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Pathways linking war and displacement to parenting and child adjustment: A qualitative study with Syrian refugees in Lebanon

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Abstract

Forcibly displaced children are at risk of a range of negative outcomes, yet little is known about how to support war-affected caregivers in promoting children's psychosocial resilience. The current study uses qualitative methods to examine the mechanisms underlying the effects of war and displacement on parenting and child adjustment in order to inform intervention development. In April and November 2016, group and individual interviews were conducted with 39 Syrian parents and 15 children in partnership with a humanitarian organization in Lebanon. Interviews were transcribed and analyzed using a grounded theory approach. Results show three interrelated pathways linking daily displacement stressors to various dimensions of parenting: (1) economic hardship prevents parents from meeting their children's basic needs and forces adaptation strategies that impair positive parent-child interactions; (2) parental psychological distress contributes to harsh parenting; and (3) perceptions and experiences of insecurity in the community results in increased parental control. Greater economic resources and social support emerged as potential protective factors for maintaining positive parenting despite exposure to war and displacement-related adversity. Our findings suggest that implementation of policies and programs to remove structural barriers to refugees' physical and economic security can have tangible impacts on parental mental health, parenting quality, and child psychosocial outcomes. Future research priorities include a stronger focus on the effects of war and displacement on family processes, taking into account interactions with the broader social, economic and political context.

Keywords: Lebanon; Syrian refugees; war; displacement; daily stressors; mental health; parenting; child adjustment.

1. Introduction

Forced displacement affects an estimated 28 million children across the world, yet research is limited on how to support war-affected caregivers in promoting children's psychosocial resilience (UNICEF, 2016). The importance of stable, nurturing parenting for positive child developmental outcomes has been established across diverse social, economic, and cultural contexts (Putnick et al., 2015). For refugee children, who have likely been exposed to potentially traumatic events and whose extended support structures have been disrupted, strong family relationships may be even more crucial as a source of protection and resilience (Masten, 2012; Qouta et al., 2008; Betancourt et al., 2010; Sriskandarajah et al., 2015). Prospective, longitudinal studies in Sierra Leone, Afghanistan, and Pakistan demonstrate the "intergenerational impact of war," in which caregiver and family variables such as parental mental health, family acceptance, and domestic violence have cascading effects on the next generation, predicting child mental health outcomes over and above individual predictors including trauma exposure (Betancourt et al., 2015, p. 1101; Panter-Brick et al., 2015). These studies reflect a recent shift away from the historical emphasis on the individual child's direct exposure to war events, towards a more integrated family perspective in which parenting and other family variables mediate the effects of armed conflict on child psychosocial outcomes (Timshel et al., 2017).

Qualitative studies in conflict-affected areas have found that the problems induced or exacerbated by war and persistent social and economic inequality have knock-on effects on parenting and family relationships. In Afghanistan, poverty and overcrowded housing led to frustration and anger among men and women, which in turn contributed to intimate partner violence and child maltreatment (Eggerman & Panter-Brick, 2010). The same study also found, however, that family unity and harmony were sources of strength and perseverance amidst unrelenting economic and social suffering. Similarly, in post-conflict Rwanda, family

unity and good parenting were protective constructs described by HIV/AIDS-affected families as crucial to surviving difficult times (Betancourt et al., 2011). Other studies have shown how the effects of war on parenting and family dynamics are complex and multidimensional. Song et al. (2014) found that war trauma experienced by Burundian former child combatants was transmitted to the next generation via effects on parenting behavior and norms, parental psychological distress, and community stigma. In East Timor, qualitative findings suggest a “post-conflict cycle of violence” in which patriarchal values, combined with war-related psychological distress, contributed to male perpetration of intimate partner violence, which in turn increased mothers’ use of violence against children (Rees et al., 2015, p. 285).

In this study, we aim to further elucidate the mechanisms through which parenting is impacted by exposure to mass conflict. Using qualitative interviews with Syrian refugee parents and children in Lebanon, we examine the perceived effects of war and displacement on parenting and family functioning. The United Nations has called the war and resulting exodus from Syria “the biggest humanitarian and refugee crisis of our time” (UN, 2016). More than half of Syria’s 22 million pre-war population has been displaced and over half of the refugee population is comprised of children, with nearly 75 percent under the age of 12 (UNOCHA, 2017). At the time of data collection in April 2016, there were 1,048,275 Syrian refugees registered with the UNHCR, almost one-fifth of the total Lebanese population (UNHCR, 2016). Onerous and costly residency renewal regulations issued by the Lebanese government in 2015 have resulted in many Syrian refugees losing their legal status, which in turn contributes to restrictions on movement, work, and access to basic services (Human Rights Watch, 2016). As refugees are officially prohibited from working in Lebanon, many resort to working in the informal sector where there is a high risk of exploitation and abuse (Verme et al., 2015).

