Unequal in Opportunity, Equal in Process: Parental Sensitivity Promotes Positive Child Development in Ethnic Minority Families

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ABSTRACT-Most studies on parental sensitivity are based on Western samples, and the cross-cultural applicability of this construct has been subject to debate. This article reports on a systematic literature review on observational studies of parental sensitivity in ethnic minority families with young children. It shows that parental sensitivity is generally lower in ethnic minority families than in majority families. The evidence suggests that the main cause for this difference is family stress due to socioeconomic disadvantage. The review found little evidence for cultural explanations. Most importantly, the review shows that parental sensitivity is related to positive child development in ethnic minority families. Interventions attempting to improve ethnic minority children's well-being should focus on both reducing family stress and enhancing parental sensitivity.

KEYWORDS—sensitivity; parenting; ethnic minority families; socioeconomic status; family stress

Inspired by attachment theory, Mary Ainsworth was the first to provide a detailed description of maternal sensitivity, which she defined as mothers' ability to perceive child signals, to interpret these signals correctly, and to respond to them promptly and appropriately (Ainsworth, Bell, & Stayton, 1974). Other theoretical frameworks beyond attachment-related research have adopted the construct (e.g., Dunham & Dunham, 1990; Feldman,

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Gordon, Schneiderman, Weisman, & Zagoory-Sharon, 2010; Hane & Fox, 2006). There is ample empirical evidence that maternal sensitivity is causally related to positive child development, including secure attachment (e.g., Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003), self-regulation (e.g., Eisenberg et al., 2001), social functioning (e.g., Kochanska, 2002), and cognitive competence (e.g., Tamis-Lemonda, Bornstein, & Baumwell, 2001). The vast majority of studies on maternal sensitivity and its effects on child development have been conducted in Western countries with samples drawn from ethnic majority families. In this article, we provide a systematic literature review of studies examining parental sensitivity toward 0- to 5-year-olds in ethnic minority families, focusing on mean-level differences with majority parents, associations with socioeconomic factors, and associations with child outcomes.

Although most studies on sensitivity are from Western samples, the concept of maternal sensitivity actually originated in Africa. Mary Ainsworth's observations in Uganda dating back to the mid-1950s (Ainsworth, 1967) suggest that the construct's validity may not be limited to Western cultures and ethnic groups. Availability and proximity are the most basic components of sensitivity and probably represent the most universally applicable aspect, as they are necessary for making sure that an infant or a child is kept safe and gets fed when it signals hunger (Keller, 2000). The importance of prompt responding also seems to be rooted in a common human characteristic: the ability to detect contingencies between one's own behavior and environmental events (Tarabulsy, Tessier, & Kappas, 1996). Indeed, the level of maternal contingency in mother-infant interactions has been found to be very similar between different cultural groups, even though the type of contingencies may be quite different (Kärtner, Keller, & Yovsi, 2010). Correct interpretation of signals refers to the (perceived) needs of the child, and parental ideas about what children need are certainly not universal. Families from a collectivistic cultural background value the com-

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munity and obedience more than the individual and autonomy (Kagitcibasi, 2007; Keller & Otto, 2009). These cultural values may be less conducive to a sensitive parenting style that consists of positive responsiveness to children's individual needs, which would imply that the sensitivity construct is biased in favor of more individualistic Western norms and values.

Another important issue is the generalizability of the expected *consequences* of parental sensitivity to different ethnic or cultural groups. Two main viewpoints are distinguishable. The *no group difference hypothesis* states that although there may be mean-level differences in certain behaviors between cultural groups, culturally specific experiences do not alter associations in developmental processes (Rowe, Vazsonyi, & Flannery, 1994). According to the *group differences hypothesis*, the relation between family characteristics and child behavior problems may differ across ethnic groups (Ogbu, 1981). In our literature review, we will attempt to determine which of these two hypotheses is most applicable to the case of parental sensitivity in early childhood.

