

TRAPPED BETWEEN SCYLLA AND CHARYBDIS:

ASYLUM SEEKERS AND REFUGEES AND THE GREEK ASYLUM PROCEDURE; IMPACTS ON MENTAL HEALTH AND PSYCHO-SOCIAL WELLBEING.

INTERS  **S**

TRAPPED BETWEEN SCYLLA AND CHARYBDIS: Asylum seekers and refugees and the Greek asylum procedure; impacts on mental health and psycho-social wellbeing.

Scylla and Charybdis were mythical sea creatures that plagued the journeys of Ancient Greek seafaring heroes like Odysseus, Jason and Aeneas. A fitting metaphor for asylum seekers and refugees on the island of Lesbos Greece, as after they arrive by boat from the nearby shoreline of neighboring Turkey they find themselves trapped in an existential limbo: on the run from their experiences in their home country, suffering from the deprivations of their journey and faced with the behemoth that is the Greek asylum procedure. These experiences have a profound effect on the mental health and psycho-social wellbeing of asylum seekers.

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INTRODUCTION

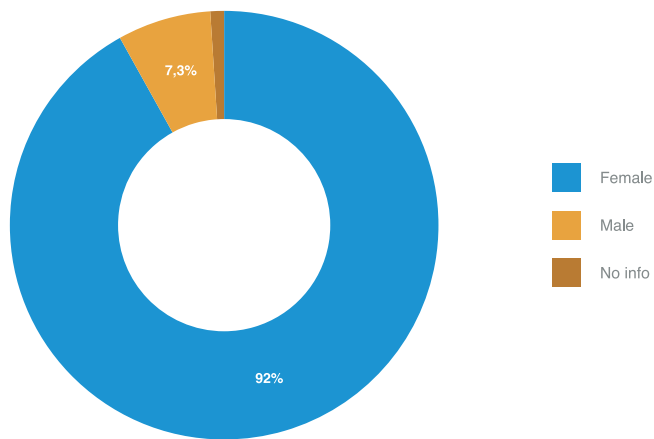
The statistics in the following report come from the database of the **INTERSOS** Mental Health and Psycho-Social Service (MHPSS) operating on the island of Lesbos, Greece. Lesbos was the island (situated in the North Aegean Sea) that received the bulk of the flow of asylum seeker arrivals by sea, peaking at 136,000 arrivals on the island in October 2015¹ and continues to be the epicenter of sea crossings from Turkey to Greece². **INTERSOS** began their intervention on the island during September 2020, after the Registration and Identification Center (RIC) of Moria burned down leaving some 12,000+ people stranded without shelter³. The initial intervention by **INTERSOS** was with non-food items and protection services, but after a field assessment by **INTERSOS**⁴, the need for a MHPSS intervention became quickly apparent, and so **INTERSOS** set up their MHPSS service in February 2021.

The service (at its peak) consisted of two psychologists, two case workers and five cultural mediators (plus a technical supervisor and an administrative and logistical support team). From February 2021 to January 2023 the service had provided psychological support to a total of 165 people and psycho-social support to 701. It should be noted here that all the recipients of **INTERSOS** services passed through an assessment by the case workers, but not all went on to receive psychological support. Another factor which skews the numbers is that, initially, **INTERSOS** engaged in a field assessment to establish needs and provided protection services, both of these tasks were carried out by case workers. This factor has been taken into account in the analyses that follow. When data is presented from one aspect (e.g. social vs mental health) of the service, but not the other, this will be noted in the narrative that is offered. Something that becomes quite apparent throughout the analysis is the adverse effects that the social needs of the people have on their mental health. This is especially apparent in the case studies which are presented in order to add clarity to the quantitative data.



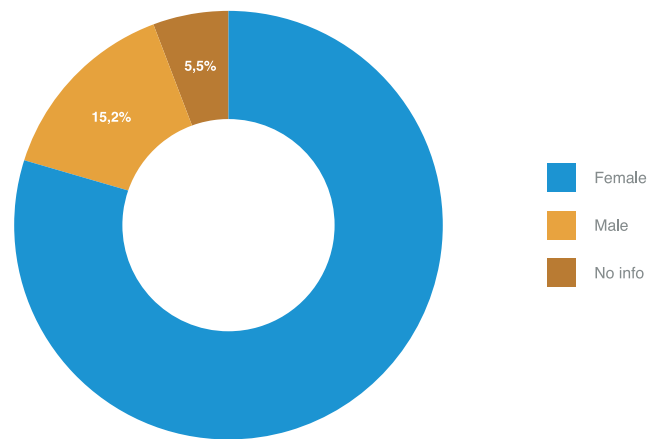
ANALYSIS

FIG. 1A. Cases by sex for case work support



n=701

FIG. 1B. Cases by sex for case psychological support



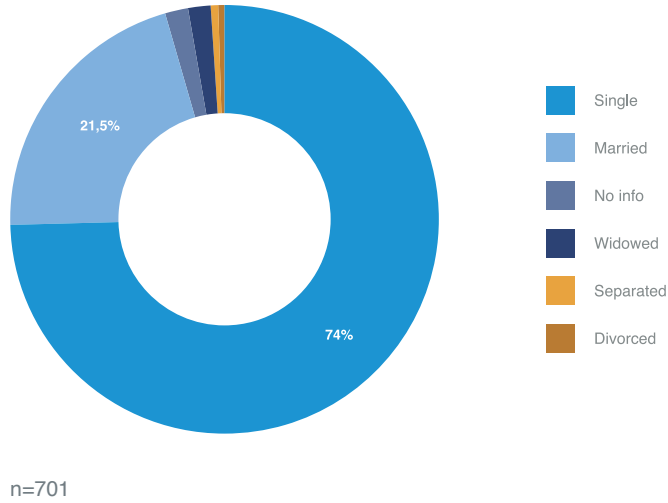
n=165

As can be seen from the graphs, the greatest proportion of the population have been women. This is largely due to the fact that for the first 15 months of its operation INTERSOS was providing support exclusively to women, survivors of Gender Based Violence (GBV). The category “No info” is due to people not declaring (or not wishing to declare) their gender. The results for “no info” are included, because the sex category gives the clearest insight into the total population of the service, as it is a consistently recorded variable.

