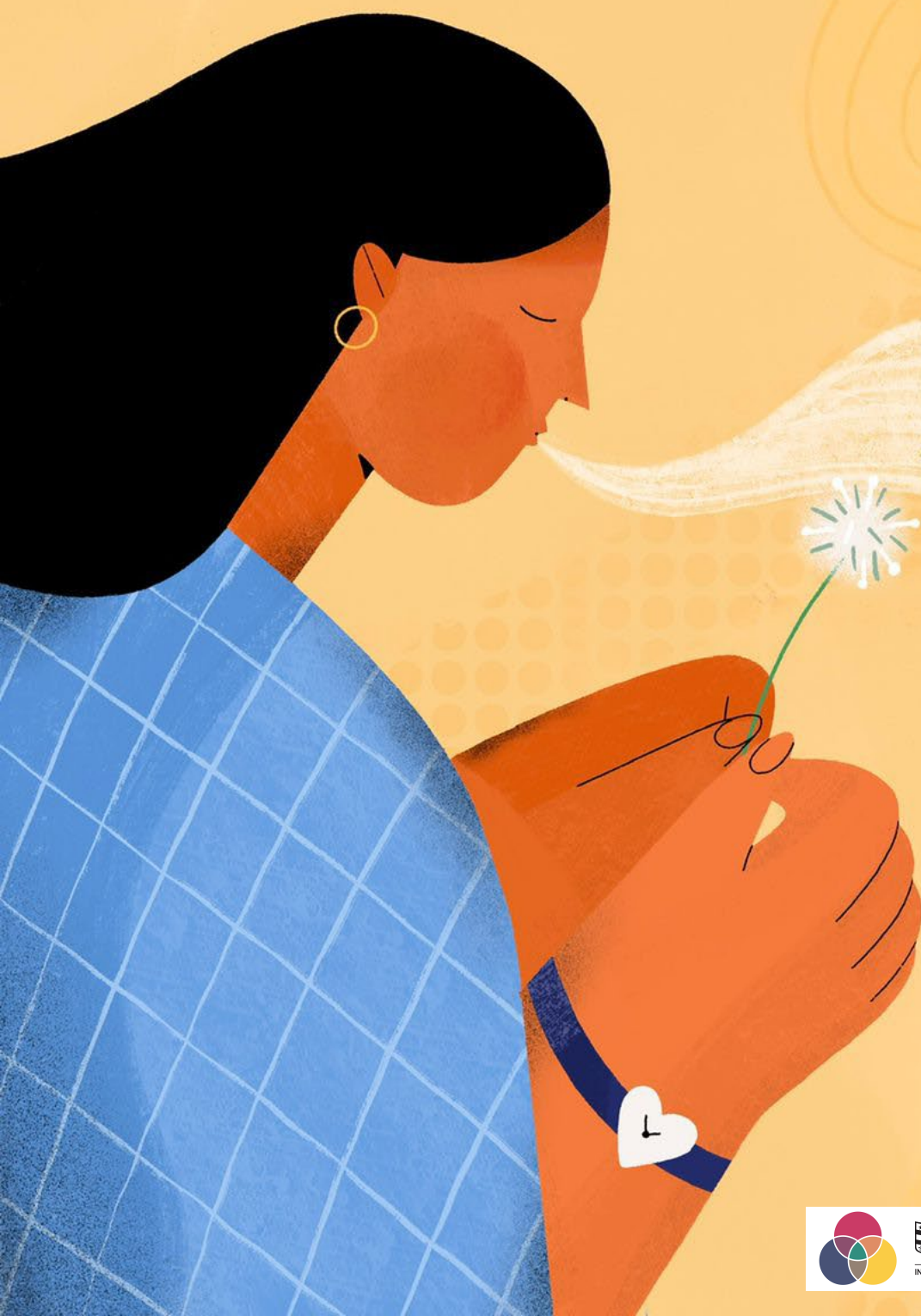


Gender-based Violence Disclosure in Humanitarian Contexts

*Case Study Country Brief: **GREECE***



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Gender and Migration
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GENDER-BASED VIOLENCE DISCLOSURE IN HUMANITARIAN CONTEXTS

