



# National Report

## Greece

WP2\_D2.4\_KMOP\_Greece



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## 1. Introduction

The present document corresponds to the national report on Greece part of Deliverable D2.2 'National and summary reports' of the project Protecting mental health: Empowering frontline workers and SGBV victims and survivors with the acronym WeToo and project number 101005857 that started on December 1<sup>st</sup> 2020, for a duration of 24 months.

WeToo addresses the call priority 'REC-RDAP-GBV-AG-2020 Call for proposals to prevent and combat all forms of violence against children, young people and women'. The overall objective of the project is to contribute to the enhancement of the capacities of frontline workers to identify SGBV cases, manage stress and establish trust relationships with SGBV victims and survivors, in full respect of their needs, in Greece, Italy, Serbia, Germany and Bulgaria,

Based on research on existing policy and practices, a multidisciplinary team of experts will develop hands-on tools and related training program to assess frontline workers' stress and to identify mental health distress affecting SGBV victims and survivors. Empowering and psycho-social counselling guidelines and activities will be delivered to facilitate local and migrant women and girls to recover from trauma and distress. Concurrently, awareness raising activities and policy recommendations will be offered to promote an organization culture more attentive to its frontline workers needs and performance. Project's intellectual outputs will be reviewed and evaluated by frontline operators, SGBV victims/survivors, stakeholders and component authorities in Italy, Greece, Serbia, Bulgaria and Germany. Validated tools will be disseminated in other EU countries for their piloting and adoption. Key actors will also participate to workshops with counterparts, encouraging joint responses. Frontline workers and key stakeholders will be enabled to better cope with stress generated by working at the front line of SGBV cases, thus contributing to the successful implementation of SGBV primary prevention and response programmes. Enhanced capacities and tools will be adopted in empowering programs to support women and girls' survivors and victims of SGBV in their trauma recovery. Project results will

boost the national and European discussions on the quality of services provided to SGBV victims/survivors and on the capacity building and upgrade of frontline workers

This report has the following structure: in section 2, the national context on sexual and gender-based violence and forms of violence related to mental health are presented; in section 3, statistical and demographic data on SGBV cases in Greece are mentioned; section 4 is devoted to the legal framework and policy for the protection of mental health; section 5 presents the existing organisations working with SGBV and/or mental health; section 6 presents certain of the existing good practices and failures to support mental health; section 7 provides the methodology of the field research conducted in the frame of WeToo project; section 8 and 9 present all the data derived from the focus groups and interviews with both frontline workers and survivors; finally, section 10 summarizes the main findings and conclusions arising from the present study.

## 2. The national context: SGBV definition and forms of violence related to mental health

According to the United Nations High Commissioner for Refugees (UNHCR), sexual and gender-based violence (SGVB) is considered any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional, or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men, and boys and is a severe violation of several human rights<sup>1</sup>.

Greece follows the women-centered approach to gender-based violence. As Kakepaki<sup>2</sup> (2015) states, "*gender-based violence is a form of domination, as an outcome of gender-based inequalities found in the formation of societies, that contributes to the reproduction of such inequalities. Violence against women is connected to the inferior place they hold in society, community and family. Gender based violence violates human rights and also has consequences to their capability to fully participate in occupation, social life and welfare*" (p.164). In the context of the **WeToo project**, given the special concern for mental health, it is important to emphasise psychological violence as a widespread yet neglected form of abuse. The European Institute for Gender Equality (EIGE)<sup>3</sup> defines *psychological violence* as any intentional conduct that seriously impairs another person's psychological integrity through acts, such as

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<sup>1</sup> UNHCR, Sexual and gender-based violence (SGBV) prevention and response, <https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response#:~:text=Sexual%20and%20gender%2Dbased%20violence,resources%20or%20access%20to%20services> 5

<sup>2</sup> Kakepaki, M. (2015). Analysis of Gender-Based Violence Policies in Greece and the EU 1995-2007: The Impact of "Europeanization". In F. Kountouri (Ed), *Public issues on the political agenda: Theoretical and Experimental Approaches* (pp. 162- 180). Athens: Association of Greek Academic Libraries.

<sup>3</sup> European Institute for Gender Equality (n.d.) *Psychological Violence*. Retrieved on June 7, 2021, from <https://eige.europa.eu/thesaurus/terms/1334>

social isolation, verbal insults, threats, intimidation, control, stalking, insults, harassment, and defamation.

