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Parenting Interventions in Refugee Contexts: Overview of Findings and Promising Directions

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ABSTRACT

Childhood and adolescence are critical periods for shaping habits, behaviors, and identities, and parents play a vital role for positive development in these years. Positive parenting during these years leads to long-term benefits, ultimately promoting healthier societies. Refugee youth face heightened risks of negative emotional, social, and mental health outcomes due to the adversities in refugee contexts. Supporting refugee parents through targeted interventions can mitigate these risks, empowering youth to become resilient adults and contributing members of their communities. This paper examines the factors that would promote the effectiveness of parenting interventions in refugee contexts and suggests future directions for parenting interventions. Since parenting in refugee camps is uniquely challenging, comprehensive support systems to help parents is required. Research highlights the importance of comprehensive parenting programs that enhance knowledge, skills, cognitions, and mental health of parents. Group-based and longer-term interventions are suggested to be particularly effective, fostering lasting social support networks. Effective parenting interventions must also address basic needs including nutrition, safety, and financial security to create the stability necessary for positive parenting practices. Despite these promising outcomes, more research is needed to assess the cultural relevance and long-term effectiveness of these programs, especially in refugee camp settings. Moreover, potential new venues like intervening on promoting post-traumatic growth within different refugee settings as well as using digital tools to establish and sustain parenting intervention programs shall be examined. This paper provides potential new venues for research and interventions in refugee contexts.

1 | Introduction

Universally, all children have three basic needs from birth onwards: to receive love and care, adequate nutrition, and stimulation to reach their full physical, social-emotional, and cognitive potential (UNICEF 2017). Parents, as the primary caregivers, play a crucial role in meeting these needs, making the promotion of positive parenting[1] an important pathway to foster healthy developmental outcomes throughout childhood into adulthood. Research consistently shows that secure, supportive, and predictable environments that promote parental well-being are necessary for optimal parenting and in return, child well-being (Eltanamly et al. 2023; Michals and Reeder 2023). Yet, some parents are deprived of these critical resources. At the end of 2023, UNHCR reported 117 million forcibly displaced individuals worldwide, with children comprising around 40% of this population (United Nations High Commission on Refugees 2023). Since refugee children are at heightened risk for behavioral and mental health problems such as conduct problems, post-traumatic stress disorder, depression, and anxiety (Blackmore et al. 2020), supporting parents is a critical means of promoting children's resilience and long-term well-being. Therefore, an increasing number of parenting interventions for refugee caregivers are being designed.

Refugee research typically addresses three main displacement contexts, which may sometimes overlap: (i) externally relocated refugees in high-income countries (HICs; e.g., Syrian families resettled in the United States), (ii) externally relocated refugees in low- and middle-income countries (LMICs; e.g., Rohingya families in Bangladesh), and (iii) refugees residing in camps within host countries, with varying degrees of access to host-country resources (see Gillespie et al. 2022, for a systematic review). Although internally displaced families—those forced to relocate within their own country—are not classified as refugees under the legal definition (which requires crossing an international border), they are recognized as forcibly displaced populations in humanitarian contexts and face many of the same challenges with refugee families about crisis, displacement, and resettlement (UNHCR 2013b). While evidence on parenting interventions with externally relocated refugees in both high-income (HICs) and low- and middle-income countries (LMICs) is steadily expanding, research in camp settings and in contexts marked by ongoing insecurity remains comparatively limited. This review examines key features of parenting interventions across refugee contexts, with particular attention to families residing in internal or external refugee camps and in LMICs and identifies pathways for developing future programs to support positive parenting in these settings. Interventions with refugees resettled in HICs have been extensively reviewed elsewhere (e.g., Bunn et al. 2022) and are therefore not the primary focus here. However, because evidence specific to camp-based interventions remains scarce, this paper also integrates findings from non-camp settings in both LMICs and HICs, as well as from evidence-based parenting interventions with non-refugee populations, to provide a broader foundation for informing future interventions.

2 | Refugee Contexts and Parenting

2.1 | Challenges Faced by Refugee Caregivers and Children

Apart from life threatening challenges like injury, malnutrition, human trafficking, higher rates of infant and child mortality, and reduced life expectancy, research with caregivers in refugee camps shows that parents face a range of social-emotional as well as environmental challenges, including environmental stressors such as uncertainty, resource scarcity, and severe poverty; child-related difficulties, such as negative emotionality, mental health problems, and behavioral changes; and parent-specific issues, including mental health problems, emotional stress, and decreased sense of parenting efficacy (Assali et al. 2022; El-Khani et al. 2016). These challenges are often intensified by extreme adversities uncommon in non-refugee populations—such as overcrowding, traumatic experiences, and a resulting feeling of loss of control—which further exacerbate the psychological distress of the caregivers who live in the camps or who are externally relocated (Assali et al. 2022; Didkowsky et al. 2024; El-Khani et al. 2016; Rashedujjaman 2024; Hamamra et al. 2025; A. Sim et al. 2018). Displacement also exposes parents to various risks that disrupts potential protective factors such as social support (Murphy et al. 2017).

In such adverse conditions studies show an increased risk for mental health challenges in caregivers and their children (Murphy et al. 2017; Rashedujjaman 2024). Conditions like post-traumatic stress disorder, depression, and anxiety are prevalent among refugee parents (Evans et al. 2023; Kistin et al. 2014). Empirical studies as well as reviews and meta-analyses have also showed that refugee children and adolescents display higher rates of mental health issues like higher anxiety and depression along with behavioral problems like higher externalizing behaviors (Betancourt, Frounfelker, et al. 2015; Blackmore et al. 2020; Cobham and Newnham 2018; Khan et al. 2018).

