Syria: the challenges of parenting in refugee situations of immediate displacement

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The way parents care for their children during displacement plays a key role in children's emotional and behavioural outcomes. Yet, sparse literature exists regarding the parenting challenges faced by families fleeing conflict in transitional, pre-resettlement stages. This study, therefore, aimed to identify the parenting experiences of Syrian families living in refugee camps, focusing on understanding how their parenting had changed and the impact displacement had had on their parenting. Methods used included: interviews and focus groups discussions with 27 mothers living in refugee contexts, two interviews with professional aid workers, with the data analysed using thematic analysis. Data were structured in three themes; 1) environmental challenges; 2) child specific challenges; and 3) parent specific challenges. Results clearly showed that parents struggled physically and emotionally to support their children. Such challenges could be addressed by parenting interventions to reduce the trauma impact experienced by children.

Keywords: displacement, parenting, refugee camps

Key implications for practice

- Conflict and displacement may have serious consequences on mental health and wellbeing of children and families
- Parents and primary caregivers play a key role in the emotional and behavioural outcomes of refugee children
- Parent education training is important for refugee families in pre resettlement contexts for support and to reduce impact of trauma on children

Introduction

Over half the Syrian population has been displaced since the start of the conflict in March 2011. More than half of those displaced are children (United Nations High Commissioner for Refugees (UNHCR), 2015), with estimates in excess of 2.5 million Syrian children as refugees worldwide. The stress associated with war influences children's psychological health and mental development (Panter-Brick, Grimon, & Eggerman, 2014). Families spend months, and sometimes years, in refugee camps following flight from their homes. The plight of such children and families has been highlighted through the Syrian crisis. Parents and caregivers play a key role in protecting children's mental health. Developing effective interventions to help parents and caregivers parent effectively within this new context can reduce refugee families' suffering throughout their journey to resettlement and should be a global mental health priority (UNICEF, 2013; Williams, 2012).

Research on the consequences of war and conflict on the mental health and development of children has greatly increased in the last decade (e.g. Betancourt, & Williams 2008; Panter-Brick, Goodman, Tol, & Eggerman, 2011). The majority of children exposed to armed conflict show signs of mental health difficulties (Marwa, 2013; Özer, Irin, & Oppedal, 2013). A systematic review of child mental health in ongoing or post war situations revealed elevated levels of posttraumatic stress disorder (PTSD) (47%; 17 studies), depression (43%; four studies),

and anxiety (27%; three studies) (Attanayakey, McKay, Joffres, Singh, Burkle, & Mills, 2009). Other studies have shown that children exposed to war are also at high risk of developing various types of psychopathology (Pfefferbaum, 1997; Shaw, 2003; Thabet, Abed, & Vostanis, 2004).

A systematic review of interventions to reduce PTSD and related symptoms indicated a limited size and quality of evidence base (Peltonen, & Punamaki, 2010), and researchers have called for a need to develop effective interventions to support children in this context (Tol, Barbui, Galappatti, Silove, Betancourt, Souza, & Van Ommeren, 2011). A recent review (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016) emphasises the importance of formulating mental health difficulties in non-stigmatising and inclusive ways that avoid labelling and acknowledge the multiple causalities of these, including stress induced exacerbations of pre-existing conditions, problems arising from experience of violence and conflict, and difficulties arising from adaptation to new contexts through conflict and displacement.

While systematic reviews have highlighted a focus on individual, rather than family, level evidence as a major limitation of the evidence base of child mental health in humanitarian contexts (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Panter-Brick et al., 2014; Panter-Brick et al., 2011), the influence of family on war affected children's mental health is of paramount importance (Quota, Punamaki, & Sarraj, 2008; Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009). Family environment represents a significant protective factor for child mental health outcomes (Borkowski, Landesman, & Bristol-Power, 2009; Panter-Brick et al., 2011). By targeting parenting factors, it may be possible to weaken the link between the effects of displacement on the mental health of children (Diab, et al., 2015; Tol et al., 2011). However, sparse literature exists investigating the parenting needs of refugee families (Reed, Fazel, Jones, Panter-Brick, & Stein 2012). The recent systematic review by Hassan and colleagues (Hassan et al., 2016) on the mental health and psychosocial wellbeing of Syrians affected by armed conflict, made minimal mention of any research identifying how significant family and parent care may be to these families. Effective parenting may provide a *'protective shield'* during difficulties, yet when parents themselves struggle, this may further complicate a child's adaptation to war stressors (Elbedour, Ten Bensel, & Bastien, 1993). A parent who was previously warm and confident in their parenting may find the nature and quality of their interactions with their children dramatically altered by the challenges of living as a refugee (Betancourt & Khan, 2008).

