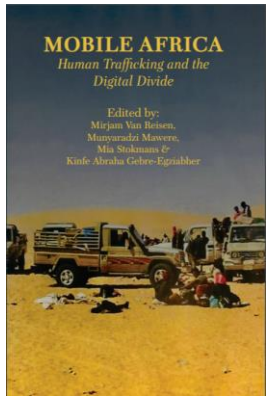
Refugee Parenting in Ethiopia and the Netherlands: Being an Eritrean Parent Outside the Country

Bénédicte Mouton, Rick Schoenmaeckers & Mirjam Van Reisen

Chapter in: Mobile Africa:
Human Trafficking and the Digital Divide

From the book Series:
Connected and Mobile: Migration and Human Trafficking in Africa



Cite as: Mouton, B., Schoenmaeckers, R., & Van Reisen, M. (2019). Refugee parenting in Ethiopia and the Netherlands: being an Eritrean parent outside the country. In: Van Reisen, M., Mawere, M., Stokmans, M., & Gebre-Egziabher, K. A. (eds), *Mobile Africa: Human Trafficking and the Digital Divide*. Bamenda, Cameroon: Langaa Research & Publishing CIG, pp. 395–424. Chapter URL: https://www.researchgate.net/publication/336937152_Refugee_Parenting_in_Ethiopia_and_the_Netherlands_Being_an_Eritrean_Parent_Outside_the_Country Book URL: https://www.researchgate.net/publication/336956190_Mobile_Africa_Human_Trafficking_and_the_Digital_Divide

ISBN: 9789956551132

Table of Contents

Chapter 14

Refugee Parenting in Ethiopia and the Netherlands: Being an Eritrean Parent Outside the Country

Bénédicte Mouton, Rick Schoenmaeckers & Mirjam Van Reisen

Introduction

An estimated 20,000 Eritreans live in the Netherlands, constituting the second largest group of asylum seekers in the country after Syrians (Sterckx, Fessehazion, & Teklemariam, 2018). Among them, many have experienced post-traumatic stress (PTS) symptoms due to traumatic experiences. These are related to direct or indirect exposure to death, torture, sexual abuse, and deprivation, both before and during their migration journeys, particularly in relation to human trafficking (Van Reisen & Mawere, 2017). But PTS can also be prolonged by post-migration stressors related to acculturation, even after arriving in a safe place (e.g., not understanding the language, finding a job and housing, going to school or studying, caring for the family with insufficient finances, etc.) (Deater-Deckard *et al.*, 2018). Acculturation is defined as a complex intra- and inter-personal process by which an individual who comes into contact with

Refugee parents often experience post-traumatic stress due to their past experiences, but how does this affect their parenting? Surprisingly, this study found a high level of parental self-efficacy among Eritrean refugee parents in the Netherlands and Ethiopia. However, this raises concerns about the emotion regulation skills of refugee parents, who have a high level of emotional control and may have learnt to value self-reliance, which can impact on the socio-emotional development of their children. This requires further research as it may affect the long-term development of children of refugee parents and contribute to generational trauma.

one or more additional cultures modifies her or his own behaviour, beliefs and self-constructs (including identity) in ways that may be adaptive or maladaptive. Understanding a new language and accepting new family representations and other ways of thinking and doing can be a source of major stress for refugee parents (Deater-Deckard *et al.*, 2018).

Beyond individual trauma, the issue of collective trauma is also at stake for Eritrean refugees. Collective trauma is defined as "a socially constructed process with an impact on the identity of the group and its individual members" (Kidane & Stokmans, 2018, p. 21). This concept of collective trauma implies that trauma could be passed on to the next generation, notably through the family system and parents in particular. Research has documented that traumatic stressors experienced by one member of a family (e.g., a parent) may impact on all members, which is known as secondary traumatisation or the intergenerational transmission of trauma (Sherman, Gress Smith, Straits-Troster, Larsen, & Gewirtz, 2016). This transmission is particularly strong in the relationship between parents and children, through parenting. The concept of parenting covers both parenting behaviour (e.g., providing instrumental care such as feeding, clothing, nursing, emotional support, explaining and monitoring rules) and parental cognitions (e.g., beliefs and expectations about parenting and child development, sense of competence or satisfaction as a parent, etc.) (Baumrind, 1971).

This study explores some of the manifestations of collective trauma in the Eritrean refugee population by focusing on the issue of parenting. The research question in this explorative study is: *To what extent is the efficacy experienced by parents in parenting affected by PTS among Eritrean refugee communities in the Netherlands and Ethiopia*?

First, we investigate the literature on the intergenerational process of trauma, focusing on the relationship between a parent's PTS and their parenting and the possible impact on children's mental health (see Figure 14.1).

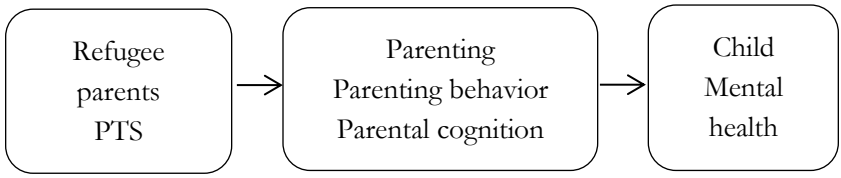


Figure 14.1. Theoretical model of intergenerational trauma

Then, we explore the specific impact of PTS on parental cognition, looking particularly at refugee parents' feelings of competence as a parent and their sense of safety and control, all related to the concept of agency. When applied to parenting, this concept of agency can be investigated through parental self-efficacy (PSE), which can be described as beliefs that parents have about their ability to positively influence their child's development (Coleman & Karraker, 2003). According to Bandura, this belief is nourished by four sources: past experiences (performance accomplishment), comparison to others (vicarious experiences), feedback from others, and physiological and emotional state (Bandura, 1977). We will investigate if, and to what extent, these sources are made use of by the study population (see Figure 14.2).

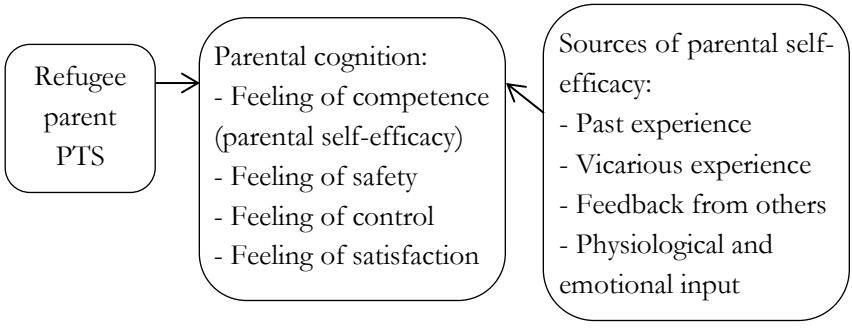


Figure 14.2. Theoretical model of the relationship between trauma and parental cognition

Finally, qualitative data is collected through interviews with Eritrean refugee parents to explore parenting by focusing on parental cognition and, in particular, their parental self-efficacy. The study

aims to contribute to our understanding of the needs of refugee families and to provide relevant support for these families.