2.2 | Parenting in Refugee Contexts

Within such adversity, parents often report a deterioration of their parenting practices. Refugee parents both in camps (e.g., Scharpf et al. 2021) as well as the ones relocated in different high income or low-middle income host countries (e.g., Bryant et al. 2018; Catani 2018; Didkowsky et al. 2024; Eltanamly et al. 2021; Shaw et al. 2021; A. Sim et al. 2018) frequently report decreased levels of positive parenting practices including lower warmth, sensitivity, monitoring, and positive discipline, while levels of negative parenting is reported to increase, including more frequent use of harsh discipline and negative control as well as higher levels of overprotection and problems with attachment (see Khraisha et al. 2024 for a review). While harsh discipline, restriction, and negative control are often employed to ensure children's safety in refugee settings (Akesson and Sousa 2020), these practices significantly impede youth social-emotional and academic development (Bryant et al. 2018; Didkowsky et al. 2024). Moreover, the absence of positive parenting practices heightens the risk of both immediate and long-term mental health issues in refugee children and adolescents (El-Khani et al. 2016; Khraisha et al. 2024; Sriskandarajah et al. 2015).

2.3 | The Need for Parenting Interventions in Refugee Contexts

Most refugee caregivers acknowledge that the stress and adversity they are facing negatively influences their parenting by increasing harsher discipline and decreasing warm or patient interactions with their children. They are also aware of the negative outcomes these practices can produce. They often report feelings of guilt, a sense of failing their children, and reduced parenting efficacy (El-Khani et al. 2018; Eltanamly et al. 2023; Hamamra et al. 2025; Jones and Prinz 2005) and express a strong need for parenting interventions (El-Khani et al. 2018) to help them gain knowledge and/or practical skills on how to effectively help their children, especially in refugee camp settings (Rashedujjaman 2024). In typical contexts, such less supportive caregiving may be partially compensated for by protective factors such as supportive peer relationships, access to education, community resources, and government-supported services, all of which help promote resilience and well-being among youth (Assali et al. 2022). However, in the context of refugee camps, such external resources are either limited or

non-existent. In war environments, schools or other community resources are generally either closed or inaccessible (Assali et al. 2022), in camp contexts these resources are again scarce and generally require children to leave the camp to benefit from host country resources which are not always accessible or do not always provide friendly and accepting environments to refugee children (El-Khani et al. 2018). Consequently, parents are either incapable or unwilling for their children to use these resources unless they can be offered in secure environments (Didkowsky et al. 2024). Therefore, the family becomes the primary—sometimes the only—source of protection, stability, and support for refugee youth, underscoring the critical need for parenting interventions in refugee settings (Murphy et al. 2017).

3 | Parenting Interventions

3.1 | Typical Parenting Interventions

3.1.1 | Content of Typical Parenting Interventions

According to the WHO (2023), parenting interventions are structured programs aimed at enhancing the quality of parenting that children receive and the content of parenting interventions represent the curricula of the intervention including the concepts that are targeted within the intervention (representing *what* is targeted within the intervention). Parenting interventions generally target two main domains: (i) parental knowledge and skills about parenting, parent-child relationships (e.g., attachment), and child developmental outcomes aiming to strengthen positive (e.g., warmth and responsiveness) and reduce negative parenting (e.g., power assertive discipline), and (ii) parental cognitions (e.g., beliefs, attitudes, thoughts about child development and child rearing, emotions toward the child and parenting, and perceptions of parental efficacy) that would aim to promote adaptive parenting practices and promote sense of parenting efficacy in parents (Kane et al. 2007; Murphy et al. 2017). Therefore, typical parenting interventions aim to enhance parenting practices, knowledge, and parental efficacy to foster more effective and adaptive parenting practices.

3.1.2 | Delivery of Typical Parenting Interventions

Apart from the content, the delivery of the interventions representing *how* the intervention was presented to parents is also an important component of parenting interventions. Parenting interventions vary considerably in their delivery methods and duration. Common delivery approaches include (i) group sessions, (ii) individual home visits, or (iii) a combination of both (Engle et al. 2011; Murphy et al. 2017). Individual sessions, such as home visits, offer personalized support and tailored guidance (Butler et al. 2020), while group sessions are suggested to provide important and unique advantages like being cost-effective, enabling facilitators to reach multiple participants simultaneously (Wittkowski et al. 2016) and effectively empowering caregivers by increasing their confidence in applying learned skills with their children through the encouragement and support of the group (Kane et al. 2007). The delivery of parenting interventions also varies significantly in their duration. In their meta-analysis with non-refugee populations, Bakermans-Kranenburg et al. (2003) suggested that shorter interventions covering fewer topics may enhance effectiveness by enabling caregivers to focus on a manageable number of topics and potentially reducing dropout rates. Overall, delivery methods differ widely, but with non-refugee groups, evidence seems to highlight the value of group formats and shorter/focused parenting interventions.

3.2 | Refugee Parenting Interventions

Refugee parenting interventions typically mirror the evidence-based interventions with non-refugee populations, while some interventions are designed for refugee populations in mind (see Backhaus et al. 2025 for a review). Due to the crucial facilitating role of parenting in the development and well-being of youth, parenting interventions and their effectiveness in refugee contexts are increasingly examined (Miller et al. 2023). Previous systematic reviews and meta-analytic studies on parenting interventions conducted with refugee populations in different contexts (HICs, LMICs, refugee camps) suggested positive outcomes for caregivers and their children (e.g., Gillespie et al. 2022; Lee and Kim 2022; Mak and Wieling 2022; Sandler et al. 2011; Slobodin and de Jong 2015). For example, in their systematic review of parenting interventions conducted with refugee and forcibly displaced populations (including internal displacement in camps [3 studies], external displacement in LMIC camps [4 studies], and external displacement in HIC [3 studies]), Gillespie et al. (2022) showed that parenting interventions were effective in promoting positive or decreasing negative parenting (with 7 studies out of 9 showing at least one positive change in parenting), and was related to positive outcomes in children and adolescents (with 4 out of 7 studies showing at least one positive child outcome like decreased externalizing behaviors or better linguistic development). Similarly, in another systematic review and meta-analysis, Backhaus et al. (2025) showed that parenting interventions targeting families in humanitarian settings (e.g., refugee camps, war, displacement, natural disasters) in LMICs were related to decreased negative (17 out of 23 included studies) and increased positive and nurturing parenting (16 out of 23 included studies) practices. Other reviews and meta-analyses (e.g., Bunn et al. 2022; Mak and Wieling 2022; Slobodin and de Jong 2015) examining family-based interventions—most of which included caregiver-focused components such as mental health support, improving family functioning, and enhancing parent–child interactions—consistently report positive outcomes for parents (e.g., improvements in parental mental health and parenting practices like reduced post-traumatic stress symptoms and harsh parenting practices) and children (e.g., lower behavioral problems and post-traumatic stress symptoms). Therefore, refugee parenting interventions were shown to be effective for a variety of positive parent and youth outcomes. However, the content and delivery methods of these interventions vary widely, which highlights the need for further research to identify the most effective strategies for parenting interventions aimed at refugee caregivers.

