are no other studies on the general population that use this edition. When roughly comparing our results to the results of a study that uses the 3rd edition of the EAS on a group of American families (Lovas, 2005), our population seems to score slightly lower.

Posttraumatic stress and parenting

Concerning our first aim, results indicate that parents' posttraumatic stress negatively affects the quality of the parent-child interaction. As expected, higher posttraumatic stress results in less sensitivity and structuring and more hostility and intrusiveness. No interaction is found between gender and posttraumatic stress. This suggests that the influence of posttraumatic stress on the quality of interaction is the same for fathers and mothers.

Previous studies on mothers already found that mothers suffering from posttraumatic stress are less involved with their child, less sensitive to their child's cues and more often hostile and intrusive (Banyard, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008; Kaitz et al., 2009). Our results suggests that these findings also apply to fathers. This is valuable new information, because fathers have never been included in research on the link between posttraumatic stress and parenting.

Our findings are consistent with a few studies that examined the relationship between father's posttraumatic stress and the perception of the relationship with their child (Ruscio, Weathers, King & King 2002; Samper, Taft, King & King, 2004). These studies found that fathers suffering from posttraumatic stress evaluate the parent-child relationship as less qualitative and parenting as less satisfying. The present study shows that not only father's perception of the relationship, but also the quality of interaction with the child is affected by posttraumatic stress. The fact that fathers are less satisfied with the relationship with their child might be promising for the use of interventions, because this dissatisfaction may have a positive impact on father's motivation to work on the parent-child relationship.

The quality of the father-child interaction.

With respect to our second aim, there appear to be no differences between fathers and mothers on each of the four EA Scales. Our hypotheses that fathers are less sensitive and structuring and more intrusive than mothers, are not confirmed. The lack of difference in hostility is in line with our expectations. Our findings are not in line with previous studies on emotional availability in the general population. In these studies fathers are found to be as less emotional available than mothers. They are often depicted as less sensitive, more intrusive and expressing less positive effect (Lovas, 2005; Nakamura, Stewart & Takara, 2000; Volling et al., 2002).

There are several possible explanations for this lack of difference between father's and mother's emotional availability. A possible explanation is that parents' roles change after migration. A large part of the families in this study come from cultures where so-called 'traditional families' are prevailing. In these families, father's and mother's roles are often clearly divided. Fathers are primarily responsible for providing economic support to the family and mothers for caring and nurturing the children (Qin, 2009). We expected that these traditional roles would further increase the differences between father's and mother's emotional availability. What we did not take into account, is the possibility that these roles change as a result of migration to another country.

Lamb (2009) suggests that the circumstances refugees and asylum seekers encounter after migration can challenge parents' previously held roles in the family. In the Netherlands, asylum seekers without a residence permit are not entitled to work and a well-known problem among refugees is unemployment (Warmerdam & van den Tillaart, 2002). When fathers do find work, it is often of lower status and more poorly paid than in their home country. The high costs of living in the host country sometimes make it necessary for mothers to get employed as well. The previously held roles of fathers as breadwinners and mothers as caregivers, can no longer be maintained (Lamb, 2009). Due to father's unemployment or to the fact that mothers have to work as well, fathers may spend more time with their children and get more responsibilities. As a result of this, fathers can work on building a good relationship with the child. This may improve father's level of emotional availability. This argument is in line with Silverstein's (1996) point of view. She argues that fathers and mothers are both equally capable of nurturing their children.

Differences between parents in sensitivity to the child only emerge when one parent spends more time with the child than the other parent, because time together creates an opportunity to bond.

Besides providing economic support, fathers often feel responsible for protecting their family. This is not surprising given the violent environment in which they lived in their home country (Este & Tachble, 2008; 2009). Being a refugee or asylum seeker is often accompanied by multiple difficulties, such as financial problems, poor living conditions and separation from family (Lely, van den Heuvel-Wellens, 2002). These difficulties may intensify father's role as protector, because fathers want to protect their children against these difficulties. Investing in the relationship with the child and creating a warm and safe environment can be a father's way of ensuring this protection. This may subsequently have a positive effect on their emotional availability.

