Threat of War on Cognitive Development of Refugee Children

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Abstract. War trauma is often accompanied by poor living conditions in the new environment in a manner preserving or even deteriorating the negative influences of war. Several researchers have investigated the refugee experiences of displaced children. Often they have focused on the detrimental effects of war on psychological well-being, mental health, educational settings, social adaptation, quality of nutrition, financial difficulties, safety and language learning experiences. Each of these effects has been proven to negatively affect cognitive abilities; however, the current study reviews the key studies to reveal the cognitive and linguistic outcomes of holding refugee status in the early childhood period. Doing this, we aim to reveal the adverse conditions that affect refugee children's three core abilities of executive functions, namely working memory, inhibitory control and shifting. In addition to cognitive outcomes, we present the factors that have an impact on these children's native language development and their experiences with the language spoken in the host country in the context of schooling. This study suggests that refugee children should be assessed for their cognitive and language abilities after arriving in the country of resettlement so that their needs can be identified and addressed effectively. Caretakers should also be given both psychological and financial support to enrich their children's language and cognitive input. Also, the outcomes of the research in this field should be effectively shared with different stakeholders from the caregivers and teachers of the refugee children to the NGOs and policymakers responsible to take solid actions to counter the adverse effects of displacement.

Keywords: *refugee children, cognitive development, war trauma, executive function, language development.*

Єтер Озлем, Рабаґліаті Ґ'ю, Озге Дуйґу. Війна як загроза когнітивному розвитку дітей-біженців.

Анотація. Воєнну травму часто супроводжують погані умови життя в новому середовищі, які зберігають або й погрішують негативні наслідки війни. Деякі дослідники вивчали досвід дітей-біженців у статусі переміщених осіб. Часто автори зосереджувалися на згубних наслідках війни для психологічного благополуччя дитини, її психічного здоров'я, освітніх умов, соціальної адаптації, якості харчування, фінансових труднощів, безпеки та проблемах вивчення мови. Доведено, що кожен із названих аспектів негативно впливає на когнітивні здібності. Ця праця має за мету проаналізувати ключові дослідження, аби з'ясувати когнітивні та лінгвістичні наслідки перебування в статусі біженця в період раннього дитинства. Автори прагнули виявити несприятливі умови, які впливають на три основні екзекутивні функції мозку дітей-біженців, а саме: оперативну пам'ять, гальмівний контроль і зсув. Окрім когнітивних наслідків,

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обговорюємо чинники, які можуть вплинути на розвиток рідної мови у цих дітей та їхній досвід спілкування мовою, якою розмовляють у приймаючій країні, у контексті шкільного навчання. Це дослідження засвідчує про те, що у дітей-біженців слід оцінювати їхні когнітивні та мовні здібності після прибуття в країну переселення, щоб можна було визначити їхні потреби та ефективно задовольнити їх. Піклувальникам також слід надавати і психологічну, і фінансову підтримку, щоб вони могли збагатити мову та когніцію їхніх дітей. Крім того, результати дослідження в цій царині слід активно поширювати серед різних зацікавлених сторін, – від піклувальників і вчителів дітей-біженців до громадських організацій та політиків, відповідальних за прийняття рішучих заходів для протидії негативним наслідкам переміщення.

Ключові слова: *діти-біженці, когнітивний розвиток, екзекутивна функція, розвиток мови, воєнна травма.*

