

ARCHITECTURE OF TORTURE IN EUROPE

Study of the Moria refugee camp in Lesvos as a Torturing Environment: The Lastest Data on Moria's Suffering



COMMUNITY ACTION GROUP

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SUMMARY

Attacks on the basic functions of human beings Attacks on integrity Environment of violence Clinical impacts of the Torturing Environment Supporting migration policies Methodology - Torturing Environments Scale Description of sample





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Attacks on the basic functions of human beings

Hunger, thirst, lack of hygiene, sleep deprivation and unhealthy environmental conditions are referred to by almost every person interviewed.

"I am running out of milk in my breast because I cannot feed myself adequately either. Formula is not good for my baby; I don't have the means to sterilize the nipples or the bottles and that makes him sick. He is in great danger of dehydration from the continuous diarrhoea". Woman. Cameroon

"There is a problem with the food they distribute. You never know if the food has pork in it or not. They never specify the ingredients. The rural population is mainly Muslim, so when in doubt we prefer not to eat". Man. Syria

"At night, my six-year-old son has to go to the bathroom alone because I can't go with him. I have to pee in a jar, I know that if I go out, I could get hurt. Many women have had it happen to them". Woman. Somalia

"I live with my baby. What hurts me most is not having water for her. Only one bottle for me and one for my baby". Woman. Cameroon

"They don't give us enough water. If you pick up plastic, sometimes you are given bottles of drinking water in return. The children do that. They give you water and you give them a bag full of plastic, of rubbish". Woman. Afghanistan

"As our tent has no door we cannot sleep. We have to take turns so that our things are not stolen, if they take away your papers it's like being dead". Woman. Somalia

They refer to having suffered:

100%

Suffering due to hunger or starvation

96,9%

Dehydration and illness due to insufficient, contaminated or lack of access to water

100%

Restrictions on the ability to urinate, defecate or limitations on personal hygiene

97,5%

Sleep disturbance and secondary or incidental deprivation. On average less than 4 hours of restful sleep

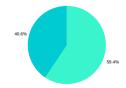




Attacks on the basic functions of human beings

Moria camp, the biggest in Europe, was designed to accommodate 3.000 people; but by February 2020, it was hosting around 20.000 asylum seekers and already accepted refugees.





59.4% of the people interviewed attested to the impossibility of intimacy or of being alone at any time "When I got here no one gave me a tent, a plastic, a blanket... nothing. I had to make it myself, buying my own materials. But until I had it, my whole family was sleeping in the cold". Man. Afghanistan

"I can't sleep at night. Robbery, violence... nobody does anything to protect us. The police will never help us". Man. Afghanistan

"I can't sleep, the heat inside the tent is stifling. We have no electricity to store food or fresh water. We don't have beds either, since I have to sleep on the floor, I have permanent pain in my back"". Woman. Somalia

"My son has asthma, it's not easy to get inhalers and conditions are getting worse by the minute. There is a lot of dirt, dust, rubbish...". Woman. Syria

"We live 10 people in a tent where we should live five at most". Mujer. Somalia

"We have to sleep on the floor all together, my father, he's 65 years old, I know he's not going to leave Moria". Man. Somalia



43.2% of the people interviewed refer to not having even 2 square meters for themselves

89,4%

Suffering generated by living conditions

100%

Exposure to extreme temperatures or humid conditions with no protection



Diseases from exposure, contamination or inoculation to pathogens or fecal water

Attack on integrity Woman, gender and orientation

"A man is chasing me to marry me. When I ask the officials for help, all they do is change my tent". Woman. Afghanistan

"I was arrested for trying to go to Athens. I wanted to leave because I was pregnant, I was in a lot of pain and no one was taking care of me. When they put me in the cell I started to bleed, I knew I had had an abortion. The 15 days I was detained, with all my clothes full of blood, no doctor came to see me". Mujer. Afganistán

"On the way to Greece I lost the baby I was pregnant with. I was in a lot of pain, when I got to the beach it was bleeding heavily. I was not attended to. They took me to Moria. No one took care of me when I arrived, my baby had died". Woman. Afghanistan

"When I arrived, I was a minor. I was told that I was going to have a gynecological examination. I refused; I didn't want to. I was little, I didn't know them and I didn't understand anything. They forced me (...), the nurse told me that since I was a minor, I had to have one, that I was in Greece and that I had no other choice. They knocked me down and introduced something into my vagina without any more words. They never explained what it was". "Since they did that to me, I lost my period". Woman. Cameroon

