

Post-Traumatic Stress Symptoms and Post-Traumatic Growth in Relation to Parental Self-Efficacy among War Refugee Parents

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Abstract

Refugee parents who fled war have often experienced trauma; trauma can be followed by post-traumatic growth. Exposure to war-related trauma, together with one's children, can put increased pressure on parenting, making parents doubt their ability to successfully provide safety for their children, which could, in turn relate to lower levels of post-traumatic growth. This study examined whether the relation between post-traumatic stress symptoms and post-traumatic growth can be explained by parental self-efficacy. It was hypothesised that post-traumatic stress symptoms could foster post-traumatic growth by developing new assumptions and skills to cope with the traumatic experience. This link was expected to be explained by lower parental self-efficacy, undermining parents' personal strength. Using a cross-sectional research design, data from different surveys were collected between 2014 and 2019 from 73 Syrian war refugee parents of adolescents aged 10-15 in the Netherlands ($M_{\text{age}} = 40.95$, $SD_{\text{age}} = 6.26$). Data were analysed using the Hayes SPSS process method. Results showed that post-traumatic stress symptoms were not related to post-traumatic growth and that parental self-efficacy was not related to post-traumatic growth. Post-traumatic stress symptoms were related to lower parental self-efficacy, as expected. Findings suggest that parental self-efficacy should be improved in interventions for war refugee parents. It is recommended that future research focuses on longitudinal studies to capture the development of post-traumatic growth.

Keywords: post-traumatic stress symptoms, post-traumatic growth, parental self-efficacy, refugee parents, Syrian war refugees.

Post-Traumatic Stress Symptoms and Post-Traumatic Growth in Relation to Parental Self-Efficacy

Since 2011 an ongoing multi-sided war in Syria has resulted in over 12 million Syrians fleeing their country to seek shelter and safety in Europe (Peconga & Høgh Thøgersen, 2020). In the Netherlands, over 10% of the population are immigrants (Vollebergh et al., 2005), many of whom are Syrian war refugees (United Nations High Commissioner for Refugees, 2012). War refugees have often been subjected to traumatic events such as shootings, killings, torture, rape, and the loss of family members (Kirmayer et al., 2011; Blackie et al., 2017). Traumatic experiences may cause refugees to develop post-traumatic stress symptoms (Schweitzer et al., 2006; Gerritsen et al., 2006), which are avoidance, intrusive symptoms of reexperience, negative changes in cognitions and moods and hyperarousal (Yehuda, 2002). However, evidence suggests that trauma survivors can develop post-traumatic growth despite adverse life events (Powell et al., 2003). Post-traumatic growth refers to positive psychological changes following trauma (Wu et al., 2019), such as broadened perspectives, deepened relationships, new coping skills, and the development of more personal recourses (Park & Fenster, 2004). Thus, despite life adversities, positive psychological development can be experienced among war refugees (Chan et al., 2016).

War and immigration processes can pressure parenting (Ali, 2008). Immigrant refugee parents face a rapid reduction of social, cultural, emotional, and financial resources (Bala & Kramer, 2010), which are systemic constraints that might influence their perceived ability to exercise agency in raising their children (Bowie et al., 2017), possibly decreasing parental self-efficacy (Ali, 2008). Parental self-efficacy refers to caregivers' expectations about their ability to parent successfully (Jones & Prinz, 2005) which may fluctuate as a response to changes in the social context (Bandura et al., 1999). Low parental self-efficacy possibly undermines individual strengths (Eltanamy et al., 2022). Low levels of parental self-efficacy are expected to be related to low levels of post-traumatic growth. This study will examine whether parental self-efficacy mediates the link between post-traumatic experiences and post-traumatic growth amongst war refugee parents of adolescents in the Netherlands.

Post-Traumatic Stress Symptoms and Post-Traumatic Growth

Traumatic experiences are associated with negative (Schweitzer et al., 2006) and positive (Blackie et al., 2017) mental health consequences. Negative consequences of traumatic experiences are severe stress reactions long after the trauma or the developing Post-Traumatic Stress Disorder (PTSD) (Shigemoto et al., 2017). Approximately 5-30% of humans who experience a traumatic event undergo negative consequences (Bandura & Benight, 2004). However, most people exposed to trauma do not develop negative consequences in a hindering way (Baker et al., 2008). Some experience psychological benefits, such as post-traumatic growth (Berger & Weiss, 2009). Post-traumatic growth refers to the potentially positive transformative psychological changes in an individual's personality due to struggling with highly challenging and stressful life circumstances (Park & Fenster, 2004).