Introduction

Even today, wars affect millions of people and force them to seek asylum outside their countries: 6.8 million people from The Syrian Arab Republic, 4.6 million from Venezuela, 2.7 million people from Afghanistan, 1.2 people from Myanmar, and very recently 6.3 million people from Ukraine (UNHCR, 2021b) were forced to flee and resettle in countries that are new to them. More than 27.1 million people worldwide are in refugee status, around half of which consist of children under 18 (UNHCR, 2021b). This number reaches as high as 89.3 million when internally and externally displaced people, stateless people and asylum seekers are also included (UNHCR, 2021). These individuals go through difficult and sometimes life-threatening experiences such as torture, physical assault, fear, malnutrition, separation from family, loss of loved ones, loss of property, displacement, harsh living conditions, lack of health care and lack of education (Klugman, 2022; UN, 2014; WHO, 2021). The aftermath of war remains to be stressful even after resettlement in a new country as it is the beginning of another challenging journey. Throughout this journey in the host country, refugees encounter several problems that may cause them experience excessive stress: poverty, social integration difficulties, language barrier, and discrimination (Hadfield et al., 2017; Şafak-Ayvazoğlu, Kunuroglu, & Yağmur, 2021; Tummala-Narra & Claudius, 2013).

Children's cognition is especially more vulnerable to adverse experiences as they are still in a developmental phase (Brown et al., 2012; Woodburn et al., 2021). Although several action plans addressing financial, health and safety problems of refugee populations have been made (e.g., European Commission, 2016; UNICEF, 2019), there is no comprehensive action plan addressing the enhancement of cognitive development of refugee children (Brown et al., 2012; Mehnert et al., 2013; Woodburn et al., 2021). It is highly crucial that the cognitive needs of refugee children are addressed because early cognitive skills predict later life achievements (Blair & Razza, 2007; Sasser, Bierman, & Heinrichs, 2015), physical health (Batty, Deary, & Gottfredson, 2007; Miller, Barnes, & Beaver, 2011) and social adaptability (Fong & Iarocci, 2020; Gligorović & Buha Đurović, 2014).

Method

This paper aims to bring together findings from various disciplines related to the cognitive and linguistic outcomes of holding refugee status. Throughout this review, we aim to reveal the adverse conditions that affect refugee children's three core executive functions, namely working memory, inhibitory control and shifting, ii) present the factors that have an impact on their language development, and iii) to present possible directions for future research.

Results and Discussion

Effect of Refugee Status on Executive Functioning

The term executive function (EF) is used to refer to cognitive processes including working memory (WM), inhibitory control (IC) and shifting ability that is responsible for purposeful, goal-oriented activity enabling physical, cognitive and emotional self-control (Corbett et al., 2009; Diamond, 2013; Lezak, 1995). Being a sub-component of short-term memory, WM deals with the manipulation of information while processing a complex cognitive task (Baddeley & Hitch, 1974). The second core EF reviewed in this paper is IC, which refers to the ability "to control one's attention, behaviour, thoughts, and/or emotions to override a strong internal predisposition or external lure, and instead do what's more appropriate or needed" (Diamond, 2013, p. 137). As for shifting, it is the ability to shift between two or more competing mind-sets, environments or situations selectively and appropriately (Davidson et al., 2006; Scott, 1962).

Traumatic Experiences

EFs may be hindered by depression, stress and traumatic experiences (Ilonen et al., 2000). Refugees are specifically prone to mental health problems due to life-threatening events they go through both following and prior to their arrival in the host country (Eruyar, Maltby, & Vostanis, 2018; Özer et al., 2016). Their EFs are likely to be adversely affected too (Park et al., 2014). This effect become especially prominent if adversities are experienced in the early years of life because the brain is still in the process of maturation, which puts children's cognitive functioning in a vulnerable position (Bick & Nelson, 2016). For instance, in a recent study with children who were displaced before the age of 5 because of the Syrian war, refugee children performed poorer on their WM, IC and shifting abilities than their non-refugee peers (Yeter, Rabagliati, & Özge; 2021). This is one of the first pieces of evidence showing that war trauma experienced at early ages that are critical for brain maturation may influence EFs negatively. In line with this finding, Gabrys, Dixon, & Anisman (2017) could find no association between trauma and shifting ability for university students

who experienced trauma at the age of 6 and older whereas the ones reporting adverse traumatic experiences before the age of 5 had more difficulty in shifting tasks. This highlights that early childhood period is particularly sensitive to trauma exposure (see also; Pang et al., 2014; Sack et al., 1996; Skowron et al., 2014; Tuncer, 2021).