Gender identification (in the case of trans and non-binary individuals) is an issue that affects asylum seekers and refugees both in their country of origin⁵ and in the asylum application procedure in the country where a claim is filed. Non-cis normative gender expression is not taken into consideration in asylum legislation. It is not recognised as a factor for deliberation during the asylum process. Not only that, but during the interview procedure itself the applicant may even be asked to prove their sexual and/or gender orientation⁶. The following case study outlines some of the difficulties faced by trans individuals in terms of acceptance of their identity, and the asylum process:

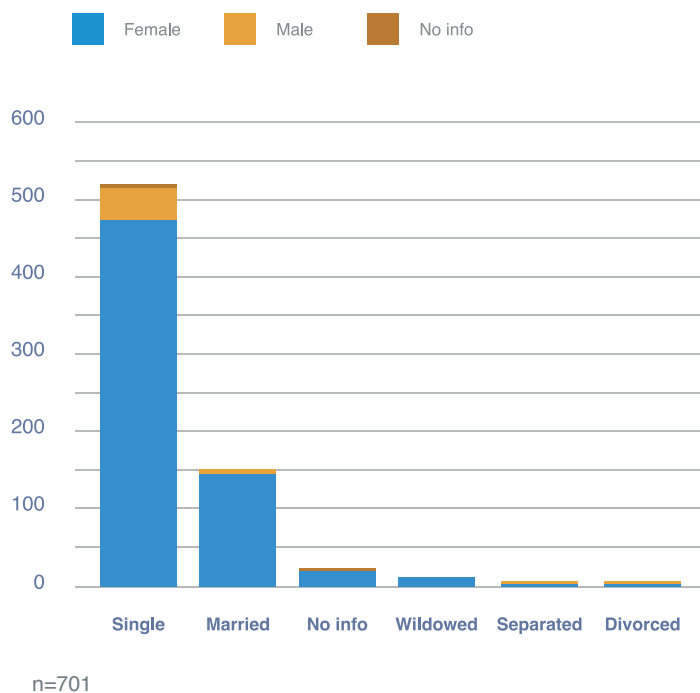
“A is a 37-year-old from the Caribbean, that recently disclosed their identity as a trans woman. She has been supported by INTERSOS, as she is facing a lot of emotional distress from her past experiences as a gay man. During her collaboration with INTERSOS, she had expressed multiple times that she feels safe with the professionals and comfortable to be herself. She has requested that she be referred to as a female, and she also changed her name. She requested from the social worker information regarding the procedure for changing her legal name, as she wanted to start gender transition. She was not supported by a lawyer at the time of the request, but had a legal aid caseworker, who could not support the request. As the INTERSOS social worker had previous experience with the specific procedure (for asylum seekers), they contacted a legal aid organization based in Lesbos who, in the past had supported a similar case and had managed to establish their right to legally identify as a trans woman”⁷.

FIG. 2A. Cases by civil status



The majority of the service’s population were single: 73.0% of women and 78.0% of men. An interesting finding, though not significant statistically, is the fact that in the civil status category of “separated”, men and women are evenly distributed, in the category of “divorced” we find only men, and in the category “widowed” we find only women. In the first two instances, this may be due to cultural and social factors which influence civil status (the availability, or lack thereof of the option to divorce and/or separate). The prevalence of widows may be due to the fact that in conflict zones, it is men that are generally recruited into fighting, and thus more likely to be killed.

FIG. 2B. Nuber of cases by civil status and sex



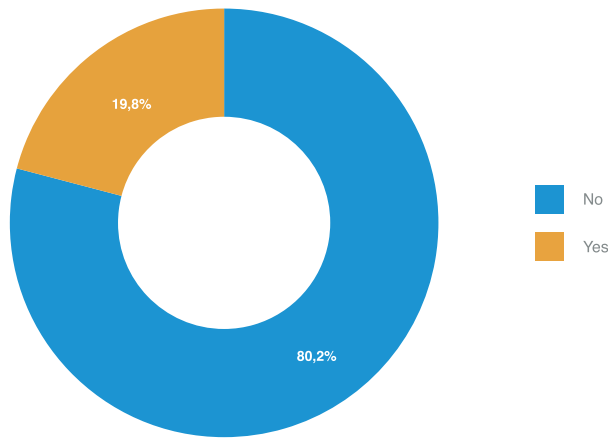
Single women in the Registration and Identification Center of Kara Tepe face a range of difficulties that are not experienced by men, chiefly around personal security and safety issues. This is due to the fact that, even though the camp population constantly fluctuates, the ratio of men to women is always skewed towards males. For the period 20-26 February 2023 (for example) 1,797 people were living in the RIC of Kara Tepe, with the breakdown being 48.0% men, 26.0% women and 26.0% children⁸. The lack of safety and security impacts on the women's' existing mental health issues, especially for those whose traumatic experiences involved incidences of GBV. The experiences in the following case study are quite common and serve to highlight this issue:

"B presented with severe symptoms of PTSD and a great difficulty in expressing herself and talking about her previous experiences. She is a single woman from the central Africa whose asylum claim had already been rejected four times. She gives the impression that she has cognitive deficits. The entire team was involved in her case, in an attempt to support her holistically. When she finally felt safe, she shared with us information regarding the extremely cruel and violent rape incidents that she had survived. B was so traumatized that she had never disclosed these incidents to anybody, not even during her asylum interviews. Before beginning treatment at INTERSOS, she spent two years basically isolated in her tent, and had never asked for support, or attempted to relate to or socialise with, anyone in the camp. B has finally received proper treatment and has managed to stabilize her emotions and to make great progress. She continues to have a severe medical-gynaecological issue, and since last year she has received a number of appointments from the public health system for surgery, that have repeatedly been postponed.

A single woman like B, with her traumatic past and the GBV incidents that she has survived, who has spent 3 years in the former Moria RIC and the current Kara Tepe RIC on the island of Lesbos Greece; constantly finds herself in a precarious situation. It is mentally destabilising for her that every time she manages to feel safe, and to recover somewhat, the machinations of a system that is not designed to serve asylum seekers/refugees needs, manage to destabilise her. Every time a medical appointment is postponed, or an asylum claim rejection is received, B experiences a repetition of the same frustration and confusion that she has been fighting all these years. It is common that asylum seekers who have survived extreme violence, and are seeking safety and security in Greece, find themselves confronted with an asylum process and political system in Greece that is unable to provide them with access to fundamental human rights, or necessary medical treatment, incapable of fulfilling the special needs of vulnerable populations. B has made great progress, and her mental and emotional state has improved and could be stabilised even further, if she was able to be independent; but the social, physical (in terms of living conditions) and the political situation does not allow her to"⁹.

