University of Southampton

Faculty of Environmental and Life Sciences

Psychology

Understanding the Effects of Post Migration Stress on Parenting Stress in Asylum Seeking Populations: An Exploration of Possible Causes and Evaluation of Interventions.

by

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Abstract

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Parenting stress can be considered as an adverse reaction to the demands of parenting which may lead to less desirable parenting practices. Moreover, research has found that parenting stress is associated with an increase in challenging behaviour in children.

Asylum seekers may be more vulnerable to parenting stress due to the extraneous stressors that they face owing to their legal status. Asylum seekers do not yet have the right to remain in their host country and often endure lengthy legal processes. Further, they encounter contextual stressors such as unstable housing, economic worries and loss of social support. Commonly these stressors can be classed as post migration stressors. This thesis acknowledges the intersectionality between research into parenting stress and research into the mental health of asylum seekers and seeks to address the current gap in literature on parenting stress in asylum seeking populations and contributing knowledge to this area of research. Furthermore, this thesis considers the post migration stressors that concern asylum seeking parents, how parenting stress manifests within this population and how support may help to ameliorate some of these stressors with a core aim of furthering the understanding of asylum-seeking parents experiences of parenting stress. Paper one comprises of a qualitative study using grounded theory to uncover pathways leading to post migration stress. Lack of agency emerged as a core theme with subcategories of “a new normal”, “managing official process” and “physical and mental health” identified through parents own narratives. Paper two quantitively measured parenting stress, post migration stress and depression in asylum seeking parents. Results suggest that post migration stress significantly contributes to parenting stress, specifically concerns around family conflict, finance, and discrimination. Further we found that time spent seeking asylum and gender moderated these results. Paper three examined available interventions supporting asylum seeking parents by synthesising the existing literature to understand how support may reduce parenting stress and child behaviour problems. Results from n=14 studies found that parenting interventions had a positive effect on punitive parenting practices and conduct problems in children. The insight from the participants narratives on their experiences, the statistical analysis of established measures to give a deeper understanding of associations of post migration and parenting stress, and a systematic synthesis of current literature on parenting support, feed into the core aim of this thesis by each taking a unique methodological approach to address the research question.

This PhD was completed using the three-paper format and was made possible through funding from the ECRH and South Coast Doctoral partnership which included extra funding for travel and data collection.

Table of Tables

Table of Figures

Table of Figures

Research Thesis: Declaration of Authorship

Print name:	Ellen Elizabeth Hedström

Title of thesis:	Understanding the Effects of Post Migration Stress on Parenting Stress in Asylum Seeking Populations; An Exploration of Possible Causes and Evaluation of Interventions.

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
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   Hedstrom, E. E., Kovshoff, H., Hadwin, J., & Kreppner, J. (2020). Exploring parenting narratives in asylum seeking populations in Sweden: examining the effect of post migration stress on families through grounded theory. *Journal Of Refugee Studies*.

Signature:	Ellen Hedström	Date:	13.03.2022

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Definitions and Abbreviations

Definitions (as defined by the UNHCR, 2022)

Resettlement: Resettlement is the transfer of refugees from an asylum country to another state that has agreed to admit them and grant them permanent residence. Resettlement states provide the refugee with legal and physical protection, including access to civil, political, economic, social and cultural rights similar to those enjoyed by nationals. Resettlement is often facilitated by organizations such as the UNHCR.

Refugee: A person fleeing conflict that must be protected according to the Geneva Convention, 1951. Not all asylum seekers become refugees, but all refugees have once been asylum seekers.

Internally Displaced Person (IDP): IDP's stay within their own country´s borders. At times staying in inaccessible areas for humanitarian aid, IDP's are some of the most vulnerable people in the world.

Asylum seeker: A request for sanctuary has yet to be processed. The person is allowed basic living conditions and monetary support but is usually unable to work and study and has to live within the guidelines set out by the host country.

Abbreviations

ECRE	European Council for Refugees and Exiles
Gov.UK	Government of the United Kingdom
PHQ-9	Patient Health Questionnaire version 9
PSI-4-SF	Parenting Stress Index version 4 Short Form
PTSD	Post-traumatic stress disorder
RCT	Randomized Controlled Trial
RPMS	Refugee Post Migration Stress Scale
UN	United Nations

UNICEF	United Nations Children´s Fund
UNHCR	United Nations High Commissioner for Refugees

Chapter 1 The development of stress theory

1.1 Overview

There is a lack of a unified stress theory that considers the elements that contribute to stress processes in the individual, for example biological, neurological, and contextual factors may all contribute to a stress response. Two broad categories of research can be considered when discussing stress theory; systemic stress (based on physiological and biological processes) and psychological stress relating to cognitive processes (Krohne, 2002, p.2). However, within the cognitive process approach, there still exists a wide range of theoretical frameworks that aim to understand the way in which individuals experience and respond to stress. Indeed, Lazarus and Folkman suggest that there is little heuristic value in trying to conceptualise stress (1984). Instead, they argue that stress is a concept that enables us to understand a range of processes and variables (internal and external) that may contribute to stress (Lazarus & Folkman, 1984). Accordingly, stress can be thought of as an interaction between external demands (stressors) and bodily processes (stress) (Krohne, 2002). Considering this, one can take a simplistic approach that stress may occur when the demands on a person outweigh the resources available (Hayes & Watson, 2013).

Family stress theory nestles within the broader theoretical framework of stress. Family stress theory takes a systems approach to understanding the impact of stress on the wider family unit. The ways in which a family manages stressors and the meaning they give to stressful events therefore impacts their collective ability to adapt, and differentiates family stress theory from a more general or individualised within person stress framework (Patterson & Garwick, 1994). Developed by Hill in 1949, family stress theory suggests that members within the same family may react and respond differently to the same stressors (Robinson, 1997). Relative to these responses are the resources available to the family and their susceptibility to the crisis in relation to outcome (Robinson, 1997).

Family stress theory can be refined further in relation to a family's ability to cope, with stressors that derive directly from the parenting role. Parenting stress can and

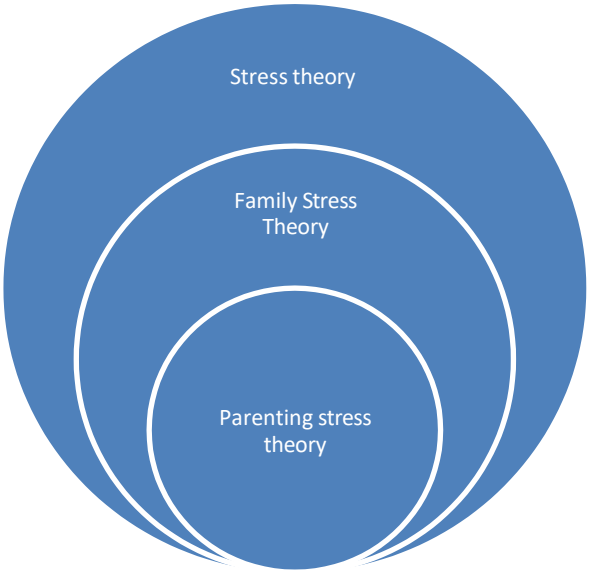
should be considered as a distinct concept while still sharing commonalities with the broader concepts of stress theory and family stress theory (Holly, Fenley, Kritikos, Merson, Abidin, & Langer, 2019) (Figure 1).

Defined as the "unpleasant psychological and physiological reactions in trying to adapt to the requirements of the parenting role" (Orouji, 2021, p.142), parenting stress can be considered as a unique set of stressors stemming from the demands of parenting (Abidin, 1990). These stressors will also interact with the wider family unit and systems within and outside the unit.

Importantly to the content of this thesis, research on parenting stress suggests links between parents' ability to respond and adapt to stress, and child outcome (Deater-Deckard, 1998b). Furthermore, researchers have proposed that parenting stress affects a child's social, affective, and cognitive development which may result in negative child outcomes (Crnic & Low, 2002), such as an increase in internalizing behaviour (Tsotsi et al., 2018) and externalising behaviour (Jackson & Choi, 2018). Moreover, parenting stress is an important risk factor associated with parental depression (Rollè et al., 2017), harsh parenting practices (Jackson & Choi, 2018) and less responsive parenting (Ward & Lee, 2020).

Figure 1

Conceptualised diagram of the relationship between current stress theories.



1.2 The development of stress theory relative to parenting stress

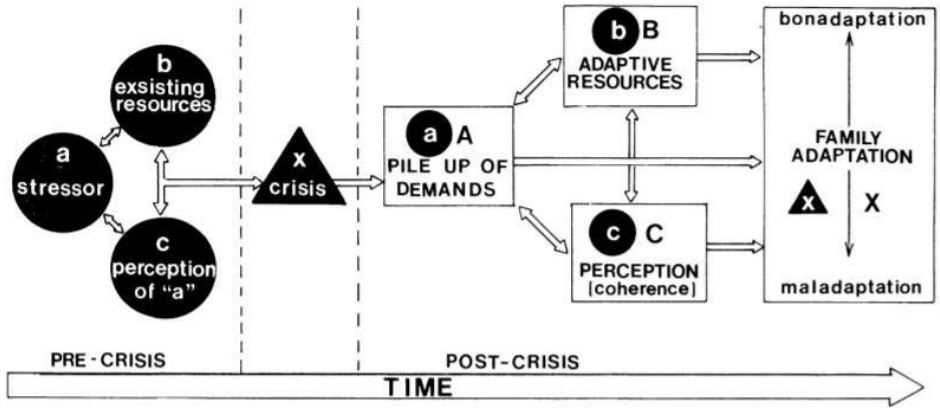
Stress theory can be considered as a framework to explain natural reactions to disaster and events that may change life trajectories (Holmes & Rahe, 1967) and research into stress theory has combined elements of psychobiology, sociology and psychiatry, with an interest in understanding stress through a psychological lens commencing in the 1920's (Weber, 2011). Biologically driven theories, such as Selye´s theory based on general adaption, developed from a focus on systemic stress (Krohne, 2002; Selye, 1976) whereas the Lazarus Theory considered psychological stress based on appraisal and coping (Krohne, 2002; Lazarus & Folkman, 1984).

A stressor can be understood as anything that leads to a potential negative change (Boss et al., 2016). From a psychological perspective, stressors can be categorised into three distinct groups; Community stressors that affect a whole group of people such as war; family stressors such as moving house, and individual stressors such as a loss of job (Patterson, 1988). Further Patterson made a distinction between internal stressors such as mental health problems in the individual, and external stressors such as being discriminated against (noting that there is a relationship between the two in that external stressors may lead to an internal stress reaction) (Patterson, 1988).

Parallel to the development of stress theory research, research on family stress emerged beginning with Hill in 1949 focusing on war induced separation and reunification (Hill,1949; McCubbin et al., 1980). Based on Hill´s research, the ABCX Model was developed (Hill, 1949; 1958) encompassing A, the stressor which interacts with B, the family crisis which interacts with C, the way in which the family define the event, which produce X, the crisis (Hill 1949;1958). The double ABCX Model explored these variables further by adding aA, pile up of demands, bB, existing and new resources and cC, the perception of X+aA+bB which leads to xX, maladaptation (McCubbin & Patterson, 1983) (Figure 2) to define family processes relating to experiencing and adapting to stressful events.

Figure 2

Double ABC-X Model McCubbin & Patterson (1982; 1983)



Note, Adapted by Lavee et al..1985. *The Double ABCX Model of Family Stress and Adaptation: An Empirical Test by Analysis of Structural Equations with Latent Variables.*

Furthermore, focus shifted from viewing the family as weak in the face of stress, to family coping and strength (Burr et al., 1994). Consequently, family stress theory became more process focussed, incorporating external events, personal characteristics of both parent and child, and a family's ability to cope and adapt to demands (Abidin, 1992; Belsky, 1984).

Theories around parenting stress emerged from this research into family stress, to explain the unique demands relating to the parenting process and how the parent-child relationship may contribute to both parent and child outcome. Consequently, parenting stress can be understood to concern a parent's perception of the demand on their parenting roles and their access to adequate resources.

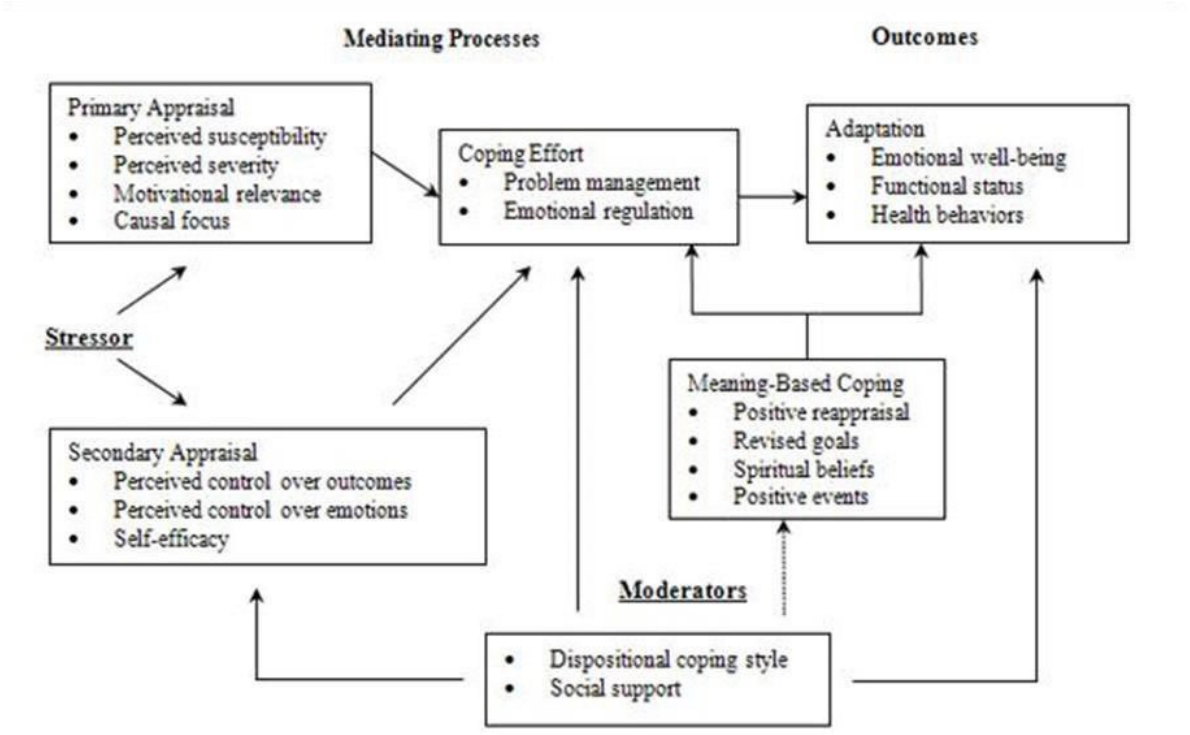
1.2.1 Defining the construct of parenting stress

Defining the construct of parenting stress, including causative factors and subsequent effects on parents and children, is important as parenting stress has been established as a potential risk factor for adult and child psychopathology (Deater-Deckard, 1998). "Central to the definition of parenting stress is the parent´s perception of having access to available resources to meet the demands of parenthood" (Deater-Deckard,

1998, p.315). Conceptually, parenting stress can be seen as a motivator which encourages parents to access resources available to assist with the parenting role (Abidin, 1992). A definition of what constitutes parenting stress by Deater-Deckard is grounded in Lazarus and Folkman´s transactional model of stress (1984) (Figure 3) which considers the appraisal and coping aspects of an individual's response to stress. An important factor in this model is that it accounts for the environmental demands and a person's ability to deal with them. Lazarus and Folkman´s model is based on the assumption that stress involves a transaction between the outside world and an individual, and the stress response is dictated at least in part by how the individual perceives this stressful experience. A key component of this process is an individual's assessment of their ability to cope with a situation.

Figure 3

Transactional Model of Stress



Note, Adapted from Lazarus and Folkman. 1973. *A transactional model of stress.*

A four-point explanation derived from the mechanics of Lazarus and Folkman´s model describes the relationship between parent and child in the context of parenting stress (Figure 4) (Deater-Deckard, 1988).

Figure 4

Definition of parenting stress

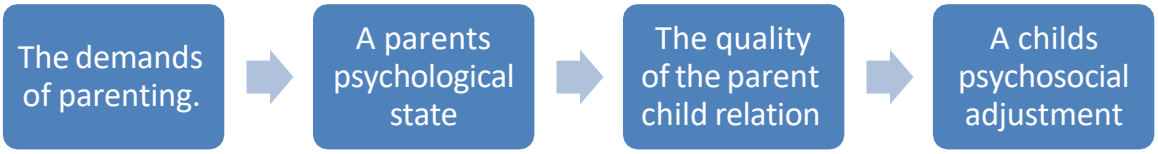
1. A child and/or the parenting role serves as the causal external agent for the stress experience.
2. Parents must appraise child behaviour or parenting events as stressful.
3. Parental coping interacts with stress to determine the degree of effect of the stress.
4. Parenting stress has meaningful consequences to parental and child well-being.

Note. Adapted from Deater-Deckard, 1998*, Parenting stress and Child adjustments; Some old hypotheses and new questions.*

Furthermore, parenting stress cannot be classed as a singular event, rather an accumulation of experiences that together may lead to a parent experiencing stress. Figure 5 helps to explain the process whereby a parent experiences negative demand on themselves relative to their parenting role. This may in turn effect a parent's self-efficacy, namely a belief in their competence in carrying out parenting duties (Crnic & Ross, 2017; Heath et al., 2015). Following this, the parent engages with the child "based on their belief system" (Abidin, 1992, p.411) which may lead to a deterioration in parenting practices. Subsequently, the parent child relationship may suffer which will in turn often result in a negative outcome in the child.

Figure 5

Process of parenting stress



Note. Adapted from Deater-Deckard, 1998*, Parenting stress and Child adjustments; Some old hypotheses and new questions.*

1.3 Parenting stress: Antecedents and Consequences

To better understand the causes and outcomes of parenting stress, it can be helpful to define parenting stress as a dual process of antecedents and consequences (Boz Semerci & Volery, 2018). An antecedent can be understood as the trigger of parenting stress such as a contextual factor (poor housing) or an event (divorce or loss of job) that can exacerbate any daily, low-level stress that may come with parenting, also known as daily hassles (Kohn, 1996). The consequences of parenting stress can be defined as the outcomes of the stress trigger and may manifest as poor parenting style such as harsh parenting, or a deterioration of parental mental health.

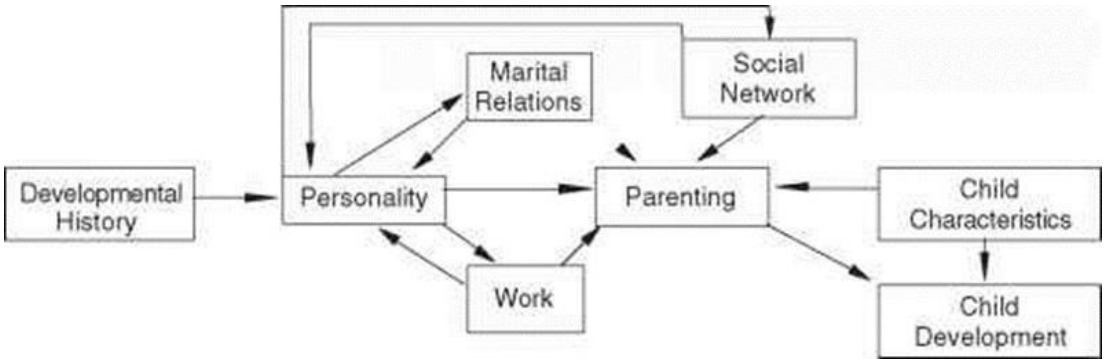
1.3.1 The antecedents to parenting stress

Belsky (1984) developed a process model to explain the determinants of parenting stress (Figure 6). He noted that individual differences in parents and parental history and personality must be considered with respect to how and why parenting stress occurs

(Belsky, 1984). Individual factors or identities that may add to stress and intersect with one's parenting role include race, gender and health for example (Anderson, 2008). A parent's personality and predisposition to mental health problems may also affect the outcome of parenting stress.

Figure 6

A process model of the determinants of parenting



Note, From Belsky. 1984. *The determinants of parenting: A process model.*

Furthermore, the context within which the parent is operating may act as a trigger which elicits parenting stress. There may be low level daily hassles that build up over time. The Parent Daily Hassle Scale developed by Crnic and Greenberg (1990) considers factors relating to the demands of parenting such as the level of needs of the child (needing constant supervision, managing the child in public and so on (Crnic & Booth, 1991; Crnic & Greenberg, 1990). Further, even low-level parental stress has been found to contribute to dysfunctional parenting through parental disengagement (Abidin, 1992).

A large volume of studies on parenting stress focus on stress derived from parenting a child with a long-term illness or disability. For example, parenting stress has been linked to parenting a child with ADHD (Treacy et al., 2005), being a foster parent (G. Jones & Morrissette, 1999) and having a premature birth (M. Turner et al., 2015). Less however has been written about contextual influences outside the parent-child relationship that may trigger parent stress. Studies have found that economic problems and being a low SES

household are linked to parenting stress (Steele et al., 2016). Further, family stress and family circumstances may also predict parenting stress (Raikes & Thompson, 2005), as well as poor health in parents (Anderson, 2008) and lack of social support (Raikes & Thompson, 2005). Exposure to trauma and PTSD have been found to account for a significant variance in parenting stress (Samuelson et al., 2017). Consistently contextual factors together with the individual differences in parents may work together to trigger parenting stress, as suggested by Belsky (1984) and Abidin (1992), and a multitude of factors such as parental characteristics, ongoing daily stressors/hassles and/or life changing events such as caring for a disabled child, or a major family upheaval must be considered when exploring the antecedents of parenting stress.

1.3.2 Consequences of parenting stress

The consequences of parenting stress can impact both parent and children. Abidin´s work on the determinants of parenting (1992) suggests dysfunctional parenting as a direct result of parenting stress. Negative parenting styles can be considered as harsh or authoritarian parenting (Baumrind, 1966) and the effects of parenting stress have been linked to parental depression (Rollè et al., 2017), harsher parenting practices (Jackson & Choi, 2018), dysfunctional marital relationships and anxiety (McCloskey & Pei, 2019).

For children, internal and external behaviour problems such as anxiety and depression (C. M. Rodriguez, 2010) or difficulty in emotional regulation (Tsotsi et al., 2019) are some of the less desirable outcomes associated with parenting stress. A Chinese study on parents with children aged 3-7 found that parenting stress was positively associated with negative parenting styles. Moreover, negative parenting style partially mediated the relationship between parenting stress and negative child behaviour (Chi Kuan Mak et al., 2020). A further longitudinal study found a significant association between parenting stress, family conflict and child internalizing and externalizing behaviour (J. H. Jones et al., 2021). Data from the LONGSCAN (Longitudinal studies of child abuse and neglect) were used to support the hypothesis that family conflict mediates the relation between parent stress and child behaviour outcome in high-risk families. The long-term societal impact of negative child behaviour may add burden to society at large such as the overutilization of health care services (Holmes et al., 2021).

1.3.3 An antecedent and consequence; The transactional nature of parenting stress

In addition to the one-directional pathways examined above whereby a situation or event, coupled with parental traits may lead to parenting stress and subsequent mental health problems and/or child behavioural outcomes, research also suggests a transactional relationship whereby there is a reciprocity in behaviour between the parent and the child. Sameroff posits that the child is part of a bidirectional dynamic system between child and family (Fiese & Sameroff, 1989; Sameroff 1975)). Patterson described this relationship as a process whereby a child may display a normal level of disobedience, eliciting a disproportionate discipline measure by the parent, leading to coercive behaviour in the child and subsequently the parent which ultimately results in antisocial behaviour in the child (Patterson, 1986).

Within the context of parenting stress, a study on parenting stress and child behaviour in early to middle childhood by Neece and colleagues provides a comprehensive summary of this relationship, "parenting stress is both an antecedent and consequence of child behaviour problems. Simultaneously, child behaviour problems are an antecedent and consequence of parenting stress. These variables appear to have a mutually escalating, or deescalating, effect on each other over time." (2012, p.12). This theory has also found support in empirical research such as by Stone et al. who found bidirectionality between parenting stress and externalizing behaviour in both girls and boys aged 4-7 (although results were inconclusive for internalising behaviour) (2016). Moreover, a study on the bidirectional relationship between parenting stress and child behaviour using a sample of preschool children over a three-year period, found behaviour problems to be marginally more stable than parenting stress over time, suggesting behaviour patterns for children may become more entrenched over time (Cherry et al., 2019).

Chapter 2 Asylum seekers: parenting within a post migration context

2.1 Overview

To date there are 4.1 million asylum seekers in the world (UNHCR, 2022) of which 1.3 million are children (UNICEF, 2022). Many of these families seek safety in European countries, often enduring a stressful journey to safety which may involve perilous water crossing such as via the Mediterranean and the English Channel. Asylum seekers, in comparison to refugees, have indeterminant status and in addition to adapting to a new environment must also at times face lengthy legal processes in order to gain refugee status (see definitions and abbreviations, p. xiii). A solid corpus of existing research exists on the psychological impact of war on those who fall victim to it.

Since the so-called Arab Spring in the early 2010s, which resulted in a large wave of people fleeing the middle east, there has been a gradual expansion in research focusing on the effects of displacement from countries such as Syria and Afghanistan. Research suggests that individuals and families who are displaced from their home country, frequently suffer long term adverse effects from their experience such as post-traumatic stress disorder (PTSD) (Bogic et al., 2015). For asylum seekers, post migration stressors such as unstable housing and economic worries, have been identified as contributors to poor mental health (Bentley et al., 2012; Chen et al., 2017). Furthermore, the recent diaspora from Ukraine suggests that not only do people having to flee for their life need to consider the practical implications of displacement, but the trauma relating to experiencing a life-or-death situation, fleeing under dangerous circumstances and being separated from loved ones (for example mothers and children having to leave their partner/fathers) is likely to lead to both short- and long-term mental health outcomes.

Poor mental health has been linked to adverse parenting practices such as harsh parenting (Deater-Deckard, 1998) as well as negative child outcomes (Crum & Moreland, 2017). As such being an asylum seeker may be considered a risk factor for developing parenting stress. Existing theories around the development and effects of stress on an

individual was explored in chapter one, yet there is a lack of understanding how this might apply to asylum seeking parents. While attention has been given to poor mental health within asylum seeking population in literature, more needs to be understood around the specific risk factors for asylum seeking parents which is explored in chapter two.

2.2 Seeking asylum

"If I go back I will be killed, I have no other choice"
(Hedström et al., 2021)

People become displaced for a number of reasons such as natural disasters and famine, as well as through war and conflict. The situation around asylum seekers is constantly dynamic and the plight of people displaced can change instantaneously as is evident in the displacement of up to several million people from Ukraine during Russia's attack on the country beginning in March 2022. The Geneva convention (1951) became the foundation for the United Nations High Commission work with refugees, its core principle being "non-refoulement", which asserts that a refugee should not be returned to a country where they face serious threats to their life or freedom (UNHCR, 2022). In 1967 a protocol was added stipulating to remove time and geographical limits (UNHCR, 2022). The Geneva convention defines a refugee as "a person who is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him— or herself of the protection of that country, or to return there, for fear of persecution" (UNHCR, 2022. p.3).

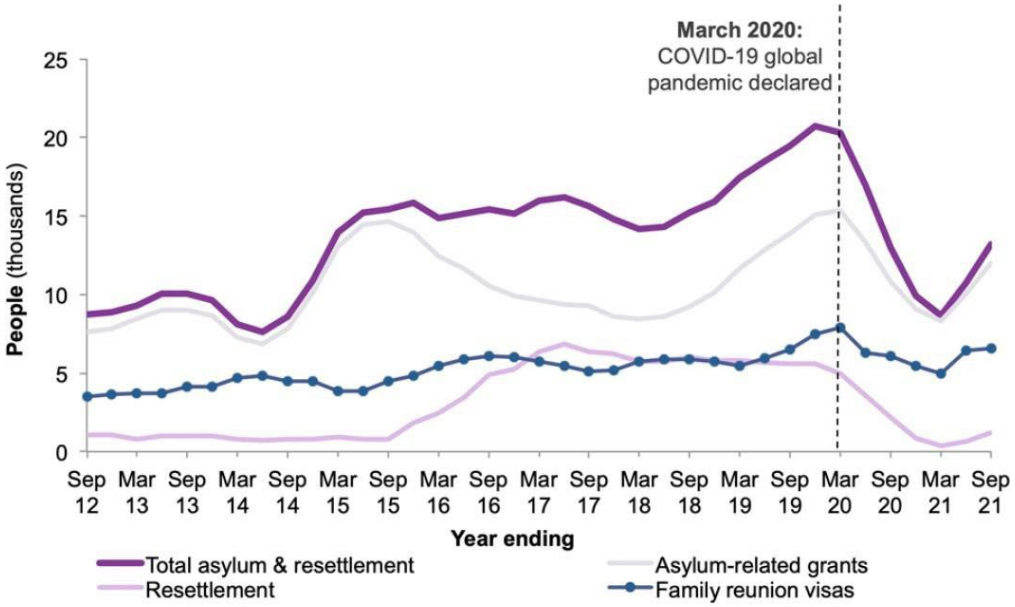
The distinction between a refugee and an asylum seeker is the difference in the status and rights afforded to each population which forms the basis for this thesis. Refugees have the right to live and work in a country and are afforded similar rights to citizens such as being able to study and receive benefits. Refugees often arrive at a safe country via a formal resettlement scheme. The UNHCR assist those deemed most vulnerable to move to member state countries where they become refugees and are assisted in rebuilding their lives.

Conversely, an asylum seeker is a person that has entered into a legal process of refugee status determination. Any individual fleeing conflict and/or persecution has a right to seek asylum in another country. People who do not qualify for protection as refugees will not receive refugee status and may be deported. (UNHCR, 2022). Therefore, individuals who have entered a country to seek asylum, must await an assessment to determine whether they "qualify" for refugee status. In the UK, for example, most asylum seekers do not have the right to work or attend language classes and survive on a government allowance for food, hygiene articles and clothing as well as basic accommodation, as stipulated in Section 95 asylum support (Home Office, 2022).

As of the end of September 2021 the top five countries of nationality for asylum applications (from main applicants) were: Iran (6,002), Eritrea (4,412), Albania (4.010), Iraq (3,042) and Syria (2,303) (UNHCR, 2022). Figure 7 gives an overview of the number of asylum seekers entering the UK over the past 9 years. While a peak can be seen at the start of the Covid pandemic in early 2020, by the following year figures had dipped. There are no indications that fewer people needed to seek refuge during this period, rather that restrictions on travel and border crossings effect movement. Since March 2021 figures have started to increase again for asylum seekers. While no figures are yet available for the current Ukrainian situation, at the beginning of March 2022 around 1.5 million people had fled, largely to neighbouring Poland, with predictions of up to 5 million people who may need to leave Ukraine. These trajectories suggest that there will be a continued need to support asylum seekers on arrival to the UK, placing even more importance on need for research into asylum seekers´ mental health, specifically the long-term effects on parents navigating a new environment while caring for their children.

Figure 7

Application figures year on year until September 2021



Note, from the Home Office. 2022. https://www.gov.uk/government/statistical- data-sets/asylum-and-resettlement-datasets

2.3 The psychological impact of war and displacement

2.3.1 The historical context of research into war related trauma

A growing body of research has focused on the short-and long-term mental health impact of seeking refuge in a foreign country, often in the midst of perilous safety conditions. Trauma in the context of war may refer to a range of experiences, for example the Harvard trauma questionnaire (HTQ) commonly used in refugee samples, asks about experiences of witnessing murder, being subjected to torture, separation from family and so on (Mollica et al., 1992). Post-traumatic stress disorder (PTSD) can be considered as that which occurs after trauma and may exist comorbidly with other psychological

disorders (Nickerson et al., 2011). Not everyone who is subjected to a traumatic event goes on to develop PTSD, yet PTSD is a common and valid measure to assess the long-term impacts of war experiences on people.

Literature has also established that the psychological impact of war is long lasting, for example, a study published in 2020 found a positive association between the number of WWII related traumatic events and continued incidence of PTSD in a sample of 123 Polish WW2 survivors (Martino et al., 2020). Furthermore, a study focusing on forced displacement of Germans in WWII found significant links between anxiety and life satisfaction, when measured almost 60 years later (Kuwert et al., 2009). One study conducted with British participants experiencing WWII reported that children who had been evacuated from their homes at a young age or who had received poor care, were at a greater risk of depression and anxiety (Rusby & Tasker, 2009).

Murthy et al (2006) synthesised data on the impact of several different wars, such as the Vietnam war and the war in Afghanistan, on mental health outcomes (Murthy et al., 2006). Several risk factors emerged; results from studies on Iraq found that lack of social support was a predictor of depression, and another study from Afghanistan found that being female or disabled were considered risk factors for poorer mental health. Overall, they also found evidence of 'higher rates of trauma related psychological problems in children' (p.28) as well as a link between degree of trauma exposure and severity of psychological problems. Murthy et al. suggested that the more exposure there is to traumatic events, the more vulnerable to psychopathology a person may be (2006). This is supported by a longitudinal study of 299 participants from Sarajevo who had either stayed, returned after fleeing or remained displaced after the war. The study found that those who were displaced reported more current stressors than those who stayed or returned after an 11 year follow up (Comtesse et al., 2019). Overall, the study found exposure to traumatic events and current stressors were linked to higher rates of psychological distress around 14 years after the end of the war (p.9).

Longitudinal studies of past conflict provide an important context for current studies on the effect of war and displacement on mental health, where the long-term effects cannot yet be established. Past research suggests that the impact of war may not only be immediate but also have long lasting ramifications on the mental health of those affected.

These findings also lend support to one of the key purposes of conducting research on displaced populations; to encourage early intervention and support to ensure a healthy trajectory for those affected.

2.3.2 The 'European Crises' – research responds to the current diaspora

Since the Arab uprising in the early 2010s (the Arab spring), a new wave of research has emerged in response to the large humanitarian crises caused by displacement through war and conflict. Consistent with literature on the long-term impact of the second world war, a systematic review and meta-analyses from 2020 on the prevalence of mental illness in refugees and asylum seekers found that PTSD and depression persisted for many years after displacement. Moreover, sub-group analyses indicated the prevalence of depression was higher for those deemed asylum seekers relative to refugees (95% CI 27.10-33.32, p=0.04) (Blackmore et al., 2020). A systematic review and meta-analysis by the same authors focusing on mental illness in displaced children found that refugee and asylum-seeking children had higher rates of PTSD, depression, anxiety and ADHD when compared with a non-refugee sample (Blackmore et al., 2019). Of interest for the research conducted in this thesis, specifically paper 2, the authors also found that PTSD was higher for those children with insecure settlement status. PTSD, depression and anxiety were also higher for those who spent less than two years as a displaced person (Blackmore et al, 2019). In her 2020 paper Blackmore and colleagues also found that the prevalence of anxiety disorders was higher for those displaced less than four years in a systematic review and meta-analysis with adult populations (Blackmore et al., 2020).

2.4 Postmigration stress

To understand the effects that post migration stress may have on the mental health of those living within this context, the cumulative effect of experiencing stressors prior to arriving in a safe country must be considered. Pre migration trauma (such as witnessing war, violence and fearing for one´s own family's personal safety), peri migration (the journey to safety, often under perilous conditions) and post migration experiences (such as undergoing lengthy asylum processes, insecure accommodation, and financial struggles) combine a so-called pile up of stressors (Dalgaard et al., 2016).

2.4.2 Pre migration

While the focus of the current research is to understand the stressors that relate to parenting within a post migratory context, it is imperative to have an understanding of how pre-migratory trauma impacts parents in a post-migratory setting. Consistently, research has shown that the stress endured from pre-migratory trauma makes asylum seekers particularly vulnerable to post-migratory stress (Robjant et al., 2003) and in the context of the impact of stress on parenting, it is clear that there is a cumulative effect of stress on outcome.