Given the still nascent evidence base on the effects of war and displacement on parenting behavior, this study uses an emic approach to develop a conceptual model of parenting in war that is rooted in the lived experiences of Syrian refugees themselves. Our ultimate aim is to inform the development of parenting and family interventions that increase caregivers' capacity to protect and promote children's psychosocial wellbeing.

1.1 Theoretical frameworks

We used two theoretical frameworks, each with its unique but complementary perspective on transgenerational effects of adversity, to inform the interpretation and discussion of the conceptual model resulting from this study. First, the intergenerational transmission of trauma model posits that the experience of trauma in one generation influences the developmental outcomes of successive generations, mainly via the effects of post-traumatic stress disorder (PTSD) on parenting and family dynamics (Danieli, 1998). First investigated with survivors of the Holocaust and their families, the model has since been extended to other war-affected populations (Dekel & Goldblatt, 2008; Van Ee et al., 2012; Catani et al., 2008). For example, in northern Uganda, male caregivers' PTSD symptom severity and female caregivers' war trauma exposure increased both parental and child reports of maltreatment (Saile et al., 2012).

A second theoretical framework used in this study is the family stress model, which theorizes that economic stress is linked to child emotional and behavioral problems via parental mental health, marital conflict, and parental rejection and hostility (Conger et al., 1994). In contrast to the previous model, which is centered on the psychosocial fallout from the dramatic events of war, the family stress model emphasizes the more mundane but no less corrosive daily struggle to "get by." This emphasis on daily stressors is particularly relevant to refugee settings characterized by multiple environmental stressors (Miller & Rasmussen,

2010). Despite differences in etiology and emphasis, both theoretical models present parenting and family dynamics as the main mechanism through which exposure to adversity results in negative life trajectories for subsequent generations. Together they capture how past exposure to traumatic events, combined with current economic and social stress, can impair parenting quality and ultimately result in negative child psychosocial outcomes.

2. Methodology

2.1 Participant recruitment and sample characteristics

The study was conducted in partnership with the International Rescue Committee (IRC), a non-governmental organization (NGO) implementing economic, psychosocial, and educational programs for refugees and host communities in Lebanon. Data collection took place in April and November 2016 in the northern district of Hermel, where the partner NGO has an established child protection program, including a parenting skills intervention. Approximately 60 percent of refugee households in Hermel rely on food vouchers and over 80 percent live in rented apartments, with the remainder in informal tented settlements and other substandard shelters (UN, 2015).

Participant recruitment was conducted by local partner organization staff who were implementing child protection and psychosocial activities with refugee communities in the area. Staff conducted individual and group outreach meetings with refugees to introduce the study and its objectives, and recorded the names and contact information of those who were interested in participating. Staff purposively sampled on a rolling basis refugees living in rented apartments and informal tented settlements (a proxy indicator for vulnerability), as well as participants of different ages and employment status. As one of the objectives of the study was to inform recommendations for the partner NGO's parenting intervention, which

targeted caregivers of children aged 2 to 9 years, we used the same criteria for inclusion in the study. We decided to include children aged 8 to 12 years based on previous field experience indicating that children younger than eight would find it difficult to participate productively in the focus group discussions. None of the adult or child participants had previously attended the partner NGO's programs. In total, four focus groups were conducted with parents (n=29) and two focus groups with children (n=15). All focus groups were gender-segregated. Upon conclusion of the focus groups, local staff used the same method and criteria described above to recruit an additional 10 parents to participate in individual interviews. Three of the 10 interview respondents had a follow-up interview to probe more deeply into areas of interest that emerged during their initial meeting.

Adult participants ranged in age from 18 to 60, with a mean age of 31.3 years. Half of the participants were female (53.8%). All were married and the number of children per household ranged from one to five. The majority of adult participants had some primary school education (74.4%) and were engaged in paid work (69.2%), almost all as day laborers. Nine of the 27 participants who were working were female. Approximately 72 percent of participants were living in rented apartments with the remainder in informal tented settlements, roughly mirroring the proportions reported in a representative survey of Syrian refugee households (UN, 2015). The mean age of child participants was 9.2 years and half were female. All child participants, with one exception, were reported by parents to be their biological children. At the time of recruitment, parents reported that all child participants were enrolled in school and none were engaged in paid work. However, subsequent interviews revealed that several children were not currently attending school or were attending irregularly, and were intermittently engaged in work alongside their parent. At the time of data collection, the length of displacement in Lebanon ranged from six to 59 months, with an average of 42.2 months.