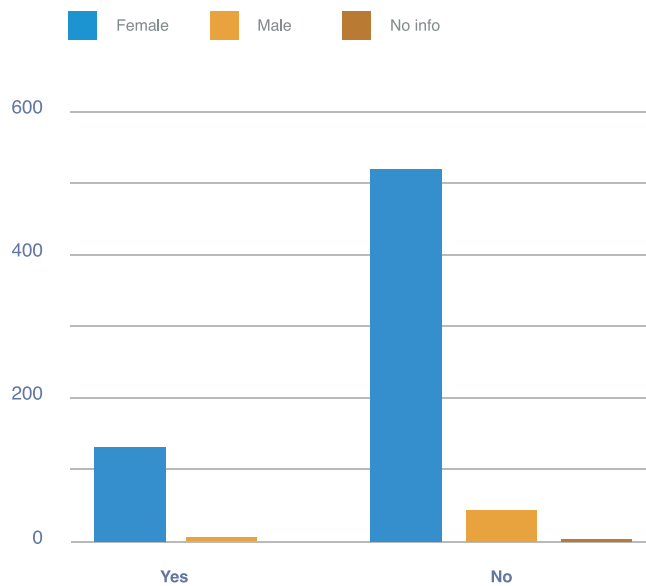


FIG. 5A. Cases that are survivors of gender based violence



n=701

FIG. 5B. Cases that are survivors of gender based violence by sex of the survivor



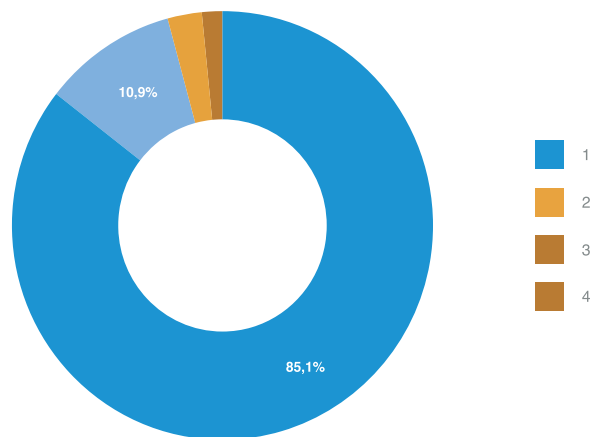
n=701

From Figure 5A we can see that 19.8% of the people of the service are survivors of GBV. Figure 5B shows that 91.3% of these survivors are women, and 8.7% are men. The United Nations estimates that globally 1 in 3 women are survivors of GBV¹⁰. The clinical findings (19.7% of women reporting a GBV incident) fall below this estimate, but this is due to number of factors: Not all incidences of GBV are reported by the service beneficiaries. What constitutes GBV in a European setting, may not be considered as such in another cultural setting.



For example: a 2009 Presidential Decree in Afghanistan “...makes 22 acts of abuse toward women criminal offenses, including rape, battery, forced marriage, preventing women from acquiring property, and prohibiting a woman or girl from going to school or work... full implementation of the law remains elusive, with police, prosecutors, and judges often deterring women from filing complaints and pressing them to seek mediation within their family instead. For women who experience abuse, family pressure, financial dependence, stigma associated with filing a complaint, and fear of reprisals, including losing their children, have also created formidable obstacles to registering cases”¹¹. Another example is the Democratic Republic of Congo, where it is estimated that 52% of women and girls over the age of 15 have experienced physical violence¹² or where studies show that “...about 27% of participants agreed with the statement that a man can force a woman to have sex, and that she can enjoy it...”¹³ GBV incidents are common, and in many cases culturally acceptable, and thus are not considered worthy of being reported. Generally, people will only report severe instances of GBV.

FIG. 5C. GBV survivors by number of GBV incidents they have experienced



n=139

The majority of the population of the survivors of GBV, report surviving one instance of GBV (85.1%), while 10.9% report surviving two instances, and the remaining 4.0% reporting 3 or more instances. Again, these figures are somewhat misleading and generally are due to the fact that people will not report minor instances of violence, but will focus on the most intense and traumatic incidences. The experiences reported in the following case studies are quite common:

“C is from the Horn of Africa region, she is a survivor of GBV and has experienced Female Genital Mutilation, forced marriage as a child/minor, rape and domestic violence. C is also a shipwreck survivor. The shipwreck occurred recently, when she was crossing the sea borders from Turkey to Greece. During the shipwreck many people drowned, and this incident seems to have adversely affected her mental state. She recalls the incident constantly and she experiences other symptoms of Post-Traumatic Stress Disorder too: flashbacks, nightmares, intrusive thoughts of her traumatic experiences and constant reminders. Moreover, the traumatic GBV incidents she has experienced in her youth (her husband raped her when she was young, and then her family forced her to marry him) and recently, have a severe impact on her sense of safety and stability. At the same time, the fact that her 4 children are back in her home country, possibly with the perpetrator of the GBV, triggers extreme anxiety and fear in her for their wellbeing”¹⁴.

“D is from West Africa and she is in the Registration and Identification Center by herself. She was forced to flee from her country, when her father discovered that she is a lesbian, and consequently forced her to marry a man. Her husband then paid in order for D to undergo Female Genital Mutilation. During the ritual she experienced a lot of pain, and when she recalls the experience she feels intense fear. In order to escape her home country D had to rely on smugglers. They took advantage of her and placed her into a human trafficking ring, and she was “sold” to an Iranian man. He used her as a sex slave, and she was raped on a daily basis by many different men, until she suffered a uterine prolapse and she was no longer “useful” to the perpetrator any more. He then abandoned her in a remote location. During these rapes, she resisted her attackers and fought back, which resulted in a broken finger and many scars on her body. This experience has affected her body image, as she now feels that her body has changed and is “broken” ”¹⁵.

The other factor that influences whether or not a GBV survivor reports an incident, or multiple incidents, also has to do with the amount of time they spend in therapy. Disclosure of traumatic experiences generally requires that people develop a relationship of trust with the therapeutic team, this requires time and repeated exposure to the staff members. The patients at INTERSOS average 7.22 weekly therapeutic sessions¹⁶: 36.0% of them have 1-5 sessions, 33.7% have 6-10 sessions and 30.0% have 11 or more sessions. As such, in many cases, the beneficiary does not have the opportunity to mention secondary (or milder) incidences of GBV, or they may focus on issues that may currently be of more gravity for them (eg. psychiatric symptoms, war experiences, torture, death of loved ones, etc.) and not mention GBV incidents at all.