Parents' or caretakers' psychological well-being is another significant factor in children's mental health and their cognitive development. Refugee caregivers might be depressed, traumatised and stressed due to cumulative adverse experiences both before and after migration to the country of asylum (Browne et al., 2017; Gredebäck et al., 2021). Bryant and colleagues (2018) interviewed 411 refugee caretakers regarding their trauma history and postmigration difficulties and they found that individuals with greater trauma exposure had harsher parenting styles, which led to higher levels of hyperactivity and emotional problems in children. Several other studies found parallel findings such that harsh and inattentive parenting may cause attention deficit and hyperactivity disorder (ADHD), which crucially leads children to lag behind their typically developing peers in their WM and IC (Joseph et al., 2021; Nyman et al., 2010). Yet, considering the third component of EF, namely shifting ability, the findings are inconsistent (Elosúa, Del Olmo, & Contreras, 2017; Oades & Christiansen, 2008; cf., Irwin et al., 2019). Moreover, adverse experiences of caretakers may also result in neglected and uninvolved parenting. This type of parenting style may adversely impact children's psychological and cognitive well-being too (Garber, 2006; Locke et al., 1996; Hermansen et al., 2022; Sulik et al., 2015).

Schooling

School is the first place children step their foot out of their houses, where they socialize with their peers and get involved in intellectually demanding activities, which in turn leads to enhanced linguistic and cognitive development (Albert et al., 1995; Brod et al., 2017; Heckman, 2006; Kim, 2015; Parisi et al., 2012; Yeniad et al., 2014). However, this educational process is usually interrupted in conflict-zones (Ahmadzadeh et al., 2014). About half of the refugee children have no access to schooling (UNHCR, 2018) and those who go to school are 5 times more likely to drop out than their non-refugee peers in the country of resettlement (UNICEF, 2017).

Due to interrupted schooling, refugee children who are resettled in a host country are likely to have less skills than expected for the grade level their age falls into (Dryden-Peterson, 2015). As a result, they are assigned to grades lower than their age, which triggers an increase in the dropout rate (Sunny et al., 2017; Wils, 2004). The underlying reason behind this pattern could be that these students receive education that targets improving skills that are below their cognitive capacity. Thus, they cannot benefit from the challenging and enriched learning environments that boost their EF (Diamond & Lee, 2011). A recent study by Kim and colleagues (2020) provided supporting evidence for this such that Syrian refugee children who attended

a grade with peers younger than them in Lebanon showed poorer performance on cognitive tasks.

The medium of instruction is another crucial topic that should be considered. School is a means of social integration, especially for refugee children (Osman et al., 2020). However, if the child cannot understand the language, s/he might face social exclusion, bullying, racism, which would lead to depression, stress and cognitive impairments in turn (Birman, Trickett, & Buchanan, 2005; Coogan et al., 2020; Çelik & İçduygu, 2019; Steinberger & Barch, 2021). Moreover, it could be overwhelming for the displaced children to be immersed in a language other than their mother tongue while trying to catch up with their peers in the school, and they may fail to meet the objectives of the lessons due to the language barrier, which would eventually delay the cognitive development (Frumkin, 2013; Ibragimova & Tarasova, 2018; Tunga, Engin, & Çağıltay, 2020; Tsimpli et al., 2020). Such disadvantageous educational conditions may render refugee children behind their non-refugee peers in cognitive functioning (Gagné et al., 2018; Wilkinson, 2002).