2.2 Data collection procedures

The lead author trained local partner organization staff on research ethics, informed consent, and interview skills prior to data collection. The training included review and practice of interview questions to check the accuracy and comprehensibility of the Arabic translation, and to encourage open-ended probing techniques. Trained staff obtained written informed consent from adult participants. If the participant had a child aged 8 to 12 years, staff also obtained written parental consent before meeting with the child separately to obtain verbal assent. All focus group discussions and individual interviews were conducted in Arabic at the IRC office by two female and two male local staff, with the exception of three follow-up interviews which were conducted by the lead author with the assistance of an interpreter. All 6 focus groups and 10 out of 13 individual interviews were conducted by interviewers of the same gender as the participant. Interviewers did not have any prior relationship to participants apart from being generally familiar with the Syrian refugee communities in the area from previous or ongoing child protection programming. Participants received transportation to and from the IRC office, and childcare and light refreshments were provided onsite. There were no financial or material incentives for participation. Interviews were audio-recorded with consent from participants, transcribed into Arabic and translated into English.

Data collection took place in two stages. First, focus groups were conducted with parents and children to allow themes as well as divergent experiences and viewpoints to emerge. Topics discussed in the focus groups were purposefully broad and included: *What is your experience as a parent here in Lebanon? How has the way you parent your child changed or stayed the same since coming to Lebanon?* Focus groups with children began with an introductory game and a drawing activity to help children feel at ease, followed by questions including: *How do you and your parents spend time together here in Lebanon?*

What do your parents do or say when you do something wrong? What do you do when you feel upset or angry? Interviewers concluded the child focus groups with a game and debrief to ensure children were not distressed by the discussion.

The lead author observed all focus groups, recorded field notes, and facilitated debriefing sessions with interviewers to provide feedback and identify emerging themes, points of contradiction or confusion, and areas for further clarification or exploration. In the second stage of data collection, individual interviews were conducted with 10 parents to probe their experiences of displacement to Lebanon, the effects of these experiences on parenting behavior and parental and child psychosocial wellbeing, as well as other questions emerging from the focus groups. Upon reviewing the transcripts of the individual interviews, the lead author and an interpreter conducted follow-up interviews with three of the respondents to probe more deeply into areas of interest that had emerged during their initial meeting (e.g. social support as a potential protective resource).

2.3 Data analysis

The qualitative data analysis software QSR International NVivo 11 was used to store, organize, and code transcripts. Analysis followed a grounded theory approach with the aim of developing a conceptual model of the impacts of war and displacement on parenting (Charmaz, 2006). First, the lead author and a second researcher who was not involved in data collection familiarized themselves with the data by reading and annotating the transcripts. The second step involved “fracturing” the data through line-by-line coding of the transcripts, and subsequently collapsing or grouping the initial codes to form emerging conceptual categories (Charmaz, 2006). An initial coding framework was developed using the emerging conceptual categories and refined iteratively following discussions among the researchers. Data were re-coded using the coding framework and the resulting conceptual model emerged

from linking together categories in the form of pathways. Memo-ing was employed throughout the analytic process to note initial impressions about the data, relationships between codes, and how codes and conceptual categories developed. To check the accuracy and credibility of results, preliminary findings were presented to refugee parents and study interviewers in Hermel, and to humanitarian agencies in Lebanon. Feedback was consistent with the overall conclusions of the study as determined by the research team.

2.4 Ethical and safety considerations

Given the vulnerable status of refugees, informed consent procedures emphasized that participation was voluntary and not linked to receiving assistance from the IRC or any other organization. Trained staff read aloud from a study information and consent script to adult and child participants to ensure comprehension and provide the opportunity for questions. As part of the consent process, staff explained to both parents and children that their responses were confidential, except in the instance of a child protection concern, in which case staff may have to report to the research team and NGO supervisor.

In order to safeguard the wellbeing of child participants, interviewer training included practice of child-friendly techniques to explain assent and confidentiality, and the use of games and creative activities to put children at ease and minimize emotional strain. Interviewers were also trained to ask open-ended questions about parent-child interactions and to avoid soliciting detailed accounts of maltreatment, if any. The lead author observed the child focus groups and debriefed with the facilitators to ascertain that none of the children were distressed during their participation. In a few instances when adult participants appeared distressed during the interview, staff followed a risk of harm protocol developed for this study and paused the interview, offering the participant the opportunity to stop or reschedule. In all cases, participants chose to resume the interview after a few minutes and were given a

list of local health and psychosocial support services should they wish to request further support.