Parenting within a refugee context

Refugee parents experience a number of stages between parenting their children in their home country before flight, and finally being resettled in a new host country. This journey has been conceptualised by Williams (2010), who developed a four stage holistic ecological model of refugee parenting; the family in its country of origin, pre-flight, flight and finally the family in resettlement contexts. At each stage, parents are affected by multiple environmental contexts that reshape pre-existing values, ideas and cultural practices, creating a new perception (Lustig, Kia-Keating, Knight, Geltman, Ellis, Kinzie, & Saxe 2004; Slobodin, & de Jong, 2015; Sonderegger, Rombouts, Ocen, & McKeever, 2011). According to this model, the parenting experience is functioning within the context of these four stages, while being simultaneously influenced by multiple layers of *'being'* in the world as a refugee parent, which includes the challenges they face. The refugee family's experience is described as a multi-layered process rather than static, affecting both the developing child and parent prior to resettlement.

Understandably, aid organisations working with refugee families during the flight and pre-resettlement phase typically focus on humanitarian relief, such as food and shelter, due to limited funding. However, changes in the family structure begin during the pre-flight phase (Williams, 2010), and as the parent's role is so important to the child's experience of refugee life, early context specific, parenting programmes could be extremely beneficial (Williams, 2012). There have been calls for parent education training in early detection and management of child mental health challenges in post war settings (Panter-Brick et al., 2014; Williams, 2010). Parenting education interventions provide parents with the knowledge and skills to promote positive and supportive relationships with their children. There are several meta-analyses documenting the effectiveness of parenting interventions across a wide range of non refugee settings (Barlow, Smailagic, Ferriter, Bennett, & Jones, 2010; Furlong, McGilloway, Bywater, Hutchings, Smith, & Donnelly, 2012; Zwi, Jones, Thorgaard, York, & Dennis, 2011). However, research on the acceptability and effectiveness of such interventions with refugee families has focused on those resettled in high income countries, the needs of whom are different than those in pre resettlement contexts (Kakuma et al., 2011; Kieling et al., 2011; Williams, 2010). Research has indicated the benefits of early interventions with families after trauma (Dyregrov, Gjestad, & Raundalen, 2002). With gathering evidence stressing both the negative impact war has on parents and children individually, and on their relationship with each other (Diab, Peltonen, Qouta, Palosaari, & Punamäki, 2015; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012; Tol et al., 2011), an exploration of what challenges families are facing early on in their refugee journey is valuable in providing effective interventions. Therefore, we have worked with Syrian families to investigate these parenting needs and challenges of refugee families in pre-resettlement contexts. With 7.6 million Syrians now internally displaced, over 4.8 million externally displaced as refugees in neighbouring countries, such as Turkey, Lebanon and Jordan (UNHCR, 2015), there is an urgent need to understand, in context, the parenting challenges these families face. Without ecological knowledge of parenting experience in these pre-resettlement contexts, interventions aiming to meet the families' specific needs may be both unfeasible and ineffective.

Methods

Study design

This study adopted a qualitative research approach to provide rich explanatory data, as used in previous refugee research (Creswell, Hanson, Clark & Morales, 2007), and was conducted in two phases. Initially, individual interviews provided privacy for participants to describe their experiences. Focus groups (FG) were then adopted when it became evident that parents were willing to talk with others experiencing similar challenges.

The setting

Four sites were accessed during data collection, two in northern Syria and two in southern Turkey. Three sites were refugee camps accepting newly displaced refugees, one site was a building housing refugees who had just arrived in Turkey.