Strengths and limitations

This study is innovative in that it focuses on fathers, whereas other studies on parent-child interaction mainly focus on mothers. We show that in our sample fathers interact equally well with their children as mothers, while usually the opposite is assumed. Therefore, it would be interesting to further examine this finding. Another strength of this study is the specific population we target. Not very much is known about the interaction between parent and child in the refugee and asylum seeker population. This population is difficult to reach, so the findings from this study provide new and valuable information. Finally, the present study is cross-sectional. This gives us the opportunity to directly observe the interaction between parent and child instead of having to rely on parents' or children's memory. Doing a cross-sectional study has another important advantage; the children are still very young. The first years of a child's life are crucial for the later development of the child, so intervening at such a young age can prevent problems later in life.

The current study has several limitations. First statistical power is not very high, because of a moderate sample size. As a consequence we are not able to detect small effects. Second, the sample is culturally very diverse. Therefore one should be careful with generalisation to the refugee and asylum seeker population as a whole. Furthermore, our results could be distorted by this diversity. It is possible that there are differences between cultural groups that cancel each other out when taken together. Unfortunately, it is statistically impossible to make a distinction between the different cultures in our sample, because cultures were unevenly distributed. Third, the fact that parents all scored very high on posttraumatic stress can be seen as a limitation. As we outlined in the result section, seventy-two percent of all mothers and eighty-six percent of all fathers are classified as having PTSD. As a consequence of this we are comparing people that are all in the spectrum of high posttraumatic stress. This way we are unable to detect differences between people with low posttraumatic stress and people with high posttraumatic stress. However, this problem is hardly unavoidable in the refugee and asylum seeker population, taken into consideration what they experienced during their lives.

Future studies

For future studies it would be interesting to include multiple indicators of psychological stress, when examining the parent-child interaction in the refugee and asylum seeker population. Instead of or in addition to posttraumatic stress, refugees and asylum seekers often suffer from several other kinds of mental problems. They 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). These problems may also affect the parent-child interaction. Including multiple indicators of psychological stress would provide a more complete picture about parenting in the refugee and asylum seeker population.

Previous studies show that fathers use play as a way of connecting to the child (Doucet, 2009). Their play is stimulating, physical and exciting (Labrell, 1996; Paquette, 2004). Play has several important functions, such as making the child ready for the outside world (Bögels & Phares, 2008). In this study we did not examine how refugee and asylum seeker fathers play with their children. For future studies it would be interesting to see if refugee and asylum seeker fathers play with their children in a similar way and what the effect from posttraumatic stress on play is.

Conclusions and implications

This study is a first step in examining the interaction between refugee and asylum seeker fathers and their young children. We did some interesting findings. Our results indicate that posttraumatic stress negatively effects parenting in both fathers and mothers. During the first years of a child's life, interactions with their caregivers are essential to the development of later functioning (Scheeringa & Zeahna 2001). Unhealthy parent-child interaction can have various negative effects, such as behavioral problems or an insecure attachment (Lovas, 2005). Clinicians are often confronted with the impact of parents' posttraumatic stress on the development of the child. However, children often do not receive appropriate treatment, because treatment is mainly focused on the well-being of the adult. Future studies should therefore pay attention to these young children and further investigate the influence of posttraumatic stress on the parent-child interaction. These studies could eventually enable us to implement training and intervention programs aimed at parents and their children, to prevent problems later in the child's life.

Our results also indicate that fathers are equally emotional available to their children than mothers. This finding is against what is generally assumed, namely that the quality of father-child interaction is less than the quality of the mother-child interaction. This study shows that this assumption should not be accepted blindly and that attention should be drawn to the context in which fathers and mothers give care to their children. As argued before, the circumstances under which refugees and asylum seekers live may influence father's parental role. Future studies should further investigate this finding.

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