

Exploring Parenting Narratives in Asylum Seeking Populations in Sweden: Examining the  
Effect of Post Migration Stress on Families through Grounded Theory.

Ellen Hedstrom\*<sup>1</sup>, Kovshoff, H.<sup>1</sup>, Hadwin, J.A.<sup>2</sup>, & Kreppner, J.<sup>1</sup>

University of Southampton

<sup>1</sup> Centre for Innovation in Mental Health – Developmental Laboratory, School of,  
Psychology, University of Southampton, Southampton SO17 1BJ, U.K.

<sup>2</sup> Childhood Research Forum and Centre for Education and Policy Analysis, School of  
Education, Liverpool Hope University, Hope Park, Liverpool, L16 9JD.

This work was supported by the Economic and Social Research Council [grant number  
ES/P000673/1].

Correspondence concerning this article should be addressed to: Ellen Hedstrom, Centre for  
Innovation in Mental Health – Developmental Laboratory, School of, Psychology, University  
of Southampton, Southampton SO17 1BJ, U.K. \*Corresponding author, Email:  
[E.E.Hedstrom@soton.ac.uk](mailto:E.E.Hedstrom@soton.ac.uk)

### **Acknowledgements**

We are very grateful to all the participants who shared their experiences, however difficult at  
times, with us. In addition, the support of the day care centre in Sweden enabled the research  
team to collect the data to make this study possible.

### **Abstract**

Empirical evidence shows that asylum seekers experience a range of stressors in a post migration context that can contribute to poor mental health. Few studies have considered how post migration stressors affect the family unit, specifically with a focus on parenting and child outcomes. In 2018 and 2019, interviews were conducted with asylum seeking parents (27 families) in a small community in Sweden. A grounded theory research design approach found an overarching category of lack of agency amongst parents which linked with three subcategories; a new normal, managing official processes and poor physical and mental health. Within each subcategory, the role of parenting was examined. Parents living through the asylum seeking process reported experiencing few rights, concerns about housing and money, as well as a constant fear of being repatriated, and these factors contributed to a deterioration in both their own as well as their children's mental health. Implications and suggestions for future studies are included.

**Key words:** Asylum seeker; post migration stress; parenting; mental health

## Exploring Parenting Narratives in Asylum Seeking Populations in Sweden: Examining the Effect of Post Migration Stress on Families through Grounded Theory

By the end of 2019, the United Nations High Commission for Refugees (UNHCR, 2020) reported 4.2 million asylum seekers worldwide (2020). An asylum seeker is defined as “someone whose request for sanctuary has yet to be processed” (UNHCR, 2020). Research shows that fleeing one’s home and resettling, often under extreme circumstances, is linked to an increase in mental health difficulties, such as depression, anxiety and elevated levels of PTSD, in both refugee and asylum seeking populations (Bogic et al., 2015; Minihan, et al., 2018). Moreover studies have found that both refugees and asylum seeker suffer from the effects of post migration living difficulties (Carswell et al., 2011.) Asylum seekers however, without the right to remain in a host country and an inability to work and study, face additional strains relative to refugees. For example, asylum seekers often live for months and years facing prolonged processes associated with seeking asylum, as well as fear of repatriation and difficulties with the process itself that can affect psychological wellbeing (Blankers, 2013; Sinnerbrink et al., 1997; Tribe, 2002). More specifically, research has found that being an asylum seeker is associated with post migration stressors such as accommodation concerns (e.g., staying in accommodation centres or staying with family/friends) (Jonzon et al., 2015), and social and economic strains and alienation (Lindencrona et al., 2008). Family issues and stress related to the process of seeking asylum have also been found to increase the levels of mental health problems (Laban et al., 2006) and an accumulation of several post migration stressors (e.g., unstable housing, lack of language skills and an uncertain future) have been found to compound mental health issues among asylum seekers (Porter and Haslam, 2005; Bogic et al., 2015).

Families who seek asylum may find that the strains associated with the asylum process place additional stress on parenting. Parenting encompasses several aspects of child-

raising practices including parent sensitivity, parent and child attachment, and parenting style. Effective parenting (such as warmth, acceptance and responsiveness ) is typically associated with positive outcomes for children (Mckinney et al., 2014) and research shows the importance of maternal sensitivity and a healthy parent-child relationship (Ainsworth et al., 1978). A recent meta-analysis investigating the relationship between contextual stress and maternal sensitivity found among other things a negative association between maternal internalizing symptoms and maternal sensitivity and parenting stress and maternal sensitivity (Booth et al., 2018). A study on father involvement in a refugee sample found a majority of fathers (55%) indicated that their own issues had an effect on the father-child relationship (van Ee et al., 2013).

Children in asylum seeking families may be at risk of increased vulnerability due to the stress placed upon parents within this context, but also because they themselves will encounter disruption, uncertainty and traumatic events such as witnessing violence, leaving their home and having to adapt to new cultures. A study on 101 refugee and asylum seeking children in England found a quarter of these children suffered elevated emotional and behavioural problems when compared to control groups as rated by teachers (Fazel & Stein, 2003). A longitudinal study on asylum seeking children in Germany found participants whose applications were still pending or rejected had significantly higher levels of symptoms (scales included the Child and Adolescent Trauma Screen and the Everyday Resources and Stressors Scale) than those who had received a positive response to their application between assessments or between T1 and T2 (Muller et al., 2019). Moreover, the study found the most significant change in symptoms on those children who had applications granted between assessments, indicating that positive news regarding refugee status may act as a protective factor, at least short term. A systematic review on the mental health of displaced and refugee

children found post migration detention especially detrimental to children's mental health and that an uncertain status was linked to psychological problems (Fazel et al., 2012).