Sampling

Opportunistic sampling was used, targeting displaced Syrians with at least one child between 4 and 10 years. The final sample (n=27) comprised eight interviews and four FGs (19 mothers, with five or six in each group). Additionally, two interviews with professional aid workers were conducted (a camp doctor and a local director of an non-governmental organisation (NGO)).

Procedure

Ethical approval was granted by The University of Manchester research ethics committee. Logistical support, including access to recruitment sites and safety checks, were provided by Generation Freedom of the NGO Watan[1]. During phase one, parents were approached in refugee camp schools and handed study leaflets. Interested parents provided written consent and were interviewed the next day at the school.

The original ethical approval stipulated that a 24 hour window had to be maintained between potential participant's receiving study participant information sheets and then consenting and taking part in the study. However, in phase one, it was difficult to recruit participants due to the practical challenge of gaining access to the same refugee camps and locating the same families on the following day. During phase two, an amendment was made to the original ethics application to allow for immediate consent and participation (El-Khani, Ulph, Redmond, & Calam, 2013). FGs were arranged and conducted later the same day inside parents' tents. Interviews with professionals were conducted in an aid agency office.

Permission was gained from a medical organisation that was working in the area and had contacts in all recruitment sites to provide information on how they could be contacted should any participants feel distressed after participation. To our knowledge, no families contacted the medical organisation.

Interview schedule

The interview schedule was developed by the research team, which included experts in qualitative research and child mental health. It covered three areas: 1) changes and challenges in the parenting experience; 2) what coping mechanisms parents were using; and 3) what, if any, challenges parents wanted support with meeting. Materials were written in Arabic. Interviews and FGs were conducted by AE[2] in Arabic, as both a native English and Arabic speaker . Interviews and FGs were audio recorded, transcribed, and then translated into English by AE and a professional translator. Minor discrepancies identified in the translations were resolved by discussions between AE and the professional translator. The research team consisted of the main researcher (AE), a qualitative expert (FU) and a child and family psychologist (RC).

Data analysis

Data were analysed using a mixed approach (Fereday and Muir-Cochrane, 2006) to thematic analysis (TA) (Braun & Clarke, 2006). TA was chosen because of its ability to directly represent the descriptions of respondents' viewpoints, experiences, beliefs and perceptions. An essentiallist method was used, which means we aimed to report experiences, meanings and the reality of participants (Potter & Wetherell, 1987). Initial inductive coding was carried out by researcher AE, that is with the aim of seeking a descriptive account of the data, rather than an interpretation and explanation of the discourse, allowing the themes to evolve from the data set rather than being theoretically driven. The team reflected on identified codes to combine and rename these where appropriate. The team developed a revised code set that included the new and combined codes. Links between, and within, themes were also examined. NVivo9 (a tool for qualitative analysis) software was used to facilitate analysis. The research team reviewed the emerging themes and came to an agreement on final themes used (see Figure 1).

Results

Sample characteristics

Participants varied in age (22–45 years old), number of children (1–7) and gender of children. While some families had only recently arrived before participating in the research, others had been in the camps for up to eight months. Four were war widows, and two