The international literature has long recognized the impact of SGBV on survivors' mental health in the medium- and long-term. According to Oram, Khalifeh & Howard's review<sup>4</sup> (2017), domestic violence and abuse increase the likelihood of **depressive disorders**, **anxiety disorders**, and **post-traumatic stress disorder** (PTSD) for women with no previous history of psychiatric symptoms. Moreover, intimate partner violence (IPV) has been positively correlated with symptoms of **psychosis**, **substance misuse**, and **eating disorders**, and there are significant associations between sexual violence and drug and alcohol dependence. The same review reported several studies that found high levels of symptoms related to depression, anxiety and PTSD in women who had escaped their traffickers, while psychotic disorders and substance use disorders may also be present. Regarding female genital mutilation (FGM), studies suggest that survivors might be more likely to meet a psychiatric diagnosis and to experience symptoms of anxiety, depression, **somatisation**, PTSD, and **low self-esteem**.

In Greece the research on violence against women and mental health is limited. In this context, the research conducted by B' Psychiatric Clinic of Attica General Hospital in collaboration with the National Centre of Social Solidarity (EKKA) and the NGO WIN HELLAS<sup>5</sup> is of great value for offering an insight into the realities survivors experience in Greece. According to the researchers, none of the subjects had previously been diagnosed with a mental disorder, while 33% had suffered psychological abuse, 30% physical abuse, 16% sexual abuse, and 20% all the above forms of violence. The preliminary results indicated that 60% of the victims' presented

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<sup>4</sup> Oram, S., Khalifeh, H. & Howard, L., M. (2017). Violence against women and mental health. *Lancet Psychiatry*, 4(2), 159-170. [https://doi.org/10.1016/S2215-0366\(16\)30261-9](https://doi.org/10.1016/S2215-0366(16)30261-9).

<sup>5</sup> Polychronopoulou, M. & Douzenis, A. (2016). The psychosocial repercussions of domestic violence in battered women. *Quarterly Journal of the Hellenic Psychiatric Association*, 27(2). [https://www.psychiatriki-journal.gr/index.php?option=com\\_content&view=article&id=1268:27-2-en-gb-1-1-2-3-4-5-6&catid=35&lang=en&Itemid=838](https://www.psychiatriki-journal.gr/index.php?option=com_content&view=article&id=1268:27-2-en-gb-1-1-2-3-4-5-6&catid=35&lang=en&Itemid=838)

**symptoms of PTSD**, out of which 46% presented chronic PTSD. Forty percent of the survivors declared that during the past two weeks had felt worse than usual: 60% mentioned **physical discomfort**, 73% **reduction in functionality**, 56% seemed to have **stress symptoms**, while 53% of victims showed **symptoms of depression**.

### 3. Statistical and Demographic Data on SGBV cases in Greece

In Greece, the 1st Annual Report on Violence Against Women<sup>6</sup> published by the General Secretariat for Family Policy and Gender Equality-GSFPGE provides landmark information on the SGBV cases reported during November 2019 – October 2020. The following data was derived from the database of the Hellenic Agency for Local Development and Local Government (EETAA) and the database kept by the 15900 SOS Support Helpline.

#### 3.1. Data from the Counseling Centers

During the reported period, 4.872 women victims of SGBV and multiple discrimination received support from the **Counseling Centers** of GSFPGE, mostly psychological (27%) or legal (27%). Regarding the **forms** of gender-based violence reported by supported women, 84% reported domestic violence, 2% sexual harassment, 2% rape and 4% other forms of violence, with their spouse being the most common perpetrator (56%). Regarding survivors' **demographic data**, 19% of them belonged to the age group 26-35, 29% to the age group 36-45 and 19% to the age group 46-55. Concerning their educational level and their employment status, 22% of the beneficiaries had completed secondary and 12% tertiary education, while 34% were employed and 45% unemployed.

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<sup>6</sup> General Secretariat for Family Policy and Gender Equality (2020). *1st Annual Report on Violence Against Women*. Athens: Ministry of Labour and Social Affairs. Retrieved from [https://www.isotita.gr/wp-content/uploads/2021/04/First-Report-on-Violence-Against-Women\\_GSFPGE.pdf](https://www.isotita.gr/wp-content/uploads/2021/04/First-Report-on-Violence-Against-Women_GSFPGE.pdf)



Moreover, regarding the **interpretation services** provided by the Greek NGO METAdrasi through its cooperation with UNICEF Greece and the Research Centre for Gender Equality (KETHI) between April-October 2020, 71 women received support (75% psychological, 7% referrals to health services, 14% useful information provision, 2% legal information provision) via interpretation in French, Farsi, Kurdish, Urdu, Dari, Somali, Tigrinya, Arabic, Amharic, English and Pashto.

