The intergenerational transmission of trauma in refugee and asylum seeker families: Sex differences and the underlying mechanism

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Abstract

Object. This study focuses on the impact of parental PTS symptoms on the development of their young children in refugee and asylum seeker families. Parental PTS symptoms have been considered a risk factor for child development, but the mechanisms underlying this transmission are unclear. The present study analyzed the mediating influence of the parent-child interaction (e.g., Disconnected and Extreme Insensitive Parenting) on the relation between paternal and maternal PTS symptoms and the infant's psychosocial functioning.

Measures. Eighty parent-child dyads, consisting of 29 fathers, 51 mothers, and 59 young children (18-40 months) participated. Parents' posttraumatic stress was measured with the Harvard Trauma Questionnaire (HTQ; Mollica, McInnes, Poole & Thor, 1998), parent-child interaction was covered by the Disconnected and extremely Insensitive Parenting measurement (DIP; Out, Cyr, Pijlman, Beijersbergen, Bakersmans-Kranenburg, & van IJzendoorn, 2009) and infant's psychosocial functioning was assessed with the Child Behavior Checklist (CBCL 1½-5; Achenbach & Rescorla, 2000).

Results. Disconnected and Extreme Insensitive Parenting was not found in refugees and asylum seekers in the Netherlands. Neither did fathers and mothers differ in quality interaction. However, the results showed that higher levels of maternal posttraumatic stress symptoms were associated with a higher level of psychosocial problems of the children. Only a non-significant trend was found in the relation between the paternal posttraumatic stress and the psychosocial functioning of the child. Except for a relation between maternal PTS symptoms and withdraw and neglect (a sub-dimension of the DIP), no other associations between parental PTS symptoms and the DIP were found. Besides, the results did not show a significant influence of the DIP on the psychosocial functioning of the child. So it appeared that the DIP did not function as a mediator between parental PTS symptoms and children's psychosocial functioning.

Conclusions. The results indicate that, despite the rather positive results, children of refugees and asylum seekers are at risk. The posttraumatic symptoms of the parent are associated with an increase in the psychosocial disfunctioning of the child, even though not mediated by the Disconnected and Extreme Insensitive Parenting. This could be explained by the possibility that most of the refugees and asylum seekers traumatic experiences are not attachment related. The present study showed the striking result that fathers and mothers are equal in the quality of parent-child interaction, while there is a greater effect of posttraumatic disturbances of the mother than those of the father on the extreme insensitive parenting style and on the psychosocial functioning of the child. Mechanisms such as compensation and withdrawal

might raise the quality of involvement of the father with the child, and reduce the negative impact of stress resulting from trauma and migration. Future research should be dedicated to find a difference between non-attachment trauma's and attachment trauma's, to focus on an overprotective way of parenting, and to analyse the protective role of the father in this high-risk situation of the child.

Introduction

Risk for the second generation

"It was like our father brought the camp into our house, like we experienced these traumatic events ourselves. Our father associated everything we said, and everything we did with his camp experiences. We could not even put a knot in a rope without hearing from our father that with those kind of knots people were hanged in the camp, with not leaving out any detail. Eventually we always kept our mouth shut, there was no room for our own personal development and we could not share any personal experience; everybody was focused on sparing our father from his grief. Nowadays, we are still poisoned and emotionally undernourished by our father's camp history."

The Dutch cineaste Van Gasteren (2003) directed a documentary about the adult children of a man who survived a concentration camp during World War II. In this documentary he sheds light on the large impact parental traumatic experiences can have on the interaction between parent and child, and eventually on the psychosocial functioning of their adult children.

Numerous studies have already documented the association between parental psychological problems and the internalizing and externalizing problems in the child, such as cognitive, behavioral and emotional disturbances (Connell & Goodman, 2002; Dierker, Merikangas & Szatmari, 1999; Harder, Kokes, Fisher & Strauss, 1980; Laucht, Esser & Schmidt, 1994; McLaughlin et al., 2012). Over the last few years there has been an increase in attention to the influence of trauma of the parent on the psychosocial functioning of the child, often labeled as *the intergenerational transmission of trauma* or *secondary trauma* (Brewin, 2003).

In contrast to what is expected after seeing this documentary, multiple studies which have examined this trauma transmission did not find any extreme psychosocial or developmental disturbances in the offspring of traumatized parents (Bar-On et al., 1998; van IJzendoorn, Bakermans-Kranenbrug and Sagi-Schwartz, 2003; Leon, Butcher, Goldberg & Almagor, 1981; Levav, Levinson, Radomislensky, Shemesh & Kohn, 2007; Sigel & Weinfield, 1989; van der Velden, Eland & Kleber, 1994). But even though van IJzendoorn et al. (2003) failed to find more pathological or mental health problems in children of Holocaust survivors, they did find more problems in children of parents in the clinical samples of their study. The studies mentioned above focused on the stressors parents were exposed to, and did not involve the mental disturbances the parent could experience from the trauma. According to Rutter and Quinton (1984), not the stress reactions that are temporary and situation

specific, but the disturbances pervasive across situations and over time are the main threat to a child. Since many people do not develop mental health problems after experiencing a traumatic event (Brewin, 2003), it is plausible that not the time-specific traumatic event measured in the mentioned studies, but the possible additional mental health problems have an effect on the psychosocial functioning of their children. Supporting this idea, a negative effect was found on the psychosocial functioning of the offspring of traumatized fathers and mothers in studies focusing on the degree of parental mental health problems after they experienced a traumatic event (Ahmaszadej & Malekian, 2004; Al-Turkait & Ohaeri, 2008; Enlow, Kitts, Blood, Bizarro & Hofmeister, 2011; Danieli, 1998; van Ee, Kleber & Mooren, 2012; Gold et al, 2007; Herzog, Everson & Whitworth, 2011; Jordan et al, 1992; Lester et al., 2010; Niederland, 1981; Rosenheck and Fontana, 1998; Sagi-Schwarts et al, 2003; Vaage, Thomsen, Rousseau, Wentzel-Larsen, Ta & Hauff. 2002; Yehuda, Halliga & Bierer, 2002). For example, Herzog et al. (2011) found family members of combat-exposed soldiers with high levels of Post-Traumatic Stress symptoms (PTS symptoms) to be at high risk for developing secondary traumatic stress.

In previous studies two aspects remain unclear. Firstly, these studies were solely focused on the direct link between the parental PTS symptoms and the psychosocial functioning of the child. The question which mechanism underlies this relationship remains unanswered. Secondly, previous studies were mainly centralized around the effect of the parental trauma on the adult children, and thus were retrospectively. Because in those retrospective studies participants have to rely on their memory, it is not clear how these parental mental disturbances precisely influence the early development of the children. Since this early development is of great influence on the functioning of the child, also in their adult life (Zeanah, Boris & Larrieu, 1997; Zeanah, Boris & Scheeringa, 1997), it seems necessary to focus on the underlying mechanisms in the transmission of trauma in the child's early development.

Present study

As can be seen in the example of the documentary of van Gasteren (2003) the parental psychological problems caused by the experience of a traumatic event can be of great influence on the way parents interact with their child. Zeanah et al. (1997) and Zeanah, Boris and Scheeringa (1997) emphasize the importance of this interaction between the parent and the child on the development of the infant. The interaction between children and their parents takes place on a daily basis, especially within young children. Young children depend highly

on their parents to obtain protection, so through this interaction they can be exposed to various environmental risk conditions. According to Scheeringa & Zeanah (2001) it is therefore within this interaction that the development of the child occurs.

Research has not yet given a sufficient answer to which factor is involved in the parent-child interaction shaped within the trauma context. In response this study will focus on the associations between the parental PTS symptoms, the psychosocial functioning of the child and the parent-child interaction, in a sample of traumatized parents and their young non-traumatized children. The aim is to get more insight in the special features, elements and dynamics that the parental PTS symptoms can bring into the early parent-child interaction. In this way we try to determine the underlying mechanism in the link between the parental trauma and the psychosocial functioning of the child.