Trauma, parenting and child development

The latest research on refugee parenting confirms that PTS affects child development. Bryant *et al.* (2018) analysed 394 refugee parents in Australia, coming mostly from Afghanistan and Iraq. They studied the effect of refugee caregivers' previous trauma and ongoing stressors on current PTS and how this influences their parenting behaviour and, consequently, child mental health. They found that:

> *PTS in refugees is associated with harsh parenting styles, leading to adverse effects on their children's mental health. Programmes to enhance refugee children's mental health should account for PTS in parents and caregivers, and the parenting behaviours that these children are exposed to.* (Bryant *et al.*, 2018, p. 249)

These results describe the two dimensions of parenting affected by PTS. First, PTS may impact on parents by leading to harsher parenting practices (i.e., hitting, shouting at the child), lower warmth (i.e., limited manifestation of affection or positive comments to the child) and lower availability of the parent for the child's needs (i.e., weak understanding of the child's needs and limited care and emotional support for the child), as we will detail later in this chapter. In this way, PTS may also impact on the child's mental health indirectly, mostly in terms of emotional disorders (i.e., difficulty in regulating emotions, depression, hyperarousal) and externalising behaviour (i.e., aggression, non-compliance, inattention, hyperactivity).

However, other studies (Graham, Minhas, & Paxton, 2016) identified an 'academic resilience' or positive deviance in children from a refugee background, who had better mental health than would be predicted based on their life experience and social situation. These authors show mixed evidence on the impact of trauma on the child's cognition and school outcomes, depending on the type of trauma. Collective trauma related to genocide or discrimination had no impact

on cognitive test results, whereas secondary trauma related to parental war experience improved reasoning, processing speed and working memory. According to these authors, academic resilience is found when trauma becomes part of individual motivational narratives and teachers are supportive. They also mention a possible survival bias, based on the assumption that the most resilient successfully migrate.

After several years, the negative impact on children identified in some research tends to diminish, as shown by Zwi *et al.* (2018). In an Australian longitudinal study, they showed that refugee children's development was comparable to that of children from the general population after three years. The only remaining difficulties related to language or cognitive development, partly due to acculturation, adaptation to a new culture and language.

A recent meta-analysis on parenting in times of war (Eltanamly, Leijten, Jak, & Overbeek, 2019) looked at complementary knowledge on these issues by investigating the impact of the exposure of parents to war on their parenting and child development. They found that war-exposed parents showed less warmth and more harshness towards their children. This partly mediated the association between war exposure and child adjustment (measured in terms of PTS, depression, anxiety, social problems and externalising behaviour). Interestingly, the authors identified that the nature of war-related trauma affected parenting differently. Parents showed harshness, hostility, inconsistency and less warmth in highly-dangerous settings, but more warmth and overprotection when living under threat.

The specific impact of trauma on parental self-efficacy

Parental self-efficacy and parenting

Parental self-efficacy is defined as parents' perceived self-competence in their role. In other words, beliefs that parents have about their ability to positively influence their child's development. It covers the beliefs, thoughts, values and expectations that are activated when one is in charge of a child's upbringing (Coleman & Karraker, 2003; Meunier & Roskam, 2007).

Based on the social learning theory of Bandura (1977), self-efficacy is a key concept that helps in understanding the transaction between an individual and his environment. It relates to the concept of human agency, defined as an intentional behaviour reflecting one's general feeling to be able to influence his or her environment (Bandura, 1989). As such, self-efficacy contributes to predicting behaviour and persistence in times of adversity, "the stronger the perceived self-efficacy, the more active the efforts" (Bandura, 1977, p. 194). This is of particular interest in the field of parenting, considering that all parents encounter difficulty with their child at some point or another. It is an indicator of parental engagement, satisfaction and adjustment in parenting tasks (Meunier & Roskam, 2009).

In opposition to the idea of a maternal instinct or a personality characteristic, PSE is related to experiences lived by the parent with his or her child. It is not acquired once and for all, but questioned continuously and modifiable (Coleman & Karraker, 2000). In social learning theory (Bandura, 1989), four factors influence beliefs about parental self-efficacy. The first factor is performance accomplishments, which encompasses all past and present successes and failures experienced by the parent in his or her relationship with the child. Compared to the other three, this factor is considered the most influential (Kendall & Bloomfield, 2005). The second factor relates to vicarious experiences; it is an evaluation process based on observing other parents engaged in similar parenting tasks. In comparison with these model parents, who may strive or succeed as well, the parent evaluates his or her own capacity to overcome difficulties. The most influential models often belong to the family and close social networks. The third factor is verbal persuasion based on feedback received by parents from close and significant people. These comments deal with the way they practice their parenting, their child's characteristics and the quality of their interactions. For instance, negative statements from a teacher about their child's difficult behaviour in class tend to weaken PSE. In contrast, receiving positive comments about the same child from a friend strengthens it. The influence of verbal persuasion varies according to the feedback provider's characteristics: the more legitimate, competent, reliable

and close to the parent, the more his or her influence. The fourth and last factor relates to the parent's emotional and physiological state. Anger, irritation or frustration felt anticipatively about an interaction with the child can diminish PSE. For instance, a parent daily confronted with tension at meal or bedtime can anticipatively feel a cardiac acceleration or stomach ache. The anxious anticipation of a negative interaction with the child, felt at the physiological level, reduces the perception that parents have of their own skills to overcome difficulties in this situation.

A link between high parental self-efficacy and positive parenting practices has been well documented (Leerkes & Crockenberg, 2002; Márk-Ribiczey, Miklósi & Szabó, 2016; Sevigny & Loutzenhiser, 2010; Sierau, Lehmann & Jungmann, 2011; Teti & Cole, 2011; Teti, O'Connell & Reiner, 1996; Trifan, 2015). Parents who feel competent more often provide a positive educative environment, characterised by a high level of support and a low level of negative control. Support relates to affection, warmth, engagement and support provided by the parent, while negative control relates to psychological control, harsh punishment, ignorance, guilt induction and inconsistent discipline. Such parents will use less harsh punitive practices and prefer consistent and predictable discipline (Trifan, 2015). Parents who feel competent engage more in educative tasks and interactions with their child. Their satisfaction is higher, their stress less, and their persistence stronger when faced with difficult situations than parents with low self-efficacy (Deković *et al.*, 2010).

Thanks to its influence on parental behaviour, PSE also indirectly affects child behaviour. It can be seen as a distal variable that directly influences parents' behaviour and then indirectly affects their child's behaviour. A high PSE favours the use of positive parenting, which in turn favours the child's behavioural adjustment. Moreover, a child's positive behaviour, in a retroactive cycle, contributes to reinforcing PSE. On the contrary, when a parent faces a child's non-compliance, agitation or aggressiveness on a daily basis, they come to doubt their ability to reach their parenting goals and to positively influence their child's development. Parents develop a more and more negative

perception of their own skills, and this directly influences their behaviour (Coleman & Karraker, 2003; Hoza & Owens, 2000; Jones & Prinz, 2005; Primack *et al.*, 2012; Slagt, Deković, De Haan, Van den Akker & Prinzie, 2012).

