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The intergenerational transmission of trauma in refugee and asylum seeker families; sex differences and the underlying mechanism.

Student: A.I. Commijs

Studentnummer: 3385639

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Praktijkbegeleider: Mw. E. van Ee

Begeleider UU: Dhr. R. J. Kelber

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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 the child development, but the mechanisms underlying this trauma transmission are unclear. Present study analyzed the mediating influens of the parent-child interaction (Disconnected and Extreme Insensitive Parenting) on the relation between paternal and maternal PTS symptoms and infant's psychosocial functioning.

Measures. Eighty parent-child dyads, consisting of 29 fathers, 51 mothers, and 59 young children (18-40 months) participated. Parent's 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. The total score of Extreme Insensitive Parenting in refugees and asylum seekers in the Netherlands was not found to be above baseline. There was also not found a significant difference between fathers and mothers within the interaction quality. The results do show that higher levels of maternal posttraumatic stress symptoms are associated with a higher level of psychosocial problems of the children. However, only a 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 the DIP did not function as a mediator between parental PTS symptoms and children 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 functioning of the child, even though not mediated by the Disconnected and Extreme Insensitive Parenting. This could be explained by the possibility that most of refugees and asylum seeker traumas are not attachment related, which is in previous studies found to result in an overprotective way of parenting.

The present study showed 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 of the father with the child, and reduce the negative impact of stress resulting from trauma and migration. Future research could be dedicated to the overprotective way of parenting, and to invest 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 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.

Futhermore, 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

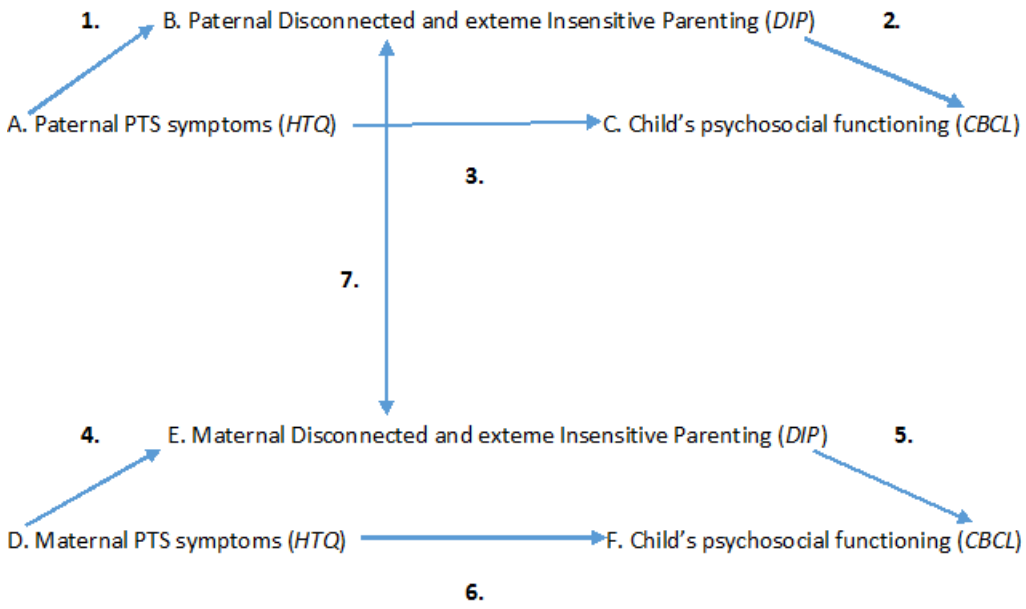
The present study contributes to the understanding of the intergenerational transmission of trauma and the parental gender differences within this transmission, by examining the mediating influence of the parent-child interaction in the relation between parental PTSD and the psychosocial functioning 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 (Kleyn, 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 behavior 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, 2004). 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 the 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 have 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 Dissconnected 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 Dissconnected 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 objective of this study was to provide a comprehensive picture of the impact that parental PTS symptoms have on the development of children, by studying disconnected and extreme insensitive parenting as a mediator between the parental PTS symptoms and the child's psychosocial functioning. This study hypothesized the parental PTS symptoms to be associated with a decreased infant's psychosocial functioning, mediated by this disconnected and extreme insensitive parent-child interaction, by mothers as well as by fathers. But this mediating model was not found.