Another aspect that makes this study unique is that it is not solely focused on mothers. Current study distinguishes two research groups: a group of fathers and a group of mothers. The knowledge about the differences between fathers and mothers in the effect of PTS symptoms on parenting is not well established. Previous trauma studies are mainly focused on the role of the mother in parenting, since the mother has long been seen as the primary caregiver. Recent years attention to the importance of the paternal role in the development of the child has grown (Connell & Goodman 2002). By comparing those two groups this study attempts to gain more insight in the paternal role, and the potential differences with the maternal role in the transmission of trauma.

The effect of PTS symptoms on the parent-child interaction

Parents suffering from a Post-Traumatic Stress Disorder (PTSD) experience several symptoms: intrusive recollection, re-experiencing the traumatic event, avoidance, emotional numbing, hyperarousal and dissociation (American Psychiatric Association, 2008). Several studies found these symptoms to have an effect on the mother-child interaction, but the effect of these symptoms on the father-child interaction remain less well established. For example Almqvist and Broberg (2003) found traumatized mothers to be less available and more emotionally withdrawn in interaction with their child. Schechter et al. (2005, 2007 a, 2007 b, 2008, 2010) also found the severity of maternal PTSD to be positively correlated with avoidant care-giving behavior. Mothers were observed to be less emotionally available and responsive. Lyons-Ruth and Block (1996) found that as the severity of the mother's traumatic symptoms increases, mothers become more hostile and intrusive. These results are supported by other studies that found maternal PTSD to be correlated with a higher prevalence of

physical punishment, punitiveness, dysregulated aggression and neglect of the child (Banyar, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008, Schechter et al 2007a, 2007b). Several studies found this harsh and punitive behavior of the mother to adversely affect the developmental outcomes of the child (Burchinal, Campbell, Bryant, Wasik, & Ramey, 1997; Tamis-LeMonda, Bornstein, & Baumwell, 2001).

The question arises whether the paternal trauma related symptoms will influence the father-child interaction in the same way. Some trauma studies included both fathers and mothers and did also find indications for a more aggressive, dissociative, hostile, insensitive and unstructured parent-child interaction in parents suffering from PTSD symptoms (Eland, van der Velden, Kleber & Steinmetz, 1990; Lauterbach, Bak, Reiland, Mason, Lute & Earls, 2007; Leen-Feldner, Feldner, Bunaciu & Blumenthal, 2011). However, these studies did not make a distinction between the paternal and maternal interaction with the child, so that the question about potential differences between fathers and mothers on the impact of the parental PTSD of the parent-child interaction remains unanswered. As far as is known, there are two studies that focused solely on the relationship between the father's trauma related symptoms and their perception of the interaction with their child. Ruscio, Weathers, King and King (2002) found a negative correlation between the emotional numbing of Vietnam veteran fathers and their perceived quality of their relation with their child. Samper, Casey, King and King (2004) found the total paternal PTSD severity scores and avoidance symptoms to have an negative effect on the parenting satisfaction of these fathers. However, these studies only give insight in the paternal perception and satisfaction of their interaction with their child, the gap about whether and how the paternal trauma related symptoms affects the father-child interaction still needs to be filled in.

The effect of the parent's attachment on the parent-child interaction and the child's attachment

Furthermore, according to the attachment theory the parent-child interaction is of great influence on the development of the child; it is through this interaction infants develop either a secure or insecure attachment representation. A secure attachment has been considered essential for a healthy mental and psycho-motor development in the childhood (Crittenden, 1992; Rothbaum, Rosen, Schneider, Pott & Beatty, 1995). It is through a sensitive, responsive and warm parent-child interaction children develop such a secure attachment (Crittenden, 1992; Rothbaum et al., 1995). An insecure attachment of the child, in particular a disorganized attachment, has been considered to be a risk factor for a range of social and

cognitive difficulties and psychopathology, also in adult life (Belsky & Nezworski, 1987; Green & Goldwyn, 2002). A parental unresolved state of mind is associated with this disorganized attachment in their offspring, and consequently evokes a risk for the psychosocial functioning of the child. An unresolved status of an adult has been linked to traumatic events in the childhood like abuse, maltreatment and loss; it implies an unresolved loss of an attachment figure or another attachment-related trauma (Bailey et al., 2007; Lyons-Ruth, Bronfman & Pearsons, 1999; Main & Hesse, 1990). Adults are considered to be unresolved when showing confusion or meta-cognitive lapses during discussing this trauma or loss (Goldberg, Benoit, Blokland & Madigan, 2003). Even though this unresolved state is not the same as PTSD, research does suggest similar psychological mechanisms like intrusion and avoidance phenomena. Since there is this overlap between this unresolved status and PTSD the question arises what is already known about the effect of the parental unresolved loss or trauma on the parent child interaction and the psychosocial functioning of the child.

In the attachment literature much is known about the interaction between unresolved mothers and their children, however, the paternal part in this link is also not well established. Research shows that this unresolved loss or trauma of the mother predicts a more frightening, frightened, dissociated and insensitive interaction with the child (Bailey, Moran, Pederson & Bento, 2007; Goldberg et al., 2003; Green & Goldwyn, 2002; Jacobvitz, Leon & Hazen, 2006; Madigan,Moran & Pederson, 2006; Out, Bakermans-Kranenburg & van IJzendoorn, 2009; Schuengel, Bakermans-Kranenbrug & van IJzendoorn, 1999; Schuengel, IJzendoorn, BakermansKranenburg, & Blom, 1998). For example, Goldberg et al. (2003) explored in their research the association between an unresolved state of mind of expectant mothers and their disrupted maternal behavior when the infant was 12 months of age. 44% of the children were classified as disorganized attached. Moreover, they found these unresolved mothers to display significantly more fearful behavior and more disrupted communication patterns than non-unresolved mother.

Mechanisms underlying the relation between posttraumatic stress or unresolved loss or trauma and parent-child interaction

Previous paragraphs show that the maternal PTS symptoms and an unresolved state of mind can affect the interaction between parent and child. One may wonder which mechanism underlies this relationship between the trauma of the parent and its influence on the interaction with the child.

People who experience a traumatic event could develop cognitive, behavioral and physiological responses to stimuli which (unconsciously) remind them of the traumatic experience. Some people are not able to integrate the elements of a traumatic experience into its context of time, place, subsequent, previous information and autobiographical memory, but they have it stored as isolated fragments (Brewin, 2007; Fearon & Mansell, 2001). Those isolated fragments can easily be triggered by trauma related stimuli and can cause intrusions of the traumatic memories. It is even possible that the child's behavior is a traumatic trigger for the parent (Liotti, 1992; Pasquini, Liotti, Mazzotti, Fassone, & Picardi, 2002). As a result of these various triggers, traumatized parents can stay in a continuing state of fear, which may involuntarily disrupt attention and parental behavior (Hesse & Main, 2006). This fear can lead to dissociated or frightened forms of parental behavior, especially under stress. For example, parents can enter in dissociated states and can suddenly "freeze" for significant periods. In these dissociated states a caregiver is not able respond to the child's behavior (Hesse & Main, 1999). It is also established that parents with an unresolved state or PTSD can show high frequencies of unusual voice patterns, grimaces and intrusive invasions into the child's personal space, in response to the triggered traumatic memories. These unexpected behaviors can be very fear provoking for the child (Hesse & Main, 1999).

The lack in the emotion-regulation of traumatized parents is another mechanism that could play a role in the disrupted parent-child interaction is. Tull, Barret, McMillan & Roemer (2007) for example found people suffering from PTS symptoms to have limited access to effective emotion regulation strategies and suffer from impulse control difficulties which may lead to frightening and aggressive parental behavior.

Because these trauma related stimuli are not perceptible for the child, this disconnected and insensitive parental behaviors will often be unpredictable and is therefore hypothesized to be extremely frightening for the child (Main & Hesse, 1990). Consequently, children of parents with PTSD or an unresolved state are placed in the paradoxical situation in which they are attached to parents who sometimes behave in a fear provoking way; the infant is not free to approach the parent for comfort and repair (Goldberg et al., 2003; Hesse & Main, 2006; Schuengel et al., 1998). Cassidy and Shaver (1999) state that in response to these behaviors, children will distance themselves from the parent or just continue to try to get in contact with the parent. Since the attempts of the child will probably not lead to finding any comfort or security from the parent, the risk for the child to develop an insecure attachment or disturbances in the psychosocial functioning will in this way increase.