Pre-migratory trauma can be defined as the experiences an asylum seeker has before fleeing their home country. Within the home country, many have experienced threat to their own life and that of their family, witnessed killings and suffered sexual and/or physical abuse (Vincent et al., 2013). One study found that 80% of participants had experienced some form of trauma such as threats and being separated from their family (Sinnerbrink et al., 1997). In a Danish study of the health of asylum seekers (n=142), 68% said they had been persecuted and 45% said they had been the victim of torture (Masmas et al., 2008). A study on Somali refugees found that cumulative pre migratory trauma was associated with significant levels of anxiety and depression (Bhui et al., 2003).

A systematic review of the long-term mental health of war refugees found that pre migration stress significantly contributed to stress and anxiety in participants measured five or more years after displacement (Bogic et al., 2015). A further study by Lindencrona

et al. found that pre migration trauma accounted for 22% of the total variance of 40% of the reported symptoms of post-traumatic stress. Torture was the independent variable with the largest unique direct effect on post-traumatic stress (2008). Moreover, a study published in the Lancet also found that the number of potentially traumatic pre migration events were positively associated to PTSD and severe mental illness (Chan et al., 2017) indicating that there may be a cumulative effect of pre migration traumas when measuring outcomes in a post migration context. Types of pre- migration traumas have been identified as the murder or a family member or friend, being close to death, forced separation from family members, exposure to brainwashing and suffering ill-health without access to medical care (Silove et al., 1997).

2.4.3 Peri migration

According to the UN migration agency, 4,470 migrants died along migration routes around the world in 2021 (infomigrants.net, 2022). From January to September 2021, it was estimated that 1,369 people died while crossing the Mediterranean (Statista.com, 2022). Further, in 2021 at least 28, 395 people crossed the English Channel (three times more than the previous year). Of these 44 people, of which 3 were children, are dead or missing, presumed dead (infomigrants.net, 2022).

One study examining mental health outcomes from peri and post migration stressors found that a majority of respondents (Rohingya refugees living in Malaysia, n=969) reported living with others in overcrowded settings for weeks (96.2%), hiding to escape authorities (90.9%) and lack of food and water during long journeys (86.3%) (Tay et al., 2019). Furthermore, the study found that the group reporting severe impairment as measured by WHODAS (measuring disability) (Üstün et al.,2010) and SF-12 (assessing physical and mental health) (Ware et al., 1996) reported greater exposure to peri migration stressors. These results are supported by a study by Farhat et al. of n=1293 refugees in Greece (2018). They found that 24.8–57.5% of participants had experienced violence during the journey to Greece (range dependant on different test sites in Greece). Further, 75-92% of respondents aged 15 or over screened positive for an anxiety disorder. Both these studies (Farhat et al., 2018; Tay et al., 2019) used measures on peri migration stressors as an indicator of mental health outcomes as part of a cumulative risk for poor

mental health, suggesting the importance of considering the entirety of events as experienced by asylum seekers. While this thesis focusses on the post migration stressors in the context of parenting, it does acknowledge the impact that peri migration experiences inevitably have on mental health. Consistently, within the first study reported in this thesis, participants wished to recount their experiences of travelling to safety as part of explaining their current experiences while living in Sweden. These narratives were at times traumatic and included witnessing people drowning, being separated from their children and lacking food and water (Hedstrom et al., 2021). These findings are supported by a qualitative study from 2018 on Syrian refugees in Sweden, who had endured the crossing between Turkey and Greece, which found that participants experienced it as 'an emotionally trying journey' (Mangrio et al., 2018).

2.4.3 Post Migration

Research suggests that the trauma associated with displacement does not necessarily stop once a country of safety has been reached. A systematic review identifying key points of risk and protective factors in the migration process found that resettlement and integration were two points where risk factors might occur (Giacco, 2020). Furthermore, it identified two papers suggesting that the uncertainty related to the asylum system was associated with poor mental health in asylum seekers (Farhat et al., 2018; Hvidtfeld et al., 2019; Leiler et al., 2019). This is consistent with findings from an Australian study of asylum seekers (n=38) which found that the fear of being repatriated and difficulties with the asylum-seeking process were almost universal amongst the participants (Sinnerbrink et al., 2010).

Consistently, studies have found a range of potential stressors experienced by asylum seekers on arrival to a host country that may impact their mental health, including frequent changes of accommodation (such as from accommodation centres or staying with family/friends), (Jonzon et al., 2015) and social and economic strains and alienation, (Lindencrona et al., 2008). One study on Iraqi asylum seekers in the Netherlands focusing on post migration problems found that lack of work, family issues and the stress relating to the process of seeking asylum, correlated most significantly with the experience of psychopathology (Laban et al., 2006). These findings are supported by a comprehensive

systematic review which identified 24 socio-environmental risk factors for asylum seekers mental health across 21 studies. These 24 factors were divided into seven domains: working conditions, social networks, economic class, living conditions, healthcare, community and identity and the immigration system (Jannesari et al., 2020). Relative to the findings in this thesis, study one identified key stressors including housing and economic concerns, fear of repatriation, unable to access adequate support and managing personal mental health. In study two, a factor analysis identified five domains of the post migration stress scale which were network and social integration, financial worries, family conflict, discrimination and language and communication.

2.5 Parenting Stress in Asylum Seeking populations

2.5.1 Overview

As previously noted, several process models have evolved, based on empirical research on general stress theory as well as theoretical frameworks examining the pathways leading to parenting stress. Belsky identified three domains of determinants related to parenting, including the personal psychological resources of the parents, the characteristics of the child and the contextual sources of stress and support (1984). One, or all of these variables can contribute to maladaptive parenting including the parents own developmental history, social support and child behaviour and development.

Abidin´s work on parenting stress also examines parental factors in his model on the determinants of parenting behaviour (1992) (Figure 9). Further, many of the earlier stress models have inspired later research to define and conceptualise the construct of parenting stress allowing more refined models to emerge. However, while these models contribute to our understanding of the pathways of parenting stress, they do not necessarily capture the way in which asylum seekers experience parenting stress and subsequent outcomes. Therefore, more context- and population specific research is needed to develop parenting stress models that fit with an asylum-seeking population who may not necessarily have access to social support which is often considered a protective factor within stress models.

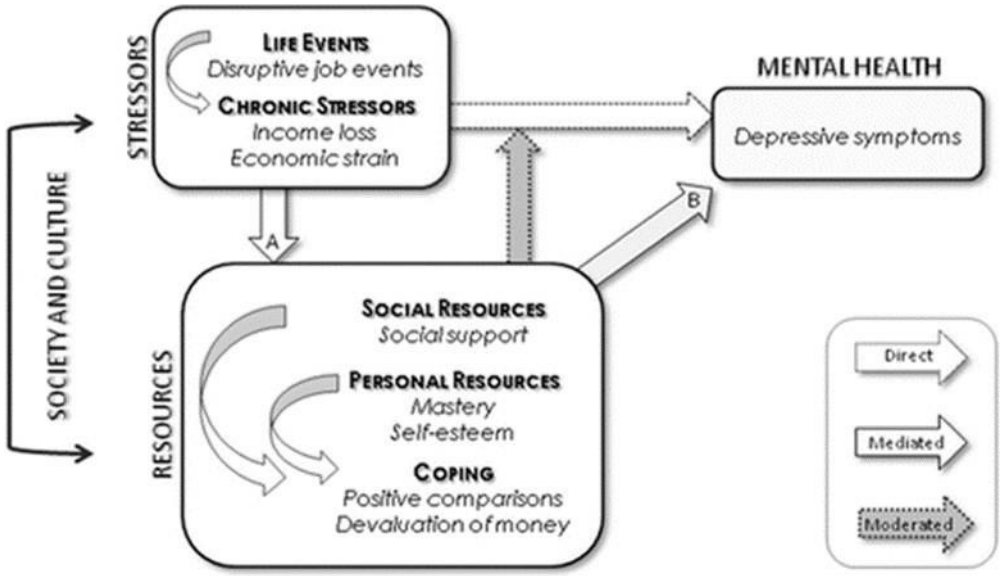
2.5.2 Using theory to understand stress in asylum seeking parents

Self-concept is of particular interest when examining stress in relation to asylum seekers as the dimensions of mastery and self-esteem relate to the way in which individuals feel in control of their own destiny. A lack of agency (a feeling of controlling actions and consequences) can lead to a lack of self-efficacy (the belief in one's ability to succeed) (Bandura, 1992). Low self-efficacy has been linked to the development of mental health issues including depression, anxiety and hopelessness (Wenden, 1981). Pearlin´s original stress process model explains the three domains of social stress: sources, mediators and manifestations of stress (Pearlin et al., 1981) (Figure 8). According to this process, a source of stress can be an eventful experience, life strains and/or self-concept. Relative to this thesis, in a qualitative study of asylum-seeking parents presented in study two, lack of agency was reported as an overarching theme explaining asylum seekers´ experiences of lacking influence over their lives. Furthermore, themes on mental health symptoms such as depression and anxiety were also reported, reinforcing the link between agency, self-efficacy and mental health problems (Hedstrom et al., 2021).

Pearlin's model may explain some of the mechanisms that lead to post migration parenting stress in asylum seeking populations. The model also describes the mediating resources of social support and coping, which increase opportunities for more positive outcomes and can be present at any point along the stress process. If there are no positive mediating factors to help negate the impact of stressors, the negative outcomes of stress are more likely. This model may explain why stress is particularly pertinent to the experiences of asylum seekers, as due to the transient nature of their status and lack of clarity regarding their ability to stay in a host country, as well as the limits placed on work and study, there are very few resources for them to draw on in terms of social or economic support. Coping mechanisms may act as mediators to a negate a negative outcome, for example in the form of economic resources or social support. These resources are rarely available to asylum seekers and well-established stress models highlight the necessity of giving support to asylum seekers to promote positive mental wellbeing.

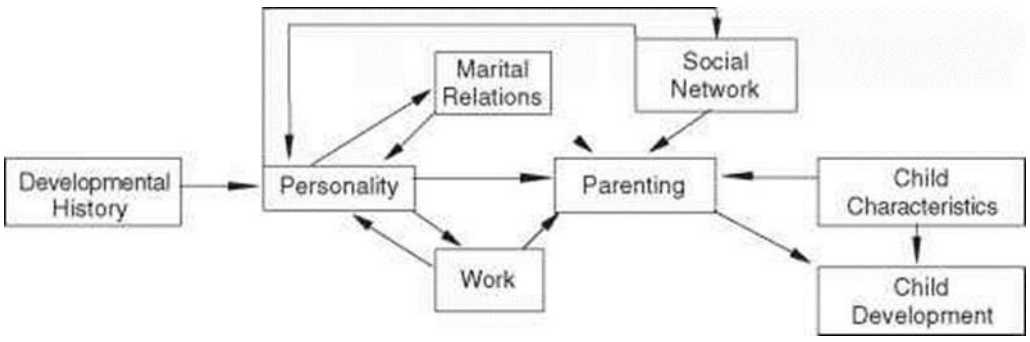
Figure 8

The Original Stress Process Model



Note, Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social behavior*, 337-356.

A further model that takes into account the personal resource of the individual is Belsky´s model on the determinants of parenting (1984) (Figure 6) presented in chapter one and presented here again for reference.



Note, The determinants of parenting, Belsky (1984)

In this model, Belsky builds his framework on the foundations of existing stress models to explain the stress process of parents, as well as the parent child relationship within this process. Three main areas of parenting were considered: the parents' psychological resources, the child's characteristics and the contextual source of stress and support. In addition, Belsky´s model addresses the personal characteristics of both parent and child, adding a further dimension to the stress models that preceded it. Belsky's model works on the assumption that parenting is influenced by a mixture of components which include parent personality, child personality and the ecological systems in which they operate (for example the ecological model by Bronfenbrenner, 1986). In addition, parental history as well as contextual factors such as marital status and work are considered to influence outcome within this model. Belsky also found that not only did social support influence mental health outcomes in parents but also strongly influenced parental functioning. He suggested that one potential pathway to alleviate parenting stress is social support. Given that social support is not always readily available in the context of asylum seekers, consistent with Lazarus and Folkman (Figure 2) and Pearlin et al. (Figure 8) models, Belsky´s model is not able to fully explain the pathways of support that may be available to marginalised communities such as asylum seekers.

Belsky has since expanded on his theory by considering how parenting stress can be mediated by proximal and distal risk factors. Proximal factors can be attributed to the parent-child relationship and encompasses positive parenting behaviour such as warmth, attentiveness and acceptance, as well as negative parenting behaviour such as control and harsh parenting (Roskam et al., 2013). Distal factors may include family social economic status and work. Moreover, the model predicts that these risk factors accumulate within a family's life. The more adverse factors surrounding the child, the more adverse the outcome (Gach et al., 2018). A study by Sameroff (1998) identified risk factors for negative social-emotional development in children which indicated among other things, high maternal anxiety, head of household in unskilled occupation, minimal maternal education, disadvantaged minority status and stressful life events (Sameroff, 1998). Many of these are consistent with the stressors faced by asylum seeking families. Moreover, according to research into multiple risk factors, the more adverse conditions surrounding a child, the more likely a negative developmental outcome (Gutman et al., 2002, 2003). A study on

cumulative parental risk, including low education, income and marital conflict, and child cognitive development found that cumulative risk in mothers was associated with lower competency in parenting (Wade et al., 2017). A further study on risk and protective factors in early childhood development found links between maternal depression and insecure attachment in children from low- and middle-income countries (Walker et al., 2011). Socioeconomic pressures are also associated with lower maternal sensitivity, which impacts children through, for example, less responsive parenting (Sturge-Apple et al., 2017). Furthermore, Abidin posits that distal factors, such as socio-economic conditions or marital status, effect the parent-child relationship, and that this is somehow mediated by the parent (1990). For example, distal factors may influence parenting stress which in turn influences child behaviour, reinforcing the link between parenting stress and child outcome (Huth-Bock & Hughes, 2008). These risk factors, whether they be proximal, distal or a combination of both, can put increasing pressure on parents and create a stressful environment within which to parent and develop.

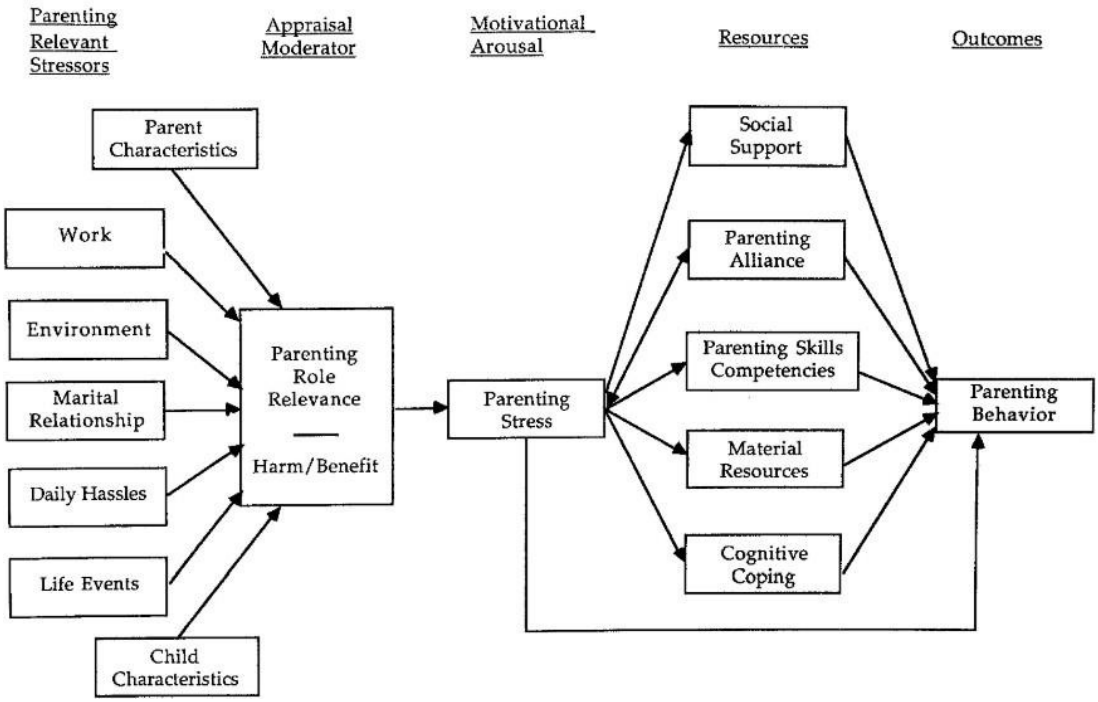
One criticism of Belsky´s model is that it does not capture the parent's individual goal orientated thinking and planning (Abidin, 1992). Further to this, Abidin developed his own Parenting Stress model (as well as the Parenting Stress Index to measure facets of parent stress and the parent child relationship). With stress as its core concept, it posits that stress leads to dysfunctional parenting (Abidin, 1992) (Figure 9). Abidin focused much of his work on understanding the parent-child relationship. He suggested a number of sociological, environmental, behavioural, and developmental variables that influenced parenting behaviour (1992). Abidin developed a theoretical framework to examine the pathways by which these variables may affect parenting. For parents, depression and sense of competency contributes to parental characteristics. A sense of competence can be considered to result from a sense of mastery of one's environment (Wagner & Morse, 1975). The importance of the role of the parent as a catalyst for outcome through a perceived sense of self is highlighted in this model.

Through this sense of self as a parent, parents assess perceived harm or benefit in their parental role, an appraisal which determines the level of stress experienced (Abidin, 1990). Abidin notes the similarities with Lazarus and Folkman´s model (Figure 2) but has adapted it to fit with the construct of parenting stress. Further, Abidin´s model also explores the proximal and distal factors that influence stress in parents, such as work and

marital relationships, as can be seen in Belsky´s model. Whereas Belsky considers these variables to influence parenting style and parental personality in a dynamic and bidirectional relationship, Abidin purports these influences to be antecedents to parental outcome whereby the parent assesses and appraises the stressor. Abidin also expands on resources that may act as supportive measures to ameliorate the outcomes of parenting stress to include internal resources such as cognitive coping. Further, Abidin places child characteristics as a stressor in contrast to Belsky who suggested child characteristics, while influencing parenting, take a more dynamic role in the process as opposed the being an antecedent to the parental stress, relative to Abidin´s model.

Figure 9

Theorized paths of influence regarding the determinants of parenting behaviour

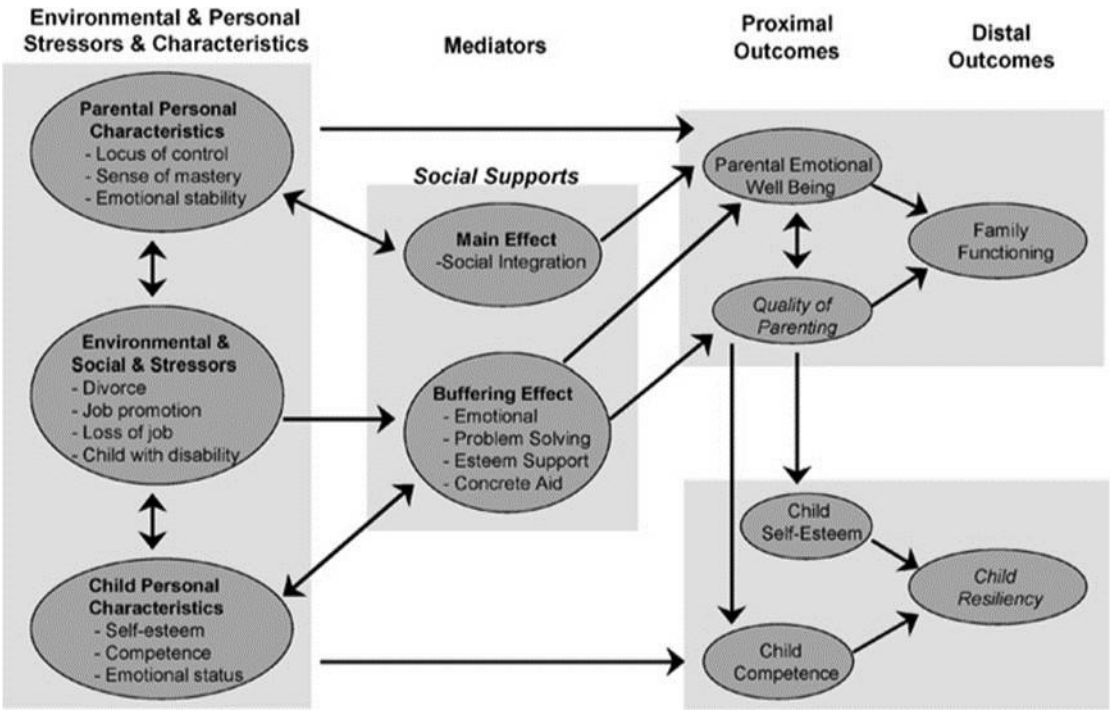


Note, Abidin, R. R. (1992). The determinants of parenting behavior. *Journal of Clinical Child Psychology*, *21*(4), 407-412.

A more recent model of parenting stress that also explores the proximal and distal factors similar to Abidin´s model, is the conceptual model of parenting stress developed by Armstrong et al. (Figure 10). The model examines the pathways between personal and environmental stressors, quality of parenting and social support among other things. It also adds a further take on distal and proximal effects, this time as outcomes rather than as risk factors.

Figure 10

Conceptual model of parenting stress



Note, Armstrong et al., (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, *14*(2), 269-281.

In this model social support is seen as a mediator as well as a coping resource with both main and buffering effects, similar to previous models who consider social support to be a key resource to ameliorate the effects of parenting stress. Furthermore, parental sense of mastery is considered as an antecedent to stress outcome together with environmental stressors such as loss of a job and the influences of child characteristics. Some of the low-level stressors or daily hassles as suggested by the daily hassles scale (Crnic & Greenberg, 1990; Crnic & Low, 1991) are a child's competence relative to the need for parental assistance and attention. Social support such as concrete aid may buffer against these daily hassles gaining momentum and triggering an adverse reaction by the parent. Relative to this is the distal outcome of parental mental health which is linked to harsh parenting and child behavioural outcome as noted previously in this chapter.

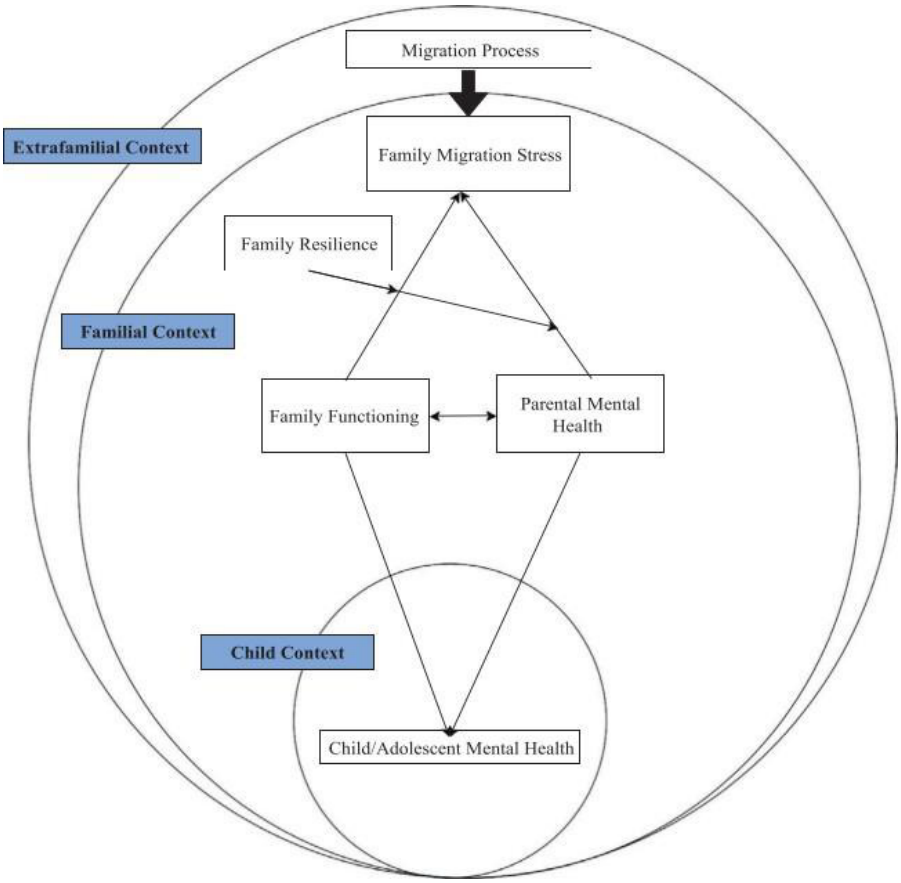
Further, in this model, parental mental health, quality of parenting and child outcome are inextricably linked, relating to both the level of support available as well as distal outcomes such as family functioning. For asylum seekers, the link between poor experiences in a post migration context and mental health, suggests that support for parents in the form of social integration as well as concrete aid may go some way to alleviate parenting stress in this population.

Furthermore, both study one and study two of this thesis found that loss of network (study one and two) and discrimination (study two) contributed to feelings of depression, anxiety and parenting stress.

While existing models explain the interplay between internal and external influences as well as parental and child characteristics, few models adapt these processes to explain how asylum seekers might experience stress relative to their unique experiences. One model has aimed to account for the specific stressors encountered by displaced families who have faced a series of crises in relation to their migration. The family crises migration framework (Vos et al., 2021) contains three systemic frameworks within which migrant children live and operate: Social/global context, the familial context and the individual context. The model considers the journey from the crises (for example war), the experiences on arrival in a new country and the family processes that mediate outcomes of parental mental health on child outcome (Vos et al., 2021).

Figure 11

Family crises migration framework



Note, Vos et al. (2021). The family crisis migration stress framework: A framework to understand the mental health effects of crisis migration on children and families caused by disasters. *New Directions for Child and Adolescent Development*, *2021*(176), 41-59.

The model can be considered to draw on elements of both family stress theory (such as family adaptation to a crisis) as well as stressors affecting the parenting role. Focus lies on the pathways to maladaptation such as stressors arising from migration and the parent-child relationship. Further it suggests that family resilience mediates the relationship between family functioning and parental mental health with stress relating to the migration process. Consistently, resilience can be considered as the ability to bounce

back from adversity (Sleijpen et al., 2013). A number of variables characterise resilience and thriving including positive self-esteem, strong coping skills, a sense of coherence, self-efficacy, optimism, strong social resources, adaptability and a high tolerance of uncertainty. One hypothesis purports resilience to be trait based, that is stable over time and context, whereas others consider it state based, a dynamic process that changes over time (Jacelon, 1997). From a trait-based perspective asylum seeking families may be able to draw on inherent skills such as coping or optimism. From a state-based perspective the model may not fully explain how resilience may mediate the relationship between stress, parental health and family functioning. As previously explored, self-efficacy may be a concept that many asylum seekers struggle with when navigating life in a new country.

2.5.2 Summary of stress models explaining parenting stress

Theoretical stress models have emerged in an attempt explain the pathways leading to stress. Parenting stress models have adapted the process further to include elements of parental and child characteristics as well as antecedents and consequences of parenting stress. One common feature of several of the models presented is that social support is considered a mediator between stress triggers and outcome. Of interest to this thesis is the lack of perceived support by many asylum seekers, suggesting this may not be the optimum route to bonadaptation (a term coined by McCubbins et al. in the double ABCX model (1983)) for asylum seeking parents. It also suggests that host countries may need to provide more concrete and tailored support for newly arrived families.

Consistently, each model falls short in fully explaining the pathways leading to parenting stress in asylum seeking populations as well as potential mediators to ameliorate the effects of stress. As this chapter has identified, asylum seekers are vulnerable to a host of risk factors that can have an impact on their health and psychosocial well-being. For asylum seeking parents, in addition to navigating life as an asylum seeker, they must also parent their children and support their child´s wellbeing. Research has found that children exposed to war are vulnerable both to first hand trauma through witnessing distressing events themselves, as well as through experiencing the responses of their parents, and possible disruption to the parent's ability to parent in a sensitive and consistent manner (Eruyar et al., 2018). Moreover, the effects of war-trauma

can impair parenting as parents may be less sensitive and responsive whilst managing their own distress (van Ee et al., 2017). This has a negative cycle on development for children in this context as early and prolonged adversity, in combination with low psychosocial resources such as low parenting quality, can compound the negative impact of war and lead to further adversity (Daud et al., 2008).

One study of 49 asylum seeking and refugee mothers found that heightened levels of maternal post-traumatic stress affected the sensitivity (the ability to respond to childrens' needs in an appropriate manner) in mother-child interactions, (van Ee et al., 2016). Early and prolonged adversity, in combination with low psychosocial resources, such as low parenting quality, can in turn lead to further adversity, even after a safe country has been reached (Daud et al., 2008; Masten et al., 2019). Parents' communication patterns concerning their own traumatic experiences can have consequences for the well-being of their children (Dalgaard et al., 2016; Weine et al., 2004).

A study of children whose parents had been tortured found that in a comparison between children developing PTSD and those who did not, the non-presenting children scored high on measurements of resilience such as close relations with friends and family (Daud et al., 2008). Resilience can therefore be a tool by which to ameliorate the effects of maladaptive parenting and secure positive long-term trajectories for displaced children. In 1984 Belsky noted that positive parenting correlated with social support and that 'support and general wellbeing have been repeatedly linked', (Belsky, 1984, p.87). One study on attachment and refugees found that interpersonal trauma had an adverse effect on refugee's attachment style, specifically an increase in avoidant attachment (Morina et al., 2016). A further study of attachment in refugee children found that the strength of parent-child relationships were paramount in supporting childrens´ resilience to cope with war related trauma (De Haene et al., 2013).

Currently the focus of research lies in understanding the effects of trauma on parenting, both in terms of parenting styles and parent and child psychopathology. To date, less has been written on how the construct of parenting stress may work to exacerbate these outcomes. The exploration of how parenting stress contributes to poor mental health in adults and children in a post migration context in this thesis, aims to

contribute to the gap in current research and promote further support to these marginalised families.

2.6 Gender differences in parents

A further aspect that must be considered when discussing parenting stress and the parent child relationship is empirical research suggesting that being female may be a risk factor for more adverse mental health outcomes contra males. Research suggests that women are often more vulnerable to psychopathology within the context of war. For example, one study on men and women living in a camp in Turkey found that being female was a predictor of depression (Acarturk et al., 2018). Furthermore, Silove et al.´s early research investigating the correlates of anxiety, depression and PTSD in asylum- seekers also found that higher anxiety scores were related to being female (1997). Past research has found similar results, for example a study on the psychological consequences of war trauma and post war stressors on women in Bosnia and Herzegovina found that in comparison to a control group, exposed women displayed more post traumatic symptoms as well as general psychological symptoms such as depression, anxiety and obsessive-compulsive symptoms (Klaric et al., 2007).

Less has been written on mothers in the context of parenting as an asylum seeker. A study of Syrian asylum seekers in Greece found that being female was a significant risk factor for major depressive disorder (MDD). Further, for each additional child a woman had, the risk of MDD increased (Poole et al., 2018) suggesting that the addition pressures of parenting may be a contributing factor to poor mental health. Moreover, the effect of mothers´ mental health has been found to have a mediating effect child adjustment (East et al., 2017). Mothers´ psychological distress is also associated with negative parenting and child psychosocial outcome (Sim et al., 2018). Study two of this thesis aims to address this gap in research by examining parenting stress and postmigration stressors separately for mothers and fathers.

Chapter 3 Thesis overview and methodological approach

3.1 Overall aim of thesis

Parenting stress in asylum seeking populations can be considered to consist of the day-to-day stress that comes from parenting children, as seen in the models discussed in the previous chapter. These stressors may be influenced by biological factors such as parent and child personality, the marital relationship as well as external stressors such as income and support. Secondly it concerns the stressors relating specifically to living in a post migration context. While some of the stressors relating to displacement may overlap with 'regular' parenting stressors such as financial concerns and family conflict, a key factor for asylum seekers is the lack of protective factors that may ameliorate some of these post migration stressors, as presented in chapter two. This 'lack of fit' in existing stress models as explored in chapter one and two, is an important factor in being able to address the gap in research concerning the experiences of asylum seekers. Taken together, parenting stress and post migration stress are the two core constructs explored across the three papers included in this thesis.

From an impact perspective, research that furthers the understanding of the plight of asylum seekers and their families, and how they can best be supported may lead to influencing policy change. For example, lengthy legal processes have long been voiced as a concern for asylum seekers' mental health. Further, new rules on asylum seeking mean that the legal process may become even more protracted and complex adding further stress to an already vulnerable population (UNHCR, 2022).

To allow this three-paper thesis to grow inductively and in part be shaped by asylum seekers' own narratives, the first study employed a grounded theory design. This qualitative study invited asylum seekers to share their experiences of living in a new country, and included topics such as mental health, day to day living, finances and children. To further understand how the stressors identified in study one might affect parenting stress, a cross sectional quantitative study was conducted for study two. In this study I explored individual post migration stressors' contribution to parenting stress to examine which contextual stressors most impact parenting stress in asylum seekers. Further to this, it tested some of the theoretical propositions that derived from the grounded theory model in study one

including the effect of time spent awaiting a decision as well as differences between mothers and fathers. Finally, to establish whether parenting support might be a useful way to support this population whilst they await a decision regarding refugee status, study three comprised of a systematic review which was conducted to understand the types of parenting support available for asylum seeking populations. It also aimed to establish the efficacy of these interventions, as well as the effect of parenting training on child behaviour outcomes.

3.2 Summary of papers and key study aims

1. Paper 1 is entitled **Exploring parenting narratives in asylum seeking populations in Sweden: Examining the effect of post migration stress on families through grounded theory**. It´s key aim is to establish the stressors experienced by asylum seeking parents through their own narratives, both as a standalone paper which seeks to contribute to existing literature on parenting as an asylum seeker but also to inform the direction of this thesis by using data grounded in theory. Overall, a key theme on lack of agency emerged with sub categories concerning day to day life, the asylum process and mental and physical health.
2. Paper 2 is entitled **Pathways leading to parenting stress in asylum seeking parents: The role of post migration stress**. The key aim of this paper was to build on the data acquired through study one and quantitatively explore the association between dimension of post migration and parenting stress by assessing the unique variance contributed by post migration stressors through regression analysis. Further, due to themes on concerns around lengthy waiting periods for the right to remain emerging in study one, as well as current research suggesting being a female asylum seeker may be a risk factor for psychopathology, the moderating effect of time and gender are explored. Overall, we found that both mothers and fathers scored high on parenting stress as well as displayed higher than average symptoms of depression and post migration stress. Furthermore, we found that family conflict, financial

worries and discrimination all contributed to parenting stress in this population. For fathers, mean scores on post migration stress, parenting stress and depression were higher but this did not translate into any association between the variables. For mothers there was a significant association between depression and financial worries. Moreover, for those spending less time in the U.K awaiting a decision, levels of post migration stress and parenting stress were higher.

3. Paper 3 is entitled **Displaced populations and parenting interventions: Supporting positive outcomes in parents and children – a systematic review.** While paper one and two established some of the post migration stressors associated with parenting stress in this population, paper three examined the effect of providing parenting support to reduce negative parenting practices associated with parenting stress such as punitive parenting, and whether a reduction in negative parenting resulted in more positive child behaviour. Overall, we found that parenting interventions do seem to have an effect on reducing negative aspects of parenting as well as promote healthier parenting practices and the parent child relationship. Conduct problems in children were also reduced.

