

A Review of Second Language Learning Factors for Refugee Populations

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Abstract

Refugees experience more pre migratory hardships than many other immigrants and second language learners. These hardships often include educational disruption or unavailability due to political instability and their displacement (Bonfiglio, 2010). Trauma in the form of torture, violence, loss of loved ones, lack of food, and political and economic oppression are also commonly reported pre migratory experiences in refugee populations (Steel, Silove, Phan & Bauman, 2002; Elmeroth, 2011). These factors can lead to added difficulties while acculturating to their country of asylum, specifically to the area of language learning (Schumann, 1986; Clarke, Sack & Lanham, 1993; Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000). In this paper, I will review some of the current literature on the importance of learning the language of refugees' post migratory countries. In addition, I will discuss acculturation factors, PTSD, and illiteracy and how they may play a role in the second language learning process of refugees. These experiences interact with the refugee language learning experience through increased social isolation, decreased learner motivation, memory difficulties, and neurological processes (Schumann, 1986; Clarke, Sack & Lanham, 1993; Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000). Additionally, I will briefly address research that suggests methods for refugee education.

A Review of Second Language Learning Factors for Refugee Populations

The attainment of basic human needs is a desire of all peoples despite nationality, creed, or ethnicity. For many, one's country fosters these needs through protection from persecution and support during times of hardship (The UN Refugee Agency, 2011). However, famine, war, prejudice, and civil unrest have the ability to devastate nations and force thousands to flee for their lives. These displaced peoples are refugees. According to the Office of the United Nations High Commissioner for Refugees (UNHCR) a refugee is someone who:

owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country (The UN Refugee Agency, 2011).

Due to unrest in their countries, refugees are at high risk for traumatic experiences, torture, and other tribulations (Steel, Silove, Phan & Bauman, 2002). In addition, some refugees have grown up without conventional schooling or had their schooling interrupted by their displacement (Bonfiglio, 2010). Refugees must relocate if they are to save their lives or preserve their freedom, as they have no protection in or from their own state.

Refugees' tumultuous journeys do not end when they flee their countries, but merely continues with a new obstacle: learning the new language of their country of asylum. Refugees themselves have indicated how essential language learning is in adapting to the new environment, culture, and way of life of a novel country (Keyes & Kane, 2004). This language learning process is made more complex and difficult by a culmination of factors put forth by the refugee experience. According to current literature, acculturation factors, post-traumatic stress disorder (PTSD), and illiteracy due to pre migratory educational disruption and are implicated in hindering the language learning process in

refugee populations (Schumann, 1986; Clarke, Sack & Lanham, 1993; Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000; Bonfiglio, 2010).

Importance of Language Learning

Language learning and education have been posited time and again as essential in the orientation of refugees into a new country (Delgado-Gaitan, 1994; Elmeroth, 2011; Keyes & Kane, 2004). Researcher Delgado-Gaitan (1994) explored this connection by analyzing the experiences of Russian refugee families enrolled in the Family English Literacy Program in California. As this study analyzed the experience of a small number of immigrant families, it can be aptly termed a case study, or an investigation that looks intensely at a small number of individuals, often in the hope of opening up new areas of study (Stanovich, . In this qualitative study conducted through interviews, participants suggested that education supported opportunities for preventing language barriers, residential segregation, prejudice, and religious barriers (Delgado-Gaitan, 1994). On an opposing end of the spectrum, a lack of language skills for this community proved to be a deciding factor in multiple facets of these Russian families' lives. For example, one family recalled when lack of English skills proved to be extremely detrimental in an emergency health care situation. When the youngest son in the family developed severe chest pains, he was immediately taken to the hospital to receive care. Though the oldest son was trained as a doctor of general medicine in Russia, his lack of English skills prevented his brother from receiving prompt care (Delgado-Gaitan, 1994).

For this Russian community, English language acquisition was often the mediating factor in the attainment of lucrative employment and a means of economic security in their new home often restricting access to lucrative employment. For one participant who was a father of 13 children, a lack of English skills severely limited his employment opportunities. His only position option was to become a bus driver, in which he was unable to make enough money for his family to stay off of welfare. Occupations such as this paid low wages and often did not have health care coverage. Many of

the parents reported being frustrated by their lack of language skills and subsequent limited job opportunities (Delgado-Gaitan, 1994).