This paper aims to understand parents' thoughts and feelings in the context of the difficulties they have had and are currently experiencing, and how these influence parenting and the parent-child relationship. The constraints under which asylum seekers parent their children have not been well documented. Given the evidence of poor outcomes in refugee and asylum seeking populations with regards to their own mental and physical health, the current study explored the proposition that the effects of personal trauma and subsequent asylum-seeking, impairs parenting sensitivity whereby parents are unable to meet their children's emotional needs. The study utilised a qualitative grounded theory research design to collate the narratives of asylum-seeking parents, with a specific focus on their views on what they considered to be significant challenges to parenting post-migration.

Grounded theory is inductive in its nature and 'facilitates the process of discovery' or 'theory generation' (Willig, 2001, p34.). The theory develops through an iterative process of interviewing and constant comparison and analysis of data. It encompasses a constructivist approach which enables the researcher to consider published literature prior to conducting research as something that can enhance the process rather than forcing preconceived ideas on the emerging theory. Grounded theory enables the researcher to address the experiences of the participants as well as acknowledge the interpretations by the researcher (Charmaz, 2006) and it takes full account of the researcher's position within the process that leads to the emerging theory. In addition, it aids the construction of a social reality in a specific culture (Willig, 2001) which is of benefit when applying knowledge to minority groups.

In the present study it was important to allow the parents' narratives to shape the emerging theory and to keep it grounded in their own experiences and relevant contexts. The approach was deemed to be well suited to examine relations between individuals and larger

social processes as it aims to generate a theory from the individual experience (Starks & Brown Trinidad, 2007).

## **Method**

### **Participants and recruitment**

Participants were asylum seekers in Sweden, who were either a mother OR father with at least one child under 5 who attended a local 'Öppen Förskola' - a municipally run day care setting open to children 0-5 years where parents and children attend together. The scheme is designed to provide parental support as well as a pedagogic forum for children to play and learn. This specific centre caters for asylum seeking families only. While interviews took place within the day care setting for younger children, many of the parents interviewed also had older children who attended school during the day. Accordingly, during interviews parents spoke about the effect of the asylum-seeking process on all family members.

Wave 1 of interviews took place in May 2018 where 17 parents took part. Following this, data were analysed and a rudimentary theory was constructed. In May 2019, wave 2 included a theoretical sampling approach that enabled the researcher to gain feedback from participants regarding the constructed theory. Within wave 2, a further 10 parents were interviewed (all mothers), 3 of which had taken part in the previous wave and were interviewed for verification purposes. Within the complete sample, 22 parents were actively engaged in the legal process of obtaining refugee status and 2 participants had been granted the right to stay in Sweden within the 6 months prior to the interview taking place.

To obtain demographic information, participants completed a short form to capture age, gender, country of origin, number of children in the family and length of time spent in Sweden (see table 1). A semi-structured interview schedule was followed for all participants with flexibility to use prompt questions to further examine answers provided (in accordance with the inductive aspect of grounded theory). Wave 1 focused on family constructs and

relations, the journey from their country of origin, experienced life changes, parenting, child behaviour and support. In wave 2 (theoretical sampling) the concept of an identity as an asylum seeker and spending time as a family, as well as the core categories of lack of agency and the stress of the asylum-seeking process emerging from wave 1 were examined (see appendix A).

Factor	Total sample (n)	Mean ( <i>m</i> )	Range
Gender			
Male	5	41.6	38-47
Female	19	27.6	23-32
Children per family		2.4	1-4
Country of origin			
Afghanistan	17		
Iraq	2		
Somalia	2		
Iran	1		
Kenya	1		
Pakistan	1		
Average time spent seeking asylum		2.9	0.6-7

Table 1. Demographics of interview participants wave 1 and 2

### Data Collection and ethics

Ethical approval for the study was granted by the University's research governance and ethics committee (ethics number 30560) in March 2018 and written approval for the study had been given by the manager of the day care centre in Sweden. Recruitment consisted of the distribution of posters within the day care in English and Swedish and study information was also distributed to potential participants via day care staff. Written informed consent was given by all participants with consent forms provided in English and Swedish. Due to the wide range of languages spoken by participants, those who were unable to read in English or Swedish were given help to understand the consent forms by other attendees who spoke English or Swedish. N = 5 interviews were conducted in English. N = 22 interviews employed a qualified translator via phone who translated all elements of the interview including the consent forms in the parent's language. The translators were bound by

confidentiality via the bureau that employed them. Participants were given a voucher of 150 SEK (around £13) for a local supermarket as a token of gratitude for their participation.

**Data analysis** Transcripts were transcribed from Swedish to English by the first author. NVivo version 12 was used for line-by-line coding during which 21 categories emerged which formed a coding manual. For example, categories such as day-to-day life, economic problems and living arrangements were eventually merged to form the sub-category of “A New Normal”. Authors one, two and three took part in discussions how to move initial codes into theoretical codes. Once all transcripts had been coded by the first author, the second and third author each recoded a selection of transcripts which were then discussed with the first author. Both author two and three have extensive experience of working with families who parent under pressure. In the second stage of analysis, an analytical framework started to take shape in an attempt to encapsulate the parents’ experiences of post migration stressors and experiences of parenting. As much as possible, categories were kept active and changed several times during the coding process as the coding manual was developed. Each category was also defined by *In Vivo* coding, which were discussed within the research team. By constantly comparing codes and incidents, the theoretical properties started to emerge allowing for an inductive process of developing a theory grounded in the data corpus (Bryant and Charmaz, 2010).