Such circumstances represent challenges to the adaptive resources of the individual that change their way of understanding the world and their place in it (Wu et al., 2019; Ssenyonga et al., 2013). Post-traumatic growth entails a greater appreciation of life, realising personal strengths that one was unaware of before the traumatic exposure, recognising new possibilities in life, improved interpersonal relationships, and spiritual development (Chan et al., 2016; Blackie et al., 2017). People exposed to trauma develop new assumptions and skills to cope with the traumatic experience, which may lead to personal growth (Li et al., 2012; Park & Fenster, 2004; Tedeschi & Calhoun, 2004). Post-traumatic experiences thus have the potential to foster post-traumatic growth (Kira et al., 2012).

Parental Self-Efficacy

Research on parental-self efficacy in relation to post-traumatic growth in the context of war families is found to be scarce (Ssenyonga et al., 2013). However, longitudinal research on mothers who experienced trauma in their youth illustrated lower self-efficacy than mothers who did not (Kunstler et al., 2016). They might be less flexible when responding to challenges in their family due to preoccupation with their trauma, leading to a decrease in success experiences (van Ee et al., 2012; Ingerski et al., 2010) which can make these parents insecure about their parenting skills (Jones & Prinz, 2005). Recently, research on the influence of trauma on parental self-efficacy in the context of war families has been conducted, showing that parental self-efficacy might be jeopardised in war refugee parents (Eltanamly et al., 2022). Parental tasks work out differently in different contexts, but the core tasks of parenting, nurture, protection, affection, and guidance, are fundamental (Heath, 2006; Deng & Marlowe, 2013). Children of war refugee parents are more likely to have been exposed to traumatic experiences due to their past environment in a war zone (Murphy et al., 2017). Therefore, parents might perceive themselves as unable to accomplish this parenting task (Eltanamly et al., 2021) which could negatively influence their perceived capability of being a good parent (Sidebotham, 2001) and, therefore, possibly decrease their parental self-efficacy (Eltanamly et al., 2022).

Additionally, parental self-efficacy can be influenced by the relational PTSD dynamic wherein co-exposure to trauma might compromise parents' perception of their parenting skills (Eltanamly et al., 2022). According to the relational PTSD dynamic, in traumatised families, post-traumatic stress symptoms of family members exacerbate that of the other (Scheeringa & Zeanah, 2001). Children are directly affected by traumatic events (Mowder et al., 2006); moreover, their symptoms can worsen because of their parents' compromised responsiveness to them due to their post-traumatic symptomology (Scheeringa & Zeanah, 2001). For example, parents' avoidance of trauma reminders can limit their ability to respond to their children. Their child might want to discuss topics or play re-enactments related to the traumatic events (van Ee et al., 2012); however, parents avoid these topics because of their post-traumatic stress symptoms (Scheeringa & Zeanah, 2001). This might cause parents to respond inadequately to their child's emotional needs (Kassam-Adams et al., 2006), while at the same time, traumatised children especially need parental sensitivity to their emotional needs

(Scheeringa & Zeanah, 2001). Inadequate reactions to the child's emotions can affect how children behave (East et al., 2018). Children might show rebellious, aggressive, or withdrawn behaviour (Mooren, 2011) that does not conform to parental expectations (Price et al., 2010), influencing parents' perceptions of their parenting skills.

Parental self-efficacy is known to increase confidence by enhancing successful experiences in parenting (Bandura et al., 1999), which fosters parental individual strengths and resilience (Spielman & Taubman-Ben-Ari, 2009; Ssenyonga et al., 2013; Eltanamly et al., 2022). Resilience can ensure that despite transient increases in stress due to immigration processes, parental self-efficacy remains stable (Kuranova et al., 2020; Eltanamly et al., 2022). Parental self-efficacy is associated with less stress and depression, more satisfaction with the parenting role, and more sufficient coping strategies regarding child and parent emotions (Jones & Prinz, 2005). Since parental self-efficacy is expected to be lower in the population of war refugee parents, undermining individual strengths, low parental self-efficacy is expected to result in low post-traumatic growth.