Depending on a refugee's new home, learning the national language of the country is required to successfully integrate in a more legal manner. In Sweden, for example, immigrants must pass a test on the Swedish language in order to join workforce (Elmeroth, 2011). In some countries, language is required to acquire citizenship (Hope, 2011). For example, competency in English was introduced as one of the prerequisites for obtaining formal UK citizenship in 2005, thus rendering language acquisition increasingly important for refugees to truly belong to their new home (Hope, 2011).

For a group of women Bosnian refugees living in the United States, intensive interviews also identified language acquisition as important to achieve a sense of belongingness and adaption (Keyes & Kane, 2004). Along with perfection of speech, a sense of belonging for these refugees included concepts of cultural memory, identity and difference, empathy and reciprocity. These women identified adaption as coping with transitions, coping with memories of past and attendant losses, coping with accepting a new culture while trying to fit into the new culture, and learning the new language perfectly (Keys & Kane, 2004). The women in this phenomenological study identified the more difficult side of their transition by discussing their feelings of culture shock, loneliness, psychic numbness, grief, nostalgia, and feelings of dejection, humiliation, inferiority, and feeling as if they belonged nowhere (Keys & Kane, 2004). The importance of language learning was a stressed factor in coping with these hardships and finding a sense of belonging and adaption. Taken into consideration with other results, this study demonstrates that language acquisition is immensely important for refugees' adaption to their new home.

Acculturation Factors

Acculturation factors have often been posited as relating to language acquisition for refugees (Shuman, 1986). Acculturation has been defined as the social and psychological integration of the

learner with the target language group and has been shown to add stressors to the already strained lives of refugees (Shuman, 1986). Factors such as social isolation, changing family roles, barriers to mental health care, and the view of the learner ethnicity in the new society all closely interact with the language learning process and may serve to impede it through increased cultural distance and learner motivation (Elmeroth, 2011; Lovell, Tran & Nguyen, 1987; Codrington, Iqbal & Segal, 2011; Schumann, 1986).

Social Isolation

To learn a new language, one must speak it, often through contact with speakers of the target language (Szuber, 2007). In a study conducted with 59 native Polish-speaking immigrants age 11-19, data on the age of arrival in the U.S. and their language speaking environments were collected. Researchers found that although age of arrival predicted their exposure to English, it was not a direct predictor of their use of English (Szuber, 2007). Instead, exposure to English through activities and social interaction was found to predict the subsequent amount of English used by participants. Due to these findings, the amount of social contact and opportunities to practice a target language can be seen as important in the ability to use a language and attain proficiency (Szuber, 2007).

Despite the acquisition benefits of practicing the target language, refugees can become marginalized in their new country, leading to social isolation and a lack of language learning opportunities with native speakers (Elmeroth, 2011). In a study conducted in Sweden (Elmeroth, 2011), 22 Kurdish refugees were interviewed to discover hindrances to their acquisition of Swedish. All of the participants were enrolled in one of two language courses; Basic Adult Education (BAE) and Swedish for Immigrants (SFI). The course of enrollment depended on their literacy, BAE being the more beginner class. At the time of the interviews only two of the refugees had been in the home of a Swedish person. When prompted to reference Swedish people they had contact with and had spoken to, nearly all students named only their language teacher (Elmeroth, 2011). A BAE student stated that he

frequently attempted to make contact with his Swedish neighbors, but they seemed to view him with suspicion and were very distant. Compounding this social isolation is the fact that these refugees came from refugee camps and had very difficult life circumstances before arriving in Sweden; they often were not able to meet their basic needs (Elmeroth, 2011). This lack of basic needs can cause a lack of language learner motivation. In light of this lack in learner motivation of many BEA students, a sense of belonging in the Swedish society never materialized for them. Though the sample size of this study is small and therefore generalizability of the conclusions is limited, it serves to highlight the challenges refugee language learners face to integrating into their new society and using the language they are attempting to learn.