"One day I was with a friend, (...) two men followed us, beat us, stole our phones. They held him down while they took off the clothes that covered my chest. They touched me. I was naked and nobody helped me. I shouted, but I knew that the police would not help me. When we went to report what had happened, the police only made fun of me". Woman. Somalia

"The men take videos and photos of us in the shops and in the toilets, this material also reaches the telephones of the police and the officials in the camp". Woman. Afghanistan

"I met a man. We were friends. One day he asked me if I could cook for him and I did. He touched me, he tried to kiss me, he wanted to rape me, I shouted. Other neighbours were able to help me. When I went to the police, they didn't take care of me, I couldn't even tell what had happened. Since then I have been very afraid and I don't go out, no one will protect me". Woman. Congo



A policeman always asked me if I was gay. I would hide from him, but some days I would end up seeing him. Once, when he saw me in the food line, he broke my ID in front of everyone. People knew that he did it because I was gay". Man. Afghanistan

The women interviewed reported that they had suffered:



Harassment, suggestions or threats of sexual assault

41,2%

Sexual abuse

12,5%

Rapes

13,7%

Reproductive violence

11,2%

Omission of help in case of sexual violence

Women and men report suffering:



Humiliations related to identity and sexual orientation

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They refer to having suffered:

36,3%

Punching, kicking and/or slapping, being shaken, pulled or thrown

23,7%

Discrimination or violence based on ethnicity or religion

25,6%

Intimidating, grotesque or terrifying environments that produce fear

48,1%

Exposure of violence to others



Experiences that induced humiliation or shame

Environment of violence Actions that produce fear, pain and despair

"When there are distributions, I see many situations of discrimination. When it is my turn, I always have to show my papers even if they are not being asked of anyone else. They never believe what I say because I am black. Once I was in the food line and a policeman said to me "What are you doing there? You are black, come back to the end of the line". Woman. Somalia

"Sometimes we Africans have demonstrated because of the conditions, because of the food or because of the fires. Fires in which people died in the countryside. They are killing us... the brothers are dying and when we report it, the police beat us. They beat us with sticks or truncheons. They use smoke cans and sound bombs. They always go straight to the body or the head". Woman. Cameroon

"I once saw a very tough fight. The conditions are very tense. I went to ask the police for help and nobody did anything, they just told me to please go back to my tent". Woman. Syria

"The police came in calling us dogs". Man. Afghanistan

"A policeman asked me why I was wearing a hijab if I was African, that black women did not wear hijab". Woman. Somalia

"Inside the police station you can see how the police officers print on A4 photographs of the riots or fires in Moria and hang them on the wall. When you go to report or ask for help you see the images of how they charge us. You know they are not going to help you. If they stop you, you feel like a terrorist". Man. Syria



The impact on mental health of the Torturing Environment in Moria

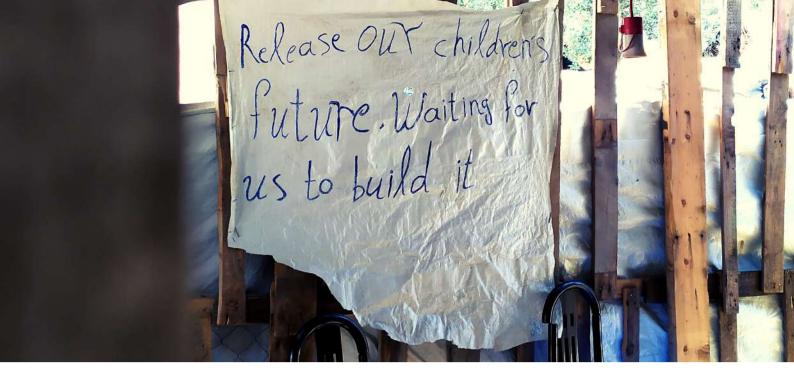
49.4% of people reported feeling **extreme fear** at times and **29.4**% reported that this fear was present almost all the time. **2.5**% reported that this fear was constant.

30.6% of people said that they have feelings of **hopelessness**, on an ongoing basis or almost all the time, that leads them to think about **not continuing to live**.

35% of people reported feelings of **uncontrolled anger** sometimes and **31,3**% of people almost always or always.

El 31.3% feel, always or almost always, **unable to carry out basic activities of daily life** because of these emotions.





THAT SUPPORTS EUROPEAN MIGRATION POLICIES

The refugee camp in Moria has been a torturing environment for the thousands of asylum seekers who have lived there in recent years.