Case Study Country Brief
GREECE

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Contents

Introduction	1
Gender-based violence in Greece's migration and displacement context	1
Relevant legal and institutional framework	2
Brief overview of study sites: Lesbos and Athens	2
When GBV Disclosure Happens	3
Motivation, Opportunities	3
Common Scenarios and recipients of disclosure	3
GBV Disclosure Barriers for Survivors	5
Individual-level barriers	5
Social / community barriers	7
Structural / legal / systemic barriers	8
COVID-19 related barriers	10
Barriers for specific groups of survivors	10
Service Provider Challenges and Strategies Related to GBV Disclosure	11
Enabling GBV disclosure	11
Eliciting GBV disclosure	12
Other strategies / practices	12
Appendices	13
Key informant interview summary	13
Endnotes	14
Acknowledgements	16

Introduction

In recent years, Greece has become both a transit and a destination country for populations on the move, many of whom transit through Turkey and arrive at the Evros land border or on the Aegean Islands. In 2016, the EU-Turkey Statement¹ was signed, aiming to reduce arrivals to Europe and facilitate readmissions to Turkey. Reception and Identification Centers (RICs) were established on Eastern Aegean Islands, where asylum-seekers have been subjected to geographical restriction of movement until their case is processed. Exceptional fast-track procedures with short deadlines and limited guarantees were also introduced.² This approach resulted in thousands being stranded in sub-standard reception conditions and at risk of further violence.³ Authorities have been criticized for unlawfully restricting access to asylum, performing pushbacks and collective expulsion, establishing “closed” facilities, and criminalizing search and rescue operations.⁴ Additionally, COVID-19 brought further restrictions to camps and RICs, which have been continuously extended, despite the nationwide lifting of the lockdown.

Gender-based violence in Greece’s migration and displacement context

Asylum-seekers in Greece have often experienced gender-based violence (GBV) in their countries of origin or en route, particularly in Turkey.⁵ Pervasive GBV in the RICs has also been well-documented.⁶ Study participants emphasized the continuity and co-occurrence of different forms of violence, highlighting that victimization often takes place before, during, and after flight. Domestic and sexual violence were identified as the most frequently reported forms of GBV. Domestic violence was described by study participants as more common in populations from Afghanistan, Iraq, and Syria. Survivors were often identified as women suffering multiple types of abuse by husbands or intimate partners before, during, and after transit.⁷ In contrast, participants noted that sexual violence was more commonly reported by survivors from various African states, most often occurring before and during flight, but also after arrival. Female and male survivors from the Democratic Republic of the Congo (DRC) and Cameroon, in particular, reported especially high occurrences of rape. Participants noted that women often reported rape co-occurring with sex trafficking or transactional sex at all stages of migration. In contrast, men often reported sexual violence and rape used as forms of torture prior to arrival in Greece.⁸ Trafficking was discussed as more commonly encountered in African populations, although disclosure remains limited.⁹ Transactional and survival sex was also highlighted as common among unaccompanied minors (UAMs), while GBV against children also included child marriages in home countries and other harmful traditional practices, such as female genital mutilation or cutting (FGM/C).¹⁰ Participants also noted that LGBTIQ+ individuals had often experienced violence, including GBV, before arrival in Greece, though it often continued – especially on the islands.¹¹

Relevant legal and institutional framework

New asylum legislation in Greece was introduced in 2019 and met with severe criticism.¹² *Inter alia*, previous beneficial provisions exempting “vulnerable groups”, such as GBV survivors¹³, from border procedures, and allowing Refugee Status Determination (RSD) assessment on the mainland became no longer applicable.¹⁴ In 2021, authorities designated Turkey as a safe third country for asylum-seekers from Afghanistan, Bangladesh, Pakistan, Somalia, and Syria, resulting in a dramatic increase in inadmissibility decisions.¹⁵ While Turkey suspended readmissions in March 2020, inadmissibility decisions have continued in Greece, resulting in those with rejected applications remaining in legal precarity with limited support.¹⁶ For instance, those living in camps are obliged to depart within 30 days of the decision and are rendered ineligible for food assistance.

