

**Medical and Psychosocial care in
Athens Greece for
migrants and refugees who have suffered
torture and other forms of ill-treatment**

Manoli Kokkiniotis, PMR



Objectives

To describe the operational experiences, challenges and lessons learned in providing care for Victims of Torture in Athens, Greece since 2014

Torture aims to destroy the self-esteem and crumble ones personality

“It is not enough to deal with the symptoms”

A holistic approach is needed:

- A **safe** environment
- Build **trust**
- Help regain **self-respect, self-esteem** and **reconnect** the pieces of their broken personalities

Why does MSF is getting involved with the issue of torture?

- Half of the planet uses torture against their citizens
- MSF is operating in contexts where torture is often systematic
- Adequate services for the support of torture survivors do not exist in most countries

Specialized Projects on torture

MSF-OCB

Projects in Egypt, Greece, Italy

In Athens, Greece in cooperation with:

- The Greek Council for Refugees



- The Day Center BABEL/Syneirmos



Package of services

- Medical care
- Mental health care
- Management of residuals of violence
- Physiotherapy and Prosthetics & Orthotics
- Social support
- Legal aid
- Facilitation of access to services (orientation, accompaniments, interpretation)

Advocacy

Advocacy in relation to VoTs and other vulnerable groups

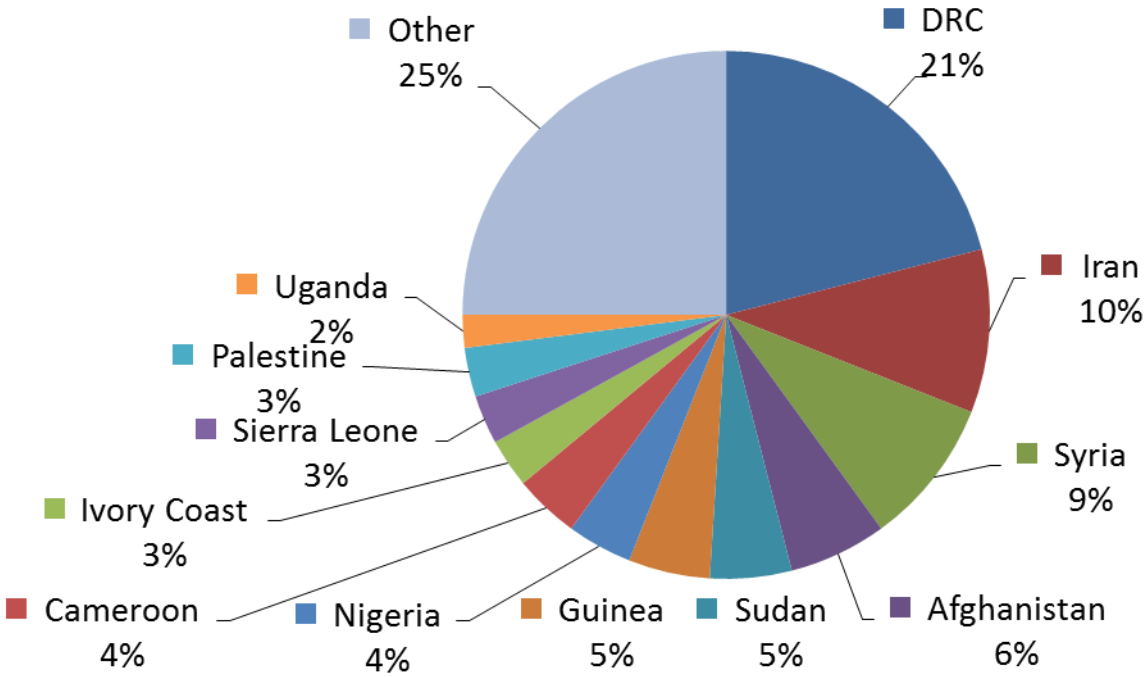
Care providers and interactions

- **MSF:** MDs, Psychologists, Physiotherapists, Social Workers, Pharmacy/Referral Nurse, CM
- **Partners:** Psychiatrists, Lawyers, Psychologists, Social Workers
- **Joint case management** of each individual
- **Complex patient flow** between multiple actors