The types of incidents experienced by people characterize them as vulnerable in terms of their psychological and social situation and wellbeing. INTERSOS has identified 101 different categories, that tend to be a result of multiple vulnerabilities per individual within a category (eg. domestic violence due to sexual orientation and gender identity) or between categories (eg. detainment and torture and domestic violence due to sexual orientation and gender identity). When the individual sub-categories are collapsed, we find eighteen major categories of psychological and social vulnerability:

Table 1. Categories of Vulnerability:

1	Substance dependency / Substance abuse
2	Domestic Violence (3 sub-categories)
3	Time spent in detention
4	Elderly (over 65 years old)
5	Gender Based Violence (12 sub-categories)
6	Lactating / Breast feeding (6 sub-categories)
7	Shipwreck survivor
8	Marginalised from community
9	Special needs (8 sub-categories)
10	Medical condition (3 sub-categories)
11	No legal documentation
12	Pregnant (9 sub-categories)
13	Torture and/or Sexual violence (11 sub-categories)
14	Severe mental health condition
15	Single parent (16 sub-categories)
16	Single woman (26 sub-categories)
17	Unaccompanied child (2 sub-categories)
18	Human trafficking survivor

The following case study is an example of multiple, and overlapping, vulnerabilities:

“E is from the Horn of Africa region and is a survivor of gender based violence. More specifically, she is a survivor of Female Genital Mutilation (FGM) and domestic violence. In addition to these experiences, during the sea journey from Turkey to Greece, she witnessed the death by drowning of the person who was sitting next to her on the dinghy, when that person fell into the sea. She reports that this incident has had a profound impact on her, since she recalls it constantly. She experiences symptoms of Post-Traumatic Stress Disorder, such as flashbacks, nightmares, intrusive thoughts of the traumatic incident. An added factor, which contributes to her already deteriorating situation, is the fact that she recently received a second rejection on her asylum request, a few days before she was due to leave the island to be transferred to the mainland. Apart from the PTSD symptoms, there is also active suicidal ideation, she seems disoriented and appears to have an impaired level of functionality. As a consequence of all these symptoms it was decided to she be referred for psychiatric treatment too”¹⁷.

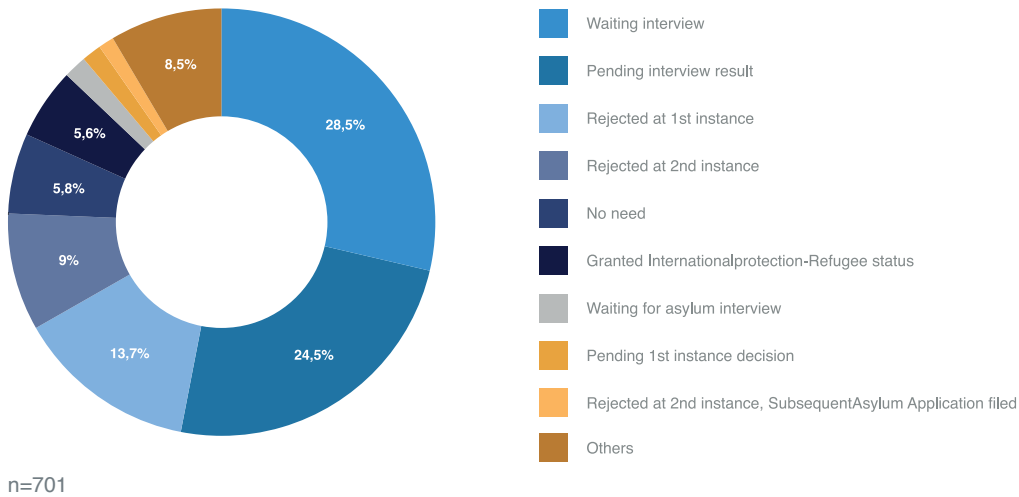
So we can see that E is a single woman, a survivor of FGM (a sub-category of GBV), rape (also a sub-category of sexual violence) and of a shipwreck, and is suffering from a severe mental health condition.

Vulnerability categories also exist in the asylum process, making the individual (and their immediate family) susceptible to special treatment during the asylum application process. Initially the list of asylum process vulnerabilities was larger and more encompassing, but over time the list has shrunk and become more exclusive. Currently there are only eight categories of vulnerability: i)Unaccompanied minors, ii)Persons who have a disability or are suffering from an incurable or serious illness, iii)The elderly, iv)Women in pregnancy or having recently given birth, v)Single parents with minor children, vi)Survivors of torture, rape or other serious forms of psychological, physical or sexual violence or exploitation, vii)Persons with a post-traumatic disorder, in particular survivors and relatives of survivors of ship-wrecks, and viii)Survivors of trafficking in human beings¹⁸. Even though many of the beneficiaries fall into one (or multiple) categories, they are generally not taken into account during the asylum application process. This can be seen clearly in the abovementioned case of E who fits into two asylum process vulnerability categories, but has nonetheless received two rejections on her asylum claim.

Legal challenges are constantly reported by people as being major causes, or sources, of their mental health problems. A commonly reported factor is the indefinite waiting period in anticipation of asylum procedure results. There is no clearly defined time period outlined by the Ministry of Migration for a decision regarding their claim, as such those seeking asylum are trapped in a state of limbo between legality and illegality. This reality, in combination with the rates of positive response¹⁹ and a seemingly random recognition procedure, leads to increased levels of anxiety and depression (especially when a person receives a negative response).



FIG. 10. Cases by Stated legal needs



As such it is unsurprising that only 5.6% of the people requesting support from INTERSOS have been recognized as refugees, and that 79.9% are at some stage of the asylum process. A person's legal status also impacts on their access to medical services. The following case study outlines experiences that are, unfortunately, very common for asylum seekers:

"F is an alleged minor from west Africa and he was referred to INTERSOS for treatment as he was apparently experiencing emotional and social difficulties in his life. In the written referral it was mentioned that he is physically ill and coughing up blood. During the first assessment session, an investigation of his medical history revealed that he had previously been examined for tuberculosis, and had two positive Mantoux tests, with no further medical follow-up or provision of health services, even though he still had active symptoms.

F was not aware of what tuberculosis is, nor that he had to be examined further. In the medical reports that accompanied the referral it was written that he was to be referred to the hospital for further examinations, but after a discussion with the people and the National Public Health Organization (NPHO), it was discovered that, for an unknown reason, the hospital was refusing to provide him with the proper care for his condition, nor were they willing to investigate if he was still an active case of tuberculosis.

In collaboration with NPHO, INTERSOS managed to book an appointment at the hospital, in order for the patient to have further medical examinations. His appointment was on a date when the case manager was not able to escort him to the hospital, and thus investigate the reason why he hadn't yet been examined by them previously. Once again, he was denied full care and nobody at the hospital explained anything to him. INTERSOS managed to book another appointment, on a day when the case manager could escort them person to the hospital. While at the hospital, the doctor who was on duty, said that he cannot examine him as his medical documents had expired (as a consequence of rejections to his asylum claim), that he did not have enough time to administer the proper medical tests and that he did not want to take responsibility for a tuberculosis case.



The case manager explained to the doctor that there is no way that F will leave the hospital without the requisite examinations, since it is his right to have access to the health system, plus there is also the possibility he is still an active tuberculosis case, which means he will have to stay in quarantine. The doctor suggested to go to the emergency unit, to mention all his symptoms, and the fact that back in his home country he was diagnosed with tuberculosis (and to not mention the fact that F was denied examination multiple times).