GBV-related protection

Ratification of the Istanbul Convention led to changes in the GBV protection framework.¹⁷ The state protection system is based on a network of shelters and counseling centers for survivors, with the General Secretariat for Demographics, Family Policy and Gender Equality being the competent authority to coordinate and evaluate enacted policies. Common challenges identified to accessing these services concerned the temporary nature of limited placements and lack of shelters for LGBTIQ+ and male survivors.¹⁸ Access to legal rights¹⁹ and emergency healthcare is not always guaranteed for survivors of sexual violence who, at times, have been required file a formal complaint before being accepted for treatment.²⁰ Further, female survivors of domestic violence face obstacles in separating asylum files from husbands, who are designated by default as the head of family during asylum registration. Legal instruments are harmonized with international frameworks to protect victims of trafficking.²¹ The 2019 National Action Plan focuses on stakeholder coordination, awareness raising, enhancing assistance to and reintegration of survivors. The National Reporting Mechanism is the umbrella mechanism coordinating survivor identification and service provision.²² Identification of and ensuring that all survivors, including men, can access assistance, compensation and temporary residence permits remains challenging.²³

Brief overview of study sites: Lesbos and Athens

Lesbos is an entry point and transit site, where the majority of the population resides in Mavrovouni RIC, which in 2022, hosts approximately 3,500 people. A new encampment policy and the lack of accommodation options for vulnerable people²⁴ have raised concerns among service providers. In Athens, open accommodation centers have been also shutting down and there are increasing numbers of people living in precarious conditions, especially asylum-seekers violating geographical restrictions, unable to return to Turkey following inadmissibility determinations, as well as individuals who enter through Evros and remain unregistered. Additionally, UAMs who find the protection system unappealing are often unable to support themselves and live in precarity.

When GBV Disclosure Happens

Motivation, Opportunities

Participants highlighted that for survivors in Greece, disclosure is often motivated by access to protection and/or support services but is also influenced by survivor beliefs around what they *should* disclose to providers.

So the motivation always has to do with what they think someone already knows, what they think they should say, what they think is expected from them – that is, what someone expects them to say in the interview, if they expect them to say this obvious thing or something else, but also because they know it might help, they might bring it up on that basis.²⁵

Study participants suggested that survivors are more motivated to disclose when post-disclosure opportunities for healing, care, and empowerment are available, including legal, social, and psychological support, shelter, employment access, or other benefits. For example, in Greece, identification as a GBV survivor triggers special reception processing on the islands. Moreover, disclosing that one suffered GBV in Turkey can help demonstrate that Turkey is not a safe country for return. Survivors may also be motivated to disclose domestic violence to separate their asylum application from their spouse. Participants additionally noted that survivors with an immediate need for shelter or protection were identified as more likely to disclose quickly. Identified scenarios where quick disclosure is common included when survivors fear for their own or their children's lives, when suicidal ideation is present, or when violence recently occurred in front of children or in public. On very rare occasions, survivors who have crossed borders to escape GBV may arrive in service providers' offices determined to disclose and move on with their lives in a new country.

Common Scenarios and recipients of disclosure

Common scenarios. Common disclosure opportunities identified included during emergency situations while receiving services at medical facilities or police stations, during different stages in the asylum process such as initial reception vulnerability assessments and future asylum interviews, and during support groups or workshops in camp settings. For survivors living on the mainland, additional opportunities to discreetly seek services from NGOs and disclose were identified. In some cases, initial disclosure is only partial and full disclosure takes place with trained or GBV-sensitive service providers who enable survivors to feel at ease. For

example, a survivor who discloses a single GBV incident during the journey may disclose more extended and long-term forms of GBV to other service providers.

Key recipients. The decision to disclose was described by participants as often influenced by the gender, nationality, and professional specialization of potential recipients. Generally, survivors were described as preferring to disclose to persons of the same gender, although for male survivors this preference was noted as more variable. Participants also highlighted that for some survivors, sharing the same nationality as the recipient can act as a facilitator of disclosure with shared language and cultural understanding, whereas for other survivors this may actually be a barrier. Participants noted that disclosing to lawyers and caseworkers during the asylum procedure can be more difficult for survivors than disclosing to psychologists and social workers, who are usually trained to avoid causing re-traumatization. One participant noted that survivors may choose to disclose to professionals they are familiar with managing GBV in their cultural context. For example, they noted newly arriving Afghan women often disclose to doctors (irrespective of gender) more readily than to social workers or psychologists because in Afghanistan, doctors most often manage GBV cases.

GBV Disclosure Barriers for Survivors

Individual-level barriers

Study participants highlighted numerous individual-level barriers to GBV disclosure, including fear of further violence, lack of trust, perceived lack of support, language barriers, trauma and fear of re-traumatization, shame and guilt, and lack of trust.