3.2.1 | Content of Refugee Parenting Interventions

Consistent with the interventions conducted with non-refugee populations, refugee parenting programs commonly target caregiver knowledge and practices through skill building and by supporting parents' positive cognitions (Backhaus et al. 2025; Gillespie et al. 2022). Across studies, refugee caregivers highlight four distinct needs: (i) practical parenting guidance, (ii) access to social support (e.g., peer groups, facilitator contact, community linkages), (iii) opportunities to build a sense of parenting self-efficacy, and (iv) opportunities to receive mental health support (El-Khani et al. 2018; Rashedujjaman 2024).

Within practical parenting guidance, parenting interventions typically inform parents about the role of different parenting behaviors in child development and aim to support parents to display appropriate parenting practices by strengthening caregiver knowledge and by including skill-building components, where parents practice techniques through role-play during sessions or through structured activities at home with their children (Gillespie et al. 2022; Kane et al. 2007; Murphy et al. 2017). The practical skill-building exercises enable caregivers to apply new strategies in real-life interactions and receive feedback from facilitators and other caregivers in the intervention (Engle et al. 2011). These exercises also facilitate the feelings of social support and empowerment in caregivers. Moreover, by targeting parental knowledge about child development and parenting, the refugee parenting interventions aim to rewire parental cognitions about reasons for child negative behaviors and induce more effective ways to deal with them (Sangawi et al. 2018). Finally, because refugee parents often feel powerless or inadequate, fostering a renewed sense of efficacy within interventions is essential for supporting both their own well-being and that of their children (e.g., El-Khani et al. 2018; Shaw et al. 2021).

In a meta-analysis of parenting interventions in humanitarian settings, Backhaus et al. (2025) found that the most effective programs in reducing negative parenting (e.g., corporal punishment) were those that targeted both parents' skills and knowledge and their sense of parenting efficacy and self-regulation. For instance, Ofoha and Saidu (2014) and Ofoha et al. (2019) reported large reductions in corporal punishment among parents of 3- to 12-year-old children in post-conflict Nigeria using the *Parenting Education Program (PEP)* that addressed parental knowledge, skills, and cognitions about child-rearing. The other study with the highest effect size was the *Caregiving for Children Through Conflict and Displacement* intervention (El-Khani et al. 2020), which focused on parenting self-efficacy, self-regulation, and child and family well-being in a conflict setting and was effective in reducing parental corporal punishment in Palestinian caregivers of 8- to 14-year-old children in the West Bank.

Relatively few studies were conducted in refugee camps or LMIC settings, yet they were also effective in promoting positive parenting although the child outcomes were less consistent. For example, Puffer et al. (2017) examined the *Happy Families intervention (Strengthening Families Program)* with Burmese and Karen refugee families (with 7–15-year-old children) in Thailand. The program focused on parenting practices and parent–child relationship quality through skills- and knowledge-based training and was found to increase parental warmth and affection while decreasing parent-reported harsh discipline. Similarly, Miller et al. (2020) and Ponguta et al. (2020) conducted interventions with refugee populations in Lebanon. Miller et al. (2020) implemented the *Caregiver Support Intervention* with caregivers of 3- to 12-year-old Syrian refugee children. The program aimed to strengthen parenting knowledge and practices while reducing stress and promoting caregiver well-being. Although not significantly effective for parenting skills or child well-being, the intervention was effective in increasing parental knowledge, well-being, and warmth, and in reducing parenting stress. Ponguta et al. (2020) used the *Mother-Child Education Program (MOCEP)* with Palestinian refugees with 2–7-year-old children in Lebanon. They found decreased parenting stress and harsh discipline, though no significant changes in child behavioral or emotional outcomes. Therefore, skills- and knowledge-based parenting programs show efficacy in refugee settings, particularly for parent-focused outcomes.

Given the high burden of mental health difficulties among refugee caregivers and youth (Cobham and Newnham 2018) and evidence that parental well-being is a key protective factor for positive child outcomes in refugee contexts (Cobham and Newnham 2018; A. L. Sim et al. 2021), many refugee parenting interventions include caregiver mental-health support (Murphy et al. 2017). This is aligned with the needs assessment studies conducted with refugee populations with caregivers reporting that their own mental health problems constrain their capacity to support their children and identify receiving support for their own mental-health as a critical need (El-Khani et al. 2016, 2018).

Accordingly, several parenting interventions have integrated evidence-based mental health approaches—such as cognitive behavioral therapy, interpersonal therapy, and narrative exposure therapy—to address the mental health needs of both refugee parents and their children (see Perera et al. 2018 for a review). Parenting interventions with mental health components for refugee caregivers have shown promising results (Corna et al. 2019; Jenson et al. 2021; A. L. Sim et al. 2021; Slobodin and de Jong 2015). Specifically, programs focusing on caregiver stress management and emotion regulation have shown promise in improving the mental health of refugee parents, and in turn, of their children (Bunn et al. 2022; Butler et al. 2020; Gillespie et al. 2022; Miller et al. 2023). Indeed, in their systematic review, Gillespie et al. (2022) reported that the *Caregiver Support Intervention* (by Miller et al. 2020), which focused on stress management and emotion regulation skills, produced the largest improvements in parental mental health when implemented with Syrian and Lebanese refugee parents in Lebanon. Moreover, studies with Syrian refugee caregivers indicate that enhancing caregiver well-being helped in decreasing harsh disciplinary practices and promoted positive child outcomes like decreased anxiety and depression (e.g., A. L. Sim et al. 2021). Building on this evidence, Backhaus et al. (2025) further suggested that parenting interventions incorporating a trauma-informed mental-health approach may be specifically effective for refugee caregivers. Although direct comparisons between trauma-informed and non–trauma-informed models are not available, the persistence of potentially traumatic adversities in camp

settings suggest that integrating trauma-informed mental health support within parenting interventions might be particularly beneficial for caregivers in refugee camps.