### 3.2. Data from Women Shelters

According to the same report, 269 women (69 of them were refugee women) and 270 children (117 of them were refugee children) found shelter in the **Women Shelters** of the GSFPGE, with the majority (69%) being unemployed and survivors of domestic violence (79%). A smaller percentage were victims of sexual harassment (3%), rape (6%) or trafficking (2%), with women's spouse (53%) or partner (21%) being the most common **perpetrator**. Regarding their **age**, 21% of the residents were up to 25 years old, 32% were between 26-35 and 21% were between 36-45 years old. Their **educational level** varied: 6% were illiterate, 19% had completed primary school, 19% lower secondary education, 14% secondary education, 8% post-secondary education, 2% vocational education, 6% university and 1% post-graduate education.

### 3.3. Data from SOS 15900 Support Helpline

According to data derived from the **SOS 15900 Support Helpline**, the professionals received 6.986 calls, 6.042 of which reported incidents of violence and 944 asked for information regarding gender-based violence. The majority of the calls (68%) were made by the victims themselves (73% of which were Greek nationals, and 8% with a migrant background) and the rest (32%) by third parties, such as friends, neighbors, or family members and relatives. The vast majority (88%) of the calls reported domestic violence incidents in the **form** of psychological (33,5%), verbal (29,6%), physical (28,8%), economic (5,4%) and sexual (1,3%) abuse. The spouse (56%), the partner (9%) and other members of the family (13%) were among the most

common **perpetrators**. The victims belonged mostly in the age group of 25-39 (22%) and 40-54 (28%) and regarding their **employment status**, 28% were employed, 18% unemployed and 12% inactive.

### 3.4. Data during 1<sup>st</sup> Covid-19 Lockdown

In the beginning of March 2020, the first restrictive measures against COVID-19 were taken by the Greek State due to the first wave of the pandemic that ended two months later. During that period, the **Counseling Centers** of GSFPGE, the Women's Shelters and the SOS Helpline noticed a rapid increase in their services, leading to what scientists refer to as "*shadow pandemic*" growing amidst the COVID-19 crisis<sup>7</sup>. More specifically, 539 women sought support at the Counseling Centers, with the vast majority of them reporting domestic violence (84%), with their spouse (current or former) being the most common perpetrator. The victims were 36-45 (25%) and 46-55 (23%) years old, graduates of either secondary or post-secondary education, while their employment status could not be considered as a predictive factor, as both unemployed (42%) and employed (36%) women were affected. Additionally, **Women's Shelters** admitted 19 new survivors, and, by April 30<sup>th</sup>, 2020, 35 women refugees had been accommodated, 25 of which were mothers. Out of a total of 79 children accommodated during the reporting period, 43 were refugee children. During the same period, the **SOS 15900 Helpline** recorded 325 calls of "violent incidents", while 69 individuals wanted to ask for information regarding gender-based violence. Again, the most common perpetrator was the husband/intimate partner. The victims asked for either legal counseling (41% in March, 33% in April) or psychological support (36% in March, 41% in April).

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<sup>7</sup> UN WOMEN (n.d.) *The Shadow Pandemic: Violence against women during COVID-19*. Retrieved on June 7, 2021, from <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

## 4. Legal framework and policy for the protection of mental health

Greece declared the beginning of Psychiatric Reform in 1983, with the Law 1397/83, which indicated the transition from the Asylum Psychiatry to the Social - Community Psychiatry and Psycho-social Rehabilitation. The Law 2071/92 and Law 2716/99 later on covered institutional gaps existing in Law 1397/83 and today Psychiatric Reform is equivalent to the total of interventions that allow the treatment of mental health issues without preventing the individual from remaining an active citizen<sup>8</sup>. Specifically, Law 2716/99 adopts two general principles, which constitute the State's ideological stance towards mental health:

1. The State is responsible for the provision of mental health services aiming at the prevention, diagnosis, treatment, care, and psychosocial rehabilitation and social reintegration of adults, children and adolescents with mental disorders and autistic disorders and learning problems.
2. Mental health services are structured, organized, developed and operated under the provisions of this law, based on the principles of sectorisation and community psychiatry, the priority of primary care, outpatient care, deinstitutionalization, psychosocial and social rehabilitation, reintegration, continuity of psychiatric care, as well as information and voluntary community assistance in promoting mental health.