Could those parent-child interactions give more insight in the underlying mechanisms in the relationship between PTS symptoms of the parent and the psychosocial functioning of the child?

Van Ee et al. (2012) examined this mediating effect of the parent-child interaction in the relation between maternal PTS symptoms and the development of the child, measuring parental sensitivity, structuring, non-intrusiveness and non-hostility. Even though a significant negative correlation was found between the maternal PTS symptoms and the maternal sensitive, structuring and non-hostile-behavior in this research, the mediating effect was not found. Van Ee et al. (2012) hypothesized that when the clinically observed extreme parent-child interactions would be taken into account, there would be found more insight in the underlying mechanisms between parental PTSD symptoms and the child-outcome.

Furthermore, Goldberg et al. (2003) did not find a mediating effect of the parent-child interaction (frightening, frightened, dissociated and insensitive parental behavior) in the link between the unresolved state of the parent and the attachment of the child. Goldberg et al. (2003) were also wondering whether the measured parental behavior related to the unresolved state of the parent themselves induces the infant's disorganization or whether this behavior is a marker for more extreme behavior outside observations. Moreover, they argue that factors such as parental mental health and psychosocial functioning of the child could be of great importance in measuring these extreme behaviors (van Ee, 2013; Goldberg et al., 2003). Additionally, it should be noted that even though there are similarities between PTSD and a parental unresolved state, and similarities between the child's psychosocial functioning and his or her attachment, the measured parental unresolved state and the disorganized attachment of the child in the research of Goldberg et al. (2003) does not essentially measure parental mental health and psychosocial functioning of the child. The events measured in the parents with an unresolved state are considered to be potentially traumatic, so this is not always the case. Therefore, measuring an unresolved state could not indicate PTSD (van Ee, 2013; Goldberg et al., 2003). Moreover, the disorganized attachment of the child does not necessarily measure the psychosocial functioning of the child.

According to Out, Bakermans-Kranenburg and van IJzendoorn (2009) these aggressive, hostile, insensitive and unstructured features found in the behavior of parents with PTSD or an unresolved state can be categorized as extreme insensitive parenting. This dissociative, frightening and frightened parental behavior can be categorized as disconnected parenting. Thus, when research focuses on parental mental health (PTSD), psychosocial functioning of the child and the extreme parenting behaviors (like the disconnected and

extreme insensitive parenting), it could possibly provide more insight in the underlying mechanisms of the intergenerational transmission of trauma.

Refugees and their psychological distress

One of the main reasons for refugees to leave their home country is exposure to traumatic events, like war experiences and torture (van Ee et al., 2012; Nickerson et al., 2011). Upon arrival in the host countries they face new difficulties, such as obtaining legal residency and learning a new language (Loar, 2004). Refugees resettled in western countries are ten times more likely to be diagnosed with PTSD than age-matched general populations in those countries (Fazel, Wheeler & Danesh, 2005). Several other studies found, besides a higher prevalence of PTSD, a high level of anxiety, depression and other psychiatric symptoms in refugees (Carswell, Blackburn & Barker, 2011; De Haene, Grietens & Verschueren, 2010; Hermansson, Timpka & Tyberg, 2002; Silove, Sinnerbrink, Field, Manicavasagar& Steel, 1997). We also expect a higher prevalence of dissociative symptoms in refugees, knowing that some non-western culture-bound syndromes include dissociative symptoms as the most salient feature, such as in "ghost-sickness", "latah" and the "possession syndrome" (Laria & Lewin-Fernandez, 2001). As a matter of fact, Dunn et al. (1998) found, in a sample of 48 African American and 48 Caucasian men being treated for substance abuse, that African American men indeed scored a significant higher rate on three dissociation measures then the Caucasian group.

Since refugees are likely to continue to have children in their host country, the children of parents with such a high prevalence of psychological problems caused by traumatic events are at high risk for an intergenerational transmission of trauma (Rezzoug, Baubet, Broder, Taïeb & Moro, 2008; van Ee et al., 2012). When focusing research on traumatized refugees and their children born in the host country, it creates the unique opportunity to examine the effect of parental PTSD symptoms on the psychosocial functioning and development of the non-exposed child via the parent-child interaction in a growing, but under-reported sample. This knowledge could be used to adequately help this high risk sample of parents and their children.

Differences in the parent-child interaction between fathers and mothers

The ideas of the involvement of the father in parenting are changing, and the father is increasingly perceived as someone who plays an even important role as mothers in raising their children (Connell & Goodman 2002). Several studies show that the interaction between

father and child equally impacts the child outcome (Fouri & Buchanan, 2003; Lamb, 2010; Parke & Sawin, 1976; Yeung, Sandberg, Davis-Kean & Hofferth, 2001). Lamb (2004) for example stated that regardless of whether the parent involved is a mother or a father parental warmth, nurturance and closeness are associated with positive child outcomes.

Even though the influence of the interaction on the child's development seems to be equal for both fathers and mothers, there is some mixed evidence for a difference in the quality of this interaction. Some studies show that fathers are less sensitive (Lovas, 2005; Volling, McElwein, Notaro & Herrera, 2002), less responsive (Power, 1985) and more intrusive (Lovas, 2005) than mothers, whereas other research has found that fathers are as sensitive or responsive as mothers (Boechler, Harrison & Magill-Evans, 2003; De Falco, Venuti, Esposito, & Bornstein, 2009). Since in this participant group a lot of families are coming from less industrialized continents, the traditional gender roles are expected to be more present (Lamb, 2010; Therborn, 2004). In the traditional cultures, the father is seen as the head of the family and the mother as the caregiver of the children, which may lead to a greater maternal involvement and sensitivity in the interaction with the child. In summary: we expect the influence of the paternal and maternal interaction on their child's development to be the same. However, we do expect a difference in the parenting quality between fathers and mothers, where fathers show to be less sensitive and more intrusive than mothers.

Expectations

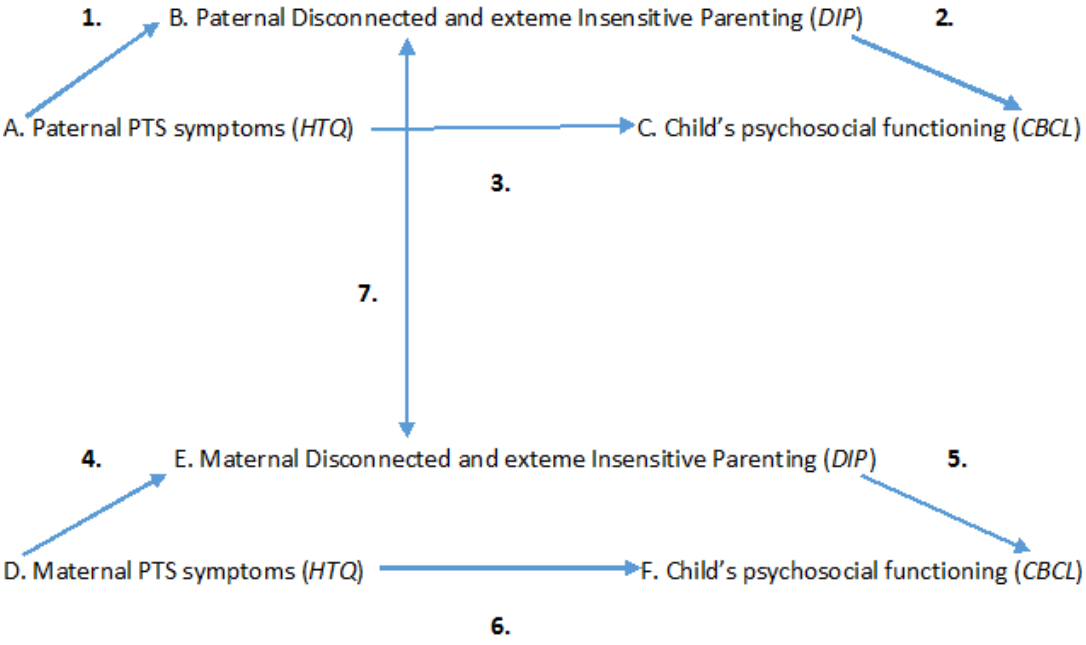
The present study contributes to the understanding of the intergenerational transmission of trauma and the parental gender differences within this transmission, by examining the mediating influence of the parent-child interaction in the relation between parental PTSD and the psychosocial functioning of the non-exposed child, in a group of fathers and a group of mothers.

