

Refugees' Inclusion: A Commentary About Sense of Belonging through Language

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Abstract:

To guarantee the well-being and the academic achievement it is crucial into the global society to develop techniques to assess language competence and control psychological aspects on the second language learning context. The current scenario of the war conflicts that are emerging mostly in Europe and Middle East have been resulting in forced immigration and refugees' maladjustment. The inclusion is the priority for United Nations concerning the sustainability of societies. For inclusion, psychological screening tests and educational tools are urgent. Method: Approximately 100 refugees from Ukraine were assessed, in Portugal, under the administration of the PCL-5. This 20-item instrument evaluates the Post-Traumatic Disorder. Expected results: The preliminary results expected are the existence of post-traumatic symptomatology (anxiety, hypervigilance, stress) in the refugee population immigrated due to the Russo-Ukrainian war. Implications: In brief, the result positive for PTSD will be discussed concerning the problems of belonging, the psychological constraints and educational attainment (language needs included) experienced by the individuals more recently arrived to the hosting societies. The refugees' acculturation process and the emotional regulation will be addressed.

Keywords: *Refugees, immigration, educational needs, trauma, inclusion, second language.*

I. Introduction

The war conflict is one of the most frequent events that cause trauma, at different levels. The time of exposure and the typology of events experienced – direct or indirectly – determine the anxiety, stress and affected sense of belonging of individuals in the following circumstance of life: forced migration and refugee status in hosting societies. The present study focusses the forced migration as main variable that may explain the odds ratio for trauma indicators observed among Ukrainian refugees in Portugal.

The Russo-Ukrainian armed conflict is a current human crisis that generated forced migration especially affecting the sociodemographic structure of European countries that became overloaded considering the quality as hosting systems. Despite of the previous (and active) war conflicts provided background (and experience) for countries to receive high number of refugees and asylum seekers, the Ukrainian refugees turned into millions of persons displaced since February 2022. This did not endorse the hosting conditions in the government of European countries. Since Vol. 5 No. 2, (2023)

2022, specifically in Portugal, we are receiving and placing Ukrainian refugees around several regions of the country with the priorities for housing and schooling needs. To add, the placement at labor market. In this context of emergent needs and hosting conditions, the psychological assistance is underestimated in a new challenging society. The subtraction of mental health screening or failure in the assistance regarding the basic psychological needs, considering civilians mostly, will result in high probability of acute trauma.

Ukrainian population, in movement due to the war, was assessed as having serious mental issues according to World Health Organization (WHO) [1]. The emergent state that we are facing: educational systems are overloaded with young students from Ukraine and from other countries in simultaneous war conflict (such as Syria); educational tools are not completely adequate to evaluate the level of first language skills and of second language skills readiness (mainly in children, at school) [2,3]; there are no positions at labor market that help positive rates for the wellbeing of refugees. This last point deserves attention considering the sense of belonging as one of our aims of study.

In case of adult refugees, it is likely that positions available – in the hosting country - for immigrants and refugees (outlining these are different minority groups) are not matching positively with the educational and professional background of most of the cases. Sense of belonging become fragile in this population because it is in risk. In the hosting country, these group of migrants are experiencing several problems at the same time related to the war loss and to the new adaptation. Concerning both contexts, trauma raise as substantial consequence. Afterall, the war resulted in the loss of love ones, of houses and organized household system, and the mobility not wanted to other countries where the conditions are not fully prepared or desired in the perception of the refugee. On the other hand, the existence or pre-existence of trauma is enhanced by the problems with schooling (for under age groups) and with work conditions (for adults in active age to work) at the country of destination

The conditions for trauma or, at maximum, for developing Post-Traumatic Stress Disorder (PTSD), are numerous and should be assessed and supervised in each individual. Little literature is known on the assessment of trauma or of PTSD in refugees. On the contrary, several studies supported evidence of anxiety,

stress, depressive, dissociation symptomatology and personality changes occurring in these minorities [2,3].

The cross-cultural validity of posttraumatic stress disorder: the PCL-5 [4] is widely used to assess the presence of PTSD in population suffering from anxiety and stress in frequent episodes associated to several traumatic events occurred in the last seven days (considering the time of screening). The most common events reported are war conflict, terrorist attacks, natural disasters, traffic accidents or domestic violence.