Detailed notes were kept throughout the interview and analysis process, including brief vignettes of each participant which included both non-verbal and verbal communication. Reflexivity forms a large part of data analysis and memo writing in grounded theory. Reflexivity acknowledges the processes taken to reach conclusions on the data (Engward and Davis, 2015), as well as understanding the position of the interviewer (Charmaz, 2006). Accordingly, while interviewing asylum seekers, it was imperative that the interviewer acknowledged her own position and perceptions of the context. These included being a



parent, female, and in a position of power compared to participants. Furthermore, it was also important to reflect on the researcher's awareness of current media coverage on displaced people and political stances on questions concerning asylum seekers.

### Results

Key to the grounded theory process is the identification of a core category in which other categories can integrate to form a theory or framework (Hallberg, 2006). In the present dataset, results showed that one core category and three subcategories emerged through the process of identifying key stressors related to the asylum-seeking process that impacted parenting.

*Lack of agency* developed as the core category with three further subcategories emerging through the parents' accounts of parenting whilst being an asylum seeker; *a new normal*, *managing official processes* and *physical and mental health* through which a sense of lack of agency was pervasive. Within each of these subcategories, the participants' experiences of being a parent was reflected on.

#### Core category

*Lack of Agency* emerged as the core category, reflecting a central theme of powerlessness that fed through to the remaining subcategories. According to Bandura, agency is the ability to influence "one's functioning and life circumstances" (Bandura, 2006, p. 164). *Lack of agency* therefore puts restrictions and limitations on a person's ability to shape and control their present and future life," a feeling of being in the driving seat when it comes to our actions" (Overgaard et al., 2016, p.1). In line with these descriptions, *Lack of Agency* captures the essence of parents' overarching experience of their situation and their lack of control over life choices, as well as the constrained contexts within which they were expected to operate. *Lack of agency* was expressed by participants in each of the subcategories, whether it was related to housing, personal goals, or the outcome of their applications.

Furthermore, parents were clear that the stress associated with these feelings of *lack of agency* filtered into their parenting experiences and general family dynamics.

### **Sub-categories**

**“It’s a new normal for us” (A new normal).** Families reflected on current daily life and described it as a ‘shadow’ of a former, very different life. Moreover, it was clear from the participants’ narratives that they felt the structure of day-to-day living was strongly linked to a lack of agency. On a basic level, participants felt relieved that they had been given (temporary) safety, food and shelter and that their children could attend day care. On this level, daily life encompassed ‘typical’ family activities such as cooking meals, shopping and taking children to day care. However, these activities were juxtaposed against the constant stress of not being able to make wilful decisions about how they ran their life. Families were unable to choose where they lived, there were significant financial constraints, as well as restrictions on work and study.

This contrast was summed up by Alah, a 23-year-old mother

“We go to day care with the children....then we collect them. I cook dinner and we eat together and we take a walk or go to a play park and it's evening and bedtime and that's our routine. My husband's not allowed to work anymore, after we got the last ‘no’ they removed his work permit so he can't work and we don't get very much money from the migration anymore.”

The restrictions on how participants were able to organise their lives were further compounded by worries about the future and how long they had to endure their current life situation, meaning that stressors surrounding daily life comprised both of the restrictions imposed on participants as well as the concern about when life might suddenly change (e.g., by repatriation with their home country following a rejected asylum application). Saira, a 38-year old mother was very specific when discussing the lack of agency she experienced. She

said that “not being able to do anything” was “very stressful” and added that it was hard “not knowing when it would end”. In sum, participants reflected that they were trying to manage their day-to-day lives, whilst living with the extreme pressure of not knowing when their lives may be ‘turned upside down’.

Participants also touched on aspects of finance and accommodation within this subcategory. For those who flee their country with no financial means of their own, the Swedish Migration Agency provides a daily grant which amounts to approximately £5.50 per adult and between £3.50-£4.70 per child living within the same family (migrationsverket.se, 2020). The allowance can be reduced or removed if a family are denied the right to remain. Accordingly, a lack of financial autonomy was mentioned by several participants as a stressor that prevented them from making certain choices. In addition, many parents described feelings of guilt that they were unable to provide for their children. Anna, a 30-year old mother explained how the lack of funds to purchase material things was reflective of their experience as an ‘asylum’ rather than a ‘typical’ family.

“Yes, he (her son) feels a lot worse, people in his class, most of them are Swedish some of them are refugees with the right to remain, and he sees other parents coming with the cars and picking up their children and we can't even stay here. They are very stressed and worried. You notice it in the way he behaves or what he says.”

This perception that their children felt different from other families due to their lack of economic freedom was echoed by Maria, a 32-year-old mother to the point where the way that asylum seeking children they might dress would set them apart from other people.

“She (her daughter) understands those who have the right to remain dressed differently and so on”.

Another factor that compounded the stress of participants is that the majority of families had moved several times since their arrival in Sweden. Typically, they had started

life in Sweden living in overpopulated camps with other asylum seekers which often caused concern for parents regarding the safety of their family. Yusef, a 39-year-old father, described the experiences of living in a camp with his children.

“It is very hard for four people to live in a tiny room all the time, at the same time you are worried. The environment we were in wasn't safe either, so we were always worried when we were out; there were different people who lived in the same place as us.”