The first objective of this study is the examination of the association between the parental trauma symptoms, parent-child interaction (disconnected and extreme insensitive parenting, DIP) and child-outcome, in both groups. We expect high levels of trauma symptoms to be associated with more DIP, and this high level of trauma and DIP to be associated with a poorer child-outcome. We do not expect any significant sex differences in those associations.

The second aim of the study was to test whether the association between the parental trauma symptoms and child-outcome is mediated by parent-child interaction (DIP). We hypothesize that the direct association between the maternal and paternal PTS symptoms and

the psychosocial functioning is no longer significant when the mediator disconnected and extreme insensitive parent-child interaction is taken into account. The trauma symptoms a parent suffers from is not of direct influence on the infant's psychosocial functioning, but it does affect the parent-child interaction (DIP) and therefore the child-outcome.

Lastly, we expect the scores of the paternal DIP to be significant higher than those of the mothers. We also expect the disconnected parenting to be above baseline in both fathers and mothers, since the population used in this research consists of non-western participants. See Figure 1 for an overview of the expectations.



Relation **1** + **4** We hypothese a negative association between the PTS symptoms (A/D) and the Disconnected and extreme Insensitive Parenting (B/E) in both the group of fathers as the group of mothers

Relation **2** + **5** We hypothese a negative association between the Disconnected and extreme Insensitive Parenting (B/E) and the Child's psychosocial functioning (C/F) in both the group of fathers as the group of mothers

Relation **3** + **6** We hypothese a negative association between the PTS symptoms (A/D) and the child's psychosocial functioning (C/F) in both the group of fathers as the group of mothers. We hypothesize this association to no longer be significant when the mediator Disconnected and extreme Insensitive Parenting (B/E) is taken into account.

Relation **7**: We expect fathers to show significantly more Disconnected and extreme Insensitive Parenting (B) than mothers do (E).

B and E: We expect the total score of Disconnected and extreme Insensitive Parenting (B and E) in both the group of fathers as in the group of mothers to be significantly above baseline.

Figure 1. *Expectations of the current study.*

Method

Participants

The study population consists of 80 families with at least one parent and one child. Participants in this study are derived from a larger study directed at parent-child interaction in refugees and asylum seekers (Van Ee, 2013). The sample was recruited from regional asylum-seekers centers in The Netherlands and via Foundation Center ’45, the Dutch national institute for the treatment of trauma. Asylum seekers and refugees who are included in the sample had been exposed to traumatic events, and have at least one child in the age between 18 and 42 months who was born in the Netherlands. Excluded were asylum seekers and refugees with severe mental retardation, addictions, or psychosis and with children who themselves were exposed to a traumatic event.

To inform possible participants at the asylum-seekers center, research assistants approached the asylum seekers and refugees by several strategies (for example leaflets in the living room and word of mouth). Fifty-five parents consented to participate, three fathers who were directly approached declined.

At the Foundation Center ’45 83 participants were approached to participate in the research project. Thirty-eight participants approved to participate in the research. Participating clients and non-participating clients did not differ from each other in terms of age, country of origin, education or reported post-traumatic stress symptoms on the Harvard Trauma Questionnaire. There was a significant difference ($t = 2.87$, $p = .01$) in time spent in the Netherlands between participating ($M = 8.64$ years, $SD = 5.22$) and non-participating clients ($M = 12.56$, $SD = 3.35$).

Of the 93 parents that consented to participate from both research sites 13 dyads were excluded: four participants did not show up, one participant did not participate because of work-related circumstances, one participant was in the final trimester of her pregnancy, and seven participants did not meet the inclusion criteria.

The final sample consisted of 80 parents and their children: 29 fathers, 51 mothers, 35 sons and 24 daughters. Of 22 children both parents participated. Mean ages for fathers, mothers and their children were 35.21 years ($SD = 8.12$), 29.55 years ($SD = 6.09$) and 27.97 months ($SD = 9.27$), respectively. Education level was strongly divided among the participants: 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. Parents came from all over the world; 42,8% from the

Middle East, 32,5% from Africa, 13,8% from Europe, 8,8% from Asia, and 1,3% from South America. Examples of the most common traumatic events the participants experienced are torture (44%), combat situation (46%), threatened with torture (49%) unnatural death of a family member (53%), forced separation of family members (56%), and nearly died (58%).

Procedure

All measurements took place at the Foundation Center '45 or a designated area within the asylum-seekers center over the course of one day. Before testing would start, participants had to sign the informed consent, they were reassured about anonymity and confidentially and were aware of the fact they could withdraw at any time. If questionnaires were not available in a specific language, items were translated in session. The research was approved by the medical ethics committee of the Medical Center of Leiden University, The Netherlands.

Two research psychologists, experienced in working with refugees, children and cross-cultural assessment, and two well-trained master students, conducted the assessments. When participants arrived, study procedures were described. The MINI questionnaire was conducted to check for exclusion criteria, and demographic information was registered.

To obtain information about disconnected and extreme insensitive parenting the study procedure started with videotaping parent-child interaction during 15 minutes free-play in which parents were instructed to play with their child as they normally do. Psychologists observed the interaction from a mirror room to monitor the session. After this observation session participants completed the questionnaires HTQ and CBLC 1½-5. Participants who were in treatment at the Foundation Center '45 were given the opportunity to receive the report and to discuss the results with their counselors. If the participants, who were not in treatment, expressed a need for therapeutic support, they were given opportunity to make use of the services of the Foundation Center '45. All participants were offered reimbursement for travel expenses, a small financial compensation for participating, and a lunch.

Measures

Traumatic events and PTSD symptoms. The Harvard Trauma Questionnaire (HTQ; Mollica et al, 1992) was used to asses post-traumatic stress symptoms, according to the *Diagnostic and Statistical Manual of Mental Disorders-IV* (*DSM- IV* American Psychiatric Association; 2000). This self-report measure consists of two parts. The first consists of 20 items related to the degree of exposure to traumatic events. Participants are asked to rate if they had experienced themselves, heard of or witnessed the traumatic events. The second part consist

of a 30-item scale measuring to what degree particular symptoms have bothered them in the past week on a four-point Likert scale (where 1 = not at all and 4 = extremely). The first 16 items (PTSD total score) correspond to the 17 symptoms of PTSD listed in the *DSM-IV*. A cut-off score of 2.5 was often used to identify clinically significant PTSD (Mollica et al., 1992). The other 14 items measured other common post traumatic complaints which are not included in the *DSM-IV*. Current study will focus only focus on the PTSD total score.

The psychometric properties of the HTQ have been found statistically reliable and valid in diagnosing PTSD in clinical populations (Hollifield, Warner, Lian, Krakow, Jenkins, & Kesler, 2002). The HTQ is available in many different languages and the translations are reliable (Kleijn, Hovens & Rodenburg, 2001).

Current stressors. In order to measure the parents amount of stress experienced in the last week concerning their asylum procedure, other legal procedures, housing, finances, marital relationship or relationship, and relatives in the country of origin, a Likert-scale ranging from 1 (not at all) to 4 (extremely) was conducted.

Disconnected and extremely Insensitive Parenting. The parent-child interaction was covered by the Disconnected and extremely Insensitive Parenting measurement (DIP; Out, Cyr, Pijlman, Beijersbergen, Bakersmans-Kranenburg, & van IJzendoorn, 2009). This coding system consists of two dimensions: disconnected and extremely insensitive behavior.

The first dimension consists of all items from Main and Hesse's (1998) coding instrument for frightening, frightened, dissociated, sexualized and disorganized parental behavior. These behavior items are adapted and rearranged, which resulted in five categories of parental behavior: 1) frightening and threatening behavior, 2) behaviors indicating fear of the child, 3) dissociative behaviors indicative of absorption or intrusion of an altered state of awareness, 4) interacting with the child in a timid, submissive and/or deferential manner, sexualized/romantic behavior and 5) disoriented/disorganized behaviors. Specific criteria need to be fulfilled for the behavior to be counted as disconnected (Out, Bakersmans-Kranenburg, & van IJzendoorn, 2009). All those behavior items together provide the dimension disconnected parenting.