The Present Study

Some populations exposed to trauma show signs of post-traumatic growth despite the adversity they have experienced (Chan & Sagone, 2016; Jansen et al., 2011; Jian et al., 2022). Parents who are confident in parenting can cope better with the complexity of families exposed to trauma (Li et al., 2012). However, in these families, parents' perception of being unable to protect their children from traumatic exposure in combination with the relational PTSD dynamic can negatively impact their parental self-efficacy (Scheeringa & Zeanah, 2001; Eltanamly et al., 2021). Parental self-efficacy influences people's beliefs in their efficacy to exercise control over events that affect their family's lives (Berger & Weiss, 2009; Chung et al., 2017), fostering resilience (Ssenyonga et al., 2013) and possibly stimulating personal growth. Nevertheless, because parental self-efficacy can be compromised in this population (Scheeringa & Zeanah, 2001; Eltanamly et al., 2021), it is expected to be more difficult for war refugee parents to develop post-traumatic growth. Therefore, this thesis focuses on the research question, "Is the relation between post-traumatic stress symptoms and post-traumatic growth mediated by parental self-efficacy?"

Risk factors and harmful mechanisms in the population of war refugee families are well studied (Gerritsen et al., 2006; Kirmayer et al., 2011). However, focusing only on these negative aspects does not give insights into why refugees can adapt successfully after traumatic experiences and significant life changes (Chan & Sagone, 2016). A growing amount of research suggests that refugees can experience positive changes after trauma (Slade, 2010). Unfortunately, research on the specific factors influencing this healthy development in the population of refugees is scarce (Ssenyonga et al., 2013), and research amongst war refugee parents is even more. It is essential to conduct more research on the healthy development of war refugee parents. Firstly, when aiming to reduce trauma's negative effects on parenting, one creates a greater opportunity for healthy parental development (Scheeringa &

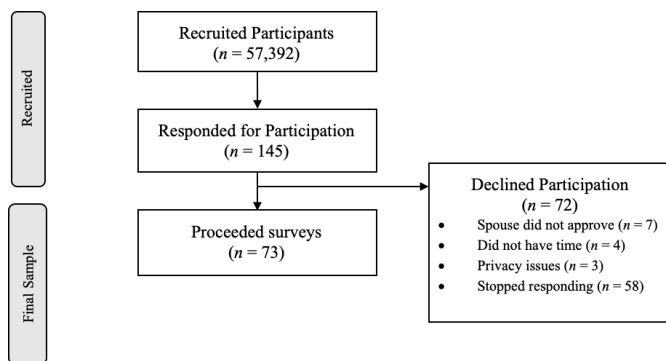
Zeanah, 2001). Secondly, research on parental self-efficacy and its link to post-traumatic growth among war refugee parents can help clinicians identify an aspect of recovery so that they may facilitate the path to growth (Berger & Weiss, 2006; Chan et al., 2016). In interventions, parental self-efficacy can be fostered (Salvador et al., 2019; Roer-Strier, 2001). Thus, researching whether parental self-efficacy can explain the link between post-traumatic stress symptoms and post-traumatic growth is practically relevant.

Method

Recruitment

Participants were recruited via organisations working with refugees and various Facebook groups created by and for refugees. Inclusion criteria were (1) parents of children aged 10-15, (2) who are refugees that survived war trauma, (3) who speak Arabic, and (4) who were relocated to the Netherlands between 2014 and 2019. Exclusion criteria were (1) fleeing for reasons other than war and (2) illiterateness. This resulted in a final sample of 73 participants (Figure 1: flow chart). This research has been approved by the Faculty Ethical Review Committee (FETC, project number: 2018-CDE-9487).

Figure 1
Participant Flowchart



Sample

The sample consisted of 73 parents, of which 51 participants (69.9%) were females. The participants ranged from 29 to 63 years, with an average age of 40.95 (*SD* = 6.26). Most participants were married (83.3%), and others were divorced (12.3%) or widowed (1.4%). The number of children participants ranged between one and seven, with an average of four children (*SD* = 1.76). The child age ranged from 10-16 years with an average of 12.82 (*SD* = 1.34); of all children, 52.1% were girls. The country of birth of most participants was Syria (79.5%); other participants were born in Palestine (19.2%) and Yemen (1.4%). Most participants were Sunni (93.2%), Christian (4.1%), Allawi (1.4%)

and non-believers (1.4%). Participants' average years of education was 13.86. This is higher than the expected mean number of years of education in Syria (Zeno, 2021) but comparable to the education levels of Syrians in the Netherlands, where the majority has followed a practical or university education after high school (Van der Ent et al., 2020). The sample number of months since someone arrived in the Netherlands varied from 4-63 months, with the majority arriving within 48 months (72.6%) prior to data collection. Finally, nearly half had a residence permit (41.1%), while the rest were still seeking asylum.