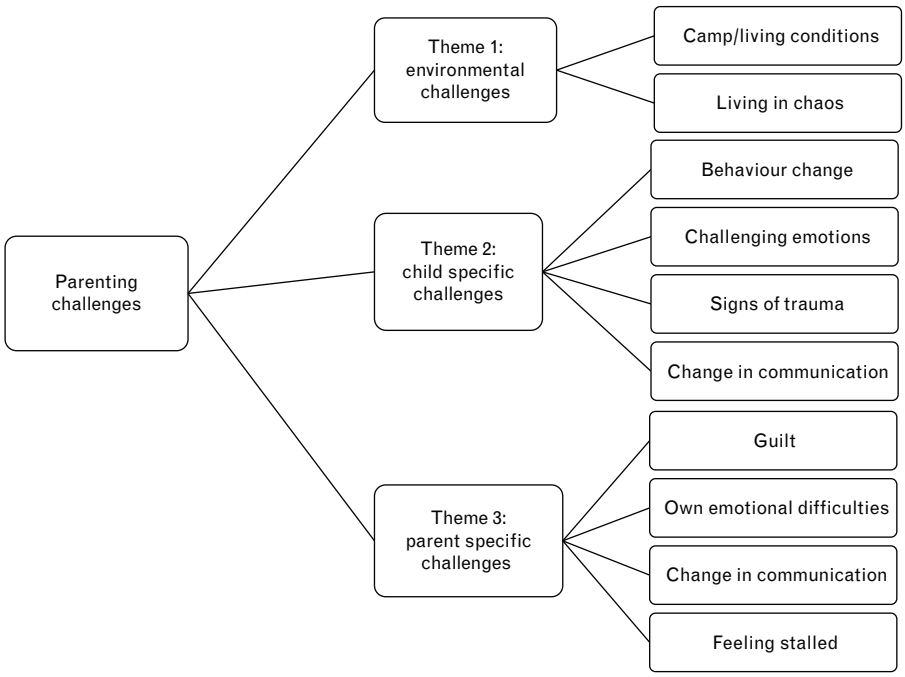

Figure 1: Thematic map.

did not know if their husbands were alive or not. Three sets of challenges were identified: environmental, child specific and parent specific. Each is described and illustrated with quotes provided (identified according to interview (I), or focus group (FG) number. Pseudonym initials are used for FG members when reporting data from more than one mother.

Theme 1: Environmental challenges

Camp/living conditions stressors

Parents described how living conditions placed huge pressure on their ability to care for their children. They worried about their children's health due to extremely dirty conditions and lack of basic sanitation in the camps. This concern was further exacerbated by the lack of clothes and a very limited supply of water to wash those clothes.

> *'It's hard though because of the dirt, and the illnesses they are catching, to just let them do what they want to do.' FG (2)*

They often contrasted their current situation with their lives in Syria where they were surrounded by familiar people. They were concerned about the people their children were now exposed to, and consequently for their safety.

> *'I don't know who is round us, all God's types of people are here, and they can harm the children.' I(2)*

This led to conflict between children and parents, as some parents were reluctant to let children leave the tents as they perceived so much danger. Others were sympathetic to their children's need to be allowed to play outside and tried to allow it, despite their fears.

Living in chaos Parents described their lives as chaotic and felt this was the main reason for many of the problems they had with their children.

> *'It's the chaos, this is what the root of the problem with our kids is. Life is so chaotic now.' FG(1)*

This chaos meant parents struggled with feelings of having very little control over their daily activities, and their ability to influence and protect their children. One mother described how, in Syria, she was a housewife and proud of her efficiency in caring for her family, but now she felt completely unable to control any aspect of her life and that of her family. Like several other participants, she highlighted the challenge of not knowing what to expect next, the inability to plan ahead and how this has changed her parenting priority.

> *'We have no home. We can't decide where we will live, I can't decide what I will feed my kids. I don't know what I will cook, as I don't know what ingredients I will manage to get. I cannot control anything around me. We are living each second unaware of what's coming next. You asked me what it's like to be a mum now, well this is it, it's like we are not mums, we are just keeping kids alive by feeding them and making sure they are alive and safe.' FG(4)*

The project manager of an NGO recognised the pressure parents were under and was very sympathetic. He reported how much the children relied on their parents and how little their parents could control in return.

> *'The parents are in charge of providing everything the children need, this is making them so stressed, extremely stressed, what a huge responsibility [. . .] to feel completely out of control.' (Aid organiser)*

One form of loss of control was that while parents were being faced with new needs that their children were presenting, they lacked the confidence to meet these needs and support them, as they did not have any experience with such issues. Mothers felt that the external chaos they were experiencing as a family was aggravating both the physical and emotional reactions of their children to their experiences of war and current life situation.

> *'I'm not able to cheer him up or lift his spirits, I don't know how. I'm angry and hurt myself and when I see him like that I get angry and do stupid things.' I(3)*

Theme 2: Child specific challenges

Behaviour change Parents reported an increase in inappropriate child behaviours as a core concern.