In conclusion, parenting interventions with refugee families in camps and LMICs appear most effective when they incorporate practical parenting knowledge and skills to help caregivers address the challenges of displacement, alongside components that strengthen parental mental health (specifically via trauma-informed approaches). Such programs are generally effective in enhancing parental well-being, knowledge, and practices. These findings support Murphy et al.'s (2017) argument that parenting interventions in refugee contexts must be comprehensive to address the complex and interrelated risks faced by families. However, the effectiveness of parenting interventions on refugee children's behavioral and emotional outcomes are more mixed. The relative inconsistency in child results may reflect that improvements in parenting (knowledge, practices and/or mental health) might take time before translating into measurable changes in child behaviors or emotional well-being, while it could also indicate that the benefits of parenting interventions can potentially be limited in the context of ongoing adversities faced by refugees (Gillespie et al. 2022). Future interventions with longer-term follow-ups that allow changes in parenting practices to be reflected in child outcomes would help differentiate between these two potential explanations.

3.2.2 | Delivery of Refugee Parenting Interventions

The delivery of parenting interventions conducted with refugee populations also show some variation, though most programs rely primarily on group-based approaches delivered in accessible community settings. In camp or LMIC resettlement contexts, interventions most often use group sessions alone (e.g., Miller et al. 2023), though some have supplemented these with a single home visit to support the parents' use of newly learned concepts in their home environment (e.g., Dybdahl 2001). Individual/home visit formats are more commonly used in post-conflict settings, such as Rwanda (Barnhart et al. 2020; Betancourt et al. 2020). However, systematic reviews and meta-analyses indicate that nearly all interventions with refugee families residing in camps—internal, external—or resettled in LMICs have adopted group-based delivery (Backhaus et al. 2025; Gillespie et al. 2022). In refugee settings, group-based formats not only provide cost-effective delivery but also foster social connections that reduce isolation, encourage peer learning, and enhance overall effectiveness of the intervention by allowing the individuals feel the sense of social support and empowerment provided by the group (El-Khani et al. 2018; Kane et al. 2007). Refugee parents in camps and relocated in LMICs frequently describe this social support as one of the most valuable aspects of participation, with benefits often extending beyond the program itself (El-Khani et al. 2018). For instance, in their study with Syrian, Palestinian, and Lebanese refugee parents of children aged 3–12 in Lebanon, Miller et al. (2020) found that participants valued the social support gained through group sessions as one of the most meaningful components of the intervention. Given that social support is a critical factor for well-being in refugee contexts (Sultani et al. 2024), group-based delivery has been a central and effective strategy in refugee parenting programs (e.g., Miller et al. 2023).

Community engagement is another key feature of delivery of refugee parenting interventions. In their review, Gillespie et al. (2022) found that all parenting interventions with refugee caregivers incorporated some form of community support. Embedding programs within community settings facilitates recruitment, allows for easier establishment of rapport between facilitators and participants, and enhances program acceptability (Gillespie et al. 2022; Lakkis et al. 2020). Moreover, many interventions incorporate parenting interventions within existing services—like healthcare or nutrition. For instance, with internally displaced families in Northern Uganda, Morris et al. (2012) incorporated their psychosocial parenting intervention with a nutrition intervention and showed that mothers who received the combined intervention had higher increases in positive parenting (e.g., higher involvement with their infants) compared to the ones that received only nutrition support. Thus, effective interventions often emphasize community engagement and integration into existing services, which might be a factor facilitating parental attendance.

Another critical dimension of delivery is the selection of facilitators. Parenting interventions in refugee contexts are typically led either by professionals (e.g., therapists; Lakkis et al. 2020) or by paraprofessionals, such as lay facilitators or bilingual community members (e.g., International Rescue Community staff, teachers, local community members) trained and supervised by professionals (Gillespie et al. 2022; Murphy et al. 2017). Both approaches have demonstrated benefits. In a study with Syrian refugee caregivers, El-Khani et al. (2018) found that parents valued professional-led interventions for their expertise and credibility, but also noted barriers such as language gaps, and a perceived lack of understanding of refugee adversity. Moreover, professional led interventions are more costly and less sustainable. Conversely, well-trained paraprofessionals were often seen as more relatable and accessible, though they required careful training and supervision to ensure quality (El-Khani et al. 2018; Puffer et al. 2017). In the refugee camp settings as well as internal and external displacement in LMICs, the interventions mostly used trained paraprofessionals (e.g., preschool teachers from the ethnic community; Dybdahl 2001; trained mentors from the ethnic community; Stark et al. 2018; trained lay facilitators from local community, Puffer et al. 2017). Although not exclusively, the interventions conducted with refugee populations within HICs (as compared to camps and LMICs) were more likely to use professionals (e.g., therapists in an intervention with Somali refugees in Norway; Bjørknes and Manger 2013). Consequently, especially in refugee camp settings and LMIC relocation, combining professional training and supervision with paraprofessional delivery had been the most widely used intervention delivery technique which was suggested to provide sustainability in low-resource settings.

The duration of interventions was the most variable aspect of the delivery of parenting interventions conducted with refugee families. Even though shorter interventions were suggested to be more effective with non-refugee populations (Bakermans-Kranenburg et al. 2003) this might not be as suitable in refugee contexts. Given the prolonged and multifaceted adversities faced

by refugee caregivers, longer-term and more comprehensive support might be necessary (Murphy et al. 2017). Indeed, a meta-analysis by Lee and Kim (2022) found that interventions offering 19 or more sessions were particularly effective for refugee and migrant families. Although based on a limited sample ($k = 19$), these findings suggest for the importance of comprehensive, multimodal, and longer interventions to adequately support refugee parents in contexts of ongoing adversity (Slobodin and de Jong 2015). However, this does not indicate that shorter interventions are not effective. For example, El-Khani et al. (2020) showed that a single-session program (*Caregiving for Children Through Conflict and Displacement*) delivered to internally displaced Palestinian mothers was associated with decreases in parental coercive discipline and was effective in reducing children's emotional symptoms and hyperactivity. Altogether, these findings suggest that while longer interventions may generally provide stronger effects in different outcomes (e.g., parenting behaviors, cognitions, child well-being), even brief interventions can provide important benefits for refugee families, especially in low-resource settings like refugee camps and LMIC resettlement.