Safety risks, fear of further violence. Post-disclosure safety risks and fear of further harm by the perpetrator, family, or community were noted as barriers. Threats to survivors or their family were also noted as a disclosure barrier:

(...) there is too much brainwashing: "If you report it to anybody, I'm going to find out and you're going to get arrested too. You won't get asylum because you were part of what happened." Theirs is a long path before people get to us – that is important for us to know, too. If there is a person who has been tortured and then a victim of human trafficking, and then by the time they get to Greece they have been told by everyone: "Don't tell anyone because then this country or the military in the country of origin will know because governments work together," that discourages disclosure as well.²⁶

Lack of trust. Participants noted repeated contact over time is often needed for survivors to establish trust. Some argued it could be years before a survivor is ready to disclose, share all incidents, or provide details. Past experiences with authorities and providers were highlighted as reasons survivors might feel initially suspicious, distrustful, or unsafe during initial meetings where disclosure could occur.

Maybe they also have a fear of how the professional they are facing will react. Let's not forget that in a reception of new arrivals there was a camp commander who was yelling at them and saying, "Why did you come here?" Right from the start it creates an image of "it's good not to trust people in here when the head of the camp behaves like this."²⁷

(Perceived) lack of support or undesired consequences. Participants noted that GBV survivors often believe the protection system is inadequate, including lack of confidence that the police can protect as well as perceptions that organizations will not be useful. These perceptions are reinforced by word of mouth. As one study participant

noted, “You hear in the community, “The women left and then came back, why should I talk about it? There was nothing. She was taken there, she was on her own, she had no support.”²⁸ Study participants also noted that some survivors fear disclosure will begin a series of unwanted or destabilizing interventions, such as shelter placements, over which they will have limited control. For example, one participant noted that unwanted placements located far away and/or in isolated locations are barriers to disclosure.

Language barriers. Participants noted that GBV disclosure can be even more challenging when a survivor and service provider do not speak the same language(s). Interpretation is not always available, and when it is, it may be inadequate or survivors may be inhibited by the presence of a third party – particularly if the interpreter does not seem to be a safe intermediary. In general, the fact that survivors depend on interpretation was described as a great barrier.

Feared impact on access to shelter, benefits, or legal status. Fear of potential post-disclosure consequences, such as loss of shelter or humanitarian assistance, were identified by participants as disclosure barriers for some survivors. Participants observed that survivors often do not disclose GBV while their asylum case is ongoing, out of fear of delays or even deportation.

Trauma and fear of re-traumatization. Participants identified trauma and some survivors’ difficulty to articulate traumatic experiences as factors affecting willingness and ability to disclose. Fear of re-traumatization surfaced as a barrier linked to procedural requirements, especially since GBV-related claims can raise credibility issues during RSD.

Guilt and shame. Survivors’ own feelings of shame, guilt and self-blame were noted as challenges to GBV disclosure. Some participants felt this was especially common among Arabic-speaking female survivors.

Cultural or religious norms. Participants identified that cultural or religious norms may affect whether survivors disclose GBV. For example, Afghan female survivors were identified as less likely to disclose because of norms around speaking about gender or family matters. One participant noted how conservative religious norms may hinder disclosure or limit language used.

Or girls who might be more religious will say it in a way that you might not understand that was violence, but a pressure instead. I remember a Somali girl, raised in Djibouti, who was travelling alone and in Turkey she was subjected to violence and a kind of forced marriage with a trafficker so that she could continue her journey, she kept saying “he made me his wife but I didn’t want to”. And she didn’t want to say anything else. After posing questions, I remember that again she couldn’t say the words “he raped me”. And she was a very educated girl, she disclosed immediately but the words she chose were very carefully worded.²⁹

Social / community barriers

Social or community-level factors were also identified by participants as potential barriers to disclosure, including stigma, normalization of violence, and gender and cultural norms.

Stigma, social judgment. Stigma and fear of social judgment were identified as major barriers limiting disclosure, especially in Lesvos, where the community is smaller and more close knit. One participant noted people are afraid to even be seen approaching certain services in the camp that might associate them with GBV. Male survivors, LGBTIQ+ persons and women from the Middle East were perceived as extremely concerned with post-disclosure stigma. Fears of being stigmatized, doubted, judged, or blamed by family or community members were identified as compounded by interpreters as essential intermediaries, who are often from within the same refugee communities.