Post-traumatic stress and parenting

Post-traumatic stress can be understood as a set of symptoms such as re-experiencing the trauma, avoidance, negative moods and cognitions, and automatic hyperarousal, as well as other co-morbid conditions such as depression, anxiety, substance abuse or somatisation (Horesh & Brown, 2018). Beyond these symptoms, PTS affects information processes and may lead to cognitive bias, particularly negative ones (Creech & Misca, 2017). Chronic stress tends to make people more likely to process information automatically and habitually, instead of in a controlled and flexible manner.

In terms of parenting practices, research describes PTS as a risk factor for altered parenting capacities. Parents tend to become overprotective (Bryant *et al.*, 2018), over reactive, feel anger, use harsh practices with their children (hitting, shouting, slapping) and are less warm (Eltanamly *et al.*, 2019). A reversal of parent-child roles, or 'parentification' is also observed. This occurs when children are worried about their parents and take over some parenting responsibility on a daily basis. Several meta-analyses show a relationship between the negative mental state of parents and their children's psychological problems. Lambert, Holzer, and Hasbun (2014) reported a significant effect of parental PTS on child mental health (r=0.35), similarly to Van Ijzendoorn, Bakermans-Kranenburg and Sagi-Schwartz (2003) who analysed 32 studies on the children of Holocaust survivors, and Hershkowitz, Dekel, Fridkin, and Freedman (2017), in his study of 200 trauma experienced civilian parents in Israel.

Some authors explain the impact of parent PTS on childhood difficulties through a PTS-biological pathway, showing biological processes for the intergenerational transmission of stress. In their

review, Bowers and Yehuda (2016) identified the intergenerational transmission of stress via in utero effects and gametes. In a study on rodents, Debiec and Sullivan (2014) documented the social transmission of mother-to-infant fear. This transmission takes place through an increase in the stress hormone corticosterone and amygdala activation, which induces a cue-specific fear learning. The authors show that specific fears may be transferred across generations through maternal emotional communication and the infant's associative learning mechanisms.

Complementary to this, other authors have explained the impact of parent PTS on childhood difficulties through the PTS-harsh parenting pathway (Bryant *et al.*, 2018), combined with a reduced understanding of the child's needs and weakened emotional availability due to a limited reflexive functioning. Parents are less able to understand their child's behaviour in context and are at risk of making negative attributions (Milner, 2000; Milner & Crouch, 2013). When asked about their child's behaviour, parents may report more negative behaviour than is true in reality, because of the negative cognitive bias inherent to PTS (Creech & Misca, 2017).

The cognitive behavioural interpersonal theory (C-BIT) of PTS is an interesting model applicable to family functioning, which contributes to understanding the impact of parent PTS on child development through parental cognition. It emphasises the role of three processes that both maintain PTS symptoms and negatively impact on family functioning (Creech & Misca, 2017). First, behavioural avoidance and accommodation can be described as coping strategies for flashbacks and intrusive thoughts, contributing to the automatic emotional activation of the parent. In such cases, the emotion regulation skills of parents may be hampered by this uncontrolled emotional activation. This can lead to over-reactivity or, the opposite, avoidance and laxness about the child's behaviour or its effects. In reaction, children may modify their own actions and reactions to limit the reminders that cause their parents trauma-related distress (e.g., avoiding group activities because a parent finds crowds distressing or providing practical and emotional support), as detailed in the

qualitative study by Sherman *et al.* (2016). The second process described in the C-BIT model relates to cognitive processes and thematic content, referring to rigid and maladaptive schemas about past experience, trust, control or intimacy. Attention bias toward threat and amplified attention on safety may lead to overprotective parenting. These maladaptive schemas also affect parental self-efficacy through a negative bias about one's worthiness as a parent. The last process relates to emotional disturbances, such as blunted positive emotions or increased anger, sadness, guilt or shame, which can lead to behavioural avoidance. A meta-analysis showed a medium effect (r=.35) of parental PTS on child emotional distress and behavioural problems (Lambert *et al.*, 2014). Effects are particularly strong when parents have experienced torture, with children exhibiting more anxiety, depression, PTS, attention deficits and behaviour disorders than children from parents who experienced violence, but not torture (Daud, Skoglund & Rydelius, 2005).

Yet, results from meta-analyses on parental transmission of trauma through parenting practices remain mixed and there are several limitations due to the small size and specificity of samples. It is also important to differentiate between parents who have been neglected or abused as a child (because of the war or a high-stress level in their own parents), from those who had a childhood without neglect or abuse and experienced trauma later as adults.

In conclusion, secondary traumatisation or intergenerational transmission of trauma from parent to child has been widely documented. Yet, research on the parental cognitive processes remains limited. It seems that PTS does not affect parents' satisfaction with their family life, with no relation found between PTS and parental satisfaction (Hershkowitz *et al.*, 2017). In terms of parental self-efficacy beliefs, exposure to war may reduce parental self-efficacy, in particular their beliefs about their ability to provide safety for their children, which is compromised in war time (Eltanamly *et al.*, 2019). But empirical evidence suggests that heightened exposure is not necessarily associated with lower PSE, but sometimes higher PSE. In a study of 293 Israeli fathers (Pagorek-

Eshel & Dekel, 2015), the authors found that fathers exposed to political violence reported higher levels of PSE in times of threatened security than non-exposed fathers did. This high PSE contributed to paternal involvement in concrete and emotional care. Elements of strength and resilience are also identified in parents who have experienced trauma, through a positive perception of one's capacity to survive in very difficult times (Eltanamly *et al.*, 2019): "Such increased perceptions of resilience might translate into increased self-efficacy beliefs which is evident among parents who rely less on maladaptive parenting practices". According to this author, some families may be able to cope adequately with the stress and challenges of war exposure, and:

> *…some parents may even change for the better, with increased positive parenting as a consequence. While there is evidence to suggest that war exposure might contribute to adverse parenting practices, there is also evidence to question whether this is indeed the general pattern for all war-related families.* (Eltanamly *et al.,* 2019, p.5)

Method

For the qualitative part of this study, semi-structured interviews were conducted with Eritrean refugee parents in Ethiopia and the Netherlands (11 interviews) and experts on the Eritrean population in these places (2 interviews and 1 workshop). The interviews focused on parents' PTS (not depression or anxiety) and on parental cognition (not parenting behaviour). The impact on the child is not explored. Based on previous research on refugee parents, low parental self-efficacy and limited feelings of safety, control and satisfaction were expected.