The second dimension, the extreme insensitive parenting, is an adaptation of a selection of items from the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE ; Bronfman, Parsons, Lyons-Ruth, 1999). The items that referred to extremely insensitive behavior were distinguished in two sub-dimensions: 1) parental withdrawal and neglect, and 2) intrusive, negative, aggressive or otherwise harsh parental behaviors. Specific criteria are formulated that need to be fulfilled for a behavior to mark as

extremely insensitive (Out, Bakersmans-Kranenburg& van IJzendoorn, 2009).

A list of parental behaviors with scoring guidelines is provided for each dimension. Both dimensions were coded on a 9-point scale every time they occurred, while observing the parent-child interaction. Final scores of 6 and higher led to the assignment of the parental behavior as disconnected or as extremely insensitive. Out, Bakermans-Kranenburg and van IJzendoorn (2009) found a discriminant validity of the DIP for both dimensions. Their study shows that parental disconnected behavior and extremely insensitive behavior can be reliably assessed with the Disconnected and extremely Insensitive Parenting (DIP) coding system. In this study video fragments of 14 mother-child interactions were selected for reliability purposes. Intraclass correlations ranged from .80 to .83 for disconnected behavior and from .80 to .88 for extreme insensitivity. Percentage of agreement on the disconnected classification ranged from 79% to 93% (mean kappa .67). Percentage of agreement on the extreme insensitivity classification was 86 % (mean kappa .72).

Psychosocial functioning of the child. The Child Behavior Checklist for children 1 ½ to 5 years of age was used to assess the psychosocial functioning of the child (CBCL 1½-5; Achenbach &Rescorla, 2000). The CBCL forms are standardized parent-report measures of behavioral problems and social competencies of children. It contains 99 specific problem items that parents rate as not true (0), somewhat or sometimes true (1), or very true or often true (2). The scores on the problem items were summed to yield seven syndrome scores: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Sleep Problems, Attention Problems, and Aggressive Problems. Those syndrome scores could be divided in a Total Problems score, Internalizing and Externalizing scores (Achenbach &Rescorla, 2000). Scores that are under the 95th percentile (T= <60) fall in the normal range, and scores that are above the 98th percentile (T= >63) fall in the clinical range. Scores between those (T= 60-63) are high enough to concern and fall in the subclinical range (Achenbach & Ruffle, 2000).

The CBLC 1½-5 has been found statistically reliable and valid. It is standardized in many countries and has been translated in 58 languages (Achenbach & Ruffle, 2000; Skovgaard, Houmann, Landorph & Christiansen, 2004).

Data analysis

All analyses were completed using SPSS 19 for Windows. The data were checked on missing values and outliers before being analyzed. Independent samples T-test, Mann-Whitney *U*, Chi-square test, and Fisher's Exact test were conducted for the preliminary analysis on group differences between fathers and mothers.

A nonparametric bootstrapping approach was used to test the mediating hypothesis (Preacher & Hayes, 2004, 2008). Perhaps the best known method for examining mediation effect is the procedure outlined by Baron and Kenny (1986). This method considers M as a mediator if variable X significantly predicts Y (the *c* path, the *total effect*), X significantly predicts M (the *a* path), M significantly predicts Y controlling for X (the *b* path), and when the relationship between X and Y after controlling for M is no longer significant (the *c`* path, the *direct effect*). A conclusion that a mediation effect is present implies that the total effect of X predicting Y was present initially. It never formally determines whether the difference between the c and c′ paths (the *indirect effect)* is statistically significant (MacKinnon, Fritz, Williams, & Lockwood, 2007). The SPSS macro written by Preacher and Hayes (2004), based on the traditional approach of Baron and Kenny, entails a test for the indirect effect using a bootstrap approach and produces point estimates and BCA Confidence Intervals (BCA CI) for each of the indirect effects, CI's that do not include zero indicate a significant indirect effect.

Results

Preliminary analyses

To control for group differences between fathers and mothers, parents were compared on demographic variables, current stressors, posttraumatic stress symptoms, parent-child interaction, and their child's psychosocial functioning score. Since not all of these variables were normally distributed, both the Mann Whitney's U test and the Independent samples t-test were used to compare means. Compared to mothers (M = 29.6, SD = 6.1), fathers were significantly older (M = 35.2, SD= 8.1), z = - 3.07, $p < .01$, had completed a higher education, χ^2 (4, $N = 74$) = 10.00, $p < .05$, and were more often in contact with their partner χ^2 (1, $N = 80$) = 7.25, $p < .05$. Fathers did not significantly differ from mothers in terms of possession and duration of residence permission, stay in asylum seekers center, country of origin, time spent in the Netherlands and current stress. Fathers and mothers did also not significantly differ in post-traumatic stress symptoms, the reported psychosocial functioning of their children, and in contrast to what was expected they did not differ in disconnected or extreme insensitivity parenting scores.

The population sample is subdivided into two groups: the first group consisted of fathers (n=29), the second group consisted of mothers (n=51).

As can be seen in Table 1, the average scores of the PTSD symptoms were in both groups within the clinical range. The scores for disconnected and insensitive parenting were within the normal range in both groups. In both groups the children showed a subclinical level

of internalizing behavior. Only the children of fathers showed also a subclinical level of total problems.

Table 1. *Descriptive Statistics in the Sample of Parents and Their Children*

		Father			Mother		
Measure	Outcome	M	SD	Range	M	SD	Range
HTQ	PTSD *DSM-IV* Symptoms	2.83	.71	Clinical	2.55	.77	Clinical
Likert	*Current Stressors*						
	Asylum Procedure	2.21	1.45		2.27	1.42	
	Legal Procedure	1.59	1.09		1.53	1.05	
	Finances	2.07	1.10		1.96	1.15	
	Housing	2.59	1.32		2.51	1.33	
	Marriage or Relationship	2.00	1.17		1.61	.96	
	Relatives in Country	2.90	1.15		2.73	1.37	
DIP	Dimension 1 Disconnected Total	2.48	1.86	Normal	3.06	2.09	Normal
	Dimension 2 Extreme Insensitivity Total	2.66	1.78	Normal	2.86	1.88	Normal
	Dimension 2.1 Withdrawn and Neglect	1.69	1.37	Normal	1.75	1.67	Normal
	Dimension 2.2 Intrusive, Negative, Aggressive or otherwise harsh behavior	2.24	1.62	Normal	2.31	1.53	Normal
		Child of father			Child of mother		
CBCL 1,5-5	T-Value Total Problems	60.50	13.42	Subclinical	59.55	10.97	Normal
	T-Value Internalizing Behavior	62.96	13.26	Subclinical	61.25	11.16	Subclinical
	T-Value Externalizing Behavior	58.11	13.70	Normal	57.94	11.42	Normal

HTQ = Harvard Trauma Questionnaire, DIP = Disconnected and Extreme Insensitive Parenting, CBCL = Child Behavior Check List, PTSD = Post Traumatic Stress Disorder, *DSM-IV = Diagnostic and Statistical Manual of Mental Disorders, fourth edition.*

Association between Parental Posttraumatic Stress Symptoms, Disconnected and Extreme Insensitive Parenting, and Infant's Psychosocial Functioning

Pearson's correlation coefficients among the severity of parental posttraumatic stress symptoms, disconnected and extreme insensitive parenting and the child's psychosocial functioning were computed in both groups (see Table 2).

Group of fathers

The PTSD *DSM-IV* symptoms of the fathers did not correlated significantly with any of the variables of the infant's psychosocial functioning. Although there appeared to be a medium correlation effect between the paternal PTSD *DSM-IV* symptoms and the child's total problems, $r = .36$, $p = .58$, and internalizing behavior, $r = .34$, $p = .77$. The post traumatic stress symptoms of the father did not significantly correlate with the dimensions of the DIP. There were also no significant correlations between the paternal DIP and the infant's psychosocial functioning. In the paternal group the assumption of normality was violated in the scores of the PTSD *DSM-IV* symptoms and all dimensions of the DIP. The PTSD *DSM-IV* symptoms visually looked normally distributed and did not improve by a transformation. The dimensions of the DIP were positive skewed and did also not improve when transformed.