There, too many times, women who were my cases, they would say "I dare not say it, because he (the interpreter) was my husband's friend" or "my rapist's friend" or "he was there when I was raped". That's what I saw too in a great extent: cultural mediation performed by people within the camp who are experiencing the same situations, who know the whole community.³⁰

Normalization of violence. Collective acceptance or normalization of GBV was highlighted as a common reason female survivors do not disclose. Participants shared that some survivors consider GBV as "normal" or "not worth mentioning." Intimate partner violence, as well as marital rape, forced marriage, and FGC were described as family matters or not perceived as GBV. However, some participants describes instances where this normalization of violence contributed to survivors disclosing GBV without awareness they were doing so.

Gender and cultural norms. Variations in disclosure patterns were identified by some participants as related to gender and cultural norms, including taboos or societal tolerance of IPV. Participants noted that women from Syria, Afghanistan or Somalia were less likely to disclose, especially in cases of IPV where resulting shelter placements might shame survivors' families and result in social exclusion. Community reprisals were a source of fear for survivors and community members who report GBV incidents. One participant also noted that cultural norms around male accompaniment in public spaces for Syrian women or more frequent isolation experienced by Afghan women present additional disclosure barriers. Gender norms were also described as barriers for male survivors, especially when community interpreters are present. For example, one participant noted that male survivors from DRC would likely not disclose in front of a female Lingala interpreter, because of the role of women in their community. Participants were divided on whether LGBTIQ+ survivors disclose more or less easily to service providers. Some felt the fear of stigmatization and violence would present a major barrier to disclosure for this group.

Structural / legal / systemic barriers

Numerous structural barriers were also described by participants as impeding disclosure. These barriers included insufficient GBV-related services, insensitive legal procedures, inadequate interpretation support, insufficient sensitization or cultural competency, lack of privacy, and timing challenges.

Insufficient GBV-related services. Systemic gaps in GBV response including inadequate reception and identification procedure implementation by state actors, poor reception conditions, reduced access at times of overcrowding, and lack of effective mechanisms and referral pathways in Lesvos were noted by participants. Additionally, lack of safe shelters were identified as major barrier to disclosing GBV.

A woman who is being abused, either by her husband or someone else, knows that at this point there is no way to move to safer living conditions. It is a gap; now the new camp has been operating for a year and that gap has not been filled. In my opinion this is the biggest disincentive when it comes to disclosing such incidents.³¹

Furthermore, participants noted that services are primarily tailored toward women, often leaving other survivors with limited access to services or opportunities to disclose. Other system-wide challenges included short-term shelter placements, isolation, lack of interpretation, and integration policies that reinforce fears of post-disclosure uncertainty and ultimately hinder disclosure.

Legal procedures. Asylum legislation and processes were described by study participants as often hindering disclosure to asylum service and legal aid providers, due to abrupt fast-track and admissibility screening procedures. Procedures such as remote interviewing, survivors' children being present during the interview, and difficulty separating a domestic violence survivor's file from an abusive spouse were identified as additional disclosure barriers. Participants also highlighted time constraints and lack of privacy, especially on the islands, during asylum procedures as challenges for GBV disclosure. Such issues were described as inhibiting disclosure and possibly leading to re-traumatization.

It is always important to report such incidents [GBV] to the Asylum Service but at that time I don't think the caseworker has the appropriate tools to manage it and support with the mental strain it will bring. There is always time pressure to finish the interview. I think it is very likely that if it is said for the first time in the interview, the applicant will be re-traumatized, because the caseworker is not specialized to manage this mental load. In trying to help with some questions that need to be asked, they can cause negative consequences for the person.³²

Lack of / insufficient interpretation support. Lack of interpretation services surfaced as a major structural barrier, especially impacting survivors' access to police and public services.

Resources to provide gender-appropriate interpreters, especially from outside a survivors' own community, were also identified as impediments to survivors' willingness to disclose.

Insufficient sensitization or cultural competency. Insufficient training in and GBV-related sensitization for service providers were noted as factors contributing to re-traumatization or non-disclosure by survivors. Study participants highlighted the importance of cultural awareness and sensitization to different forms of GBV.