In line with previous studies the maternal PTS symptoms were found to be associated with a decrease in all three categories of the psychosocial functioning of their child. The association between the PTS symptoms of the father and the psychosocial functioning of the child were also quite high, however, these findings were not significant. This could partly be explained by the fact that the group size of the fathers was very small (N = 29), which made it difficult to find significant result. Still, the differences between mothers and fathers regarding the influence of their PTSS on the development of the child are quite striking.

Several studies show the maternal PTS symptoms to negatively influence the mother-child interaction; mothers with trauma related symptoms show more disconnected and insensitive parenting than mothers without these disturbances (Banyar et al., 2003; Burchinal et al., 1997; Cohen et al., 2008; Lyons-Ruth & Block, 1996; Schechter et al., 2005, 2007a, 2007 b, 2008, 2010; Tamis-LeMonda et al., 2001). However, how the PTS symptoms of the father influence the interaction with their child has not yet been investigated, as far as we know. In response to the underreporting of fathers within the trauma research, this study investigated whether these parent-child interactions found in mothers suffering from PTSS also apply to fathers. In contrast to the expectations, a significant correlation between PTS symptoms and the extreme insensitive parenting was only partly found within mothers. The PTS symptoms of the mothers were not significantly correlated with a disconnected parenting style. Furthermore, no significant correlations between the paternal PTS symptoms and disconnected and extreme insensitive parenting was found.

In contrast to what was expected, the extreme insensitive and disconnected parenting in both mothers and fathers were not associated with the psychosocial functioning of the child. So, even though, the PTS symptoms of the mothers were found to positively influence their extreme insensitive parenting, their extreme insensitive parenting did not influence the psychosocial functioning of their young child (Bernier & Meins, 2008).

Since current study represents a population where traditional gender roles still remains,

fathers were expected to be less sensitive, less responsive and more intrusive than mothers (Lamb, 2010; Therborn, 2004). Therefore, the second aim of this study was to investigate whether fathers do show more disconnected and extreme insensitive behavior than mothers. Again these findings were in contrast to what was expected; this study found fathers and mothers to be equally disconnected and extreme insensitive in parenting.

The last expectation of this study was to find a higher prevalence of disconnected parenting in this high non-western sample, knowing that many non-western culture-bound syndromes include dissociative symptoms as the most salient feature (Dunn et al., 1998; Laria et al, 2001). This was not found in current study; the average scores of disconnected parenting are not above baseline.

The quality of the psychosocial functioning of the child in refugee and asylum seeker families

It is possible to draw some positive general conclusions when taking a look at the psychosocial functioning of the child in the current sample. According to the classification system of the CBCL, the children of the high risk group of parents can moderately be classified within the normal range in externalizing and total problems (Achenbach & Rescorla, 2000). However, the children scored within a subclinical level of internalizing problems. The subclinical level is a high enough score to cause concern, but fortunately too low to classify within the clinical range. When keeping in mind the difficulties the children have to face by growing up with parents suffering from posttraumatic stress, these results are actually better than expected.

Influence of the parental posttraumatic stress symptoms on the parent-child interaction

Furthermore, when looking at the quality of the interaction between parent and child some positive conclusions can be drawn. In contrast to what was expected, the disconnected and extreme insensitive parenting seem not to play a mediating role in the association between the PTS symptoms of the parent and the psychosocial functioning of the child. This could be explained by the fact that this disconnected and extreme insensitive parenting was classified better than expected; the average score of the DIP felt within the normal range in current study (Out et al., 2009). So fortunately, we can conclude that despite of the difficulties this high risk sample has to face, they did not show a high prevalence of the disconnected and extreme insensitive parenting. The question may arise how it is possible that parents with such

a high prevalence of PTSS are not showing these extreme parenting styles. The study op Van IJzendoorn et al. (2003) gives a possible explanation for this finding.