Procedure

The data were cross-sectional and collected in 2019 as part of a more extensive longitudinal study, including home visits, questionnaires, interviews, and data collection through an Experience Sampling Method (ESM) of 15 days (Biglan et al., 2000). All participants approached were asked for permission to be contacted; 145 gave permission. These parents were called by the leading researcher for pre-registration, informing them of the research. Data collectors visited parents who agreed to participate and were explained more about the research at this visit. If they were still willing to participate, they were given the information and asked to sign consent forms. Since this was an intensive longitudinal study, the participants were rewarded for attending, depending on the amount of participation time, with compensation of between €15 and €75.

Instruments

Post-Traumatic Stress Symptoms. The Arabic version of the PTSD Checklist for the DSM-5 (PCL-5) was used for assessing post-traumatic stress symptoms (Ibrahim et al., 2018; Mat-Salleh et al., 2021). The scale indicates post-traumatic stress symptoms according to the guidelines of the DSM-5 by 20 items asking about different dimensions of trauma, i.e., re-experiencing, avoidance, negative alterations in cognition and mood, and hyper-arousal. These symptoms were measured on a 5-point Likert scale (0 = *not at all* to 4 = *extremely*). Sample questions included 'How much have you been bothered by repeated, disturbing, and unwanted memories of the stressful event in the last month' (Ibrahim et al., 2018). Scores from all 20 items were summed. Total scores of 31 and above indicated a probability of PTSD (Blevins et al., 2015; Cohen et al., 2014). The Cronbach's alpha of the PCL-5 ranged from .827 to .926 (Mat-Salleh, 2021; Wortmann et al., 2016), indicating that the reliability of this test instrument is high. For this sample, Cronbach's alpha was .871.

Parental Self-Efficacy. The 'Me as a Parent questionnaire' (MAAP) was used to measure parental self-efficacy (Hamilton et al., 2015; Wittkowski, 2017) and was translated into Arabic for this study. The scale has 16 items, covering self-efficacy, personal agency, self-sufficiency, and self-management. Aspects of parental-self efficacy were measured on a 5-point Likert scale (1= *strongly disagree* to 5 = *strongly agree*). Questions 1, 4, 9, and 16 were formulated negatively, so it was necessary to reverse these responses to compute the total scale score. Sample questions included 'When something goes wrong between my child and me, there is little I can do to fix it' (Hamilton et

al., 2015). Scores from all 16 items were summed; total scores of 64.3 are average for parents with children between 10 and 15 years old (Hamilton et al., 2015). The Cronbach alpha ranges from .72 to .80 (Gilmore & Cuskelly, 2008; Hamilton et al., 2015; Rogers & Matthews, 2004), indicating that the reliability of this test instrument is sufficient to test parental self-efficacy. For this sample, Cronbach's alpha was .896.

Post-Traumatic Growth. The Arabic version of the Post-Traumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996) was used to assess post-traumatic growth (Linley & Joseph, 2004; Kira et al., 2012). The questionnaire contains 21 questions covering different dimensions, i.e., appreciation of life, relationships with others, new possibilities in life, personal strength, and spiritual change. Participants rated their responses on a 6-point Likert scale (0 = *I did not experience this change as a result of my crisis* to 5 = *I experienced this change to a great degree as a result of my crisis*). Sample questions included 'I changed my priorities about what is important in life' (Tedeschi & Calhoun, 1996). Scores from all 21 items were summed. Scores below 45 indicate no/low post-traumatic growth, and a score above 45 for post-traumatic growth (Jansen et al., 2011). The Cronbach's Alpha of this questionnaire is .90 (Kira et al., 2012), indicating that the PTGI is a reliable instrument to measure post-traumatic growth. The Cronbach's alpha of this sample was .87.

Translation. The PCL-5 and PTGI questionnaires were previously translated into Arabic and used in several research projects in different Arabic-speaking populations (Ibrahim et al., 2018; Kira et al., 2012). However, the MAAP questionnaire has been translated for this study. Translation and back-translation were done by two researchers who speak both languages fluently. Back translation is the translation of a target language version back into the source language version to check the translation of the research instrument (Maneesriwongul & Dixon, 2004). This back-translation of the MAAP questionnaire was done in a blinded condition the translator did not know the original research instrument.