[m]aybe it's said in other ways and the person across them can't understand the meaning, that this is violence. So we're talking about training the people who are dealing with these issues. Violence is also on many levels, it's not just coming in beaten up".³³

Several participants mentioned lack of sensitivity or disbelief toward survivors within the public sector. Police and hospitals were identified as often not having specialized professionals trained to work with GBV survivors. Study participants shared stories of refugee women who went unaccompanied to the police to report domestic violence and were asked to leave and come back with an interpreter or were encouraged to go back to their husbands and try to improve their relationships.

Traumatizing attitudes, survivor-blaming, and cultural biases within police, in particular, were shared by participants that ultimately resulted in limited or non-disclosure by survivors.

Lack of privacy, access to services. Participants, primarily from Lesbos, identified lack of appropriate space for service provision as an important barrier resulting in unfavorable and potentially dangerous conditions, as confidentiality is hard to maintain. Some noted that survivors are more likely to disclose when the service provider is located outside the camp, as facilities inside were perceived to be lacking privacy. However, lack of access to services outside camps can present additional barriers for survivors to disclose.

The women did not have access to the police in Moria. They had an incident of either domestic violence or rape, they would go to the police and the police would say "we can't do anything, you have to go to the city". They were saying "It's none of our business. Go to the city." Now can you imagine at 01.00 and 02.00 at night that someone would walk 10-11 kilometers down from Moria to go to the hospital? No, no one did that.³⁴

Time. Participants identified time as another challenge for GBV disclosure, especially in Lesbos. Survivors on the move may not want to share past traumatic experiences while primarily focused on their onward mobility, while those who do disclose on the island might avoid re-sharing when transferred to the mainland. Further, the limited time survivors are given to disclose during RSD or reception procedures can inhibit disclosure.

When someone is interviewed when they arrive on the islands having just been rescued from a shipwreck or from a difficult situation and they have just arrived in a country, they usually don't have the possibility to process exactly what has happened, what is substantial and what is insignificant. So I think that the interviews that take place on the islands and the border are very problematic because there people usually do not have the time to process and understand where they are and what has happened to them exactly....³⁵

Providers also highlighted that interviews with the Asylum Office are often short, stressful and very demanding for survivors who asked to talk about very private, traumatic experiences they might not have yet processed.

COVID-19 related barriers

COVID-19 was identified as exacerbating individual and structural barriers to disclosure. Study participants suggested access to public services were reduced, noting COVID-19 provided an excuse to de-prioritize refugees' access to public services and limit their access to asylum services. Survivors in camps were put under prolonged lockdown, which further obstructed disclosure opportunities – especially for those in Lesvos. The transfer to remote services was also identified as a potential barrier to disclosure, especially for those living in precarity or survivors of domestic violence with limited access to technology or diminished sense of privacy in the home.

Barriers for specific groups of survivors

Victims of trafficking were identified by participants as very unlikely to disclose due to the type of violence experienced, feeling of entrapment, lack of access to services, fear of and threats by trafficking rings, or dangers of irregular movement. One participant highlighted that Somali trafficking victims might not disclose because of promises for legal documents in a European Union country, while for Congolese victims, fear of disclosure may be linked to cultural perceptions, such as believing they are bound by spells.

Service Provider Challenges and Strategies Related to GBV Disclosure

Enabling GBV disclosure

Services that are easily accessible, open-door policies, and specific GBV focal points were identified as features that assist with spontaneous disclosure, especially during First Reception and in camps. Service providers shared that disseminating information about available services and offering discussion groups and recreational activities help enable disclosure – especially when tailored to women, LGBTIQ+ and children survivors.

Additionally, participants stressed the importance of creating a safe space where survivors feel secure, believed, and respected to enable disclosure.

Women actually disclose to people when they will somehow feel that they do not doubt them. To me that's very important and it is our team's culture. We accept what she says as if it's real, without judging her. We just hear it; we affirm that this is violence. To me it's very important to say it so they can hear it. Regardless of the language, she will reveal it, regardless of the interpreter.³⁶

Providers identified safe spaces as rooms that are calm, quiet, and undisturbed by external stimuli as providing a sense of protection. Intimate and familiar objects as well as smells and sounds that create a sense of “home” comfort survivors who have been on the move for long periods of time. One organization run by migrant women in Athens provided an example of this – it is located in a sunny apartment with a mostly open layout and free access to coffee, tea, and biscuits for visitors. There is community members’ art on the wall and easy access to childcare while visiting women participate in classes, workshops, or individual support sessions. Staff find that this environment provides comfort and a sense of normalcy to the women who come seeking support. For offices that cannot be made to feel or look like a home, space for private and confidential conversations was identified as essential. Encouraging and inclusive body language used by service providers, especially by trained social workers and psychologists, were also identified as features enabling disclosure. One provider also shared the use of drama and art therapy as techniques to enable disclosure by building trust.³⁷

COVID-19 disrupted many GBV related services, as sessions were cancelled or moved online. Service providers noted that virtual sessions presented new challenges such as difficulties

establishing safe space, reading body language, and utilizing nonverbal techniques to enable disclosure.