Changing Familial Roles

Changing familial roles in refugee families complicate the language learning process even further. As different family members are able to acculturate more quickly, their exposure to the target language is higher, which leads to faster learning (Lovell, Tran & Nguyen, 1987). The Seattle Women's project (Lovell, Tran, & Nguyen, 1987) identified many of these difficulties and attempted to assuage these problems for women refugees from Southeast Asia. The women attending this institute experienced an enormous change in their familial roles upon arriving to the United States (Lovell, Tran & Nguyen, 1987). As their children were able to acquire English language skills more quickly, they became the mediators between their parents and their new environment. This can be due to the fact that children are more likely to see language as a method of play and find communication to be a source of pleasure than adults (Schuman 1986). Some of these women also lost their husbands in their flight to safety. Because of these factors, many women felt isolated and a strong disruption in their parenting authority due to their reliance on their children (Lovell, Tran & Nguyen, 1987). Due to these factors, familial roles serve to further complicate refugees' lives and their second language learning experience.

These differences in rates of learning have to ability to affect the relationship of refugee couples

in addition to the relationship between parents and children. The Seattle Women's project (Lovell, Tran, & Nguyen, 1987) found that women were often able to learn English at a faster rate than their husband counterparts. This observation may have been due to Southeast Asian male refugees' worries about "losing face" (p.320) and appearing foolish if they made mistakes, thus they were more hesitant to speak (Lovell, Tran & Nguyen, 1987). In addition to a higher willingness to make mistakes, women language learners have shown to experience less foreign language anxiety than men, thus increasing their rate of language acquisition (Dewaele, 2007). The more rapid acquisition of English language skills made the refugee women of the Seattle Women's Project more able to find employment than their husbands, thereby dynamically changing their roles and responsibilities. Many men perceived a loss of control as they were devalued in the social arena and their wives took on less traditional roles (Lovell, Tran & Nguyen, 1987). This learning inequality was an added stressor to the language learning process for both the male and female refugees (Lovell, Tran & Nguyen, 1987).

Barriers to Mental Health Care

The refugee population experiences high rates of trauma, either from events in their home country or occurrences on their flight to safety (Corvo & Peterson, 2005). Due to this, subsequent related health problems are a concern. In addition, the stresses of living as a refugee in a new country can often cause familial problems and mental health problems (Corvo & Peterson, 2005). Some emotional problems reported by refugees are states of culture shock, loneliness, psychic numbness, grief, nostalgia, and feelings of dejection, humiliation, inferiority, and feeling as if they belonged nowhere (Keys & Kane, 2004). Despite these pressing problems, very real barriers to mental health care can have a detrimental effect on refugees' motivation and subsequent language learning ability. In a study conducted to assess the failure of mental health programs for refugees, families often had housing and employment problems- these things trumped the need for therapy. In addition, these therapists discovered that in some languages, there is no word for "counseling." Cultural factors and

ideas about mental health such as this impede access to resources. Refugees in this mental health were often more used to direct advice from religious leaders or family members (Codrington, Iqbal & Segal, 2011). Additionally, a sense of distrust sometimes manifested between the refugees and the therapists, as many of the families did not understand why the therapists were asking so many questions and thought information they revealed might go to the government. These barriers to care hinder their ability to work through their experiences and may isolate them further from their new society and community.

View of Learner Ethnicity

The view of the refugees' ethnicity in their new country has been shown to affect learner ability through a number of channels as well. If second language learning group feels that they are inferior to the main group it can impede their language learning due to increased social distance and less target language exposure (Schuman, 1986). This impediment can produce a lack of integrative motivation, or the desire to learn the second language in order to converse with native speakers. Instead, refugee learners may have an instrumental motivation and merely want to acquire the second language for utilitarian reasons, such as attaining an occupation (Schuman, 1986). As instrumental motivation does not deem social interactions a necessary part of language learning, learning benefits much less than situations when the learner desires to participate in social interactions. The importance of learner ethnicity was posited as important in the study on Russian refugees as well (Delgado-Gaitan, 1994), as their lesser degree of social distance allowed them to acculturate and learn the language more easily than other immigrants to California, such as uneducated rural Mexican refugees (Delgado-Gaitan, 1994).

PTSD

Trauma, PTSD, and the Refugee Experience

Some of the most frequently reported mental health problems in traumatized refugees are

depression, anxiety and post-traumatic stress disorder (PTSD) (Carlsson, Mortensen & Kastrup, 2006.) PTSD specifically can occur after someone goes through a traumatic event like combat, assault, or disaster. Its three main symptom clusters include intrusive reexperiencing symptoms, avoidance behaviors, and hyperarousal (DSM-IV; American Psychiatric Association, 2000). While most people have some stress reactions after a trauma, if these reactions don't go away over time or disrupt a person's life, they can be described as suffering from PTSD. For refugees, suffering from PTSD can have many negative and hindering side effects on their lives and their ability to adapt to their new circumstances (Steel, Silove, Phan, & Bauman, 2002; Clarke, Sack & Lanham, 1993; Carlsson, Mortensen & Kastrup, 2006). PTSD has also been shown to negatively affect memory, thus causing substantial difficulties in refugees' second language acquisition (Emdad, Sondergaard & Theorell, 2005; Johnsen, Kanagaratnam & Asbjornsen, 2008).