In addition to cultural factors, research has shown that factors related to family stress can influence parental sensitivity. When parents are under a lot of stress, their ability to provide sensitive and positive parenting is compromised. The Family Stress Model (Conger et al., 1992, 1993) describes just that mechanism: Socioeconomic strains lead to family stress, which in turn leads to nonoptimal parenting and poor child outcomes. The model does not specifically include ethnic minority status as a factor, but compared to majority families, minorities in various countries have been found to experience more family stressors such as higher rates of poverty, teenage motherhood, and single parenthood (e.g., Mather, 2010; National Poverty Center, 2009; Platt, 2007; Sociaal en Cultureel Planbureau, 2009). In turn, all of these factors have been shown to adversely affect parenting competence (e.g., Berlin, Brady-Smith, & Brooks-Gunn, 2002; McLoyd, 1990; Mistry, Biesanz, Chien, Howes, & Benner, 2008). Thus, any association between minority status and sensitivity could be (partially) mediated by family stress indicators such as low socioeconomic status (SES). In addition, being an ethnic minority may be related to daily stressors that go beyond those due to low SES. Factors such as acculturation, language difficulties, and discrimination contribute to the experience of stress (Berry, 1997) and thus potentially to lower levels of sensitivity.

In the next section, we present the results of our systematic review of the literature on parental sensitivity and its outcomes in ethnic minority families to discern whether these assumptions are empirically valid.

LITERATURE REVIEW

We searched the Web of Science database (January 12, 2011) using the following combination of keywords: (cultur* OR ethnic* OR race OR racial OR minority OR minorities OR migrant OR immigrant OR Hispanic OR Latino OR Mexican OR African-American OR Chinese-American OR Asian OR Native-

American) AND (sensitiv* OR responsive* OR contingen* OR synchron* OR warmth OR "positive parenting" OR "maternal behavior") AND (parent* OR mother OR maternal OR father OR paternal) AND (child* OR toddler OR preschool* OR infan* OR baby). Our inclusion criteria were (a) the sample includes at least one ethnic minority group, (b) the study targeted children aged 0-5 years, (c) sensitivity is measured through standardized observations, (d) the sensitivity construct includes at least the aspect of appropriate responsiveness, and (e) the article reports results on at least one of the following topics: (1) comparison of sensitivity means between majority and minority groups or (2) association between sensitivity and child outcomes separately for minorities (or minority status tested as moderator). The rationale for Criterion b is that parental sensitivity has been primarily validated in early childhood. We included Criterion c because parents simply cannot be expected to report reliably on something as complex as their own sensitivity. For instance, insensitive parents are unlikely to be aware of the fact that they fail to notice or incorrectly interpret their children's signals (van IJzendoorn, Vereijken, Bakermans-Kranenburg, & Riksen-Walraven, 2004). We included Criterion d to stay close to Mary Ainsworth's original definition of sensitivity. Parenting variables such as warmth and simple responsiveness regardless of appropriateness do not capture the link with child signals, the key component of Ainsworth's conceptualization of sensitivity. Using the criteria listed above, we found 39 publications representing 34 individual studies.

The first thing we noticed is that the vast majority had been conducted in the United States (27 studies). Even more surprising was the fact that the next largest supplier of relevant studies was the Netherlands (6 studies). And finally, we found one Canadian study that fit our criteria. Even with less stringent criteria regarding construct, instrument, and age, very few studies outside the United States and the Netherlands have investigated parenting in minority families. Some examples include questionnaire studies about other aspects of parenting in Turkish minorities in Australia (Yagmurlu & Sanson, 2009) and Belgium (Gungor & Bornstein, 2010), and studies on school-aged children from Indian minority families in Great Britain that did not focus specifically on sensitivity (Atzaba-Poria & Pike, 2008; Deater-Deckard, Atzaba-Poria, & Pike, 2004). But in general, more lenient criteria would have simply increased the number of U.S.-based studies. Some of the search keywords were, of course, specific to the U.S. (such as African American). We tried some extra searches with common ethnic minorities in European countries (such as Turkish, Moroccan, and Algerian), but this vielded no additional studies. Moreover, the terms *immigrant* and minority would have picked up on such studies even without specifying ethnic groups.

Because the backgrounds of minorities in the United States and the Netherlands are very different, we present the studies from each country in separate tables. We will discuss the Canadian study in the text after discussing the U.S. studies.