The same Law defines the establishment, operation, staffing and funding of the *Office and Committee for the Protection of the Rights of Persons with Mental Disorders* and of the Mental Health Units, public or private, that are to provide mobile health aid. Moreover in 2012, the Greek

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<sup>8</sup> Ministry of Health and Social Solidarity (2011). *The Psychiatric Reform in Greece: Psychargos Programme*. Retrieved on June 7, 2021, from <https://www.moh.gov.gr/articles/health/domes-kai-draseis-gia-thn-ygeia/programma-quot-psyxargws-quot/83-h-psyxiatrikh-metarrythmish-sthn-ellada> (in Greek)

State sanctioned the UN Convention on the Rights of Persons with Disabilities (CRPD)<sup>9</sup> with the Law 4074/2012. Further, mental health professionals are committed to following the principles of the national Code of Medical Ethics<sup>10</sup> (for psychiatrists), Code of Ethics for Psychologists<sup>11</sup> and the Code of Ethics for Social Workers<sup>12</sup>.

Policy regarding response to **children's** mental health needs takes into account the Convention on the Rights of the Child (OHCHR), which Greece ratified in 1992, with the Law 2101/1992<sup>13</sup>. Special attention should be given to:

- *Article 3* indicating that “*in all actions concerning children the best interests of the child shall be a primary consideration*”;
- *Article 13* indicating that the child shall have the right to freedom of expression which also means “*the freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice*”;
- *Article 17* indicating that “*the mass media shall ensure that the child has access to information and material from a diversity of national and international sources,*

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<sup>9</sup>United Nations (2006) *Convention on the Rights of Persons with Disabilities*. Retrieved on June 7, 2021, from [https://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf)

<sup>10</sup>Law 3418/2005 (Government Gazette 287/A/28-11-2005) “Code of Medical Ethics”. Retrieved on June 7, 2021, from <https://www.e-nomothesia.gr/kat-ygeia/n-3418-2005.html> (in Greek)

<sup>11</sup> Joint Ministerial Decision C5b/C.P.42984/5-6-2019 Government Gazette 2344/τ. Β´/18-6-2019 “Code of Ethics for Psychologists”. Retrieved on June 7, 2021, from [https://www.psy.gr/gfiles/3484314029.287\\_2019.06.19\\_FEK\\_2344\\_KODIKAS\\_DEONTOLOGIAS\\_PSYCHOLOGON.pdf](https://www.psy.gr/gfiles/3484314029.287_2019.06.19_FEK_2344_KODIKAS_DEONTOLOGIAS_PSYCHOLOGON.pdf) (in Greek)

<sup>12</sup> Association of Social Workers of Greece (n.d). *Code of Ethics for Social Workers*. Retrieved on June 7, 2021, from <https://www.skle.gr/index.php/el/xrisima-arxeia/nomothesia/itemlist/category/97-askisi-epaggelmatos-koinonikoy-leitourgoy-f> (in Greek)

<sup>13</sup> Law 2101/1992 (Government Gazette 192/A/2-12-1992) “Ratification of the International Covenant on the Rights of the Child” Retrieved on June 7, 2021, from <https://www.e-nomothesia.gr/kat-anilikoi/nomos-2101-1992-phek-192-a-2-12-1992.html> (in Greek)

*especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health”*

- *Article 23 indicating that “the States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community”.*

In addition to the aforementioned Laws (Law 2101/1992 and Law 2716/1999) which take into account children’s wellbeing, two more legislative regulations<sup>14,15</sup> provide a coherent framework for the purposes, services, staffing and functioning of Community Mental Health Centers for Children and Adolescents, Boarding Houses, Mental Health Shelters and Protected Apartments for youths in need.

Despite the existing national legal framework for adults and children SGBV survivors, no specific provisions are foreseen regarding **refugees’ and migrants’** mental health. The responsibility for the mental health care of people on the move seems to be entirely on related NGOs (see Unit 5. *Existing organisations working with SGBV and/or mental health*). At the same time, **frontline workers’** mental health support seems to also be neglected, as no official policy paper referring to professionals working with SGBV survivors was found during the desk research.