Eventually, the doctors in the emergency unit decided to hospitalize him due to the risk that he is an active case, and to place him in quarantine until he was examined properly. After 5 days of being isolated and examined, the final medical results returned negative for infection, and he was allowed to return to the camp. F is no longer positive for tuberculosis, but it seems that he is sensitive to lung infections, and has to avoid staying in areas with a lot of humidity and dust. Unfortunately, the camp conditions do not help with his condition, and requests have been made to various Non-Government Organisations (NGO) that have housing programs, for him to be transferred to conventional accommodation outside of the Registration and Identification Center”²⁰.

The problems that asylum seekers face with the public health system are exacerbated by a lack of interpreters and case managers in the public health system. Essentially, without the escort and presence of a case or social worker and cultural mediator from an NGO, it is unlikely that they will receive treatment. The legal issues faced by F are delineated more clearly in the following case study:

“G is an adult male from west Africa, who was recently diagnosed with epilepsy and faced a serious issue with accessing the public health system as his health insurance (PAAYPE) had expired, due to negative asylum claim decisions. There were a number of medical tests he had to do, but the doctors in the local hospital could not help him, as he had no health insurance. He underwent an MRI scan, but the hospital could not send the results to the relevant clinician, as they had to be uploaded online to a national government health application, and due to the fact that he lacked a health insurance number, that was not possible. His results were delayed, and none of the doctors were willing to collaborate to support him. This situation caused him a lot of stress as he was worried that he will no longer have access to public medical services”²¹.

There is a provision in Greek legislation to ensure that uninsured Greek citizens and foreign citizens legally residing in Greece can receive medical support in the public health system. Asylum seekers exist in a limbo in regards to this category of service. The Ministry of Health website states that:

“If you do not live legally in Greece, but belong to a vulnerable group that needs immediate health coverage (pregnant women, children, [sufferer of] chronic disease, disabled, mentally ill, etc.) you are entitled to the Foreigner Health Care Card (K.Y.P.A.) with which you will have access to Public Health Facilities. Until the application for KYPA takes place or is issued, you are entitled to all nursing and diagnostic services from public hospitals. All people, regardless of legal status, have the right to access Emergency Departments”²².

Asylum seekers though, are issued with a Temporary Number of Insurance and Healthcare for Foreigners (PAAYPE) which is dependent on the status of their asylum claim. Asylum seekers may temporarily be excluded from access to health services on the basis of rejections to their asylum claim. They may be permanently excluded on the issuance of a final rejection of their asylum case following a lengthy process in the national court system ²³.

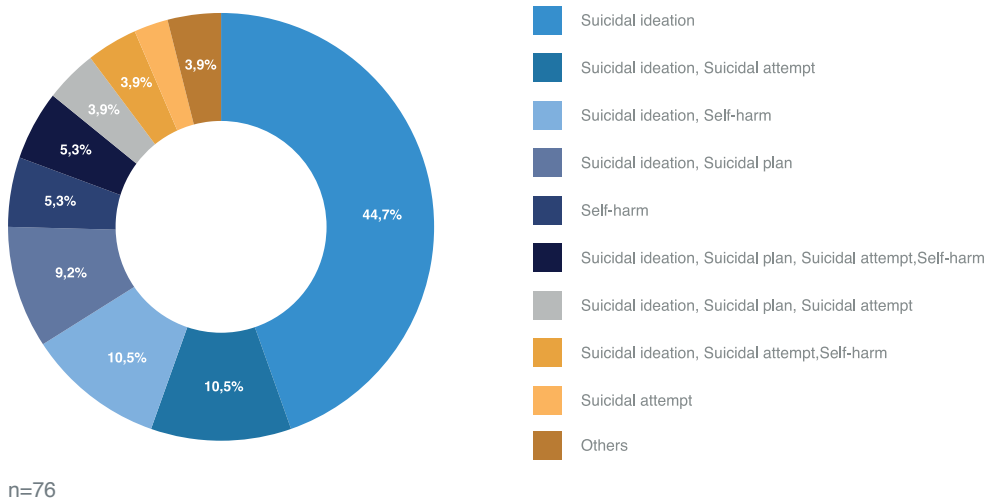


In the case of F the social worker communicated with legal service providers and medical actors to find a solution, and visited the hospital in order to speak with the hospital management and request the MRI results, as this document was important for the evaluation of the asylum claimant by the RIC Vulnerability Office (an evaluation that can have a significant impact on the asylum application process). The doctor at the hospital was unaware of the procedure, and was not motivated to help. The social worker spoke with the medical secretary's office and was informed that, due to F's medical condition, the doctors were obliged to provide medical services to him and to find a way to supply him with the results of the MRI. The INTERSOS social worker informed the doctors regarding what the medical secretary's office had told them, and then the doctors followed the instructions, and eventually F was able to receive his results after a further wait of 10 days.

It is exactly because of social, medical and legal issues like these, that INTERSOS also offers case management and social support services. These services are an essential aspect of mental health support for asylum seekers and refugees, due to the multi-dimensional nature of their problems. Due to the nature of the problems they face, psychological support, by itself, is not effective for the particular population. Another service which is offered by INTERSOS is psychiatric support, via a contracted private psychiatrist that visits the service once per week. People of Concern undergo an initial screening by the psychologist that has been assigned their case, and, following the screening a decision is made regarding the potential need for psychiatric support too. A small number (5.6%) of people are referred to the psychiatrist after the first assessment, but referrals for psychiatric care can also take place during follow-up sessions (this statistic is not recorded by the service). The major categories of symptoms found are as follows: symptoms related to adjustment disorders (4.28%), symptoms related to depressive disorders (2.85%), symptoms related to post-traumatic reactions (2.14%) and symptoms related to multiple disorders (10.27%). The largest proportion the beneficiaries (76.18%) that are receiving psychological support from INTERSOS, are found to have psychological symptoms that are not related to any specific category. They express a need for psychological support, but their condition cannot be formally delimited, so when they are referred for psychiatric support it is generally for the alleviation of particular symptoms.

Due to increased associated risks, two symptoms that are the subject of special attention by the MHPSS team are suicidal and self-harming behaviours. We have found that 10.8% (76 out of 701) of the total population have reported suicidal or self-harming behaviour, or a combination of both.

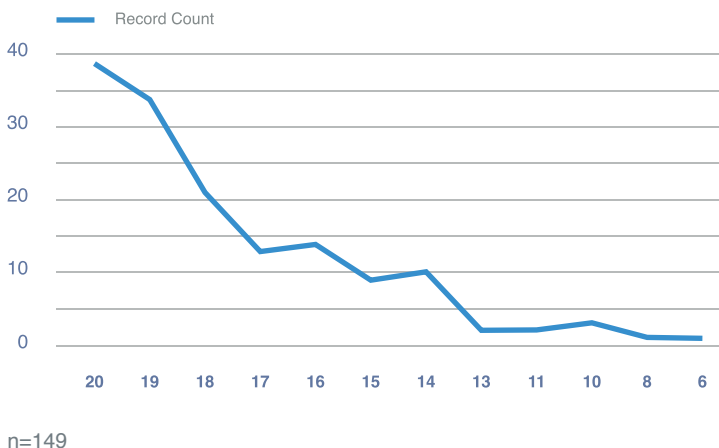
FIG. 8. Suicidal behavior and Self-Harm



More specifically, of the 76 people that reported having an issue, 70.9% have stated engaging in some form of suicidal behaviour, 5.3% in self-harming behaviour, and 19.9% a combination of both. Surprisingly, given such a high incidence of reported behaviour, there has not been a single fatality, this may be attributed to the generally positive impact that MHPSS provision has on the mental health of refugees and asylum seekers.