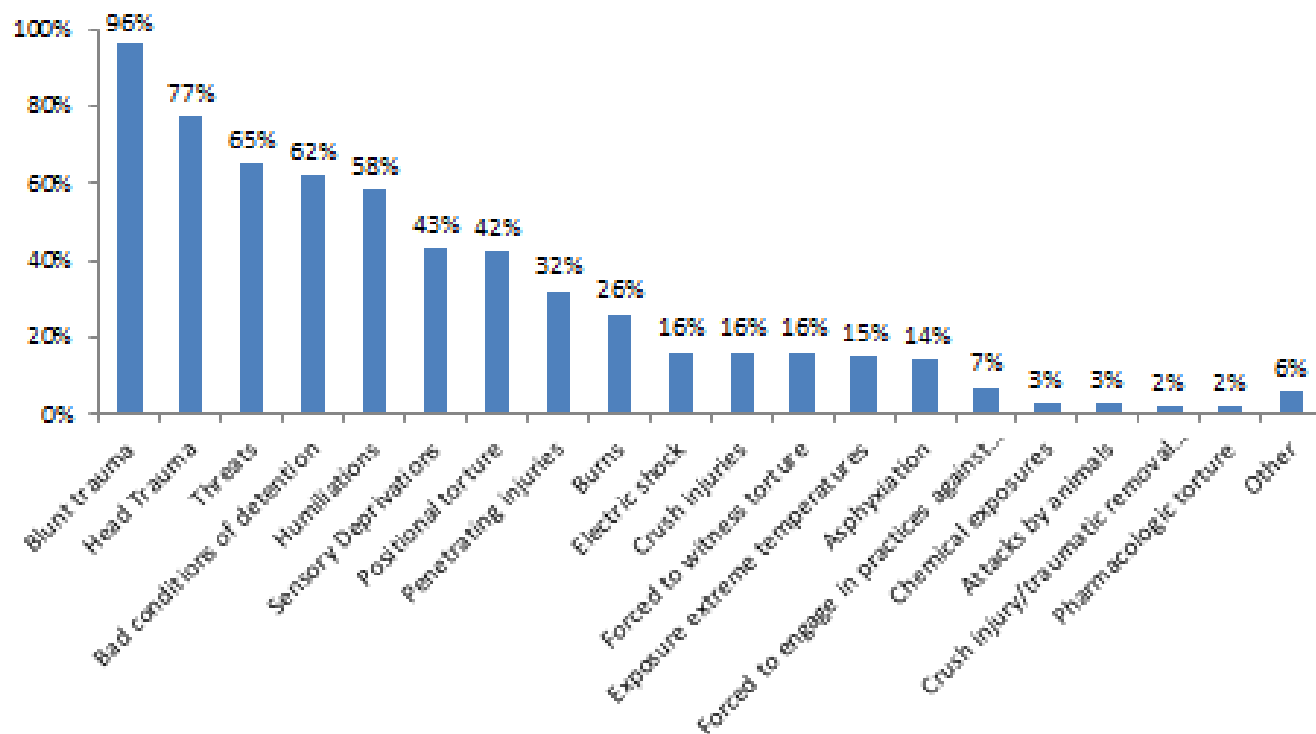
Results

Countries of origin	43
Initial assessments	531
Cases accepted	430
Medical referrals (Q1 2017)	200
- For examinations	108
- For medical specialists	92