Experiences of trauma have shown to be highly correlated with subsequent mental health problems in refugee populations. In a study of 1161 adult Vietnamese refugees living in Australia, researchers investigated mental illness levels through questionnaires which assessed the frequency of international classification of disease, version 10 (ICD-10), ascertained the amount of trauma the participants faced, and recorded the length of time they have been residing in Australia (Steel, Silove, Phan, & Bauman, 2002). By using the ICD-10, researchers were able to limit the amount of cultural bias and utilize a more culturally sensitive symptom measure in assessing the refugees reported symptoms and increase the validity of their results. In this study, it was found that participants with more self-reported traumatic experiences had significantly higher probabilities of having mental health problems than those who hadn't experienced as many. These results were relatively sustaining, as the mean amount of time residing in Australia was 11.4 years (Steel, Silove, Phan, & Bauman, 2002). These mental health problems also proved to have effects on the lives of refugees who were experiencing them. Those suffering from mental illness reported more days of missed work or days

where they were unable to do normal daily activities, and had reduced function (Steel, Silove, Phan, & Bauman, 2002).

In assessing this study, it is important to identify the strengths and limitations. This study had a large sample size and was able to glean long term mental health information from a refugee population. This long term information and research is not as common in research on mental health of refugees as that of studies that are conducted soon after refugees arrive in their new country (Steel, Silove, Phan, & Bauman, 2002). In addition, the use of a culturally sensitive symptom measure allowed researchers to gain more accurate views of the participants' experiences and interpret the data correctly. However, the design of this study did have some limitations. To obtain significant statistical power, the researchers grouped all mental illnesses together, rather than looking at the long term prevalence of specific disorders, such as PTSD. Additionally, the use of self report measures and the passage of time may have detracted from or not accurately reflected the participants' traumatic experiences. However, while more minor details of trauma may be altered, the core aspects are thought to remain reliable with time (Steel, Silove, Phan, & Bauman, 2002).

Carlsson, Mortensen, and Kastrup (2006) delved further into the area of trauma and mental illness for refugee populations by assessing the connection between rates of torture among refugees and the subsequent rates of PTSD, depression, anxiety. Additionally, as researchers aimed to analyze a connection between levels of torture and the participants' quality of life, they collected data such as present occupation, religious involvement, social interactions with family and friends, and a sense of belonging Denmark, the country where this investigation took place. The participants in this study were 63 tortured males admitted to pretreatment assessment at the Research Center for Torture Victims (RCT) in Denmark. Information was collected on personal background, trauma, and symptoms of depression, anxiety, and PTSD by using the Hopkins Symptom Checklist-25 (HSCL-25), the Hamilton Depression Scale (HDS), and the Harvard Trauma Questionnaire (HTQ). The health-related quality of

life of the participants was also measured using the WHO Quality of life-Bref (WHOQOL-Bref). The researchers used self-administered questionnaires and structured and semi-structured interviews with interpreters as needed to gather this data (Carlsson, Mortensen, & Kastrup, 2002).

Though the types of trauma experienced by these men were varied, all of the participants experienced substantial physical and emotional distress as pre-migratory factors. Ninety-eight percent of the men had been beaten, nearly 70% witnessed torture, 63% had experienced electric shock, and more than half of the participants suffered a mock execution (Carlsson, Mortensen, & Kastrup, 2002). As experiences of trauma are necessary for a diagnosis of PTSD, rates for this population were predicted to be high. Upon assessing the data this proved to be the case; researchers found an estimated 80% prevalence rate of PTSD (Carlsson, Mortensen, & Kastrup, 2002). While pre-migratory experiences of torture were strongly associated with subsequent development of PTSD and other disorders of emotional distress, past traumatic events such as torture had very low predictability for the health-related quality of life. In contrast to this fact, social relations were a significant predictor of all four domains in the WHOQOL-Bref which measured health-related quality of life (Carlsson, Mortensen, & Kastrup, 2002). Studies such as this show the high prevalence of trauma often found in refugee populations.