Sample

Parents were selected for face-to-face interviews according to the following inclusion criteria: They had to be a parent (mother or father) of at least one living child under 18, Eritrean, refugees in Ethiopia or the Netherlands, and had experienced trauma. The parents interviewed (n=11; 6 mothers and 5 fathers) were 31-years old on average and had between 1 and 5 children. Their children were 9-years old on average and two-thirds of them were boys (see Table

14.1). Most of the children of the sample parents (n=28) were born in Eritrea, only a few were born in Ethiopia or Sudan during the migration and two in the Netherlands. One of the interviewed fathers was expecting his second child. The great majority of these children now live with both parents in Ethiopia or the Netherlands. Often, the father left Eritrea first, leaving his family behind for several months, travelling through Ethiopia, Sudan, the Sinai (Egypt), Libya and Italy. Most of the mothers left Eritrea later with their children to join the fathers and stayed in camps in Ethiopia for several months, sometimes more than a year, before arriving in the Netherlands in the last six months. Two parents were still separated from several of their children, who remained in Ethiopia or Eritrea awaiting family reunion. The preliminary findings of this study were discussed with two experts on Eritrea and Eritreans in camps in Ethiopia, as well as with the participants of a workshop on Eritrea in December 2018.

Table 14.1. Socio-demographic statistics of the sample group

	Mothers (n=6)	Fathers (n=5)	Total (N=11)
Parent's gender	54.5%	45.5%	100%
Parent's age (years; average and range)	29.5 [21–42]	34 [26–44]	31.5 [21–44]
Number of children (n=28; average and range)	2.8 [1–5]	2.5 [1–5]	2.6 [1–5]
Children's age (years; average and range)	8 [0–24]	9 [0–17]	9 [0–24]
Children's gender (boys)	71%	63%	68%
Country of residence: - Netherlands	83%	80%	82%
- Ethiopia (camps)	7%	20%	18%

Procedure

The interviews took place between August and December 2018 in Ethiopia (2 in Hitsats refugee camp), the Netherlands (5 in parents' homes, 4 in the Central Agency for the Reception of Asylum Seekers) and Belgium (expert interviews, as well as a workshop). Most of the

interviews were conducted in Dutch, English or Tigrigna with an interpreter. The interviews with parents were conducted face-to-face based on a semi-structured questionnaire by Bénédicte Mouton and Rick Schoenmaeckers with the help of Klara Smits and Jakob Hagenberg. Each interview lasted between 45 to 90 minutes. Parents signed an informed consent form to participate and were guaranteed confidentiality. The data from the interviews has been anonymised and names, dates and places of the interviews are not detailed to guarantee confidentiality. The interviews with experts and the workshop were conducted in English by Bénédicte Mouton, Rick Schoenmaeckers, Jakob Hagenberg and Mirjam Van Reisen. All information is available from the authors on request.

The interviews covered the following four issues:

- Feelings about parental satisfaction, safety, control, competence
- Assessment of parental self-efficacy using the 'me as a parent' (MaaP) questionnaire (Hamilton, Matthews & Crawford, 2015)
- Sources of parental self-efficacy: past experience, vicarious experience, feedback from others, physiological and emotional input
- Assessment of level of trauma using the short version of the Impact of Events Scale (IES-Short), as used by Kidane and Stokmans (2018)

Measures

Parental self-efficacy was measured using the Maap questionnaire (Hamilton *et al.*, 2015). This self-report consists of 16 items using a 1–5 Likert type scale (from strongly disagree to strongly agree) measuring parental self-efficacy, personal agency, self-sufficiency and self-management. Scores can range from 16 to 80 on the total scale and 4 to 20 on each of the subscales. According to the authors, this shows good internal consistency for the total scale and separate subscales (Cronbach's from a=.85 to .63). Note, one mother could not be interviewed on this questionnaire because of time constraints.

Trauma was assessed using the IES-Short (Kidane & Stokmans, 2018). This scale is a 7-item self-reporting tool that measures intrusion, avoidance and hyperarousal. Scores range from 1 (not at all) to 5 (extremely), with a mean score as total score. In addition, the semi-structured questionnaire investigated parents' feelings of agency, safety, competence and satisfaction, as well as the four main sources of self-efficacy identified by Bandura (1977) (past experiences, vicarious experiences, feedback from others and physiological/emotional input) through open-ended questions and visual scales from 0 to 10.

Results

The feelings expressed by most interviewees about being a parent were very positive: "I feel happy. When my child is happy, I am happy" (Mother#2, interview, Ethiopia, 27 August 2018). Only three parents expressed mixed feelings. A mother whose children are still in Ethiopia and with whom she has been separated for the last six months explained that it was a difficult situation for her, knowing that they were alone there in an unsafe situation, especially one of her girls. Here, being a good parent was related to being present with the family in times of hardship. Similarly, a father separated from three of his four children (captured or alone in Eritrea) explained that he did not feel entirely good because he could not see his children grow, live, eat, drink (Father#5, interview, the Netherlands, 22 September 2018). When not present with their children, the interviewed parents reported feeling scared, guilty and powerless.

One father also mentioned post-migration stressors. He expressed his happiness about being a father, but described stress due to the responsibility involved and lack of resources:

> *Everybody looks up to me, they want things from me, nobody supports me. [...] when I got the second child, I got more stress. […] The good side is to have a family, but to have a good family without anything is difficult. […] They need clothes, food, to go to school. I think about that, next year, next month. This makes me very stressed.*

I have stress, but what can I do? I continue with my stress. (Father#1, interview, Ethiopia, 27 August 2018)

When asked about what makes a good parent, most parents highlighted the necessary skills it takes to parent, as well as warmth: "who cares for his child and who has love in his home is a good parent" (Mother#2, interview, Ethiopia, 27 August 2018). When specifically asked about skills compared to luck to explain what it takes to be a good parent, all parents interviewed clearly expressed the view that what makes a good parent is not luck or destiny, but possession of the skills to raise children. "My children are raised by my choices, not by luck", explained one father (Father#1, interview, Ethiopia, 27 August 2018). "Sometimes it is difficult, it needs hard work, to see everything the child needs and for the child's ambitions. Family making is a process, luck can be part of it, but it is mostly hard work", said another father (Father#3, interview, the Netherlands, 12 September 18). "You need a good education to be a good father", he continued. Several of them had religious beliefs, but insisted that "It is first because of us. If you do something, you get something from God" (Mother#7, interview, the Netherlands, 9 October 2018). Another mother explained "I do my best and God also contributes" (Mother#8, interview, the Netherlands, 9 October 2018).

Their feeling of safety was high. All interviewees, both in Ethiopia and the Netherlands, expressed a feeling of safety as a parent (between 8 and 10 on a scale from 0 to 10). They expressed very limited fear, only the fear that any parent would feel about their children ("that he falls or hurts himself, just life" (Mother#7, interview, the Netherlands, 9 October 2018). Similarly, feelings of control and satisfaction were highly rated (between 9 and 10): "I am happy because there is not more I can do" (Mother#2, interview, Ethiopia, 9 October 2018). "Here, I feel safe and free, I can do everything, I get attention and help" (Mother#10, interview, the Netherlands, 9 October 2018). Yet, some nuances were expressed in relation to this feeling of control. One mother separated from her children said that it was difficult, but she added: "I have to be in control because I am a mother, but it is difficult" (Mother#8

interview, the Netherlands, 9 October 2018). This may indicate a feeling of control perceived as a parental requirement, a 'must-feel' more than a genuine feeling of control, relating to a coping strategy for PTS.