Data Analysis Plan

Data were analysed with the Statistical Package for the Social Sciences (SPSS version 16.0). Since the number of missing values was relatively high (MAAP: 24,66%, PCL-5: 1,4% PTGI: 1,4%) compared to the sample size (Enders, 2017), an impute variable algorithm was used to complete the dataset by creating several different plausible imputed data sets. After running this algorithm, using Predictive Mean Matching (PMM) in two-way interaction mode (International Business Machines, 2022), obtained results were appropriately combined from each of them (Enders, 2017). The basic assumptions necessary to start the mediation analyses are linearity, normality of errors, homoscedasticity, and normal distribution (Abu-Bader & Jones, 2021). To test whether there was a linear relation between post-traumatic stress symptoms and post-traumatic growth, a scatterplot was used which showed a weak linear relation between the variables. To test whether there was a normal distribution of errors, different histograms were used to examine this distribution which was the case.

Regarding homoscedasticity, the residuals were shown in a scatter plot with post-traumatic growth on the Y-axis, showing a linear pattern. Exploring statistics was used to test the skewness of the variables in order to check the assumptions of normal distribution (Field, 2013). Parental self-efficacy had a normal distribution. Both the curves of post-traumatic stress symptoms and post-traumatic growth were skewed to the right. For both variables, first, the fractional ranking was applied (Templeton, 2011) after which inversed distribution function (IDF) was applied to create a normal distribution for both constructs. Eventually, all basic assumptions for multiple regression were met (Abu-Bader & Jones, 2021).

Three linear models reflected the four conditions necessary to demonstrate mediation. These four conditions are (1) post-traumatic stress symptoms must predict post-traumatic growth, (2) post-traumatic stress symptoms must predict parental self-efficacy, (3) parental self-efficacy must predict post-traumatic growth and (4) the magnitude of the effect between post-traumatic stress symptoms and post-traumatic growth must become weaker yet remain significant when parental self-efficacy is added to the model (Baron & Kenny, 1986). The first linear model gives the first condition for mediation with the expectation that war refugee parents who experience high levels of post-traumatic stress symptoms also show high post-traumatic growth (Berger & Weiss, 2006; Park & Fenster, 2004; Ssenyonga et al., 2013; Wu et al., 2019). The second linear model gives the second condition of mediation with the expectation that war refugee parents who experience high levels of post-traumatic stress symptoms would experience low levels of parental self-efficacy (Scheeringa & Zeanah, 2001; Eltanamly et al., 2021). The third and fourth mediation conditions were represented in the third linear model. Regarding the third condition, it was expected that war refugee parents who experienced more parental self-efficacy would also experience more post-traumatic growth, thus a positive link (Kuranova et al., 2020; Eltanamly et al., 2022). In the fourth condition, it was expected that the magnitude of the effect between post-traumatic stress symptoms and post-traumatic growth would become weaker yet remain significant when adding parental self-efficacy, an indication of partial mediation. This study was confirmatory because the hypotheses mentioned above were tested.

Post Hoc Analyses

In addition to the predefined statistical tests, posterior tests were examined (Srinivas, 2015) using subgroups of the sampled population. Differently composed sum scores for the variable's parental self-efficacy, and post-traumatic stress symptoms were made. First, since the MAAP questionnaire gave a sum score of different aspects (self-efficacy, personal agency, self-sufficiency, and self-management) that formed parental self-efficacy, it was tested if only using items that mapped on the subscale, self-efficacy would be related to post-traumatic stress symptoms and post-traumatic growth. These questions were 'I have confidence in myself as a parent', 'my parenting skills are effective', 'I know I am doing a good job as a parent', 'I have all the skills necessary to be a good parent to my child'. Second, 56% of the sample did not experience post-traumatic stress symptoms

that were high enough to indicate PTSD. Therefore, only participants with a probable PTSD diagnosis were included in the analyses instead of selecting all participants. After creating a dummy variable to indicate participants with a possible PTSD diagnosis (0 = PTSD 30 or below; 1 = PTSD 31 or more), the analyses were rerun to see if the hypotheses held for the sub-population of traumatised refugees that did indicate PTSD.