While this study demonstrated a strong association with traumatic experiences and subsequent PTSD symptoms, the sample of this study was extremely specific and cannot be generalized to the refugee experience in general. First, this was a highly selective group of extremely traumatized refugees, all of whom experienced torture specifically. This limits the ability to generalize these statistics as not all refugees have experienced past torture. In addition, all of the participants of this study were male. This was due to a small number of tortured women currently enrolled at RCT for pre-assessment at the commencement of the study. Of the 23 women enrolled, a subsection of nine had

experienced torture. Due to this fact researchers justified a men-only sample as males and females may react to torture differently (Carlsson, Mortensen, & Kastrup, 2002).

The effects of trauma on refugee women have been extensively studied as well, and have shown to be comparable with that among male refugees of the same ethnicity (Robertson et al., 2006). In a large cross-sectional sample of 428 Somali and Oromo women with a parenting status (Robertson et al., 2006), researchers gathered data through the use of questionnaires with measures including demographics, history of trauma and torture, scales for physical, psychological, and social problems, and a post-traumatic stress symptom checklist. As parenting status was a variable of interest, the women were seen as pertaining to one of three groups; those who had never been responsible for children, those who were responsible for one to six children, and those who were responsible for more than six children. For nearly every social, psychological, and physical level of measurement, the researchers found that the women responsible for more than six children were at a statistically significant disadvantage (Robertson et al., 2006). These women were older, had been in the United States for a shorter time, had higher torture and trauma counts, and higher subsequent PTSD scores. They were also more likely to be living without a spouse, illiterate, have less education, be unable to read or write in English or have a job (Robertson et al., 2006). Most of the women in this study despite their parenting status had reported seeking treatment for a medical problem in the last few months as well. Data collected in this study suggests that while the traumatic experiences of women refugees may be different than men, the prevalence rates were comparable to male refugees from the same ethnic population. Pre-migratory trauma is thus shown to have a large effect on refugee populations as a whole.

PTSD and Memory Impairment

The traumatic experiences that refugee men and women face have proven to have effects on many facets of their lives including the development of PTSD (Robertson et al., 2006; Carlsson,

Mortensen, & Kastrup, 2002). Of the many effects of PTSD has been found to be cognitive impairments in working memory (Johnsen, Kanagaratnam & Asbjornsen, 2008; Emdad, Sondergaard & Theorell, 2005). Proper memory functioning has shown to be an important factor in many areas of cognitive functioning such as language comprehension, learning, and reasoning (Baddeley, 1996). Due to these facts, PTSD can be posited to have negative effects on refugees' lives, especially the process of learning a second language.

The memory related effects of PTSD have been studied in refugee populations in the past. Elmeroth, Sondergaard and Theorell (2005) analyzed the memory ability of figure logic in an Iraqi refugee population. The researchers divided this population into two samples; 30 Iraqi refugees with PTSD and 20 Iraqi refugees without a PTSD diagnosis whom were considered healthy controls. Both groups were Arabic and Kurdish refugees from Iraq who had recently settled in Sweden. Due to the inclusion of the same ethnic population for both groups, the variable of PTSD was more strongly isolated. For measurements, Thurstone's Picture Memory Test (TPMT), the Raven Standard Progressive Matrices (RSPM), and the Benton Visual Retention Test (BVRT) were used to test the participants' figure logic and visual learning, their ability to think and reason clearly, and their immediate recall of geometric figures.

Conclusive with past research on memory effects of PTSD, researchers found a significant difference between the PTSD group and the control group with regard to the TPMT scores. This difference still held true even when adjusted for age and number of years of education. These results provide support for the hypothesis that short term visual memory is impaired in PTSD patients as the PTSD group showed a marked lowering of short-term memory function compared to the control group. These results may suggest that the disorder of PTSD causes neurological damage (Elmeroth, Sondergaard & Theorell 2005). While this fact has not yet been proven, the connection between PTSD and working memory impairments exists and has been measured in refugee populations.