Group of mothers

The PTSD *DSM-IV* symptoms of the mother correlated significantly with the infant's total problems, $r = .44$, $p < .01$, their internalizing behavior, $r = .37$, $p < .01$, and their externalizing behavior, $r = .29$, $p < .05$. Mothers experiencing more PTSD *DSM-IV* symptoms significantly showed more withdraw and neglect in their parenting, $r = .34$, $p < .05$. No other significant correlations were found between the maternal experience of post traumatic stress symptoms and the dimensions of the DIP. None of the dimensions of the DIP significantly correlated with the infant's psychosocial functioning. In the maternal group the assumption of normality was violated in *DSM-IV* PTSD symptoms, infant's total problems, and all the dimensions of the DIP. For the infant's total problems a square root was used, which made the score normally distributed. The DIP was positive skewed and not transformable. The rest of the scores visually looked normally distributed and did also not improve by a transformation.

Kendall's tau measurement

Kendall's tau, τ, is a non-parametric statistic and can be used when the data has violated parametric assumptions such as normal distribution. Because in both groups the DIP

and some other variables were not normally distributed we did also perform a Kendall's tau analysis to study the correlations among the severity of parental posttraumatic stress symptoms, disconnected and extreme insensitive parenting and the child's psychosocial functioning. The results of the Kendall tau are listed in the Annex.

Disconnected and Extreme Insensitive Parenting as a Mediator between Parental Post Traumatic Stress Symptoms and Infant's Psychosocial Functioning

Because of the absence of significant relations with the DIP, no mediation analysis could be conducted on the variables used in our research.

Table 2. *Pearson correlations Between Study Variables in Parents and their Children*

	1.	2.	3.	4.	5.	6.	7.	8.
Model 1. Father								
1. PTSD *DSM-IV* Symptoms	-	.12	.02	-.12	.09	.36	.34	.29
2. Dimension 1 Disconnected Total		-	-.15	-.12	-.16	-.08	-.00	-.10
3. Dimension 2 Extreme insensitivity Total			-	.51**	.85**	-.03	-.07	-.05
4. Dimension 2.1 Withdrawn and neglect				-	.05	-.20	-.23	-.14
5. Dimension 2.2 Intrusive, negative, aggressive or otherwise harsh behaviour					-	.17	.13	.08
Child								
6. Total problems						-	.95**	.90**
7. Internalizing Behavior							-	.75**
8. Externalizing Behavior								-
Model 2. Mother								
1. PTSD *DSM-IV* Symptoms	-	-.03	.25	.34*	-.02	.44**	.37**	.29*
2. Dimension 1 Disconnected Total		-	.24	.28*	.05	-.09	.02	-.14
3. Dimension 2 Extreme insensitivity Total			-	.70**	.62**	.02	.04	.09
4. Dimension 2.1 Withdrawn and neglect				-	-.08	.02	.08	-.01
5. Dimension 2.2 Intrusive, negative, aggressive or otherwise harsh behaviour					-	.08	-.00	.21
Child								
6. Total problems						-	.83**	.88**
7. Internalizing Behavior							-	.56**
8. Externalizing Behavior								-

*Correlation is significant at the .05 level (two-tailed). ** Correlation is significant at the .01 level (two-tailed)

Discussion

The primary objectives of this study were to provide a comprehensive picture of the impact of PTS symptoms in refugees and asylum seekers on their young children, and to contribute to prior evidence of intergenerational transmission of trauma (Brewin, 2003). These objectives were realized by studying disconnected and extreme insensitive parenting as a possible link to this trauma transmission. The study also included a comparison between fathers and mothers in order to identify potential differences in influence on the child.

In line with earlier mentioned research, we expected PTS symptoms to induce disconnected and extreme insensitive behavior, and via that interaction, the child's psychosocial problems (van Ee, 2013; van Ee, Kleber & Mooren, 2012). We did not expect any sex differences in influence on their child, although we did expect differences between fathers and mothers in interaction quality. Previous research provided evidence that fathers were more disconnected and extreme insensitive in their parenting style, because of the traditional gender roles (Lamb, 2004; Lovas, 2005; Power, 1985; Therborn, 2004; Volling, McElwein, Notaro & Herrera, 2002). Finally we expected the association between parental PTS symptoms and child outcome to be mediated by parent-child interaction (Zeanah, Boris & Larrieu, 1997; Zeanah, Boris & Scheeringa, 1997).

Taken previous studies and our expectations into account: this research showed that the maternal PTS symptoms do have a negative impact on children's psychosocial functioning (e.g., Ahmaszadeh & Malekian, 2004; Al-Turkait & Ohaeri, 2008; van Ee, Kleber & Mooren, 2012; Vaage et al., 2011; Yehuda, Halligan & Bierer, 2002). No significant association between paternal PTS symptoms and the child's psychosocial functioning has been found. In contradiction to our expectations, no difference was found between fathers and mothers in disconnected and extreme insensitive parenting. The study did however find significant correlation between maternal PTS symptoms on the one hand and neglect and withdraw (a sub dimension of the extreme insensitive parenting scale) on the other hand. More striking however, was the absence of a relation between maternal PTS symptoms and disconnected parenting. Furthermore, counter to our expectations, also no significant relation was found between paternal PTS symptoms and disconnected and extreme insensitive parenting. Partly because of this absent relation between disconnected and extreme insensitive parenting and the psychosocial functioning of the child, a mediation model could not be inferred and therefore the link between parental PTS symptoms and child's psychosocial functioning still remains unclear.

Associations between parental PTS symptoms and psychosocial functioning of the child

In our population PTS symptoms reached a clinical level for fathers and mothers, which meant that almost all parents suffered from PTSD. It made this population appropriate to detect an intergenerational transmission of trauma. Numerous studies have documented the association between parental psychological problems and internalizing and externalizing problems of the child (e.g., Connell & Goodman, 2002; Dierker, Merikangas & Szatmari, 1999; Harder, Kokes, Fisher & Strauss, 1980; Laucht, Esser & Schmidt, 1994; McLaughlin et al., 2012). The results of present study and the differences between fathers and mothers can be clarified as follows.

Important to consider is that it was the parent who rated the psychosocial functioning of the child, which means it was measured subjectively. In our population fathers perceived the total of psychosocial problems of the children as being subclinical, whilst the mother perceived it to be normal. Furthermore, parents rated internalizing problems of the child at a subclinical level, and externalizing problems at a normal level. In short, children of refugees and asylum seekers do have a more negative condition compared to the children of a normal population. This demands concern and further attention. However, it was remarkable that parents did not report externalizing problems of their children. This might be explained by the fact that the resilience of children is often underestimated. A large group of children is able, despite challenging or threatening family situations, to function well (van Ee, 2013).

Our results are in line with previous findings on the association between maternal posttraumatic stress symptoms and psychosocial functioning of the child (e.g., Al Turkait & Ohaeri, 2008; Daud et al., 2008, Hoven et al., 2009; Hoven et al., 2004). However, our study did not replicate the alleged relation between paternal PTSD and child functioning. How can we explain the lack of relation between paternal PTS symptoms and the psychosocial functioning of the child in this study?

First of all, it could be explained by the fact that the group size of fathers was small (N=29), making it difficult to find significant results.

Secondly, it is important to note that it was assumed that each parent has a unique perspective on their child's problems (Hay et al. 1999). So apparently the results suggested an association between parental posttraumatic stress and the parent's perception of the behavior of the infant. Our results supported research of Seiffge-Krenke and Kollmar (1998), in which maternal depression, anxiety, and mood disturbances were found to influence a mother's perception of her child's problem behavior, for example, mothers who were stressed or

depressed perceived more problematic behavior in their children (Hay et al., 1999). Webster-Stratton & Hammond's (1988) study found that father's perceptions of their children's problem behavior were relatively unaffected by personal adjustment measures such as depression and negative life stressors. It was also shown that associations were stronger between maternal than paternal psychopathology with the presence of internalizing (and not externalizing) problems in children (Connell & Goodman, 2002). Hay et al. (1999) found the mother's psychological functioning to be a significant predictor of her rating of the children's problem behavior**.** In short, based on this literature, it is not surprising that there is a larger relation between mothers and children, than fathers and children, based on the way the parents perceive their children's behavior.