Acute levels of anxiety and reactive stress are amplified when referring to refugees and other individuals struggling with rapid changes and mobility in their lives due to separation from their home, work stability, social network and families. Overall, in the case of a refugee, the entry in hosting country is followed by acculturation stress [5,6] This differs in gender, considering that women tend to experience more stress, anxiety and personality changes, even PTSD, compared to males. Women struggle more to adapt. We are addressing, all times, the adults when mentioning PTSD because it cannot be assessed in younger age. It is helpful to understand, in that acculturation stress, the language constraint: normally, in the refugee' context, second language learning does not occur in a fluent manner. It is perceived by individual as obligation associated to a traumatic event. The language learning will be, since the beginning, a problem for coping strategies.

Considering that language skills are crucial to move forward in the inclusion process, individuals at the date of entry should be evaluated in their readiness to learn the second language, especially considering the settings where is observed major distance between languages in terms of linguistic system. This is the case of Portuguese as a second language for Ukrainian refugees: the difficulty is high for refugees that should learn Portuguese as new language compared to the refugees that arrive in Poland which mother tongue is similar to the Ukrainian idiom.

Regarding the language as barrier for inclusion of migrant groups, there is other issue concerning in the language of the 20-items questionnaire of the instrument that needs more attention in the administration procedure. There are several versions adapted from the English original version [4] but with no consensus that demand urgent investigation to understand if the semantic differential is respected for the all instrument. Semantic differential is aligned with the control affect theory of Osgood [7]. This theory determines that meanings of words (in sentences) depend greatly on the culture, ethnicity and language of the individual. Mostly the language of individual is the variable that influence the representation that speakers have about the concepts and the world specificities [7]. Attending to the trauma concept, it is even more important to pay attention to the translated versions used for the trauma and PTSD

assessment. Focusing the Ukrainian version of PCL-5, we observed several translations available, and in use, that differ in a significant manner toward the word usage. This will generate bias in the assessment studies conducted. The present study comments, in a brief preliminary line of assessment concerning the indicators of trauma and of PTSD – considering the significant difference between both concepts – the prevalence of specific indicators that distinguish anxiety symptom from acute trauma. And how the sense of belonging would be affected.

Methodology Sample

Seventy seven adult refugees with origin in the Ukrainian war, living in South of Portugal, with a mean age of 43.7yr, 81.8% are women, no information of PTSD in their clinical historic. All participants registered low income, what is expected considering the salary standard in back country (Ukraine).

Instrument

PCL-5, based in the PTSD Checklist for DSM-5. This instrument was developed to evaluate anxiety and stress symptomatology in civilians (original version: Weathers et al., 2013). The available Ukrainian version was administered for this sample and displayed a satisfactory internal consistency and reliability: $\alpha = 0.83$. The source of the Ukrainian version was the National Center for PTSD (www.ptsd.va.gov). The PCL-5 assesses intrusive memories, avoidance behaviors, abnormal reactivity and mood frequent changes. These symptoms are distributed by clusters and in a Likert scale (0-4 points) of 20 items. According to the original version (Weather et al., 2013), the cut-off point should be stated around 33 points (maximum is 80) to met the criteria for PTSD. Below that cut-off, individuals can show anxiety and depression behaviors but with no acute framework as found for PTSD.

Procedure

Individuals were presented to the investigation ongoing and signed the informed consents before the test administration. The sessions were in group, but the evaluation was completed individually. As considering the refugee status and the very recent date of arrival, authors were supported, during the intervention, by sociocultural mediator and a psychologist proficient in Ukrainian, Russian, English and Portuguese. This allowed the correct understanding of the items and of the main study 'goal. Individuals answered in their hosting institution, in Portugal.

Results: a brief commentary

Preliminary statistical analysis showed that 39 refugees were identified with PTSD which represents a serious concern for the mental health of this group. Attending to the probability of this numbers occur in other groups of refugees, we are facing serious indicators of acute trauma related to the war and affecting the sense of belonging. participants met the criteria for PTSD on the DSM-5. They showed high intrusive memories, episodes of avoidance to be in social contact alterations of mood and cognition and less empathy. We found specific factors moderating the effect mainly for the mood and cognition changes: age, family members immigrated (or solo immigration), marital status and the monthly income. Previous studies of our other samples attested implications from trauma in other populations showing specific alterations in cognition after traumatic event [7-9]. The educational level of these Ukrainian refugees was also an emerging predictor. The confirmation of PTSD in 39 of 77 participants suggest psychological constraints with implications for educational attainment (language needs included) [4]. With no screening since the first day of arrival, the refugees may experience, in general and affecting all ages, the acculturation process and the emotional self- regulation [10,11]. Further research should address more data to understand the impact of trauma in these individuals and their adaptation, as well their balance for mental health.

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