In addition to the effects of PTSD on figure logic and spatial reasoning, the effects on verbal learning and memory have also been investigated using refugee populations (Johnsen, Kanagaratnam & Asbjornsen, 2008). In this study on the aspect of verbal memory, Twenty-one refugees exposed to war and political violence with chronic PTSD were compared to an exposed control sample of 21 refugees without PTSD. Delving more deeply into the idea of verbal learning and memory, researchers sought to analyze the relationship between attention, encoding, storage, and retrieval. By analyzing these facets of memory in turn, researchers hoped to identify the specific mechanism of memory that PTSD was affecting. To test these ideas, researchers used multiple assessments tools, including the California Verbal Learning Test (CVLT), the Digit Span forward and backward, and the Paced Auditory Serial Addition Test. The conclusions drawn from this study were in line with previous research on PTSD and memory, but added yet another component to this body of investigation: they identified the specific areas of memory impairment. A global memory impairment of attention, encoding, storage, and retrieval was not found, as attention abilities and retrieval of information differences were not statistically significant. However, less efficient learning and subsequent function of encoding and storage were found in the refugee sample with PTSD (Johnsen, Kanagaratnam & Asbjornsen, 2008). These findings suggest that the ability to learn new information is hindered in refugees with PTSD. As a second language's vocabulary, grammar, pronunciation, and rules are all new information to a refugee learner, these memory effects can be implicated in the language learning process.

PTSD and Social Isolation

For second language learning, social interaction provides the necessary opportunities to practice and improve learner communicative competence and ability (Schuman, 1986). Though social interaction is known to be important in second language learning, refugees suffering from PTSD can face an enormous barrier to this form of practice: Traumatic experiences and subsequent PTSD have shown to inhibit normal daily functioning and the frequency refugee learners are exposed to

acculturation situations, and thus chances to experience the second language outside of the classroom environment (Steel, Silove, Phan & Bauman, 2002; Carlsson, Mortensen & Kastrup, 2006).

In the aforementioned study on adult Vietnamese refugees living in Australia (Steel, Silove, Phan & Bauman, 2002), researchers found a connection between the amount of trauma experienced and the refugees subsequent daily functioning. Interviews were conducted using trained bilingual interviewees, with questions pertaining to refugees' social, economic, and cultural factors since migration. From these interviews and subsequent data analysis, participants with mental illness reported more days of missed work or days where they were unable to do normal daily activities (Steel, Silove, Phan & Bauman, 2002). As for the connection between trauma and social factors, an increased risk of mental disorders was associated with separation from immediate family, living alone, unemployment, no home ownership, and poor English speaking skills. Among these factors, living alone and poor English speaking skills were the most strongly correlated with a higher rate of traumatic events and subsequent increased risk for mental health disorders (Steel, Silove, Phan & Bauman, 2002). While the study cannot be seen to show mental health disorders and trauma cause poor English speaking skills, it can be posited that they are connected, such that social isolation is a mediator perhaps.

The specific mental health disorder of PTSD and its effects on second language learning has been studied in refugee populations. In one study, 39 Khmer subjects participated in interviews and completed the Stanford-Binet vocabulary section, and the Peabody Picture Vocabulary Test Revised (PPVT-R) (Carlsson, Mortensen & Kastrup, 2006). Of these 39, 18 of the subjects previously been diagnosed with PTSD, thus forming two groups of study. For each participant, the interview lasted about three hours and was conducted in English with a Cambodian interpreter present. While the Stanford-Binet vocabulary section and the PPVT-R were used to test the participants' organic

intelligence, the interview aimed to test for English proficiency. The interviewer rated proficiency through a percentage rating of how much of the interview was conducted in English.

The researchers' findings rang true with the idea that PTSD has an effect on language learning, though they were unable to draw a causal relationship (Carlsson, Mortensen & Kastrup, 2006). Participants with PTSD received significantly lower English proficiency ratings based on their interviews. In addition, their scores on the PPVT-R were also significantly lower than the scores of their counterparts without PTSD. Although the PPVT-R intercorrelated highly with the Stanford-Binet vocabulary test, statistically significant findings were not replicated with the Stanford-Binet vocabulary test. From these findings, researchers posit that having PTSD may inhibit refugees from participating in acculturation activities and attaining language skills, though more research is still needed on this area (Carlsson, Mortensen & Kastrup, 2006).