Participants were assigned a unique code at the point of transcription and identifying information was replaced with pseudonyms. The study protocol was reviewed by senior staff from the partner organization and approved by the University of Oxford Social Sciences and Humanities Inter-divisional Research Ethics Committee (Ref No: R44582/RE001).

3. Results

Results show three pathways linking war-induced displacement stressors to various dimensions of parenting behavior including parental supervision and parent-child interaction, harsh parenting, and parental control. Diminished parenting quality, combined with exposure to war and displacement, contributed to a range of emotional and behavioral difficulties in children. Results suggest that greater economic resources and social support may be important protective factors for maintaining positive, non-violent parenting despite exposure to war and displacement-related adversity. Each pathway is presented in depth below, followed by a conceptual model linking war and displacement to parenting behavior and child psychosocial adjustment. Although the depiction of the model implies that each pathway is distinct, results indicate that interactions exist between pathways with subsequent cascading effects on parent and child outcomes.

3.1 Economic hardship and adaptation pathway

When asked if war and displacement have changed the way they parent, all adult participants emphasized their diminished ability to provide for children's basic survival needs including food, safe shelter, and health care. Parents described how the higher cost of living, lack of income, inadequate humanitarian assistance, and increasing indebtedness in Lebanon

have resulted in a drastically lower quality of life for their children. Once commonplace items were now luxuries, creating economic quandaries as this mother explains:

In Syria, we always ate fruits, now the kids tell me, "Mom, why don't you get us bananas or apples?" ... The price of a kilo of bananas is 2,500 or 1,500 pounds (US\$1-1.65), so how many kilos can I get if we are 10 persons in the house, and how can I distribute the bananas!

Children were keenly aware of the economic pressures faced by their family. Below, a 10-year-old girl describes her reaction to her teacher asking her to bring school supplies:

I come to school upset with everything. Then the teacher comes to ask, "Where is your pen? Where is your notebook? And where is the eraser? Bring a pencil and an eraser." Sometimes she says, "Bring the whole world with you." Where would my mother get money for all this? Our rent is 300,000 or 400,000 pounds (US\$200-265). Second, my father does not work and my brothers drink milk...

A few parents described adopting creative strategies to meet their children's needs in spite of limited resources. For example, one mother described attaching a "price tag" to second-hand clothing so that her children would think they were new. Some hardship adaptation strategies, however, involved making painful choices between competing needs, such as delaying medical treatment for a sick child in order to use the money for rent or food. In some households, the steep decline in financial circumstances has necessitated a shift in gender, household and economic roles. Seven of the 20 women who participated in the study worked outside the home in contrast to their homemaker role in Syria. For these women, work entailed a tradeoff between meeting their children's material needs and providing appropriate care and supervision. Working mothers cited the health and safety implications of leaving their children, for example, not being able to breastfeed infants and leaving young

children unsupervised. The effects of working outside the home on parental monitoring and the parent-child relationship was also of significant concern to adult participants, many of whom attributed increased behavior problems to their absence from home to discipline children. The overall deterioration in the parent-child relationship as a result of work-induced separation and fatigue was summed up by this mother of three, a former housewife in Syria now living with her family in a tent and working as an agricultural laborer:

We used to live in peace; my kids and I used to understand each other more than we do now. Now, I leave them all morning, so there is a gap between us. I live with them like a ghost. They are raising themselves...There is no time to spend with the kids. When I come back home in the evening, I just sleep right away because I come back too tired to do anything else.

3.2 Psychological difficulties pathway

All parents described significant mental and emotional distress as a result of the change in their family's circumstances and the struggle for everyday survival. Fathers, in particular, expressed deep anguish and shame at not being able to fulfill their role as provider, framing their family's unmet needs as a form of "dereliction" and deprivation of their children's rights. A 45-year-old father of five said:

For a man whose main concern is his home, wife, and children, I used to care for everything and not neglect anything. Now if my wife asked me to buy a veil and I couldn't buy it, these things kill me and drive me to desperation, such as not being able to buy a pair of shoes for my son, or dresses for my wife.