> *'But now they are ruder! They are spitting and hitting and shouting and using bad words.' I(8)*

They reported their children's play had become more violent and worried that this reflected their exposure to war. Parents had strong commitments to their children's future, and many felt the war had damaged the opportunities for these to be fulfilled. They saw the changes in their children as a reminder that things were no longer how they had planned for the future.

> *'It's not just that they are fighting more, but the way they are fighting is very aggressive and scary. They seem so aware of how to hurt each other and of ideas like revenge and hate.' I(5)*

> *'They have seen so much fighting and pain, it's like their games are older than them. It's all kill and murder, and bury and army sounds.' FG(4)*

Parents worried that these new behaviours were not just temporary reactions to

experiences, but would become characteristics into adulthood. The researcher's field notes recorded that while aggression and violence by the children to their own family, or those around them, was strongly discouraged and often punished by parents, parents also encouraged and supported those adults who were returning back to their country of origin to fight and defend them. Thus, children were receiving mixed signals on the acceptability of violence.

Challenging emotions Parents described children displaying a range of negative emotions such as anger and sadness, and perceived that these reflected children's experiences of war and being a refugee. Parents found it very distressing seeing their children crying, feeling sad and unlike how they were previously. They reflected on how their children were before being displaced and how they wished they could see their children like that again.

> *'She's not like the other children, you feel she has a heavy load on her shoulders. Yes, she laughs and smiles and plays, but there is something inside her deep that is dark. She saw him [her father] dead and she cried over him to wake up. She remembers him at night, she cries his name. My insides cry with her. What can I tell her?' I(4)*

Although mothers struggled to know how to support their children, they still felt they knew their children well and could identify subtle differences in their behaviour and personalities.

> *'[Child's name] is very angry and quiet. He doesn't talk a lot, but you can tell from his eyes.' I(3)*

Often children did not communicate their feelings, but parents were very aware of the changes in their mood and personalities. In particular, parents found their children's lack of motivation and interest alarming.

> *'[The children are] unmotivated for anything. They don't seem to have the energy, but I know it's not physical energy, it's they just can't be bothered.' FG(4)*

Signs of trauma Parents described trauma symptoms, such as bed wetting, fear of loud noises and bright lights, and regressive behaviour: *'They cry at night, they scream a lot while they are sleeping.' FG(4).* A camp doctor reported that parents had actively sought help from camp medical professionals, when they had access to such services, for a range of trauma symptoms.

> *'You have sleep issues, wetting of the bed, loud noises make them jump, they are very anxious and many don't like to leave the parent's side, we call them anxiety issues. A few kids also display characteristics that are younger than them.' (Camp doctor)*

The doctor described actions such as thumb sucking, regressive behaviours and children becoming very dependent on their parents.

Change in communication Parents reported that communication with their children had changed: they often did not listen to their parents and talked to them in raised or more aggressive voices. Parents discussed in detail that they found this offensive and unacceptable.

> *'They shout a lot at me and each other. Before at home, I would just give them one look and they would lower their voice. Just a look. I didn't need to say anything.' I(2)*

Parents blamed this change in communication on the influence of other children's misbehaviours.

> *'They won't listen any more. They copy each other, 'Mama I'm not staying inside' they say, they never used to speak like that. They would speak with a good voice. Now their voice is louder.' I(1)*

Families found this very challenging as they felt it was the root of many other difficulties and if they could improve family communication, they felt, it would help many other aspects of their new daily challenges.

> *'. . .If they listen to us, lots of things will be solved. They won't get as dirty, as they won't go to dirty places, they will sit and read with us. You know things that we tell them to do. But nothing is helping.' FG (2)*

Mothers described their Syrian culture as placing a lot of emphasis on children respecting their parents and being obedient, hence, this type of misbehaviour was perceived as very challenging.

Theme 3: Parent specific challenges

Guilt Parents sympathised with their children's suffering. They were extremely worried about the impact of what their children had witnessed would be and how they were currently living would have on their wellbeing and development.

> *'There is no doubt in our mind that this experience will leave a psychological or emotional effect on the children.' FG (1)*

Children were seen as being entrusted by God and that parents would have to answer to God. This strongly motivated them to try to find support and to meet their children's new needs. However, this belief also caused families to feel that they were failing their children, resulting in feelings of guilt. They struggled to manage these feelings as they felt they could not change their situation.