In the study about the first generation of the Holocaust survivors of Van IJzendoorn et al., (2003), the hypothesis was formed that when the trauma of a person was not inflicted by their parents or another attachment figure the traumatized person's basic trust in attachment figures would not be undermined. Although it is implausible to rule out the possibility that the population of current study did not experience any attachment-related trauma, it is stated that refugees and asylum-seekers mainly leave their country as a result of military or political actions, war or because they belong to a discriminated group (Papadopoulos,2007). Thus, as seen in the Holocaust population, in the sample of the current study we can expect the trauma's to be emerged as well from an almost anonymous, destructive process (Bauman, 1989). Consequently it could be possible that the feelings of basic trust are also not undermined in the population of current study. Moreover, van IJzendoorn et al., (2003) argue that the Holocaust survivors have experienced prewar years with a quite satisfying family life, where they were able to get securely attached to their family members which might have provided them with adequate models of parenting. The source of the traumas of the population in the current study is not sorted out. However, in this sample it could be possible that this population has experienced some years of a good family life as well, in which they possessed good parent models, before they were traumatized. So even though the parents in the sample of current study face a lot of difficulties and are suffering from PTS symptoms, they might have enough basic trust and positive family experiences, enabling them to fulfill their own role as a parent without any disconnected and extreme insensitive parent-child interactions.

When taking a look at the studies that found the indications for a more disconnected and extreme insensitive parenting style in traumatizes mothers, it appears that those studies are indeed almost all focused on mothers who were traumatized by attachment figures in their youth (Bailey, Moran, Pederson & Bento ,2007; Banyar et al., 2003; Burchinal et al., 1997; Cohen et al., 2008; Goldberg et al. 2003; Green & Goldwyn, 2002; Jacobvitz et al., 2006; Lyons-Ruth & Block, 1996; Madigan et al., 2006; Out et al., 2009; Schechter et al., 2005, 2007a, 2007 b, 2008, 2010; Schuengel et al., 1999; Schuengel et al., 1998; Tamis-LeMonda et al., 2001). Therefore, it seems that these findings do not apply to the sample of this study. Since the parents probably did not experience any attachment traumas, which may have protected them from developing any of these disconnected and extreme insensitive parenting styles.

The influence of non-attachment related trauma in the parent on their interaction with their child.

In this study it was found that the Disconnected and extreme Insensitive parenting is not playing a mediating role in the connection between parental trauma and the psychosocial functioning of the child. We think this is quite striking since there was found a significant connection between the maternal trauma and a trend of the paternal trauma and the psychosocial functioning of the child. Since we found out that the trauma's in current study are probably not attachment-related, we took a look at the parenting styles of the Holocaust survivors. Several studies focusing on the Holocaust survivors found an indication for an exaggerated responsive and overprotected way of parenting, instead of the extreme unresponsive parenting styles measured in the current study (Kaitz, Levy, Ebstein, Foraone Sunt & Mankyt, 2009; Kellerman, 2001; Klein & Dunlop, 1997; Walker, 1999). Helen Motro (1996) (in Kellerman, 2001) shared some of the contents of a group of children of Holocaust survivors which create a good example of these exaggerated responsive and overprotected parenting style in the survivors of the Holocaust: *"Not all of our fathers beat their sons when the boys came into the house wearing black boots. Not all of our mothers froze us out as teenagers because they themselves survived by abandoning their own mothers at 15 in the camps. No, most of us had parents who loved too much, who smothered us with their care, their solicitude, their ever present, all-enveloping anxiety"* (p. 6). So the harsh and aggressive behavior did not seem to play a key factor in the parent-child interaction of parents who were traumatized by a more anonymous source during the Holocaust. However, the overprotected, overly responsive and anxiety loaded way of parenting did seem to influence the child of the Holocaust survivor.