These feelings of safety, control and satisfaction differed when we asked interviewees how they felt back in Eritrea. "In Eritrea, it was good and difficult. I was in the army but happy to have a child. But I could see my wife only once a year" (Father#6, interview, the Netherlands, 9 October 2018). Most mothers felt alone because of the absence of their husbands who had gone to the military. The feeling of safety of interviewed parents lowered to 0 and maximum 5 (out of 10). Fears were much larger, related to being alone for some mothers and scared for themselves, their children and their husband. The feeling of control as a parent seemed less strong too: "sometimes I controlled, not always" (Mother#7, interview, the Netherlands, 9 October 2018). But satisfaction and competence were positively evaluated even then. "The love I have for my children is the same here and in Eritrea" (Mother#9, interview, the Netherlands, 9 October 2018). But several mothers mentioned that, even though they did their "best as a mother; it was not always good there" (Mother#8, interview, the Netherlands, 9 October 2018). "It was not possible to be a good mother there. I could not control things, my children would go to the military[1] and I did not have enough money" (Mother#9, interview, Netherland, 9 October 2018). Another mother shared that, for her own mother who lived in Eritrea, "Being an Eritrean mother in Eritrea is to be a mother, but not have children" (workshop discussion, Belgium, 13 December 2018). Her mother had gone through the loss or disappearance of all her children. Some were sent to military service and died, some were imprisoned, and some were kidnapped from her home. Hence, she was mother, but without children.

[1] In Eritrea, there is currently indefinite military service for anyone aged 17 or more (Sterckx *et al.*, 2018).

High level of parental self-efficacy

All parents said that they felt competent as a parent. In our sample, fathers had a higher level of self-efficacy than mothers and a lower level of trauma (see Table 14.2). One parent in the Ethiopian camp expressed a more nuanced feeling of competence in the domain of teaching her child: "I teach him as I can. I don't know if this is enough, but I teach him" (Mother#2, interview, Ethiopia, 27 August 2018). She expressed feeling competent to teach her child about the world, at least until her child went to school. When asked about staying focused on the things they have to do as a parent, even when they have had an upsetting experience, most parents said that they could do it. The mother separated from her children explained: "[I try] to protect myself as much as possible. When it becomes difficult, I go outside to cry" (Mother#8, interview, the Netherlands, 9 October 2018).

Compared to norms in the general population (Hamilton *et al.*, 2015), the Eritrean parents interviewed here showed higher scores, 1.19 standard deviation above the mean for total score, 0.63 for mothers and 1.79 for fathers, respectively.

Table 14.2. Results from the parental self-efficacy and trauma questionnaires (mean scores)

	Mothers (n=5)	Fathers (n=5)	Total (n=10)
Parental self-efficacy:			
Self-efficacy	16.8	18.4	17.9
Self-sufficiency	17.0	18.4	17.7
Self-management	16.8	18.8	17.8
Parental agency	16.6	18.4	17.5
Total score	67.8	74.0	70.9
Trauma:			
Intrusion	3.40	4.00	3.50
Avoidance	3.50	4.00	3.60
Hyperarousal	3.00	2.33	2.90
Total score	**3.48**	**3.29**	**3.38**

Note: Parental self-efficacy was measured using the Maap questionnaire, which is a 16 items self-reporting tool using a 1–5 Likert type scale (from strongly disagree to strongly agree) measuring parental self-efficacy, personal agency, self-sufficiency and self-management. Scores can range from 16 to 80 on the total scale and 4 to 20 on each of the subscales. Trauma was assessed using the IES-Short scale, which is a 7-item self-reporting tool that measures intrusion, avoidance and hyperarousal. Scores range from 1 (not at all) to 5 (extremely), with a mean score as total score.

Limited use of parental self-efficacy sources

Most parents seemed to have limited access to past positive or negative experiences as a parent. Most responses were non-specific and global, demonstrating a global perception of their parenting. "I have always been happy as a mother" (Mother#11, interview, the Netherlands, 9 October 2018). "When I was a child, I thought I would be a good parent" (Mother#2, interview, Ethiopia, 27 August 2018). A father mentioned the delivery of his baby (which he heard on the phone) as a positive experience, which made him feel proud. Another father explained that he received a prize at school for supporting his child, which made him feel proud. "I play a great role in helping him" (Father#4, interview, the Netherlands, 15 September 2018). When asked about negative past experiences as parents, most interviewees said that they had never had a negative experience as parent. Only separation from their children was mentioned as a highly negative parenting experience. This was the case for the mother separated from her children, who clearly recalled the moment when she left her children as the worst moment of her life as a parent. Similarly, a father mentioned that when his wife and his child were in Sudan without him, "I was nothing for him. My child grew in Sudan and I was not good for them. But when they came, I felt I became a good leader of the family" (Father#1, interview, Ethiopia, 27 August 2018). One father felt sad because he was not able to give gifts on his children's birthdays, because of lack of a job and income.

When asking about vicarious experiences, several parents mentioned that they had no model of a good parent. "I do not want to compare to others, I want to be self-reliant" explained a mother (Mother#11,

interview, the Netherlands, 9 October 2018). "They are no model. Everybody is different. I do my best" (Mother#9, interview, the Netherlands, 9 October 2018). When they reported a model, it was almost exclusively about their own mother or father, which is the case for most parents in the general population too. "My father is my model, he is a good father, he knows everything" (Father#1, interview, Ethiopia, 27 August 2018). "My mother! She is still alive, we talk on the phone every two weeks" (Mother#8, interview, the Netherlands, 9 October 2018). Only two parents mentioned other models: For one mother, Dutch mothers were a model. She explained: "When I came to the Netherlands, I said I have to become like Dutch mothers. To take responsibility for my children" (Mother#7, interview, the Netherlands, 9 October 2018). One father mentioned Obama as a role model, which could also be an illustration of this global perception of parenting, generalising life or political models to the specific field of parenting.

Most parents explained that they had limited communication with others about their parenting. They only discussed parenting with their husband or wife. A mother in Ethiopia explained that she discusses parenting only with her husband: "if he didn't know about it, I discuss with him so he knows. We only discuss about living conditions, how to live" (Mother#2, interview, Ethiopia, 27 August 2018). The mother separated from her children expressed a different experience. She felt that it was "nice to talk to the other mothers, neighbours, to share experiences. They all left someone behind" (Mother#8, interview, the Netherlands, 9 October 2018). A father living in a camp in Ethiopia also mentioned that he talks "maybe with some older neighbours in our community, if we believe it is good, we use this in our house" (Father#1, interview, Ethiopia, 27 August 2018).

Almost all parents had no or very limited access to physiological and emotional sensations about parenting, only a very global perception: "In all parts of my body, I am happy" (Mother#2, interview, Ethiopia, 27 August 2018). When a body part was mentioned, it was most often the head: "My head is busy, I am stressed, I am troubled, I don't understand what I am doing, I don't feel in control" (Father#1,

interview, Ethiopia, 27 August 2018). For the separated mother, the main sensation was in her chest: "I am not calm in my chest" (Mother#8, interview, the Netherlands, 9 October 2018). A father mentioned his stomach as the part where he felt the pride of being a father.