Studies From the United States

Table 1 shows the 27 studies (30 publications) on maternal sensitivity in ethnic minority families. Most included African American families, Latino American families, or both. Some also included other minority groups, such as Asian Americans and Native Americans (e.g., Bernstein, Harris, Long, Iida, & Hans, 2005; Shannon, Tamis-LeMonda, London, & Cabrera, 2002) or unspecified other minorities (e.g., Kiang, Moreno, & Robinson, 2004), but the sample sizes for these "other" ethnicities were generally too small to report on. Virtually all studies reporting on group comparisons show lower sensitivity in African Americans than in European Americans. Latino Americans seem to be somewhere in between these two groups. The one study that had a large enough subsample of Chinese Americans showed that they were even lower on maternal sensitivity than African Americans (Bernstein et al., 2005).

Table 1 also shows that in almost all studies, ethnic minority families had lower SES backgrounds than majority families, and that low SES was related to lower sensitivity. Four studies corrected for SES when comparing ethnic groups on sensitivity, after which group differences diminished but remained significant. However, the three studies that found no differences in sensitivity between ethnic groups were based on carefully selected samples, which made the minority and majority groups more comparable in terms of family risk for maladaptive parenting (e.g., teenage mothers in Chaudhuri, Easterbrooks, & Davis, 2009; families at or below the poverty line in Kogan & Carter, 1996; and highly involved fathers in Shannon et al., 2002). Importantly, in studies whose samples came from diverse socioeconomic backgrounds, SES indicators were generally more strongly related to maternal sensitivity than ethnicity was (e.g., Barnett, Shanahan, Deng, Haskett, & Cox, 2010; Gregory & Rimm-Kaufman, 2008). Similarly, data from the NICHD Early Childcare Research Network (NICHD-SECCYD) showed that differences in sensitivity between African American and White families dramatically decreased when these families were matched on income (Bakermans-Kranenburg, van IJzendoorn, & Kroonenberg, 2004). Other studies suggest that the remaining effect drops substantially again when accounting for other family stressors such as teenage and single parenthood (Chaudhuri et al., 2009; Riksen-Walraven & Zevalkink, 2000).

Table 1 also shows the associations between parental sensitivity and child outcomes. Overall, the results suggest that, just as in Western majority families, parental sensitivity in minority families is related to positive child outcomes in several domains, including cognitive, social, and behavioral development. Bernstein et al. (2005) also reported significant associations between maternal sensitivity and child positive involvement for Chinese American families. Almost all studies included only mothers, but three that examined sensitivity of ethnic minority fathers reported significant associations with positive child behaviors (Kelley, Smith, Green, Berndt, & Rogers, 1998; Shannon, Tamis-LeMonda, & Cabrera, 2006; Shannon et al., 2002). Thus, despite the low SES and high family stress common to ethnic minorities, parental sensitivity contributes to positive child development in these families.

We found one Canadian study fit our inclusion criteria. Letourneau, Hungler, and Fisher (2005) observed 12 aboriginal and 48 nonaboriginal mothers from an impoverished urban sample in a problem-solving task with their 1- to 36-month-old children, using the sensitivity subscale of the NCAST as the observation instrument. Their results showed similar levels of maternal sensitivity in the two ethnic groups, and no group differences in SES. This finding supports the hypothesis that family stress is a stronger predictor of sensitivity than either ethnicity or minority status.

Studies From the Netherlands

Before presenting the review results, we would like to provide some background about ethnic minorities in the Netherlands. The three largest ethnic minority groups originate from Turkey, Morocco, and Surinam, and all three can be considered non-Western. The Turks and Moroccans came to the Netherlands as (invited) labor migrants in the 1960s and 1970s and share an Islamic religious background. Most of these migrants were young men from rural areas and had received little or no education in their country of origin. They came to the Netherlands to make money and intended to go back to their country of origin, but many ended up staying and arranging for their wives (and sometimes children) to emigrate. The Surinamese share a diverse Caribbean cultural and ethnic background with other former Dutch West Indies colonies, including peoples from African, Indian, and Javanese descent. Most migrants from Surinam moved to the Netherlands after Surinam became independent in 1975, but migration continued over the next two decades because of political and economic instability. As in many European countries, non-Western ethnic minorities are overrepresented in the lowest socioeconomic classes in the Netherlands. SES tends to be lower for the Turks and Moroccans than for the Surinamese, possibly because the latter are historically more familiar with Dutch culture and language because of the colonial past.