Finally, attention should still be directed to the children, taking in mind that the scientific literature shows that children of traumatized parents do have a latent vulnerability that is activated in stressful situations (Solomon, Kotler & Mikulincer, 1988). Correspondingly, Danieli (1998) reports that Holocaust survivors' children often react with psychopathological behavior when exposed to stress. Children of traumatized parents thus seem at higher risk for psychosocial problems and, taking into account a study by Bar-On et al. (1998), the possibility cannot be excluded that children are predisposed to problems later in life.

In summary, children of refugees and asylum seekers have an increased risk of psychosocial problems in which the mother's PTS symptoms have a greater influence on their perception of the child's functioning than the father's mental state has.

Disconnected and extreme insensitive parenting in refugee and asylum seeker families

Parent-child relationship dysfunction forms a risk factor for psychopathology from infancy on (Dutra, Bureau, Holmes, Lyubchik & Lyons-Ruth, 2009). We investigated whether disconnected and extreme insensitive behavior might be the lacking underlying mechanism in the intergenerational transmission of trauma. Fortunately, our results showed that the interaction quality of the traumatized parents according to the DIP manual was classified as normal (Out, Bakermans-Kranenburg & van IJzendoorn, 2009), which contradicted our prior expectations. We can conclude that, despite the difficulties this high-risk sample has to face, the traumatized parents in our population are not disconnected and extremely insensitive in interaction with their child. The question may arise how it is possible that parents with such a high prevalence of PTSD are not disconnected and extreme insensitive in interaction.

The study by Van IJzendoorn, Bakermans-Kranenburg and Sagi-Schwartz (2003)

gives a possible explanation. In their research on the first generation of Holocaust survivors, they argued that when the trauma of a person was not inflicted by their attachment figures, the traumatized person's basic trust in others would not be undermined. Because refugees and asylum-seekers mainly leave their country as a result of the military or political situation, and not because of an attachment related trauma, it is plausible that in current studies traumas are emerged from an almost anonymous, destructive process.

Besides, van IJzendoorn, Bakermans-Kranenburg and Sagi-Schwartz (2003) suggested that the Holocaust survivors have experienced prewar years within a quite satisfying family life, in which they were possibly securely attached. Their parents may have given them an example of adequate models of parenting. There is a chance that the parents in our study had a good family life in which they were provided with adequate parenting, before they were traumatized. This may enable them to fulfill their own role as a parent without any disconnected and extreme insensitive parent-child interaction. Also looking at previous research, which revealed that mothers were disconnected and extremely insensitive, it appears that in these studies, the mothers were often already traumatized by their attachment figures in their youth (see Bailey, Moran, Pederson & Bento, 2007; Banyard, Williams & Siegel, 2003; Cohen, Hien & Batchelder, 2008; Goldberg et al., 2003; Green & Goldwyn, 2002; Jacobvitz, Leon & Hazen, 2006; Lyons-Ruth & Block, 1996; Madigan, Moran & Pederson, 2006; Out, Bakermans-Kranenburg & van IJzendoorn, 2009; Schechter et al., 2005, 2007a, 2007b, 2008, 2010; Schuengel, Bakermans-Kranenburg & van IJzendoorn, 1999).

A plausible explanation for the absent relation between the DIP and the psychosocial behavior of the child may be that the scores for the scale disconnected and extreme insensitivity were rather normal. This can be a reason for the fact that a mediation model could not be inferred. As Bakermans-Kranenburg and van IJzendoorn (2009) state in their research, a threshold effect may be indicated, whereby rather severe disconnected scores are needed to find a relation (Bernier & Meins, 2008).

Furthermore, the relatively low frequency of disconnected and extreme insensitive behavior may be related to the non-stressful observation setting in our study, whilst the DIP was applied to interaction outside a Strange Situation. More stressful contexts may elicit more disconnected and extremely insensitive behavior (Jacobvitz, Leon & Hazen, 2006). Therefore, this observation can give a distorted image of the real interaction at home.

We expected a higher prevalence of dissociative symptoms in refugees, knowing that some non-western culture-bound syndromes include dissociative symptoms as the most

salient feature (Dunn, Dunn, Ryan & van Fleet, 1998; Laria & Lewis-Fernandez, 2001). However, although we expected a high dissociation level, our study did not make a distinction between countries of origin, which may explain the fact that no disconnected scores were found. Besides, maybe a more plausible explanation for the absence of disconnected behavior is the fact that dissociative symptoms are mainly found in clients with complex PTSD (Bögels, 2013; Cook et al., 2005). It is possible that the participants in our study are not suffering from complex PTSD, and thus experience little dissociative symptoms.

In conclusion it appears that this sample of refugees and asylum seekers in the Netherlands did quite well, considering the difficulties the population has been exposed to (Lamb & Bougher, 2009; Loar, 2004). It is possible that either non-attachment related traumas (like war experiences) had a different influence on interaction, or that the parents had been examples for proper parenting, or that our non-stressful observation setting has given an inaccurate image. However, we still assume that the larger psychosocial problems are caused by interaction, because it is through the parent-child relationship that difficulties can be transmitted (Scheeringa & Zeanah, 2001).

As disconnected and extremely insensitive parenting appears to play no role in the relationship between parental PTS symptoms and their children, it may be asked what interaction style does play a mediating role in that relationship.

Possible influence of non-attachment related trauma on the child's psychosocial functioning

Instead of the extreme unresponsive interaction measured in our research, several studies found an exaggerated responsive, overprotective and overinvolved way of parenting (Kaitz, Levy, Ebstein, Faraone & Mankuta, 2009; Kellerman, 2001; Klein & Dunlop, 1998; Walker, 1999). In addition, Bar-On et al. (1998) found a constrictive and overprotective style, or a preoccupation of the parents that their child may be traumatized as well. Especially fathers described concerns over the safety of their child. As their child can be their only source of happiness, it can lead to protective behavior (Este & Tachble, 2009; Kaitz et al., 2009; Lyons-Ruth & Block, 1996; Scheeringa & Zeanah, 2001). Instead of disconnected and extreme insensitive parenting, overprotectiveness can have a different influence on the child's development and can especially with regards to fathers explain the absence of relation between PTS and child psychosocial functioning.

Because of the plausible non-attachment related cause of the traumas of refugees and asylum seekers in this study, the earlier mentioned findings about the Holocaust survivors can

also apply to this research. Therefore it is likely that the overly responsive and overprotected way of parenting is also present in a sample of refugees and asylum seekers and may be the underlying mechanism in the association between parental PTS symptoms and the psychosocial functioning of the child.

Another explanation for the psychosocial problems of children of traumatized parents can be found in research of Rutter (1989). He stated that genetic factors cannot be ruled out as explanatory factors for the association between parental and child symptoms. The fact that children of traumatized parents show internalizing problems may be possibly due to a shared genetic vulnerability rather than parent-child interaction.

Differences between fathers and mothers in quality of interaction

Since we did not find disconnected and extreme insensitivity in parenting by refugees and asylum seekers, it remains relevant to determine in what way parents differ from each other in interaction with their child.

Previous studies show that the influence of the interaction on the child's development appears to be equal for both fathers and mothers, but the studies also indicate some evidence for a difference in the quality of this interaction (Lovas, 2005; Volling, McElwein, Notaro & Herrera, 2002 & Power, 1985). We investigated this with the DIP instrument. Although we did find a small relationship between PTS symptoms of the mothers and interaction, our results did not show a difference between fathers and mothers in interaction quality, neither in influence on the child outcome. This can be substantiated on the basis of a publication by de Falco et al. (2009). They indicated that fathers who face extra family challenges, as often faced by refugees and asylum seekers, adapt their interaction style and focus more on their children in order to compensate for the problems the children might experience. This can be an explanation for the unexpected equality between father and mothers in interaction quality.

Besides, previous research showed that fathers experience more immigration stress. As they want to continue their influential role in the family, they compensate for loss of their traditional role as protector by investing more energy in the relation with their child (Este & Tachble, 2009; Lamb & Bougher, 2009; Lamb, 2010; Qin, 2009).