> *'These are our kids, what do we have more precious? Just God protect them and us.' FG (2)*
>
> *'The child is a responsibility and something from God to cherish and do our best with and they feel they aren't able to.' (Aid organiser)*

Additionally, parents felt very guilty about some discipline techniques they were using with their children, such as hitting and threatening. They said they had not previously used these techniques often, but now felt they had no choice.

> *S: 'That's why we end up smacking, as they don't listen otherwise.'*
> *M: 'It's the last think we resort to doing.'*
> *Interviewer: 'Do you find yourselves smacking a lot?'*
> *M: 'Yes, [. . .] it is true, we cry as we feel heavy hearted doing it, but they don't listen. How else can we protect them?' FG 2(4)*

Parents commonly described how they often felt that the only way their children would listen to them was by smacking them. Although they spoke openly, mothers looked shy and embarrassed when reporting smacking their children.

Own emotional difficulties The parents described how, similarly to their children, they were now experiencing challenging emotions. They struggled to hold their families together while feeling stressed, angry and abandoned. Several mothers had been widowed and all had lost close family members and friends. During one interview, when the researcher asked a crying mother if she would like to halt the interview she replied: *'This is me always, my tears don't dry.' I(5)* Others expressed similar feelings of being overburdened and unable to cope with daily challenges.

> *'I'm an adult, 35 years old, I promise you when I hear strong winds and loud noises in the camps I get so scared. I feel like my body is exhausted and my head is aching, and I am an adult.' FG (1)*

Their negative feelings also affected how they were parenting their children, as described previously, with parents hitting their children, as these quotes from mothers illustrate.

S: 'I'm getting really angry.'
Interviewer: 'Did you get really angry before in this way, when you were living in your home?'
S: 'No, not at all.'
Interviewer: 'And when you are angry what do you do?'
S: 'I want to hit him and do hit.' FG (2)

Mothers felt that if they themselves felt better and stronger, they would be able to care for their children more sensitively and calmly. They felt trapped by their mixed emotions and felt they were not caring for their children as they wanted.

Change in communication There were also changes in how parents communicated with their children. They felt their own communication was now filled with shouts and threats.

W: 'We tell them 'don't do this' and 'don't do that"
S: 'First time, second time. Either shouting or threatening, then hitting.' FG (1)

Mothers felt this was due to their own emotional challenges, but that such interaction was why their children were no longer obedient.

M: 'You keep telling them different things, depending on your mood, so 'no don't go out' then 'yes you can', it's no wonder they are not taking our words seriously.'
A: 'I swear that's true, they have become so hard headed and stubborn.
Everyone is saying different things to them so they only want to listen to themselves now.' FG (2)

Parents believed their moods contributed to giving mixed messages to children, which in turn contributed to the children's negative communication styles. Parent's struggled with feeling there was little they could do about this negative cycle of change in their children's and their own communication.

Feeling stalled Parents reported that although there were times they had the chance to engage in parenting behaviours they valued, such as introducing routines and telling stories to their children, they felt almost 'stalled' in the sense of not being able to reintroduce these behaviours into their relationship with their children.

'Not because I don't have time anymore, I can't say I don't have 30 minutes to sit and do it, it's just something inside me, I don't know. It's like this thing I used to do before, but I don't do anymore, and I don't know why.' FG (1)

'I'm still in that mood now, I can't drop it off.' I (1)

These feelings disabled parents and caused a lot of negative emotions. They felt frustrated that while they acknowledged it and felt they should reintroduce past parenting habits, they did not feel able to do it. Parents did not understand why they felt this and hoped to be able to move on.

Discussion

Scant literature describes the parenting challenges faced by refugee families during war and while still in a pre-resettlement stage. At a time when the role of the parent or primary caregiver is highly significant (Dimitry, 2011; Tol et al., 2011), little is known about how families may best be supported (Williams, 2010).