High level of trauma

The level of trauma of parents in this sample can be considered as high, based on the means and cut-offs used in Kidane and Stokmans (2018) study in Ethiopia. We found similar findings about hyperarousal, being the scale where Eritrean parents score the lowest, demonstrating a high level of emotional control. A higher level of trauma is found in parents whose children were left behind in Eritrea or Ethiopia or in young mothers who left their own mother or father behind, illustrating the key issue of family separation.

Discussion

Contrary to expectations, the Eritrean refugee parents interviewed in this study expressed a high level of parental self-efficacy and feelings of control, safety and satisfaction when living with their children. Their level of parental self-efficacy is higher than norms in the general population. It seems that family is perceived by Eritrean refugee parents as the first source of resilience, a "step in life, a step of best life", explained a father (Father#3, interview, the Netherlands, 9 October 2018). However, parents who were separated from their children, awaiting family reunion, expressed more negative parental cognition.

Several hypotheses can be discussed to explain the high level of parental self-efficacy and feelings of control, safety and satisfaction reported in this study. First, the parenting beliefs of the Eritrean parents interviewed may be related to a perception of parenting as a role and a status, more than related to the actual daily experience with the child. In this view, parenting is about 'being' a parent (a static global concept), rather than 'acting' as parent (a dynamic specific experience) and may be less influenced by external elements (feedback from others, vicarious experience or role-models).

Another possible explanation for these positive parenting beliefs is related to the specificity of the Eritrean family culture. Many parents described being a parent as a genuine source of pride related to belonging to the community, their role in the group in Eritrean culture, characterised by its collective nature. Back in Eritrea, children are the main insurance for their parents, their 'shoulders during old age'. In such a community family system, contrary to the nuclear family system, children are considered an investment. They are taught skills to look after animals, for instance, so that they can take on this task when their parents are too old to do it. Children are also raised with positive thinking (e.g., 'you will become a pilot') and parents encourage their education, with high expectations. That way, "they make parents hopeful" (Expert#1, expert meeting, the Netherlands, 23 December 2018).

The Eritrean political and social context may also contribute to such parental cognition. It is characterised by a high level of political control over the population, even outside the country (Sterckx *et al.*, 2018). In such a context, having a child is an achievement, a sign of protection (especially for girls for whom becoming pregnant is a way of avoiding the military service) and, for some parents, an expression of resistance to political intrusion into the family unit by the government. Being a parent can be the first element contributing to a feeling of control and a factor in resilience.

Trauma may also have affected these parents' beliefs. As detailed earlier, trauma affects cognitive abilities and perceptions (Cunningham & Renk, 2018). The coping strategies put in place by traumatised parents may reinforce the necessity to have a positive perception of oneself, even if it is distorted. This positive cognitive bias may have contributed to these highly positive parenting beliefs. The comparison with their very difficult situation before migrating or to the situation of other parents who remain in their home country may contribute to a biased positive perception of their current parenting context. How can a parent express any negative feelings in such context?

Trauma may also explain the limited use of PSE resources. The parents interviewed had limited access to their past experiences (memories), positive or negative, and almost no access to any physiological sensations related to parenting. A PTS avoidance coping strategy may explain this. The parents interviewed also made little use of vicarious experience based on good parenting models, except their own parents who were sometimes dead. Trauma may have contributed to a learnt self-reliance or self-sufficiency strategy that contributed to their survival. This could also partly explain the fact that another source of PSE was rarely used: feedback from others. Most parents explained that they barely communicated with others about their children and themselves as a parent.

Besides the impact of trauma, the issue of mistrust in the Eritrean population may be another explanation. This issue of trust has been raised by many researchers interviewing Eritrean refugees in the Netherlands (Graf, 2018; Sterckx *et al.*, 2018). In Eritrean culture, the expression and sharing of negative impacts or thoughts is not valued. This was particularly strong among the mothers interviewed, who had only a limited possibility of expressing negative comments about parenting in the culture, in the presence of their husbands. But the experts interviewed in this study explained that this should not be perceived as a cultural characteristic of Eritreans, but rather as a "learnt lack of emotionality" in response to terror: "You don't discuss the problems of your household with a neighbour, as it could be devastating for your child" (Expert#2, expert meeting, the Netherlands, 23 December 2018). In the last few decades, Eritreans have learnt that sharing emotions might be dangerous for them, but also for others. If one expresses a negative emotion (fear, anger, sadness), it can be interpreted as a criticism of the government, with the risk of retaliation by the government on relatives: "You risk punishment if you show your feelings. We cannot show compassion, we would put the lives of our relatives in danger. Your child could be kidnapped or killed just in front of you" (Expert#2, expert meeting, the Netherlands, 23 December 2018). It seems that self-censorship is internalised in most Eritrean households.

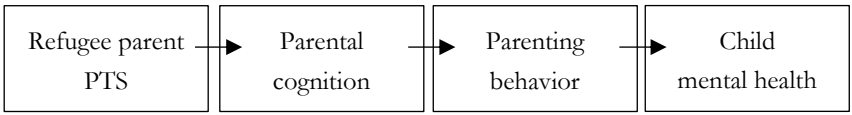


Figure 14.3. Theoretical model of the relationship between parent trauma, parental cognition, parental behavior and child psychological health

Conclusion

This explorative study investigated to what extent the efficacy that parents experience in their parenting is affected by PTS among Eritrean refugee communities in the Netherlands and Ethiopia. Following a literature review, qualitative data was collected and analysed. The hypothesis was that efficacy was negatively affected by the high levels of PTS that new incoming Eritrean refugees experience, both as a result of individual trauma and collective trauma. The expectation was that people with high PTS would experience less positive efficacy in parenting and that this would contribute as intergenerationally transferred trauma into an element in collective trauma.

Contrary to expectations, the refugee parents interviewed in this qualitative study showed a high level of parental self-efficacy, except for parents separated from their children who face the most difficult situation in terms of parental cognition. For the other parents interviewed, the results are reassuring considering the fact that higher levels of self-efficacy are related to more positive parenting and more positive child development.

Yet, our results raise concerns about the emotion regulation skills of traumatised parents, for whom trust is yet to be experienced. Children may be at risk in terms of their socio-emotional development when they grow up with parents who do not share their emotions and have learnt to value self-reliance and exhibit a high level of emotional control. Emotional regulation is firstly about identifying and accepting emotions, and secondly about using strategies to reduce the

intensity of emotions when they are uncomfortable or not socially adapted. Children might learn implicitly and reproduce by imitation that one has to hide emotions, ignore them, and control them, entailing the risk of arousal.

Therefore, the issue here may not be how to increase parental self-efficacy, but how to improve the access of parents to the various sources of self-efficacy, which seem, paradoxically, to be underused. Increasing trust and communication with other parents, improving access to internal physiological and emotional states and increasing self-reflection on parenting experiences could be interesting ways forward for these traumatised parents. This could be particularly helpful in case of acculturation stressors.