Furthermore, van Ee, Sleijpen, Kleber & Jongmans (2013) found that fathers did invest less time in their child. They hypothesized that this gives more opportunity for fathers to withdraw when their stress is worsened, whereby the interaction with their child does not suffer from the stress of the father. In short, different compensation methods can improve the interaction style of fathers, so that the quality of interaction is equal to that of mothers. In

addition, this withdrawal behavior can also be an explanation for a lack of relation between paternal PTS symptoms and interaction style. Besides, the relation between maternal PTS symptoms and neglect and withdraw from the extreme insensitive parenting scale can be explained by the fact that mothers generally have less time to withdraw. When they do in fact withdraw or neglect the child, it is often in the presence of their child. In short, the influence of interaction of fathers and mothers on their children is the same, according to the results of our study.

Strengths and limitations

This study is valuable for its thorough observation of parent-child interaction among refugees and asylum seekers, because research on refugees and asylum seekers is scarce and it is a population with high levels of psychosocial problems (e.g., De Haene, Grietens, Verschueren, 2010; Fazel, Wheeler & Danesh, 2005; Silove, Sinnerbrink, Field, Manicavasagar & Steel, 1997). The most powerful potential change agent for young children's development is their relationship with their primary caregiver. Making changes in the nature of the primary caregiving relationship represents the best opportunity for making changes in the behavior of the young child (Scheeringa & Zeanah, 2001). The first years of a child's life are crucial for their later development, so intervention in early life is essential (Bornstein et al., 2006).

Our study is unique for its focus on both fathers and mother and a comparison between them. To our knowledge this comparison has not yet been studied. Since the role of the father as caregiver is changing and the paternal interaction style seems to have an equal influence on the child, more insight into the interaction of fathers with their child is required (Flouri & Buchanan, 2003; Lamb, 2004; Yeung, Sandberg, Davis-Kean & Hofferth, 2001).

The study is also unique in its use of the new instrument DIP. However, this may also be a limitation, because the usability is not tested sufficiently, while this is necessary with such a complicated construct as disconnected and extreme insensitivity in parenting.

Finally, countering critique directed toward the study conducted by IJzendoorn et al. (2003) as discussed earlier, our study is non-retrospective, which offers the opportunity to directly observe the interaction between parent and child instead of relying on memories, and to focus on the influence of the parental PTS symptoms rather than their experiences.

This study was subjected to several limitations. The first methodological issue was the low statistical power due to the small sample size. A sample of 29 fathers and 51 mothers is small and a larger sample size is eligible. This might be an explanation for non-detected small effects.

Considering the cultural diversity of our sample, one should be cautious with generalizing the results to the whole refugee and asylum seeker population. On the one hand, it is stated that in any culture parent-child interaction and attachment are formed and valued in the same way (Van IJzendoorn, Sagi-Schwartz, Cassidy & Shaver, 2008). On the other hand, the findings can be distorted by this diversity because cultural differences might cancel each other out when taken together. However, a small sample and an unequal distribution of country origin made it non performable to control for cultural background.

Another shortcoming of our study was the fact that we were not able to distinguish between the influences of the parental PTS symptoms on the child and the influences of other possible independent factors that can influence the child, such as culture or migration issues.

Future research

Considering the results of this study, future research with the DIP should include different observational settings in order to shed light on possible conditions that may trigger disconnected and extremely insensitive behavior.

Future research should focus on the role of post-migration stress on the parent-child interaction and sort out the compensation mechanism of fathers in their problematic situation. Fathers could play an increasingly important role in the interventions of the intergenerational trauma, because there are as important as mothers. Future research could furthermore make a distinction between attachment trauma and trauma by a more anonymous source, in order to detect differences of the effects on parenting. Finally, it would be interesting to compare the influence of PTSS with comorbid disorders on the interaction and the psychosocial functioning of the child.

Conclusion

Some illuminating conclusions can be drawn from this research. It was shown that many children do not experience clinical psychosocial problems in spite of interaction with traumatized parents. Fortunately, it has revealed that refugees and asylum seekers are not disconnected and extreme insensitive in interaction with their child. Aside from these positive findings, the children are still at risk because of the relation between parental PTS symptoms and the psychosocial functioning of the child, especially the mother-infant relation. Although this association may be explained by the mother's perception of the child, it remains a concern that needs to be researched further.

The absence of disconnected and extreme insensitive parenting can be explained by possible non-attachment traumas in our population instead of trauma's caused by their

attachment figures, and by examples of good family life. It should be borne in mind that there might also be other interaction styles, which could potentially influence the development of their child, such as overly responsive and overprotective interaction.

This study found the striking result that fathers and mothers have an equal quality of parent-child interaction, while there is a greater effect of the trauma of the mother than the trauma of the father on the extreme insensitive parenting style and on the psychosocial functioning of the child. Mechanisms such as compensation and withdrawal might raise the quality of involvement with their child, and reduce the negative impact of stress resulting from trauma and migration.

The findings are of clinical importance because nowadays most parent-child treatments mainly focus on the mothers (Banyard et al., 2003, Thompson, 1997; Van IJzendoorn & de Wolff, 1997). However, as it appears that the quality of father-involvement is of equal importance to the development of the child, traumatized fathers are as much in need of clinical intervention as mothers. Finally, it could be asserted that the term "intergenerational transmission of trauma" is overdue. Since there are more similarities than differences between depressed or anxious mothers and their children, it could be inferred that not the trauma is transmitted over generations, but that overall psychopathology can disrupt the development of the young child. In order to illuminate the ambiguities of our research, further research could be dedicated to clarify the influence of post-migration factors, and to find a difference in influence between non-attachment trauma and attachment trauma on the parent-child interaction.

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Annex 1

Association between Parental Posttraumatic Stress Symptoms, Disconnected and Extreme Insensitive Parenting, and Infant's Psychosocial Functioning measured with the Kendall's Tau

Group of fathers

In line with the Pearson correlations, all of the paternal PTSD *DSM-IV* symptoms were not significantly correlated with the child's psychosocial functioning. Also none of the PTSD *DSM-IV* symptoms of the father did significantly correlate with the dimensions of the DIP, and none of the dimensions of the DIP with the psychosocial functioning of the child.

Group of mothers

Mothers with a higher degree of PTSD *DSM-IV* symptoms had children who scored significantly higher on total problems, Kendall's $\tau = 33$, $p < .01$, internalizing behavior, Kendall's $\tau = 29$, $p < .01$, and externalizing behavior, Kendall's $\tau = .21$, $p < .05$. Mothers with a higher score on the PTSD *DSM-IV* symptoms showed significant more withdraw and neglect, Kendall's $\tau = .25$, $p < .05$. Like in the Pearson correlation, there were found no significant correlations between the dimensions on the DIP and the psychosocial functioning of the child.

Table 3. *Kendall's tau correlations Between Study Variables in Parents and their Children*

	1.	2.	3.	4.	5.	6.	7.	8.
Model 1. Father								
1. PTSD *DSM-IV* Symptoms	-	-.04	.01	.00	.02	.21	.16	.17
2. Dimension 1 Disconnected Total		-	-.07	-.12	-.02	-.11	-.05	-.11
3. Dimension 2 Extreme insensitivity Total			-	.49**	.78**	.05	.06	-.06
4. Dimension 2.1 Withdrawn and neglect				-	.08	-.10	-.04	-.12
5. Dimension 2.2 Intrusive, negative, aggressive or otherwise harsh behaviour					-	.21	.19	.10
Child								
6. Total problems						-	.82**	.78**
7. Internalizing Behavior							-	.61**
8. Externalizing Behavior								-
Model 2. Mother								
1. PTSD *DSM-IV* Symptoms	-	-.06	.16	.25*	-.05	.33**	.29**	.21*
2. Dimension 1 Disconnected Total		-	.21	.20	.10	-.14	-.08	-.18
3. Dimension 2 Extreme insensitivity Total			-	.50**	.70**	.05	-.01	.08
4. Dimension 2.1 Withdrawn and neglect				-	-.03	.14	.10	.13
5. Dimension 2.2 Intrusive, negative, aggressive or otherwise harsh behaviour					-	.06	-.03	.10
Child								
6. Total problems						-	.69**	.74**
7. Internalizing Behavior							-	.44**
8. Externalizing Behavior								-

*Correlation is significant at the .05 level (two-tailed). ** Correlation is significant at the .01 level (two-tailed)