A space in which **European governments and authorities** have allowed human beings to remain for months, or even years, locked up in openly abusive conditions. Indirect sleep deprivation, lack of minimum and adequate food, cultural and communication isolation, exposure to extreme weather conditions without the possibility of protecting themselves, and the added constant humiliations, threats and acts of violence by public officials, all generate a **combined effect that amounts to ill-treatment and even torture**.

Moria presents the **most glaring evidence that migration polices have a wider impact which is to deter people from coming to Europe** because they will suffer extreme conditions of punishment if they even manage to cross the fortress of Europe's borders.

The people living in Moria have suffered **strong impacts on their individual identity**, on their human ability to trust others, on their worldviews broken and radically changed due to the torturing conditions they are subjected to in the camp. The perception that there are human beings who not only allow this to happen, but are direct perpetrators of structural and personal violence, is one of the greatest permanent damages that asylum-seekers suffer.

Contemporary torture is not always shown in external scars and physical marks. It shows through a forceful breaking of the **self and personal identity** caused by being subjected to conditions of hopelessness and helplessness, by a sense of absolute loss of control over one's own life, universally present (omnipresent) in the smallest details of everyday life.

People who come in search of international protection from otherwise inescapable danger in their own country endure this whole situation of ill-treatment and torture because there is a **high probability of dying should they be returned to their country of origin**. The asylum process is an undeniable right under international law.

Moria constitutes a dangerous and unacceptable precedent for breaking basic human rights law in Europe.

How was the research carried out?

First stage: Discussion and design of tools

 A multidisciplinary team of psychosocial and mental health professionals, jurists and communicators analysed and discussed the social and political context, as well as the conditions of the Moria camp when the study began, setting, creating and adapting evaluation guidelines to the research space and its particular characteristics.

• Second stage: Setting up the structure for the interviews

- A network of 13 interviewers, members of the asylum-seeking resident population in Moria, selected to be able to include the different languages and cultural, religious and ethnic similarities representative of the camp.
- Translations of the questionnaires into English, French, Somali, Arabic and Farsi.
- Application of a stratified random sampling to select the population to be interviewed.
- Design of a psychosocial support and care plan for the team of interviewees and for the critical cases that could be identified during the development of the research.

• Third stage: Interviews

- Interviews are always conducted in pairs of the same gender, respecting linguistic, cultural, ethnic and religious similarities.
- Complete interview transcription to include both qualitative and quantitative information about the different situations of violence.

• Fourth stage: Data analysis, discussion and conclusions

- The quantitative results were tabulated and analyzed by the interdisciplinary team to be returned to the interviewer's group.
- The research team did a first discussion and analysis of the data.
- The interviewers met with professionals who work in the Moria camp to discuss results and conclusions..

What evaluation instruments have been used?

• Scale of Situations of Torture (TES) [1] – adapted to the context of this investigation.

Tool designed on a theoretical concept model that measures how acts of torture effect a human being and that classifies organized methods of torture, not by the way in which they are carried out, but rather measured by the impact these methods are intended to have on the person. This method provides a general vision of the factors that indicate risk of torture.

• Scale of Legal Safeguards.

This tool evaluate the compliance of minimum legal standards that should be guaranteed to the confined population in a center that receives migrant individuals.

Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS), UNHCR adapted to the context of this investigation.

Tool to make a mental health impact assessment of violence situations.

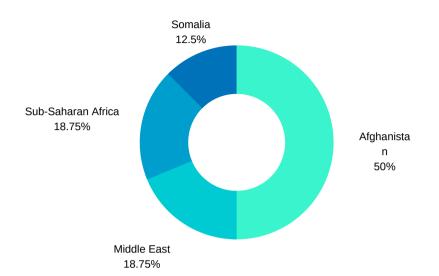
• Scale of specific acts of violence in the Moria camp.

These tools in conjunction with TES application evaluate other types of specific violence in the camp, specifying the agents perpetrating them.

[1] Pérez-Sales, P. (2016): La tortura psicológica: Definición, evaluación y medidas.Desclée De Brouwer: Bilbao.

Socio-demographic data of the sample

160 people interviewed, from:



GENDER	FREQUENCY	PERCENTAGE
Women	80	50.0
Men	80	50.0
AGE	FREQUENCY	PERCENTAGE
< 18 years	2	1.2
19 - 65 years	155	96.9
> 65 years	3	1.9



KAIROS

This report extracts some of the most relevant data from the research developed by the Community Action Group that will be published in December 2020 <u>www.psicosocial.net</u> Contact: gac.org@psicosocial.net