But we have to keep in mind the possible challenges of an approach that aims at improving parenting through cognition. Eritrean refugee parents may have found a 'sufficiently good' enough way of parenting, even if it implies high emotional control and self-reliance. They may experience parenting as a safe place for them as parent and, by extension, for their child. Supporting parenting as a better place, and not only a safe place, through the objective of increased self-disclosure with others, could open up some difficulties for parents, if not accompanied and supported by mental healthcare professionals. A trade-off or balance has to be found between these two parenting goals by taking the time to build a trusting relationship with Eritrean parents.

These conclusions also lead to questions about the assessment of parental self-efficacy in traumatised parents by instruments used in the general population, such as the self-report questionnaire. Trauma may have impacted cognitive processes to such a degree that responding to this type of self-reflecting questions may be a difficult task for these parents. It clearly needs time and trust between the interviewees and the interviewer to access such internal processes. Parental cognition is complex and may not be easily accessible for such a population.

Yet, it would be adequate to find creative and respectful ways, considering the key role played by cognition on the relationship between parents and children and the intergenerational impact of trauma. Teti *et al.* underlined how parental self-efficacy serves as the "final common pathway" in the prediction of parenting behaviour and parental sensitivity towards the child in particular (Teti *et al.*, 1996). On this basis, these authors recommended that:

> *…although the construct of self-efficacy in clinical experimental research is well established (Bandura, 1986), its importance as a determinant of parenting behaviour, and as a primary target of intervention in its own right, is still evolving. This is a positive trend and one that we hope continues.* (Teti *et al.*, 1996, p. 247)

In the specific context of parental trauma, some authors suggest that PSE is a complex cognitive construct which may vary in accordance with the specific situation parents are confronted with (Eltanamly *et al.*, 2019; Pagorek-Eshel & Dekel, 2015), but that it has a positive effect on parental involvement. It could also reduce the potential negative impact of acculturation stressors mentioned by some to the interviewed parents. PSE could, therefore, be targeted in support programmes for refugee parents, in complementarity with stress regulation, emotional regulation and attachment-based intervention (Juffer, Bakermans-Kranenburg, & Van Ijzendoorn, 2008). Such programmes could support refugee parents to respond to their young children's emotional cues while at the same time attending their own emotional state, one of the main sources of PSE.

Limitations

The qualitative part of this study explored several key issues in relation to refugee parenting in the Eritrean refugee population in Ethiopia and the Netherlands. However, it has several limitations. The first relates to its small sample size (11 interviewees) and the convenient nature of the sample, with a possible survival bias (the most resilient successfully migrate). It was not possible to use a robust selection method, due to the ethical and practical challenges of working with a highly vulnerable population (Graham *et al.*, 2016).

The second relates to the limited duration of interviews (45–60 minutes), which might not have been enough to build sufficient trust with the interviewee. A longer period of time or repeated interviews would be needed to build trust between the researchers and interviewees. Thirdly, the instruments used to measure parental self-efficacy were also questionable in terms of their universality. For instance, the interviewees were asked about 'discussing parenting with others' as a way to measure if Eritrean parents use the resource of feedback from others and vicarious experiences to feel good about themselves as parents. However, maybe exchange with others is done through different means, such as spending time together, watching the parenting of other mothers or fathers, and taking care of others' children without explicitly discussing parenting. Lastly, the translation into three different languages (English-Dutch-Tigrigna) may have made it difficult for Eritrean parents to understand the questions, in particular when exploring cognition.

In further studies, it would be interesting to disentangle trauma and the sources of stress. Exposure to death or violence (direct versus indirect) may have different effects than displacement or acculturation. Acculturation stressors were not discussed specifically. One father expressed his stress as a father in relation to acculturation: "You have the role, the position but without the information, where to go when there is a problem. Also here ladies express more their needs. In Africa, as a father, you have to guess" (Father#4, interview, the Netherlands, 15 September 2018). A mother mentioned stress due to the freedom children have here (in playgrounds, for instance) with so many different people around them. Stress might be a better, or at least a complementary, measure than trauma alone.

Therefore, more in-depth research is necessary to explore the wider relationship between parental trauma and the parents' relationship with their child, and the child's psychological health, with a possibility to look at the mediational role of parental cognition.

Acknowledgement

We are grateful to Klara Smits for her support and Jakob Hagenberg for his participation in several of the interviews, as well as to the interviewees who shared their experiences with us.

References

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215.

Bandura, A. (1989). Regulation of cognitive processes through perceived self-efficacy. *Developmental Psychology, 25*(5), 729–735.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology, 4*(1 Part 2), 1–103.

Bowers, M. E., & Yehuda, R. (2016). Intergenerational transmission of stress in humans. *Neuropsychopharmacology, 41*(1), 232–244. doi:10.1038/npp.2015.247

Bryant, R. A., Edwards, B., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K. L., . . . Hadzi-Pavlovic, D. (2018). The effect of post-traumatic stress disorder on refugees' parenting and their children's mental health: A cohort study. *The Lancet Public Health, 3*(5), e249–e258. doi:10.1016/S2468-2667(18)30051-3

Coleman, P. K., & Karraker, K. H. (2000). Parenting self-efficacy among mothers of school-age children: Conceptualization, measurement, and correlates. *Family Relations, 49*(1), 13–24.

Coleman, P. K., & Karraker, K. H. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal, 24*(2), 126–148. doi:10.1002/imhj.10048

Creech, S. K., & Misca, G. (2017). Parenting with PTSD: A review of research on the influence of PTSD on parent-child functioning in military and veteran families. *Frontiers in Psychology, 8*(1101). doi:10.3389/fpsyg.2017.01101

Cunningham, A., & Renk, K. (2018). Parenting in the context of childhood trauma: Self-efficacy as a mediator between attributions and parenting competence. *Journal of Child and Family Studies, 27*(3), 895–906. doi:10.1007/s10826-017-0899-x

Daud, A., Skoglund, E., & Rydelius, P. A. (2005). Children in families of torture victims: Transgenerational transmission of parents' traumatic experiences to their children. *International Journal of Social Welfare, 14*(1), 23–32. doi:10.1111/j.1468-2397.2005.00336.x

Deater-Deckard, K., Godwin, J., Lansford, J. E., Bacchini, D., Bombi, A. S., Bornstein, M. H., . . . Al-Hassan, S. M. (2018). Within- and between-

person and group variance in behavior and beliefs in cross-cultural longitudinal data. *Journal Of Adolescence, 62*, 207–217. doi:10.1016/j.adolescence.2017.06.002

Debiec, J., & Sullivan, R. M. (2014). Intergenerational transmission of emotional trauma through amygdala-dependent mother-to-infant transfer of specific fear. *Proceedings of the National Academy of Sciences of the United States of America, 111*(33), 12222–12227. doi:10.1073/pnas.1316740111

Deković, M., Asscher, J. J., Hermanns, J., Reitz, E., Prinzie, P., & Akker, A. (2010). Tracing changes in families who participated in the Home-Start Parenting program: Parental sense of competence as mechanism of change. *Prevention Science, 11*(3), 263–274. doi:10.1007/s11121-009-0166-5

Eltanamly, H., Leijten, P., Jak, S., & Overbeek, G. (2019). Parenting in times of war: A meta-analysis and qualitative synthesis of war exposure, parenting, and child adjustment. *Trauma, Violence, & Abuse*. doi:10.1177/1524838019833001

Graf, S. (2018). Politics of belonging and the Eritrean diaspora youth: Generational transmission of the decisive past. *Geoforum, 92*, 117–124. doi:10.1016/j.geoforum.2018.04.009

Graham, H. R., Minhas, R. S., & Paxton, G. (2016). Learning problems in children of refugee background: A systematic review. *Pediatrics, 137*(6).