According to Kaitz et al. (2009), the overprotective way of parenting could be related to the fact that a lot of the Holocaust survivors saw their child as a source of renewed hope or as the replacement of the ones they lost during the war. In this way, Holocaust survivors could have unconsciously communicated to their children that they had to make up for their deceased family members and that they could not manage any other separation (Klein & Dunlop, 1997). Walker (1999) hypothesized that this message can provoke an idea in the child that their parent survived in order to have them, and consequently, the child could perceive their desire of individuation as an narcissistic injury (Walker, 1999). As a result the child may feel responsible for being there as a source of comfort for their parents (Barocas & Barocas, 1979; Klein & Dunlop, 1997;Walker, 1999). It is possible that these problems in the

separation/individuation of the child can make their self-esteem very vulnerable (Barocas & Barocas, 1979). The feeling of guilt could play a considerable role in the child's life (Barocas & Barocas, 1979; Kaitz et al., 2009; Klein & Dunlop, 1997). Moreover, this overprotective way of parenting could possibly ensure that the anxiety of the parent transmits to the child. Consequently, the child could assumes the same world view as their parent; a place where only the family can be seen as a safe haven (Barocas & Barocas, 1979; Klein & Dunlop, 1997).

Besides, this overprotective parenting style could possibly also explain the high level of internalizing problems found in the children of our study. Klein and Dunlop (1997) stated in their study about the children of the Holocaust survivor that their sense of being such a precious result of the survival of the parent may make them understand the overprotection of their parents. Therefore, there are no temptations for the child to make revolt about the way the children are being parented (Klein & Dunlop. 1997). Since we do not expect the population of the this study to be traumatized by an attachment figure, but by a more anonymous source, it is possible that these results found in the Holocaust survivors would also apply in current sample. Therefore, it is possible that the overly responsive and overprotected way of parenting may also apply in the population of refugees and asylum seekers, and could provide the mediating factor in the association between the PTS symptoms of the refugee and asylum seeker parents and their children in current study.

Differences in the quality of interaction between mothers and fathers

Three striking unexpected results in regards to the sexual differences between fathers and mothers were found. At first we found that the PTS symptoms of the mother influences the psychosocial functioning of the child more than the PTS symptoms of the father. Even though this difference could partly be explained by the small sample size of the fathers, it can be stated that in particular mothers, suffering from post-traumatic stress, report more psychosocial problems within their infants. Since the psychosocial functioning of the child was measured by the subjective perspective of the parents in our study, these results suggest a relation between the PTS symptoms of the mother and their perception of the functioning of their child. Benoit, Parker and Zeanah (1997) found that this negative parental perception of the psychosocial functioning of the child is associated with an increased risk of difficulties in the infant's psychosocial functioning. Therefore, children of mothers suffering from PTS symptoms may be at higher risk than children of fathers suffering from PTS symptoms.

Secondly, we found that only the PTSD of the mother influenced a sub-dimension of the extreme insensitive way of parenting. So the risk of an increase in extreme insensitive parenting seems to apply solely to mothers suffering from PTSD. A mother's insensitivity to the child includes an impairment in the ability to regulate their emotions (Tull et al.,2007). Which may impair the infant's emotion regulation as well, and consequently affect their behavior. So even though current study did not find a clinical level of maternal insensitive parenting and no effect of the maternal extreme insensitive parenting on the psychosocial functioning of the child, this maternal increase in insensitive parenting delivers an alarming result. This increase in the maternal extreme insensitive parenting does contain a higher risk for the child to develop difficulties in their emotion regulation and behavior (Tull et al.,2007).

Thirdly, in contrast to previous findings (Lamb, 2010; Lovas, 2005; Power, 1985; Therborn, 2004; Volling et al., 2002), we did not find any differences in the disconnected and extreme insensitive parenting between fathers and mothers. Both are even disconnected and extremely insensitive in the interaction with their child.

Thus, it looks like the PTS symptoms of the father have a less negative effect on the psychosocial functioning of the child than the trauma symptoms of the mother. Moreover, the PTS symptoms could provide a diminutive positive effect on the quality of the father-child interaction, since the quality of parenting of the father reached the same level as that of the mother.