Other sources of parental psychological distress related to the insecurity and injustice of life as a refugee. The majority of adult participants described feelings of anger, shame and helplessness at the perceived widespread discrimination and abuse from Lebanese neighbors,

employers, health care providers, and authorities. The requirement for Syrians to hold a Lebanese residency permit provoked particular anxiety, as most participants were unable to afford the application fee or secure a Lebanese sponsor. Without a residency permit, parents lived with the constant fear of arrest and were restricted in their mobility, which in turn hampered their ability to pursue work. Another common source of frustration, particularly among fathers, was the lack of humanitarian assistance to help with basic living expenses, and the perception of corruption and favoritism among aid agencies. Parents expressed anger at not being deemed "needy" enough to receive aid, and felt humiliated by the treatment of aid agencies and the lack of transparency in how aid was distributed. Parental distress was compounded by a sense of powerlessness and diminishing hope for the future. While all participants clung to the hope of returning to Syria, for some "hope has completely died." Children's "lost future" caused particular anguish for those who could not see a way out of their current circumstances. The psychological toll of the daily stressors of displacement was especially pronounced for parents coping with the burden of their own or their children's ill health, particularly given the high cost of healthcare in Lebanon. A 30-year-old mother of three said:

Because of my son's sickness, I became forgetful, I can't gather my thoughts, I walk and don't know where I'm walking, I can't concentrate, I'm confused, I don't know how to deal with my children and feel like I'm losing them, I can't feel them.

Her 8-year-old daughter offered her own perspective on her brother's illness, highlighting the cascading effects of ill health and unaffordable health care on parental mental health and harsh parenting:

My mother didn't shout at me in Syria. Now, she is always shouting...My brother is very sick and we do not have enough money to treat him. My mother cries and the doctor says that he has a broken rib and his stomach swells a lot like a balloon.

Daily stressors associated with displacement contributed to significant psychological difficulties, with adult participants reporting feeling "psychologically exhausted," "stressed out," "depressed," "nervous," and "under pressure." Many parents described being overwhelmed and struggling to get through each day; a 42-year-old father of five said: "I sometimes prefer to die instead of living this way." The mental health effects of displacement were exacerbated by the lack of social support among the majority of parents. While a few men and women described seeking emotional support from their spouse or other family members, most engaged in solitary activities such as going for a walk, smoking cigarettes, crying, and ruminating when feeling stressed or upset. Men, in particular, believed that family problems should be kept private; as a 45-year-old father of five said: "House matters stay in the house, I don't tell anyone about it." Separation from extended family, mistrust of others in the community, and the perception that everyone was suffering from similar problems and thus unable to help others, were other reasons contributing to lack of support and social isolation among adult participants.

Almost all parents made explicit links between their psychological state and parenting behavior. A 36-year-old father of four explained how anxiety, depression and fatigue led to fewer positive interactions with his children: "We used to have a good relationship with each other, and with the kids. But we don't play with them anymore. You just don't have the urge to do so because of the circumstances, and you're always worried." High levels of stress and frustration, primarily from economic pressures, contributed to reduced emotional regulation, greater propensity for losing one's temper, and venting negative emotions on children. A 30-year-old mother of three stated:

I became so unfair with my children, nothing is suitable for us here because we're not in our country and so I vent my anger on my children, I hit them, I suffer so much.

When I send them to school, I feel more relieved and relaxed, but I feel angry when they return.

Some children also made the link between their parents' psychological state and the use of violence. A 9-year-old girl said of her mother: "When she is upset at anything, she beats us and beats all of my brothers and sisters." Marital conflict stemming from economic pressure and disagreement over household responsibilities was also reported by several men and women, who noted the negative effect that such conflict had on their children's emotional wellbeing. A female focus group participant, whose husband was disabled and unable to find work, said: "I tell him to go and find work until the argument between us reaches the degree of yelling and the kids cry, and in order to end the controversy and problems they say, please shut up, we don't want anything."

3.3 Lack of safety pathway

Children's lack of safety at school and in the neighborhood was a significant concern for parents and children. Most safety fears were related to bullying and abuse from Lebanese teachers and schoolmates:

They don't like going to the school anymore because of the many things that happen to them there. They are beaten all the time by the teachers or the Lebanese students... My 9-year old son came home yesterday crying. He told me, "The teacher hit me on my eye"

– 30-year-old mother of three

If one of us forgets a pen or a notebook at home, Miss Fatimah either beats her with the stick or she will be sent to the headmaster.

– 9-year-old girl in focus group

Fears for children's safety also stemmed from being an unwelcome "guest" in another country. Parents described receiving complaints from Lebanese neighbors when their children played outside and expressed concern that altercations between Syrian and Lebanese children might jeopardize their presence in the community. The risk of children being exposed to negative influences was also a source of anxiety for some parents, such as this father of four who said: "I don't like them going out, knowing other kids. You know, it's really risky. They might get into trouble, or know the wrong kids. I don't want them getting into trouble, we're here as guests. We shouldn't cause any problems whatsoever."