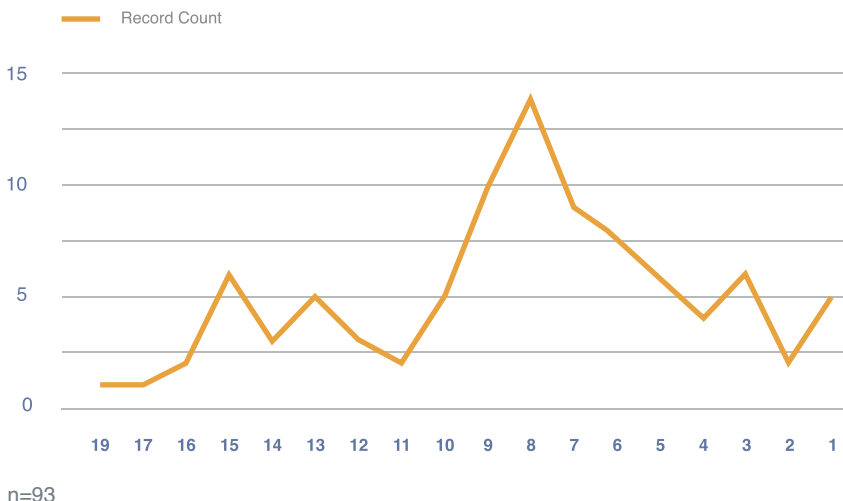
Psychlops (Psychological Outcomes Profile) is a psychological well-being measurement based on self-evaluation²⁴. Generally it is applied when the person begins therapy, and then again when they end therapy (the test can also be applied after each session to gauge the impact on mental health of individual sessions and/or the circumstances surrounding those sessions). The questionnaire comprises of four questions, and the highest score possible for the test is 20. A score of 20 is also the worst total score, since what is being measured is the level of effect that their problems have on their wellbeing, and their level of concern regarding the problem. Each question is rated on a scale of one to five, a score of five is the worst (most effect/concern) and zero is the best (least effect/concern).

FIG. 9A. Cases by pre-therapy psychlops score



As we can see from the Pre-Therapy scores, 144 of the 149 people that filled in the questionnaire scored between 20 and 11. This indicates that the people seeking services from INTERSOS believe that they have serious psychological problems that severely impact on their mental health.

FIG. 9B. Cases by post-therapy psychlops score



The Post-Therapy scores tend to be clustered between the scores of 10 and 1, with 70 of the 93 people that filled out the questionnaire falling within this range. There are less Post-Therapy than Pre-Therapy scores, because of the transient and mobile nature of the cohort. Many times people are transferred from Lesbos to mainland Greece, with little or no warning thus denying them the opportunity to undergo a closing session with their therapist (and fill out a Post-Therapy questionnaire). Patients also opt to leave the island irregularly if they receive negative responses on the asylum claim and feel that they are in danger of deportation.

Although we see a trend towards people considering themselves to have benefitted from treatment²⁵, we do not have any scores of 0 (zero) recorded (which would have indicated that the patient considers themselves to be completely free of mental health problems). This is to be expected given the types of experiences that asylum seekers tend to have survived, and the fact that they present with multiple severe traumas. Survivors of rape, torture or war generally require long term psychotherapy, something that is not offered either on the island, or in the Greek context in general. As such, most therapy aims at stabilizing an individual's emotional state, so that they can function on a daily basis, rather than resolving their trauma.



CONCLUSION

Apart from the issue of lack of long-term mental health services to deal with the severe trauma experienced by refugees and asylum seekers, it is quite clear that there needs to be a serious reassessment (and application) of vulnerability criteria in the asylum process. Therapeutic procedures for the treatment of severe traumatic experiences are difficult enough, without the treatment process being derailed by unnecessary legal problems. Non-binary and/or non-cis gender identification and the impact that these have on the life of the individual are not even part of vulnerability criteria, even when there are cases of life-threatening discrimination in an asylum seekers country of origin. In many cases GBV experiences (or the fact that the asylum seeker is a single woman) are not taken into account at all, when vulnerability is being assessed.

The data collection process is currently being revised in reference to GBV incidents. INTERSOS is now collecting data in regards to where the incidences of GBV have taken, or are taking, place: Country of Origin, Transit Country, Greece, Ongoing Abuse. We hope in this manner to be able to more clearly identify protection needs. For example: In the month of February 2023 the patients of the Psychologist (16 in total) reported 28 incidents of GBV, of these 48.0% took place in the country of origin, 24.0% in countries of transit, 14.0% in Greece and 14.0% were suffering ongoing abuse. This is a point of concern, as 28.0% of the GBV that the PoC report is being (or has been) experienced in Greece, in the country where the PoC are seeking asylum and protection.

Another issue that requires attention are attitudes and practices in the public health system. The Greek public health system was impacted upon severely, during the Greek economic crisis, which started in 2009. Spending in the health sector has declined steadily to reach 7.84% of GDP in 2019²⁶. *“Between 2009 and 2013, per capital public health spending, in real terms, contracted by 11% on average annually, and stagnated afterwards. Thus, in 2017 per capita total health spending dropped to about half that of the EU15, and per capita public expenditure to a third of the respective EU15 average”*²⁷. As such the system is poorly equipped to fulfil the needs of Greek citizens, let alone the specialised needs of asylum seekers and refugees. The public health system has been overwhelmed, and this has led to a reticence, by many public health staff, to serve the asylum seeker and refugee population.



APPENDIX A

Data Snapshots

Table A. Gender

#	Gender	Frequency	Percentage
1.	Female	645	92,0%
2.	Male	51	7,3%
3.	No information	5	0,7%
TOTAL		701	100%

Table B. Country of Origin

#	Country of Origin	Frequency	Percentage
1.	Afghanistan	270	38,5%
2.	Somalia	142	20,3%
3.	Democratic Republic of Congo	136	19,4%
4.	Syrian Arab Republic	25	3,5%
5.	Other	128	18,2%
TOTAL		701	100%

Table C. Age Ranges

#	Age Range	Frequency	Percentage
1.	17 and under	4	LT1%
2.	18-22	215	30,7%
3.	23-27	151	21,5%
4.	28-32	113	16,1%
5.	33-37	65	9,2%
6.	38-42	55	7,8%
7.	43-47	33	4,7%
8.	48 and over	65	9,3%
TOTAL		701	100%

Data Availability Statement

The complete data set is available on request, due to privacy/ethical restrictions. The data that supports the findings of this report are available on request from the corresponding author, Dr. Apostolos Veizis. The data are not publicly available due to patient confidentiality issues. The database contains confidential personal information that could compromise the privacy of the study participants.