In the literature there are several explanations for these findings. Silverstein and Auerback (1999) stated that for an healthy emotional connection between parent and child, a certain level of responsibility is necessary. It could be possible that this feeling of responsibility will grow when fathers and children are manifested in difficult situations, like trauma and immigration. De Falco et al (2009) indeed found that, when facing extra family difficulties, fathers adjust their interaction style to the needs of the child. By adjusting their parenting style, the fathers try to compensate for the challenges that their children have to face. These findings could also apply for the fathers in this study, taking into account the difficulties they and their children have to face in the process of immigration and trauma. Consequently, the quality of the interaction between fathers and mothers may not differ.

Furthermore, since several circumstances of immigration challenge the role of the father as the breadwinner and head of the family, the traditional gender roles are affected (Lamb & Bougher, 2009). For example many refugee and asylum seeker fathers do not find jobs in their host country or have to fulfill jobs that are of a considerable lower status then the jobs they fulfilled back home (Clark, 2000; Shimoni, Este & Clark, 2003; Warmerdam & van

den Tillaart, 2002, Lamb & Bougher, 2009). As a result, the mothers of these families have to be employed as well, to be able to afford the costs. Consequently fathers may take more responsibility in nurturing of the child, in order to get a new influential role in the family (Lamb & Bougher, 2009). According to Silverstein and Augerbach (1999) this new nurturing role will result in an improvement of the emotional connection between the father and the child.

In contrast to what was expected, this change of the father-child interaction does not necessarily go hand in hand with an change in the quantity of the time fathers spent with their child (van Ee, Sleijpen, Kleber, & Jongmans, 2013). Van Ee et al. (2013) found no differences in the quality in refugee or asylum seeker fathers and mothers, but they did find mothers to spent more time with their child. Van Ee et al. (2013) hypothesize that in this way, the fathers might have more time to withdraw when symptoms of stress worsen, which give them the space to not express their symptoms in the interaction with their child. This might also explain why the PTSS of the mother is associated with a more extreme insensitive way of parenting, because they do not have enough time to withdraw from their child.

In summary, refugee and asylum seeker fathers seem to adjust their parenting style to compensate for both the difficulties their children have to face, as the need to gain a new influential role in the family. Moreover, fathers seem to still spend less time with their children than the mothers do, which gives them the opportunity to withdraw when the symptoms of PTSD worsen. As a result the PTS symptoms of fathers seem to influence the parent-child interaction in a different way than expected. The quality of the interaction between the father and child does not seem to deteriorate. As a result the quality of interaction with the child between the father and the mother appears to be equal. Therefore, the fact that the PTS symptoms of the father have less influence on the psychosocial functioning of the child than the trauma of the mother could be explained by the adjustment of the father in their interaction with their child. It does not contradict previous findings (Connell & Goodman 2002; Fouri & Buchanan, 2003; Lamb, 2010; Parke & Sawin, 1976; Yeung, et al., 2001), the paternal parenting style could still be seen as important to the child as that of the mother.

Disconnected parenting in a refugee and asylum seeker population

In contract to what was expected there are not any notable scores in disconnected parenting found in the refugee and asylum seeker population of this study. This in contrast to the finding in other studies, where it is found that several non-western culture-bound syndromes include a high rate of dissociative symptoms (Dunn et al,1998; Laria et al., 2001).

Even though the sample of our study was culturally highly varied, with a high prevalence of non-western people, not all of the refugees and asylum seekers came from non-western countries. The current study did not make a distinction in the country of origin, which may explain the fact that there were no notable scores found. When comparing western and non-western countries, a clearer picture of the culture related differences in disconnected parenting could be created.

Furthermore, the culture bound differences in dissociative symptoms would be portrayed even more clear when the comparisons would be focused on the dissociative symptom measured in PTSS, and not in disconnected parenting. The reason for this is that disconnected parenting measures more then only the dissociative symptom and may as result provide a blurred image of the dissociative features. In short; future research should focus on the cultural differences in the PTSS related dissociative symptoms to provide a clear image of the differences in dissociative symptoms.