Results

Descriptive Statistics

Scores on post-traumatic stress symptoms showed one missing value, which has been imputed. After data imputation, the sum score for post-traumatic stress symptoms gave a minimum score of one and a maximum score of 71 with an average of 29.99 ($SD = 14.43$). A score of 31 and above is indicative of PTSD (Blevins et al., 2015; Cohen et al., 2014); which was the case for 44% of the sample. These numbers support the earlier research that refugees from the Syrian war in the Netherlands often have experienced trauma and can be likely to show signs of post-traumatic stress symptoms (van Willigen, 2011; Gerritsen et al., 2006) or even PTSD (Kirmayer et al., 2011; Blackie et al., 2017). However, a part of this sample does not show clinically significant amounts of post-traumatic stress symptoms. Scores on parental self-efficacy showed 21 missing values, which were imputed. After data imputation, the minimum score of parental self-efficacy was 21, and the maximum score was 80, with an average of 64.87 ($SD = 9.25$). The majority of the participants scored 64 or above. The only population where norm scores from the MAAP questionnaire have been researched is the western population where a total score of 64.3 is average for parents with children between 10 and 15 years old (Hamilton et al., 2015). Scores on post-traumatic growth showed one missing value which was imputed. After data imputation a minimum of 21 and a maximum of 99 with an average of 65.62 ($SD = 16.86$). Since a score below 45 is an indication of no post-traumatic growth (Jansen et al., 2011), and 86% of the participants scored above 45, it can be stated that the majority of the war refugee parents tested in this sample experienced post-traumatic growth, as was seen in the literature (Ai et al., 2007; Chan & Sagone, 2016)

Correlations

We tested correlations between post-traumatic stress symptoms, post-traumatic growth, and parental-self efficacy. Post-traumatic stress symptoms were not significantly correlated to post-traumatic growth ($r = .004$, $p = .975$). Post-traumatic growth was not significantly correlated to parental self-efficacy ($r = .193$, $p = .105$). Parental self-efficacy was negatively correlated to post-traumatic stress symptoms ($r = -.300$, $p = .010$).

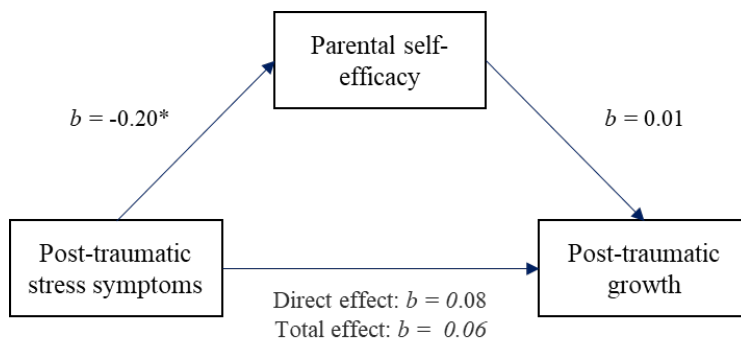
Mediation Model

It was hypothesized that post-traumatic stress symptoms could foster post-traumatic growth. This link was expected to be explained by lower parental self-efficacy. Figure 2 illustrates the results of the mediation analyses. The first model showed that post-traumatic stress symptoms had no significant direct effect on post-traumatic growth ($p = .98$) which means that parents who scored high

on post-traumatic stress symptoms did not experience more post-traumatic growth. The second model showed that post-traumatic stress symptoms had a significant negative effect on parental self-efficacy ($p = .01$) meaning that parents who scored high on post-traumatic stress symptoms experienced less post-traumatic growth. In the third model, the results showed that parental self-efficacy did not predict post-traumatic growth ($p = .60$), meaning that parents who experienced low parental self-efficacy did not experience less post-traumatic growth. Finally, the total effect between post-traumatic stress symptoms and post-traumatic growth via parental self-efficacy was insignificant ($p = .09$), meaning that parents who scored high on post-traumatic stress symptoms did not experience less post-traumatic growth, and this link could not be explained by parental self-efficacy.

Figure 2

Mediation model



* $p = .01$

Post Hoc Analyses

A variable based on questions of the MAAP questionnaire that were directly about parental self-efficacy was used to test the hypotheses. The first model showed that post-traumatic stress symptoms had no significant direct effect on post-traumatic growth ($p = .59$). The second model showed that post-traumatic stress symptoms had no significant effect on parental self-efficacy ($p = .60$). In the third model, the results showed that parental self-efficacy did not predict post-traumatic growth ($p = .55$). Finally, the total effect between post-traumatic stress symptoms and post-traumatic growth via parental self-efficacy was insignificant ($p = .60$).