APPENDIX B

Additional case studies

The following case studies are not related to any specific data category, but are included as they offer insights into the trauma experienced by asylum seekers and refugees, and the consequences of these. Although the stories may seem extreme, they are quite common, and represent the types of experiences that people that are referred to mental health and psycho-social services normally report to professionals.

Case 1.

From the INTERSOS monthly report to donors for October 2022.

G is a male people from central Asia. He is a survivor of torture, and experienced extensive physical violence when he was kidnapped and kept imprisoned by an Islamicist group. During his incarceration he witnessed killings, torture and sexual violence towards others. These experiences, along with the fact that he feels there is no hope for the future, contribute to him experiencing symptoms of severe despair, isolation, withdrawal, disorientation, lack of concentration, memory loss and he engages in self-harming behavior. He also reports somatic complaints like difficulty breathing, numbness and chest pain; and feelings of worthlessness and guilt, since he is not able to fulfil his role as a “*provider for the family*”.

Regarding the alleviation of the symptoms: a psychiatric assessment has been planned, and during psychological sessions the focus is on assisting the people to regain and enhance his sense of control over his life. For these reasons specific tasks (like keeping notes, or a diary) were given to him, in order to increase his level of control, by helping him to remember the things that he needs to do.

Case 2.

From the INTERSOS monthly report to donors for June 2022.

H is a survivor of gender based violence and was suffering from a medical condition as a result of rape. The public health system on the island of Lesbos could not treat her condition, so the doctor who examined her referred her to a specialized hospital in Athens. The person of concern displayed symptoms of PTSD, and a physical disability, which was a result of the sexual violence she had suffered, acted as a continual reminder of her past traumatic experiences.

After her referral to A21 (an organization which assists survivors of human trafficking) INTERSOS was charged with finding financial support in order for her to be transferred to mainland Greece for medical treatment. After months of effort, and having dealt with multiple obstacles, H was finally able to travel to Athens for her medical appointment. The Transfer Office of the Registration and Identification Center suggested to her, since she will have to visit Athens once again for her surgery in the near future, to be permanently transferred to Korinthos camp, a facility closer to the city of Athens.

After accepting this offer, the INTERSOS case worker contacted the Vulnerability Focal Point of the RIC in Lesbos and provided them with a detailed referral, in order to make sure that H will continue having access to similar psychosocial services in the new camp. INTERSOS also contacted the medical actor in the new camp in order to inform them about Hs’ case, and the medical actor provided INTERSOS with the contact details of the Vulnerability Focal Point in the new camp. INTERSOS contacted them and provided them with a social history and a list of Hs’ needs, and now H has access to all the services that she used to receive on Lesbos.

The various actors contacted INTERSOS in order to thank us for the referral and the detailed report we provided, and during our last follow up with H she expressed that she was happy and thankful for our services and sounded relieved that she was finally in a safer place.

Case 3.

From the INTERSOS monthly report to donors for June 2022.

J is an 18 year old boy from the Horn of Africa. Upon his arrival in Greece he was registered as an unaccompanied alleged minor (he was under 18 years of age at the time), and was living in a minors housing facility on the island. After a medical and psychological age assessment by the authorities, it was decided that he is 18 years old, and so they moved him into the Registration and Identification Center of Kara Tepe. J considered the sudden change in circumstances as very cruel. From the relatively safe space of the minors facility, he found himself inside the RIC, living in shared tent with adult single men.

Apart from the difficulties J faces regarding the living conditions in the camp, he mentioned that he arrived in Greece as an unaccompanied minor, after his father's death in Turkey. The boy journeyed with his father from his country of origin to Turkey, where his father passed away. He displays a sad affect when he talks about this event, but at the same time he seems disconnected from his feelings. Moreover, his therapeutic request was related more to his medical condition (he experiences seizures and has diabetes) than his psychological state.

At this point, it is important to mention that it is quite common for asylum seekers to report experiencing "epileptic" seizures. Whenever seizures are mentioned during a therapeutic session, the professional a referral is made for neurological examination at the public hospital in order for them to be able to receive the proper support. It is very rare that the seizures are diagnosed as epileptic. Actually, it has been observed that normally they are functional neurological system disorder (conversion disorder) episodes. DSM-5 lists the criteria for conversion disorder (functional neurological symptom disorder) as: *"A. One or more symptoms of altered voluntary motor or sensory function. B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions... D. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation"*²⁸.

Following a number of sessions with D, where his symptoms and history were discussed, it was observed that the boy's seizures started after his father's death, as did the diabetes, and that he also presents some dissociative symptoms. The main hypothesis by the professional (that the medical issues, which started after his father's death, have a psychological basis due to unexpressed/unresolved trauma) is difficult to assess due to cultural differences in mourning, and because of the age of the boy.

Case 4.

From the INTERSOS monthly report to donors for August 2022.

K is from north Africa, he is a survivor of sexual violence and torture. He was physically and sexually assaulted by the police in Sudan (including two incidences of rape) during his imprisonment there. The rapes resulted in medical issues that required surgery, in order for a section of his intestine to be removed. Since, leaving his country of origin two years ago, he lost all contact with his wife and four children.



K presents with symptoms associated with Post-Traumatic Stress Disorder: sleeping difficulties and nightmares related to his experiences, flashbacks, hyperarousal and intense reminders of the traumatic events. Also, many factors in the present (e.g. the area where he is living in the camp, the constant presence of uniformed police and their patrols, etc.) act as triggers for traumatic memories, which in turn affect his functionality since he adopts avoiding behaviours and becomes isolated and withdrawn. The psychiatrist collaborating with INTERSOS will assess K to see if he can benefit from psychiatric treatment, in the meantime the talk therapy K is receiving is focusing on assisting him to regain his sense of safety and empowering him.



APPENDIX C

INTERSOS Patient Consent Form



CONFIDENTIAL Consent for Release of Information

This form should be read to the client or guardian in their native/first/preferred language. It should be clearly explained to the client that she / he can choose any or none of the options listed.