Table 2 presents the results of the six observation studies (eight publications) examining sensitivity in ethnic minority families with young children in the Netherlands. We found only studies including Turkish and/or Surinamese minorities, and none with Moroccans. Each of the six studies examined only maternal and not paternal sensitivity. Overall, both Surinamese and Turkish mothers were observed to show lower levels of sensitivity than native Dutch mothers. These findings were generally also found after controlling for SES indicators, but substantially diminished (van IJzendoorn, 1990; Yaman, Mesman, van IJzendoorn, Bakermans-Kranenburg, and Linting, 2010). When matching ethnic groups on SES, some differences disappeared altogether (Bus, Leseman, & Keultjes, 2000). In their study on Indonesian, Japanese, Dutch, and Surinamese-Dutch families,

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	Sample chara	icteristics	IIIBC	group ^a	G			Group comparis	SODS	
Study	Type of sample	Child age ^b	EA	АА	LA	Sensitivity measure ^{c,d}	Minority on sensitivity ^e	Minority on SES	SES on sensitivity	Child outcomes in minority group(s) ^f
Bakermans-Kranenburg	NICHD	6+15+24	1,002	142	0	NICHD (PS)	AA < EA	AA < EA	Low < High	Secure attachment
et al. (2004) Barnett et al. (2010)	representative Diverse SES	6+12+24	85	100	0	NICHD (FP+PS)	AA < EA	AA < EA	Low < High	Lower internalizing
Berlin , Brooks-Gunn, Spiker, & Zaslow (1995)	Low-birthweight premature infants	30	204	282	0	SENS (PS)	I		I	problems Language skills
Spiker et al. (1993)		30	273	410	0		AA < EA	I	Low < High	
Berlin et al. (2002)	Eligible for Early Head Start	14	704	595	403	NICHD (FP)	AA < LA < EA	AA/LA < EA	Low < High	
Bernstein et al. (2005)	Head Start	20	158	290	120	PCOG (VAR)	$\frac{AA < LA}{= EA}$	AA <la = EA</la 	Low < High	Positive involvement Social skills (LA only)
Bocknek et al. (2009)	Eligible for Early Head Start	14+24+36	0	803	0	NICHD (FP)			Low < High	Emotion regulation
Burchinal, Vernon- Feagans, Cox, and Investigators, Key Family Life Project (2008)	Representative	6+15	816	360	0	NICHD (FP)	<u>AA < EA</u>	AA <ea< td=""><td>Low < High</td><td>I</td></ea<>	Low < High	I
Chaudhuri et al. (2009)	Teenage at time of child's birth	14+20	141	41	131	EAS (FP+PS)	AA = LA = EA		Low < High	Ι
Contreras et al. (1999)	Teenage at time of child's birth	3-34	0	0	49	SENS (VAR)	I			Positive behavior
Finger et al. (2009)	High-risk urban housing projects	16–21	0	62	0	PCOG (FP)				Secure attachment
Fracasso et al. (1994)	Disadvantaged urban	13	0	0	50	AINS (FP)				Secure attachment
Goodman et al. (1998)	Teenage at time of child's birth	46	0	93	0	CARE (FP)				Secure attachment
Gregory and Rimm-Kaufman (2008)	Diverse SES	60	202	136	0	Erickson (PS)	AA < EA	AA < EA	Low < High	Future high school graduation
Howes and Obregon (2009)	Eligible for early head start	8+14+24+36	0	0	78	EAS (FP)				Positive involvement