Eliciting GBV disclosure

From the perspective of social workers and psychologists, eliciting is about having the time to clearly explain GBV, and gradually build a relationship of trust and inclusiveness that will eventually lead to disclosure. Disclosure is not a single instance, but a lengthy process that builds slowly through interactions with service providers. Although survivors may speak about GBV earlier, participants noted many only fully disclose when they have the time and space to do so. However, time is sometimes considered a luxury for refugees and migrants and some survivors may feel they have no choice but to disclose in cases of emergency. Additionally, some service providers must ask about GBV to provide needed benefits to survivors or in the context of asylum interviews.

Participants primarily focused on eliciting disclosure in the context of asylum interviews, and often focused on challenges rather than strategies. They noted lawyers often ask survivors very detailed, direct questions that may support vulnerability claims and/or asylum applications but require proper training or experience to avoid re-traumatizing survivors. As one interviewee put it:

For lawyers, disclosure of GBV should be done in the most obvious way possible, so that persecution can be effectively established, so that it can be presented with credibility. Credibility in cases of GBV is one of the most difficult issues. If we don't have the proper training, it's a one-way street to traumatize the person. We have indicators and we follow them so that we don't re-traumatize in both domestic violence and human trafficking cases. Indicators that allow you to not penetrate to such an extent, so that you avoid re-traumatizing. This can only be done through training. But you won't see that when the cases are handled by the state, for example in the asylum service caseworkers.³⁸

Other strategies / practices

Many interviewees highlighted the importance of organizations' ability to provide post-disclosure guidance and care and suggested service providers adopt a holistic approach, with close cooperation between professionals of different specializations, that focuses on a combination of legal, socioeconomic, and cultural factors to most effectively support GBV survivors.

Appendices

Key informant interview summary

A summary of key informant interviews, including the Participant ID used for the study, the date of the interview, and the number of key informants per interview, is provided below.

Participant ID	Location of services	Month and Year	No. of interviewees
GR_01	Lesvos	Oct. 2021	1
GR_02	Lesvos	Oct. 2021	1
GR_03	Athens	Oct. 2021	1
GR_04	Athens	Oct. 2021	1
GR_05	Athens	Oct. 2021	1
GR_06	Lesvos	Oct. 2021	1
GR_07	Athens	Oct. 2021	1
GR_08	Athens	Nov. 2021	1
GR_09	Athens	Nov. 2021	1
GR_10	Athens	Nov. 2021	2
GR_11	Athens	Nov. 2021	1
GR_12	Athens	Nov. 2021	1
GR_13	Lesvos	Nov. 2021	2
GR_14	Lesvos	Nov. 2021	1
GR_15	Lesvos	Nov. 2021	1
GR_16	Lesvos	Nov. 2021	1
GR_17	Athens	Nov. 2021	1
GR_18	Athens	Nov. 2021	1
GR_19	Athens	Nov. 2021	1
GR_20	Athens	Nov. 2021	1
GR_21	Athens	Nov. 2021	1
GR_22	Lesvos	Nov. 2021	1
GR_23	Athens	Nov. 2021	1
GR_24	Athens	Nov. 2021	1
GR_25	Athens	Nov. 2021	1
GR_26	Athens	Dec. 2021	1
Total no. of interviewees:			28

Key informants all worked for service providing organizations, including shelters, non-governmental organizations, federally supported institutions, and inter-governmental agencies. Types of services they provide included psychosocial support, legal aid, shelter, healthcare, protection, and women's centers.