3.3 Methodological Approach

To lead the direction of the research, establishing a framework within which I could consider asylum seekers' experiences of parenting their children in a post migration context was imperative. With Grounded Theory, the hypothesis is generated through analysis of the data corpus as opposed to starting the research with an existing framework to build on. Grounded Theory is systematic and can be complex, but it is well suited to certain types of novel research questions. It uses an inductive approach which means that the research topic may broaden as research is carried out. This means that the coding is not restricted by preconceived coding frames. It also means the themes relate to the data itself and this may not necessarily fit with the original interview questions posed.

Using an inductive approach, the themes that emerged were derived from the participants' own experiences rather than any assumptions held by the researcher. With an iterative approach, data was revisited as new data emerged, allowing the researcher to see themes emerge as the study was taking place by moving back and forth between data

(Kwortnik, 2003). Consequently, data analysis and data collation happened simultaneously (Suddaby, 2006). Grounded theory comprises a constant analysis and comparison of data which began as soon as the first interview commenced. This process continued until sufficient relationships were found within the data and the defining properties of the data stabilised (Nunes et al., 2010). For this study, the approach developed by Kathy Charmaz was implemented (Charmaz, 2006; Mills et al., 2006). The constructivist approach looks at how participants construct meaning in relation to the research question. It also allows the researcher's pre-existing knowledge and experiences to effect data interpretation. In sum, the method employed was designed to CONSTRUCT a theory grounded in the data.

For study one, asylum seeking parents were asked about their experiences of post migration living to establish what they perceived to act as stressors. The population was visited twice; once to establish themes and once to verify themes with existing and new participants. In this sense the study was both inductive – themes were emerging from the data – and iterative – through going back to the sample population to both verify existing themes and build on them. A theoretical framework was constructed from these themes that could better explain the mechanisms by which asylum seeking parents experienced post migration stress and the effect this had on their families.

Once key stressors and the grounded theory framework had been established through study one; the methodological approach for study two could be developed. Due to funding via the ESRC being contingent on advanced quantitative methods (AQM) it was imperative that study two employed quantitative research methods. Study one suggested that parenting stress and post migration stress were linked to parental mental health, which in turn impacted their ability to parent effectively. Moreover, length of time dealing with authorities through the asylum-seeking process was causing many participants significant distress. This led to study two being designed as an exploratory study which aimed to establish which post migration stressors contributed the most variance to parenting stress in asylum seeking parents. Further to this I explored the moderating effects of time and gender on this relationship. I used a newly constructed measure designed to capture post migration stressors in refugees living in Sweden (Malm et al., 2020). To create a better fit for an asylum-seeking population, one item on work was removed and a factor analysis was conducted to create five dimensions of postmigration stressors. To capture parenting stress, the Parenting Stress Index Short Form Version 4 was used (Abidin, 2012). This

contains three subcategories measuring parental distress (PD), parenting-child dysfunctional interaction (PCDI) and difficult child (DC). Subsequently analysis was run using five dimensions of post migration stress and three dimensions of parenting stress to provide an in-depth understanding of parents' experiences of post-migration stress and parenting stress. Furthermore, depression and demographics were captured enabling the study to explore the associations between parenting stress, post migration stress and depression as well as the moderating effect of time and gender on this relationship. In order to understand the unique contribution of each independent variable on the outcome variable, hierarchical regression was employed. I had originally planned to use Hayes process model to explore moderation through conditional process analysis (Hayes, 2018). However, the small sample size meant a lack of fit for this model and regression analysis allowed me to explore the independent contributions of each post migration stressor on parenting stress. This also allowed me to further contribute to the lack of data concerning post migration stress and parenting stress associations.

For the final study, a systematic review was conducted. Using Cochranes preferred method of completing systematic reviews, a thorough scoping was initially conducted, and search strategy developed using a PICO framework (Schardt et al., 2007). Reporting followed the preferred reporting items for systematic reviews and meta-analysis (PRISMA) (Page et al.,2021). In order to explore any risk of bias, RoB 2 was used to asses RCT´s and Robins-1 was used to assess one armed cohort studies. As exploring outcomes concerning dimensions of parenting practices and child behaviour was a key aim in this paper, I grouped outcome measures in parenting approaches and child outcomes, in order to explore which dimension of parenting are responsive to parenting support, and how this linked to changes in child behaviour.

3.4 Methodical rationale

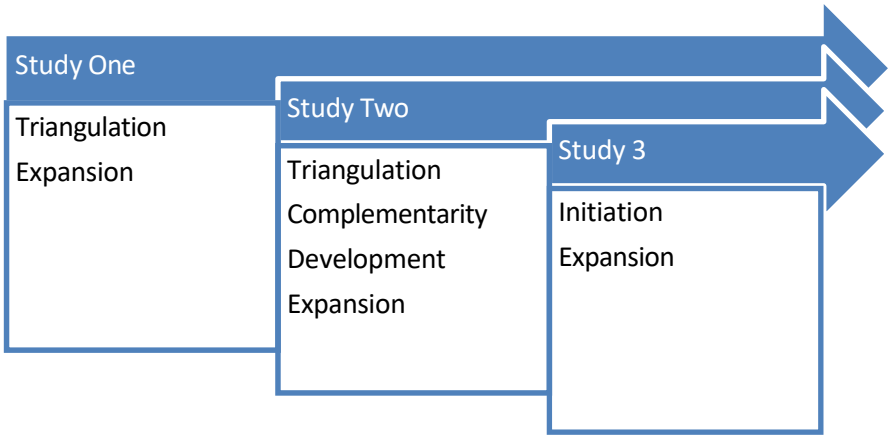
There was a strong rationale for using a mixed methods approach in the development of this thesis. Primarily, lack of research on parenting experiences of asylum seekers living in a post migration context meant that establishing some context of individual experiences was necessary. Allowing asylum seeking parents own narrative to shape and inform the studies was imperative; not only to address the existing lack of knowledge around this topic

and make a valuable contribution to research but also to ensure that topics concerning those with a lived experience of seeking asylum would feed back into practical implication for policy and healthcare changes. I combined a qualitative study using grounded theory framework with a constructivist approach, allowing participants narratives to construct meaning in relation to the research question. This was followed by a qualitative study that sought to explore associations between dimensions of post migration stress, parenting stress and depression. While established measures were used to gather data, the themes that emerged from study one contributed to the direction of the literature reviewed in the introduction and discussion section. Study one also informed the inclusion of time as a potential moderator due to the lengthy asylum processes and resulting concerns that participants in study one had around this. To add to the body of research that had already been conducted on study one and two, a systematic review was conducted to explore possible interventions for some of the problems identified in the previous two studies. While commonly systematic reviews are used to establish gaps in research which aim to inform the direction of subsequent papers in doctoral research, the lack of existing research into parenting stress specifically relating to asylum seekers was such that it felt important to allow those with lived experiences to shape the direction of the thesis. With this in mind, the systematic review examined parenting interventions aimed at addressing parenting practices linked with outcomes that may affect parental stress and mental health outcomes as well as child behaviour outcomes.

Greene et al. developed a conceptual framework encompassing the five dimensions of mixed methods research; triangulation, complementarity, development, initiation, and expansion (1989). Triangulation aims to corroborate the results from different methods, complementarity seeks to clarify the results from one method with the results from another method, development uses results from one method to develop or inform another study, initiation aims to look at new perspectives or question frameworks from one study to another and expansion seeks to extend the breadth and range of enquiry through using different methods (Greene et al., 1989).

Figure 12

Mixed methods evaluation of three paper thesis



Note, Adapted from Adapted from Greene et al. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational evaluation and policy analysis*, *11*(3), 255-274.

3.5 Overview of papers: context and background

3.5.1 Study 1 Exploring Parenting Narratives in Asylum Seeking Populations in Sweden: Examining the Effect of Post Migration Stress on Families through Grounded Theory.

Empirical evidence has demonstrated 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 impact the family unit, and specifically with a focus on parenting and child outcomes. The aim of this study was to understand how asylum-seeking parents experience stress in a post migration setting and in which way this impacted parenting. In 2018 and 2019, interviews were conducted with asylum seeking parents (27 families) in a small community in Sweden. Using a qualitative grounded theory research design, an overarching theme of lack of agency amongst parents was reported, which linked with three subthemes: a new normal, managing official processes and poor physical and mental health. Within each subtheme, the role of parenting was examined. Parents living through the asylum-seeking process reported experiencing few rights, 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. Parents further outlined how these

issues affected their ability to feel present as a parent, increasing parental concern about the negative impact on their children. Implications of the findings and suggestions for future studies are reported.

Data collection took place in Sweden where asylum applications peaked in 2015-2016 following the breakout of war in Syria. The total number of people seeking asylum in Sweden was 28, 939 in 2016 and 25, 666 in 2017 (migrationsverket.se, 2018). Figures fell to 12, 991 in 2020 meaning that there was a peak in applications during the time that data collection took place (migrationsverket.se, 2022). It must be noted that some of these figures may be lower due to the outbreak of Covid-19 making movement more difficult for displaced people. At the time of data collection, backlogs of applications still existed pushing the average decision time regarding whether the individual is allowed to stay in the country to 534 days, (migrationsverket.se, 2018). The Swedish Migration Agency claimed that in 2017, 2/3 of applications were processed within 90 days meaning at the timepoint of data collection for this study, there was still a large population who were living for a longer period with uncertainty. Currently, Migrationsverket aim to process 90% of applications within 6 months although there is currently no data to show whether this target is being achieved (Migrationsverket, 2022).

Asylum seekers are generally expected to support themselves and find friends or relatives to live with, however, for those with no means of their own, the Swedish Migration Agency provide a daily sum which amounts to around £5.50 per adult and between £3.50-£4.50 per child living within the same family (migrationsverket.se, 2022). With this stipend, the family are expected to purchase food, hygiene articles, clothes and so on. The sum can be reduced or removed if a family are denied the right to remain.

Consistently, studies have identified poor socioeconomic living conditions post migration (Laban et al., 2004), and the impact of being unable to work and lack of access to social welfare were major causes of stress, (Sinnerbrink et al., 2010). Furthermore, fears around accessing adequate health care contributed to mental health concerns (Jonzon et al., 2015; Sinnerbrink et al., 2010). In Sweden, Asylum seekers have right to emergency health care and are invited to attend a health screening on arrival to the country. In addition, they can seek help locally for concerns about mental health. Medication has to be paid for, although at a reduced rate, (migrationsverket.se, 2022).

Within this context, the aim of the first study was to develop a theoretical framework within which the key stressors experienced by asylum seekers living in Sweden, and how these stressors impacted upon family functioning, parenting and the parent-child relationship as well as mental health in both parent and child could be understood.

3.5.2 Study 2 Pathways leading to parenting stress in asylum seeking parents: The role of post migration stress.

An asylum seeker is someone whose request for sanctuary has not yet been processed. (UNHCR, 2022). Relative to this, asylum seekers may endure further post migration stressors due to lengthy waiting times for refugee status and lack of adequate housing, financial and mental health support (Laban et al., 2006; Leiler et al., 2019) as well as fear of repatriation (Groen et al., 2019; Silove, 1997). While empirical research has established links between the stressors associated with seeking asylum and adverse mental health outcomes, to date less has been established on post migration stressors effect on parenting experiences, specifically parenting stress.

Research into parenting stress and parent and child outcomes is well established within literature. In a study on stress and coping in parents with children with cerebral palsy, it was found that as mothers' stress increased, satisfaction as a parent and the ability to handle one's child decreased (Wanamaker & Glenwick, 1998). Moreover, mothers of hearing-impaired children experienced higher levels of parenting stress than a control group (Quittner & Glueckauf, 1991). Parenting stress can be defined as "the aversive psychological reaction to the demands of being a parent" (Deater-Deckard, 1998). In his theory on parenting stress, Deater-Deckard suggested a process that includes external events, cognitive appraisal of the event, coping mechanisms and the effect on mind and body (1998).

Less has been written on refugee and asylum seekers' experiences of parenting. A qualitative study of Syrian refugees in Lebanon found that stress as a result of displacement, mediated by pathways of economic hardship, parental distress and worries about insecurities in the community, were linked to an increase in harsh parenting and parental control (Sim et al., 2018). Furthermore, a qualitative synthesis examining experiences of parenthood in refugee and asylum-seeking populations, uncovered several themes relating

to the hardship of parenting including challenges due to resettlement which incorporated compromised parenting and feeling overwhelmed and stressed (Merry et al., 2017). Moreover, the study found that stress from migrating and resettling was compounded by concerns relating to child rearing which had a detrimental effect on the family. Consistently, research on parenting in the context of displaced populations focusses on refugees and asylum seekers as a homogenous group. As explored in chapter two, while displacement may severely impact the mental health of those experiencing displacement, asylum seekers experiences of parenting is yet to be fully understood. Accordingly, this thesis aims to address this gap in research to understand parenting stress within the unique context in which asylum seekers live. Furthermore, studies of mental health of asylum seekers have found that being female is a predictor of depression (Acarturk et al., 2018; Kaya et al., 2019). The length of time that asylum seekers spend in uncertainty, awaiting a decision may also influence psychosocial outcomes in this population. To date few studies have examined time awaiting a decision regarding refugee status as a risk factor in asylum seeking populations. One study on Iraqi asylum seekers in the Netherlands found that the prevalence of psychiatric disorders was higher in the group that had been waiting for 2 or more years versus the group who had been waiting for less than six months (Laban et al., 2004). Furthermore, Hvidtfeld et al. found that long asylum decision waiting periods were associated with an increase in psychiatric disorders from data on 46,104 refugees resettled in Denmark (2019). To date few, if any, studies have examined the links between post migration stress, parental mental health and parenting stress in relation to length of time seeking asylum as well as the detrimental effect the post migration experience can have on parenting.

3.5.3 Study 3 Displaced populations and parenting interventions; supporting positive outcomes in parents and children – a systematic review.

Refugee and asylum-seeking populations face a multitude of stressors relating to their displacement. The cumulative effect of trauma relating to war, traveling under perilous conditions to safety, and acclimatising to a new culture, often under stressful conditions, has been well documented relative to mental health problems. Parenting within this context brings its own difficulties and can cause additional strain on families already under pressure.

For refugee families especially, the burden of acclimatising to a new culture while processing past experiences, as well as meeting the needs of the family can seem overwhelming. Several studies conducted with parents in a pre-settlement context found that overwhelmingly parents found parenting a struggle and were keen to receive support (El-Khani et al., 2016). Empirical research has established positive effects of providing parenting interventions to support parenting practices and child outcome. Studies measuring the effect of parenting programs show an overall improvement in both parenting practices (C. M. Rodriguez, 2010; Thomas et al., 2007) and parental mental health (Sanders et al., 2014) as well as positive outcomes in child behaviour (Thomas et al., 2007; Van Aar et al., 2016). Research conducted regarding the efficacy and effectiveness of parenting interventions for this population, however, is sparse. While paper one and two of this thesis aimed to qualitatively and quantitively establish post migration stressors that affected parenting stress in asylum seekers, the final paper assessed the potential to alleviate some of these stressors through targeted parenting support. Due to the lack of studies addressing asylum seeking parents specifically as noted above, the systematic review incorporated literature reviewing parenting interventions across displaced populations including refugees, asylum seekers and internally displaced people.

Accordingly, a systematic review of studies that assessed parenting support/intervention and efficacy of outcomes was conducted. The following databases were searched from 1951 when the Refugee convention was signed to December 2021; PsychInfo, CINAHL, MEDLINE, Web of Science, SCOPUS and Embase as well as hand searches and websites. Key search terms were Refugee: refugee, asylum seeker, displaced person, war victim, war survivor, conflict survivor. Parent: parent (parenting, parental), mother, father, maternal, paternal, caregiver. Child: child, children, offspring. Intervention: intervention, treatment, therapy, treatment outcome, support. Main outcome measures included types of interventions and length of time of intervention, measures on parenting practices, parenting stress and parental mental health as well as child behaviour and child wellbeing.

A range of studies including randomized controlled trials, cohort studies and pilot studies were found with a total of n=14 studies with a mean publishing year of 2018 included in the review. Lack of homogeneity in the data and some small sample numbers did

not allow for a meta-analysis. Nevertheless, this study added to a growing body of research on how to support displaced parents within the parenting role.

3.6 Author contributions

EH was the lead author and wrote all three papers submitted as part of this thesis. For paper one, co-authors J.K, H.K and J.H were involved in development of research questions, interpretation of findings and writing and editing. For paper two, co-authors J.K and H.K were involved in developing the research question, interpretation of findings and writing and editing. For paper three, co-authors J.K and H.K were involved in developing the research question, interpretation of findings and writing and editing. Research assistants D.B and L.B were involved in data extraction and verification. This work was supported by the Economic and Social Research Council [grant number ES/P000673/1].

Chapter 4 Exploring Parenting Narratives in Asylum Seeking Populations in Sweden: Examining the Effect of Post Migration Stress on Families through Grounded Theory.

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4.1 Acknowledgements

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4.2 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

4.3 Introduction

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., 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; Silove, et al., 1997; Tribe, 2002). 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 (Bogic et al., 2015; Porter & Haslam, 2005).

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) (Bernstein et al., 2003; than those who had received a positive response to their application between assessments or between T1 and T2 (Rudolf 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, p.34). 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 Susan Brown Trinidad, 2007).

4.4 Method

4.4.1 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 (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).

Table 1

Demographics of interview participants wave 1 and 2 (n=24)

Factor	Total sample (n)	Mean (*m*)	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		
Time spent seeking asylum		2.9	0.6-7

4.4.2 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.

4.4.3 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 on 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 & 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 & 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.

4.5 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.

4.5.1 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.

4.5.2 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 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 most 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, 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 newfound 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

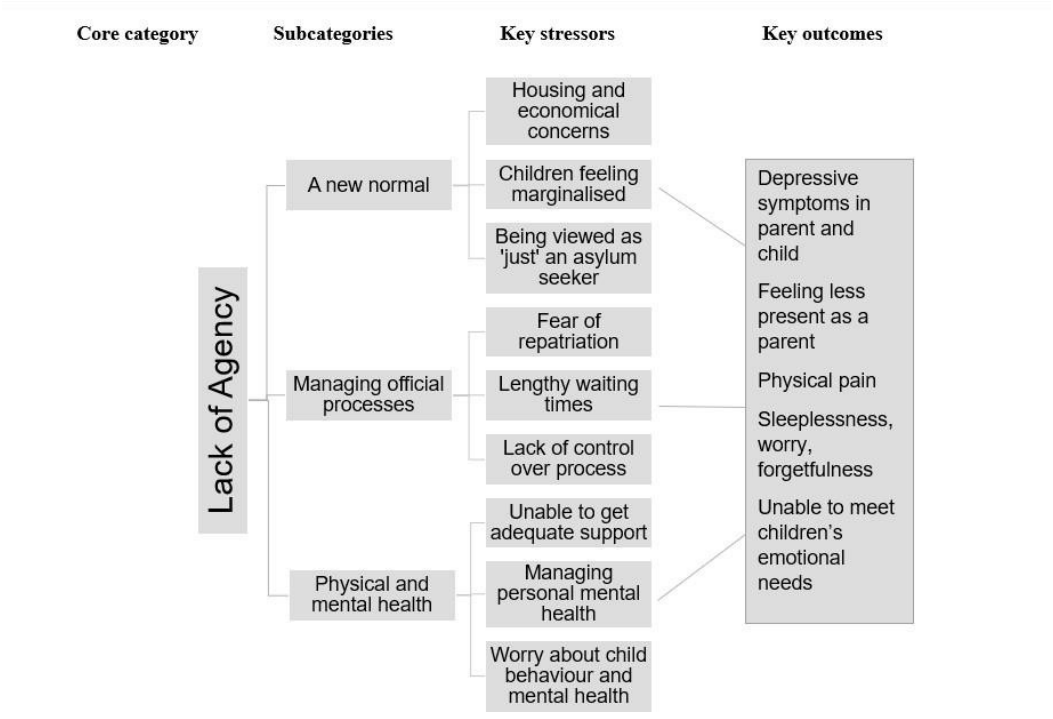
talk though their experiences and many wished they could access psychological care. Parents were also worried about their children's wellbeing and felt that while in the process of seeking asylum, it was difficult for them to access mental health support for their children.

4.6 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. 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 acknowledges 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.

Figure 13

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 & 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 (Blankers, 2013; Silove et al., 1997). Subcategory three found parents 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 newfound 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, Sleijpen, Kleber, & Jongmans, 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 & LF, 1999). The same study also found social support to be a predictor of psychological health.

4.6.1 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.

4.6.2 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 where 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 & 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.

Chapter 5 Pathways leading to parenting stress in asylum seeking parents: The role of post migration stress.

5.1 Abstract

While extant literature has established links between contextual stressors in a post migration setting and mental health problems in asylum seekers, less has been written on the effects of postmigration stress on parenting. Parenting stress can be considered an adverse reaction to the demands of parenting. Chronic levels of parenting stress may lead to harsh parenting and a deterioration in parental mental health. Asylum seekers are a population who may be more vulnerable to parenting stress due to the postmigration stressors they face owing to their precarious legal status, unstable housing, economic worries and a loss of networks and social support. We conducted a series of regression analyses to understand the contribution of individual post migration stressors on parenting stress and depression for n=78 asylum seeking parents awaiting a decision on their legal status in the UK. Furthermore, we considered whether gender and length of time waiting for a decision regarding asylum status moderated parenting stress and mental health. We found that mothers and fathers experienced high to clinical levels of parenting stress. For both mothers and fathers, dimension of post migration stress including family conflict, financial worries and discrimination contributed to parenting stress. Subgroup analysis on gender found that for mothers only there was an association between post migration stress and depression. Moreover, those spending two years or less seeking asylum struggled with depression relative to post migration stressors and parenting stress. These findings imply the need for specific family support for both mothers and fathers seeking asylum. Further, mothers may need more mental health interventions in the early stages of seeking asylum.

5.2 Introduction

Parenting stress arises in response to a perceived imbalance between the demands of parenting and the (external and internal) resources available in support of this role (Deater-Deckard, 1998a). Parenting stress models highlight the interactive nature of contextual factors and a parent's motivational and belief systems concerning their role as parent in predicting parenting stress (e.g., Abidin, 1992). Indeed, contextual factors such as financial concerns (Puff & Renk, 2014), low social support and negative life events (Östberg & Hagekull, 2000) as well as social economic status and family structure (Anderson, 2008) have been shown to influence parenting stress.

High levels of parenting stress have been linked with poorer physical and mental health in parents (Anderson, 2008; Rodgers, 1998) and harsher and less responsive parenting behaviours (Deater-Deckard, 1998; Jackson & Choi, 2018). Parenting stress has also been associated with poorer developmental outcomes in children (Holly et al., 2019) including, for example, increased internalizing and/or externalizing behaviour in children (Anthony et al., 2005; Mcleod et al., 2006; F. J. Turner, 2005), disruptive parent-child relationships (Garcia et al., 2017) and poorer cognitive developmental outcomes in children (de Cock et al., 2017; Ward & Lee, 2020). These findings are consistent with models that link parenting and family stress driven by a range of contextual factors, with parental wellbeing, parenting behaviours and child outcomes (Belsky, 1984). Furthermore, the Double ABCX model (McCubbin & Patterson, 1983) focusses on a family's adaptation to stress and emphasises that contextual stressors accumulate over time, resulting in a so-called 'pile up' of demands. The Double ABCX model also stresses that available resources, such as social support, and the family's appraisal of their situation, act as important moderators of the ways a family copes with, and adapts to, this 'pile up' of contextual stressors (Lavee et al., 1985).

Some vulnerable populations may not have access to these protective factors and while theoretical models go some way to outline the effects of stress on families and the pile up of demands, less is understood about the pathways leading to parenting stress and consequent outcomes in some minority populations. A particularly vulnerable group of families are asylum seeking families. Consistently, asylum seeking families endure traumatic experiences in their home countries (pre migration stress) and during their migration

journey (peri migration stress), but they are also at risk of significant 'post-migration' stress. Post migration stress concerns the contextual stressors asylum seekers experience on arrival in a host country, such as unstable housing, economic and financial problems and lack of mental health support (Laban et al., 2004, 2006; Leiler et al., 2019). These adversities are further compounded by restricted access to education, training and employment as well as fear of repatriation (Groen et al., 2019; Silove et al., 1997).

Unlike refugees, asylum seekers are particularly vulnerable to post migration stressors due to their precarious status as their request for sanctuary is yet to be decided, and therefore accompanied by a high level of uncertainty (UNHCR, 2022).

Consistently, post migration stress has been linked to mental health difficulties among asylum seekers (Laban et al., 2006; Li et al., 2016) including increased levels of anxiety, depression and post-traumatic stress disorder (PTSD) (Ford & Cleveland, 2003; Silove, D et al., 1997) as well as sleep disturbances (Lies et al., 2019) and physical/somatic symptoms (Morina et al., 2018). A systematic review on the mental health of those awaiting an outcome on their legal status, found asylum seekers were at high risk of stress and poor mental health within a post migration environment (Ryan et al., 2009). Moreover, loss of culture and support post migration was significantly associated with emotional distress in asylum seekers (Carswell et al., 2011). Similarly, Silove et al (1997) reported that higher levels of loneliness and boredom were associated with increased depression and anxiety in asylum-seekers, and they noted a trend for time since asylum application to correlate with anxiety scores. Uncertainty over asylum seekers' legal status has also been linked to heightened levels of stress in this vulnerable population. Specifically, Momartin et al. (2006) compared holders of temporary versus permanent visas in refugee populations and found that those on temporary visas experienced higher scores on anxiety, depression and PTSD, suggesting an association between the precarious nature of seeking asylum and poorer mental health. Furthermore, a study comparing groups of refugees who had a confirmed status of residency with asylum seekers found post-migration stress and poor mental health were significantly elevated in asylum seekers compared to refugees (Toar et al., 2009). Taken together, these findings suggest that stress experienced post migration, related to feelings of isolation, uncertainty and lack of status, is associated with elevated risk for poor mental health, and that a positive decision around residency (and rights) reduces this risk.

Research is limited in relation to the effects of length of time asylum seekers may wait on an outcome on their legal status, and mental health difficulties. Silove et al. (1997) noted a trend for a small to moderate association between length of time waiting and anxiety, but their sample was relatively small (n = 37). A different study comparing two groups of Iraqi asylum seekers in the Netherlands reported that those who had waited more than two years (versus less than six months) scored significantly higher on anxiety, depressive and somatoform disorders (Laban, 2004). Hvidtfeld et al. found that longer times awaiting a decision was associated with a higher risk of psychiatric disorders on a cohort study of 46,104 refugees resettled in Denmark (2019). Albeit limited in scope, these data suggest more attention should be given to the lengthy legal processes in relation to the wellbeing of asylum seekers.

Within the context of parenthood, there is a growing body of research focusing on the links between mental health difficulties in asylum seeking and refugee parents, and parental and child outcomes. A recent qualitative synthesis of 138 studies examining experiences of parenthood in refugee, asylum-seeking and undocumented migrant populations, identified three integrative themes of shared experiences perceived to impact parenthood across samples; (i) experiences of hardship associated with loss, migration and trauma including concerns about resettlement challenges, (ii) efforts to maintain links with their home country (i.e. obligations, challenges and resources relating to living 'transnationally'), and (iii) being resilient and showing strength (Merry et al., 2017). In their discussion, Merry et al. highlighted that across studies, migrant families, especially those with precarious/uncertain status, reported that the stresses associated with resettlement compounded their responsibilities relating to raising and caring for their children.

These findings were supported by a qualitative study of 27 asylum-seeking parents in Sweden (Hedstrom et al., 2021) which found that concerns around finances, the asylum-seeking process and repatriation contributed to feelings of depression and anxiety in parents with an overarching theme of "lack of agency". According to Bandura´s Social Cognitive theory, agency is a combination of personal and environmental factors in which an individual has an interactive role (Bandura, 2006). The inability of asylum seekers to exert influence over their environment, may result in a perceived lack of control or agency of their own lives. Moreover, the study also found that stress from migrating and resettling was exacerbated by concerns relating to child rearing and being available to their children,

leading to further stress (Hedstrom et al., 2021). Relative to this, a qualitative study of 39 Syrian refugees in Lebanon participating in focus groups and interviews suggested that they linked the stress associated with displacement, economic hardship, parental distress, and worries about insecurities in the community, with adopting parenting practices which were harsher and more controlling such as shouting at their children and using physical punishment (Sim et al., 2018).

Some research has highlighted gender differences in asylum seekers' responses to post migration stress with females more likely than males to report symptoms of anxiety (Silove et al., 1997) and depression (Acarturk et al., 2018). In one study of Syrian asylum seekers in Greece not only was being female a significant risk factor for major depressive disorder (MDD) but, for each additional child a woman had, the risk of MDD increased (Poole et al., 2018). Taken together, female asylum seekers, especially those with children, seem particularly vulnerable to developing poor mental health, but more research is needed to corroborate these findings and to understand better the causes and correlates of this association in females.

While previous research has established links between post migration stress and negative mental health outcomes in asylum seeking populations, the impact of these post migration stressors on asylum seekers' experiences of parenting remains unclear. This paper aims to address some gaps in current knowledge to further understanding of how asylum-seeking parents experience parenting stress. Firstly, we want to examine putative post migration stressors for asylum seeking parents and their association with parenting stress and depression. Based on existing research we hypothesise that financial worries and lack of network and support will contribute most to parenting stress in asylum seeking parents. Secondly, based on research on gender differences, we hypothesise that associations between post migration stressors, parenting stress and depression will be stronger for mothers than fathers. Finally, we wish to explore the effect time spent seeking asylum has on parents by exploring outcome differences between those spending two years or less waiting on an outcome and those waiting two or more years. Once associations have been established, regression analysis will be run to determine the contribution of individual post migration stressors on parenting stress.

5.3 Method

5.3.1 Study Design and procedure

The study used a cross sectional design to examine experiences of post migration stress, mental health symptoms and parenting stress using self-report questionnaires and opportunity sampling. Participants were recruited via asylum seeking organisations and social media. Participants were included if they held asylum seeking status in the UK according to the 1951 refugee convention, were a mother or father over the age of 18 with at least one child under 18 and were seeking refugee status in the UK during the time of data collection, May -August 2020. Participants were provided with information about the study before consenting to complete the survey online. Participation was fully anonymous. Participants were remunerated for their time with a £10 e-voucher. Ethical approval was granted. All study materials were available in English and Arabic.

5.3.2 Participants

78 participants took part in the study (mothers 61.5%, fathers 38.5%). Number of children ranged from 1-4, with the majority of parents reporting 2 children (73%). Mean age of children ranged from 9.78 (3.90) years (first child) to 6.83 (5.1) (fourth child). Questions on country of origin were based on findings by the UNHCR 2019. Participants were given the option to answer the questions in English or Arabic. For full demographics see Table 1.

Table 2

Socio-demographic details of participants

Variable	Mean	SD	Range	n	%
Age in years	38.5	7.65	20-54		
Father	39.30	7.56	24-50	30	38.5
Mother	38.13	7.75	20-54	42	61.5

Other				6	
Number of children	2.32	1.11	1-4		
Months seeking asylum	25.53	11.93	2-50		
Study user language					
Arabic				56	71.8
English				22	28.2
Country of origin					
Afghanistan				2	2.6
Iran				2	2.6
Iraq				8	10.3
Eritrea				3	3.8
Pakistan				11	14.1
Albania				2	2.6
Syria				18	23.1
Other				18	23.1
Missing				14	17.9
Highest Education level					
Primary				21	26.9
Secondary				20	25.6
College				12	15.4
Trade School				3	3.8
University				19	24.4
None of the above				2	2.6

Note, n=78

5.3.3 Measures

Symptoms of depression were measured using the Patient Health Questionnaire 9 (PHQ-9) (Spitzer, 1999). The PHQ-9 comprises the 9 criteria used for the DSM-IV diagnosis of depression (Kroenke et al., 2001). It includes questions such as “Feeling tired or having little energy” and “Little interest or pleasure in doing thing” with answers using a likert-scale with

(0) *not at all* to (3) *every day*. The PHQ-9 has been found to have excellent internal validity in a primary care study with a Cronbach's α of .89 (Kroenke et al., 2001). Good internal consistency has also been found in a study testing the validity of the Arabic version of the PHQ-9 with a Chronbach's α of .86 (Al Hadi et al., 2017). In the present study, Chronbach's α was .87.

Parenting Stress was measured using the Parenting Stress Index version 4 short form (PSI-4-SF) (Abidin, 2012). The PSI-4-SF is a 36-item test adapted from the longer 120 item test. If parents have more than one child they are asked to think of one specific child of their choosing when answering the questions. The PSI-4-SF measures three domains; Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC). It has been found to have high internal validity when conducted with low income mothers (Reitman et al., 2002) and vulnerable Chilean mothers (Aracena et al., 2016). Support for the three-factor structure has been reported in minority parent populations (Lee et al., 2016). Further, validity for the short form has been found to be exceptionally high, with correlations between the full-length PSI-4 and the PSI-4-SF total stress score being .98 (Abidin, 2012). In the present study sample, Chronbach's α for the total PSI-4-SF score was .84, reflecting high level of internal consistency. Parental Distress measures parental perception with questions such as "I feel trapped by my responsibilities as a parent", Parent-Child Dysfunctional Interaction measures expectations of and interaction between parent and child with questions such as "my child is not able to do as much as I expected" and Difficult Child measures child temperament, demandingness and compliance as per the parents' perception such as "my child generally wakes up in a bad mood". 33 of the 36 items utilise a Likert scale with a range from (1) *strongly disagree* to (5) *strongly agree*. Three items ask the respondents to choose an answer on questions such as "I feel that I am..." with answers such as "A very good parent" or "An average parent".

Post Migration Stress was measured using the Refugee Post Migration Stress Scale (RPMS) (Malm et al., 2020). A newly developed tool which has been used with Syrian refugees in Sweden, it is a 21-item scale assessing post migration stress related to post resettlement experiences across seven domains: perceived discrimination, lack of host country specific competencies, material and economic strain, loss of home country, family and home country concerns, social strains and family conflicts. The internal consistency of the total score was found to be good with a Cronbach's α of .86 (Malm et al., 2020). Questions included

"difficulties understanding forms and documents from authorities" and "discrimination by authorities" and answers were rated on a likert-scale ranged from (0) *Never* to (4) *Very often*. To create a better fit for an asylum-seeking population in our study, we removed one item on work and study as this is generally not available to an asylum seeking populations. A factor analysis was conducted on the remaining 20 items to cross validate the original factor structure. While literature suggests sample sizes of 100 or more to conduct an EFA, n=50 can be considered a reasonable minimum meaning a sample of n=78 should be adequate for the proposed methodology (F de Winter et al., 2009). A principal component analysis (PCA) generated five components with an eigenvalue above one. Kaiser-Meyer-Olkin (KMO) measured .772 which is considered adequate (Kaiser, 1974). Bartlett's test of sphericity was significant at $p<.001$. An exploratory factor analysis was conducted with these five factors using a varimax rotation with a reliability analysis done on each factor. These five factors were labelled Networks and Social Integration (NSI) (Cronbach α=.941), Financial Worries (FW) (Chronbachs α = .884), Language and Communication (LC) (Chronbachs α = .872), Family Conflicts (FC) (Chronbachs α=.885) and Discrimination (D) (Chronbachs α =.834) (table 2). These were in line with the seven dimensions extrapolated by the original authors (Malm et al., 2020). The authors acknowledge the novelty of the scale and suggest that future studies of the RPMS should include testing the dimensionality of the items (Malm et al., 2020).