Hamilton, V., Matthews, J., & Crawford, S. (2015). Development and preliminary validation of a parenting self-regulation scale: "Me as a parent". *Journal of Child and Family Studies, 24*(10), 2853–2864. doi:10.1007/s10826-014-0089-z

Hershkowitz, M., Dekel, R., Fridkin, S., & Freedman, S. (2017). Posttraumatic stress disorder, parenting, and marital adjustment among a civilian population. *Frontiers in Psychology, 8*(OCT). doi:10.3389/fpsyg.2017.01655

Horesh, D., & Brown, A. D. (2018). Editorial: Post-traumatic stress in the family. *Frontiers in Psychology, 9*(40). doi:10.3389/fpsyg.2018.00040

Hoza, B., & Owens, J. S. (2000). Parent cognitions as predictors of child treatment response in attention-deficit/hyperactivity. *Journal of Abnormal Child Psychology, 28*(6), 568.

Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review, 25*(3), 341–363.

Juffer, F., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2008). *Promoting positive parenting: An attachment-based intervention*. New York, NY: Taylor & Francis Group/Lawrence Erlbaum Associates.

Kendall, S., & Bloomfield, L. (2005). Developing and validating a tool to measure parenting self-efficacy. *Journal of Advanced Nursing, 51*(2), 174–181.

Kidane, S., & Stokmans, M. (2018). ICT-based psycho-social trauma relief in refugee camps in Ethiopia. *Tilburg University,* 1–119.

Lambert, J. E., Holzer, J., & Hasbun, A. (2014). Association between parents' PTSD severity and children's psychological distress: A meta-analysis. *Journal of Traumatic Stress, 27*(1), 9–17. doi:10.1002/jts.21891

Leerkes, E. M., & Crockenberg, S. C. (2002). The development of maternal self-efficacy and its impact on maternal behavior. *Infancy, 3*(2), 227–247. doi:10.1207/s15327078in0302_7

Márk-Ribiczey, N., Miklósi, M., & Szabó, M. (2016). Maternal self-efficacy and role satisfaction: The mediating effect of cognitive emotion regulation. *Journal of Child and Family Studies, 25*(1), 189–197. doi:10.1007/s10826-015-0217-4

Meunier, J. C., & Roskam, I. (2007). Psychometric properties of a parental childrearing behavior scale for French-speaking parents, children, and adolescents. *European Journal of Psychological Assessment, 23*(2), 113–124. doi:10.1027/1015-5759.23.2.113

Meunier, J. C., & Roskam, I. (2009). Self-efficacy beliefs amongst parents of young children: Validation of a self-report measure. *Journal of Child and Family Studies, 18*(5), 495–511. doi:10.1007/s10826-008-9252-8

Milner, J. S. (2000). Social information processing and child physical abuse: Theory and research. *Nebraska Symposium on Motivation, 46*, 39–84.

Milner, J. S., & Crouch, J. L. (2013). Assessment of maternal attributions of infant's hostile intent and its use in child maltreatment prevention/intervention efforts. *JAMA Pediatrics, 167*(6), 588–589. doi:10.1001/jamapediatrics.2013.1467

Pagorek-Eshel, S., & Dekel, R. (2015). Parental self-efficacy and paternal involvement in the context of political violence. *Clinical Social Work Journal, 43*(4), 388–397. doi:10.1007/s10615-015-0516-7

Primack, B., Hendricks, K., Longacre, M., Adachi-Mejia, A., Weiss, J., Titus, L., . . . Dalton, M. (2012). Parental efficacy and child behavior in a community sample of children with and without attention-deficit hyperactivity disorder (ADHD). *Attention Deficit and Hyperactivity Disorders, 4*(4), 189–197. doi:10.1007/s12402-012-0089-z

Sevigny, P. R., & Loutzenhiser, L. (2010). Predictors of parenting self-efficacy in mothers and fathers of toddlers. *Child: Care, Health and Development, 36*(2), 179–189. doi:10.1111/j.1365-2214.2009.00980.x

Sherman, M. D., Gress Smith, J. L., Straits-Troster, K., Larsen, J. L., & Gewirtz, A. (2016). Veterans' perceptions of the impact of PTSD on their parenting and children. *Psychological Services, 13*(4), 401–410. doi:10.1037/ser0000101

Sierau, S., Lehmann, E., & Jungmann, T. (2011). Fathers in disadvantaged families: The importance of parental self-efficacy and partnership satisfaction for infants' development and mothers' interactive style. *Family Science, 2*(2), 76–86. doi:10.1080/19424620.2011.639141

Slagt, M., Deković, M., De Haan, A. D., Van den Akker, A. L., & Prinzie, P. (2012). Longitudinal associations between mothers' and fathers' sense of competence and children's externalizing problems: The mediating role of parenting. *Developmental Psychology, 48*(6), 1554–1561.

Sterckx, L., Fessehazion, M., & Teklemariam, B. E. (2018). *Eritrese statushouders in Nederland: Een kwalitatief onderzoek over de vlucht en leven in Nederland.* Den Haag: Sociaal Cultureel Planbureau.

Teti, D., & Cole, P. (2011). Parenting at risk: New perspectives, new approaches. *Journal of Family Psychology, 25*(5), 625–634. http://dx.doi.org/10.1037/a0025287

Teti, D., O'Connell, M., & Reiner, C. (1996). Parenting sensitivity, parental depression and child health: The mediational role of parental self-efficacy. *Infant and Child Development, 5*(4), 237–250.

Trifan, T. A. (2015). *Multiple perspectives in harsh parenting.* Doctoral dissertation, Orebro University.

Van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., & Sagi-Schwartz, A. (2003). Are children of holocaust survivors less well-adapted? A meta-analytic investigation of secondary traumatization. *Journal of Traumatic Stress, 16*(5), 459–469. doi:10.1023/A:1025706427300

Van Reisen, M., & Mawere, M. (2017). *Human trafficking and trauma in the digital era: The ongoing tragedy of the trade in refugees in Eritrea.* Bamenda, Cameroon: Langaa RPCIG.

Zwi, K., Woodland, L., Williams, K., Palasanthiran, P., Rungan, S., Jaffe, A., & Woolfenden, S. (2018). Protective factors for social-emotional well-being of refugee children in the first three years of settlement in Australia. *Archives of Disease in Childhood, 103*(3), 261–268. doi:10.1136/archdischild-2016-312-495