This study has added to that knowledge pool and identified the changes and challenges in the parenting experience, and what is shaping these changes and challenges. Three main factors contributed to the parenting challenges of refugee families. Firstly, environmental stresses such as the perceived chaos of refugee camp life and child safety concerns were a significant challenge to refugee parenting. This finding fits with the ecological model proposed and utilised by Williams (2008) that proposes that environmental factors play a very significant role

along all stages of the refugee experience. Our findings added to this by highlighting which specific environmental factors caused the most stress in the pre-resettlement stage and the effect these have on parenting, such as the use of more physical discipline techniques and impaired familial communication. Previous research has highlighted that basic needs and safety concerns can be more strongly correlated with measures of distress than war related events in refugee populations (Rasmussen et al., 2010). This research goes further by illustrating the major effect daily environmental stresses have on the parenting experience of refugee families.

Secondly, parents were challenged by changes in their children's behaviour and emotions, which they attributed to the events their children had experienced. While our findings echo previous research that has identified such presentations in children affected by conflict (Dimitry, 2011; Chimienti, Nasr, & Khalifeh, 1989; Thabet & Vostanis, 2004), it also demonstrated the impact of such behavioural and emotional changes on the caregivers of these children, identifying the important stressors that further diminish their sense of being a competent parent. This study also identified a downward spiral, with changes in parents' reactions to their environment and changes in their children's behaviour and emotions affecting their feelings of competence in parenting, and in turn, actual parenting behaviour. The children reacted negatively to their parent's lack of confidence, so parents' feelings of competence decreased further, while children's behavioural problems increased. Even when children did not communicate their feelings, parents were aware of changes in their children's mood and personalities. Though it is relatively common practice to use parents as informants of children, this finding is extremely important as in this setting of often deep seated trauma, children may not be able to verbalise their feelings. Parents are well placed to pick up on their children's distress.

Thirdly, similarly to their children, parents experienced stress and emotional challenges which they perceived as negatively affecting how they parented their children. Parents spoke of their experiences of violence and fear and how these memories affected their daily functioning. Overwhelmed with worries and fear for their children's safety, they lacked confidence that they could care for their children in this new environment. Previous research with refugees in camp settings, has also shown altered parenting care, as parents focus more on physical daily needs (McElroy, Muyinda, Atim, Spittal, & Backman, 2012). However, this current study demonstrates more specifically what these changes are, identifying that parents were adopting the use of negative disciple techniques such as shouting and hitting their children. At a time when it was crucial that children followed their parents' instructions for their own safety, parents felt they were non-compliant and that physical strategies were necessary. Research has indicated high levels of child maltreatment evident in refugee populations (Lustig et al., 2004), and this study contributes one reason why this might be occurring. Parenting interventions are effective public health approaches to reduce child maltreatment (Chen & Chan, 2015), and could be a useful model to adopt in pre-resettlement contexts.

Finally, this study showed that one major emotional stressor for parents was the feeling that they were no longer in control. A major characteristic of pre-resettlement living is a shift from internal control to external control (Williams, 2010), and previous research has indicated that a lack of control over unpleasant events strongly contributes to the perception that such events are stressful (Sapolsky, 2004). Though it may not be possible to give these families more control over their situation, it may be possible to support them in altering their perception of their situation.

Strengths and limitations

The qualitative methodology employed allowed in depth exploration of parent's views rather than researchers' preconceptions. Several methods were used to enhance rigour, relevance and validity of results including combining focus groups and interviews as well as iterative data generation analysis. Despite time constraints at each research visit, repeat visits were made as far as possible, until the research team agreed that enough data had been generated. Also, the lead researcher, AE, was Syrian, allowing the advantages of a researcher familiar with participant language, culture, beliefs and traditions, following good practice in qualitative research.

We were unable to interview fathers, a common limitation in parenting studies, which proved far more challenging in refugee camp settings. Males were commonly separated from females during daytime. Male dominated areas were considered unsafe for the female researcher to access. However, mothers undertook the majority of the parenting responsibilities and fathers, when present, had a much smaller role. Engaging fathers is, of course, crucial to understanding their perspective and any parenting challenges they are experiencing. Alternative methods, perhaps including male researchers, should be explored.