Living in a camp meant that families had to follow set mealtimes as well as eat the food that was provided. After a period of time, families generally moved to their own housing, and there they had more autonomy over their lives. This change was reflected in their routines, which often centred around buying food and preparing three meals a day. In addition, families attended the pre-school, took their children to the park, went for walks, went to the library and in some cases attended language classes provided by volunteers in the community.

Some parts of their ‘new normal’ lives were seen as positive, especially for female participants who discovered a new found freedom in being able to manage their own time during the day, as well as not having to fear for their own, or their children’s safety. In this sense, some mothers expressed that they were relieved that they were now able to be less restrictive with their children, allowing them to play outside for example. Almaz, a 24-year-old mother reflected on how different her daily life was now:

“Afghanistan women's day at home, they do things in the home, you have animals at home like cows which a woman looks after, the animals.... but here I do different things. I can take walks and I really enjoy that. In Afghanistan if I did have any spare time I did do stuff but now I take the children to day care, the play park and play with them.”

Anna a 30 year old mother, went even further to suggest that she parented differently because she no longer had to be afraid to let her children out of sight,

“There’re no attacks and so on and this sense of calm makes you raise them completely differently.”

It became evident that families were finding positives in a new opportunity to spend time together. This opportunity did not negate the stress and worries associated with their prolonged periods of waiting for a decision. Despite families feeling safer and more able to enjoy time together, this was juxtaposed by limitations placed on their ability to enjoy this freedom relative to finances, the ability to work, receive meaningful education including learning Swedish, travel and lack of social networks. These restrictions had a clear impact on participants mental health and further compounded the feeling of not having autonomy of their daily life.

**“It’s the migration office that decide” (Managing official processes).** Descriptions related to the strain of waiting on official processes included all aspects of the actual asylum seeking process, including the correspondence relating to asylum applications, meetings with lawyers and dealing with the migration office. Participants linked the sense of being in limbo and the agony of waiting, to a deterioration in their mental health and ability to parent. Two families had recently received notice of their right to remain and expressed the immense relief on receiving this decision.

“Of course it does have an effect both directly and indirectly, it made you not feel good at home and we had lots of little disagreements and arguments. Once we had the right to remain you become a totally different person...” (Mohammed, 46)

Restrictions were experienced in the actual process of seeking asylum. Specifically, participants commented on the problems faced with lawyers and the migration Board, waiting for decisions on whether they could stay or not, a lack of information on the status of their application, and struggles with language barriers and understanding important information. Participants further noted their inability to make future plans for their family or make decisions based on their own wishes and desires due to the restrictions of what they were “allowed” to do as asylum seekers. The core category of lack of agency emerged as a key concept in this category due to the lack of control participants had on any part of the process; everything was in the hands of official bodies.

Maya, a 32-year-old mother, described several issues with her asylum application that were reflected by other participants as well. These included having to wait for a translator for over 90 minutes at her interview with the migration board as none had been provided for her, and difficulty receiving information about her case from a court appointed lawyer in a timely manner. As a single parent, Maya also recognised that the build-up of stress was affecting her parenting and said that she had asked a doctor for sleeping pills because “if I don’t sleep this girl (her daughter) will be affected”.

Lack of agency was also reflected through the fact that participants had little concrete knowledge of their case, such as when the date of their next interview was or what their lawyer was doing to help them. The asylum seeking process was described as a process that was happening to them rather than something they had an active part in.

“In Sweden everywhere we turn it's the migration office that decide, we don't have a stable life here. (Saida, a 26-year-old mother)

A contributing factor to post-migratory stress reflected by many of the asylum seeking participants in their interviews, was the fear of repatriation, As Aala, a 37 year old said “If I go back I will be killed, I have no other choice.”

Most participants shared similar stories and fears of being killed if they were returned to their countries of origin. The fear of being repatriated became a further source of stress for families and many participants said that the waiting to find out what was happening was causing sleeplessness, forgetfulness and depression. Further to this, many participants also expressed concerns that their children were also aware of the waiting and it was negatively affecting them. Many parents said that their children were constantly asking if they had heard from authorities and if they could stay. Gulisar, a 30-year-old shared that, “my daughter (10 years old) understands there is a problem, she cries and has sleep problems.”

Parents expressed awareness that their constant focus and worry over the asylum process was affecting their ability to be fully present as a parent. While they felt concerned about their relationship with their children, they also felt there was very little they could do to change the situation. Jez, a 38-year-old father, stated,

“she (their daughter) does not get so good support from me and my wife because we are negative. We don't know if we will stay or not”.

Participants also stated they felt “second class” compared to Swedish citizens, even those who had recently received the right to remain; being an asylum seeker was seen by participants as something shameful. In support, one participant commented that she always felt as if other people were laughing at her. This was explored further in thematic sampling where a sense of asylum seeker as an identity above other identities such as wife or mother emerged. Participants felt consumed by thoughts surrounding the asylum process and whether their application would be successful which in turn affected mental health leading to problems with forgetfulness and feeling tearful as well as a perceived inability to give enough focus to their children among some participants. In Samira’s words, a 23-year-old parent, “this is all I think about”.

**“I am stressed all the time” (Poor Physical and Mental Health).** This subcategory incorporates the impact of life as an asylum seeker on participants’ (and their childrens’) mental health. Many participants also spoke of back ache, headaches and sleep problems. Jez, a 38-year-old father who had discussed the effect his worries were having on his children, linked his physical pains to his perceived psychological problems,

“I had a pain in my back, you know when you need your country, your mother, your father, your friends, your job, I get bad psychology you know I had a pain in my back.”