Socioeconomic Status and Home Environment

Socioeconomic status (SES), which is usually measured by the family income and maternal education level, is documented to be strongly associated with children's cognitive development (Huang et al., 2021; Lambert et al., 2017; Lynn, 1990; Sheridan et al., 2017). Unfortunately, due to various reasons (e.g., language barrier and legal restrictions) many refugee families go through financial difficulties and live in poor conditions in the country of resettlement (UNHCR, 2014; UN, 2014). Assari (2020) proposed that SES might even have a healing effect on the after-effects of trauma since richer and healthier nutrition promotes neurocognitive development (Liu & Raine, 2017). Yet, children growing up in low-income households have poor access to good quality nutrition they need to develop both physically and cognitively (Lee & Jackson, 2017). For instance, a recent study by Chen and colleagues (2019) tested 12-18-year-old Syrian refugees in Jordan for their WM and IC, and they found that although those who had more traumatic experiences showed more PTSD symptoms, their WM and IC scores were not associated with trauma exposure or PTSD, but with poverty. Thus, Chen et al. (2019) concluded that poverty is a stronger predictor of EF than trauma exposure. Mother education is another determinant of healthy nutrition. Wachs & McCabe (2001) showed that mothers with higher education were making healthier dietary choices, and thus, children with more educated mothers had better nutrition intake. This was also the case for pregnant women; more educated mothers had more nutritional knowledge (Abdul Manaf et al., 2014; Cheng et al., 2009).

Parents are the first individuals the children interact with and the quality of the parent-child relationship is highly associated with maternal education and household income (Kong et al., 2015; Rouchun et al., 2021). Parents with higher levels of

education and income also provide higher quality and quantity of linguistic and cognitive input to their children: they play educative games, interact more, provide linguistically and cognitively stimulating materials such as books, and computers, and afford good schools, which stimulate the cognitive networks (APA, 2017; Weiland et al., 2017). Therefore, children with high socioeconomic background develop better psychological and academic skills (Anders et al., 2013; Gottfried et al., 2014) as well as WM, IC and shifting abilities compared to low-SES children (Asadollahpour et al., 2015; Cascio et al., 2022; Clark et al., 2013; Micalizzi et al., 2019; Suor et al., 2017).

Language Development in Refugee Children

The language input provided by the family plays a crucial role in vocabulary development (Bohnacker, Lindgren, & Öztekin, 2016; Morton & Harper, 2007; Ongun, 2018). Children's L1 input resources expand as they grow up and build their social circles (Sun et al., 2016). However, in the case of forced displacement, refugee children's L1 exposure does not exceed the house input because they usually start getting input a language different than their L1 when they arrive in the host country (e.g., television, school, society, etc.). So, unlike their non-refugee peers, their L1 development remains dependent on home input (Dixon et al., 2012; Duursma et al., 2007; Scheffner Hammer et al., 2008). For children who arrive in the host country at an early age, L2 exposure starts before they master their L1. As a result, they are more likely to show regression in their L1 development (Jia & Aaronson, 2003; McDonald, 2006; Portocarrero et al., 2007).

School is another major source of language input after home (Schwartz & Katzir, 2012). Usually, the language of instruction is different from the one spoken at home for minorities, immigrants and refugees. When the formal language is different from the one spoken at home, a shift of language dominancy from home language to school language can be observed (Gagarina & Klassert, 2018; Kohnert & Bates, 2002). That is, children obtain higher vocabulary scores in the majority language, but perform significantly lower in their home language after exposure to the majority language (Gibson et al., 2012; Hammer et al., 2008; Kan & Kohnert, 2005; Oller et al., 2007), and this difference between the languages become more evident as the systematic L2 exposure at school increases (Kohnert & Bates, 2002). Yeter and colleagues (2021) investigated language abilities of 9-year-old Syrian children who arrived in Turkey around the age of 5 and compared their performance to non-refugee Arabic-Turkish minority bilinguals. Arabic was the dominant language at refugee homes while it was Turkish for the non-refugee bilinguals. Syrian children's Arabic performance was poorer than non-refugee bilinguals' Turkish after 2-3 years of schooling. Mori & Calder (2013) investigated the vocabulary abilities of bilingual Japanese students who attend Japanese-medium supplementary high schools in the U.S. and found high correlations between age of arrival and vocabulary size in the

language of the host country. While the L1 Japanese participants who arrived in the U.S. before the age of 9 developed good L2 vocabulary at the cost of diminished L1, those whose age of arrival was above 9 could maintain their L1 vocabulary with grade-level equivalent vocabulary in L2 (Mori & Calder, 2013). This may suggest that a later age of arrival may be beneficial for L1, but disadvantageous for L2.