Within the delivery of intervention for refugee families, another important issue to consider is the daily needs of the families. For instance, many refugee parents identify their inability to leave their children as a major barrier to attending interventions, showing the importance of providing safe childcare during sessions to increase caregiver participation (El-Khani et al. 2018). Particularly in refugee camps, offering childcare services along with practical incentives like transportation and basic refreshments has been shown to encourage caregiver participation in parenting interventions (Murphy et al. 2017). In conclusion, group-based interventions that offer comprehensive support, integrated with community services, and supported by childcare facilities are most likely to succeed in refugee camps and LMIC refugee resettlement contexts.

4 | Cultural Sensitivity in Refugee Parenting Interventions

Because most parenting interventions are developed in Western, Educated, Industrialized, Rich, Democratic (WEIRD) contexts or designed by researchers based in those countries, their applicability in diverse cultural settings requires careful consideration. While the use of evidence-based interventions developed within WEIRD contexts has certain advantages (e.g., demonstrated effectiveness in different studies and samples), interventions that are not culturally attuned may risk reduced acceptability and impact (Slobodin and de Jong 2015; Malti and Speidel 2024). Research with refugee caregivers show that interventions that are culturally sensitive and grounded in local values and practices are more likely to be accepted, sustainable, and effective (El-Khani et al. 2018; Betancourt, Abdi, et al. 2015). Without such adaptation, interventions risk reduced relevance and limited impact, underscoring the need for tailoring to participants' cultural contexts.

In practice, cultural adaptations in refugee parenting interventions have often been limited to surface-level modifications, such as translating materials into the caregivers' native language, delivering sessions in accessible community settings, or employing ethnically matched and bilingual facilitators to improve communication and rapport (Gillespie et al. 2022). Well-documented cultural differences—such as the emphasis on child autonomy and independence in Western contexts versus the prioritization of family harmony and obedience among many refugee parents from collectivist cultures (Kagitcibasi 2007; Slobodin and de Jong 2015)—are generally recognized by Western researchers when designing programs for non-Western populations However, more nuanced differences in values, expectations, and everyday practices may be less accessible to those outside the culture. Relatedly, employing ethnically matched and bilingual facilitators might bridge this gap. Research also shows that facilitator–participant relationships are critical for intervention acceptability, with paraprofessionals who share participants' cultural backgrounds often best positioned to build trust and rapport (El-Khani et al. 2018; Lakkis et al. 2020; Silan 2024).

Even though these adaptations are beneficial, they do not address deeper cultural differences in parenting values. However, the evidence on the effectiveness of intensive cultural adaptations is mixed. While some argue that extensive cultural tailoring may not always enhance outcomes and may even limit the fidelity of evidence-based interventions (Malti and Speidel 2024; Gonzales et al. 2016), others stress that at least some degree of adaptation is needed to enhance engagement and satisfaction (Mak and Wieling 2022; Puffer et al. 2017). A systematic review of refugee parenting interventions found that only a handful (i.e., 4) of studies conducted focus groups or needs assessments to identify culturally relevant priorities, yet none implemented deep, structured adaptations (Gillespie et al. 2022).

While extensive cultural tailoring was not always used, some interventions were specifically prepared in refugee contexts and for refugee parents (e.g., Shaw et al. 2021), which is a beneficial approach for cultural applicability. However, not all refugee populations are the same, every culture contains unique protective factors as well as context-specific risks that may shape intervention needs. For example, research with Burundian refugees in Tanzania and Burmese refugees in Thailand has shown that alcohol use is widespread and socially reinforced in refugee camp settings, contributing to child maltreatment and intergenerational modeling of antisocial behaviors (S. Meyer et al. 2013; S. R. Meyer et al. 2017; Hecker et al. 2022). Parenting interventions in such contexts may benefit from explicitly addressing alcohol use and its consequences for parenting and child developmental outcomes. By contrast, such content would be less relevant for Syrian or Palestinian refugees, where alcohol misuse is rare (Khraisha et al. 2024). Instead, programs for Middle Eastern refugee populations may require components addressing parent–child communication about emotions, as mothers often avoid discussing distress or trauma with children (Afifi et al. 2016; Jabbar and Zaza 2019). Moreover, most of the refugee populations within Middle Eastern or Southeast Asian contexts are composed of Muslim groups and in such religious contexts males have a preference for male facilitators, while females prefer female facilitators and at times spending time with males other than family members is not culturally or religiously acceptable for females (Hechanova and Waelde 2017). Therefore, the cultural

adaptations shall examine culture as a whole and include religious beliefs along with cultural customs and values during intervention design and administration.

Conducting focus group studies can help uncover such cultural strengths and context-specific needs within specific refugee communities, enabling the design of interventions that are both effective and culturally meaningful for that specific refugee group. Moreover, parenting interventions developed with not only the involvement but also the leadership of researchers from the target refugee group's ethnic and cultural context can help uncover specific cultural strengths and risks that improve both effectiveness and acceptability across refugee settings (Gillespie et al. 2022). Ultimately, building local research capacity and fostering collaboration with community researchers are essential steps to ensure that parenting interventions remain responsive to the diverse needs of refugee families in different cultural contexts.

5 | Sustainability and Cost Effectiveness of Refugee Parenting Interventions

In refugee contexts, where resources are often limited, cost-effectiveness and sustainability are critical for implementing parenting interventions. Cost-effective interventions maximize the impact of limited funding by supporting both parents and children via reducing long-term social and mental health costs (UNICEF 2019). Interventions targeting caregivers are suggested to be cost-effective since they yield broad societal benefits, such as higher educational attainment and reduced criminality in children (Butler et al. 2020; Duncan et al. 2017).