It was not uncommon for participants in the current study to say that they had been prescribed sleeping pills, “I have psychological problems, I can't sleep and use sleeping tablets to sleep”, “I am too scared to sleep at night. I am thinking a lot, I have a lot of pain, especially in my neck, and all over my body, and even the tablets aren't helping.”

Throughout the interviews, participants spoke of feeling tired, crying at home, feeling isolated and being forgetful suggesting feelings of depression. Many participants also cried during the interviews as they talked about how they felt and there was an overwhelming sense that participants felt both mentally and physically exhausted by the process they had been through and were still living.

Maya a 24 year old mother, described the impact of an accumulation of negative experiences on her and her family:

“When we came it was different...lots of snow....we were indoors and I cried for six months. We lived in a camp but I struggled, there were four people in a room...I was worried for my children and the food was different. We changed between two and three camps, I was depressed, it felt like the building would collapse and I heard voices.”



Maya recounted that her family's experience of the journey to Sweden, which included crossing the Mediterranean in a dinghy where her children had seen several people drown, was further impacted by the additional stress of several moves and a lack of control over her life. She was clear that these experiences had severely impacted her mental health. These feelings were reflected by many participants when they shared their stories of how they came to Sweden, which often involved weeks of travel, lack of food and being witness to other people dying. Maya stated that she "cried in the bathroom" so that the children would not see her upset. Most parents used phrases such as "we don't talk in front of them" or "we don't share this with the children". Yousef 39 stated,

"We have chosen not to share this with the children so they don't know....if they knew we had been told no (denied the right to remain) then I know they wouldn't feel good".

There was a clear sense that parents felt they could shield their children from distress by not talking openly about the issues in front of them. However, in turn this had a detrimental effect on parents own mental wellbeing by trying to keep up a pretence of normalcy. Many parents also reflected that despite trying to shield their children from the negative aspects of their lives, they knew the children were aware that the family was under immense psychological distress, and that they overheard conversations or were indirectly affected through parents displaying symptoms of poor mental health.

When asked directly about the effects of the process of seeking asylum on their children, parents expressed awareness that their children were experiencing multiple psychological trauma and that they were struggling to help their children and manage their needs. Many parents described symptoms of anxiety and worry in their children, including nightmares about snakes and night terrors, being withdrawn or angry, and displaying behavioural problems. As Almaz 24 said,

“He has sleep problems, he can't sleep at night and he's carrying this journey with him. He has been very affected by it”. This was echoed by Yousef, 39,

“The first months it was really hard, my daughter had nightmares and was dreaming about water and had nightmares and couldn't sleep and she tried to sort of crawl in bed and when she woke up she said she was afraid of snakes, that snakes were going to bite her. All this happened on the way here, the trauma that she had from the boat trip between Turkey and Greece.”

The implications on participants mental health from the asylum seeking process was explored further in theoretical sampling as dealing with official processes emerged as a key stressor among participants. One mother very clearly saw the link between the time they had spent seeking asylum with the change in her child's behaviour,

“when we first got here he was calmer, everything was new but now some time has passed. First we lived in a camp for refugees, then we got a flat. He keeps asking me when can we stay here....he is unable to relax. He doesn't sleep well....he has medication for it...he became aggressive, so aggressive I had to talk to the doctor. He has been given medication for his aggression so is slightly calmer.”

Parents also reflected on how they felt their struggles with the asylum process and mental health affected their parenting and family relations. Sleep problems and worries about the future meant parents felt tired and less present as a family member

“I am starting to lose my memory, forgetting things, forgetting what I said five minutes ago, and I forget where I put things, I am very worried and stressed all the time.” (Jez, 38)

Alah, 23 echoed this and clearly felt that feeling depressed affected her ability to parent, “it has a huge effect on me (as a parent), I feel extremely sad, I feel depressed and I

feel old even though I'm not that old". Some participants had been offered psychological support for both themselves and their children, others had been prescribed sleeping pills but not offered any emotional support. It was clear that participants had a great need to talk through their experiences and many wished they could access psychological care. Parents were also worried about their children's wellbeing and felt that while in the process of seeking asylum, it was difficult for them to access mental health support for their children.

### **Discussion**

This study sought to understand the effects of post migration stressors on parenting sensitivity and the parent-child relation in asylum seeking populations. Moreover, we wanted to consider if parents struggled to meet their children's needs while managing their own concerns. In order to do this, interviews were conducted that captured parents' experiences of parenting as an asylum seeker. In addition, shared experiences of pre migration experiences were acknowledged as affecting participants current physical and emotional wellbeing. To our knowledge, few studies have addressed how post migration stressors affect parenting, specifically within the asylum seeking population.