In response to the multiple safety concerns, many parents described ramping up parental monitoring and control. Children were confined to the home and discouraged from interacting with their peers. As one mother said: "They have been under lock and key for four years now." Parents themselves left the house only to look for work, in large part due to the security risks related to not holding a residency permit. Participants noted the effects of confinement on their children, describing them as socially isolated and unable to expend their energy through play and other outdoor activities. Parental fatigue and stress were also exacerbated by being cooped up together in cramped living conditions, which in turn contributed to harsh verbal and physical outbursts towards children. A 33-year-old woman said of her husband: "He sometimes lost his temper because of the difficult situation, all of us cramped in one place. You know...he used to shout at the children, he couldn't bear their noise." Lack of safety, and its ripple effects on parental mental health and harsh parenting, link back to the previous pathway on psychological difficulties, demonstrating how these pathways interact with one another to heighten risks to children's psychosocial adjustment.

3.4 Effects on child psychosocial adjustment

Parents and children described a range of child emotional and behavioral problems related to negative parenting as well as child exposure to war and displacement stressors. Parents described their children as more "difficult," "stubborn," "aggressive," and "irritable," as well as "sad," "nervous," "agitated," and "lonely." Children themselves described having high levels of anxiety, which manifested in nightmares and bedwetting, as well as fears about the dark, leaving the house, and being separated from parents.

Parents attributed children's behavior problems to feeling neglected or unloved because parents were no longer able to meet their material needs, and to feeling bored and "imprisoned" at home. Working mothers, in particular, attributed their children's increasing disobedience to not being home to discipline them. Some parents expressed concern about pre-adolescent and adolescent children engaging in negative social comparisons with Lebanese peers, and the risk of their sons dropping out of school to work or engaging in delinquent behaviors such as stealing. As a mother explains below, children's unmet needs and desires were a constant source of distress and parent-child conflict:

My son has become aggressive all the time because of the beating. When he cries over something I didn't buy, I beat him. As a result, he becomes angry, and breaks whatever he sees in front of him, even if it is a chair.

Although some parents viewed corporal punishment as a necessary form of discipline, extreme or excessive violence against children was seen as a potential cause of emotional problems. A mother in a focus group stated: "The boy who is beaten too much becomes afraid," while an 8-year-old girl said: "When my mother beats me, I feel that no one cares about me." Children's accounts suggest that physical punishment is a common feature of interactions with their parents. The following excerpt from a focus group with boys illustrates

how parents' modeling of violence may contribute to an intergenerational cycle resulting in children themselves perpetrating violent acts as a means of coping with difficult emotions:

Boy 5: Sometimes when I feel angry with someone, I feel that I want to hit him.

Interviewer: What does your father do?

Boy 6: Mister, he hits us both.

Interviewer: He hits you together?

Boy 4: Mister, my father slaps so hard that it makes me stay all day crying.

Interviewer: Well, at times you may feel angry. What do you do when you feel angry?

Boy 2: When I get mad, I hit my brother.

Boy 3: I do the same.

Boy 4: When I get angry, I break my brothers

Interviewer: Ah break them, you mean beat them?

Boy 4: Yes.

Boy 6: Mister, when I'm angry at school, I break things.

Boy 7: When I'm angry...

Interviewer: What do you do?

Boy 7: I beat him to death.

Boy 8: I slap him many times, and it becomes ok.

3.5 Potential protective resources for positive parenting

Despite diminished ability to provide and care for their children, parents' love and devotion to their family were evident in all the interviews. Parents described trying to keep things "normal" for their children and shielding them from the many stressors of refugee

existence. Several spoke of putting up a brave front for their children and not showing the extent of their worry and distress, often foregoing their own needs in order to ensure their children did not feel "deprived." As a 33-year-old mother said: "We try to make it like home, as much as we can." Most parents described using positive parenting strategies such as praise, rewards, and play to encourage positive behavior or to distract and soothe children when they were upset.

While all parents described the negative effects of displacement on their quality of life and psychological wellbeing, some were better able to maintain a positive relationship with their children, respond sensitively to their desires or distress, and refrain from harsh or violent treatment. Greater access to economic resources and social support emerged as potential protective factors contributing to positive parenting during displacement. However, more in-depth investigation of sources of parenting resilience is required given the small number of respondents in our sample who reported no or minimal adverse effects on their parenting behavior.

In households with more economic resources, mothers were able to stay at home with their children, thus maintaining the role they had in Syria and allowing for a sense of normalcy and consistency. Greater access to economic resources also appeared to be associated with a sense of agency or trajectory, as these parents were more equipped to make plans for a better future either in or outside Lebanon. Social support, particularly a supportive relationship with one's spouse, may be another protective resource for positive parenting. Although several parents reported receiving emotional or financial support from family members or neighbors, only one of the participants explicitly linked her ability to "adapt to the current situation" and maintain a positive relationship with her children to emotional and instrumental support from her husband and his social network. This 28-year-old mother of four explained:

Respondent: My husband's family has been in Lebanon for more than 12 years...We don't feel that we are refugees here.