Secondly, only participants with a probable PTSD diagnosis, 46 participants, were tested in the model. These participants were aged between 30 and 63, with an average of 41,59 ($SD = 6.75$). The first model showed that post-traumatic stress symptoms were not significantly related to post-traumatic growth ($p = .88$). The second model showed that post-traumatic stress symptoms also had no significant effect on parental self-efficacy ($p = .09$). In the third model, parental self-efficacy did not predict post-traumatic growth ($p = .11$). Finally, the total effect between post-traumatic stress symptoms and post-traumatic growth via parental self-efficacy was insignificant ($p = .88$).

Discussion

War refugee parents exposed to trauma may experience post-traumatic growth (Chan & Sagone, 2016; Ssenyonga, 2013; Ai et al., 2007). However, exposure of both parents and children to trauma puts increased pressure on parenting (Ali, 2008) and relates to lower parental self-efficacy (Murphy et al., 2017), which in turn might be associated with lower post-traumatic growth (Eltanamy et al., 2021). A cross-sectional study was conducted to research the relation between post-traumatic stress symptoms and post-traumatic growth, explained by parental self-efficacy in the population of war refugee parents that were exposed to trauma. The present analyses indicate that war refugee parents who score high on post-traumatic stress symptoms do not seem to experience high post-traumatic growth. Parents who scored high on post-traumatic stress symptoms experienced low parental self-efficacy; low parental self-efficacy, however, was not related to low post-traumatic growth. No proof for the proposed mediation model, defined by trauma-exposed parents expecting to experience less post-traumatic growth explained by low parental self-efficacy, was found in this sample.

Post-Traumatic Stress Symptoms and Post-Traumatic Growth

Our findings stand at odds with previous research, which found that individuals exposed to trauma can experience post-traumatic growth (Li et al., 2012; Park & Fenster, 2004; Kira et al., 2012; Leppma et al., 2018). This lack of significant relation between post-traumatic stress symptoms and post-traumatic growth may be related to the curvilinear nature of this relation. People with moderate post-traumatic stress symptoms experience the most post-traumatic growth (Joseph et al., 2012). A moderate level of post-traumatic stress symptoms indicates an individual's worldview that has been challenged. Despite these symptoms, the person can cope and engage sufficiently in the cognitive processes necessary to work through the trauma (Zoellner & Maercker, 2006). High levels of post-traumatic stress symptoms indicating PTSD, might influence a person's coping ability and cognitive process to work through the trauma (Butler et al., 2005). In the sample used for this study, a significant number of participants showed scores above 31 (Blevins et al., 2015; Cohen et al., 2014), possibly indicating PTSD. Therefore, it could be that the used sample was too preoccupied with trauma to experience post-traumatic growth (Bonanno et al., 2011).

Post-Traumatic Stress Symptoms and Parental Self-Efficacy

This study supports earlier research stating that people with high levels of post-traumatic stress symptoms experience low parental self-efficacy (Caroli & Sagone, 2014; Kunstler et al., 2016; van Ee et al., 2012), adding evidence to existing literature that this is also the case for war refugee parents (Eltanamy et al., 2021; Fegert et al., 2018). Firstly, the link between post-traumatic stress symptoms and parental self-efficacy can be understood by the relational PTSD dynamic (Dalgaard et al., 2016; Schweitzer et al., 2006). Trauma can pressure the parent-child relationship (Scheeringa & Zeanah, 2001). Traumatized parents can be less sensitive to their children's emotional needs and provide less structure because of their preoccupation with the trauma (Dalgaard et al., 2016). At the

same time, traumatised children are more vulnerable to parental insensitivity (Schweitzer et al., 2006). Lack of sensitivity and structure can affect how children respond to their parents: children might show rebellious, aggressive, or withdrawn behaviour (Mooren, 2011). These reactions, which do not conform to parental expectations (Price et al., 2010), can endanger parental self-efficacy (Bandura et al., 1999). Secondly, children of war refugee parents are more likely to have been exposed to traumatic experiences (Murphy et al., 2017), which might lead parents to question their ability to successfully provide safety for their children (Mooren, 2011). The perception that parents cannot protect their children from trauma can negatively impact their sense of parental self-efficacy. Thus, the relational PTSD dynamic, in combination with parents' perceived inability to protect their children from traumatic exposure, is shown to compromise parental self-efficacy.