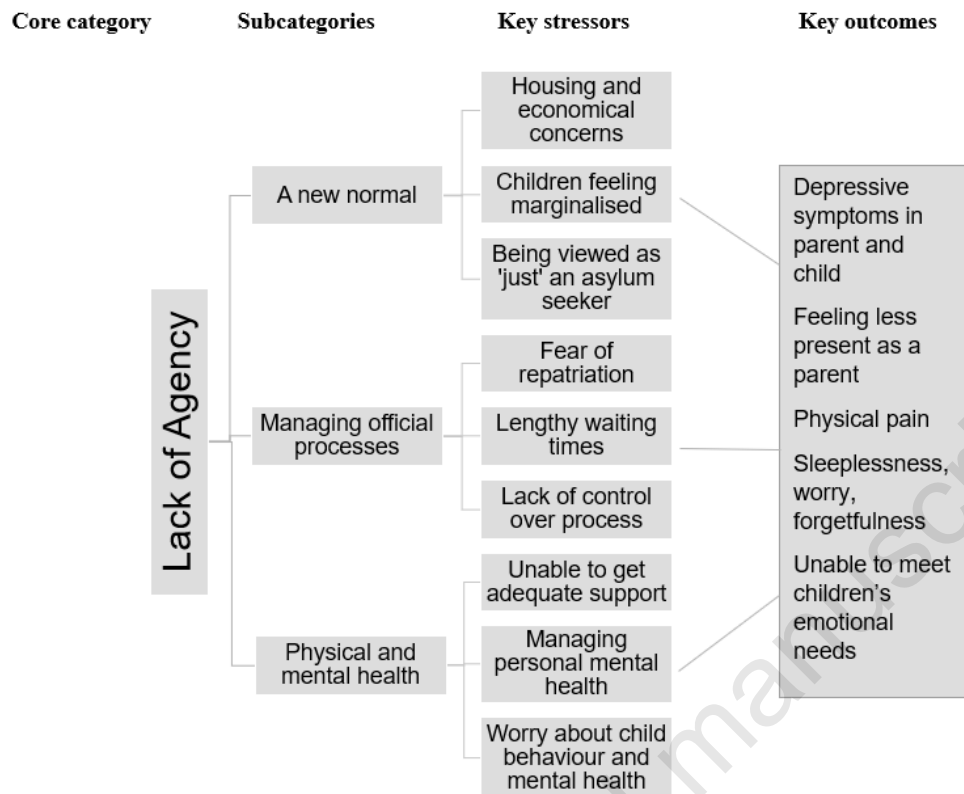


Fig. 1 Theoretical framework showing the key stressors and outcomes of parenting within a post migration setting.

Using participants own narratives we were able to develop a theoretical framework to map the pathways by which parents found post migration stressors affecting their own mental health as well as that of their children. Results found three main subcategories; 1) A new normal, 2) Managing official processes and 3) Physical and mental health. These emerged out of a core category of lack of agency. Subcategory one suggested housing and economic concerns had an impact on both parents and children's wellbeing. Not only was day to day life impacted by restrictions but living conditions and lack of money led to a sense of othering which specifically had negative implications for children. Positive feelings concerning feeling safe and spending more time as a family were explored further in thematic sampling and may act as a protective factor. These findings were supported by studies into post migration stressors (Porter and Haslam, 2005). Subcategory two emerged as a key stressor for participants who found that living with a fear of repatriation as well as navigating

a complicated legal system deeply affected their mental health. In addition, parents voiced concerns that the lack of knowing what was happening also affected children negatively. These concerns about repatriation and the asylum process have been found to contribute to poor mental health in literature (Silove et al., 1997; Blankers, 2013). Subcategory three found parent's description of their own mental health suggested depression with feelings of tiredness, low mood and forgetfulness (American Psychiatric Association, 2013). Furthermore, many parents had somatic problems. Somatization is not uncommon within refugee and asylum-seeking populations. In one review, for example, the authors found that somatization in refugee populations were connected with symptoms of psychopathology, and increased feelings of stigma due to cultural elements may be one of several explanations for this (Rohlof et al., 2014).

Children were described as being aggressive, withdrawn, frequently worried and having problems with sleep. A systematic review on young refugees and asylum seekers found that generally they were affected more by depression, anxiety, and emotional and behavioural problems than comparison groups of native children (Kien et al., 2019). Parents spoke of the wait for a decision and how they moved between several accommodations during this period. A study on asylum seeking children in Denmark found that length of stay between 13-91 months and 4-13 relocations had a significant effect on the psychopathology of 4-16 year olds (Nielsen et al., 2008). This further lends support for reduced waiting times and more support with housing on arrival.

Current stressors were further compounded by experiences from their home country and the journey to Sweden. It is common for experiences in a pre migration context to exacerbate the stress endured in a post migratory setting. Two studies on pre and post migratory traumas in asylum seekers found a high percentage of participants had suffered pre migratory trauma, 79% of participants (Silove et al., 1997) and 78% (Sinnerbrink et al.,

2010). Early intervention to populations that have experienced pre migratory traumas may ameliorate some of the symptoms and reduce the accumulation of stressors.

Within the subcategory of a new normal, results indicated that time spent as a family appeared to be a positive or protective factor and this was explored further in theoretical sampling. For some families, parents reported a change in the family where the father had taken on a completely different role in the family unit and were more involved in the children's upbringing, helped to cook, take the children to school and so on. Many fathers also commented on the changes in their daily lives in Sweden, compared to their home countries. In contrast to many of the women who shared their new found sense of freedom in being able to move around on their own without fear, men reflected that they were able to take on a completely different role within the family, which was met with enthusiasm from both parents. Thus, while parents were working to manage daily tasks and parenting in the context of being an asylum seeker with little agency and control over their futures, some of this stress was ameliorated by a newly found sense of safety and spending time together as a family. The sense that spending time as a family together could act as a protective factor was explored in thematic sampling during wave two. Lea, a 29-year-old mother explained that she enjoyed spending more family time and felt that having both parents present in the home environment was good modelling for the children. This was echoed by Bindi, a mother aged 30 years who found spending time as a family together was "really positive" and who was grateful that her husband was now "helping with everything."