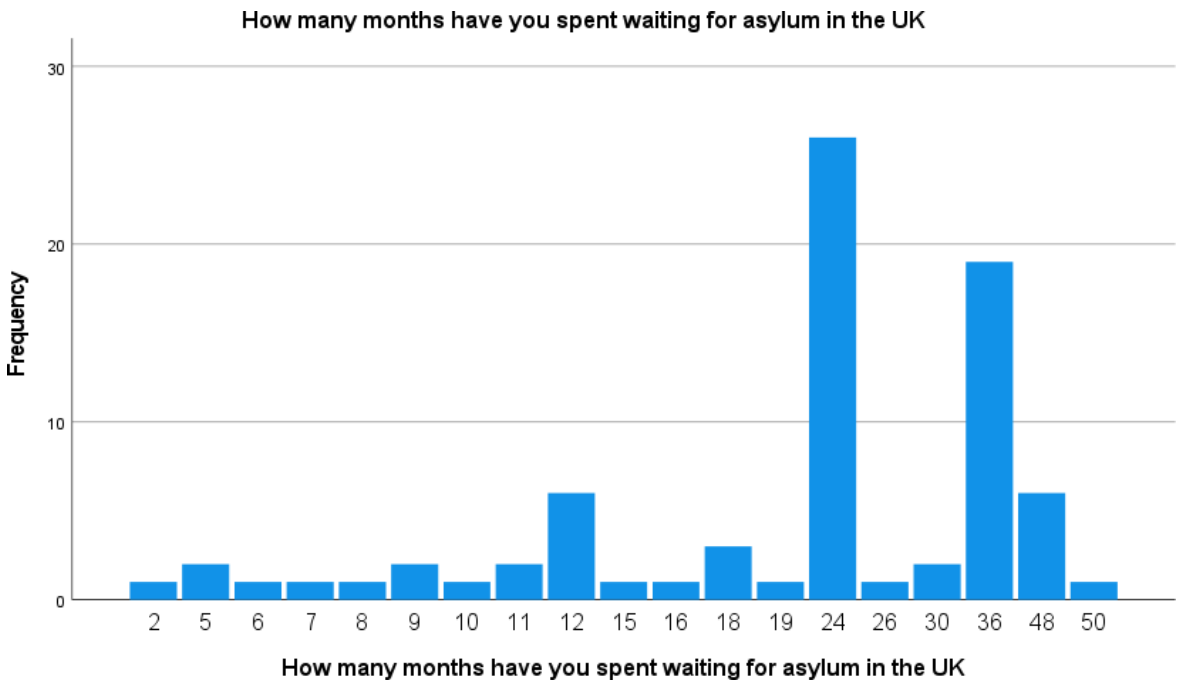
Participants were asked how many months they had spent waiting on a decision as an asylum seeker (whether participants were waiting on an initial or subsequent decision was not noted and is addressed in the limitations). Visual inspection of these data suggested a non-normal distribution. Specifically, a trend appeared indicating that up to 12 months, participant recorded a more exact time of waiting, whereas from around 24 months onwards, timings appeared to be rounded up (or down) making the data cluster at certain timepoints (see figure 14). Skewness (.140) and kurtosis (-.581) were in the acceptable range.

To make better use of the data, we decided to split the groups into those who had waited two years or less on a decision and those who had waited more than two years: </=2 years n=49 (62.8%) and >2 years n=29 (37.2%). This decision was based on several factors. Mean number of months spent seeking asylum in the UK (whether awaiting first or further decisions) was 25.53 (S.D 11.93) with a range of 1-50 months. The median was 24 indicating

a cluster of participants who had been waiting 24 months. Recent data suggests that the majority of asylum seekers in the UK wait 1 to 3 years for a decision (ecre.com, 2022). Though literature on the effect of waiting times for asylum seekers is scant, one recent U.K. study on asylum seeking men and women found a correlation between time spent seeking asylum and poor mental and physical health, which persisted at a 21 months follow up (Phillimore & Cheung, 2021). Furthermore, one study that measured quality of life in Iraqi asylum seekers in the Netherlands, grouping participants into those who had spent six months or less seeking asylum, and those who had spent two or more years seeking asylum found that a longer asylum process (two or more years) was the strongest independent predictor of lower quality of life (Laban et al., 2008).

Figure 14

Bar chart of total months spent waiting for asylum



Note. Peaks evident at 12, 24, 36 and 48 months suggesting that reported time may be rounded up or down around full years.

Table 3

Factor analysis of five significant components of the Refugee Post Migration Stress Scale

Items	Factor					Dimension
	1	2	3	4	5	
Missing social life from back home	**.841**	.231	.112	.121	.109	
Longing for my home country	**.796**		.258		.118	
Missing activities that I used to do before coming here	**.877**	.111		.155		
Worry about family members that I am separated from	**.874**			.184		
Feeling sad because I am not reunited with family members	**.862**			.141		
Feeling Excluded or isolated in local community	**.789**				.297	
Frustration due to loss of status in local community	**.768**	.246			.216	
Frustration at not making use of competencies in my host country	**.724**	.306	-.118		.227	**Network and Social Integration (NSI)**
Worry about unstable financial situations	.164	**.836**	.156			
Frustration at not being able to support myself	.165	**.924**				
Worry about debts		**.831**	.271			**Financial worries (FW)**

Difficulties communicating in a local language	.120		**.887**	-.117	.143	
Difficulties understanding how life activities in my host country works	.207		**.864**	.143	.129	
Difficulties understanding documents and forms from authorities	.172	.168	**.818**		.181	**Language and communication (LC)**
Distressing conflicts in my family	.276	.107		**.790**		
Feeling disrespected in my family	.136			**.926**		
Feeling unimportant in my family	.240			**.891**		**Family Conflicts (FC)**
Discrimination by authorities	.103				**.826**	
Feeling disrespected due to my national backgrounds	.210	.116	.165		**.861**	
People making racist remarks towards me	.170		.341	.178	**.808**	**Discrimination (D)**

Note, Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

5.3.4 Statistical approach

Prior to the research starting, a plan for moderated mediation was included in order to explore the interaction between time and gender. However, the sample size did not allow for this type of analysis to be conducted, for example Fritz and McKinnon suggests a minimum sample size of 462 to detect an effect of mediation (2007) meaning that regression analysis was a better choice for achieving the aims of the study.

The main aim of this study was to understand the contribution of individual post migration stressors (as defined by the factor analysis) and parenting stress. In order to achieve this, regression analysis can help examine the level that the dependent variable (post migration stress has on the independent variable (parenting stress). It has been suggested that ten participants per variable will be sufficient to conduct regression analysis, combining the five post migration stress factors, depression, gender and time as independent variables with parenting stress being the dependent variable, this would suggests a sample number of 80 as being adequate (study n=78 participants). However, all these variables were not entered into the model at the same time.

5.4 Results

All data were analysed using IBM SPSS v. 27. We first considered the findings for the whole sample. Means, standard deviations and correlations across the measures of Parenting Stress (PSI- 4), Post Migration Stress (RPMS) and Depression (PHQ-9) including domains and sub-scales were calculated. Multiple regressions were conducted to examine the contributions of different post migration stressors on parenting stress. Next, gender differences were examined running correlations and regressions separately for mothers and fathers. These analyses were replicated using time as a moderator.

Means and standard deviations for Parenting Stress, Post-migration Stress and Depression are shown in table 3.

Mean scores for the total Parenting Stress Index and Parent Distress (PD) sub scale were at clinical levels >90th percentile (as converted from raw scores). The mean score for the Parent-Child Dysfunctional Interaction (PCDI) sub scale was high at >85% and the mean for Difficult Child (DC) was just below this cut off at 83% (Abidin, 2012). The present

sample's mean depression score on the PHQ-9 fell within the moderate depression range, 10-14 (Spitzer, 1999). The mean RPMS score indicated that participants reported, on average, moderate post migration stress (35.9% answered sometimes). A low score was considered to be 2 or less with a moderate score being 3 and a high score considered those scoring 4 or more (Alexander et al., 2021; Malm et al., 2020).

On comparing the means between genders, we found that men on average had slightly higher means on all variables included in this study except for the parent-child dysfunctional interaction where mothers scored marginally higher, mothers=37.90(5.72) and fathers=37.70(5.69) and financial worries mothers=8.95(3.12) and fathers=8.90(2.98). Independent t tests (equal variance assumed) found that mothers and fathers differed significantly in their reporting on post migration stress with regards to the family conflict dimension t(70)=1.67, p=0.05, mean=1.25(.75) and discrimination t(70)=2.12, p=0.2, mean=1.45(.68) with men having significantly higher means on these two dimensions.

Independent t tests (equal variance assumed) found a significant difference between those spending 2 years or less waiting on asylum and those spending more than two years on depression, t(70)=1.65, p=0.05, mean=1.92(1.19) with group A (2 years or less) reporting significantly higher mean on depression. When conducting regression analysis to examine whether gender and time moderated the relationship between postmigration stress and parenting stress the files were split into mothers or fathers and group A (2 years or less) and group B (more than 2 years).

5.4.1 Association between post-migration stress, parenting stress, and symptoms of depression

Correlations included total scores on each measure (PHQ-9, PSI-4-SF and RPMS) as well scores on each domain of the PSI (parental distress, parent child dysfunctional interaction and difficult child) and the five components extracted from the RPMS (Table 4).

For the total sample (n=78), higher scores in total post migration stress were significantly associated with a higher score in total parenting stress, with a medium correlation coefficient (r=.545, p<.001). The network and social integration domain of the RPMS was associated with depression with a small correlation coefficient (r=.321, p=0.004) (Cohen, 1988).

All subscales of the post-migration measure correlated with parenting stress, a multiple regression analysis was conducted (on the whole sample) to examine the

independent contributions of each of the dimensions of post migration stress on the total score of parenting stress. All predictor variables were entered in a single step. The regression model was statistically significant ($F(5,72)=12.160$, $p<0.001$). With all predictor variables in the model, R^2 was 45.8% (adjusted R^2 = 42%) reflecting a large effect size (Cohen 1988). The post migration stress dimensions 'financial worries', 'family conflicts' and 'discrimination' were all significant predictors of parenting stress (Table 4).

Table 4

Means, standard deviations and Pearson correlations for study variables (n=78)

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. Depression	11.21	5.16	-										
2. Post migration stress	41.78	13.51	.215	-									
3.NSI	16.94	8.39	.118	.870**	-								
4.FW	8.97	3.04	.321**	.506**	.265*	-							
5.LC	7.13	3.10	.174	.504**	.181	.316**	-						
6.FC	3.55	3.27	.068	.576**	.399**	.109	.102	-					
7.D	4.23	2.91	.032	.523**	.329**	.171	.387**	.149	-				
8. Parenting stress	120.23	14.67	.143	.545**	.305**	.336**	.390**	.500**	.424**	-			
9.PD	43.42	6.02	.107	.553**	.503**	.353**	.221	.247*	.233**	.586**	-		
10.PDCI	38.05	5.88	.069	.304**	.045	.179	.409**	.413**	.282**	.815**	.658**	-	
11.DC	38.76	7.47	.140	.386**	.158	.235*	.267*	.459**	.423**	.852**	.193	.658**	-

Note, *p<.05 **p<.001

Table 5

Regression model predicting parenting stress from all post-migration stress scales

	Parenting Stress			
Variable	B	SE B	β	t
Constant	94.029	4.622		20.346, p<.001
FW	.941	.454	.195	2.074, p=.042
FC	1.964	.425	.438	4.622, p<.001
D	1.343	.495	.266	2.711, p=.008

Note, R^2=.458. F(5,72)=12.160, p<.001. FW=Financial worries, FC=Family conflict, D=Discrimination. Only significant effects are included. NSI and LC did not significantly predict parenting stress.

Because mothers and fathers differed significantly in their ratings of post-migration stress, specifically family conflicts and discrimination, correlations and regressions were conducted with files split by gender to examine differences between mothers and fathers (fathers n=30, mothers n=42, other/did not state n=6 and excluded from the calculations). Different patterns of associations were observed. For fathers, correlational analyses suggested that there were no associations between either post migration stress or parenting stress and depression (Table 6). In contrast, for mothers' depression was associated with the total score of post-migration stress which appeared to be accounted for by the association between the sub-scale of financial worries and depression (Table 7).

For both mothers and fathers, correlations between the total scores of postmigration stress and parenting stress were significant and of moderate strength. However, the pattern of associations between post-migration indices and parenting stress indices differed. For example, for fathers, network and social integration, financial worries, language and communication and family conflict were all associated with subcategories of parenting

stress (Table 6), with family conflict associated with parent-child dysfunctional interaction, r=.387, p<.001. For mothers, there were associations between network and social integration, language and communication, family conflict and discrimination and subcategories of parenting stress (Table 7). Concerns around networks, language and family conflict were of significant concern to both mothers and fathers and negatively affected aspects of parenting stress.

To understand the contribution of post migration stressors on parenting stress by gender groups, regressions were conducted for mothers and fathers separately. All predictor variables were entered in a single step. The regression model for fathers was statistically significant ($F(5,24)=3.851$, p=.011). With all predictor variables in the model, R^2 was 44.5% (adjusted R^2 = 33.0%) reflecting a large effect size (Cohen, 1988), only family conflict (t=2.431, p=0.23) contributed significantly to parenting stress for fathers. For mothers, the regression model was statistically significant at ($F(5,36)=7.395$, p<.001. With all predictor variables in the model, R^2 was 50.07% (adjusted R^2 =43.8%) reflecting a large effect size (Cohen, 1988), family conflict (t=4.102, p<.001) and discrimination (t=2.903, p=.006) contributed significantly to parenting stress for mothers suggesting that both mothers and fathers experience that family conflict contributes to parenting stress.

Next, the effects of time waiting for an asylum decision on the relationship between post migration stress and parenting stress were examined. Separate sets of correlation analyses were conducted for the group who reported waiting two years or less (n=49) and those waiting more than two years (n=29). Bivariate correlations showed that for those waiting two years or less, depression was significantly associated with financial worries (r=.392, p=.005), language and communication (r=.291, p=.042) and parental distress (r=.326, p=.022). Financial worries, language and communication, family conflict and discrimination were all significantly associated with parenting stress, and network and social interaction was associated with parental distress.

For those who waited more than two years, depression was not significantly associated with any parenting stress or post-migration stress variables. Network and social integration were significantly associated with total parenting stress as was family conflict. Discrimination was significantly associated with difficult child and financial worries was no longer significant (Table 8 and 9).

Table 6
Means, standard deviations and Pearson correlations for study variables for fathers (n=30)

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1.Depression	12.17	5.68	-										
2.Post migration stress	45.33	14.04	-.033	-									
3.NSI	18.40	9.05	-.062	.688	-								
4.FW	8.90	2.98	.076	.564**	.393*	-							
5.LC	7.63	2.74	.151	.589**	.421*	.512**	-						
6.FC	4.20	3.31	-.134	.319	.111	-.047	.073	-					
7.D	4.90	3.20	-.179	.528**	.412*	.061	.536**	-.040	-				
8. Parenting stress	121.20	14.55	.023	.533**	.325	.308	.544**	.401*	.335	-			
9.PD	44.00	6.04	-.030	.669**	.609**	.365**	.462*	.201	.356	.697**	-		
10.PDCI	37.70	5.69	.105	.204	-.080	.192	.476**	.387**	.131	.789**	.621**	-	
11.DC	39.50	6.76	-.013	.379**	.223	.176	.359	.358	.293	.866**	.621**	.384*	-

Note, *p<.05 **p<.001

Table 82

Means, standard deviations and Pearson correlations for study variables for mothers (n=42)

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. Depression	10.74	4.79	-										
2. Post migration stress	38.10	10.84	.454**	-									
3.NSI	15.36	7.44	.281	.812**	-								
4.FW	8.95	3.12	.557**	.447**	.087	-							
5.LC	6.50	3.32	.179	.281	-.125	.190	-						
6.FC	2.95	3.00	.169	.659**	.514**	.101	-.049	-					
7.D	3.45	2.59	.170	.383*	.089	.239	.175	.145	-				
8. Parenting stress	118.83	13.96	.293	.433**	.094	.262	.255	.507**	.474**	-			
9.PD	43.00	5.74	.222	.340*	.318*	.292	-.014	.088	.054	.437**	-		
10.PDCI	37.90	5.72	.144	.268	-.054	.052	.383*	.406**	.415*	.809**	.029	-	
11.DC	37.93	7.95	.251	.321*	-.025	.211	.182	.536**	.495**	.859**	.681**	.025	-

Note, *p<.05 **p<.001

Table 8

Means, standard deviations and Pearson correlations for study variables for time group A (n=49)

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1.Depression	11.92	5.31	-										
2.Post migration stress	42.27	13.98	.301*	-									
3.NSI	17.35	8.54	.189	.850**	-								
4.FW	8.86	3.02	.392**	.512**	.206	-							
5.LC	7.12	3.07	.291*	.574**	.232	.413**	-						
6.FC	3.61	3.41	.553**	.060	.339*	.130	.148	-					
7.D	4.43	2.93	.629**	.383*	.366*	.327*	.545**	.219	-				
8. Parenting stress	120.14	15.13	.255	.561**	.267	.383**	.503**	.533**	.480**	-			
9.PD	43.02	6.40	.326*	.642**	.583**	.430**	.371**	.202	.302*	.601**	-		
10.PDCI	38.06	6.05	.115	.313*	.023	.211	.427**	.460**	.373**	.819**	.208	-	
11.DC	39.08	7.50	.142	.330*	.021	.236	.353**	.532**	.411**	.843**	.191	.668**	-

Note, *p<.05 **p<.001

Table 9

Means, standard deviations and Pearson correlations for study variables for time group B (n=29)

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11
1.Depression	10.00	4.74	-										
2.Post migration stress	40.97	12.88	.022	-									
3.NSI	16.24	8.26	-.050	.906**	-								
4.FW	9.17	3.11	.233	.586**	.378*	-							
5.LC	7.14	3.20	-.033	.383*	.097	.163	-						
6.FC	3.45	3.07	.074	.623**	.515**	.074	.019	-					
7.D	3.90	2.90	-.258	.320	.525	-.077	.129	.009	-				
8. Parenting stress	120.38	14.14	-.076	.517**	.397*	.253	.194	.453*	.326	-			
9.PD	44.10	5.33	-.338	.377*	.363	.197	-.070	.362	.121	.560**	-		
10.PDCI	38.03	5.69	-.025	.287	.084	.123	.378*	.319	.117	.807**	.167	-	
11.DC	38.24	7.53	.115	.487**	.392*	.243	.127	.320	.437*	.872**	.217	.643**	-

*p<.05 **p<.001

Finally, as associations had been found between financial worries and depression, notably for mothers in the subgroup analysis, we regressed the dimension of post migration stress onto depressions for mothers and fathers separately. For fathers the model was statistically non-significant $F(5,28)=.932$, $p=.478$. For mothers the model was significant at $F(5,36)=4.352$, $p=.003$ with the model explaining 37.7% of the variance. Only financial worries contributed significantly to depression for mothers $t=3.721$, $p<.001$, 95% C.I (.358,1.215).

5.5 Discussion

In this study, we examined the associations between post-migration stress and parenting stress. The associations with depression and moderating effects of gender and time spent waiting for an asylum decision were also considered. Overall findings suggest that for both mothers and fathers there is an association between post migration stress and parenting stress, more precisely data on all participants (n=78) found associations between all domains of post migration stress and parenting stress.

Through our analysis, we were able to provide preliminary data on the contribution of post migration stressors on parenting stress. Consistently, family conflict contributed to parenting stress for mothers and fathers individually as well as in all group analysis. For fathers, family conflict was positively associated with the dimension of parent child dysfunctional relation, for mothers' family conflict was associated with difficult child. Difficult child concerns child demandingness and compliance with questions such as "my child generally wakes up in a bad mood". This slight difference may be related to the way that many cultures view childrearing duties. Our findings suggest that mothers may be more vulnerable to the compounding effects of parenting stress over time due to traditionally taking on a more active parenting role. One study on caregivers in a refugee sample found that mothers performed four times as many caregiving tasks than fathers ($t = -7.55$, $p=.00$) (Van Ee et al., 2013). Tasks such as such as feeding, and dressing may relate to a child being perceived as difficult. These tasks may not seem onerous but according to the daily hassles theory (Kanner et al., 1981), these small tasks can build up over time and negatively affect

life satisfaction (Udayar et al., 2021). More research examining mothers and fathers' roles relative to living in a post migration context is warranted.

Moreover, for the total sample time (group A and B), family conflict was associated with parenting stress independent of the time spent waiting for a decision on their asylum claim. The dimension of family conflict comprised feeling disrespected, feeling unimportant and distressing conflicts within the family. Our findings suggests that family conflict as experienced as a post migration stressor, is a significant contributor to both mothers and fathers' experiences of parenting stress and this association did not change depending on their time seeking asylum. A link between family conflict and parenting stress has been reported in research using a high-risk community sample (Andersson, 2008). Furthermore, Tinghög et al. (2017) suggested that some refugees found family conflicts contributed to negative mental health outcomes. However, very little research to date has directly tested the association between family conflict and parenting stress in an asylum-seeking population. Of note are studies on parenting interventions in asylum and refugee populations which have reported high levels of family conflict at baseline (Sim et al., 2017; Haar et al., 2021). While caution is necessary with respect to the current findings due to the small sample size, our data together with existing studies (Sim et al., 2017; Haar et al., 2021) suggest that providing early intervention in the form of family support in this population could go some way to reduce parenting stress.

The experience of discrimination was also a significant contributor to parenting stress in mothers, with discrimination association with parent child dysfunctional interaction and difficult child, suggesting the stress emanates from the parent child relationship rather than the parents' sense of their parenting role. One systematic review on post migration factors associated with mental health problems in asylum seekers found that several papers provided strong evidence on the association between discrimination and mental health problems in asylum seekers (Jannesari et al., 2020). An Australian survey on 423 refugees and asylum seekers found that around a quarter of respondents (22%) had experienced discrimination but 90% of those felt it had damaged their health (Ziersch et al., 2020). 14% of those indicating experiences with discrimination had arrived in Australia in the previous year supporting our findings that discrimination may be perceived as more burdensome earlier on in the asylum journey. A systematic review on experiences of asylum seekers and refugees living in the U.K found themes of discrimination experienced in every day

interactions such as walking to the shops (Isaacs et al., 2020). Of interest to our findings was female participants suggesting they interacted less with the local community for fear of raising suspicion, resulting in less access to both networks as well as healthcare (Isaacs et al., 2020).

Both mothers and fathers experienced worries relating to finances which concerned not being able to support one's family and worry about debt. It is important to note that most families will need to borrow money to pay smugglers to travel to safety, as well as accrue debts due to lack of income. For fathers, financial worries were related to parental distress. Parental distress concerns a person's perception of themselves as a parent (Abidin, 2012) with question such as "I feel trapped in my role as a parent". It may be that fathers find having to provide for their family with limited resources cause them to negatively assess their parenting abilities. One study on fathers' experience of parenting stress in low income families found that unemployed fathers reported higher levels of parenting stress than employed fathers (Nomaguchi & Johnson, 2016). Furthermore, these results related to those fathers consistently out of work for the past three years suggesting that being able to work and support one's family as soon as possible may go some way to ameliorate parenting stress in our population.

In our study, mothers' depressive symptoms were linked with financial worries suggesting mothers may take on more of an emotional burden of being unable to provide for the family over a more self-critical view as suggested by the results on fathers. A qualitative study on parents' experiences in a post migration setting found that mothers did find not being able to provide things such as toys for their children distressing, as well as feeling upset by their children commenting in the discrepancies in their standard of living versus that of other resident children (Hedstrom et al., 2021).

Any effect of time spent waiting on a decision was explored by splitting the files into those that had lived two years of less in the U.K seeking asylum and those who had spent more than two years. We found that means were higher on post migration stress and depression, and similar on parenting stress suggesting that over time, parenting stress may

remain stable as asylum parents continue to navigate the parenting role in a new setting but that levels of depression and post migration stress may slightly reduce. There is a paucity of literature examining the effect that time spent seeking asylum may have on mental health. One study found that Iraqi asylum seekers waiting on asylum for more than two years in the Netherlands scored lower on quality of life (QoL scale) and health than those having spent less than six months waiting (Laban et al., 2008). However, a systematic review by Blackmore et al. found the prevalence of depression in adolescent refugees and asylum seekers was higher in those displaced two years or less (2019). Conversely, the same authors found that depression between subgroups (+/- 4 years) did not change significantly over time. The same study found that anxiety disorders were higher in those who had waited less than four years (Blackmore et al., 2020). Further research in the effect on time on both asylum seekers and refugees is needed to disentangle times effect on mental health in this population.

This is the first study to explore the pathways to parenting stress in asylum seekers in a postmigration context. Nonetheless, there are some limitations which require consideration with respect to the strength of the reported findings. This study took place during Covid-19 pandemic in the UK where many of the asylum centres were closed to visitors. This may have led participants to feel more isolated and without adequate support networks when answering questions. Data collection was also affected by periods of enforced lockdown orders and the study took place online rather than face to face through asylum centres and charities and it is possible that some participants who were unable to answer the questionnaires in English or Arabic failed to participate and perhaps a wider and more representative group of asylum seeking families could have been recruited had we been able to visit asylum centres and had translators assist data collection in a face to face environment. While the sample size of 78 did meet the required power of the study (n=76), further studies with a larger sample would be merited.

Most recent figures from 2020 indicate that only 22% of applicants receive an initial decision within six months of claiming asylum (migrationobservatory.ox.ac.uk, 2022). If this decision is not favourable, claimants may appeal. Participants were not asked to indicate at which point in the legal process they were which would be of interest to future studies as a study on asylum seeking parents in Sweden found that receiving a negative response to their claim caused addition distress to participants (Hedstrom et al., 2021).

5.5.1 Study implications

Previous studies have found that contextual stressors such as lack of network and financial concerns contribute to mental health problems in asylum seeking populations (Laban et al., 2004; Laban et al.,2005; Leiler et al., 2019). However, these results have not explored these relationships in the context of parenting stress. While our results do reflect on previous findings in literature on asylum seekers, our findings also suggest that the pathways linking post migration stress to mental health outcomes may differ in parents. Furthermore, gender differences and time spent seeking asylum need further exploration.

This study contributes to a growing body of research that suggests that asylum seekers are at higher risk of experiencing post migration stress than those who have residency (Toar, 2009) and that lengthy decision-making times and being female are both risk factors for poorer mental health outcomes (Acarturk et al., 2018; Laban, 2008). With some research suggesting that receiving a positive decision on their status can reduce depression in asylum seekers (Silove et al., 2007) there is strong support for reduced waiting times as well as allowing asylum seekers more freedom in terms of finding work to support themselves financially and to develop networks where they feel they belong. Currently most asylum seekers are unable to work and study and live under great financial restrictions while they wait for their application to be processed. There are calls to change policy and allow asylum seekers the right to work (Gower, 2021) however, current legislation only allow those who have waited more than 12 months on an initial decision to apply for a work permit. Informing policy makers on the detrimental effect that long asylum seeking processes have on parents and children will hopefully add support to changes in terms of asylum processes and the legalities surrounding work.

Chapter 6 Displaced populations and parenting interventions; supporting positive outcomes in parents and children – a systematic review.

6.1 Abstract

By June 2021 there were 82.4 million people forcibly displaced in the world (UNHCR, 2022), many of whom are families. Displaced populations are vulnerable not only due to experiences in their home country but also due to stressors related to the migration process and relocation. Research shows that stress and depression in caregivers can negatively impact parenting behaviour with subsequent effects on child outcome. Less is understood about how parenting support may help displaced populations form positive parenting practices and parent-child relations. The present study systematically reviews parenting interventions aimed at displaced populations, to primarily evaluate changes in parenting practices and child behaviour outcomes. Relative to this we consider the efficacy of parenting interventions on dimensions of parenting and child outcomes as well as parental and child mental health. Following PRISMA guidelines, a total of 14 papers were identified (RCT or quasi experimental design). Consistently, parenting support yielded statistically significant changes in reducing punitive parenting practices as well as improved conduct behaviour in children. Family functioning and caregiver mental health were also improved. While research on providing parenting support for displaced families is in its early stages, findings suggest that providing parenting support may go some way in providing healthier parent and child outcomes in this population.

Keywords Displaced populations, asylum seeker, refugees, parenting, intervention, child outcome, mental health, systematic review

6.2 Introduction

By June 2021, 82.4 million people were forcibly displaced from their homes, of which 24.8 are refugees and asylum seekers living in other countries and 48 million of which are internally displaced (UNHCR, 2022). According to UNICEF, at the end of 2020, 11.8 million of these refugees were children under the age of 18. Consistently, parents and children may have already been subjected to stressful situations and environments before they reach a place of safety (Bhui et al., 2003; Sinnerbrink et al., 2010). Acclimatising to a new culture while dealing with post migration stressors such as economic factors and finding housing, may have deleterious effects on refugees´ and asylum seekers´ mental health (Bentley et al., 2012; Chen et al., 2017). A comprehensive review of literature on mental health disorders in refugees living in Western countries found 1 in 10 suffered from post-traumatic stress disorder (PTSD) and 1 in 20 from major depression (Fazel et al., 2005). Moreover, a review of long-term mental health problems in war refugees found high rates of PTSD, depression and anxiety disorders, even five years after displacement (Bogic et al., 2015).

Relative to living within the context of these external stressors, parents still need to effectively parent their children while experiencing the strains of parenthood, similar to that of less vulnerable populations. Psychological distress that arises from the perceived demands of parenting is considered a risk factor in adult and child psychopathology (Deater-Deckard, 1998). Research links parental mental health difficulties and the development of adverse child behavioural outcomes (Crum & Moreland, 2017; Smith, 2004). Moreover, Woolford and Holtrop found that harsh parenting mediated the relationship between maternal depression and child internalizing and externalizing symptoms at age 6 and 12 (Wolford & Holtrop, 2019). Relative to this are findings that harsh parenting practices may contribute to unwanted child behavioural such as conduct problems (Chang et al., 2003; Deater-Deckard et al., 2012).

Importantly, research on displaced families have found that low social economic status and ethnicity (Pinderhughes et al., 1984) and single parenthood and family stress (Pettit et al., 1997) are risk factors linked to harsh parenting. Furthermore, the more risk

factors surrounding the child, the more adverse the outcome, suggesting a cumulative effect of negative experiences (Gach et al., 2018). Sameroff (2020) identified among others, the following risk factors for social-emotional development in children; high maternal anxiety, head of household in unskilled occupation, minimal maternal education, disadvantaged minority status and stressful life events. The association between cumulative risk factors and internalising and externalising behaviour in children (Appleyard et al., 2005; Trentacosta et al., 2008) and cumulative risk factors impacting children's academic achievement (Forehand et al., 1998) are consistent with this hypothesis of cumulative risk. Moreover, many of these risk factors are congruent with risk factors identified for refugee families (Aragona, 2012.; El-Khani et al., 2017; Timshel et al., 2017) In research on displaced populations, studies on Syrian mothers reported associations between maternal psychological distress, negative parenting practices and child difficulties (Sim et al., 2018) and elevated levels of depressive symptoms in mothers (Stevenson et al., 2019). Eruyar et al. also found that parental mental health contributed to emotional and behavioural problems in Syrian children (Eruyar et al., 2018). Importantly, when examining pathways between displacement, parenting and child adjustment, significant pathways between stressors linked to displacement and harsh parenting were identified (Sim et al., 2018). Furthermore, Högström and colleagues reported that the stress related to displacement is linked to harsher parenting and consequent child behavioural outcomes in refugee populations (Högström et al., 2017).

6.2.1 Parenting support programmes

Parenting support programmes can be defined as supportive systems addressing a broad range of parental attitudes and behaviours deemed to support the establishment of positive parenting practices. These may take the shape of face-to-face group activities, one to one work with parent(s), online classes and information that can be taken away. Parenting programmes aim to enhance and support the parenting role and ensure a positive parent-child relation to the beneficial outcome of the child. Studies measuring the effect of parenting programs show an overall improvement in both parenting practices (M. L. Rodriguez et al., 2010; Thomas & Zimmer-Gembeck, 2007) and parental mental health (Sanders et al., 2014) as well as positive outcomes in child behaviour (Thomas & Zimmer-Gembeck, 2007; Van Aar et al., 2016) and parental self-efficacy. Programmes such as the

positive parenting program (PPP) is an evidence- based program that has been shown to offer effective support to parents and reduce child behavioural problems. Several systematic reviews and meta-analyses on the efficacy of the PPP found overall both short- and long-term benefits to child behaviour as well as parental benefits (Nowak & Heinrichs, 2008; Sanders et al., 2014; Thomas & Zimmer-Gembeck, 2007). A randomized controlled trial of a parenting intervention aimed at reducing harsh parenting, found an increase in positive parent and child behaviour as well as reports of less depression among caregivers. In addition, the results indicated lower levels of harsh parenting at (Renzaho & Vignjevic, 2011).

With evidence suggesting that parenting interventions can be beneficial to parents in need of support, research conducted on parenting interventions for refugees and asylum seekers in a post migration context is surprisingly sparse. Little research has been done on understanding how providing parenting support to refugee and asylum-seeking families might mitigate some of the negative outcomes. Studies conducted on parents in a pre-settlement context found that participants found parenting a struggle and were keen to receive support (El-Khani, Ulph, et al., 2018). However, delivering parenting support to refugees and asylum seekers may be compromised by several factors. The transient nature of this population can affect recruitment and delivery of programs. Moreover, the nature of the collectivist culture (versus individualistic cultures) that many refugees come from may also impact the way that parenting intervention is viewed (Bogic et al., 2015). One systematic review examining parenting interventions and outcomes in displaced populations with focus on cultural adaptions found that common settings for research and the cultural background of participants were not aligned (Gillespie et al., 2022). Lack of research in the field, means there is a lack of understanding of the importance of culturally appropriate interventions. Equally, a research paper commissioned by UNICEF suggested that interventions should be selected due to a strong evidence base and their efficacy across populations, rather on their adaptions to be culturally sensitive (Gardner et al., 2017). Bernal et al. posit that there may be some merit in culturally adapting interventions but also indicate that caution should be taken when making changes to well established evidence-based treatments (EBT)

(Bernal et al., 2009) and further research may be needed to understand the importance of culturally sensitive tools versus proven efficacy.

Recruitment of displaced and vulnerable families to take part in studies may be more time consuming than recruitment of other populations. Nevertheless, it is important to understand the efficacy of parenting support within displaced populations in order to provide evidence based support to families on a timely manner when they are receptive to support, usually while still living in camps or soon after arrival in a host country (El-Khani et al., 2018).

6.2.2 Study aim

Existing research shows that parenting support is effective in reducing maladaptive parenting practices as well as supporting positive child behavioural outcomes across a range of high-risk population. To date, there is little literature examining the efficacy of providing parenting support to displaced populations. To further understanding of how parenting interventions may support displaced families, more empirical knowledge on interventions and outcomes is needed. Considering the efficacy on specific aspects of parenting allows for more appropriate and tailor-made support to be offered to displaced populations.

The aim of this study is to use existing research to improve understanding of what types of parenting interventions may be effective in supporting displaced families This in turn may help inform the development of policies designed to help newly arrived families who require parenting support, as well as inform practitioners who are coordinating and delivering interventions to this marginalised population. From this aim, two study questions emerged; 1) what types of interventions are being delivered to displaced families and 2) the efficacy of the reported outcomes of interventions on both parent and child. Furthermore, the study will consider retention rates of involvement, disparities in setting such as those internally displaced versus those who have settled in a new country and the gender of parental involvement in the program (mother versus father).

6.3 Methods

A systematic review following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) was followed and the study protocol was registered with Prospero (CRD42021236050).

6.3.1 Study eligibility

Studies examining refugees (those who have been given permission to settle in a host country and are afforded mainly the same benefits as citizens), asylum seekers (those whose application for refugee status is yet to be approved and often have many restrictions placed on work and study) and IDPs (internally displaced people) were included (UNHCR, 2022). Parent or caregiver is anyone (male or female) over the age of 18 with at least one child under 18. Intervention is any programme or support system designed to assist parents in meeting the cognitive, emotional and practical needs of their children. For this review the parenting support program had to include elements to support any aspect of parenting (parenting practices, attitudes and perceptions) as well as parent rated or child rated measures examining parent and/or child perception on child wellbeing, child externalizing and/or internalizing behaviour.

