

Afghan and Somali (post-)conflict migration to the EU

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There are insufficiently recognised drivers of migration for Afghans and Somalis to Europe, caused by decades of conflict. Although officially listed as ‘post-conflict’, the reality is very different.

Somalis and Afghans still figure in the top ten nationalities of asylum-seeker numbers recorded in the European Union (EU). Over one third of asylum seekers from both countries in 2014 were not granted refugee status – but nor were they deemed to have the option of a safe return.¹ The mental health of Afghan asylum seekers in Europe and returnees to Afghanistan is at risk and they require psychosocial assistance, while Somalis are forced into a cycle of irregular migration at a young age. These are the less visible drivers of Afghan and Somali (post-)conflict migration to the EU.

The term ‘post-conflict’ has been used to describe the economies and governments of Afghanistan and Somalia and has been used by EU states to turn down asylum requests lodged by Somalis and Afghans. The UK government’s reasons for refusals include the ‘stability’ and ‘sufficiency of protection’ available in Afghanistan, taking as proof the existence of humanitarian and development aid programmes funded by the EU. Their existence should entail that protection is provided at home – and hence is not required abroad.

The migration reality is different. The United Nations High Commissioner for Refugees recorded 77,731 Afghan asylum claims in Europe in the first six months of 2015, triple the number in 2014. Many of the Somalis and Afghans arriving in the EU are youth, that is, men aged between 15 and 24 years of age. Records from asylum applications, court orders and return surveys show an increasingly vulnerable profile among these people. Afghans lodging asylum claims show signs of Post-Traumatic Stress Disorder (PTSD) and other mental health issues, and express the need for psychosocial assistance that is lacking at home. Somalis interviewed speak of not having a choice,

resorting to *tahreeb* (irregular migration) as their only chance to a safe and dignified life.

Mental health of Afghans

In 2010, Mustafa arrived in France aged 15 to seek protection and medical care, through an asylum application. He was diagnosed with PTSD and schizophrenia in 2011, for which treatment is unavailable in Afghanistan. In August 2015, his asylum claim was denied and France deported him back to Afghanistan. His supporters pointed out the possible extreme danger to a mentally ill Afghan of returning to a ‘home’ where he had no remaining networks.

In June 2015, another young Afghan, Omed, received a more positive response. His family had sought to get him out of Afghanistan as he was the subject of physical attacks and beatings that could have cost his life. Although he had been in the UK since 2011, he had previously been denied asylum. Upon appeal, showing proof of his mental health disorder and PTSD, his inability to live a life in safety in Afghanistan and the lack of official protection available there to him, he was granted refugee status in the UK.

More and more young Afghans arrive in European countries showing clear signs of mental health issues that put them in life-threatening situations at home. Afghanistan has three trained psychiatrists and ten psychologists for a population of over 30 million people² and has no extensive psychosocial programmes to support those who have suffered from conflict. Mental health problems and PTSD – the effects of protracted conflict – go unresolved, and in turn engender more violence: mistreatment of and violence against the mentally ill, and discrimination.

Available research suggests that a large segment of Afghan adolescents and youth

suffer from untreated mental health issues resulting from trauma and stress relating to conflict, displacement, poverty and continued insecurity. Mental health issues are exacerbated by the trauma of displacement, of forced returns and of migration. An analysis of health and safety indicators, in a sample of 2,000 youth surveyed in Kabul, confirm that the situation of deportees is particularly alarming. Deportees are stigmatised, with potentially fatal consequences, particularly for those without economic or social power.³

Irregular Somali migration to Europe

In hundreds of interviews conducted in Somaliland, Puntland and South Central Somalia, every respondent referred to someone – family or friend – who had left through irregular migration to Europe. Our research shows that a major driver is the overwhelming presence of *magafes*, people smugglers, turning forced migration into irregular migration.

Most Somalis will seek safety and opportunities at home first but the continued effects of war, uncertainty and conflict mean a weak economy and families unable to provide for their children. Repeated cycles of forced migration now lead increasingly to the only remaining choice – irregular migration to Europe.

The World Health Organisation (WHO) states that one in three Somalis has been affected by some kind of mental illness – experiencing “beating, torture, rape or have been injured for life”.⁴ In addition, both the WHO and Human Rights Watch report that the mentally ill are often chained up or imprisoned. Only five centres provide mental health care services. The majority does not receive such aid and are marginalised and isolated, becoming easy prey for *magafes* promising a better life in Europe.

Magafes are a resource and a threat for those who need to claim asylum. *Magafes* have contributed to the rise of irregular migration by enabling young people to leave without payment. They recruit young people and do not ask for money, but when the young people reach their destination the smugglers call the families

and threaten them for payment. The fact that their methods lead to a physical mixing of legal categories – with asylum seekers, refugees and economic migrants sharing the same journey to Europe – complicates protection at the point of arrival.

An obstacle to protection

Afghans are the largest group of asylum seekers in Norway, and Somalis in Finland and Denmark and among the largest groups of failed asylum seekers being returned. Until 2013, and renewed international investments in the country’s ‘post-conflict’ status, they had higher chances of being granted asylum or subsidiary protection to stay in destination countries. But returns are now being encouraged. Standards for granting asylum to Somalis have been revised, and the suspension of returns has been revoked. Similarly, in Afghanistan, its categorisation as ‘post-conflict’ has meant that it is deemed safe for returns to take place. Although violence and insecurity have risen steadily (especially since 2007), the post-conflict label prevails over security assessments in the field.

Yet the post-conflict label and international interventions mask key protection needs among asylum seekers and migrants: their psychosocial needs, or their falling prey to smugglers and criminals. It is not enough to call their country post-conflict to erase the effects of protracted crises on Afghans and Somalis who face post-traumatic stress disorders, societal ill-treatment and lack of state protection.

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This article is based on research in Europe, Afghanistan and Somalia led by Samuel Hall.

1. European Asylum Support Office (2015) *Annual Report on the Situation of Asylum in the European Union 2014* <https://easo.europa.eu/wp-content/uploads/EASO-Annual-Report-2014.pdf>

2. Figures from the WHO Global Health Observatory Data Repository 2014 www.who.int/gho/database/en/

3. Schuster L and Majidi N (2014) ‘Deportation Stigma and Remigration’, *Journal of Ethnic and Migration Studies*, vol 41, issue 4. www.tandfonline.com/doi/full/10.1080/1369183X.2014.957174

4. www.who.int/hac/crises/som/somalia_mental_health/en/