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	Sample charact	eristics	Sample	sizes per	group ^a	
Study	Type of sample	Child age ^b	EA	$\mathbf{A}\mathbf{A}$	\mathbf{LA}	
Howes and Guerra (2009)			0	0	83	
Huang et al. (2005)	Diverse in SES	16-18	234	93	48	
Kelley et al. (1998)	Community commle of forhers	12–36	0	54	0	
Kiang et al. (2004)	sampte or tauters Low-income, no health insurance	12–15	62	46	125	
Kogan and Carter	At or below	4	2	20	7	
(1220) Kolobe (2004)	Community sample	9-12	0	0	62	
Propper et al. (2007)	50% below	6+12	72	26	0	
	poverty line					

scale; Barran et al., 1987); PCOG = Parent-Child Observation Guide (sensitive responsiveness scale; Bernstein et al., 1987); SENS = instrument not specified. ^dInteraction setting: FP = Free play; PS = problem 1994); NICHD = National Institute of Child Health and Human Development, Study of Early Child Care (1999; various combinations of subscales), P/CIS = Parent/Caregiver Involvement Scale (appropriateness "EA = European American; AA = African American; LA = Latin American. ^bAge in months. "Instrument: CARE = Child–Adult Relationship Experimental Index (sensitivity scale; Crittenden, 1988); EAS = Emotional Availability Scales (sensitivity scales, Biringen, 2008); Erickson = Erickson Scales for mother-child interaction (supportive presence scale; Erickson et al., 1985); Ainsworth = Ainsworth Scales of Sensitivity (sensitivity scale; Ainsworth et al., 1974); MULTI-PASS (sensitivity scale; Marfo, 1992); NCAST = Nursing Child Assessment Satellite Training Parent–Child Interaction scales (sensitivity scale; Barmard, 1994; Sumner & Spietz. olving; FD = feeding; VAR = combination of a variety of settings. "Underlined comparisons are controlled for SES, either statistically or through selective or matched sampling. ^fOnly significant outcomes are listed. weight gains ess extreme NCAST (FD) 23 230 3+6formula feeding Low-income, Worobey et al. (2009)

Jower internalizing

AA < EA

AA < EA

SENS (FP)

0

123

953

36

NICHD, diverse

Whiteside-Mansell et al. (2003)

in SES

problems

communication

Receptive

anguage and

Low < High

literacy

Pungello et al. (2009)

Lower internalizing

and externalizing

Growth in language

AA = EA

AA < EA

NICHD (PS)

C

23

23

12 + 24

Groups matched

for SES

abilities

Low < High

AA < EA

SENS (VAR)

0

SENS (FP)

41

 $34 \\ 19$

233

23 - 30

Diverse in SES Highly involved

Shannon et al. (2002)

Sessa et al. (2001)

fathers

99

AA = LA

= EA

ns

problems

Playful and social

Social behavior

Low < High Low < High

MULTI-PASS

(FP)

C

72

 $^{\circ}$

24 + 36 + 48

SENS (FP)

34

 $27 \\ 92$

0

12

11

8+16

Low-income fathers

Shannon et al. (2006)

Wallace et al. (1998)

Roberts et al. (2005)

Community child care

behavior

Motor development

AA < EA

AA < EA

Responsiveness

ns

AA = LA

AA = LA

EAS (SFP)

EAS (FP)

= EA

NCAST (PS) NICHD (FP)

= EA

Empathy

Motor development

14 months)

Low < High

AA < LA= EA

P/CIS (FP)

CARE (FP)