Studies were included/excluded based on the following criteria:

Inclusion Criteria

1. 1951-current
2. Peer reviewed
3. Any language
4. Adult over 18 with at least one child under 18.
5. A reported quantitative finding evaluated by using clinical psychometric testing.

Exclusion criteria

1. Unaccompanied minors

2. Single case studies

Studies needed to provide systematically acquired data showing pre and post intervention measures, as such quantitative and mixed methods studies were included, and qualitative studies were excluded. RCTs and one-armed trials were both eligible providing they provided data from baseline and one further post intervention timepoint. Pilot and feasibility trials were included if they adhered to the above inclusion/exclusion criteria.

6.3.2 Search strategy

The preferred reporting items for systematic reviews and meta-analysis (PRISMA) was followed (Page et al., 2021) (Figure 15). The search strategy was developed by using a PICO framework (Schardt et al., 2007) and following the Cochrane guidelines on combining controlled vocabulary and free text terms (Higgins et al., 2011). Scoping on Trip Medical database using search words Asylum seekers AND parenting AND support yielded 89 articles and 7 systematic reviews of which 0 were considered to examine the proposed question. Scoping on Prospero using the same search terms yielded two systematic reviews in progress of which one focused solely on parental outcome and the other focussed on a social interaction learning model as an intervention. Neither were deemed to be similar to the aim of the current study.

A scoping search was used to define search terms. Key terms and synonyms where used. Similar search terms were combined such as ‘mother’ father, ‘parent’, with ‘refugee’ ‘asylum seeker’ and ‘intervention’ ‘treatment’. The search strategy was developed using a combination of medical subject headings (MeSH) and free text searches and used Boolean operators and truncation to maximise returns. The search strategy was developed in Medline (EbscoHost) and translated for use in each of the databases listed (see appendix F for a detailed report of search terms). The search was completed across five databases – PsychInfo, CINAHL Medline, Web of Science, Scopus and Embase.

To further maximise returns on literature, grey literature was searched via Opengrey and Proquest and databases from major relevant organisations such as UNHCR, WHO and The Red Cross were searched. Furthermore, Google Scholar, hand searches and snowballing were all used as methods to retrieve as many articles as possible.

Searches took place in February 2021, June 2021 and February 2022.

6.3.3 Data Extraction

One researcher (EH) conducted the data selection and extraction according to the stated criteria. The Cochrane collaboration data extraction form was used for each study to ensure fidelity across the papers (Cochrane, 2021). Papers were verified by a second and third researcher (BD and LB) at various points of the process according to the recommendations of Tawfik et al.; Title and Abstract Screening, Full Text Download and Screening and Data Extraction and Quality Assessment (Tawfik et al., 2019). Researchers met to compare selected articles and either proceeded or made changes depending on the outcome. Where data could not be extracted from published articles, authors were contacted to request missing data.

6.3.4 Risk of Bias

The revised Cochrane risk of bias tool for randomized controlled trials (RoB 2) and cohort studies (Robins-1) (Higgins et al., 2011; Sterne et al., 2016; Sterne et al., 2019) were used to ensure that studies adhered to the highest quality and validity, although studies were not excluded if a high risk of bias was detected. Rather, issues were highlighted in the discussion section of this paper where applicable. RoB 2 is a structured set of questions that include signalling questions to allow of domain level judgement of any risk of bias providing a basis for overall risk to the study conclusions. Six domains are assessed including risk to randomization process: risk of missing data and risk of bias in reported results. Papers are then scored as low risk of bias, some concerns or high risk of bias. Any concerns to risk of bias were discussed with the second and third researcher (LB, DB). Robins-1 contains a similar structure covering eight domains of risk. The present study included ten RCT´s (of which five were pilot studies) and four one-armed-cohort studies (of which three were pilot studies). By pilot study we mean that the main aim of the study was to test the feasibility of delivering the study and recruiting enough participants and that the secondary aim was to

analyse data collated at different timepoints to see if improvements were found in the intervention group. By one-armed-cohort study we mean a study whereby all participants were allocated to the intervention and were tested at baseline and at least one further timepoint after the intervention to analyse the efficacy of the intervention. For the eleven RCTs RoB 2 was used (Sterne et al., 2019) (Table 10) and for the three one-armed trials Robins-1 was used (Sterne et al., 2016) (Table 11).

Table 10

Risk of bias assessment using RoB 2

Domain	Low Risk	Some concerns	High Risk
Randomization	1,4,5,7,9,10,12,14	3	8
Deviation from intended intervention	1,3-5,7-10,12,14		
Missing outcome data	1,3-5,7,10,12,14	8	9
Measurement of outcome	1,5,8,9,10,12,14	3,4,7	
Selection of reported results	1,3,10,12,14		
Overall risk of bias	1,4-5,7,10,12,14	3, 8, 9	

Note, According to RoB 2 (Sterne et al., 2019) low risk of bias= study is judged to be at low risk of bias for all domains for this result. Some concerns=study is judged to raise some concerns in at least one domain for this result, but not to be at high risk of bias for any domain. High risk of bias=study is judged to be at high risk of bias in at least one domain for this result.

Several of the RCT´s did not have adequate sample sizes. However, due to the limited number of studies exploring this topic, and the fact that many studies are still in the feasibility stage, it was deemed prudent to include all the eligible studies for analysis in order to add to the growing body of literature on this topic. Generally, all studies achieved a good rating for the randomization process with five RCTs randomized using a software package such as excel (study 1, 4, 5, 9, 14), two RCTs randomized using piles of paper (7) or

drawing lollipops from a bag (study 3) and two used sequentially numbered opaque sealed envelopes (SNOSE) (study 10, 12). Study 8 conducted a non-blinded trial with two arms which was scored as high risk on this dimension. Study 6 originally started out as an RCT but due to the control group receiving the intervention earlier than planned (at two months follow up), the authors concluded the study was a longitudinal cohort study comparing the groups at month two and at three year follow up.

Taking into account assessments from RoB2 and Robins-1 the outcome assessment was adequate with studies using validated tools for the assessment of parenting practices, child behaviour and parent and child mental health. Study 3 introduced three new tools designed for the study with acceptable Cronbach's alpha. All studies used appropriate methods for data collection, data analysis and reporting. Finally, all studies used specially trained staff to deliver the programs and mechanisms to ensure program content was adhered to.

Table 11

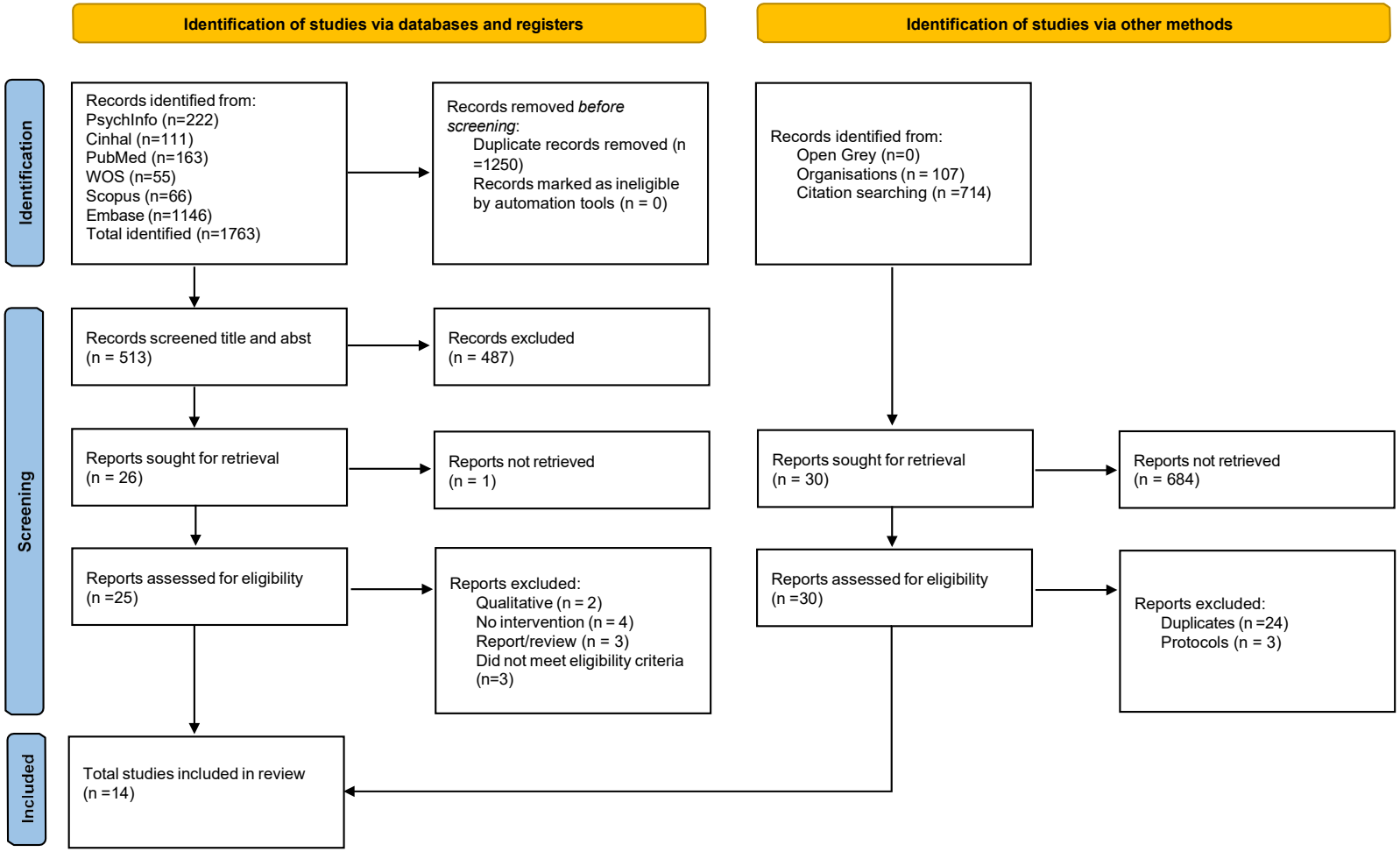
Risk of bias assessment using Robins-1

Domain	Low Risk	Some concerns	High Risk
Confounding	2, 11, 13	6	
Participant selection	2, 6,13	11	
Classification of interventions	2, 11, 13		
Deviation from intended interventions	2, 11, 13		
Missing data	2	6	11, 13
Outcome measurements	2, 11, 13		
Reporting of results	2, 11, 13		
Overall bias	2	11, 13	

Note, Adapted (Sterne et al., 2016).

Figure 15

PRISMA flow chart recording record identification (Page et al., 2021)



6.4 Results

A total of 1,763 individual titles were identified. After title and abstract screening 25 reports were assessed for eligibility via full text screening with a total of 11 titles being retained for inclusion. A further three titles were identified via other methods making a total of 14 studies. Of these 14 studies, five were randomized controlled trials (RCT), five were pilot RCT, one study was a one-armed cohort study and two studies were pilot one-armed studies. Mean publication year was 2018 with a 20-year range (2001-2021). Full study characteristics can be found in Table 12.

6.4.1 Population

A total of 1,808 families took part across the 14 studies (range 14-479) which includes families assigned to both intervention and control groups. Five studies consisted of mothers only (2,5,7,9 and 14). All of these studies sought to assess mother-child dyads from the outset except study 14 which was open to men and women but due to lack of engagement from male participants, only women were included in the intervention and assessment. The rest were a mix of mothers and fathers with no studies including other caregivers. Women formed the majority of study participants (82%) with the implications of a possible gender bias explored in the discussion section. Mean (SD) parent age was 35.09 (3.27) with a range of 32.07-41.37. 1,759 children were recorded as taking part across 13 studies (n=1 missing data). Mean age of child at baseline was 8.31(3.52) with a range of 4-14.47. For statistics on country of origin and country of intervention, see Figures 16 and 17.

Table 12

Study characteristics of included studies

Author and year	Country	Study Design	Intervention type	Population and demographics	Delivery	Outcome measures	Results Child Report	Results adult report	Study ID
(Puffer et al., 2017)	USA	RCT Treatment group n=240, WAU=239	Happy Families parenting skills programme	Burmese mothers 83% (of which 69% were biological), fathers 15%, other[1]. Mean caregiver age 41. Burmese boys 49% and girls 51% mean age 10.	12 weekly sessions, each 2.5 hours long.	PBI, PAR-Q, Discipline Interview, MICS, Burmese family functioning scale taken at baseline and one month after treatment ended.	PBI scores improved across all 3 domains; Overall relationship b=.43***(0.10), C.I (0.23, 0.62); Parental warmth b=.26* (0.10), C.I (0.06, 0.46) and negative relationship b=-.22* (0.21), C.I (-0.41, -0.03). Family functioning improved across all 3 domains; Cohesion b=.36*** (0.10), CI (0.16, 0.55); Communication b=.29** (0.11), C.I (0.07, 0.49); negative interactions b=-.24* (0.11), C.I (-0.45, -0.03)	PBI scores improved across all 3 domains; Overall relationship b=.40***(0.10), C.I (0.21, 0.58); Parental warmth b=.25* (0.14), C.I (0.05, 0.46) and negative relationship b=-.39*** (0.09), C.I (-0.56, -0.17). Discipline practices was significant on negative discipline b=-.39***(0.09),C.I (-0.56, -0.20). Family functioning improved across 2 domains; Cohesion b=.46*** (0.09), CI (0.27, 0.63); negative interactions b=-.30** (0.11), C.I (-0.51, -0.09)	1
(El-Khani, et al., 2018)	England	One armed feasibility trial	TRT[1] and parenting training	Syrian families living in Turkey, 14 mothers mean age 33.8, 8 boys and 8 girls mean age 9.94	5 weekly sessions	CRIES 13, DSRS, SCARED, SDQ, CAPES, PS, IES-R, DASS Baseline taken around 1 week prior to first session and	A significant reduction was found (z score pre to post treatment) on CRIES intrusion z=-2.264*;	A significant reduction was found (z score pre to post treatment) CAPES behavioural problem z=-2.048*; CAPES parent efficacy z=-2.497*; parenting scale laxness z=-	2

						follow up at 2 weeks post intervention.		2.133*; parenting scale over reactivity z=-2.042*	
(Miller et al., 2020)	Netherlands	Feasibility parallel group RCT	Caregiver support intervention	Refugees living in Tripoli. N=152[1] (72 men, 79 women), 87% Syrian, 10% Palestinian, 3% Lebanese. Treatment n=78, WLC=73. 33 girls, 46 boys grouped into 3-7 years or 8-12 years.	9 weekly sessions	Parenting stress, Caregiver stress, WEMWBS, K10, Stress Management, KID-KINDL. Baseline and 10 weeks post baseline.	No significant difference in child psychosocial wellbeing.	Significant changes in all parent reported measures in the intervention group 4 with all p values <.01.	3
(Betancourt et al., 2020)	USA	RCT	FSRI	Somali Bantu and Bhutanese refugees. 40 Somali Bantu (n=103 children, 58.40% female; n =43 caregivers, 79.00% female) and 40 Bhutanese (n=49 children, 55.30% female; n=62 caregivers, 54.00% female) living in MA, USA.	10 x 90 minutes sessions in the form of home visits.	APQ, CES-DC, HCLC, WHODAS, YSR, CBCL	Results from youth screening compared to CAU: Lower levels of traumatic stress β=−0.42; *p*=0.03; fewer depressive symptoms as reported by caregiver (β=−0.34; *p*=<0.001); Bhutanese children only reported lower levels of depression (β=−9.20.; *p*=0.04) and child conduct symptoms β=−0.92; *p*=0.01) as reported by caregivers.	No reported improvement in psychosocial functioning as compared to CAU.	4
(Bjørknes & Manger, 2013)	Norway	RCT	PMTO	N=96 female Muslim immigrants from	18 weekly sessions with each session	PPI; ECBI; PDR; FSS; SSRS	Effect of condition and effect size (d) on T2 in intervention group.	Effect of covariant and effect size (d) on T2 in intervention group.	5

				Pakistan (59%) and Somalia (41%). PMTO n=50 mean age 34.14 (5.28) WAU n=46 mean age 33.24 (5.49) Children n=96, PMTO n=32 (64%), WAU n=28 (61)	lasting 2hrs. 8-10 mothers per group.		CP composite-F= 4.53*,d=.21; ECBI-F= 5.57*, d=.27; SSRS-F= N/S	Harsh discipline-*F*= 4.76*d=.27; Positive parenting-*F*= 8.78**, d=.54	
(Osman et al., 2021)	Sweden	RCT with focus on IG at 3 month follow up as all groups got intervention at 2 months.	Connect parenting program	66.7% mothers, 62.7% girls. 60.8% had lived more than 6 years in Sweden but only 9.8% employed Ages M(S.D) Parents 43.80 (7.77), children 13.51(1.61)	12 sessions of 1-2 hours per session. 12-17 parents per group	CBCL 6-18, GHQ 12	Total Problem score Baseline 15.71 (9.8) 2 months 9.49 (7.4) 3 year FU 0.96 (2.1) F(2,49) 95.86*** Within subject change baseline to 2 month FU Mean diff, 6.22 F(1,50)15.13*** 95% C.I 2.26 to 10.18 d= 0.54 Baseline to 3 yr FU Mean diff 14.75 F(1,50)125.84*** 95% C.I 11.49 to 18.00 d=1.57 Externalising problems Baseline 4.67 (2,49) 2 months 2.39 (3.5) 3 year FU 0.51 (1.4) F(2,49) 26.94*** Within subject change baseline to 2 month FU Mean diff 2.28 F(1,50) 8.28* 95% C.I 0.32 to 4.23 0.40 d=4.12 Baseline to 3 yr FU	GHQ 12 total score Baseline 20.00 (4.2) 2 months 17.80 (4.8) 3 year FU 18.22 (2.3) F(2,49) 5.46** 2.18 Within subject change baseline to 2 month FU Mean diff 2.18 F(1,50)7.37* 95% C.I 0.19 to 4.18 d=0.41 Baseline to 3 year FU Mean diff 1.76 F(1,50)10.28** 95% C.I 0.40 to 3.11 d=0.46	6

							Mean diff 4.12 F(1,50)37.77*** 95% C.I 2.48 to 5.83 d=0.86		
(Dybdahl, 2001)	Sweden	RCT	International child development program (ICDP)	Displaced Mothers living in Bosnia IG n=42, ɥ age = 30.7(4.9). Children male n=39, ɥ age = 5.4(.7), female n=48, ɥ age=5.5(.7)	ICDP and therapeutic discussions. Weekly meetings plus hour long home visits weekly.	IES, CPM, BDI plus questions on social support (3 item questionnaire), give a description of their child using 11 characteristics and rated their child on 10 common psychological problems	ALL N/S	Pretest and post test mean (S.D) and difference. Social support advice dimension pre 4.7 (1.8) post 5.4 (1.4) sig 1.71* Mothers well being answer usually pre 3.5 (1.3) post 4.6 (1.3) sig 1.93* IES total pre 71.2 (26.8) post 56.1 (20.4) sig 1.99*	7
(Haar et al., 2021)	Austria	non-blinded, time-convenience, randomized trial with two-arms to assess effectiveness	Strong families together	From Iran, Afghanistan and Pakistan living in Iran. Total participants n=289 Mothers 98% IG n=197 mothers 97% IG mean age 35.3 (5.32) IG children boys n=78 girls n=118 mean age IG group 9.7(1.62)	1 hour meetings over 3 weeks in group session of up to 12 parents.	FDQ, PAFAS, SDQ, CYRM-R, Baseline T1, 2 weeks FU T2, 6 week FU T3	SDQ by country/dimension Emotional Scale T1 5.24(2.0), T2 4.15/1.97) T3 3.14(1.95) F(2,58)=28.90, p < 0.001 Conduct Scale T1 3.55(1.94), T2 2.03(1.45), T3 1.91(1.43) $X^2(2)=25.40$, p < 0.001 Hyperactivity	PAFAS T1 T 2 T3 scores by country/dimension Parental Consistency Iran T1 6.15(1.61), T2 5.52(1.59), T3 5.53(1.43) F(2,136) = 0.333; p = 0.717; partial η2 = 0.005 Afghanistan 7.57(2.33), T2 7.07(1.83) T3 7.07(2.68) F(2,156) = 0.148; p = 0.862; partial η2 = 0.002 F(1.775,118.958)	8

							T1 5.21(2.09), T2 3.59(1.89), T3 3.08(1.91) F(2,61)=24.20, p < 0.001 Peer Problem T1 3.78(1.51) T2 3.07(1.45) T3 2.78(1.39) F(2,56)=7.34, p=0.001 Prosocial Scale T1 6.61(1.93), T2 7.90(1.44), T3 7.80(1.79) F(2,56)=15.94, p< 0.001 Total Difficulty score T 1 17.77(5.67), T2 12.9(5.07), T3 10.62(4.98) $X^2(2)=34.16$, < 0.001	Coercive parenting Iran T1 7.27(3.14), T2 5.71(3.06), T3 5.31(3.20) F(1.775,118.958) = 3.540; p = 0.037; partial η2 = 0.050 Afghanistan T1 8.01(2.95), T2 6.87(2.65) T3 6.67(2.85) F(1.878,142.756) = 1.525; p = 0.222; partial η2 = 0.020 Positive encouragement Iran T1 1.96(1.55) T2 1.57(1.15) T3 1.67(1.53) F(2,144) = 1.534; p = 0.219; partial η2 = 0.021 Afghanistan T1 2.85(1.95) T2 2.55(1.75) T3 2.07(1.67) F(1.818,150.508) = 0.090; p = 0.903; partial η2 = 0.001 Parent Child relationship Iran T1	
(Ponguta et al., 2020)	USA	RCT	Mother and Child Education Program (MOCEP)	Mothers and children living in Beirut of Palestinian and Lebanese origin. IG n=53 Mean age 31.36 (5.27) Boys n= 29 (54.72%) Mean age 4.32 (1.19)	25 sessions through group meetings that each lasted approximately 3 hours.	DSQ, BPP, SDQ PSI SF, IDS, DSSI-SF, WHO 5, FIQ, WEQ Taken at baseline and one months after baseline	SDQ total difficulties T1 14.44 (5.45) T2 12.63 (5.79) p=.790 e0.24 (e0.72, 0.23) SDQ prosocial scale T1 8.52 (1.67) T2 8.97 (1.81) P=.450 0.11 (e0.37, 0.58	DSQ Harsh Discipline T1 30.62 (7.55) T2 26.91 (8.69) .0276 e0.76 (e1.24, e0.27 BPP responsive parenting T1 36.34 (4.38) T2 38.77 (3.17) .3200 0.39 (e0.09, 0.86) BPP Limit setting T1 22.78 (2.71) T2 22.26 (2.76) .8700 e0.10 (e0.57, 0.38)	9

								108.86 PSI SF T1 108.86 (13.07) T2 98.97 (12.73) .0009 e0.90 (e1.39, e0.40 DSSI-SF T1 23.14 (3.76) T2 26.09 (3.05) .4100 0.33 (e0.15, 0.80	
(El-Khani et al., 2020)	UK	RCT	Caregiving for children through conflict	Mothers and children living in the West Bank. IG n=60 mean age 40.07(7.64)	1 single 2 hour session	PAFAS; SDQ	SDQ at Baseline, Post intervention and 3 months FU Small sample size meant to SD. Emotional Symptoms change significant p=0.007 Hyperactivity change significant p=0.006 Prosocial behaviour p=0.001 Total difficulties p=0.004	PAFAS subscale Parental consistency p=0.048 Coercive parenting p=0.001 Positive encouragement p=0.001 Parental adjustment p=0.001 Family relationships p=0.023 Parental teamwork p=0.036	10
(Lakkis et al., 2020)	Lebanon	Pilot one armed trial	N/A	Mothers n=76, fathers n=49 Syrians living in Lebanon and Jordan	21 weekly sessions	WHO-5, PSI-SF, SDQ, DSQ	SDQ Conduct problem scale T1 3.3(2.2.), T2 2.2.(2.1) r=0.30, p=0.003 Hyperactivity scale T1 4.9(2.4) T2 3.9(2.4) d=0.42, p=0.012 Total difficulties T1 15.7(4.8) T2 13.2(7.2) d=.40 p=0.027	WHO-5 T1 10.8(5.7), T2 14.3(5.5) p < 0.001, d=.061 PSI Parental Distress T1 31.9(4.5) T 2 27.8(4.2) r=0.46, p < 0.001 PCDI T1 28.4(4.0) T2 24.9(3.3) r=0.41, p < 0.001	11

								Difficult child T1 30.7(4.6) T2 26.7(4.0) d=0.92,p < 0.001 DSQ Manipulating privileges score T1 12.9(3) T2 10.3(3.8) d=0.75, p < 0.001 Physical punishment score T1 6.6(2.8) T2 5.7(2.8) r=0.21, p=0.037 Shaming score T1 4.6(2.4) T2 3.6(2.3) r=0.22, p=0.030 Ignoring score T1 3.2(1.4) T2 2.3(1.3) r=0.32, p=0.002	
(El-Khani, Cartwright, et al., 2021)	Austria	RCT	TRT+Parenting	N=119 Syrian refugees and caregivers living in Lebanon. IG n=41 incl. female n=39	5 sessions over 5 weeks for both parent and child (separately)	DSRS, SDQ, PSIES-R, DASS, CRIES-13, SCARED	Significant change T1 to T3 SDQ F(2,115)=7.389, p=.001; SCARED (parent rated) F82,115)=17.412, p<.001; DSRS F(1.806,209.472)=11.74, p<.001	Significant change T1 to T3 Parenting skills F(1.861, 215.909)=19.972, p<.001, parent confidence F(1.870,216.891)=3.712, p=.029 Stress F(2,115)=49.400, p<.001; Anxiety F(1.814,210.463)=33.777, p<.001; depression F(1.850,210.463)=33.777, p<.001; PTSD F(2,115)=119.064, p<.001	12
(El-Khani, Haar, et al., 2021)	Austria	Mixed method one arm trial	Strong families with focus on		3 sessions, one per week, caregiver and child. 1-2 hours long	SDQ, PAFAS,	T1 baseline, T2 2 week FU, T3 6 week follow up SDQ Emotional problem scale.7.22 (2.33) 5.56 (1.13)	T1 to T2 Parental Consistency (F(2,16) = 6422, p = 0.009, partial η2 = 0.45), Coercive Parenting (F(2,14) = 26.275, p < 0.001, partial η2 = 0.79), Positive Encouragement	13

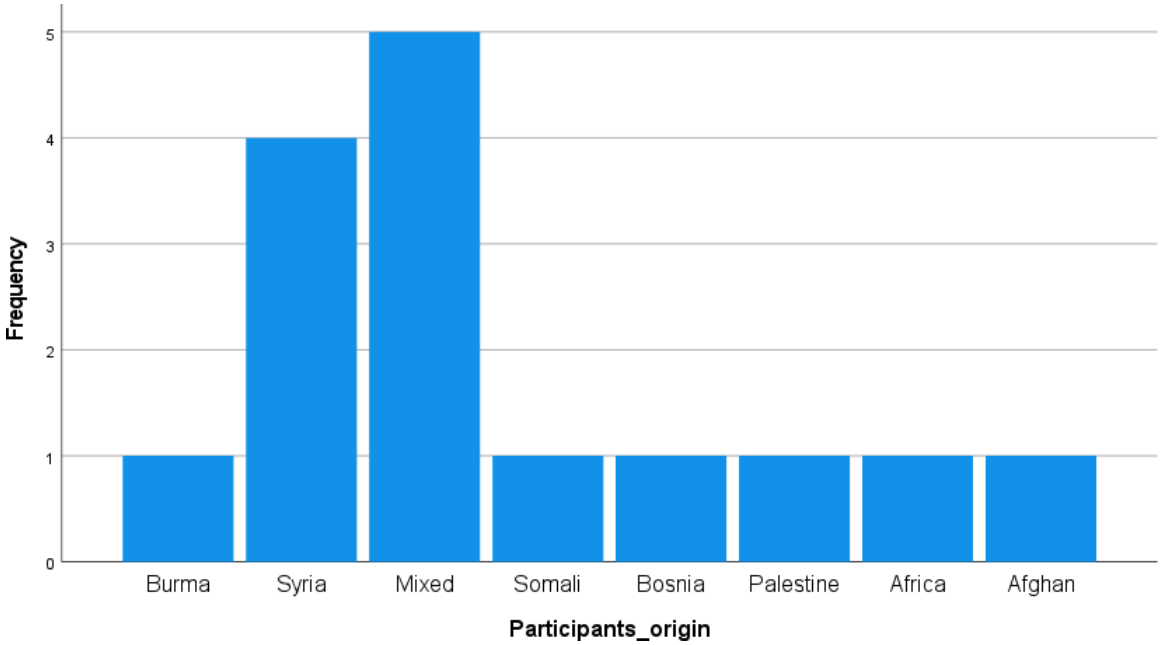
							5.00 Repeated measuers Anova F(2,16) = 7.065; p = 0.006; ηp 2 = 0.47 Conduct problem scale 3.78 (1.30) 3.11 (1.36) 2.44 (1.01) Repeated measures anova F(2,16) = 6.857; p = 0.007; ηp 2 = 0.46 Hyperactivity scale 6.78(1.64) 4.78 (2.11) 3.44 (2.19) reapted measues anova F(1.238,9.907) = 7.696; p = 0.005; ηp 2 = 0.49; Peer problem scale 4.00(1.73) 2.89(2.47) 2.67(1.58) Repeated measures anova F(2,16) = 5.734; p = 0.013; ηp 2 = 0.42 Total Difficulty Scale 21.78 (3.15) 16.33 (5.39) 13.56 (5.25) repeated measures anova F(1.223,9.784) = 19.923; p < 0.001; ηp 2 = 0.71	(F(2,20) = 7.679, p = 0.003, partial η2 = 0.43), Parent–child Relationship (F(1.200, 10.798) = 9.387, p = 0.009, partial η2 = 0.51) Parental Adjustment (F(2,14) = 15.494, p < 0.001, partial η2 = 0.69) and Family Relationships (F(2,14) = 4.200, p = 0.037, partial η2 = 0.38).	

(Shaw et al., 2021)	USA	RCT	Focus on strengthening parenting, self-efficacy, wellbeing and family functioning.	Afghan and Rohingya female refugees living in Malaysia. I.G n=47, WAU n=32. I.G ų age=32.23(8.33) Child demographics not provided	8 weekly sessions, each one hour long.	Capes; APQ 9; FFS; RHS 15	T1 Baseline, T2 post treatment, T 3 3 month FU T1 to T2 Child intensity unstandardized beta (b) Child intensity b=0.37***(0.09) T2 to T3 N/S T1 to T2 child self-efficacy b=1.81***(0.46) T2 to T3 N/S	T1 Baseline, T2 post treatment, T 3 3 month FU Family Intimacy T1 to T2 b=0.29***(0.13) T2 to T3 N/S Family Conflict T1 to T2 b=-0.45*(0.22) T2 to T3 N/S RSH 15 T1 to T2 b=-13.83***(1.97) T2 to T3 b=2.96(1.72).	14

Notes, RCT=Randomized Control Group, I.G=Intervention group, WAU=waiting as usual, CAU=Care as usual, F.U=Follow-up, B= unstandardized Beta, β=Beta coefficient, SE=standard error, C.I=confidence interval, alpha levels=*p<.05, **p<.01, ***p<.001, ų = mean different

Figure 16

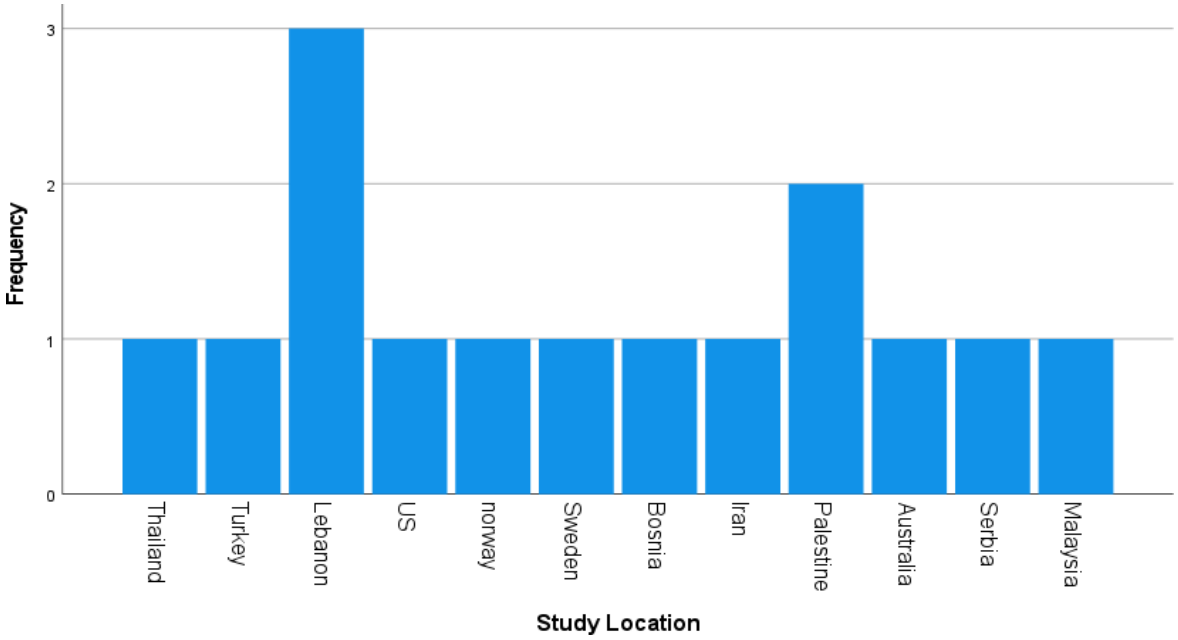
Participant's country of origin



Note, Mixed means that participants came from a mixture of different countries.

Figure 17

Study location



6.4.2 Attrition

Attrition rates varied greatly between the studies that had data available (n=12). Studies 2,3,10 and 14 had less than 10% attrition from baseline to endline, studies 1,4,5,6 and 12 had less than 20% attrition. Study 8 had 22% attrition, study 9 35% and study 11 47%. Studies with high attrition rates, 9 and 11, reported problems with families moving, new employment, illness and other life burdens. Study 9 reported that 6% of dropouts were related to program burden although no details were given as to how the program was perceived as burdensome. As well as including displaced Palestinians, almost 50% of participants receiving the intervention had either been born in Beirut (24.53) or another part of Lebanon (20.75) meaning these internally displaced participants may have had more opportunity for work or other commitments due to being legally able to work, than those who had been displaced from other countries. Study 11 with the highest attrition rate (47%) sampled Syrians displaced in Lebanon and Jordan. Work and moving was given as reasons for dropout although no statistics related to this were given.

6.4.3 Cultural implications

Studies 1,2,3,9,11,12,13,14 concerned people displaced in low-income countries, studies 4,5,6 concerned people displaced in high income countries and studies 7,8,10 concerned internally displaced populations meaning more than half of the studies took place in low-income countries.

There was a fairly equal spread in terms of interventions. Studies 1,5,6,9,13 and 14 delivered culturally adapted interventions. Studies 2,3,4,10 and 12 delivered culturally specific interventions, and studies 7,8 and 11 delivered generic interventions. A culturally adapted programme reflected that an existing programme had been adapted to address specific cultural needs of the population. It refers to “the systematic modification of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way that is compatible with the client’s cultural patterns, meaning, and values” (Bernal et al., 2009, p.362). With culturally specific we refer to programs that are specific in their use in war torn and humanitarian settings across displaced populations in general. Studies using programmes termed ‘generic’ are those without cultural

adaptations or specifics. However, it must be noted that these three studies used 'generic' programmes which were rooted in psychological parent and child behaviour theories and the programmes evaluated in studies 7 and 8 have previously been used in settings with minority populations. Study 11 ensured training providers were sensitive to the population and their needs in delivery.