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<sup>14</sup> Joint Ministerial Decision C3a/C.P..44342/2019 Government Gazette 2289/B/11-6-2019. Retrieved on June 7, 2021, from <https://www.e-nomothesia.gr/kat-ygeia/koine-upourgike-apophase-g3a-gp-oik-44342-2019.html> (in Greek)

<sup>15</sup> Joint Ministerial Decision A3a/.876/2000-Government Gazette 661/B/23-5-2000. Retrieved on June 7, 2021, from <https://www.e-nomothesia.gr/kat-ygeia/perithalpse/koine-upourgike-apophase-a3a-oik-876-2000.html> (in Greek).

## 5. Existing organisations working with SGBV and/or mental health

In the Greek context, there is a range of organisations and services targeted to the best support of SGBV victims, either adults or children, with a special concern of their psychological support. Regarding State's provisions, the work of the [General Secretariat for Family Policy and Gender Equality \(GSFPGE\)](#), with the operation of the 15900 SOS Helpline, the Counseling Centers and Women's Shelters is remarkable. The work of the [Research Centre for Gender Equality \(KETHI\)](#) supporting SGBV survivors through its counseling centers and the research conducted and published, offers also a holistic approach to gender-based violence. In the same context, the [National Center for Social Solidarity \(EKKA\)](#) provides counseling sessions, psychosocial support, shelter and mediation with public entities, among other services. Next to State's efforts lays a large network of relevant NGOs, which aims to work either supplementary or fill the existing gaps at the national level. Towards this direction, the role of the Centre for Research on Women's Issues "Diotima" and the Greek Delegation of the Doctors of the World is of high importance, providing holistic support to women, from legal and psychosocial support to career counseling. Annex 1 in this document (See *Annex 1: Existing organisations working with SGBV and/or mental health*) includes the key organizations in Greece targeting survivors, taking also into consideration that there are no existing national or subnational services dedicated to *frontline SGBV workers'* mental health. The few provisions available are mentioned in the next section (see 6. *Existing good practices and failures to support mental health*).

## 6. Existing good practices and failures to support mental health

In Greece there are several good practices targeted to SGBV survivors' mental health that set a picture of a promising future in the specific field. The national SOS helpline established to lodge complaints from children, women, their friends, their neighbours etc. proved to be very beneficial in encouraging women to seek help from the authorities more easily. At the same time, the actions of several NGOs constitute strong initiatives promoting survivors' support.

Another noteworthy initiative is the Network of Structures to Prevent and Address Gender Violence at Central, Regional and Local Levels<sup>16</sup>, which is financed by the South Aegean Operational Program 2014-2020, using the resources of the European Social Fund, and had started operations in the previous programming period by the General Secretariat Gender Equality. Its objectives are to support women victims of all forms of violence and their children; to raise awareness among local communities and to strengthen the role of public and local authorities in actions to prevent and combat all forms of violence against women. The Advisory Centres of Syros, of Rhodes, of Kos and the Shelter of the Victims of Violence in Rhodes have joined the Regional Operational Programs and the target group of women benefited has been broadened to include women victims of discrimination. The aforementioned centres promote:

- ❖ Psychosocial and legal support actions
- ❖ Promotion actions in employment
- ❖ Networking actions
- ❖ Information and awareness-raising actions to prevent and combat violence against women

There are also co-founded programs that NGO DIOTIMA leads or participates such as the project under implementation “Legal and Psycho-social Support of SGBV survivors in Attica region<sup>17</sup>”, founded by Bodosaki Foundation. The project targets low-income local or migrant survivors of SGBV living in the Attica region and aims to provide effective legal support,

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<sup>16</sup> General Secretariat for Family Policy and Gender Equality. (2020). *Greece: Comprehensive national review report Beijing+25*. Retrieved on June 8, 2021, from [https://unece.org/fileadmin/DAM/Gender/Beijing\\_20/Greece.pdf](https://unece.org/fileadmin/DAM/Gender/Beijing_20/Greece.pdf)

<sup>17</sup> Centre for Research on Women’s Issues “Diotima” (n.d.) *Legal and psychosocial support in Attica region*. Retrieved on June 8, 2021, from <https://diotima.org.gr/cases/nomiki-kai-psychokoinoniki-ypostirixi-stin-attiki/> (in Greek)



empowerment via psycho-social support and awareness-raising for the prevention of gender-based violence.