(only at

Child outcomes in

minority group(s)¹ Secure attachment

SES on sensitivity

Group comparisons

Minority on

Minority on sensitivity^e

Sensitivity measure^{c,d}

SES

		Sample size	ss per gi	oup ^a			G	oup comparisons		Child auteomes
Study	Sample characteristics	D	Ŧ	\mathbf{v}	Child age ^b	Sensitivity measures ^{c,d}	Minority and sensitivity ^e	Minority and SES	SES and Sensitivity	in minority group(s) ^f
van IJzendoorn (1990)	Surinamese immigrants, ethnically heteroveneous	39	0	26	18	Ainsworth (FP)	S < D	S < D		Secure attachment
Leseman and De Jong (1998)	Varied in SES, minorities are immigrants	47	19	23	48	Erickson (PS+BR)	T/S < D	T < D/S	Low < High	Literacy (combined
Bus et al. (2000)	Groups matched to SES of Turkish immigrant group	19	19	19	48	Erickson (BR)	<u>S < D/T</u>	T = S = D		sampies)
Leseman and Van den Boom (1999)	Dutch low/mid-SES (DL/DM) versus	DL = 31 DM = 44	28	27	36	Erickson (PS+BR)	-T <s<dl<dm -T<s<d<dm< td=""><td>I</td><td>Low < High</td><td>Cognitive competence</td></s<d<dm<></s<dl<dm 	I	Low < High	Cognitive competence
Riksen-Walraven et al. (1006)	ummgrants Low SES	0	0	36	18	Erickson (FP+PS)	I			Cognitive
Riksen-Walraven and Zevalkink (2000)	Dutch group all low SFS	26	0	38	18	Erickson (PS)	S < D	S = D		Cognitive competence
Yaman, Mesman, van LJzendoorn, Bakermans- Kranenburg, and	Second-generation Turkish, child at risk	02	20	0	24	Erickson (PS)	T < D	T < D	Low < High	
Luttung (2010) Yaman, Mesman, van IJzendooru, Bakermans- Kranenburg, and Linting (2010b)	Second-generation Turkish	0	94	0			I	I	I	Child aggression

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Zevalkink and Riksen-Walraven (2001) found socioeconomic factors to have a stronger impact on the quality of parenting than cultural factors. Higher prevalence of maltreatment of children in ethnic minority groups such as the Surinamese and the Turkish have also been found to completely disappear after correcting for SES (Euser, van IJzendoorn, Prinzie, & Bakermans-Kranenburg, 2011). SES indicators are also related to maternal sensitivity within the minority groups in the U.S. (e.g., Bocknek, Brophy-Herb, & Banerjee, 2009; Roberts, Jurgens, & Burchinal, 2005) and the Netherlands (Leseman & van den Boom, 1999; Yaman, Mesman, van IJzendoorn, Bakermans-Kranenburg, and Linting, 2010), illustrating the importance of socioeconomic context to explain not only between-group differences, but also within-group differences in maternal sensitivity. In addition, Turkish minority mothers in the Netherlands reported more daily stress compared to Dutch majority mothers, regardless of SES (Yaman, Mesman, van IJzendoorn, & Bakermans-Kranenburg, 2010a).

A summary of the results of Dutch studies addressing child outcomes of sensitivity appears in the last column of Table 2. Overall, sensitivity toward young children is related to positive child outcomes in the cognitive and social-behavioral domains in Turkish and Surinamese ethnic minority families, just as in majority families from Western cultures.

DISCUSSION

The literature review shows that ethnic minority parents display significantly lower levels of sensitivity toward their young children than do majority families. Given the substantial differences in ethnic and cultural background between the minority groups examined in the United States and the Netherlands, and the fact that the results were found in both immigrant and nonimmigrant minorities, it seems unlikely that cultural factors are responsible for these differences. The evidence points more toward a central role for social and economic stress in sensitivity differences between minority and majority groups.

We found clear evidence for substantial covariation between minority status and low SES, and both predict lower parental sensitivity. When we control for SES indicators through sampling or otherwise, the link between minority status and sensitivity disappears or becomes substantially smaller. This finding is consistent with the family stress model (Conger et al., 1992, 1993), which describes economic hardship as a major contributor to maladaptive parenting. Indeed, several empirical studies have shown that the family stress model is also applicable to ethnic minority families, including African Americans (Conger et al., 2002) and Chinese Americans (Benner & Kim, 2010).

Our review adds to these findings by showing that the model also applies specifically to socioeconomic effects on parental sensitivity in early childhood. It is, however, unclear which aspect of SES is most salient to parental sensitivity. There is some evidence that parental education is more strongly related to sensitivity than income is (e.g., Berlin et al., 2002), but other studies find similar associations of education and income with sensitivity (e.g., Chaudhuri et al., 2009; Huang, Caughy, Genevro, & Miller, 2005). Also, several studies that correct for parental educational level still find differences in sensitivity between ethnic groups (e.g., Spiker, Ferguson, & Brooks-Gunn, 1993; van IJzendoorn, 1990; Yaman, Mesman, van IJzendoorn, Bakermans-Kranenburg, & Linting, 2010b), whereas a study that included only families below the poverty line failed to find such differences (Kogan & Carter, 1996). Thus, the different components of SES may have their own significant contribution to parental sensitivity, which makes it important to examine multiple SES components and to carefully record each of their independent and cumulative effects on parenting quality.