6.4.3 Interventions

All interventions offered a holistic program encompassing elements of parenting training, parental wellbeing and child wellbeing. All studies delivered weekly sessions with the average (SD) number of sessions being 10.67(7.31) with a range from 1–25 weeks. A wide range of interventions were utilised across the studies with only two programs being used by the same studies: TRT+parenting (study 2 and 13) and Strong Families (8 and 13). Two studies (12 and 15) did not state an intervention title, rather deriving content from several other interventions. For intervention content and delivery periods see Table 13. Interventions were delivered through a mix of group sessions, home visit and self-guided work. Locally trained staff delivered the intervention programs in all studies except study 5, which used certified trained therapists specific for the intervention. Locally trained staff ranged from support staff in refugee centres, to social workers, teachers and community leaders who all spoke the language of parents receiving the intervention and understood any cultural implications. Furthermore, studies 1, 2, 3, 4, 5, 7 provided ongoing supervision and observation of facilitators to ensure fidelity to the components of the intervention program.

Table 13

Interventions, delivery time and key features

Study	ID	Parenting Intervention	No of weeks	Key features
Puffer	1	Happy Families	12	Managing stress; addressing behaviour problems; rewarding good behaviour in children; child development.
El-Khani[a]	2	Teaching recovery techniques (TRT) +Parenting	5	Understanding behaviour change; consistent discipline; communication skills.
Miller	3	Caregiver Support Intervention (CSI)	9	Caregiver wellbeing; positive parenting; effective discipline.
Betancourt	4	Family Strengthening Intervention for Refugees (FSI-R)	10	Child and family relations; responsive caregiving; communication skills.
Bjorknes	5	Parent Management Training Oregon Model (PMTO)	18	Problem solving; effective discipline skills; positive involvement.

Osman	6	Connect Parenting Support	12	Child development; parent-child relationship and societal information.
Dybdahl	7	International child development program	20	Child development; parent-child interaction; parent wellbeing.
Haar	8	Strong Families	3	Caregiver wellbeing; reduce challenging behaviour; improve parent confidence.
Ponguta	9	Mother-Child Education Program (MOCEP)	25	Child development; parenting practices; maternal empowerment; health.
El-Khani[b]	10	Caring for Children through Conflict and Displacement	1	Maintaining routine; build parental confidence; enhance wellbeing.
Lakkis	11	N/A	21	Communication; reinforcing positive behaviour; health
El-Khani[c]	12	Same as #2 El-Khani[a]		
El-Khani[d]	13	Same as #8 Haar		
Shaw	14	N/A	8	Child development; positive parenting; managing child behaviour; wellbeing.

6.4.5 Outcomes Measures

Measures were categorised into those measuring parent outcomes and those measuring child outcomes (whether by parent or child). Parental measures include measures on

parenting practices, parental mental health, child behaviour and child wellbeing/mental health. For most studies well validated instruments that had been translated and established in the appropriate language were used. Study 3 included three measures designed specifically for the study: parenting (internal consistency α=.87), caregiver stress (internal consistency α=.75) and stress management (internal consistency α=.76). Study 7 used two novel measures for child mental mood (α=.71) and child psychological problems (α=.82). Study 4 included one measure specifically designed for the study; family functioning (child rated α=.92; caregiver rated α=.90). The rest of the studies used a wide range of established tools. The most frequently used measure for parenting outcome was the PAFAS (Sanders et al., 2014) and the most frequently used measure for child outcome was the Strength and Difficulties Questionnaire (Goodman, 1997). Full list of outcome measures can be found in appendix J. Grouping of measures by domain are included in Table 14 including studies with significant outcomes.

Table 14

Outcome measures by domain

Domain	Characteristics	Positive Outcome (p≤.05)
Positive Parenting	Warmth, support encouragement, consistency	2,3,5,8,9,12,13
Negative Parenting	Harsh discipline, humiliating Coercive	3,5,8,9,10,11,13
Family Cohesion	Conflict, functioning Parent-child relation	1,8,3,10,11,14
Parent Mental Health	Depression, anxiety, PTSD somatic disorders	6,7,11,12,14
Child Behaviour	Conduct, hyperactivity, peer relations	2,4,5,6,8,10,11,12,13,14
Child Mental Health	Anxiety, depression	4,12

Given the evidence linking parenting stress to harsh parenting and consequent child behaviour outcomes, details on results on negative parenting and child outcome are described in detail as well as child and adult mental health outcomes. All other significant outcomes can be found in Table 4.

6.4.6 Negative parenting

In study 1, discipline was measured using the discipline interview and MICS. A significant reduction from baseline to post intervention was observed for negative discipline for the intervention group only (β-.39 (0.09) C.I (-0.56, -0.20), p<.001) but results from the MICS discipline scale were non-significant. Study 3 developed their own measure on parenting with 5 items focussing on harsh parenting. There was a significant difference for the intervention group at follow up on harsh parenting, d=.39, C.I (-1.28,- 0.33), p<.01. Study 5 used the PPI which includes 14 items on harsh discipline. There was a significant difference for the intervention group only on harsh discipline $F(1,78)=7.36$, p<.01. Study 8 used the PAFAS which includes measures on coercive parenting, found a significant difference between t1 and t2 and t1 and t3, $F(1.793,95.048)29.156$, p<.001.
Study 10 used the PAFAS with measures on coercive parenting and found a significant difference between t1 and t2 for intervention group only F22.6(1), p=.001 and between t1 and t3 F12.99(1), p=.001. Study 11 used the DSQ to measure parental discipline, pre and post intervention measures indicated a reduction in physical punishment r=0.21, p=.037, shaming score r=0.22, p=.030 and ignoring r=.032, p=.002. Harsh verbal discipline score was non-significant. Study 13 found significant results on the coercive parenting element of the PAFAS between t1 and t2, F(2,14)=26.275, p<.001. Study 15 included measures on inconsistent discipline through the DSQ with non-significant results for the intervention group at each timepoint. Study 2,4, 6, 7,9, 12 did not measure parental discipline.

6.4.7 Child Behaviour

Study 2 measured child behaviour via the SDQ and CAPES. No significant change was found between pre and post intervention on the SDQ. On the CAPES there was a

significant reduction of behavioural problems, z score=-2.048, p=.041. Study 4 utilised the Achenbach YSR and CBCL. There was no significant effect of intervention for the YSR but for parent rated CBCL there was a significant reduction by ethnicity effect in the intervention group (Bhutanese children n=49 t= -2.82, p=01 but not for Somali Bantu children (n=103)). Study 5 utilised the ECBI's conduct composite and found a significant difference in the intervention group only, d=.32, p<.05. Study 6 used the CBCL to measure conduct problems and found significant within group differences between t1 and t3 $F(1,50)=125.85$, C.I (11.49,18), p<.001. Study 8 used the SDQ and found significant differences on all measures of the SDQ for the intervention group, however, effects were also significant in the control showing reduced scores on conduct problems and hyperactivity (overall scores not available). Study 9 also utilised the SDQ with non-significant results on all measures for both intervention and control group. Study 10 used the SDQ and found non-significant results for conduct problems. For hyperactivity there was a significant effect for the intervention group between t1 and t 2 z=-2.57, p=.006, but this change was not maintained at 3 month follow up. Study 11 used the SDQ and found a significant difference between t1 and t2 on hyperactivity d=.42, p=.012 and conduct r=.30, p=.003. In study 12, aggression/behaviour on the SDQ was significant between t1 and t2 in the intervention group $F(2,115)=7.389$, p=.001 but this change was not maintained at t3 follow up. In study 13, the SDQ scores showed an overall significant change for the intervention group in t1 to t2 (p=.0004) and maintained at t3 (p=.0002).
Studies 1,3, 7,14 did not measure child behavioural problems.

6.4.7 Mental Health

For child mental health outcomes, significant results were only found in two studies; study 4 measured child mental health using CES-DC and found fewer depressive symptoms as measured by caregiver (β=−0.34; p=<0.001) and study 12 which used SCARED to measure parent rated anxiety disorders in children ($F(82,115)=17.412$, p<.001). In parents, mental health was found to have significant improvement in studies 6,7,11,12,14.

6.5 Discussion

Consistently, studies have found that providing parenting support and training can be a cost effective and efficient way to increase parental confidence and wellbeing and reduce child behaviour problems. A review of one of the more well-established parenting programs, the triple P program, found that significant short- and long-term effects were found across child behaviour, parenting practices and parental relationships amongst others (Sanders et al., 2014). These findings are supported by a meta-meta- analysis that found results across 26 meta-analyses concluded that parenting interventions did reduce unwanted child behaviour and that these effects were stable over time (Mingebach et al., 2018). Furthermore, a meta-analysis examining the effect of the Incredible Years (IY) program found reduced ADHD problems in children and a reduction in harsh parenting practices (Gardner et al., 2017). While less is understood about how parenting programs translate in efficacy for minority populations, one systematic review based on studies from developing countries found that generally the included studies reported positive results from parenting interventions (Mejia et al., 2012), however, the authors note these results must be approached with caution due to small sample numbers and lack of strong methodological designs. These findings are in line with those presented in this study. Taken together our findings suggest that there is some value in providing early and effective parenting support to displaced families. We found that in the studies that included measures on punitive parenting practices (n=8) seven studies found significant results. Studies examining child behaviour problems (n=10) found significant results in nine studies. Importantly, previous research has found that parenting interventions may be successful in reducing harsh parenting and improving child behaviour (Ward et al., 2020). Furthermore, with findings suggesting that harsh parenting may lead to poorer child outcome (Chang et al., 2003; Deater-Deckard, 1998) as well as an intergenerational transmission effect of harsh parenting (Whitbeck, 1991) there seems to be a clear argument for giving parenting support to parents who may be vulnerable to experiencing parenting problems.

In addition to parenting practices and child outcome we explored the effects on parental and child mental health. Five studies found that the parenting support reduced mental health problems in parents and only two found similar effects among children. To date, relatively few studies have considered the association between parenting support and mental health in displaced populations. One study examining the effect of the Incredible Years (IY) program on families from different social and ethnic backgrounds found no effect on either parent or child mental health outcome (Gardner et al., 2017). However, evidence exists for the efficacy of mental health interventions in refugees and asylum seekers which report clinically significant benefits on PTSD, depression and anxiety (e.g., Turrini et al., 2019). This suggests that incorporating elements of psychosocial support into parenting interventions may provide additional benefits to families.

Despite lack of research on the efficacy of providing parenting support to displaced populations, there is some evidence to support the fact that parents feel that support in how to parent within the context of being displaced is merited. A qualitative study on 29 mothers and caregivers living in camps in Syria and Turkey found parents wanting to receive more support and information and were frustrated by the lack of resources available (El-khani et al., 2016). Moreover, a study on seven refugee mothers who had received the triple P described the programme as useful for changing both parenting and child behaviour (Arif & Van Ommen, 2021). In the present systematic review those studies that included feedback post intervention reported that parents had a positive attitude to receiving support. Furthermore, high attrition rates were attributed to change in circumstances rather than lack of interest in attending the program. Of interest is the study with the lowest retention rate, study 10, which sampled a similar population to study 9 Palestinians living in the West bank. This study experienced only 3% attrition rate, even at 3 months follow up. Attrition bias is of a concern as differences between groups may be due to differences in participant characteristics rather than the intervention itself (Nunan et al., 2018). While study 11 was a one-armed trial, there may be bias due to parents completing the program being more involved in wanting to change their parenting behaviour and thus being more invested in the process.

The majority of participants across included studies were mothers with five studies including mothers only in the sample (four of these consciously and one due to lack of

interest from fathers). Furthermore, the rest of the studies included a majority of mothers (82%). Clearly, there is a lack of research regarding fathers' roles in caregiving in humanitarian settings. One study on asylum seekers and refugees found that fathers were less involved in caregiving duties than mothers (van Ee et al., 2013). Further research on the acceptability of delivering parenting support to fathers would be merited. Equally, findings from this systematic review suggest that fathers are less willing to attend parenting support groups, even when studies are open to parents of all genders, suggesting it would be difficult to gain large enough sample sizes to draw any conclusions.

Currently there is no consistent reporting in the efficacy of culturally adapted interventions. While research suggests that culturally sensitive interventions may be beneficial (Gillespie et al., 2022; Parra-Cardona et al., 2017), equally, caution needs to be taken when tampering with well-established parenting programs (Bernal et al., 2009). Crucially, a meta-analysis examining whether the IY parenting program could reduce inequality in parenting (based on social economic status and ethnicity), found that there was no difference in outcome on ethnic minority families or between differing social economic statuses, again suggesting that the efficacy of the parenting program may be more important than cultural adaption (Gardner et al., 2017).

The studies included in this review lacked clarity on the cost efficiency of providing parenting support to displaced populations. Impact of cost versus benefits may be difficult to establish in this population due to their transient nature and the variety in delivery methods. Some costs such as training staff, cultural and language adaptations of materials and delivery would warrant being better recorded to be able to synthesise these variables across studies. One study comparing cost and effectiveness of an intervention for children with language impairment found that the parent delivered intervention was more economically efficient for the outcomes than the intervention delivered in centres to groups of parents, which was found to be less effective and cost more (Barnett et al., 1988). While it is difficult to put in to context an actual cost of program delivery due to the heterogenous nature of populations and delivery types for example, one study comparing delivery of an individually delivered parent training versus a generic group based program found that the cost per family of the individually delivered training was £1591 per family (versus £2103 in the generic group). The authors noted, however, that once initial set up costs and training has been done, these costs may reduce (Sonuga-Barke et al., 2018).

Similar to the study above, the more cost efficient delivery method was the individually delivered at home program suggesting that reaching parents in a home setting at a time suitable to them may be an efficient way of delivering parenting interventions, especially to families who may be transient and struggle with attending meetings outside the home. A systematic review of 25 studies examining digitally based parenting interventions found that they successfully improved parent knowledge, behaviour and self-efficacy (Corralejo & Domenech Rodríguez, 2018). However, as noted by the authors, the majority of studies were based on white American populations meaning caution must be taken in assumptions on efficacy in more vulnerable populations. Balanced against this is the protective nature of social support within the wider community that may be beneficial to displaced populations, for example social support may have a promotive effect on maternal mental health and parenting (Sim et al., 2019). Nevertheless, providing a digital form of parenting support merits further exploration.

6.5.1 Limitations

A number of limitations must be considered. Firstly, the lack of large sample numbers, inclusion of pilot studies and one-armed trials and high attrition rates in some studies means these results should be approached with caution. Secondly, the range of interventions offered and the period of time parents attended varied greatly with some interventions being as low as a few hours and others spanning several weeks. While evidence suggest quality of interventions may be more important that cultural adaptations, it is not clear whether there is an optimum time of sessions for parents to learn new parenting skills. Furthermore, variation in time may also be related to access to populations and how transient they are, meaning that some support is better than nothing in hard-to-reach populations. However, the present results suggest that providing

a broad program of parenting training and support to parents may go some way in enhancing parenting behaviour and reducing unwanted behaviour in children.

6.5.2 Conclusion

The aim of this systemic review was to explore how parenting support programs can positively impact parenting practices and child behaviour in displaced populations. While this review was limited in number of papers available and lack of homogeneity meant that we were unable to establish any statistically significant changes across the papers as a whole, the available evidence suggests that delivering parenting support to displaced populations may be of some value in supporting healthy parenting practices and reducing unwanted behaviour in children. Furthermore, with attrition rates attributed mainly to families moving away and work, it may be that providing interventions as early as possible will enhance access and completion of programme for participants over a period of time. Overall, including parenting interventions as a means of evidence-based psycho-social support to displaced parents should be explored where possible within humanitarian settings as a cost effective way to ensure healthy long-term trajectories in both parents and children.

Chapter 7 **Discussion**

7.1 Summary of study aims and results

7.1.1 Study aims and overview

Empirical literature has established the effect that parenting stress can have on both parent and child outcomes in general populations (Abidin, 1992; Belsky, 1984; Deater-Deckard et al., 2012). Relative to this, a burgeoning body of literature focusing on asylum seekers mental health has established links between experiences endured through the process of displacement and living in a post migration context, and poor mental health outcomes in both adults and children.

This thesis acknowledges that asylum seeking parents may have a different position within their experience of parenthood than other populations: as asylum seekers, families are trying to settle in a new country and navigate a legal system while facing various barriers which are explored in this paper, and as parents they must aim to effectively parent their child, addressing their basic needs of food and shelter, as well as emotional needs by being a present and sensitive parent. Yet very little research addresses how these two categories may jointly work to influence the outcomes explored in this thesis. “Intersectionality describes analytic approaches that consider the meaning and consequences of multiple categories of social group membership” (Cole, 2009, p.170). It is within this context that the three papers have been developed, drawing from literature on asylum seekers mental health and that which focuses on parenting stress and process models relating to parenting. The three papers contained within this thesis aim to address the core research question of the thesis which is to further the understanding of asylum seeking parents experiences of parenting stress. Each paper feeds into this overarching aim drawing, on the relevant literature to address the current gap in knowledge on this topic each using a unique methodology and approach.

To date there is a lack of research examining the associations between parenting stress and postmigration stress in an asylum-seeking population. Asylum seekers experience a unique set of stressors relative to the limits placed on their ability to work, study and generally have autonomy over their life, while the legal process for refugee status is ongoing. With over four million asylum seekers in the world, understanding how this population experience parenting stress is important. By establishing risk factors associated with asylum seeking parents, relevant support and interventions can be implemented. Moreover, credible research on this topic may aid in changes to policy surrounding the legal status of asylum seekers vis a vis work permits and the shortening of legal processes.

Further to this perceived gap in the literature, the core aim of this thesis was to promote understanding of how contextual stressors specific to asylum seeking populations, might impact parenting stress. To achieve a comprehensive understanding of the unique issues facing asylum seeking parents, the research included qualitative data (personal narratives), quantitative data (anonymous data collated online) and a systematic review on current literature focussing on interventions and outcomes.

Taken together, these three papers core aim was to inform on how asylum seekers experienced parenting stress in a post migration context. Of importance was to ensure that the focus was on asylum seekers due to the precarious nature of their status on arrival to a host country. For study one and two, all participants were asylum seekers who had yet to receive a decision on their application for refugee status.

Moreover, as much as possible, I aimed to draw on existing literature relating to asylum seeker. While some research explores the experiences of displaced people as a homogenous group, it was important to draw out the literature that looked specifically at asylum seekers due to their vulnerability and unique needs. In paper three, data looking specifically at parenting interventions for asylum seekers was lacking, meaning the literature search was broadened to encompass studies on displaced populations as a whole. While the results may have been different had the population been uniquely asylum seekers, it was important to incorporate a study to acknowledge how asylum seekers might best be supported to promote a healthy trajectory for parent and child within the context in which they have to parent.

Now follows a summary of the key findings across the three papers as well as a more in-depth exploration of the results of each paper.

7.1.2 Summary of Key findings

Paper One

- Sense of lack of agency concerning
  - Financial worries
  - Not being able to work or study
  - Wellbeing of children
  - The asylum process
- Both parents and children experiencing symptoms of depression and anxiety

Paper Two

- High or clinical levels of parenting stress
- Long waiting time for asylum. Mean months 25.53(11.93).
- Main contributors of parenting stress across sample
  - Family conflict
  - Discrimination
  - Financial worries
- Gender and time acted as moderators

Paper Three

- 8 studies showed significant improvements on punitive parenting
- 10 studies showed significant improvements on child behaviour
- Parenting interventions are more attended by mothers
- Results differed depending on intervention offered

7.1.3 Paper 1 Findings

In the first study, a grounded theory approach was taken to allow the thesis to grow inductively, shaping the research aims for study two and three. The emergent theme was an overall lack of agency over participants lives. This was linked to the inability to support themselves financially, chose where they could live, as well as control the time and direction of the asylum process. Furthermore, this lack of control affected participants mental and physical health due to worry over their and their children's future, and an inability to make plans. Parents also found that their children´s wellbeing was affected; directly through the child´s own experiences (pre, peri and post migration experiences) but also indirectly through the parents' emotional state.

While the focus of this paper was on post migration stressors, as noted in chapter one of this thesis, the compounding effects of pre and peri migration experiences can greatly affect asylum seekers, even after arrival in a safe country (Silove et al., 1997; Sinnerbrink et al., 1997). The participants in this study recounted their stories of how they came to Sweden (excerpts of which can be found in the coding manual appendix C). This provided some context to their mental health status at the time of interview and as well as provided deeper understanding on how the stressors they were experiences post migrationally could be linked back to previous experiences. This compounding of stressors is articulated in the Double ABCX model (McCubbin & Patterson, 1983) as presented in chapter one of this thesis.

One interesting finding that emerged through the data was that despite struggling with mental health and concerns about their own and their childrens´ wellbeing, several parents found that it was through their children that they gained strength to keep going. Furthermore, both mothers and fathers enjoyed spending time with their children, despite often living in precarious situations such as camps or shared apartments. Fathers particularly enjoyed a change in the way they were able to parent. Many had spent long periods away from home prior to arriving in Sweden due to work and had not taken an active part in parenting duties. Fathers spoke of enjoying being more present for the children and also taking on a more “westernised” way of parenting such as reducing punitive parenting practices they may have utilised previously. This provides an interesting foundation for results from paper three whereby punitive parenting was reduced by providing parenting interventions. Further research into the cultural implications of changes in parenting behaviour in asylum seekers would be of interest.

7.1.3.1 Strengths

I was fortunate to be able to access a population who were currently living as asylum seekers in a community in Sweden. The participants all attended a day care specifically for asylum seekers where their children could play. They could meet other asylum-seeking parents as well as get support in day-to-day life, such as signposting to other organisations, help with translation and paperwork as well as material support through donations. While these families were all struggling with the stressors that came from living

in a post migration context without knowing what their future may hold, as a population they had a unique support system through the day care which may not be available to other asylum-seeking populations.

Consistently, asylum seekers are a hard-to-reach population and gaining access to a group of parents from different backgrounds, countries and ages provided a diverse population. This sample set also allowed for some stability in terms of allowing theoretical sampling to take place one year later adding to the validity of the study. There was also a spread of male and female participants, adding to the strength of this paper and allowing fathers voices to be heard which can often be lacking in studies of this nature.

7.1.3.2 Limitations

While the study provided an adequate sample set (as noted in chapter one), the population was homogenous in nature, in terms of nationality (68% were from Afghanistan) as well as sharing common experiences on arrival in a host country, such as generally receiving a similar amount of money, similar housing and so on. Furthermore, they had access to networks via the pre school which may had served to alleviate some of the stress associated with lack of social integration and networks, which emerged as a post migration stressor in study two. Further research with a larger and more heterogenous population would be merited.

7.1.4 Paper 2 Findings

Study two sought to take the results from study one to establish quantitively the links between post migration stress and parenting stress. Using the theoretical framework established in study one, these outcomes were measured more systematically. The Refugee Post Migration Stress Index (RPMS) measured the key stressors from the model through a 21-item questionnaire. For parenting stress, I chose an established measure in the form of Abidin's Parenting Stress Index short form (2012), a 36-item questionnaire, which also incorporated questions on parent and child interaction which would touch upon the outcome of the model presented in study one. The RPMS and PHQ-9 can be found in appendix D and E. The PSI-4-SF cannot be reproduced due to licensing issues but

sample questions can be found in the methods section of paper two. As many of the key outcomes in the model suggested depressive symptoms in parents, such as sleeplessness and anxiety, the PHQ-9 was included as an additional measure. These three questionnaires formed the basis of the study with the aim of understanding the effect of post migration stress on parenting stress and depression in asylum seeking population.

Key to this study was to explore the contribution of each post migration stressor to parenting stress and depression. Further, limited research suggested that the longer asylum seekers wait on a decision, the effects of post migration stressors can be exacerbated. Moreover, several of the participants in study one expressed concern and distress around the asylum process, the waiting and worry about outcome which led to time becoming an important moderator to measure in study two.

Regression analysis was chosen as an appropriate analytical tool to establish which of the five dimension of post migration stress contributed to parenting stress and depression. Initially Hayes process model for moderated meditation (2013) was planned as part of the methodology, regression analysis became a better fit both in terms of the lower sample number as well as being able to identify more clearly the contribution of each post migration stressor on parenting stress and mental health.

The study found that family conflict was the biggest contributor to parenting stress. Discrimination and financial concerns also contributed to parenting stress. The findings partially differ from previous studies whereby economic factors and unstable housing are considered as more stressful by asylum seekers as a whole. These results indicate that asylum seeking parents do indeed have a unique set of circumstances surrounding the complexities of parenting while living in a post migration context.

Of interest was the finding that when the parenting stress index was split and measured by subscales, parental distress, parental child dysfunction interaction and difficult child, the only correlation with depression was parental distress. Parental distress measures parental perception and asks questions around the parent's experience and parenting role. The findings suggest that parenting stress in this population may be less about the parent and child relationship and child behaviour and more about a parent's negative thoughts about their own parenting, possibly brought on by struggles with mental health and contextual stressors. These findings were supported by some findings in study one whereby several parents said they found that their children kept them going

and provided joy. Overall, the findings suggests that it is not the children that are causing parental stress, rather the role of parenting within the post migration context.

Gender and time were found to moderate these outcomes. Consistently our findings were in line with previous research on gender differences among refugee and asylum-seeking populations whereby being female can be considered a risk factor for psychopathology. Depression was linked to financial worries in women only. Of interest is that for fathers only, financial worries were linked to parental distress. While fathers scored a higher mean on depression than mothers, our study suggests that fathers and mothers do experience mental health and stress differently relative to their parenting role. Traditionally fathers are seen as the breadwinners, specifically within more traditional cultures, meaning that fathers may experience more distress within their parenting role (parental distress) comparative to their ability to provide for them.

In study one participants had found that the time waiting on a decision hard which contributed to parents feeling stressed and worried. Consequently, capturing the length of time participants had lived as an asylum seeker was essential to see if this had any bearing on the level of parenting stress. Only a few articles were found which looked at the effect of time on asylum seekers mental health. We had hoped to be able to build on these studies and find some novel findings to help us expand on the theory that the longer the wait for right to remain, the worse the mental health outcome. Our findings, suggest that those waiting two or less years struggled more with Language and Communication and Family conflict significantly contributing to parenting stress for group A (two years or less) in regression analysis. For group B (more than two years) only Family conflict remained a significant contributor to parenting stress. This suggests that stressors concerning family relationships and dynamics remain constant over time setting a clear argument for providing parenting support early on for asylum seeking families. Study three found that parenting interventions reduced punitive parenting practices which resulted in less behaviour problems in children. Taken together with the results from study three, early intervention for parents may reduce stress around family conflict.

7.1.4.1 Strengths

Generally, research on displaced populations has a higher proportion of female participants, especially in research relating to family processes and parenting. This may be due to the fact that within many more traditional cultures women take on more of a caregiving role. Less is understood about how fathers experience parenting in this population. 38% of participants in study two were fathers enabling us to explore gender differences in parents relative to their experiences of parenting stress. While our study generated some questions that would need further research to understand, such as fathers having higher means than mothers, yet less associations between measures, including a solid proportion of males in our study adds to a small but important area of research examining gender differences in asylum seeking populations in the context of parenting roles and mental health.

7.1.4.2 Limitations

The original plans for sampling had been to access participants in a similar manner to study one but collecting quantitative data. Contacting local and national charities and support centres I planned to advertise within the centres and offer the questionnaires through an online questionnaire or face to face where applicable. Being able to offer face to face sampling would allow those without access to technology or wifi data, or those who struggled with comprehension, to take part. Due to Covid 19 the majority of centres closed resulting in all data collection taking place online. While this allowed for a broader reach of asylum seekers based in the UK, participants who struggled to access the questionnaires were excluded from the study, again meaning we cannot assume that the results are applicable to the general asylum-seeking population. It is also almost impossible to disentangle effects of isolation brought through COVID-19 to those experienced by asylum seekers under normal circumstances.

Limited research in the area looking specifically at post migration stressors and the association with parenting stress meant that the research aims became exploratory rather than firm hypotheses. Further, lack of previous research meant conclusions from the results should be approached with caution.

7.1.5 Paper 3 findings

Having conducted two studies investigating the links between post migration stress and parenting stress, I wanted to explore further what sort of support might help this population. Having identified some of the potential causes of parenting stress in this population, it was important to also understand what interventions may successfully support asylum seeking parents to give a holistic overview of not only the problem we had identified but also potential solutions. Due to the small number of studies conducted on parenting interventions in asylum seeking populations, the scope was broadened to include refugees and other displaced populations as well. While the aim of this thesis was to focus on the specific challenges faced by asylum seekers in a post migration context, exploring the efficacy of parenting support in both refugees and asylum seekers would enable us to gauge how parenting support may benefit asylum seeking parents.

A systematic search yielded 14 eligible papers comprising of several feasibility trials as well as one armed trials. Mean publishing year was 2018 suggesting this is a burgeoning research area with scope for more research into the efficacy of parenting interventions. Furthermore, the limited number of robust randomized controlled trials with a high population sample means results from the systematic review should be approached with caution. Nevertheless, several noteworthy results were found. Overall, the data suggests that parenting support is welcomed by parents with good satisfaction feedback from participants. This is supported by findings whereby refugees living in Greek and Turkish camps were motivated to receive parenting support, specifically in relation to parenting in the context of displacement (El-Khani et al., 2018). In the majority of studies parenting practices were improved, these included measures on parental warmth and responsiveness, discipline, harsh parenting and parent child relationship. Further, in the majority of the studies parental mental health was improved. With research establishing associations between harsh parenting and behavioural problems in children (Deater-Deckard et al., 2012; Chang et al., 2003), the results from study 3 suggest that including measures on positive parenting and reducing harsh parenting practices would be of merit to this population. In study 2, depression was found to be a risk factor for female participants, further associations between depression in mothers and the difficult child

sub scale on the PSI were found. One study found that harsh parenting may mediate the relationship between maternal depression and externalizing symptoms in children (Pinderhughes, 1984). Again, supporting the need for parenting programs. While the majority of participants in the studies included in the review were mothers, and study two found that mothers were at elevated risk of depression, it may be that interventions and support may be of more benefit to mothers. While studies have found that refugee fathers are less involved in caregiving tasks than mothers (van Ee et al., 2013), the lack of research focussing on fathers' involvement suggests more research needs to be done on this topic. Furthermore, findings from both paper one and two suggest that fathers do struggle with aspects of parenting (study one) as well as with stressors relating to parenting and post migration (fathers had on average higher means overall than mothers in study two).

7.1.5.1 Strengths

While there are a limited number of systematic reviews on a similar topic that have been published, none of these explored in depth types of interventions and efficacy. Bearing in mind the strength of evidence linking parental stress to negative parenting practices and adverse child outcomes, this systematic review addresses an important gap in the research as to the efficacy of giving parenting support to negate unhealthy parenting practices and support positive trajectories for children.

7.1.5.2 Limitations

The lack of eligible studies was always a concern for this paper. The mean publishing age was 2018 with the median being 2020. This suggests that studies examining parenting support in displaced population is still in its infancy. Further to this, more than half the studies were pilot studies (n=8) and four studies lacked a control group. While the systematic review yielded some interesting and positive results, they should be taken with caution.

7.2 Summary of findings across the three papers

The primary aim was to explore how post migration stress in asylum seeking populations affected parenting stress which remained the main theme of exploration in paper one and two. The personal narratives from paper one suggested that participants struggled with their mental health and many aspects of managing their day-to-day life. These findings were corroborated through study two which uncovered high levels of parenting stress in our sample as well as moderate levels of post migration stress and depression. Across the two papers similar themes emerged such as concerns around finances and family conflicts. Furthermore, new significant stressors emerged in study two that had not been prominent in study one such as discrimination. Moreover, study two also made it possible to determine an effect of gender and time spent seeking asylum on this population. The results suggest that there is a relationship between post migration stress, parenting stress and mental health in this population.

Study three aimed to build on these two studies by understanding how parenting interventions may work to support this population, both with parenting practices as well as support better mental health outcomes for both parents and children. While only two studies used the PSI-4-SF, as used in study two of this thesis, seven studies found significant results on aspects of positive parenting and six studies found positive results on the parent child relationship, both of which are measures included in the PSI-4-SF. This suggests that parenting support may go some way to alleviate parenting stress in this population.

There is a solid corpus of research that focuses on post migration stress and links to mental health outcomes in both refugees and asylum seekers albeit the term refugee is often used to comprise the two populations. There is therefore a lack of literature that focuses primarily on the plights of asylum seekers relative to their specific experiences in terms of lack of status and limits on work and study. This was one of the important aspects when considering the direction of this thesis. Secondly, while research has established links between post migration stress and mental health, to date there is very little that looks at the association between post migration stress and parenting stress.

Research suggests that being female is a risk factor for developing psychopathology. Our first study in a post migration setting found that mothers did find not being able to provide things such as toys for their children distressing, as well as

feeling upset by their children commenting in the discrepancies in their standard of living versus that of other resident children (Hedstrom et al., 2021). In our second study mothers' depressive symptoms were linked with financial worries suggesting mothers may take on more of an emotional burden of being unable to provide for the family over a more self-critical view as suggested by the results on fathers. Finally, in our systematic review, studies including measures on mental health outcome found that generally there was some improvement to parental mental health through parenting support. This suggests that providing mental health support in conjunction with parenting support could go some way in supporting healthy parenting practices and reducing parenting stress. Moreover, women may have a higher need to receive tailor made support for their role as a mother.

Findings from study two found that gender moderated the relationship between post migration stress and depression with a significant association for mothers. In study three, parenting support was found to improve mental health in parents although it is important to note that the majority of the sample population across the studies in the systematic review were mothers (82%) making it hard to ascertain gender differences. These findings suggest that giving support to mothers specifically on arrival in a host country, may improve mental health in female caregivers over time. Research suggests that depressive symptoms in mothers mediate the relationship between past torture and child adjustment, indicating a risk of intergenerational trauma (East et al., 2018) further supporting the need for especially mothers to receive timely support.

7.3 Developing a conceptual framework

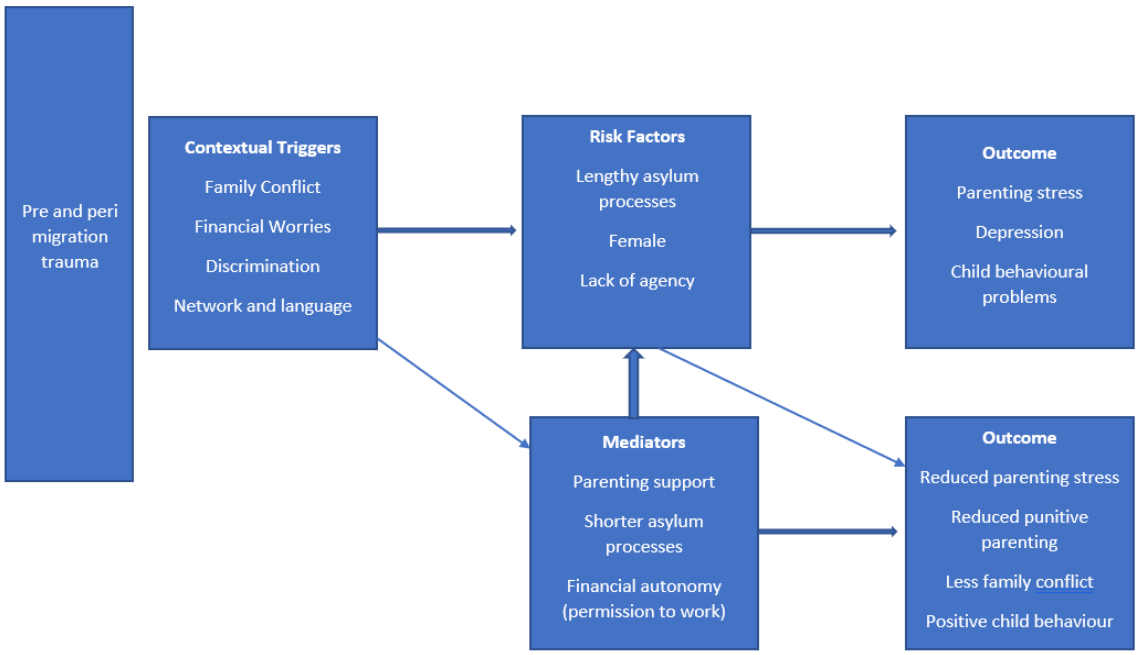
In chapter one and two of this thesis, I considered some of the existing theoretical frameworks concerning the stress process and family and parenting stress. While several of the models go some way to explain the way in which parents might experience external and internal stressors and the ramifications on child outcome, no model addressed the unique stressors associated with asylum seeking parents. In study one of this paper, I developed a framework concerning the themes emerging from the interviews. Taking into account the findings from the three papers, a conceptual framework has been developed to try and address the findings and explain how asylum seekers might be better supported

for healthier outcomes relating to parenting stress, mental health and child outcome (Figure 18).