I, _____
born in _____ on _____ give my permission for
INTERSOS to share specific case information from my case with the INTERSOS Protection team and
other service providers, so that I can receive help with safety, health, psychosocial, legal or other
identified needs purposes. I understand that shared information will be treated with confidentiality
and respect and shared only as needed to provide the assistance I request. I also consent to INTERSOS
transporting me with their vehicle to and from my place of residence to the INTERSOS property and/or
other external services. For each one of my requests for services, I will give my consent orally or by
signing a consent form depending on the services that I choose to use. I understand that releasing this
information means that a person from INTERSOS I have been referred to may come to talk to me. At
any point, I have the right to change my mind about sharing information with the designated agency /
focal point.

I have been informed and understand that non-identifiable information/biodata may also be shared
for research and reporting purposes, and I have been informed that there will be no way for someone
to identify me based on the information that is shared. I understand that shared information will be
treated with confidentiality and respect.

Signature / Thumbprint of _____

Caseworker _____

Date: _____



END NOTES

¹ International Rescue Committee Learning from Lesbos Lessons from the IRC's Early Emergency Response in the Urban Areas of Lesbos between September 2015 and March 2016 International Rescue Committee, November 2016, Lesbos, Greece <https://www.rescue.org/sites/default/files/document/1175/learningfromlesbos.pdf>

² UNHCR Lesbos Weekly Snapshot 20-26 February 2023 UNHCR, 01 March 2023 <https://data.unhcr.org/en/situations/mediterranean/location/5179>

³ Deutsche Welle Thousands flee fire at Greece's largest migrant camp Deutsche Welle, 09 September 2020 <https://www.dw.com/en/greece-refugee-camp-fire/a-54861061>

⁴ INTERSOS Single Women Conditions in the Mavrovouni [Kara Tepe] Camp on Lesbos: Findings From a Multi-Sectorial Needs Assessment INTERSOS, November 2020, Lesbos, Greece.

⁵ In many cases it is the reason why an individual flees from their country of origin, as globally 14 countries continue to criminalise non-cis normative gender identity, 11 countries impose the death penalty for homosexual activity and 67 criminalise it. Source: Human Dignity Trust Maps of Countries that Criminalise LGBT People London, UK <https://www.humandignitytrust.org/lgbt-the-law/map-of-criminalisation/>

⁶ Rainbow Welcome! The Reception of LGBTIQ+ Refugees in Europe Pour La Solidarite, Brussels, Belgium, June 2021. https://www.pourlasolidarite.eu/sites/default/files/publications/files/the_reception_of_lbtqi_refugees_in_europe_rainbow_welcome_study.pdf

⁷ The sources of the case studies are the psychologists and case workers/social worker at. INTERSOS, the case studies are used in monthly reports to the donors. The particular case study is from the INTERSOS monthly report to donors for November 2022.

⁸ UNHCR Lesbos Weekly Snapshot 20-26 February 2023 UNHCR, 01 March 2023 <https://data.unhcr.org/en/situations/mediterranean/location/5179>

⁹ The particular case study is from the INTERSOS monthly report to donors for May 2022.

¹⁰ United Nations Women Facts and figures: Ending violence against women United Nations, February 2022 <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

¹¹ Human Rights Watch Afghanistan: Justice System Failing Women Taliban Gains Further Risk Crucial Legal Protections Human Rights Watch, August 5 2021 <https://www.hrw.org/news/2021/08/05/afghanistan-justice-system-failing-women>

¹² Ministry of Planning and Monitoring the Implementation of the Modernity Revolution, Ministry of Public Health and ICF International "DRC Demographic and Health Survey 2013-2014", 2014 in Observatory on Domestic Violence in the Democratic Republic of Congo Overview of Domestic Violence in the Democratic Republic of Congo https://violences-domestiques-rdc.org/en-US/Overview_of_domestic_violence

¹³ Promundo et al "Gender relations, SGBV and the effects of conflict on women and men in North Kivu, eastern DRC: Preliminary Results from the International Men and Gender Equality Survey", November 2013 in Ibid.

- ¹⁴ The particular case study is from the INTERSOS monthly report to donors for November 2022.
- ¹⁵ The particular case study is from the INTERSOS monthly report to donors for June 2022.
- ¹⁶ A total of 1,192 psychological therapy sessions, over 165 beneficiaries of psychological support.
- ¹⁷ The particular case study is from the INTERSOS monthly report to donors for September 2022.
- ¹⁸ Karin Aberg Detecting Vulnerability in Greek Hotspots Odysseus Network, Brussels, Belgium, 29 June 2022
<https://eumigrationlawblog.eu/detecting-vulnerability-in-greek-hotspots/>
- ¹⁹ In 2021 in Greece, 54.3% of new applicants and 7.2% of review applicants were recognised as refugees or received subsidiary protection. The European average for 2021 was 60.22% for first instance and 16.84% for review applicants recognition. Sources: WorldDate.info <https://www.worlddata.info/europe/greece/asylum.php> European Council on Refugees and Exiles <https://ecre.org/wp-content/uploads/2020/06/Statistics-Briefing-ECRE.pdf>
- ²⁰ The particular case study is from the INTERSOS monthly report to donors for October 2022. To date (22 March 2023) the patient continues to be housed in the camp, even after the request by the public hospital for him to be relocated.
- ²¹ The particular case study is from the INTERSOS monthly report to donors for August 2022.
- ²² Hellenic Ministry of Health <https://www.moh.gov.gr/articles/health/anapytksh-monadwn-ygeias/3999-prosbash-twn-anasfalistwn-sto-dhmosio-sythma-ygeias>
- ²³ Hellenic Ministry of Migration and Asylum <https://www.gov.gr/en/upourgeia/upourgeio-metanasteuses-kai-asulou/metanasteuses-kai-asulou/eurese-prosorinou-arithmou-asphalises-kai-ugeionomikes-perithalpses-allodapou-paaua>
- ²⁴ <http://www.psychlops.org.uk/>
- ²⁵ The median Psychlops pre-score is 17.56, the median Psychlops post-score is 8.25. This gives us a differences of 9.21, or an improvement of 53%.
- ²⁶ Hellenic Republic - Hellenic Statistical Authority System of Health Accounts (SHA) of year 2019 Pireaus, Greece, 2021 https://www.statistics.gr/documents/20181/2b1013f6-2fd4-8970-2ca6-143627102923#:~:text=The%20total%20funding%20on%20health,7.96%25%20for%20the%20year%202018.&text=*Revised%20data
- ²⁷ Maria Petmesidou Challenges to Healthcare Reform in Crisis-Hit Greece e-cadernos CES, Coimbria, Portugal, 2019 [https://journals.openedition.org/eces/4127?lang=en#:~:text=15Private%20spending%20\(out%2Dof,falling%20household%20incomes%20until%20recen tly](https://journals.openedition.org/eces/4127?lang=en#:~:text=15Private%20spending%20(out%2Dof,falling%20household%20incomes%20until%20recen tly)
- ²⁸ American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013. p318





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