Although there are limited assessments of cost-effectiveness of parenting interventions in refugee settings, group-based interventions are identified as cost-effective solutions (Sampaio et al. 2018). Additionally, cost-effectiveness may vary depending on the age group of the children. Research highlights that parenting practices have the greatest influence on child development during early childhood (Janssens and Rosemberg 2011), making interventions for parents of young children particularly cost-effective and impactful (Heckman 2006). A meta-analysis by Lee and Kim (2022) further supports this, showing that parenting interventions in refugee contexts were more effective for parents of children under age seven. Thus, implementing group-based interventions that target parents of younger children may enhance cost-effectiveness of parenting interventions in refugee contexts.

Another aspect of intervention effectiveness in long term is sustainability, which ensures that the program remain accessible over time and can adapt to changing needs without significant additional investment (Betancourt, Abdi, et al. 2015). Strategies to promote sustainability in refugee contexts include training local facilitators or peer mentors, integrating programs within existing community structures, and using culturally relevant materials (El-Khani et al. 2018; Paloma et al. 2020). Training community members as facilitators creates a peer-support model that empowers parents and fosters ongoing networks (Kagitcibasi 2007; Puffer et al. 2017). However, facilitator training and fidelity monitoring can be resource-intensive, as facilitators often require ongoing professional supervision (Annan et al. 2017). With increasing technology, digital tools—such as training videos, online modules, and mobile reminders—offer cost-effective ways to complement in-person supervision. These approaches would reduce costs and logistical barriers while providing continuous guidance and real-time monitoring, which may be especially valuable in refugee and low-resource settings.

6 | Future Directions for Parenting Interventions With Refugee Caregivers

6.1 | Suggestions for Future Research

Although the evidence on effective parenting interventions for promoting positive child outcomes in refugee contexts is growing, there are several areas that require further research. First, the effectiveness of interventions require examination over longer follow-up periods. Most intervention research evaluate effectiveness only at the immediate post-intervention stage, or within short-term follow-ups (e.g., 3 months; Miller et al. 2023), with the longest follow-up reported to be 4 months in a previous review (Gillespie et al. 2022). However, in refugee contexts—and especially in camp settings marked by ongoing instability and adversity—it is possible that meaningful changes in parental mental health and child behavior may take longer to emerge (Gillespie et al. 2022). Alternatively, the effects at post-intervention might fade over time, requiring booster sessions. Longer-term evaluations ideally conducted over 12 months (Bryant et al. 2022) are therefore essential to fully understand the sustained impact of parenting interventions in these settings and to determine the type of interventions with a lasting impact.

A second important area for future research is about the target group of parenting interventions. Although parenting interventions in refugee contexts (both in camps and LMICs) often aim to target a variety of caregivers, in practice more than 70% of participants in the interventions reviewed by Backhaus et al. (2025) were women. Low father participation is frequently attributed to practical barriers, such as work schedules, as well as cultural norms that position mothers as the primary caregivers and the most appropriate recipients of parenting interventions (Gillespie et al. 2022; Van Ee et al. 2013). Yet in many refugee and collectivistic cultural contexts, fathers are the key decision-makers within the family, giving them substantial influence over parenting and child-rearing practices. At the same time, research shows that refugee fathers' involvement with their children tend to be limited and is negatively affected by their own post-traumatic stress symptoms (Van Ee et al. 2013). This suggests that while training and supporting mothers remains essential given their role as primary caregivers, increasing father involvement is equally important. Future interventions should therefore actively include fathers, not only to strengthen their engagement in children's development but also to address their mental health needs, thereby enabling them to better support their children and families in refugee contexts.

Finally, more research is needed with families residing in refugee camps. These populations face the greatest levels of ongoing adversity and resource scarcity, making them among

the most in need of support. Yet, they have been relatively neglected in the intervention literature. Although important efforts have been made to better understand the needs of families in camp contexts (El-Khani et al. 2016; Rashedujjaman 2024), further needs assessments and rigorous evaluations of parenting interventions are required. Such studies would in turn allow the detection of areas requiring the most urgent and necessary attention. Future studies shall invest more in understanding the needs and resiliencies of the specific cultural groups to promote their well-being. Therefore, tailoring interventions to the unique cultural and contextual needs and strengths of refugee populations shall be promoted in future interventions. Moreover, integrating parenting support with other essential services—such as nutrition, health, or psychosocial programs—may be especially beneficial in these settings, where competing priorities often limit families' ability to participate in stand-alone interventions.

6.2 | Suggestions for Future Parenting Interventions

Parents' well-being is a critical predictor of their parenting practices and their children's overall well-being. Therefore, interventions aimed at promoting child well-being through parenting must address fundamental needs of parents. The intervention pyramid by UNHCR (2013a) suggests that the interventions with refugee parents should first ensure that basic physiological and safety needs are met, particularly for families in refugee camps. These include access to adequate nutrition, non-overcrowded shelter, stable healthcare, and a safe environment that supports work and education opportunities. One way to support the physiological and safety needs of refugee parents is to provide them skills for employability. Future parenting interventions might integrate other skills development components for refugees residing in camp settings to restore a sense of purpose and hope, thereby improving resilience and mental health of refugee caregivers (Rashedujjaman 2024). Beyond these foundational needs, the intervention pyramid highlights the importance of social support and a sense of community for refugees, whether in camps or resettled host countries. It is essential for the interventions to promote the sense of community and social support for enhancing individual and family well-being. Since group-based intervention studies are effective in facilitating the sense of social support in refugee parents and the social support established during the intervention is generally carried over even after the end of the intervention (El-Khani et al. 2018), promoting group-based interventions would be not only cost effective and sustainable but also beneficial to promote social support. Moreover, in refugee camp contexts where social support beyond the intervention is specifically needed, which can be achieved by creating environments that foster community support. For example, intervention studies showed that one of the important ways to facilitate growth is through narrating the traumatic events to trusted others and benefiting from empathy as well as experience of others who had been through similar traumas (Hijazi et al. 2014). Furthermore, religiosity and the belief for a better future with the help of a higher spiritual power often emerge to promote resilience (Sultani et al. 2024). Religiosity can also be used as a source of social support with individuals using their beliefs as a way to get together and support each other. In refugee camps such social gatherings shall be promoted and facilitated by providing safe spaces.