In this model, I consider the contextual triggers that came out of study one and two. Risk factors from study one and two are considered as pathways that may lead to negative outcomes in parent and child. Furthermore, suggested protective factors are considered that may lead to a more positive outcome. Finally, while this thesis did not focus on experiences prior to settling in a new country (post migration), it is important to add the context of how these experiences may compound the triggers and outcomes in a post migration setting. Overall, this conceptual framework goes some way to address the lack of models that concern asylum seeking parents specifically.

Figure 18

Conceptual framework of asylum seekers´ experiences of parenting stress by Hedström, 2022.



7.4 Practical and clinical implications

Some key findings that have emerged from this research could provide useful and practical guidance to policy decisions around asylum seekers. To give context to our findings and recommendations, as of September 2021, 70,905 are waiting for an initial asylum decision in the UK, an increase of 73% over the past two years with an average waiting time between one and three years (ECRE, 2021). Current legislation states that asylum seekers may apply for a work permit if their claim has been outstanding for more than 12 months (Gov.uk, 2022). Financial support is given to asylum seekers in the form of housing and a sum of £39.63 per person in the household to cover food, hygiene articles, clothing and so on (Gov.uk, 2022). Access to primary and secondary health care is free to asylum seekers and in some cases failed asylum seekers (Gov.uk, 2022). However, a qualitative study by Kang et al. found that many asylum seekers experienced barriers to language and navigating the NHS meant that accessing health care could be difficult (2019). In study one, participants found that accessing mental health support through their GP was difficult relative to the perceived needs for both psychological and pharmacological support for them and their children. Kang et al. also found that some participants felt discriminated against due to their religion or status (2019). In study two, one of the post migration stressors contributing to parenting stress was feelings discriminated against (the dimension comprised of feeling disrespected by authorities, feeling disrespected due to my background and people making racist remarks towards me). Similar findings were reported by a systematic review focussing on access to mental health care by asylum seekers and refugees in terms of facing cultural barriers to access (Satinsky et al., 2019). The study found that asylum seekers have a high need for mental health support but struggle to access services at times and may feel discriminated against.

The three studies presented within this thesis, clearly demonstrate the need for mental health support in this population. Study one established that both parents and children suffered from stress associated with pre and peri migration experiences which were further compounded by postmigration stressors on arriving in a host country. In study two we found that participants experienced moderate levels of post migration stress and depression but very high levels of parenting stress. Depressive symptomology,

disordered sleep and child behavioural problems could all benefit from both psychological and pharmacological support, yet research suggests that support is not always available nor accessed.

Study one found that asylum seeking parents worry around many of the elements surrounding living in a new context such as stable housing, having adequate finances to support their children as well as their own mental and physical health and that of their children. Further, many were worried about repatriation and found the asylum process complex and stressful. These findings suggest that there would be merit in simplifying the asylum process and reduce lengthy waiting times. Further, allowing asylum seekers to work and study would encourage independence and reduce that lack of agency that became the core theme of study one.

In March 2021 the Home office set out a new plan for an immigration policy (Patel, 2021). The policy purports to build a 'firm but fair' asylum system (consultation can be found at https://www.gov.uk/government/consultations/new-plan-for-immigration). The overall intentions are to reduce people smuggling and illegal entry into the UK with many of those entering the UK having already entered a safe country where asylum should have been sought. Further, the plan ascertains that the UK can currently not cope with the demand of asylum claims, of which 73% of asylum claims have been in the system for more than a year. While the plan is to promote a fair process that works for all, reduce illegal trafficking putting lives at risk, and ease an overloaded system, changes will be slow meaning that many genuine asylum seekers are still having to endure a protracted asylum-seeking process. In January 2022 the UNHC published their concerns around these legal changes including the removal of deadlines on how long an inadmissible asylum claim can be suspended, increasing the risk of leaving asylum seekers in limbo for even longer periods. Of relevance to this thesis are the findings that protracted legal processes to seek asylum have been found to be associated with poor mental health in asylum seekers. According to Eurostat, 2019 saw an increase in asylum seekers applying for international protection in one of the 27 member states of the EU, up by 11.2% since 2018. This is the first time an increase in applications has been seen since 2015, the heigh of the Syrian crisis (Eurostat, 20202). In 2020 416,000 first time asylum seekers applied for international protection in one of the Member States of the EU (Eurostat, 2022). Currently, with the situation in Ukraine escalating, speeding up the asylum process has become an even more

pressing concern and it is important that links between policy making decisions and evidence of the detrimental effects of lengthy asylum processes are made.

Results from study two found that parents in the study measured extremely high on parenting stress including at clinical levels for parental distress. Furthermore, depression was associated with the post migration stressor of financial worries. Practically, more clinical support should be made available to asylum seekers to address their mental health. While interviews in study one suggested that some parents had received psychological support for them and their children, as well as pharmacological support where needed, there was a sense that support received through their general practitioner did not fully address their needs. Of interest to this thesis is an editorial by Summerfield suggesting that

Psychiatric models have never sufficiently acknowledged the role of social agency and empowerment in promoting mental health. Moreover, the PTSD model assumes a single causative link between an index event and subsequent mental state. The refugee literature refutes this, highlighting the pivotal role of family and social networks in providing support and nurturing problem-solving strategies, (Summerfield, 2001, p.162).

With agency being the overarching theme of study one as well as lack of network and integration and family conflict being significant post migration stressors in paper two, it suggests that providing culturally appropriate support, giving some agency to asylum seekers (such as allowing them to work) to enable them to feel empowered as well as providing social and familial support may go some way to improve mental health in asylum seekers, as suggested by mediators in model 18. One way to strengthen the mental health support for asylum seekers is to ensure that mental health staff with some cultural knowledge are made available. Although one study on asylum seekers in the Netherlands found that there was some stigma attached to seeking mental health support in the local community, there is merit in strengthening local communities to be able to give support from within the community (Slobodin et al., 2018). The study also notes the importance of considering multiple stressors affecting asylum seekers, something which has been evident throughout this thesis.

7.5 Ethical considerations, reflexivity and positionality

Ethical considerations were made throughout the thesis in terms of considering the populations, their vulnerability and position in relation to myself when conducting the studies. This was specifically pertinent in paper one where emotive interviews were taking place with families who were finding themselves in a precarious situation and facing economical and legal battles. Reflexivity is an important element to consider on interviewing a person who may find themselves in a compromised position. Within the framework of constructivist grounded theory approach, Charmaz suggests one needs to maintain methodological self-consciousness to understand how world views, language and meaning enter our research (Charmaz, 2017). Importantly for this thesis, it also involves being aware of our privileges relative to our position and role as interviewer. Reflexivity is inextricably linked to positionality whereby as a researcher we must consider our epistemological and ontological view of the context in which we operate and how this influences research (Holmes, 2020). As stated in chapter one, I took a constructivist approach throughout this paper which posits that people take an active part in constructing and shaping their world view and position within it. This is particularly important when working with novel questions involving people who may not always have their own voice in society and ensuring that my preconceptions, such as the medias representation of asylum seekers, did not cloud my ability to shape the research according to the participants own narratives. This is also why verification plays an important part in grounded theory as it allows the researcher to meet with participants once coding is complete to verify that the meaning apportioned to the participants words aligns with their intended meaning. For study one verification took place one year after the initial interviews.

In paper one, being conscious of the relationship between participant and interviewer was paramount. For example, most participants were waiting on a decision on their legal process for the right to remain. As interviewer I was very clear at the start of the process that I had no influence on legal proceedings and I was not there in any official capacity to ensure there was no misunderstanding. Further, the majority of the interviews were done in the participants mother tongue meaning that all information was relayed via a qualified,

paid for interpreter, so for example the question would be asked in Swedish by me, the interpreter would then relay the question in for example Farsi, it would then be relayed back to me in Swedish. While interpreters were from a professional company and followed strict codes of conducts and ethics in term of confidentiality, the inclusion of a third party in the interview process must be considered, especially when divulging personal information.

Both during and after the interviews (during coding for example) a lot of thought was given to my own role and feelings during the interview process and the interplay between myself and the participant. Constructivist grounded theory allows a participant's story to come to the forefront of research, despite previous intentions of the researcher meaning that it is well suited to research focussing on social injustice for example (Charmaz, 2020). However, the burden of collecting and disseminating these narratives means that the interviewer needs to ensure constant reflection on their own position and views. In my own position as a white female with no concerns over housing, work or social support I was aware that I held what can be considered a superior position over the interviewee. As a mother I was touched by many of the stories involving the plight of parents and many times the stories were highly emotive (for example a mother being separated from her child for a period of time and children being dehydrated and sick during the journey). It was important for me to reflect on these feelings after each interview, further, staff at the preschool had insight into many of the stories and while I did not divulge the personal narratives of participants in accordance with ethical guidelines, I was nevertheless able to reflect on the general plight of asylum seeking parents with the staff. Further, regular check ins with the supervisory team took place via teams to ensure that any issues or concerns could be discussed.

Participants were given a 150 Swedish Kronor voucher to a local supermarket after completing each interview. The lack of stores in the area and the need for food and hygiene articles meant that this was deemed the best option and the decision was made together with staff at the centre. Participants were able to buy food, nappies, hygiene articles and even toys at the store giving them a good selection and meeting a range of needs. While compensation for their time was possibly a motivator for many participants to take part, participants were keen to take the time to tell their story and most interviews lasted for 30-45 minutes, although there was no pressure for participants to stay for any specific time in the interview room.

7.6 Future directions

This thesis was conceived in response to the lack of research focussing on asylum seeking parents and the unique set of stressors they face. Throughout the work on this thesis, it has been evident that there is a paucity of studies addressing asylum seeking parents in this context. Much work focusses on post migration stress and mental health in displaced people but does not specifically examine the role of parenting in this context. Other research has looked at displaced families and associations with PTSD, mental health and child behavioural outcomes, as well as effective family support for these populations. This body of research considers the unique experiences of parents relative to their experience living through post migration stress. While providing valuable insight into asylum seekers experiences specifically, my research also contributes to the wider corpus of literature on displaced populations and mental health. With migration an ongoing situation that may increase before it starts to decrease again, research on how to support this population is valuable.

A few directions of research that has emerged from this thesis must be noted. Firstly, while I was lucky to engage a large number of fathers to take part in study one and two, results from study two in particularly suggested that while fathers may have elevated levels of stress and depression, the associations between these variables differ from that of mothers. Furthermore, there is little research concerning the way in which fathers adapt and change their caregiving duties on arrival in a new country, both relating to a change of parenting practices relevant to the culture (for example a reduction in punitive parenting practices) and also having more time to spend with the family due to lack of work. Understanding how fathers experience mental health problems relating to a perceived lack of being able to provide for the family would also merit further exploration.

Secondly, while it is important to establish risk factors for asylum seeking parents in order to provide adequate and appropriate support. An interesting finding from paper one was that parents found strength in having their children around them and had a lot of hopes and dreams for their children's future. Set ups such as the preschool where study one took place are rare (notably since this study was completed the preschool has closed

due to lack of government funding) and further research into the protective factors of providing a space for parents and children to play, learn about parenting within a new culture and receive both practical and emotional support would be of interest, especially longitudinally to understand the long term effects of receiving early support for the whole family. While post migration growth (PTG) was not a central theme in this thesis and thus not addressed in the literature review, it is worth acknowledging that a population such as that included in study one would lend itself to further research on this topic. Post migration growth can be considered as the positive changes that may occur as a result of trauma relating migration (Teodorescu et al., 2012) and offers a framework to understand what contributes to thriving after trauma (Ferriss & Forrest-Bank, 2018). Study one specifically found that some positives in relation to parenting styles and time spend with children had been noted in a post migration context and further studies exploring post migration growth and its effect on parenting would be warranted. Currently there is little research examining how family processes and reducing parenting stress might contribute to PTG. One study on Syrian refugees found that an increase in economic freedom and absence of psychosis and affective disorders was positively associated with PTG (Rizkalla & Segal, 2018) but research on how positive parent and child relations and fathers adaptation to a new role would be warranted in exploring the associations with PTG.

Study two included time as a moderator and found that post migration stress and depression were significant in the first two years of living in a post migration context while levels of parenting stress remained stable throughout the time of seeking asylum. The lack of literature examining the effect of lengthy legal processes, especially in the context of parenting stress, suggests that there is more to be explored in order to understand the impact of time on asylum seeking parents. Further, collecting more data on what participants have experienced during their time spent seeking asylum, for example how many moves, have there been any appeals on a decision during this time, has work been allowed after the first 12 months and so on, might help to really understand who is most vulnerable to lengthy asylum-seeking processes.

7.6 Motivation for thesis – professional and personal statement

In 2015 the European Refugee crises peaked as middle eastern diaspora fleeing civil unrest were given both media and political foci. During this time there was also a peak in lives lost due to drownings when crossing the Mediterranean Sea including harrowing images of 3 year old Alan Kurdi who drowned in 2015 while fleeing Syria to safety. In 2016 when I began my application for my PhD I could not get these images of families fleeing for their lives under perilous conditions out of my mind and considered how this trauma might impact these families psychologically. I also thought about my time in Sweden working with many people who had fled the Balkan wars who were clearly still deeply affected by their experiences. I decided to focus my PhD on understanding how these experiences shape parenting and the parent-child relationship. As I understood more about the processes these people had to go through once they arrived in a place of safety, I decided to examine the effect of post migration stressors on asylum seekers, as clearly long asylum processes were causing additional stress to an already vulnerable population. In scoping the literature prior to beginning my research I found that there was a corpus of literature that focussed on the mental health of refugees and asylum seekers, this included looking at the contribution of post migration stressors to mental health problems. However, these findings also uncovered some gaps in the literature. Firstly, much of the research focused on asylum seekers and refugees as one homogenous group. While they share many similarities in terms of traumas experienced and reasons for leaving home, they may have experienced prior to arriving in a safe country, the way in which they are treated on arrival are different as noted in the introduction of this thesis. The core difference being that asylum seekers are yet to receive a decision on their right to remain meaning they live for prolonged periods with uncertainty and are unable to establish themselves in a new country with work, choosing where they want to live and so on. As asylum seekers face a very particular set of barriers which can clearly cause additional stress, it seemed clear that there was a space for research to focus on this particular subgroup of displaced people to understand their experiences in a post migration context. Further, more research establishing the impact of lengthy asylum processes and lack of financial autonomy can support policy changes to impact this population at a grass roots level.

In addition to disentangling the experiences of asylum seekers from other groups of displaced people, I also noted a lack of research focussing on asylum seeking parents. While

there is certainly a body of research that examines parenting experiences of displaced populations (evidenced in our systematic review, for example) there is very little research examining parenting stress in this population. This is in contrast to wider research into parenting where parenting stress is a relatively common construct to consider when researching parenting.

In light of this I wanted to combine the lack of research into asylum seekers experiences as well as that of parenting stress within this population. This was inline with my previous research and professional background. My interest in working with young people and parents who were facing difficult situations began when I volunteered at a school in the Canadian Arctic in 2000. Like many indigenous populations the Inuit face mental health problems relating to poverty, substance abuse and issues around their culture such as loss of tradition and being unable to sustain a traditional lifestyle within a modern society. After this I pursued a second degree in psychology and continued working with young people in various capacities. At the heart of my work was the aim to enhance family situations to allow parents and children to feel supported and empowered. My Masters thesis focussed on parenting style and child outcome. My research combined with practical experience working with families has given me a solid foundation to support families and further my understanding on family dynamics and parenting stress. Having worked with minority and vulnerable populations as well as having previously worked with interpreters contributed to my ability to be able to sensitively and professionally talk to participants about their difficult experiences. Moreover, throughout my career I have been involved in processes of self-reflection, attending training on retaining boundaries when working with clients and sought supervision and support where needed. I came to academia late in life but I also believe my work experience, life experience and parenting experience was an important part for me developing and executing this work.

This thesis has gone some way to understand how post migration stress can compound parenting stress for asylum seekers. Many gaps in research have also been acknowledged, suggesting that research into the mental health of displaced position needs to continue.

7.7 Concluding statement

In sum, the vast displacement of people, whether due to natural disaster or war, has a huge impact both psychologically and physiologically on people. It is a humanitarian issue that is unlikely to disappear for a very long-time. Indeed, recent events in Ukraine has shown that in a short space of time, millions of people can find themselves displaced, some of whom may seek asylum in a new country. Research needs to address both the short- and long-term effects of the stress and trauma associated with post migration stress. In this way adequate and culturally appropriate mental health support can be given to those who need it. In addition, research must inform policy makers to reduce lengthy and harmful decision times to allow those at most risk to begin living a life free from fear and stress as soon as possible.

Appendix A Interview Schedule Study One

Subject focus	**Core Question**	**Prompt Questions**
Family constructs and relations (orienting/setting the context)	Tell me who you are here with in Sweden.	Tell me a bit about your family. Who is in your family? Let's think about (child's name), tell me about him/her.
The journey	Tell me about your journey to Sweden.	How long have you been here? What was life like before you left, what were your daily routines? Did you live anywhere else before you came to Sweden? What were your routines like there? Who was with you on the journey between (country of origin) and Sweden?
Experienced life changes	How has life changed since you arrived in Sweden?	Describe a normal day for your family here. What routines do you have? What routines do your children have? How is this different to how life was when you lived in (country of origin)?
Parenting	Thinking about your role as a mother, tell me a bit about how you see yourself as a parent?	Has your parenting changed since you came to Sweden? If so how? What things have made your change the way you parent in Sweden? What's your relationship like with your children? Does anyone else help you with parenting? Who? How do they help?
Child behaviour	Thinking about your children, tell me a bit about how they have been since they arrived in Sweden?	Thinking about (child's name). What is he like now you are in Sweden? What does he like to do? What are his routines like?
Support	Do you feel like you have had support since you arrived in Sweden?	What does that support look like? How do you access support? What sort of support would help you in your parenting role?
Close	Do you have anything else you would like to tell me?	Have you had any other thoughts on parenting? (Reflect back on trigger questions here).
Mood repair	Tell me about some of the things you enjoy doing here at the pre-school.	Have you got any plans for the week? What things do your children like to play with here? What are their favourite songs? Favourite foods?

Appendix B Recruitment Post Study One

The Experience of parenting while seeking asylum

Would you like to take part in a study to help shape future parenting support to asylum seeking families? My name is Ellen and I am a first year PhD student at the University of Southampton in the UK. I am currently doing a study on parenting practises.

What is involved?

If you would like to take part in the study you will need to fill out some forms to give consent to your information being used. All personal information is confidential and at no time in the study will your name, age or country of origin be used. The interview will take up to one hour (60 minutes) where you will be asked to share your experiences on parenting. I will write down what you say and record it with audio equipment.

To reimburse you for your time you will be given a voucher worth 150Kr.

Who can take part?

Any person aged 18 or over who is also a parent can take part (both mothers and fathers). Only one parent needs to attend the interview. Your children will not be part of the interview process.

The interviews can take place in English or Swedish or if you prefer a different language, an interpreter can be provided via phone.

If you are interested in taking part in the study or finding out more, you can contact me, Ellen Hedstrom, via email on e.e.hedstrom@soton.ac.uk or tell Lena Holm at Kramfors Oppna Asylforskolan, 0612 – 80846, lena.holm@kramfors.se who will let me know.

Thank You

Appendix C Coding Manual Study 1

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
Day to Day Life		Anything related to the day to day events in the participants life such as recalling daily routines, living, eating, hobbies and so on. May be merged with more specific Codes such as living arrangements.	My children have a normal life, school, but not normal, for example my daughter has a friend from Syria they got upperhallstillstand (transcribers note: right to remain) 2 years ago.	We have nothing, we don't know will stay here or come back. We don't know anything about the future.	
Economic problems		Any concerns surrounding money but mainly related to worry the effect that lack of money has on the family, specifically the children.		Yes he 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.	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
Effect on children	Somatic problems	Anything recounted by parent as being a perceived effect on the children due to being an asylum seeker. Includes both mental and physical symptoms as well as behavioural problems. Sub category of somatic problems but more specific nodes may be needed.	My oldest she has started to stay in the school with the swedish children, my younger one is not so good, she studies all different subjects, she will start understanding soon.	Yes, my oldest girl remembers and talks about it. Because of this boat that we were on, we almost drowned, we were terrified and she remembers that.	
Fear of being repatriated		Anything related to the fear of being sent back to their home country such as facing death as well as the impact on children.		Some days we feel the future is bright, some days we feel dark. We have two faces to the future. We have two street, one is light, one is dark, maybe die there, we come back, we don't know who kill me, I loose my father, I lose my job, maybe I can't come back to my job. What about my daughters? Difficult thinking.	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
Future hopes		Hopes and dreams for future such as work, children's development, peace of mind and so on.	I want my children to have a better life, better future, that I can contribute to this society and be a good citizen. Me and my husband we never lived our lives we just try to survive, I don't want that for my children. we couldn't carry on with our studies we couldn't go to school. l I don't want that for my children. I want my children to live in a safe environment and to be able to carry on with their studies as simple as that really.		
Health problems		Any mental or physical health problems that are mentioned throughout interviews. Will eventually be merged		(P 10 starts to cry) a lot worse obviously, I am too scared to sleep at night. I am thinking a lot, I have a lot of pain, especially in my	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
		with more specific health issues.		neck, and all over my body, and even the tablets aren't helping.	
Lack of autonomy		Feelings of not having any control or choice in life such as accommodation, choosing own food in camps etc.		I no guarantee, you just have to pay as I have no choice. I can't stay in Turkey it's better have to move to the European Union	
Lack of certainty		Mainly related to knowledge around being repatriated (fear of being repatriated Code) but also not knowing when decisions will be made (relating to timelines).		I have no plans I don't have any plans, you just kept going.	
Lack of routine		Related to Code Day to day life. Relating to schedules such as sleep and eating as well as lack of work/daily activities.		On the way here, we had no routines, depended on where we were, what the smugglers said, we just had to follow them, sometimes there was no food, sometimes we could	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
				buy something from a shop, some bread	
Lack of support		Relating to both a) family and friends network and b) Support from other agencies such as medical, lawyers and so on. Will need to be split into two Nodes probably.		I went to Gothenburg, we don't have any support everybody very busy many refugees in the street. We went to malmo, the same story. Nobody took me to print my finger, just wait wait waiting many days.	
Living arrangements		Past and present living arrangements such as living in camp, flat, sharing with others. Experiences of different types of living.		Around 12-13 days ago we were given a proper flat to live in, before that we lived in an asylum centre, you lived with other asylum seekers. We kept moving accommodation, from one to the other and lived in roughly 12 sq m. One sitting room	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
				and a bedroom and a kitchen	
Loss		Includes loss of home (past), family as well as actual death (includes seeing unrelated deceased people on journey). Can relate to any type of loss that might cause distress.		I left my job, my house, my everything. I: And how do you think your wife, has she changed? P1: Of course, she was a teacher and now she is nothing.	
Parental mental health		Relates specifically to mother/father (either via interviewees own experience or through sharing partners experience. Includes both feelings/emotions expressed of personal perception of mental health as well as any diagnosed by a health specialist e.g. depression.		No we haven't actually and I don't feel good either, I have stress symptoms since we got here 2.5 years ago, I have psychological problems, I can't sleep and use sleeping tablets to sleep. I have been given the opportunity to talk to a psychologist but I have not been able to	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
				tell them as I they will tell the migration centre and I (inaudble) to tell you what is weighing on me, that has been for 6 years. I want someone to listen to me, the pain, (inaudible).	
Parenting		Any thoughts on interviewees (or partners) parenting skills such as ability to parent in a new country as well as reflections on parenting in home country. May also include reflections on participants own parents and how this has shaped them.	No, not really, it's the other way round, I am happy that I have them, they give me happiness and they give me energy, I look after them and I am happy that they are there.	We don't say anything to the children to not affect their mental health to make it worse than it is. I: Is it easier being a parent in Sweden? P2: Yes it's a lot easier	
Positive feelings		Any positive feelings elicited throughout the past or present such feeling hope on arrival in host country, making new friends, feeling validated by people around them,	The children have forgotten a lot, my son enjoys life, he has integrated well, has friends, plays football, is happy and goes to school. My daughter		

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
		seeing their children develop and so on.	is also happy and doing well. Yes there are people you can talk to for example on Thursdays there is a church you can go to and they help everyone and we go there to their meetings and they give us clothes, my children clothes		
Post migratory stressors	Physical effect Psychological effect	Any stressful event recounted during interview – both physical such as health problems on arrival in Sweden as well psychological distress. Examples such as lack of money, lack of support, lack of work and so on are coded here, and usually in other specific categories too.		I: And how do you think your wife, has she changed? P1: Of course, she was a teacher and now she is nothing. No, we haven't even had an interview yet It has affected us a lot, this waiting that never ends, it makes us not be able to have a normal life, we can't	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
				go anywhere as we don't have the right to remain, we can't afford to take the train and go anywhere, we are always at home, and get isolated, other afghanis who have been given their status, they get so snobby and proud and don't even want to have contact with those who don't.	
Premigratory trauma		Any events in home country either from childhood or leading up to becoming and asylum seeker. Usually includes threat to life (separate Node), conflict, treatment by family in home country, seeing children suffer and so on.		We left the country because my husband's life was in danger and even my own life was in danger	Does not include any stress related to the actual journey to Sweden.

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
Resilience		Any account where the participant feels they have shown strength or reflects on what has kept them going.		Yes this is giving me a lot of strength, at the same time after we were told no and my husband wasn't feeling well and my son ,and then after we've told no they have felt worse and after that I also lost some hope and my strength and you know this positivity I had, and now I feel worse after the last decision. Hopeless you can say.	
Support		Any positive support such as local community welcoming them, making new friends, having a positive experience of local health care, having contact with people back home.	Yes, I have been and have talked to someone and am under treatment even now with the DR.		

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
The journey		Anything relating to the journey to Sweden from their home country such as length of time, who was with them on the journey and any specific stressors encountered on the journey such as taking the boat across the Mediterranean.		It was light, there came a boat from Italy. I said please please we have many children. I am speaking little please please English. Other people don't speak, just crying, some people reading Quran crying God support me. He stopped and stop the engine, he heard me he said I will support only the children, I said yes yes please all the children only children no men no women just children. He came slowly, many children about 30. I remember about 30 35. So he went to Greece and we stayed in the water The driver was dying. Sink in the sea.	

CATEGORY	SUB-CATEGORY	DESCRIPTION	POSITIVE EXAMPLE	NEGATIVE EXAMPLE	EXEMPTIONS/ RESTRICTIONS
Threat to life		Any perceived threat to life either in home country (conflict, threat of death by other parties) or fear of death during journey (e.g. boat sinking).		I got papers they said you have to pay 50 million dinars if you don't pay this we will kill you and kill your daughter When we came from Turkey to Greece we stayed in the boat about 5 hours. The boat fell down in the sea. We stayed in the sea about 5 hours. I can swim but my family can't. My wife had a life vest. No, you know to help you to swim, life vest, a life jacket. Yes the life jacket. I bought one it was it about $500. But when the waves from the water (inaudible) my daughter drank salty water, everybody crying for about 1 hour, after 1 hour everybody no voice.	

Appendix D RPMS Study 2

The Refugee Post-Migration Stress Scale (RPMS)

Please indicate how frequently you experience each of the following situations in Sweden.

		Never	Seldom	Sometimes	Often	Very often
1	Discrimination by Swedish authorities					
2	Discrimination in school or at work					
3	Feeling disrespected due to my national background					
4	People making racist remarks towards Me					
5	Bothering difficulties communicating in Swedish					
6	Difficulties understanding how ordinary life activities in Sweden work (shopping, buying tickets, traveling, etc.)					
7	Difficulties understanding documents and forms from authorities					
8	Worry about unstable financial situation					
9	Frustration for not being able to support myself financially					
10	Worry about debts					
11	Missing my social life from back home					
12	Longing for my home country					
13	Missing activities that I used to do before coming to Sweden					
14	Worry about family members that I am separated from					
15	Feeling sad because I am not reunited with family members					
16	Feeling excluded or isolated in the Swedish society					

17	Frustration due to loss of status in the Swedish society					
18	Frustration because I am not able to make use of my competences in Sweden					
19	Distressing conflicts in my family					
20	Feeling disrespected in my family					
21	Feeling unimportant in my family					

Malm, A., Tinghög, P., Narusyte, J., Saboonchi, F. The refugee post-migration stress scale (RPMS) development and validation among refugees from Syria recently resettled in Sweden. *Confl Health* 14**,** 2 (2020).

Appendix E PHQ-9 Study 2

Patient Health Questionnaire (PHQ-9)

Name: _____Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all

Several days

More than half the days

Nearly every day

1. Little interest or pleasure in doing things 0 1 2 3

2. Feeling down, depressed, or hopeless 0 1 2 3

3. Trouble falling or staying asleep, or sleeping too much 0 1 2 3

4. Feeling tired or having little energy 0 1 2 3

5. Poor appetite or overeating 0 1 2 3

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down 0 1 2 3

7. Trouble concentrating on things, such as reading the newspaper or watching television 0 1 2 3

8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual 0 1 2 3

9. Thoughts that you would be better off dead or of hurting yourself in some way 0 1 2 3

Reference: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med. 2001;16(9):606-613

Appendix F Prospero Submission Study 3

PROSPERO

1. Review title
   Efficacy of parent and child interventions in displaced populations: A systematic review
2. Original Language
   English
3. Commencement Date
   1st October 2020.
4. Anticipated completion date
   31st March 2021
5. Stage of review: About to start data extraction
6. Named contact: Ellen Hedstrom
7. Named contact email: e.e.hedstrom@soton.ac.uk
8. Named contact address: Highfield Campus, Building 44, SO21 1BJ
9. Named contact number: 07473388822
10. Organisations affiliation of review: Southampton University
11. Review team members and affiliations: Dr Jana Kreppner, Southampton University, Dr Hanna Kovshoff, Southampton University
12. Funding Source: South Coast Doctoral Partnership through the ESRC
13. Conflict of interest: None
14. Collaborators: None
15. Review Question:
    Systematic review primary question: Are parenting interventions associated with significant improvements in parenting skills in displaced populations?

Systematic review secondary question: Are parenting interventions associated with significant improvements in child outcome in displaced populations?

Meta-analysis primary question: How effective are parenting interventions in increasing positive parenting styles in displaced populations?

Meta-analysis secondary question: How effective are parenting interventions in increasing positive behavioural outcomes in children in displaced populations?

16. Searches
    MEDLINE, EMBASE, PsychINFO, CINAHL, Scopus, Web of Science and DIVA (dissertations and theses),
    Citation tracking (through google scholar and web of science).
    Email to request published and unpublished data from key authors.
    Grey literature (using opengrey and global health).
    Snowballing.
    Reference lists will be searched manually.
    Charity and global organisations such as the UNHCR, Red Cross, Oxfam, WHO will be searched as well as governmental organisations such as the Home Office.
    Search date from the signing of the Geneva Convention in 1951 until present day. All papers that include an English language abstracts are included.
17. URL to search strategy (see attached) Search strategy Mother* OR Father* Or Parent* OR Caregiver* OR Mum* OR Dad* OR Care giver* AND child* OR offspring OR famil*AND Refugee* OR Asylumseeker* OR asylum seeker* OR displaced people OR Displaced person OR Displaced population* AND intervention* OR program* OR treatment* OR Support* OR therap* AND parenting OR parent behaviour* OR maternal behaviour* OR paternal behaviour* OR parent* practices OR parent* outcome* OR parent* style* OR child behaviour* OR child* practices OR child* outcome* OR child* style*
18. Condition/domain being studied:
    Parenting outcomes in parents or caregivers who have been offered parenting support, treatment or interventions due to their status of being displaced such as being a refugee or an asylum seeker. Child outcomes in children of parents or caregivers who have been offered parenting support, treatment or interventions due to their status of being displaced such as being a refugee or an asylum seeker.
19. Participants:
    Displaced populations, refugees and asylum seekers or populations displaced by war, famine or other events meaning they have to flee their place of home. Must be a biological parent or caregiver (grandparent, sibling and so on).
20. Interventions:
    Interventions will be defined as anything aimed to support and/or improve parenting and/or child outcomes in target populations. Parenting programs/parenting support interventions of any type, duration and delivery mode. Interventions targeted at mothers, fathers, families, caregivers, and children.
21. Comparison:
    Studies without a control group will be included. Studies with control groups will consider the non intervention group as participants from the same population that did not receive treatment but were measured at baseline and follow up.

22. Types of studies to be included:
    Interventions randomised trials, quasi-randomised controlled trials, non-randomised control trials, before and after comparison trials, multiple baseline trials, single armed studies.

    Inclusions: Parenting interventions relating to the specified population, delivered to parent or family. Families with at least one child under 18. Studies must have an English abstract.

    Exclusions: Unaccompanied minors.

23. Context: It is presumed that the population will be receiving an intervention after they have fled their home. Interventions should focus on supporting parents, children or families. Studies concerning treatments aimed at providing other support to adult individuals outside the context of family functioning and parenting are not included.
24. Main outcome: Participant (parent and/or child) and/or therapist reported outcomes showing the efficacy of delivering parenting support to displaced families to support parenting and parent-child relations.

    Timing and effects measures: Outcome measures taken at baseline and post treatment or intervention will be included.

25. Secondary outcomes: None
26. Data Extraction:
    One researcher (EH) will conduct the data selection and extraction according to the stated criteria. Papers will be verified by a second researcher at various points of the process according to the recommendations of Tawfiket al.,2019; Title and Abstract Screening, Full Text Download and Screening and Data Extraction and Quality Assessment. Researchers will meet to compare coding and either proceed or make changes depending on the outcome. For any missing data at this stage, authors will be contacted. A data extraction table will be used to include study setting, study population, demographics, intervention and control, methodology, recruitment and outcome. Mechanisms and any suggestions of risk of bias will be included. Outcome measures will include child and parent mental health, child and parent physical health, child and parent relationship, parental self-assessment on parenting, child behaviour outcome, neuropsychiatric disorders and special education needs in children as diagnosed by a medical professional.
27. Risk of bias:
    Risk of bias will be reduced as the study will follow a protocol of verification throughout the data extraction process. PRISMA will be used as a tool to improve quality of reporting (PRISMA, 2015). For non-randomized trials, Robins-1 will be used to reduce risk of bias (Sterne JAC, Higgins JPT, Elbers RG & Reeves BC, 2016) and for randomized trials, Cochrane Risk of Bias tool (RoB 2) will be used, (Sterne et.al, 2019).

Individual bias – with a marginalised population there is risk of bias in recruitment and selection processes. There may be lack of access to complete data collection, some asylum seekers may find it culturally taboo to discuss mental health problems, many asylum seekers feel isolated and marginalised and may not participate in advertised studies. Language barriers may affect understanding of questions.