Parental Self-Efficacy and Post-Traumatic Growth

Research showed the positive effects of parental self-efficacy on people's post-traumatic growth (Berger & Weiss, 2009; Chung et al., 2017). However, since parental self-efficacy is expected to be low in the population of war refugee parents, this relation was expected to be negative. This hypothesis has not been found in this sample. An explanation for this lack of significant results might be found in the research design. Different measurement instruments were used in previous research on parental self-efficacy, including the Brief Parental Self-Efficacy Scale (Norman et al., 2021). While this instrument focuses on parental self-efficacy only, in the MAAP questionnaire, personal agency, self-sufficiency, and self-management are also measured. This makes the sum score computed less specific than a sum score of an instrument that solely focuses on parental self-efficacy, which could be a reason for the lack of significant effect. Therefore, additional analyses have been done using only the items mapped on the subscale self-efficacy. However, this model did not result in significant results either.

Limitations and Strengths

The design of the current study is subject to several limitations. Firstly, this study uses a cross-sectional assessment to define the relation between different constructs (Aldwin & Levenson, 2004). However, post-traumatic growth is developmental and dynamic in nature (Aldwin & Levenson, 2004). To gather evidence of development, different stages have to be measured (Tedeschi & Calhoun, 2004; Li et al., 2012) as is done in longitudinal studies (Shakespeare-Finch & Lurie-Beck, 2014), which might be more suitable.

Secondly, the sample size of this study was relatively small (73 participants) (Tipton et al., 2017), complicating the generalisation of the findings in this study among war refugee parents. Additionally, half of the parents who responded to the recruitment decided not to participate in this study. Their reasons for not participating were lack of time, lack of approval from a spouse, privacy reasons, and simply no longer responding. Besides these reasons, there is no information available on this group. Participants who decided to participate in the study might differ significantly on the tested

variables compared to participants who did not participate. This possibility for selection bias can be a limitation of this study.

Thirdly, the questionnaire used to measure parental self-efficacy for this study was translated in back-translation with a blinded condition wherein the translator did not know the original research instrument. Despite diligent linguistic translation, there has been no cultural adaptation of measures for the population of war refugee parents. Cultural differences complicate objective measurements of social constructs (Borra et al., 2016) because certain words or concepts might have different meanings or might not be defined in the same way in cultures (Westermeyer & Janca, 1997). Additionally, the validity and generalizability of the MAAP questionnaire and the PTGI have not been estimated for people representing the intended population (Hollifield et al., 2002), in this case, Arabic-speaking refugees of war. Although the PTGI has been used to measure post-traumatic growth among refugees in multiple studies, a dearth of studies has explored the psychometric properties of this instrument for refugees (Ai et al., 2007). One study factor analysed the PTGI with Yugoslavian refugees, reporting a three-factor solution (Powell et al., 2003) instead of the five-factor used now. For a test instrument to be reliable and valid in this population, culturally informed quantitative instruments must be tested to be linguistically and visually acceptable and understandable for refugees (Boruszak-Kiziukiewicz & Kmita, 2020).

Although the findings should be interpreted cautiously, this study has several strengths. Firstly, given the current political and environmental insecurity; a growing number of refugees worldwide flee their countries (United Nations High Commissioner for Refugees, 2012), ending up in a western society like the Netherlands (Peconga & Høgh Thøgersen, 2020). Researching this population offers insight into helping refugees cope with their trauma. Secondly, the missing values in this study seemed to not bias the results; analyses with and without the computed variables had comparable results. It will, however, remain unknown whether the results would be different if the data were not missing. Lastly, as suggested by psychologists, interventions with war refugees should address both positive and negative aspects of well-being (Weine, 2011), indicating the importance of research on positive psychological changes. Knowing factors that explain positive development is necessary to foster positive psychological development (Berger & Weiss, 2009; Chan et al., 2016). Even though in the current study, positive psychological changes due to post-traumatic stress symptoms have not been found, the adverse effects of trauma on parental self-efficacy have been found, which is why service providers need to integrate parental self-efficacy in interventions for war refugee parents (Tedeschi & Calhoun, 2004).

Future Research

This study provides guidelines for further research: the field might benefit from longitudinal research that looks at the development of post-traumatic growth in the population of war refugee parents. Furthermore, limitations of the current research can be overcome by (1) the accurate administration of test instruments and (2) research on the psychometric qualities of the MAAP

questionnaire and the PTGI in Arabic populations. To conclude, trauma negatively influences parental self-efficacy for war refugee parents (Eltanamy et al., 2022), complicating their already challenging situation (Ali, 2008). Parental self-efficacy can be strengthened with interventions (Salvador et al., 2019; Roer-Strier, 2001), enabling parents to be more secure in their parenting and more resilient to the challenges they and their families encounter.

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