In addition to SES, several other variables are relevant to parenting in ethnic minority families, such as stress associated with acculturation, migration, illegal status, and discrimination. There is evidence from nonobservational studies (mostly with adolescents) that higher levels of acculturation and a smaller acculturation gap between parents and children are related to more positive parenting in the United States (e.g., Leidy, Guerra, & Toro, 2010; Liu, Lau, Chen, Dinh, & Kim, 2009) and Canada (e.g., Costigan & Koryzma, 2011). In the Netherlands, Surinamese mothers who had been in the country longer tended to be less anxious about childrearing and more sensitive than those who had arrived more recently (van IJzendoorn, 1990), suggesting a role for acculturation in alleviating stress and enhancing parenting quality. Further, Turkish families who migrated to the United Kingdom report less positive parenting and more child problems than both migrant and nonmigrant Turkish families living in Turkey (Daglar, Melhuish, & Barnes, 2011), suggesting that minority status and cross-country migration, not ethnicity, are important to family functioning. Even though acculturation and stress related to migration and illegal status may play a role in parental sensitivity, it cannot provide the main explanation for our review findings, as substantially lower levels of sensitivity were also found in African American parents, who are most often born in the United States and have lived there for generations.

Family structure may provide another set of potential explanatory variables in the association between ethnic minority status and parental sensitivity. As we noted earlier, single motherhood is common in some ethnic groups, which in turn is related to lower maternal sensitivity. One of the Dutch studies demonstrated that Surinamese mothers without a partner (very common in this population) showed lower levels of sensitivity than Dutch mothers, but Surinamese mothers with a partner did not differ (Riksen-Walraven & Zevalkink, 2000). This shows the importance of partner support in general and the role of fathers in particular. Our review showed that paternal sensitivity is also related to positive child outcomes in ethnic minorities (e.g., Shannon et al., 2002; Shannon et al., 2006). In addition, there is evidence that positive involvement of fathers and high mother– father relationship quality may buffer against the negative effects of maternal risk (e.g., Cabrera, Shannon, Mitchell, & West, 2009; Howard, Lefever, Borkowski, & Whitman, 2006).

Similarly, positive sibling relations have been found to protect against unsupportive parenting in an ethnically diverse sample, with evidence that sibling support was particularly beneficial to Hispanic American children (Milevsky & Levitt, 2005). In African American and Latino American families, grandparents may also play a substantial caregiving role. However, the literature shows that grandparental involvement can influence parents' well-being both positively and negatively, which may depend partly on the specific ethnic group (Greenfield, 2011; Smith & Drew, 2002).

Although family stress rather than minority status itself seems to be the most proximal predictor of lower sensitivity, the fact remains that because minority families face many more sources of stress than majority families do, their children are substantially more likely to experience insensitive parenting. And as our review also showed, this in turn is a risk for problematic child outcomes in minority groups as well. The good news is that insensitive parenting can be changed (Bakermans-Kranenburg et al., 2003). Given our review finding that parental sensitivity is just as important to ethnic minority children's development as it is for majority children, such interventions could also make a difference in these families.

One may argue that the only reason parental sensitivity predicts positive child outcomes in minority families is because this parenting style is necessary to succeed in a Western society, even for non-Western minorities. Several studies in non-Western countries contradict this interpretation: They have found significant and meaningful associations of maternal sensitivity with child outcomes such as quality of attachment (van IJzendoorn & Sagi-Schwartz, 2008). In addition, a recent study in Turkey showed that maternal sensitive responsiveness is related to positive emotion regulation in preschoolers (Yagmurlu & Altan, 2010). Thus, at least for Turkish minorities in the Netherlands, the value of maternal sensitivity for positive child development does not seem to come from the majority cultural demands of the Western host culture. This is consistent with evidence that mothers from a number of different cultures prefer children to behave in accordance with attachment theory, using their mothers as a secure base from which to explore and as a haven of safety and comfort when they need it (Posada et al., 1995).