The final steps in the intervention pyramid involve providing psychosocial support (e.g., parenting programs) and clinical mental health services (e.g., individual therapy). Studies show that interventions integrating parenting components with caregiver mental health support are highly acceptable and associated with positive outcomes (Gillespie et al. 2022). This is especially important in refugee camps and LMICs, where access to formal mental health resources is scarce and often stigmatized (Perera et al. 2018). Embedding mental health components within parenting programs may help reduce the stigma of seeking psychological support, ultimately promoting positive mental health outcomes for both caregivers and their children.

Given the challenges of sustainability and cost-effectiveness in refugee contexts, where families face severe limitations in resources, digital technologies offer a promising avenue for intervention delivery. According to a UNHCR report (2016), 71% of refugees have access to mobile phones, creating opportunities to integrate digital platforms into parenting and mental health programs. Digital tools can be used not only to deliver interventions directly, but also to provide cost-effective booster sessions that facilitate the maintenance of intervention effects over time. Indeed, digital supports are increasingly being used to address mental health challenges in humanitarian settings. For example, following the Russia–Ukraine war, programs such as FRIEND and Doing What Matters in Stress were implemented successfully to reduce psychological distress among adults (Frankova and Sijbrandij 2025). Similar approaches could be adapted to support refugee caregivers and families, since digital interventions are easily accessible, cost-efficient, and can be used privately, thereby minimizing potential stigmas associated with attendance to mental health programs. Digital tools can also facilitate training and ongoing support of paraprofessionals that are generally the main providers of refugee parenting interventions. Such digitalization would increase the sustainability, cost-effectiveness, and quality of parenting interventions by complementing in-person training with online refresher modules, supervision, and reminders (Murphy et al. 2017). Thus, integrating digital components into both program delivery and facilitator training represents a promising strategy for improving the reach, effectiveness, and sustainability of refugee parenting interventions. However, the refugees who have access to mobile phones and internet connection are generally the ones that reside in urban settings and/or within HICs, leaving the most vulnerable refugee populations—the ones in refugee camps and LMICs—less likely to benefit from these digital resources. Therefore, future interventions shall connect multidisciplinary teams including experts in different fields of psychology and technology to facilitate the digital technology use amongst all refugee populations for equitable and longer-term intervention impact.

In addition to addressing acute and potential risk factors, the future intervention studies might also aim to actively foster strengths among refugee caregivers. One particularly promising

but underutilized approach is the integration of post-traumatic growth (PTG) components within parenting and mental health interventions in refugee populations.

6.3 | Post-Traumatic Growth: An Uncharted Venue for Parenting Interventions

Refugee families generally endure traumatic experiences before, during, and even after relocation and these traumatic experiences negatively influence the mental health and parenting behaviors of refugee caregivers. Yet, focusing exclusively on the negative consequences of trauma risks overlooking the adaptability and the capacity for resilience of these families. Moreover, the structural and environmental adversities faced by refugee or relocated families cannot be quickly resolved without important changes in governmental policies. Therefore, helping refugee families cope with adversities via providing psychological tools might be effective solutions in the short-term. In such a climate, there has been growing interest in post-traumatic growth (PTG), representing the potential for positive psychological changes following adversity (Ferriss and Forrest-Bank 2018; Shakespeare-Finch et al. 2014; Sultani et al. 2024). PTG is not a term that undermines the distress caused by trauma but highlight the capacity of the individuals to find meaning, strength, and positive change even following adversity (Jayawickreme et al. 2021). It represents personal development beyond the pre-trauma state, and often represented by improved relationships, a deeper appreciation for life, increased resilience, a shift in priorities, and greater spirituality/religiosity (Jayawickreme and Zachry 2018; Tedeschi and Calhoun 2004). As these positive changes are identified as enduring and influence different aspects of the individual's life, Jayawickreme et al. (2021) argue that PTG may be best conceptualized and measured as enduring changes in personality characteristics following trauma. This perspective helps address limitations of self-report assessments such as the Posttraumatic Growth Inventory (PTGI), which has been widely used but is also criticized for methodological concerns.

Research examining PTG in refugee populations is scarce and limited to individuals who have resettled in HICs (e.g., USA, Canada, Australia; Hirad et al. 2023). Such studies suggest that social support and religiosity are strongly associated with PTG post-resettlement (Şimşir et al. 2018; Von Arcosy et al. 2023). Refugees who experience PTG often emphasized the importance of family bonds, consideration for others, and living for the benefit of others as central sources of resilience (Hirad et al. 2023). Additionally, problem-focused or emotion-focused coping strategies (compared to maladaptive coping) were linked to higher PTG (Acar et al. 2021). Some studies further suggested dispositional optimism to promote PTG. For example, a study conducted with refugee adolescents (12–17-year-olds) residing in the Netherlands showed that PTG is higher amongst adolescents with dispositional optimism (Sleijpen et al. 2016). Even though, the evidence for PTG in research is mixed (Acquaye 2017; Umer and Elliot 2021), maintaining hope for the future is consistently identified as an important aspect of PTG (Sultani et al. 2024).

Intervention research provides preliminary evidence that PTG can be fostered in refugee populations. For example, a 15-week program in Spain involving the training of peer mentors from settled refugees and establishing cultural support groups led by these mentors significantly increased PTG of newcomer refugees (Paloma et al. 2020). However, because this study relied on the PTGI, the extent to which the reported growth reflects enduring psychological change remains uncertain. Another technique, narrative exposure therapy (NET), which involves sharing personal stories with others who had been through similar experiences, has been effective in building empowerment and resilience with refugee populations (Hijazi et al. 2014). In their study, Neuner et al. (2004) compared NET with supportive counseling and psychoeducation in Sudanese refugees in Uganda refugee camps and found that NET was significantly more effective than other techniques to decrease PTSD symptoms. Yet effectiveness of NET is not uniform across studies and researchers urge for longer-term follow-ups to examine effectiveness (Perera et al. 2018).