While a statistically significant relationship was found between a PTSD diagnosis and subsequent English language skills, this study contained a relatively small sample size. In addition, they found that nearly 75% of the scores on the PPVT-R and the Stanford-Binet vocabulary test fell below the IQ score of 70, which is considered a level of mental retardation (Carlsson, Mortensen & Kastrup, 2006). This shows that these two measurements were not culturally sensitive and measured English language skills rather than an overall intelligence. In addition, a limitation of this study may be the use of interviewers as raters of English ability. Though ratings were correlated with scores on the PPVT-R and the Stanford-Binet vocabulary test, the ratings were consistently higher. This suggests that a more accurate measurement system should be used to collect data on English language skills.

Illiteracy

Though it varies by country of origin, refugee hardships can often lead to educational deficits. For example, refugees fleeing from the Sudan, the Democratic Republic of Congo, Rwanda, and Burundi have grown up without formal schooling due to conflicts in their home countries, or had their

schooling interrupted by their displacement (Bonfiglio, 2010). Somali and Oromo women refugees residing in Minneapolis also showed high rates of illiteracy (Robertson et al., 2006). Illiteracy and refugee's level of education in their first language have shown to correlate with mental health and have effects on refugees' learning ability (Elmeroth, 2011; Hou & Beiser, 2006; Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000; Carlsson, Mortensen & Kastrup, 2006).

Illiteracy in refugee population has proven to highly correlate with mental health problems in numerous studies. Illiteracy rates correlated with high rates of mental health problems in a large cross-sectional study of Somali and Oromo women (Robertson et al., 2006). Higher rates of education in a sample of 63 tortured male Iraqi refugees were found to predict lower mental health scores (Carlsson, Mortensen & Kastrup, 2006). As mental health has shown to be important factors in the language learning process, this correlation between illiteracy rates and mental health is important in understanding second language learning.

Levels of formal education in one's first language have shown to be important in second language learning (Elmeroth, 2011; Hou & Beiser, 2006). In a study on the experiences of Kurdish immigrants in Sweden, many differences were found between the 11 literate language learning students, enrolled in a class called Swedish for Immigrants (SFI), and 11 illiterate refugees enrolled in basic adult education (Elmeroth, 2011). Firstly, the SFI students had clearer aims with their lives and why they were learning Swedish. They showed to have a clear plan to meet their goals, most of which were work related, such as securing jobs and validating diplomas from their native country. The aims of education for the illiterate group were less clear. Many of them said they did not know what they would do upon completion of their Swedish language instruction. A sense of resignation was found in the BEA group, as though they would never grow to belong in the Swedish culture (Elmeroth, 2011). The SFI group also had a repertoire of language learning strategies that were found to be absent in the

BEA group (Elmeroth, 2011). These group differences can be seen to interact with the second language learning process, rendering it a different experience for literate and illiterate learners.

Formal education was found to be the overriding influence that affected English proficiency in the early years of resettlement of a group of 608 South East Asian refugees in Canada (Hou & Beiser, 2006). In this longitudinal study, English language skills were measured at three different intervals: upon arrival to Canada, two years after arrival, and ten years after arrival. The participants self-reported their English language abilities at each interval and answered questions about their ability in a variety of different situations. In addition, demographic and education information was collected. Data analyses for the participants showed the highest rate of language acquisition and improvement occurred within the first two years of moving to Canada, though improvement was also found at the ten year interval. At the end of ten years, 15% of the population was still unable to conduct a conversation in English, showing the vast majority to have made large gains (Hou & Beiser, 2006). For the early years of resettlement, pre-immigration education was found to be the major factor determining refugees' English-language proficiency. While this study does not analyze why this factor is so important in second language learning for these refugees, it strengthens the research that a connection exists.

While interviews, assessments, and self-reports of illiteracy connections to second language learning have been found, differences in pseudo word processing have been found on a neurological level in people who are literate and illiterate (Pettersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000), possibly showing this is what mediates second language learning and causes noticeable differences between learners who are illiterate in their first language and those who have had formal education. In a study on neurological processing, researchers used PET scans to analyze the neurological activation of illiterate and literate participants while they read real words, along with activation while reading pseudo words, or words that sound like actual words, but are not (Pettersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000).

Researchers found that the language processing and repetition of real words produced the same neurological activation for both literate and illiterate participants. Data also showed that the processing for real words and pseudo words did not differ within the literate group. However, a significant difference in the neural network activation of pseudo words and real words was found in the case of the illiterate participants. The researchers suggest this difference exists because people who are illiterate do not have an orthographic representation system for new words (Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000). This difference can be seen to translate to second language learning as a new language contains foreign utterances that language learners must learn to comprehend and associate with meaning.