FUTURE DIRECTIONS

One of the things that struck us most in the process of reviewing the literature is the small number of countries where studies on sensitivity in minority families have been conducted. We expected that the United States would be the largest supplier, but we did not expect that we would identify only two other countries with relevant studies. Even with less stringent criteria, we found extremely few studies outside of these countries. Because the societal position and cultural circumstances of ethnic minority families can differ substantially depending on the country they live in, it is crucial to know whether minority status and related SES indicators show the same associations with sensitive parenting in different countries.

It is also important to note that the studies from the United States focus almost exclusively on African American and Hispanic families. There are a few observational studies on sensitivity in Asian minority families and none for other ethnic minority groups. The one study of Asian minorities that met the criteria for our review showed lower levels of sensitivity in Chinese Americans than in other minorities and a significant association between sensitivity and positive child outcome (Bernstein et al., 2005). A study of East Asian minorities in Canada (mostly Chinese) failed to meet the age criteria (mean age = 71 months; Chan, Penner, Mah, & Johnston, 2010) but showed that maternal sensitivity was related to more child behavior problems. It is important to note that the study by Bernstein et al. (2005) included 115 Chinese Americans, whereas the study by Chan et al. (2010) included an ethnically heterogeneous sample of only 23 East Asian Canadians. In view of these conflicting findings, we looked for observational studies of maternal sensitivity in China (no age restrictions) and found only one. In that study, observed maternal warmth (a variable that included responsiveness to child's needs) was related to lower levels of child aggression in 4-year-olds (Chen, Wu, Chen, & Cen, 2001), providing at least some evidence that parental sensitivity is related to positive child outcomes in nonmigrant Chinese families. In addition, it seems likely that our main findings can be generalized across ethnic groups, given that we found similar results in the Dutch setting with very different ethnic minority groups. Further, ethnicity itself does not seem to be the issue, but rather low SES and stressful experiences in these groups.

The tables show a substantial number of significant associations between parental sensitivity and child outcomes. Several articles also reported some null findings. We do not report these in the table explicitly because the same is true for some analyses of sensitivity and child outcomes in majority samples. For example, Bernstein et al. (2005) found no associations between observed maternal sensitivity and several child outcomes in any of the four ethnic groups they examined (including European American), except for one significant correlation in the Latino sample. For a balanced view of the evidence, a meta-analysis is required that includes all findings (including null results) and analyses them quantitatively to yield an overall effect size. Another important point is that the real proof for a major role of parental sensitivity in the development of positive child outcomes in different ethnic groups would have to come from intervention studies with randomized controlled designs aimed at fostering positive child outcomes through enhancing parental sensitivity (such as the VIPP-SD by Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2008) in ethnic minority families.

Mothers were the focus of the vast majority of the studies we reviewed. We were happy to find three studies that included much-needed extra dimension to the complex picture of parenting influences on child development (Cabrera, Fitzgerald, Bradley, & Roggman, 2007).

Finally, the field needs studies that disentangle the effects of ethnicity, minority, immigrant and legal status, acculturation, and SES on parenting quality in general and sensitivity in particular. To uncover the unique and joint effects of factors associated with ethnic minority status on parenting, we need studies within ethnic groups that compare those living in their country of origin as part of the ethnic majority to those living in another country as an ethnic minority (including recent and second generation as well as long-standing migrants). One may even consider studying ethnic groups living in neighborhoods in which they are a minority to the same ethnic group living in neighborhoods in which they are part of the majority. This should then be combined with sample stratification based on SES, as well as including measures of stress. Some studies have adopted such an approach (e.g., Chuang & Su, 2009; Daglar et al., 2011; Varela et al., 2004), but none of these examined sensitivity and most were on adolescents.

With our systematic literature review, we documented the crucial role of socioeconomic stressors in the sensitivity of minority parents, whereas we found little evidence for cultural explanations of sensitivity differences between minority and majority groups. We conclude that Conger's family stress model is very much applicable to the stressful family context of ethnic minority parenting. Socioeconomic context puts minority children at risk for unfavorable outcomes, and we found no indications of cultural impairments for parents to be sensitive and for their children to develop optimally when raised sensitively. Minority children's well-being would be greatly served by interventions aimed at both reducing family stress and enhancing parental sensitivity.

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