Interviewer: What about the relationship with your husband? Has it changed or is it still the same since you left Syria?

Respondent: Thank God, it improved. I am far away from my family and he understands that and doesn't upset me because I don't have my relatives here...Some women are arguing with their spouses and pour their anger on their children. Because my relationship with my husband is solid, I feel no need to pour my anger on children...Everything was difficult in the beginning, the living and the expenses. We were very tired but my husband asked me to live life normally and not think much...I now have friends among the neighbors and we go out together. We are like one family.

4. Discussion

This study aimed to understand the pathways through which war and displacement affect parenting and ultimately child psychosocial adjustment. To our knowledge, it is among only a few studies to trace the linkages between war and parenting in an ongoing humanitarian crisis. With this study, we aim to address the need for empirical evidence to inform the development of parenting interventions for conflict-affected populations (Murphy et al., 2017). Results show three interrelated pathways that link the daily stressors of displacement to various dimensions of parenting: (1) economic hardship preventing parents from meeting their children's basic needs and forcing adaptation strategies that impair positive parent-child interactions; (2) parental psychological distress contributing to harsh

and violent parenting; and (3) increased parental control due to perceptions and experiences of insecurity in the community. These findings corroborate previously reported parenting experiences of Syrian refugee and internally displaced families (El-Khani et al., 2016).

Our results suggest a common set of themes that characterize the experience of displacement despite differences in culture, geography, and sociopolitical context. First, the economic, social, and institutional stressors that define the experience of ongoing displacement, rather than past exposure to war trauma, were viewed by parents as the main drivers of shifts in parenting behavior. This finding is consistent with other research highlighting daily stressors as the primary mechanism through which war exposure affects mental health (Miller & Rasmussen, 2010; Jordans et al., 2012). Studies conducted in the Occupied Palestinian Territories have reported feelings of being “broken” and “destroyed” similar to the mental suffering described in this paper (Barber et al., 2016). Like the participants in this study, Palestinians attributed their distress to the political and economic constraints on their basic rights and dignity, and drew connections between political conflict, economic consequences, mobility constraints, household stress, and family dysfunction and violence (Clark et al., 2010). Similarly, in Afghanistan, the everyday grind of poverty and social inequality, rather than the dramatic events of war, was the main driver of social suffering with attendant effects on family relationships (Eggerman & Panter-Brick, 2010). In our study, gender differences in parents’ experience of and response to social suffering manifested in fathers’ frustration, shame, and anger due to their inability to fulfil the role of provider. This gendered family dynamic has been found in other conflict-affected populations (Wachter et al., 2017; Horn, 2010; Eggerman & Panter-Brick, 2010).

Results showing a pathway from daily stressors to harsh parenting via parental psychological distress support the family stress model, which emphasizes parental mental health as the key mediator between economic pressure and disruptions to parenting and other

family processes (Conger et al., 1994). However, the other pathways in the model also point to structural barriers that directly impinge on parents' ability to provide children with opportunities for physical, social and emotional development. For example, constraints on refugees' freedom of movement reduce opportunities for children's play and interaction with peers, while also having cascading negative effects on economic self-sufficiency, parental mental health, positive parenting, and family functioning. These results echo other work highlighting the negative impacts of structural violence on developmental outcomes via unequal access to services and support, and reduced quality of caregiving (Dawes & van der Merwe, 2014). Our study also illustrates the effects of structural violence on family and child-to-child violence. Thus, not only do we see evidence of the transmission of violence across generations, but also across the social ecology from the macro and structural to the most intimate relationships within the child's ecological sphere.

Second, changes in parenting behavior can be framed as adaptations to local conditions where parents are rational actors who adjust their behavior based on assessments of environmental risks and benefits (Levine, 1988; Ryan et al., 2008). We use the term "adaptation" in the context of evolutionary biology, acknowledging that adaptations can serve different functions and involve trade-off and compromise, which may result in maladaptive outcomes (Frankenhuis & Del Giudice, 2012). In our study, parents' attempts to perform fundamental parenting tasks such as providing safety, sustenance, and support were often thwarted by economic pressures and other environmental constraints (Bradley, 2007). Strategies employed to adapt to their resource-constrained environment usually involved trade-offs such as mothers working outside the home to help meet the survival needs of their children at the expense of parental care and supervision. Some adaptation strategies, while seeking to minimize certain types of risk to children, increased the risk of other negative outcomes. For instance, controlling parenting, while a rational response to the security

context in which refugees are living, also has potentially negative consequences for children's physical, social, and emotional development.