The sample size was modest due to the challenges of data collection in this setting, including the difficulties in accessing refugee camps and engaging participants, and recommendations must therefore be tentative. However, despite constraints, our sample captured variation: mothers varied in age and numbers and ages of their children. While some lived with their husbands, others were widows or did not know their husbands' whereabouts. Further, the levels of trauma mothers had experienced varied, as well as the length of time they had been living in refugee camps. Though inclusion of those willing to share their experiences is key to qualitative research (Kai, Ulph, Cullinan, & Qureshi, 2009), we accept that the experiences and views of study participants may not be typical of all refugee mothers.

Interventions directed at families in this context may also benefit from interviewing children to better understand their perspectives and thoughts of changes in their families. This may produce a more comprehensive picture of the experiences of all family members, to ensure that all needs are addressed.

Practical implications

This study, while small in scale, potentially has major implications for agencies supporting refugee families. It is clear that parents struggled physically and emotionally to support their children's new needs and desired guidance. A key challenge parents faced was lack of control and the belief that they were incompetent parents. Tailored, context sensitive parenting interventions could address these challenges by fostering a sense of control and competency, altering child behaviour and improving psychological wellbeing of the parent and thus the child. Parental adjustment in situations of severe violence or trauma has been correlated to children's symptoms (e.g. Dubow et al., 2012), therefore any parenting intervention aimed at parents in pre-resettlement contexts must also contain advice and strategies to help parents deal with their own emotional challenges.

Promoting self-efficacy in parents' ability to cope with new parenting challenges could be very important. Efficacy is based on Bandura's (1997) social cognitive theory and represents an individual's belief in their ability to succeed in a particular situation. These beliefs are determinants of how individuals think, behave and feel. Those with low self-efficacy are easily convinced that they will not be able to successfully meet a challenging situation and therefore experience higher stress symptoms. A parenting intervention could increase parental self-efficacy in

dealing with the new challenges of parenting in this context, and promoting parental self-efficacy is likely to lead to positive behavioural changes in the parent, and thus a reduction in children's difficulties.

Previous research has also shown that positive parenting approaches such as non-physical strategies, explaining why something was wrong and rewarding good behaviour serves as a protective factor for children exposed to political violence and allows children to cope more effectively (Dubow et al., 2012). Additionally, this study recognised that familial communication was problematic. A parenting intervention could encourage parents to discuss acceptable behaviours and actions with their children. Despite the violence and aggression these children had witnessed, supportive and non-punitive parenting practices could protect children from aggressive and inappropriate behaviours (Punamaki, 1987).

Finally, we add to previous research by indicating that addressing environmental daily challenges faced by refugee parents should be prioritised in interventions supporting these populations (Miller & Rasmussen, 2010). The daily physical stresses of refugee camp life, such as those described in our data, significantly affected their ability to care for their children. Therefore, steps to reduce or better manage these physical stressors could be significantly efficacious in reducing parenting stress, thus resulting in children receiving more effective and supportive care.

Conclusion

This study identified the parenting challenges of recently displaced families. It provides a unique insight into parents' hardships and their motivation to support their children. The realities of refugee life evidently affected parents' beliefs and ability to meet the new challenges they faced. Focussing on the parenting experience, contributes to the aim of better understanding how to reduce children's psychological trauma. The majority of the research with refugees has focused on their needs during the resettlement period in a new host country, but with many families spending significant amounts of time (sometimes years) in refugee camps, support must be provided early in the refugee journey. Providing parenting interventions for families in refugee camps could offer a way to help parents better support their children and parent them effectively, thus reducing the impact of the trauma, their current challenges and those they face in the future. This information must be taken into account by those involved in providing policies and interventions for refugee families in pre-resettlement contexts.

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[1] Watan is an NGO that has extensive experience in providing on-the-ground humanitarian assistance in Syria and neighbouring countries to those affected by the conflict in Syria. Watan has several sub organisations that perform varying functions, one of which is Generation Freedom. specialising in educating and psychologically supporting children affected by the conflict.

[2] Researcher AE's primary role during the two study phases were research activities related to the recruitment and interviewing of families for this study, though she was involved in other humanitarian activities in recruitment sites prior to the study, commencing and after completion.

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