Further studies to understand how spending time as a family may act as a protective factor would be merited as well as research into asylum seeking fathers experiences to more fully understand their role within the family, in the context of living within a new culture. One study conducted on father involvement in a refugee sample found mothers performed four times as many caregiving tasks and activities than fathers (van Ee et al., 2013)

Overall the participant narratives highlighted that families wanted more support for their own and their children's mental health, to be allowed to work and contribute to society and for the asylum process to be clearer and quicker. In support, researchers have shown that families with better support and a higher sense of agency fared better in terms of their mental health. One study on families living in Beirut during the Lebanese war, reported that higher levels of family resources linked to better family adaptation and reduced symptomology (Farhood, 1999). The same study also found social support to be a predictor of psychological health.

### **Limitations**

Parents in the current study all attended the same day care setting in Sweden and therefore the results may not necessarily be applicable to other asylum seekers, either in Sweden or elsewhere in Europe. The participants all attended a day care that was aimed to support both parents and child.

### **Future research and implication for policy**

Longitudinal studies following the same group of asylum seekers would be beneficial to understand how the categories identified in this study, change as asylum seekers status change. One study into refugees found suicidal ideations were higher in those who had lived in a new country for seven years or more, reflecting the difficulties faced in resettlement, job prospects and financial hardship (Bhui et al., 2003). Another study found that the risk of having a serious mental disorder in refugee populations remained elevated, even several years post re-settlement (Bogic et al., 2015). Accumulating stressors of unstable housing situations, lack of language skills and an uncertain future can compound mental health issues among asylum seekers even after the right to remain has been given, (Porter and Haslam, 2005; Bogic et al., 2015). However, Porter and Haslam also found that factors such as

permanent housing over temporary accommodation and the right to work, had a positive effect on mental health in post settlement populations, (2005).

Furthermore, a quantitative study examining links between post migration stressors, length of time seeking asylum and parenting outcomes would be useful. The average time of seeking asylum for participants in the current study was 2.9 years. All of the families found the period of waiting and not knowing the outcome to be extremely stressful, and the impact of having little agency over their lives for a prolonged period of time had a direct effect on their well-being. Parents who took part in the verification process were still awaiting a decision a year later from the first interviews and had an even greater sense of limbo. Studies show that longer waiting times in the asylum process is linked to a deterioration in mental health (Laban et al., 2004; Nielsen et al., 2008).

This study builds on existing studies examining links between asylum seekers and the detrimental effects of post migration stressors by attempting to understand the effects this may have on parenting. In line with previous research, the results of this study indicate that reduced waiting times and easier asylum processes would be beneficial in reducing stressors associated with a post migration context (Sinnerbrink et al., 2010; Laban et al., 2005). However, our study suggests that more support for parents in terms of mental health support and social support could also alleviate some of these perceived stressors and promote more positive feelings around parenting. Pearlin et al. suggested that social support and coping can act as mediators to stress (1981). Many participants spoke of struggling to access mental health support both for themselves and their children. A multi-layered approach consisting of individual support to parent and child but also treating families as a whole should be prioritised early on. Furthermore, offering support in the practicalities relating to the asylum process such as ensuring the right language is used and giving clear information could greatly alleviate some of the stress facing these families.



## References

- Ainsworth, M. D. S., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment*. (Classic Edition). New York, NY: Psychology Press.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on psychological science*, 1(2), 164-180.
- Bhui, K. *et al.* (2003) 'Traumatic events, migration characteristics and psychiatric symptoms among Somali refugees - Preliminary communication', *Social Psychiatry and Psychiatric Epidemiology*, 38(1), pp. 35–43. doi: 10.1007/s00127-003-0596-5.
- Blankers, E. (2013) 'A new generation: How refugee trauma affects parenting and child development', *Torture : quarterly journal on rehabilitation of torture victims and prevention of torture*, pp. 1–276. Available at: <http://igitur-archive.library.uu.nl/dissertations/2013-1022-200615/UUindex.html>.
- Bogic, M., Njoku, A. and Priebe, S. (2015) 'Long-term mental health of war-refugees: a systematic literature review', *BMC International Health and Human Rights*. BMC International Health and Human Rights, 15(1). doi: 10.1186/s12914-015-0064-9.
- Bryant, A. and Charmaz, K. eds., 2007. *The Sage handbook of grounded theory*. Sage.
- Carswell, K., Blackburn, P. and Barker, C. (2011) 'The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers'. doi: 10.1177/0020764008105699.
- van Ee, E. *et al.* (2013) 'Father-involvement in a refugee sample: relations between posttraumatic stress and caregiving.', *Family process*. Department of Research, Foundation Centrum '45 partner in Arq, Diemen, The Netherlands.: Family Process, 52(4), pp. 723–735.

doi: 10.1111/famp.12045.

van Ee, E. *et al.* (2017) 'Attachment Representation and Sensitivity: The Moderating Role of Posttraumatic Stress Disorder in a Refugee Sample', *Family Process*. Centrum '45, Diemen, The Netherlands.; Foundation Arq, Diemen, The Netherlands.: *Family Process*, 56(3), pp. 781–792. doi: 10.1111/famp.12228.

Engward, H. and Davis, G. (2015) 'Being reflexive in qualitative grounded theory: discussion and application of a model of reflexivity', *Journal of Advanced Nursing*. John Wiley & Sons, Ltd (10.1111), 71(7), pp. 1530–1538. doi: 10.1111/jan.12653.