Main countries of origin

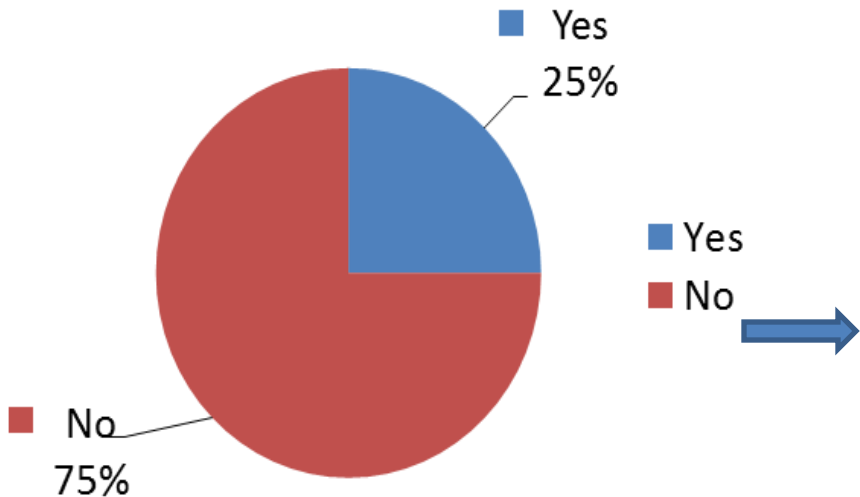


Methods of torture

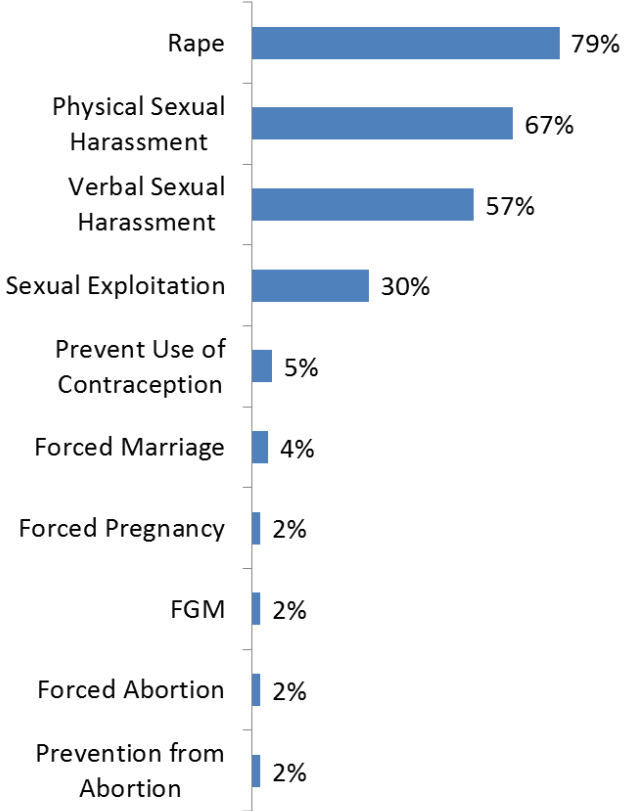


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Sexual violence reported with torture

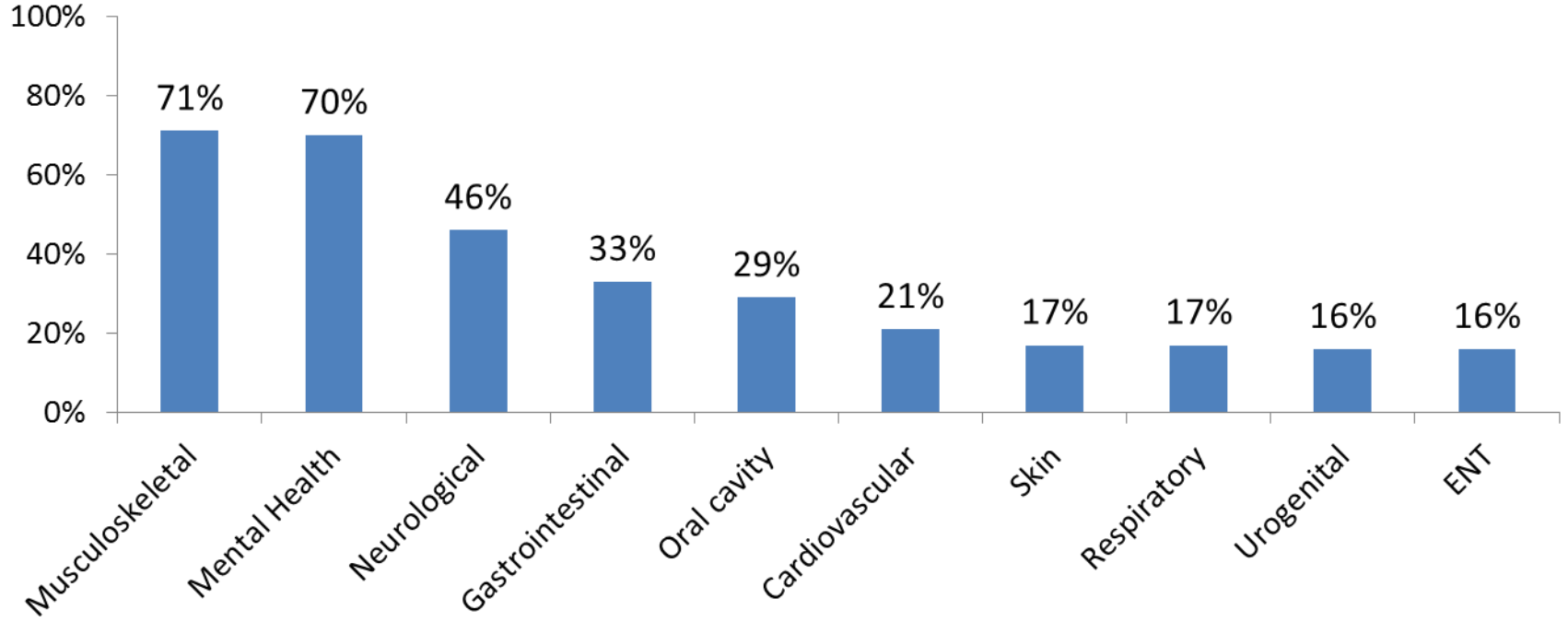


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Residual effects of torture



Challenges (patient related)

- Ongoing trauma
- Neglected injuries / Established impairments
- Comorbidities: Residuals of violence + chronic medical conditions

Data collection monitoring and reporting is complex as morbidities are multiple, dynamic and overlapping.

Similar for social needs

Challenges (context related)

- Highly mobile population (internal and cross-border)
- Traumatic asylum process
- Absence of supportive network / mechanisms
- Non-receptive and highly stressful environment

Challenges / Institutional failures

- Hostile EU response
- Insufficient state support / integration
- Insufficient Social Welfare provisions for people with disability and chronic health issues
- Deteriorating NHS

Lessons learned

“We cannot just treat symptoms or simply count numbers”

- A multidisciplinary and individualized approach is needed
- Each case demands:
 - High number of working hours
 - Long term support and follow-up
- A diverse clientele outside of their country of origin requires adapted approach

Conclusion

It is not enough to do more of the same, we will have to do things differently!

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