Conclusions and Future Directions

In conclusion, war displacement results in a chain of disadvantages for the healthy cognitive and linguistic development of a child. The trauma brought by the war atrocities before dislocation is likely to have direct negative impacts on the maturing brain and cognition. It is very likely to cause PTSD and decrease the volume of brain areas crucial for higher-order cognitive abilities. Limitations in the exposure to mother tongue also cause refugee children to fall behind their non-refugee bilingual peers. The trauma of dislocation, parental distress and the adverse living conditions in the relocated country sustains, and even intensifies all the negative cognitive consequences that are typically caused by pre-migration experiences. Poor nutrition, low socioeconomic status, insecurity experienced due to lack of healthy and consistent home environment, poor parenting arising from poor psychological well-being of the caregivers, discrimination, and disadvantages in schooling (e.g., interruptions as well as postponed, limited or no access to schooling in the relocated country, drop-out rates, losing the right for education in mother tongue, etc.) are some factors that further cause serious limitations in children's psychological and cognitive well-being.

Poor WM, IC and shifting abilities have often been associated with long-term cognitive, psychological, social, and physical health problems. These abilities are also correlated with future financial difficulties, substance dependence and criminal behaviour (Moffitt et al., 201). Hence, being a war-torn refugee would have life-long adverse consequences for children in general. Therefore, it is of utmost importance to offer sustainable programs to prevent or to heal displacement trauma in refugee children as well as programs fostering cognitive, linguistic and psychological development. These actions would improve healthier adaptation of these children in the society, which would indirectly enhance the welfare of the society.

United Nations High Commissioner for Refugees (UNHCR) provides financial support, basic goods, shelter and food to displaced individuals in many countries (UNHCR, 2021a). However, refugees have limited to no access to mental health services in some countries (International Medical Corps, 2015) and a systematic action plan for refugees' cognitive well-being is non-existent. First, it is imperative that an assessment is made to check the psychological well-being and cognitive abilities of refugee children before they are registered to schools. Following this investigation, needs of refugee children can be identified and intervention strategies addressing their needs can be implemented so that they will be able to meet their

potential academically and build healthier connections with their peers (Diamond & Lee, 2011). Psychological support should not be limited to refugee children only. Caregivers should also be able to benefit from mental health services when necessary. Through trainings and outreach activities, the caregivers should also be informed of their children's psychological and cognitive well-being.

Second, teachers in the host countries should be given special training for better integration of refugee children in the classroom. Governments should offer seminars to teachers with refugee children in their classes with the right techniques and approaches for children with psychological difficulties (PTSD, depression, anxiety, ADHD, etc.) to optimise learning outcomes.

Third, language classes both in refugees' mother tongue and the language of the host country should be provided for the children to facilitate their competence both in their first and second language. Training in the majority language should be provided for the caregivers to ease their adaptation process, which would also help them find a job more easily. This in return would decrease the caregivers' level of distress.

Finally, more research needs to be conducted to have a better understanding of how being a refugee influences the cognitive and linguistic development of a child. Also, the outcomes of the research in this field should be effectively shared with different stakeholders from the caregivers and the teachers of the refugee children to the NGOs and policy makers responsible to take solid actions to counter the adverse effects of displacement. If wars cannot be prevented, raising awareness about these issues becomes crucial to pave the way for diminishing these adverse effects.

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