Finally, although the dominant narrative was on the burden of displacement stressors, results suggest that participants varied in their capacity to mitigate negative impacts on parenting. Social support, particularly from one's spouse, was a potentially important protective resource for promoting positive parenting and reducing the risk of maltreatment. This finding is consistent with research highlighting the importance of social support for parental mental health and parenting behavior in situations of chronic adversity (McConnell et al., 2011; Morris et al., 2017). Social support as a buffer for risks to parental mental health and parenting behavior is likely to be particularly crucial in refugee contexts given the disruption of extended support networks during war and displacement (Betancourt et al., 2013).

4.1 Study limitations

The study has several limitations. Purposive selection of participants, the small sample, and the unique characteristics of the study site (e.g. remoteness, paucity of social services) preclude generalizability of findings to refugees in other parts of Lebanon where access to basic services and humanitarian assistance, religious and cultural makeup, and density of refugee populations vary widely. The majority of participants fled Syria in 2012, one year into the war, limiting our ability to compare the experiences of refugees who have been more recently displaced and for whom prolonged exposure to war trauma may be more influential in changing parenting behavior. Finally, interviews were mostly conducted by local staff of a well-known NGO. Although interviewers stressed that study participation was not linked to receiving aid, it is possible that participants placed greater emphasis on their current needs in the hope of receiving assistance.

4.2 Implications for policy, programming and research

With increasing investments in parenting interventions for humanitarian settings, it is important to recognize that parenting is nested within the macro system in which families are displaced, and that structural features of this system have direct and indirect effects on parenting behavior. Efforts to remove these structural barriers or mitigate their effects may have tangible impacts on various aspects of child and parental wellbeing. For instance, easing the requirement for Syrian refugees to hold residency permits could reduce parental anxiety and increase their sense of safety, which in turn could increase positive parent-child and community interactions, ultimately reducing the risk of familial violence and improving child psychosocial outcomes.

Policies and programs that help to restore dignity and hope are also crucial to promoting positive parenting and child adjustment. Bradley & Corwyn (2013, p. 2) proposed that there are three conditions necessary for parents to make positive investments in their children: “a sense of future, a sense of purpose, and a sense of connection.” For many study participants who had no viable option for return or resettlement and few prospects for integration into Lebanese society, there was little incentive to invest scarce resources today in the hope of an elusive better future. Panter-Brick & Eggerman (2017, p. 385) argue that restoring a “sense of trajectory – a sense of coherence and hope – is fundamental to the struggle to be well.” Humanitarian assistance that promotes a sense of agency and self-efficacy, in addition to helping households meet basic needs, can be critical to fostering a more positive family environment in which parents see tangible value in investing in their children’s future. Cash assistance is one example of aid that fosters dignity and choice, with one study finding a positive impact on reducing child labor (Lehman & Masterson, 2014).

Overall, results suggest the need for a multi-layered framework of psychosocial support, from safe community spaces for social and recreational activities, to parenting or mental health interventions for families in need of more focused support (IASC, 2007; Jordans et al., 2016; Panter-Brick, 2010). Adaptations to common parenting intervention components such as communication, attachment, and discipline, may be necessary to address the specific ways in which displacement impairs parenting and parent-child relationships. Promoting positive emotional regulation and coping strategies, including increasing social networks and support, may need to play a bigger part in interventions for war-affected families given the enormous strain on parental mental health and spillover effects on parenting behavior.

Replication of this study with a larger sample of Syrian refugees in other parts of Lebanon is necessary to validate results and better inform subsequent recommendations for policy and practice. Other directions for future research include greater attention to the impact of war and displacement on family processes in addition to individual-level outcomes. In order to advance our understanding of the nature of parenting in wartime, future studies will need to incorporate linkages between different levels of analysis, including individual, family, and macro-environmental factors, in order to investigate how parenting behavior changes through interactions with the broader social, economic, and political context. Results from this study showing multiple, interrelated pathways call for future quantitative research to go beyond simple bivariate associations to examine and test mediational pathways between war and child adjustment outcomes. Interventions based on a systemic, interactional perspective on the complex mechanisms underlying the intergenerational impact of war will likely be more effective at disrupting cycles of violence and promoting the psychosocial wellbeing of refugee children and families.

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Figure 1. Conceptual model of pathways linking war and displacement to parenting behavior and child psychosocial adjustment.

Research Highlights

- Qualitative study with Syrian refugee parents and children in Lebanon.
- Analysis of parenting and child adjustment in war and displacement.
- Daily stressors impair parenting behavior via distinct and interrelated pathways.
- Argues for structural interventions alongside psychosocial and parenting support.