Self serving bias – with an emotive subject organisations seeking funding in support of their work, it must be noted that data from organisations such as the UNHC, Red Cross and similar may be inclined to include data to serve their course.

Population bias may be a cause of concern, many studies conflate asylum seekers and refugees who may experience stressors differently due to the support afforded them.

28. Data synthesis:
    A PRISMA flow chart to ensure the correct steps of a systematic review are adhered too. A narratives synthesis approach will be taken and structured around the exposure to stress and trauma caused by displacement and outcome measures of parenting and parent-child relations in the defined population. If data allows, a meta analysis will be conducted.
29. Analysis of subgroups and subsets:
    If data allows, mothers and fathers will be analysed separately.
30. Type and method of review:
    Narrative synthesis, meta-analysis and systematic review. Parenting practices, mental health and behavioural conditions.
31. Language: English
32. Country: England
33. Other registration details: None
34. URL: None

Appendix G Example of data extraction study 3

THE COCHRANE COLLABORATION®

Data collection form

Intervention review – RCTs only

This form can be used as a guide for developing your own data extraction form. Sections can be expanded and added, and irrelevant sections can be removed. It is difficult to design a single form that meets the needs of all reviews, so it is important to consider carefully the information you need to collect, and design your form accordingly. Information included on this form should be comprehensive, and may be used in the text of your review, 'Characteristics of included studies' table, risk of bias assessment, and statistical analysis.

Notes on using a data extraction form:

- Be consistent in the order and style you use to describe the information for each report.
- Record any missing information as unclear or not described, to make it clear that the information was not found in the study report(s), not that you forgot to extract it.
- Include any instructions and decision rules on the data collection form, or in an accompanying document. It is important to practice using the form and give training to any other authors using the form.

Review title or ID	#1
Study ID *(surname of first author and year first full report of study was published e.g. Smith 2001)*	Puffer, 2017
Report ID	
Report ID of other reports of this study	
Notes Impact of a family skills training intervention among Burmese migrant families in Thailand	

Appendix G Example of data extraction study 3

General Information

Date form completed *(dd/mm/yyyy)*	02/02/2021
Name/ID of person extracting data	Ellen Hedstrom
Reference citation	Puffer, E. S., Annan, J., Sim, A. L., Salhi, C., & Betancourt, T. S. (2017). The impact of a family skills training intervention among Burmese migrant families in Thailand: a randomized controlled trial. *PloS one*, *12*(3), e0172611.
Study author contact details	Eve.puffer@duke.edu
Publication type *(e.g. full report, abstract, letter)*	Full report
Notes:	

Study eligibility

Study Characteristics	Eligibility criteria *(Insert inclusion criteria for each characteristic as defined in the Protocol)*	Eligibility criteria met? Yes	No	Unclear	Location in text or source *(pg & ¶/fig/table/other)*
Type of study	Randomised Controlled Trial	X☐	☐	☐	
	Quasi-randomised Controlled Trial	☐	☐	☐	
Participants	479 families (513 caregivers and 479 children), from 20 communities across Myanmar	☐	☐	☐	
Types of intervention	Happy Families parenting skills program, 12 weekly sessions at 2.5 hours each	☐	☐	☐	

Types of comparison	Waitlist control group	☐ ☐ ☐	
Types of outcome measures	PBI parent behaviour inventory, PAR Q parent acceptance rejection questionnaire, discipline interview, MICS discipline module of multiple indices, Burmese family functioning scale,	☐ ☐ ☐	
INCLUDE X		EXCLUDE ☐	
Reason for exclusion	A RTC with a parenting intervention measuring parenting and family functioning in outcome		
Notes:			

DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW

Characteristics of included studies

Methods

	Descriptions as stated in report/paper		Location in text or source *(pg & ¶/fig/table/other)*
Aim of study *(e.g. efficacy, equivalence, pragmatic)*	assessing the impact of a family-based intervention delivered to Burmese migrant families displaced in Thailand on parenting and family functioning.		abstract
Design*(e.g. parallel, crossover, non-RCT)*	Parallel group randomized trial comparing intervention group with waitlist control using 1:1 allocation		Methods
Unit of allocation *(by individuals, cluster/ groups or body parts)*	20 communities with around 24 families per community n=12 control and n=12 intervention per community		population
Start date	Recruitment October 2011. Baseline and follow up data collected January 2012 and May 2013		Study population
End date	May 2013		As above
Duration of participation *(from recruitment to last follow-up)*	12 sessions of support at 2.5 hours per session. Plus baseline survey completion, one month following completion of intervention and for treatment group again at 6 months post information.		intervention
Ethical approval needed/ obtained for study	x ☐ ☐ Yes No Unclear		
Notes:			

Participants

	Description *Include comparative information for each intervention or comparison group if available*		Location in text or source *(pg & ¶/fig/table/other)*
Population description *(from which study participants are drawn)*	Burmese migrants displaced to Thailand. Caregivers so both biological and non biological. Male and female. Diverse population including urban and rural. Some were Karen migrants, some worked.		
Setting *(including location and social context)*	Tak province of Thailand that houses a large Burmese migrant populations.		
Inclusion criteria	Have a child 8-12, speak Burmese or Karen		
Exclusion criteria	N/A		
Method of recruitment of participants *(e.g. phone, mail, clinic patients)*	Through public community meetings, schools or community halls, led by staff from implementing organizations. Eligibility screening took place and places offered on first come first serve.		Study population
Informed consent obtained	x ☐ ☐ Yes No Unclear	Given verbally due to levels of education in pop.	Method
Total no. randomised *(or total pop. at start of study for NRCTs)*	479		
Clusters *(if applicable, no., type, no. people per cluster)*	12 families per each of 20 villages in either control or intervention		
Baseline imbalances	Treatment and control groups did not differ significantly at a level of0.05 on caregivers' age, sex, or education levels, or on age and sex of children. Tables 4 and 5 present findings on study outcomes		

Appendix G Example of data extraction study 3

Withdrawals and exclusions *(if not provided below by outcome)*	In intervention group n=44 caregivers and n=23 children lost due to relocation, declined or ither at end line follow up. Total completing 6 months assessment n=196 families	
Age	Mean age parents = 41 child = 10	Results
Sex	Bio fathers 15% Bio mothers 69% other 16% (grandparents, aunts etc)	
Race/Ethnicity	Burmese (Mayanmar), Karen and Muslim	
Severity of illness	N/A	
Co-morbidities	N/A	
Other relevant sociodemographics	Displaced and living in a community in Thailand, 88% married, 50% only completed primary school 35% unemployed, 73% had no documentation	Results
Subgroups measured	NA	
Subgroups reported	NA	
Notes:		

Intervention groups

Copy and paste table for each intervention and comparison group

Intervention Group 1

	Description as stated in report/paper	Location in text or source *(pg & ¶/fig/table/other)*
Group name	Intervention group (Tx)	
No. randomised to group *(specify whether no. people or clusters)*	240 (12 per village over 20 villages)	
Theoretical basis *(include key references)*	Accord-ing to the underlying theory of change related to the primary outcomes, the intervention was expected to achieve acquisition of both knowledge and skills among both caregivers and chil-dren primarily through active skill-building paired with didactic components	
Description *(include sufficient detail for replication, e.g. content, dose, components)*	Happy families parenting and family skills intervention, adapted from the strengthening families program. Pilot study completed and program revised. 12 weekly group session at 2.5 hours each. Topics such as communication, managing caregiver stress, and setting goals with children.	
Duration of treatment period	12 weeks plus baseline data capture, capture one month after program and 6 months after program	
Timing *(e.g. frequency, duration of each episode)*	2.5 hours per session over 12 weeks.	
Delivery *(e.g. mechanism, medium, intensity, fidelity)*	Same programme delivered to all intervention groups by 40 Burmese lay facilitators who were screened and received 11 days of training. Two staff in each session. Observers used a standardized checklist to monitor facilitation skills.	

Providers *(e.g. no., profession, training, ethnicity etc. if relevant)*	NA	
Co-interventions	NA	
Economic information *(i.e. intervention cost, changes in other costs as result of intervention)*	NA	
Resource requirements *(e.g. staff numbers, cold chain, equipment)*	40 facilitators plus training staff, staff to facilitate screening of participants	
Integrity of delivery	Good – see delivery. Observes were used who offered further training to those who were not delivering to standard.	
Compliance		
Notes: Randomization was conducted after the baseline survey. The study team used a computerized, excel-based random number generator for random assignment and to select the index child.		

Outcomes

Copy and paste table for each outcome.

Outcome 1

	Description as stated in report/paper	Location in text or source *(pg & ¶/fig/table/other)*
Outcome name	Parent child relationship quality measured by PBI and PAR-Q	

Time points measured *(specify whether from start or end of intervention)*	T1 baseline T2 1 months after intervention T3 6 months after intervention		
Time points reported	All		
Outcome definition *(with diagnostic criteria if relevant)*	Parent child relationship quality		
Person measuring/ reporting	Research assistants double blind to treatment condition		
Unit of measurement *(if relevant)*			
Scales: upper and lower limits *(indicate whether high or low score is good)*	High score means worse outcome on likert scale		
Is outcome/tool validated?	x ☐ ☐ Yes No Unclear	PBI new but internal consistency acceptable with C alpha .71. PA Q used in many countries with C alpha of .61 and .72 on two subscales.	
Imputation of missing data *(e.g. assumptions made for ITT analysis)*	Multiple imputation.		
Assumed risk estimate *(e.g. baseline or population risk noted in Background)*			

Appendix G Example of data extraction study 3

Power *(e.g. power & sample size calculation, level of power achieved)*	Statistical power .80 to detect a .25 minimum effect size at 0.05.	
Notes:		

Outcome 1

	Description as stated in report/paper	Location in text or source *(pg & ¶/fig/table/other)*
Outcome name	Family functioning	
Time points measured *(specify whether from start or end of intervention)*	T1 baseline T2 1 months after intervention T3 6 months after intervention	
Time points reported	All	
Outcome definition *(with diagnostic criteria if relevant)*	Family functioning measured by Burmese family functioning scale	
Person measuring/ reporting	Research assistants double blind to treatment condition	
Unit of measurement *(if relevant)*		
Scales: upper and lower limits *(indicate whether high or low score is good)*	High score means worse outcome on likert scale	

Is outcome/tool validated?	x ☐ ☐ Yes No Unclear	C alpha .65 and .55.	
Imputation of missing data *(e.g. assumptions made for ITT analysis)*	Multiple imputation.		
Assumed risk estimate *(e.g. baseline or population risk noted in Background)*			
Power *(e.g. power & sample size calculation, level of power achieved)*	Statistical power .80 to detect a .25 minimum effect size at 0.05.		
Notes:			

Outcome 1

	Description as stated in report/paper	Location in text or source *(pg & ¶/fig/table/other)*
Outcome name	Discipline practices measured by discipline interview and the multiple indicator cluster survey (MICS)	
Time points measured *(specify whether from start or end of intervention)*	T1 baseline T2 1 months after intervention T3 6 months after intervention	
Time points reported	All	

Appendix G Example of data extraction study 3

Outcome definition *(with diagnostic criteria if relevant)*	Discipline practices		
Person measuring/ reporting	Research assistants double blind to treatment condition		
Unit of measurement *(if relevant)*			
Scales: upper and lower limits *(indicate whether high or low score is good)*	High score means worse outcome on likert scale		
Is outcome/tool validated?	x ☐ ☐ Yes No Unclear	DI with C alpha ..64 and .51. MICS used in many countries with C alpha of .61 .	
Imputation of missing data *(e.g. assumptions made for ITT analysis)*	Multiple imputation.		
Assumed risk estimate *(e.g. baseline or population risk noted in Background)*			
Power *(e.g. power & sample size calculation, level of power achieved)*	Statistical power .80 to detect a .25 minimum effect size at 0.05.		
Notes:			

Other

Study funding sources *(including role of funders)*	This work was supported by USAID Displaced Children and Orphans Fund (DCOF); funding was awarded to The International Rescue Committee. The funders had no role in study design, data collection and analysis, decision to publish, or presentation of the manuscript.	
Possible conflicts of interest *(for study authors)*	None	
Notes:		

Risk of Bias assessment

See Chapter 8 of the Cochrane Handbook. Additional domains may be added for non-randomised studies.

Domain	Risk of bias Low High Unclear	Support for judgement *(include direct quotes where available with explanatory comments)*	Location in text or source *(pg & ¶/fig/table/other)*
Random sequence generation *(selection bias)*	x ☐ ☐	The family, defined as the index child and their caregiver(s), was the unit of randomization. Within each of the 20 communities, half (N = 12) of the families were randomly assigned to the intervention group and half to the waitlist control group. Randomization was conducted after the baseline survey. The study team used a computerized, excel-based random number generator for random assignment and to select the index child.	randomization
Allocation concealment *(selection bias)*	x ☐ ☐		
Blinding of participants and personnel *(performance bias)*	x ☐ ☐	Outcome group: All/ Trained research assistants who were blind to treatment condition administered surveys via interview	
(if separate judgement by outcome(s) required)	x ☐ ☐	Outcome group:	
Blinding of outcome assessment *(detection bias)*	x ☐ ☐	Outcome group: All/ Trained research assistants who were blind to treatment condition administered surveys via interview	

(if separate judgement by outcome(s) required)	☐ ☐ ☐	Outcome group:	
Incomplete outcome data *(attrition bias)*	x ☐ ☐	Outcome group: All/ Multiple imputation was used to handle all missing data [48,49]. To impute the missing data on outcomes at follow-up (13.6%), we ran the 100 simulations based on multiple regression models including demographic characteristics and mental health measures at baseline. Separate imputations were conducted for each predictive model, and all variables included in each model were also included in the imputation models. The study used the MI suite of commands available in STATA 14.1 for both imputation and analysis for the final effect size	
(if separate judgement by outcome(s) required)	☐ ☐ ☐	Outcome group:	
Selective outcome reporting? *(reporting bias)*	☐ ☐ ☐		
Other bias	☐ ☐ ☐		
Notes: We used an intent-to-treat strategy, meaning all participants were included in the analysis in their assigned treatment group regardless of whether they attended any intervention sessions.			

Data and analysis

Copy and paste the appropriate table for each outcome, including additional tables for each time point and subgroup as required.

For RCT/CCT

Appendix G Example of data extraction study 3

Continuous outcome

<table>
<tr><td></td><td>Description as stated in report/paper</td><td>Location in text or source (pg & ¶/fig/table/other)</td></tr>
<tr><td>Comparison</td><td>Waitlist control</td><td></td></tr>
<tr><td>Outcome</td><td>Intervention</td><td></td></tr>
<tr><td>Subgroup</td><td></td><td></td></tr>
<tr><td>Time point (specify from start or end of intervention)</td><td>T1 baseline
T 2 one month after intervention
T 3 6 months after intervention (Tx only)</td><td></td></tr>
<tr><td>Post-intervention or change from baseline?</td><td>
<table>
<tr><th>Variable</th><th colspan="4">Control (N = 239)</th><th colspan="4">Treatment (N = 240)</th><th colspan="3">Treatment Effect (Assignment * Post-Test)</th></tr>
<tr><th></th><th>Baseline (M)</th><th>SD</th><th>Endline (M)</th><th>SD</th><th>Baseline (M)</th><th>SD</th><th>Endline (M)</th><th>SD</th><th>β (SE)</th><th>95% CI</th><th>p</th></tr>
<tr><td>Parent-Child Relationship Quality</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Overall Relationship Quality (Parent Behavior Inventory; locally-derived)</td><td>1.93</td><td>0.47</td><td>1.97</td><td>0.49</td><td>1.91</td><td>0.48</td><td>2.14</td><td>0.45</td><td>0.40*** (0.10)</td><td>0.21, 0.58</td><td><0.001</td></tr>
<tr><td>Parent-Child Warmth / Affection (Parental Acceptance-Rejection Questionnaire)</td><td>3.25</td><td>0.55</td><td>3.23</td><td>0.55</td><td>3.17</td><td>0.57</td><td>3.28</td><td>0.52</td><td>0.25* (0.14)</td><td>0.05, 0.46</td><td>0.017</td></tr>
<tr><td>Negative Relationship Quality (Parental Acceptance-Rejection Questionnaire)</td><td>1.38</td><td>0.44</td><td>1.54</td><td>0.41</td><td>1.43</td><td>0.44</td><td>1.44</td><td>0.37</td><td>-0.37*** (0.10)</td><td>-0.56, -0.17</td><td><0.001</td></tr>
<tr><td>Discipline Practices</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Negative Discipline (Discipline Interview)</td><td>1.64</td><td>0.55</td><td>1.57</td><td>0.55</td><td>1.69</td><td>0.54</td><td>1.42</td><td>0.41</td><td>-0.39*** (0.09)</td><td>-0.56, -0.20</td><td><0.001</td></tr>
<tr><td>Positive Discipline (Discipline Interview)</td><td>2.22</td><td>0.54</td><td>2.17</td><td>0.55</td><td>2.31</td><td>0.57</td><td>2.27</td><td>0.54</td><td>0.02 (0.11)</td><td>-0.18, 0.25</td><td>0.669</td></tr>
<tr><td>Discipline (Multiple Indicator Cluster Survey)</td><td>1.72</td><td>0.45</td><td>1.61</td><td>0.41</td><td>1.73</td><td>0.41</td><td>1.57</td><td>0.34</td><td>-0.13 (0.10)</td><td>-0.33, 0.07</td><td>0.190</td></tr>
<tr><td>Family Functioning</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Family Cohesion (Burmese Family Functioning Scale)</td><td>3.63</td><td>0.38</td><td>3.63</td><td>0.36</td><td>3.53</td><td>0.47</td><td>3.72</td><td>0.30</td><td>0.46*** (0.09)</td><td>0.27, 0.63</td><td><0.001</td></tr>
<tr><td>Family Communication (Burmese Family Functioning Scale)</td><td>2.92</td><td>0.73</td><td>2.96</td><td>0.65</td><td>2.93</td><td>0.68</td><td>3.09</td><td>0.66</td><td>0.19 (0.11)</td><td>-0.05, 0.39</td><td>0.120</td></tr>
<tr><td>Negative Family Interactions (Burmese Family Functioning Scale)</td><td>2.02</td><td>0.73</td><td>1.93</td><td>0.78</td><td>2.07</td><td>0.79</td><td>1.75</td><td>0.68</td><td>-0.30** (0.11)</td><td>-0.51, -0.09</td><td>0.004</td></tr>
</table>
Note.
*p<0.05
**p<0.01
***p<0.001*
Notes. M = Mean. SD = Standard Deviation. All outcome variables standardized to a mean of 0 and standard deviation of 1. The last column: Treatment Effect (Assignment * Post-Test) presents the standardized coefficient of the difference-in-differences from linear regression models.
https://doi.org/10.1371/journal.pone.0172611.t005
</td><td></td></tr>
<tr><td rowspan="2">Results endline
Parent child relationship quality</td><td colspan="3">Intervention</td><td colspan="3">Comparison</td><td rowspan="2"></td></tr>
<tr><td>Mean</td><td>SD (or other variance, specify)</td><td>No. participants</td><td>Mean</td><td>SD (or other variance, specify)</td><td>No. participants</td></tr>
</table>

Overall Parent child warmth Negative relationship	1.92 3.06 1.50	.56 .66 .44	240	1.68 2.90 1.54	.57 .67 .46	239	
Any other results reported *(e.g. mean difference, CI, P value)*	Treatment effect (assignment plus post test) B (SE) .43*** CI .23, .62, p<.001 B (SE) .26* CI .06, .46, p<.010 B (SE) -.22* CI .41, .03, p<.025						
No. missing participants	23			27			
Reasons missing	Moved, declined, other			Moved, declined, other			
No. participants moved from other group							
Reasons moved							
Unit of analysis *(individuals, cluster/ groups or body parts)*							
Statistical methods used and appropriateness of these *(e.g. adjustment for correlation)*	We used an intent-to-treat strategy, meaning all participants were included in the analysis in their assigned treatment group regardless of whether they attended any intervention sessions. A difference-in-differences analysis using linear regression models was conducted to assess program impact. Outcome variables for all individuals at both pre- and post-test were standardized to have a mean of and a standard deviation of 1. Program impacts are reported as differences in standardized effect sizes. Multiple						

Appendix G Example of data extraction study 3

Reanalysis required? *(specify)*	☐ x ☐ Yes No Unclear		
Reanalysis possible?	☐ x ☐ Yes No Unclear		
Reanalysed results			
Notes:			

Continuous outcome

	Description as stated in report/paper	Location in text or source *(pg & ¶/fig/table/other)*
Comparison	Waitlist control	
Outcome	Intervention	
Subgroup		
Time point *(specify from start or end of intervention)*	T1 baseline **T 2 one month after intervention** T 3 6 months after intervention (Tx only)	

<table>
<tr><td>Post-intervention or change from baseline?</td><td colspan="6">
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**p<0.01
***p<0.001*
Notes. M = Mean. SD = Standard Deviation. All outcome variables standardized to a mean of 0 and standard deviation of 1. The last column: Treatment Effect (Assignment * Post-Test) presents the standardized coefficient of the difference-in-differences from linear regression models.
https://doi.org/10.1371/journal.pone.0172611.t005
</td><td></td></tr>
<tr><td>Results endline

Discipline practises</td><td colspan="3">Intervention</td><td colspan="2">Comparison</td><td></td></tr>
<tr><td></td><td>Mean</td><td>SD (or other variance, specify)</td><td>No. participants</td><td>Mean</td><td>SD (or other variance, specify)</td><td>No. participants</td><td></td></tr>
<tr><td>negative

positive

MICS</td><td>1.49

2.06

1.55</td><td>.54

.61

.41</td><td>240</td><td>1.54

2

1.56</td><td>.53

.50

.44</td><td>239</td><td></td></tr>
<tr><td>Any other results reported (e.g. mean difference, CI, P value)</td><td colspan="5">Treatment effect (assignment plus post test)

B (SE) -.09 CI .-.29,.12, .62, p ns

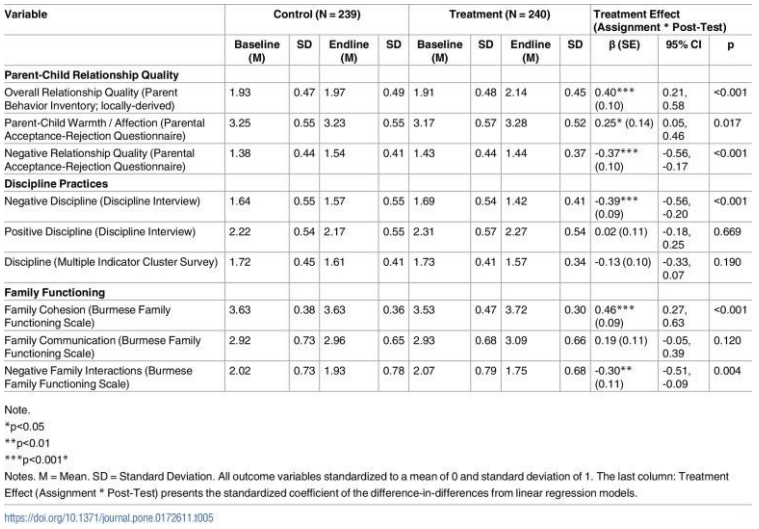
B (SE) .13 CI -.11, .435, pns

B (SE) .05 CI -.17, .26, p ns</td><td></td></tr>
<tr><td>No. missing participants</td><td colspan="3">23</td><td colspan="2">27</td><td></td></tr>
<tr><td>Reasons missing</td><td colspan="3">Moved, declined, other</td><td colspan="2">Moved, declined, other</td><td></td></tr>
</table>

No. participants moved from other group			
Reasons moved			
Unit of analysis *(individuals, cluster/ groups or body parts)*			
Statistical methods used and appropriateness of these *(e.g. adjustment for correlation)*	We used an intent-to-treat strategy, meaning all participants were included in the analysis in their assigned treatment group regardless of whether they attended any intervention sessions. A difference-in-differences analysis using linear regression models was conducted to assess program impact. Outcome variables for all individuals at both pre- and post-test were standardized to have a mean of and a standard deviation of 1. Program impacts are reported as differences in standardized effect sizes. Multiple		
Reanalysis required? *(specify)*	☐ x ☐ Yes No Unclear		
Reanalysis possible?	☐ x ☐ Yes No Unclear		
Reanalysed results			
Notes:			

Continuous outcome

	Description as stated in report/paper	Location in text or source *(pg & ¶/fig/table/other)*

Comparison	Waitlist control	
Outcome	Intervention	
Subgroup		
Time point *(specify from start or end of intervention)*	T1 baseline **T 2 one month after intervention** T 3 6 months after intervention (Tx only)	
Post-intervention or change from baseline?		

Variable	Control (N = 239)				Treatment (N = 240)				Treatment Effect (Assignment * Post-Test)		
	Baseline (M)	SD	Endline (M)	SD	Baseline (M)	SD	Endline (M)	SD	β (SE)	95% CI	p
Parent-Child Relationship Quality											
Overall Relationship Quality (Parent Behavior Inventory; locally-derived)	1.93	0.47	1.97	0.49	1.91	0.48	2.14	0.45	0.40*** (0.10)	0.21, 0.58	<0.001
Parent-Child Warmth / Affection (Parental Acceptance-Rejection Questionnaire)	3.25	0.55	3.23	0.55	3.17	0.57	3.28	0.52	0.25* (0.14)	0.05, 0.46	0.017
Negative Relationship Quality (Parental Acceptance-Rejection Questionnaire)	1.38	0.44	1.54	0.41	1.43	0.44	1.44	0.37	-0.37*** (0.10)	-0.56, -0.17	<0.001
Discipline Practices											
Negative Discipline (Discipline Interview)	1.64	0.55	1.57	0.55	1.69	0.54	1.42	0.41	-0.39*** (0.09)	-0.56, -0.20	<0.001
Positive Discipline (Discipline Interview)	2.22	0.54	2.17	0.55	2.31	0.57	2.27	0.54	0.02 (0.11)	-0.18, 0.25	0.669
Discipline (Multiple Indicator Cluster Survey)	1.72	0.45	1.61	0.41	1.73	0.41	1.57	0.34	-0.13 (0.10)	-0.33, 0.07	0.190
Family Functioning											
Family Cohesion (Burmese Family Functioning Scale)	3.63	0.38	3.63	0.36	3.53	0.47	3.72	0.30	0.46*** (0.09)	0.27, 0.63	<0.001
Family Communication (Burmese Family Functioning Scale)	2.92	0.73	2.96	0.65	2.93	0.68	3.09	0.66	0.19 (0.11)	-0.05, 0.39	0.120
Negative Family Interactions (Burmese Family Functioning Scale)	2.02	0.73	1.93	0.78	2.07	0.79	1.75	0.68	-0.30** (0.11)	-0.51, -0.09	0.004

Note.
*p<0.05
**p<0.01
***p<0.001*
Notes. M = Mean. SD = Standard Deviation. All outcome variables standardized to a mean of 0 and standard deviation of 1. The last column: Treatment Effect (Assignment * Post-Test) presents the standardized coefficient of the difference-in-differences from linear regression models.

https://doi.org/10.1371/journal.pone.0172611.t005

Results endline Family functioning	Intervention			Comparison			
	Mean	SD *(or other variance, specify)*	No. participants	Mean	SD *(or other variance, specify)*	No. participants	
Family cohesion	3.50	.45	240	3.35	.51	239	
Family communication	2.81	.77		2.56	.79		
Negative family interaction	1.70	.73		1.82	.76		

Appendix G Example of data extraction study 3

Any other results reported *(e.g. mean difference, CI, P value)*	Treatment effect (assignment plus post test) B (SE) .36*** CI .16, .55, p<.001 B (SE) .29** CI .07, .49, p<.008 B (SE) -.24* CI -.45, -.03, p<.026		
No. missing participants	23	27	
Reasons missing	Moved, declined, other	Moved, declined, other	
No. participants moved from other group			
Reasons moved			
Unit of analysis *(individuals, cluster/ groups or body parts)*			
Statistical methods used and appropriateness of these *(e.g. adjustment for correlation)*	We used an intent-to-treat strategy, meaning all participants were included in the analysis in their assigned treatment group regardless of whether they attended any intervention sessions. A difference-in-differences analysis using linear regression models was conducted to assess program impact. Outcome variables for all individuals at both pre- and post-test were standardized to have a mean of and a standard deviation of 1. Program impacts are reported as differences in standardized effect sizes. Multiple		
Reanalysis required? *(specify)*	☐ x ☐ Yes No Unclear		
Reanalysis possible?	☐ x ☐ Yes No Unclear		

Appendix H Systematic review step by step

1. Planning

   Familiarised myself with PRISMA, PROPSPERO, software, search engines and watched the library training videos online. Considered the study question carefully and discussed it with the team. The study question has emerged from previous studies.

2. Scoping search

   a) Scoping on Trip with search words Asylum seekers AND parenting AND child outcome AND support yielded 89 articles and 7 systematic reviews of which 0 were considered to examine the proposed question (see appendix Ai.).
   Scoping on Prospero using the same search terms yielded 1 systematic review in progress which focuses on parenting interventions in post partum women and was not considered to examine the proposed question (see appendix Aii).

   b) Scoping for articles meeting inclusion criteria was made by the first author.
   Scoping search started with a multi disciplinary search tool; Web of Science (please see photo below).

- 4 searches with basic terms were combined (see appendix A iii).
- No limitations were placed on results
- 66 results were returned.
- From these 66 articles, the abstracts were scanned yielding 14 apparently relevant studies meaning they were quantitative or mixed methods.
- Replication was conducted by a second researcher who found 22 relevant articles. Out of the articles found and after duplicates were accounted for, n=16 articles were initially included.

Initial scope shows that a) there does not appear to be any systematic reviews listed that currently look at parenting support in asylum seeking populations and b) several studies on parenting in refugee populations have been conducted, however, many of these are qualitative in nature which would not be applicable to a meta analysis. However, once a proper systematic search commences it is

anticipated that enough relevant quantitative studies will be found to support the study question.

Framing the Review question

Broad, global questions can work and are useful for generating new knowledge and to build better interventions and theories (Lipsey 1997) and to identify common elements of an intervention (Lipsey, 2008). Think about conceptual and operational definitions and what constructs they are tapping in to.

Using PICOS

P – Asylum seekers who are parents

I – parenting support programs

C – N/A

O – parenting practices.

Examining the PICOS elements

Population: Biological parents, over 18, at least one child under 18, currently seeking asylum or refugee

Intervention: conceptual/operational

Parenting support programs, training and intervention delivered to one or both parent with the aim to foster a more positive parenting approach and reduce parenting stress in the populations. Look for broader descriptions on positive parent development.

Outcome: Including outcomes that the intervention aims to impact. Conceptual – positive parenting practices Operational – reduced parenting stress, improved parent-child relationship, improved parental sensitivity and attentiveness/responsiveness, possibly enhanced mental health outcomes in parent and child.

Suggested review question: The effectiveness of parenting support in asylum seeking populations; A systematic review of interventions and outcomes.

FINER FRAMEWORK (Feasible, interesting, novel, ethical, relevant)

F-Whilst focusing on asylum seekers only is less common in this research area, there is enough literature available to ensure a systematic review can be done.

I – Parenting and parenting outcomes is of interest from a psychosocial perspective as it impacts all areas from education, mental health and policies regarding migration.

N – less has been written focussing specifically on the trials of asylum seekers making this research part of a growing body of literature.

E – no ethical issues as using secondary data

R – WHO figures for 2020 show over 4 million asylum seekers worldwide at the end of 2019 so research into this population is extremely relevant.

3. Literature Search

   Databases; CINHAL, MedLine, Psychinfo, Web of Science, Scopus and Embase.

   Co Co Pop to define inclusion and exclusion criteria

   Population: Asylum seekers according to UN definition, aged 18+, male or female, biological parents to at least one child under 18, living in any country as an asylum seeker, any nationality.

   Condition: Any intervention or support program that aims to improve parenting stress, parenting sensitivity, parenting responsiveness, parenting attachment, parent-child relationship, parenting practices, parenting styles.

   Context:

   Search terms:

   Asylum seeker (displaced people, displaced population)

   Parent (mother, father, mum, mom, dad, caregiver)

   Child (children, offspring)

   Intervention (support, therapy, treatment)

Parenting (stress, sensitivity, responsiveness, attachment, parent-child relationship, parenting practices, parenting style, permissiveness, authoritarian, authoritative)

Child outcome (behavioural, externalizing, internalizing, conduct problems)

Appendix I Search strategy – search terms

Search term
(MH "Fathers") OR (MH "Mothers") OR (MH "Parents")
parent OR mum* OR dad* OR mom* OR caregiver* OR "care giver*"
#2 OR #3
(MM "Refugees+") OR "refugees or asylum seekers"
displaced people OR displaced person* OR displaced population* OR "asylum seeker*" OR asylumseeker*
#5 OR #6
(MM "Psychosocial Intervention") OR (MM "Intervention Trials") OR "intervention"
(MH "Support, Psychosocial") OR "support"
treatment* OR therap*
#8 OR #9 OR #10
(MH "Parent-Child Relations") OR (MH "Parenting") OR (MH "Paternal Behavior") OR (MH "Parental Behavior") OR (MH "Maternal Behavior") OR (MH "Maternal Attitudes") OR (MH "Paternal Attitudes")
parenting or parent* practices or parent* outcomes or parent* stress or parent* styles or authoritarian parent* or authoritative parent* or permissive parent* or neglectful parent* or parent* sensitivity or parent* attachment or parent* responsiveness or parent-child relationship
#12 or #13
"child outcome*" OR "Child behaviour*" OR externalizing OR "internalizing" OR "Child behavior*"
"child outcomes or effects or benefits or child problems" OR (MM "Child Behavior+") OR (MM "Parent-Child Relations") OR (MM "Mother-Child Relations") OR (MM "Treatment Outcomes")
#15 or #16
#4 AND #7 AND #11 AND #14 AND #15

Appendix J Psychometric tests used in Study 3 Glossary

PBI (parent behaviour inventory)
Par-Q (parental acceptance-rejection questionnaire)
MICS (discipline module of the multiple cluster survey
DSRS (depression self-rating scale for children)
SCARED (screen for childhood anxiety related disorders)
SDQ (strength and difficulties questionnaire)
CAPES (child adjustment and parenting efficacy scale)
PS (parenting scale)
IES-R (impact of events scale revised)
WEMWBS (Warwick-Edinburgh mental wellbeing scale)
K10 (Kessler psychological distress)
PAR-Q (Parental Acceptance Rejection Questionnaire)
SMFQ (Short Mood and Feelings Questionnaire)
DASS-21 (Depression Anxiety and Stress Scale)
mMOSS-SS (Modified Medical Outcomes Study Social Support Survey)
APQ (Alabama Parenting Questionnaire)
CES-DC (Center for Epidemiologic Studies Depression Scale for Children)
CBCL (Child Behaviour Checklist)
HSLC (Hopkins Symptom Checklist)
WHODAS (World Health Organization Disability Assessment Schedule)
YSR (Youth Self-Report)
ECBI (Eyberg Child Behavior Inventory)
PDI (Parent Daily Report)
FSS (Family Satisfaction Survey)
SSRS (Social skills rating system)
CPM (Childs cognitive performance)
BDI (Birelson Depression Inventory)
FDQ (Family Demographic Questionnaire)
PAFAS (Parenting and Family Adjustment Scales)
CYRM-R (Child and Youth Resilience Measure)
DSQ (Disciplinary Style Questionnaire)
DSSI-SF (The Duke Social Support Index Short Form)
IDS (Individual Distress Scale)
FIQ (The Father Involvement Questionnaire)
WEQ (Women's Empowerment Questionnaire)
FFS (The Family Functioning Scale)
RHS 15 (Refugee Health Screener)
PSI-4-SF (Parenting stress index version 4 short form)

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