In parallel, the "altruism born of suffering" framework suggests that adversity can foster prosocial orientations (empathy, compassion, helping) towards others, and this altruism might develop as a result of traumatic experiences and can be associated with and developed as a part of PTG (Staub and Vollhardt 2008). Such results show that therapeutic approaches aimed at fostering PTG and promoting altruism born of suffering can help refugees make sense of their trauma, envision a positive future, and ultimately promote growth with supporting others despite adversity. Since one of the most important needs of refugee populations is social support and the support they receive from other refugees is a very important aspect of social support, the interventions aiming for PTG might benefit from highlight the principles of altruism born of suffering, which suggests that individuals who went through different negative and traumatic experiences would be more supportive of others with similar negative experiences (Vollhardt and Staub 2011).

While PTG highlights the potential for meaningful, stable, and positive changes in an individual's personality, relationships, and overall sense of self, the potential influence of enhancing parental PTG on the well-being of refugee children also remains unexplored. Given that parental trauma is a significant predictor of parent and child mental health problems (Eruyar et al. 2018), fostering PTG in parents could have a cascading positive effect on their children via decreasing negative and supporting positive parenting and promoting overall well-being of caregivers. Therefore, incorporating PTG components into refugee parenting interventions could provide dual benefits for both caregivers and children and might be an important avenue for future parenting interventions.

Even though identity development along with potential identity/personality change that would be achieved with PTG is partially individual, it is also related to the cultural structures. In their studies, McLean and colleagues (e.g., McLean and Syed 2015) discuss the presence of master narratives as a part of individual/personal narratives which set identities. Master narratives are identified as "culturally shared stories that tell us

about a given culture and provide guidance for how to be a 'good' member of a culture" (McLean and Syed 2015, 320), hence they help incorporate an understanding of the meaning of *growth* in each culture. Importantly, since the concept of post-traumatic *growth* is again developed by researchers from WEIRD contexts, the cultural universality of this approach and the meaning of personal "growth" in different cultures shall also be carefully examined before the concept is embedded in intervention programs conducted with different refugee populations.

Finally, it is important to underline that, PTG is examined *after* the individuals have resettled in non-traumatic settings (generally HICs), which leaves gaps in understanding PTG among the refugees residing in refugee camps, who are subject to ongoing trauma and instability. In conditions of ongoing trauma, the concept of *post*-traumatic growth might not be applicable. A potential approach to examine PTG in refugee camps would involve assessing refugees' trauma, coping strategies, and personality traits while in camps (as baseline) and then conducting follow-ups examining PTG after they transition to safer, more stable environments. Even though this approach would not capture pre- to post-trauma changes, it could provide valuable insights into the development of PTG at post-resettlement, after the basic needs such as safety, nutrition, and education are met.

7 | Conclusion

Childhood and adolescence are critical periods when habits, behaviors, personalities, and identities are formed. During these years, parents serve as the most important sources of support and resilience. However, the challenges inherent in refugee contexts place refugee youth at significant risk of developing negative behavioral, emotional, social, and mental health outcomes. Providing support to their parents through targeted parenting interventions can help to avoid this negative trajectory, enabling refugee youth to grow into healthy, resilient adults who can become successful members of their communities.

The reviewed evidence emphasizes that refugee parents have a critical need for parenting support, and the parenting interventions are effective in promoting positive parenting and child outcomes. The evidence reviewed underscores that the effective parenting interventions for refugee populations generally combine multiple components including parenting knowledge and skills, cognitions and mental health support, and promote the establishment of new social support links amongst the caregivers. Within mental health support, interventions that integrate stress management, emotion regulation, and trauma-informed approaches have shown particular promise. Group-based programs not only reduce costs but also foster ongoing social support networks that extend beyond the formal intervention period, and these are the type of interventions that are almost exclusively used in low resource contexts like refugee camps and LMICs. Still, more rigorous evaluation is needed to assess cultural relevance, sustainability, and long-term outcomes across diverse refugee populations.

Future research should prioritize longer-term follow-ups to examine sustained impact, greater attention to refugee camps and LMIC settings where evidence is currently scarce, and strategies to increase father participation, which remains limited despite its importance for child outcomes. For future interventions, several priorities emerge. Programs must first ensure that families' basic needs—such as safety, nutrition, and financial stability—are addressed. Interventions should also strengthen social support, both within families and through peer networks, while embedding mental health support to help caregivers manage stress and adversity. Digital delivery models represent another promising avenue for enhancing sustainability, reach, and cost-effectiveness, though equitable access for families in camps and low-resource contexts remains a challenge. Finally, future research may explore embedding post-traumatic growth components within parenting interventions to promote the resilience of refugee caregivers in diverse refugee settings, especially in refugee camp contexts where structural and environmental adversities are not easily mitigated.

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Conflicts of Interest

The author declares no conflicts of interest.

Data Availability Statement

The author has nothing to report.

Endnotes

[1] In this paper, the terms "parent" and "caregiver" are used interchangeably to refer to the primary caregiver of children, to acknowledge that, in refugee contexts, children are sometimes cared for by non-biological caregivers.

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Biography

H. Melis Yavuz is a Developmental Psychologist whose research focuses on the complex interplay between individual (e.g., child temperament, gender, age, genetic predisposition), family-level (e.g., parenting practices, socio-economic status), and sociocultural (e.g., cultural norms, parental beliefs across cultures) factors in shaping social-emotional development and obesity across childhood and adulthood. Her work particularly emphasizes the development of empathy, emotion regulation, and prosocial behaviors. Employing diverse methodologies, including observational techniques and self- and informant-reports (from children, parents, and teachers), she aims to generate comprehensive insights into these critical areas of development. In addition, Dr. Yavuz conducts meta-analyses to uncover nuanced statistical associations between key variables of interest. She has authored/co-authored papers in these topics different journals including *Psychological Bulletin, Developmental Psychology, Monographs of the Society for Research in Child Development, British Journal of Developmental Psychology, Appetite, Social Development, and Wiley-Blackwell Handbook of Childhood Social Development.* She earned her BA, MA, and PhD degrees from Koç University in Türkiye and is currently a Lecturer at the School of Psychology and Clinical Language Sciences at the University of Reading, UK.