Despite these facts, the migratory experiences of refugees may provide a benefit in the process of learning the new language of their country of asylum. For example, due to living in a refugee camp with multiple spoken languages, some Kurdish refugees spoke more multiple languages upon arriving in Sweden. This knowledge of multiple languages due to residing in countries of transition may have a benefit when refugees are learning the language of their country of asylum. In a study on foreign language anxiety (FLA), researchers found that people who were multilingual experienced less FLA than people who were bilingual (Dewaele, 2007). This may suggest some refugees have an advantage in foreign language learning because many flee to multiple countries before reaching their permanent new asylum.

Future Directions and Discussion

Many stressors are placed on refugees including changing family roles, economic difficulties, and acculturation difficulties such as social isolation feelings as if they belong nowhere (Lovell, Tran & Nguyen, 1987; Keyes & Kane, 2004). In addition to acculturation factors, the pre-migratory experience of refugees often include periods of trauma and distress (Steel, Silove, Phan & Bauman, 2002). In the words of one Kurdish refugee woman:

". . .there was shooting around the city and we had a lot of fears because we knew that they had orders to rape women and . . . kill them, or destroy that house while the people are in it . . . they destroyed our house, and the things we saw . . . I pray to God that nobody should see that. (Hollifield et al., 2006, p. 528).”

From these experiences of trauma, PTSD rates and mental health problems in refugee populations are of concern (Steel, Silove, Phan & Bauman, 2002; Carlsson, Mortensen & Kastrup, 2006; Knipscheer & Kleber, 2006). Educational disturbances are also an added difficulty to the lives of refugees (Bonfiglio, 2010). Through mediating factors of social isolation, memory effects, and different processing of the new language, all of these factors affect the second language learning process for refugees (Shuman, 1986; Johnsen, Kanagaratnam & Asbjornsen, 2008; Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000). These factors should be taken into account in refugee language classrooms.

Past research on refugee education provides some important steps that should be taken in refugee classrooms, though more research on refugee language learning factors and subsequent learning style is needed. The language learning process should be made relevant to the refugees' lives in order to aid the learning process (Dooley & Thangaperumal, 2011). To do this, Bigelow (2010) suggests they should be provided with opportunities to find ways of contributing their knowledge and skills to the classroom environment. Marginalization should be avoided through teacher and peer support, and their culture and linguistic status must be supported and not threatened. Hope (2011) also suggests that their pre-migratory history and aspirations for the future should be incorporated into their learning as well. She refers to this incorporation as addressing the refugees' transcultural capital. In assessing the added difficulties refugees must face, Knipscheer & Kleber (2006) argues that a social and support services network would benefit refugees if conjoined with English language classes. This combination would allow refugees to have a support system and help them with problems that arise due

to factors outside the classroom. These various techniques and suggestions for learning environments would aid in decreasing the effects of the added life stressors of refugees and help to facilitate their learning process.

Acculturation factors, PTSD, and illiteracy play a role in the second language learning process of refugees. These experiences interact with the refugee language learning experience through increased social isolation, decreased learner motivation, memory difficulties, and neurological processes (Schumann, 1986; Clarke, Sack & Lanham, 1993; Petersson, Reis, Askelof, Castro-Caldas & Ingvar, 2000). As refugees experience more pre-migratory life difficulties than many other refugee groups, these factors should be kept in consideration in the learning environment (Bonfoglio 2010; Hope, 2011).

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Appendix

My service learning experience strongly influenced my decision to investigate second language learning in refugee populations. I am currently volunteering at Cedar-Riverside as an English teacher to a wonderful group of adult language learners. They are warm, engaged, appreciative, helpful, and animated. In addition to these facts, they are also nearly all Somali refugees fleeing from famine and political instability. Because of the friendly and positive environment my learners create, I often forget they are refugees. This forgetfulness is immediately shattered when one of the women states her children are still in her home country and she has not seen them for eight years, or another woman tells me her husband was killed and she came here alone. As an added factor, nearly all of my students are also learning to read and write for the first time, a fact that I still find hard to understand considering my very privileged educational experience. These jarring experiences and realizations remind me I must consider their life experiences and intrigued me to understand their experience more fully, and learn about some of the hindrances to their language learning process.