Strengths and weaknesses

This research is unique in providing information about the interaction between traumatized parents and their young child in an under-studied group. To our knowledge there has not been any research done about the interaction quality of fathers suffering from PTS symptoms before. Since the image of the father as a caregiver is changing and the paternal parenting style is hypothesized to be as important to the child as that of the mother, more insight on the interaction of fathers with their child was needed**.** Moreover, the research on parent-child interaction within refugees or asylum seeker families is scarce as a whole. It is needed to get more insight in this population, not only because of the fact that the group of refugees and asylum seekers is globally growing, but also because it is a high risk group with an high level of psychosocial problems (Carswell et al.,2011; De Haene et al., 2010; Fazel et al., 2005; Hermansson et al., 2002; Silove et al.,1997). Another strength of this study is the focus on the refugee and asylum parents and their young children. A focus on the current situation provides two advantages. At first, the interaction between parent and child could be observed directly, instead of relying on the memory of the older child. Furthermore, the first years of the child are crucial for the development in later life, so focusing on the young child gives us the opportunity to get more insight about how to prevent psychosocial problems later in life. In short; this study is unique in focusing on both fathers and mothers and their young children in a refugee and asylum seeker population in the trauma research.

The current study was subjected to some limitations. At first the above mentioned

strength of the study; the focus on the current situation, also provides a limitation. This study is not longitudinal, which makes it impossible to draw conclusion for children of traumatized parents in later life. This study only provides a picture of the influence of the parental trauma in the early years of the development.

A methodological weakness of the study is the small sample size of the fathers in this research. A sample of 29 fathers is noteworthy, but statistically not preferable.

Furthermore, the high culturally divided sample causes a limitation in our study as well. The small sample size of the study, made it impossible to take the cultural background of the population into account, which makes it hard to generalize the findings in the study for the refugee and asylum seeker population as a whole.

Because of this small sample size there could also not be controlled for other issues of the parents, like immigration stress or the comorbid problems which are quite common besides the PTSS (Carswell et al., 2011; De Haene et al., 2010; Hermansson et al., 2002; Silove et al., 1997).

Conclusion and Future studies

Some fortunate conclusions can be drawn from the current study; the refugee and asylum seeker parents and children show moderately positive results, taking into account the difficulties they have to face (Carswell et al., 2011; Clark, 2000; De Haene et al., 2010; van Ee et al., 2012; Fazel et al., 2005; Hermansson et al., 2002; Lamb and Bougher, 2009; Loar, 2004; Nickerson et al., 2011; Shimoni et al., 2003; Silove et al., 1997). No clinical scores of the disconnected and extreme insensitive parenting and of the child's psychosocial functioning are found. Aside from these quite positive findings, an effect of the PTSS of the parent on the psychosocial functioning of the child is found, mostly in the group of mothers. Nowadays, the trauma treatment is mainly focused on the adult suffering from the PTS symptoms. However, a combined treatment, focusing on the parent and the young child, is desirable, taking into account the findings of this study. In this way, the treatment of PTSS could also protect the child for difficulties in the development. Since refugees and asylum seekers are possibly not traumatized by an attachment figure, they probably experienced some good years of family life, which may protect them in developing disconnected and extreme insensitive parenting (Van IJzendoorn et al., 2003). As a result, it could be possible that not the disconnected and extreme insensitive parenting, but the overly responsive and overprotective interaction plays a key role in this association (Barocas & Barocas, 1979; Kaitz et al., 2009; Kellerman, 2001; Klein & Dunlop, 1997; Walker, 1999). Future studies could

make a distinction between attachment trauma and trauma by a more anonymous source in their sample, to investigate the differences of the effects on parenting.

This study also shows an equal quality in the parent-child interaction between fathers and mothers and 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. It seems that post-migration factors influence the paternal parenting roles and quality of the interaction within the refugee and asylum seeker population (Clark, 2000; De Falco et al., 2009; Lamb & Bougher, 2009; Shimoni et al., 2003; Silverstein & Auerbach, 1999; Warmerdam & van Tillaart, 2002). Future studies should focus on the role of post-migration stress on the parent-child interaction and sort out the compensation mechanism of fathers in challenging circumstances. In the future, fathers could play a promising role in the interventions of the intergenerational trauma.

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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)