Endnotes

¹EU: Council of the European Union, *EU-Turkey statement*, 18 March 2016

² For an overview of the asylum procedures introduced in 2016 and their evolution, see Greek Council for Refugees, *AIDA Greece: Country Report*, ECRE, <https://asylumineurope.org/reports/country/greece>

³ Medecins Sans Frontières, *Constructing Crisis at Europe's borders*, June 2021

⁴See inter alia UNHCR, *UNHCR warns of increasing violence and human rights violations at European borders*, 21 February 2022; ECRE, *Greece: Tabled Bill Continues Erosion of Protection – Greek Authorities Imposing Fees and Fines on Asylum Seekers and NGOs*, 21 August 2021; ECRE, *Greece: Deadly End to 2021, Pushbacks Prevent Arrivals and Drive People Towards More Deadly Routes, Closed Controlled Camps Again Face Legal Scrutiny and Criticism*

⁵ Amnesty International, *Refugee women in Greece speak out*; Belanteri, Rea et al. "Sexual violence against migrants and asylum seekers. The experience of the MSF clinic on Lesbos Island, Greece." *PloS one* vol. 15,9 e0239187. 17 Sep. 2020, doi:10.1371/journal.pone.0239187

⁶ UNHCR Briefing Note: *Refugee women and children face heightened risk of sexual violence amid tensions and overcrowding at reception facilities on Greek islands*, 09 February, 2018; MSF, 2021, *ibid*, pp. 11-12; Refugees International, 2020 *Seeking Asylum in Greece: Women and Unaccompanied Children Struggle to Survive*,

⁷ DSC_GR_10, DSC_GR_15, DSC_GR_25.

⁸ DSC_GR_10, DSC_GR_15, DSC_GR_20, DSC_GR_21, DSC_GR_22, DSC_GR_23, DSC_GR_26.

⁹ DSC_GR_10, DSC_GR_11, DSC_GR_24, DSC_GR_25.

¹⁰ DSC_GR_26, DSC_GR_15, DSC_GR_20, DSC_GR_12.

¹¹ DSC_GR_02, DSC_GR_18, DSC_GR_25.

¹²UNHCR, *UNHCR Comments on the Law on "International Protection and other Provisions"*, February 2020; Greek Council for Refugees, *Greece - Asylum Information Database | European Council on Refugees and Exiles* (asylumineurope.org), 10-06-2021, p.16, 33

¹³ As per art 39(5)(d) and 58(1) L. 4636/2019, those are: children, victims of trafficking, victims of torture, rape or other serious forms of psychological, physical or sexual violence such as victims of female genital mutilation; direct relatives of victims of shipwrecks; disabled persons; elderly; pregnant women; single parents with minor children; persons with serious illness; persons with cognitive or mental disability.

¹⁴ Greek Council, *ibid*, p.110-112; RSA, HIAS, GCR, Legal Center Lesbos, DRC, Fenix, ActionAid, Mobile Info Team, *The Workings of the Screening Regulation. Juxtaposing proposed EU rules with the Greek reception and identification procedure*, January 2021

¹⁵ Ministry of Foreign Affairs, Ministry of Migration and Asylum, JMD 42799/2021, Gov. Gazette 2425/B/7-6-2021; Greek Council for Refugees.

¹⁶ Greek Council for Refugees, *ibid*, p. 26

¹⁷*L. 4351/2018*, 05.04.2018, 7487/42; *L. 4604/2019*, 26.03.2019

¹⁸ Diotima, 2019, "*Final Report: Accessibility and Barriers to GBV in Greece for migrant girls, boys, women and men in Greece*", pp. 43-44

¹⁹ *Ibid*, p.46-47

²⁰ MSF, 2021, *ibid*.

²¹ *L.4216/2013*, Gov. Gazette (266/A/10-12-2013); *L. 4198/2013*, Gov. Gazette 215 A'/11-10-2013

²²*National Action Plan*; EKKA, *Annual Report of EMA on the Protection of Victims of Trafficking, 2020*, Addendum p.40

²³ COE, GRETA, *Report concerning the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings by Greece*, 2017, pp. 55-61

²⁴ MSF, 2021, *ibid*.

²⁵ DSC_GR_11.

²⁶ DSC_GR_17.

²⁷ DSC_GR_14.

²⁸ DSC_GR_17.

²⁹ DSC_GR_11.

³⁰ DSC_GR_15.

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- ³¹ DSC_GR_14.
³² DSC_GR_11.
³³ DSC_GR_08.
³⁴ DSC_GR_15.
³⁵ DSC_GR_11.
³⁶ DSC_GR_08.
³⁷ DSC_GR_02.
³⁸ DSC_GR_02.

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