

# Haileybury MUN

## Research report



### General Assembly 3

### The question of integrating refugees into Western Society

By: Aryan Shivahare

---

#### Introduction:

On the current international agenda is the question of integrating refugees into western society. The social integration of refugees is in the best interest fo goal 16 which states “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all level” This report will examine the state of

There were 22.5 million refugees worldwide in 2017, over half of them under 18 years of age (UNCHR, 2018). Most refugees come from: Syria (5.5. million), Afganistan (2.5 million) and South Sudan (1.4 million), and countries which host the most are Turkey (2.9 mil), Pakistan (1.4 mil), Lebanon (1 mil), Iran (979,400 people) (UNCHR, 2018).

The 1951 Geneva Convention defined as refugee someone who has a “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 or owing to such fear, is unwilling to avail himself of the protection of that country”. Asylum seekers are people who “left their country of origin, have sought international protection, have applied to be recognized as a refugee and are awaiting a decision from the host government” (UNHCR, 2016, p.4).

A theoretical framework that has been used frequently when understanding immigrants’ adaptation to the new society is Berry’s (1997) conceptual framework of immigrants’ acculturation to the host society and it includes four strategies: assimilation - when individuals do not wish to maintain their cultural identity and seek daily interaction with other cultures; separation - when individuals hold on to their original culture and wish to avoid interaction with others; marginalization - when there is little cultural maintenance or having relationships with others; and integration - when there is maintaining of one’s original culture while engaging in daily interactions with other groups (Berry, 1997). Considered to be the best approach, integration is considered a two-way process and can only be successfully pursued by migrants when the host society is open and inclusive in its orientation towards cultural diversity (Berry, 1997). Inclusiveness means that refugees should be provided with equal access to housing, health care, education, training and employment.

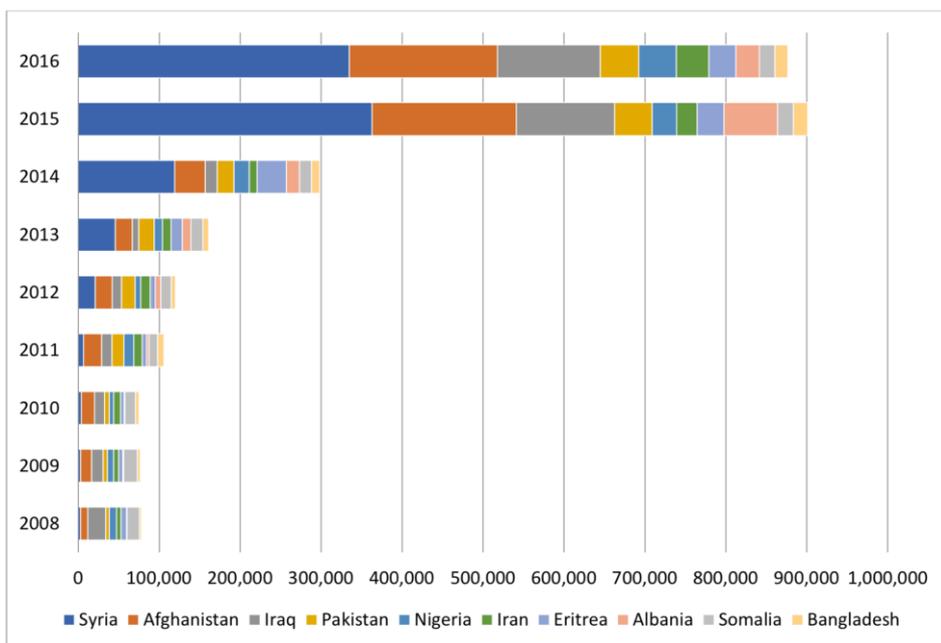
Refugees’ level of integration and adaptation depends on a number of factors, including pre- migration experiences, the departure process and the post-arrival experiences and environment. Many refugees and asylum seekers have experienced severe pre-migration trauma, including mental and physical torture, mass violence and genocide, witnessing the killings of family members and friends, sexual abuse, kidnap of children, destruction and looting of personal property, starvation and lack of water and shelter (Craig, Jajua, & Warfa, 2009). The departure is also a complex endeavor, many times associated with life threatening risks. Although arrival in a safe place provides initial relief, frustration sometimes develops as new problems emerge, such as family separation, language barriers, legal status, unemployment, homelessness, or lack of access to education and healthcare (Craig, Jajua, & Warfa, 2009).

The circumstances and experiences of forced migration have profound effects on refugees’ health and integration into the host society. Migrants who fled from armed conflicts and persecution in their countries report high rates of pre-migration trauma and high frequencies of mental health problems, particularly post traumatic stress disorders (PTSD) and depression (Stenmark et al, 2013). For example, the armed conflict

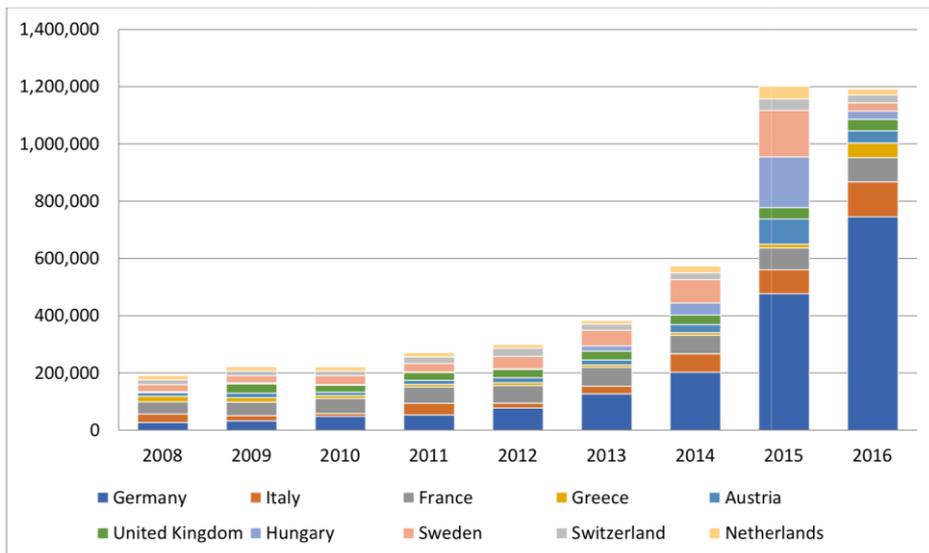
in Syria since 2011 has resulted in a massive forced displacement of the Syrian population. In April 2017, there were 5 million Syrian refugees, majority to neighboring countries (UNHCR, 2017), over 50% being children, many unaccompanied (UNICEF, 2016).

Post-migration experiences are also impacting health and adaptation. Research shows that asylum seekers present higher rates of PTSD and depression than other refugees, due to post migratory stresses, delays in the application process, conflicts with immigration officials, denial of work permits, unemployment, and separation from families (Stenmark et al , 2013). Forced migrants often arrive in places where they have no contacts and or knowledge of the language which contribute further to increased isolation and limited opportunities.

**Figure 1.** Asylum Applicants in Europe (from countries with 10 largest numbers)(Eurostat, 2016)



**Figure 2.** Number of Asylum Applicants by Country of Destination (Eurostat, 2016)



Sources: United Nations Department of Economic and Social Affairs (UNDESA) Division for Social Policy and Development