Farhood LF. (1999) 'Testing a model of family stress and coping based on war and non-war stressors, family resources and coping among Lebanese families', *Arch Psychiatr Nurs*. 13(4):192-203. doi: 10.1016/s0883-9417(99)80005-3. PMID: 10478497

Fazel, M. *et al.* (2012) 'Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors', *The Lancet*. Oxford University, Oxford, UK.: Elsevier Ltd, 379(9812), pp. 266–282. doi: 10.1016/S0140-6736(11)60051-2.

Fazel, M. and Stein, A. (2003) 'Mental health of refugee children: comparative study', *British Medical Journal*. 327(7407), p 134. doi: 10.1136/bmj.327.7407.134.

Hallberg, L. R. M. (2006) 'The "core category" of grounded theory: Making constant comparisons', *International Journal of Qualitative Studies on Health and Well-being*, 1(3), pp. 141–148. doi: 10.1080/17482620600858399.

Jonzon, R., Lindkvist, P. and Johansson, E. V. A. (2015) 'A state of limbo – in transition between two contexts: Health assessments upon arrival in Sweden as perceived by former Eritrean asylum seekers', *Scandinavian Journal of Public Health*, 43(5), pp. 548–558. doi: 10.1177/1403494815576786.

Kien, C. *et al.* (2019) 'Prevalence of mental disorders in young refugees and asylum seekers in European Countries: a systematic review', *European Child and Adolescent Psychiatry*.

doi: 10.1007/s00787-018-1215-z.

Laban, C. J. *et al.* (2004) 'Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands', *Journal of Nervous and Mental Disease*, 192(12), pp. 843–851. doi: 10.1097/01.nmd.0000146739.26187.15.

Laban, C. J., Gernaat, H. and Komproe, I. H. (2006) 'Postmigration Living Problems and Common Psychiatric Disorders in Iraqi Asylum Seekers in the Netherlands METHODS', (January). doi: 10.1097/01.nmd.0000188977.44657.1d.

Lindencrona, F; Ekblad, S; Hauff, E. (2008) 'Mental health of recently resettled refugees from the Middle East in Sweden : the impact of pre-resettlement trauma , resettlement stress and capacity to handle stress', *Soc Psychiatry Psychiatr Epidemiol*, (43), pp. 121–131. doi: 10.1007/s00127-007-0280-2.

Mckinney, C., Morse, M. and Pastuszak, J. (2014) 'Effective and Ineffective Parenting: Associations With Psychological Adjustment in Emerging Adults', *Journal of Family Issues*, 37(9), pp. 1203–1225. doi: 10.1177/0192513X14537480.

Minihan, S. *et al.* (2018) 'Patterns and predictors of posttraumatic stress disorder in refugees: A latent class analysis', *Journal of Affective Disorders*. Elsevier B.V., 232(February), pp. 252–259. doi: 10.1016/j.jad.2018.02.010.

Müller, L.R.F., Gossman, K., Hartmann, F. *et al.* (2019) '1-year follow-up of the mental health and stress factors in asylum-seeking children and adolescents resettled in Germany'. *BMC Public Health* **19**, 908. <https://doi.org/10.1186/s12889-019-7263-6>

Nielsen, S. S. *et al.* (2008) 'Mental health among children seeking asylum in Denmark - The effect of length of stay and number of relocations: A cross-sectional study', *BMC Public Health*. BioMed Central, 8(1), pp. 1–9. doi: 10.1186/1471-2458-8-293.

Overgaard, M., De Brigard, F. and Moore, J. W. (2016) 'What Is the Sense of Agency and Why Does it Matter?' doi: 10.3389/fpsyg.2016.01272.

Pearlin, L. I. *et al.* (1981) 'The Stress Process', *Journal of Health and Social Behavior*, 22(4), p. 337. doi: 10.2307/2136676.

Porter, M. and Haslam, N. (2005) 'Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis', *Journal of the American Medical Association*, 294(5), pp. 602–612. doi: 10.1001/jama.294.5.602.

Rohloff, H. G., Knipscheer, J. W. and Kleber, R. J. (2014) 'Somatization in refugees: a review', *Social Psychiatry and Psychiatric Epidemiology*, 49(11), pp. 1793–1804. doi: 10.1007/s00127-014-0877-1.

Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V., & Steel, Z. (1997) (1997) 'Anxiety, depression and PTSD in asylum-seekers: Associations with pre-migration trauma and post-migration stressors', *British Journal of Psychiatry*, 170(APR.), pp. 351–357. Available at: <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed4&NEWS=N&AN=1997147688>.

Sinnerbrink, I. *et al.* (1997) 'Compounding of premigration trauma and postmigration stress in asylum seekers', *Journal of Psychology: Interdisciplinary and Applied*, 131(5), pp. 463–470. doi: 10.1080/00223989709603533.

Sinnerbrink I, Silove D, Field A, Steel Z, Manicavasagar V. (1997) 'Compounding of premigration trauma and postmigration stress in asylum seekers', *J Psychol.*, 131(5):463-70. doi: 10.1080/00223989709603533. PMID: 9284551.

Tribe, R. (2002) 'Mental health of refugees and asylum-seekers', *Advances in Psychiatric Treatment*, 8(4), pp. 240–246. doi: 10.1192/apt.8.4.240.

UNHCR, 2020. *Figures at a Glance*. <https://www.unhcr.org/uk/figures-at-a-glance.html>

Willig, C., 2013. *Introducing qualitative research in psychology*. McGraw-hill education (UK).