It is indisputable that many efforts are being made to help women having faced gender-based violence through public and private initiatives and projects that are being implemented by both public authorities and NGOs. As it has already been mentioned above certain authorities (e.g., GSFPGE, KETHI, EKKA) and a range of NGOs step up to support the mental health of SGBV survivors. However, according to our field research with frontline workers, existing challenges, such as the short in time programs, the staff turnover, the lack of common guidelines and training, or the bureaucratic procedures, tend to make professionals' work even more difficult leading to a partial support to SGBV survivors' mental health (for a more detailed analysis, see subunit 8.3. *Difficulties and challenges faced by front line workers*, in the present report).

Much less work has been done however considering the mental health of SGBV frontline workers, which still constitutes an unexplored area. Despite their key role in supporting SGBV victims and survivors, much focus has been devoted to providing them help and guidance when working with survivors, and less on their own mental and emotional state. For example, Greece has participated in and benefited from the material created in the context of *DAPHNE - Building a safety net for refugee and migrant women project*<sup>18</sup> and *EMPOWER REF project* aiming at raising awareness and educating professionals on gender-based violence. At the same time, the role of GSFPGE, Research Centre for Gender Equality (KETHI) and of the Centre for Research on Women's Issues (CRWI) "Diotima" is valuable, without however providing any form of official provision for the mental health of professionals. In Greece, a common practice for covering the existing gap in mental health of professionals is the cooperation of NGOs working

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<sup>18</sup> EU REC funded Building a safety net Project, Building a safety net for migrant and refugee women, 2017. Retrieved on June 7, 2021, from [https://ec.europa.eu/justice/grants/results/daphne-toolkit/content/building-safety-net-migrant-and-refugee-women\\_en](https://ec.europa.eu/justice/grants/results/daphne-toolkit/content/building-safety-net-migrant-and-refugee-women_en)



with SGBV survivors, with NGOs responsible for mental health. For example, NGO Babel<sup>19</sup> provides supervision sessions to professionals, in group or individually.

The first time the mental health of frontline workers was set at the forefront of public institutions' concern was during the Covid-19 emergency, but not specifically for SGBV cases. The initiative [frontline-covid19.com](https://frontline-covid19.com) provides useful information and tools for the best handling of the psycho-social impact of the pandemic on professionals offering crucial services, considering that they are more exposed to SARS-CoV-2 and its consequences. This initiative aims to reach a range of Covid-19 professionals, which may or may not manage SGBV cases, and only during the pandemic. Taking all the aforementioned into consideration, it can be concluded that the provisions made for the support and care of frontline workers' mental health are almost non-existent, raising the need for a more focused and coherent approach to SGBV issues.

## 7. Methodology of the field research

The main objective of the field research in the context of WP2 was to map the mental health needs of SGBV survivors and frontline workers working with them. According to the research protocol drafted and agreed by the project partners, KMOP's research team had to conduct 4 focus groups with 20 frontline professionals and 2-3 focus groups with 15 SGBV survivors-migrant or locals. As all partners faced problems to the recruitment of survivors due to Covid-19 restriction measures, the project partners decided to develop a closed end questionnaire to be distributed to SGBV survivors in order to collect sufficient data and reach the key indicators.

To this end, five focus groups with frontline professionals were organized; each focus group comprised of 2–6 participants and lasted approximately 90-120 minutes. In the case of SGBV survivors, it is of significant importance to mention that due to the excellent collaboration with

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<sup>19</sup> Babel- Mental Health Unit for Immigrants. Retrieved on June 7, 2021, from <https://babeldc.gr/en/homepage/>

the Greek Delegation of the Doctors of the World and especially with the valuable contribution of staff of the shelter for SGBV victims and survivors, we successfully achieved to conduct two focus groups with migrant/asylum seekers and refugee women. Each focus group discussion consisted of 3-4 participants and lasted approximately 60-80 minutes. As all participants were migrants/asylum seekers and refugees the discussions were conducted with the aid of a French-speaking interpreter. To collect data from more survivors, the research team distributed questionnaires with close-ended questions (which were filled with the aid of a Farsi-speaking interpreter in the case of migrants/asylum seekers and refugees) to beneficiaries of the Doctors of the World and of the Union of Women Associations of Heraklion Prefecture. For the *analysis* of the qualitative data, the method of thematic analysis was used, while the quantitative data were analyzed descriptively.

### Challenges during the field research

The present research met several challenges both in the recruitment of participants and implementation of the focus groups. Concerning the recruitment of the *frontline workers*, professionals such as police officers and medical staff that may also respond to survivors' needs were either hard to find (because, for example, no medical units specifically for SGVB survivors exist) or unwilling to participate. Social scientist, such as social workers and psychologists and lawyers were easier to access and willing to participate actively to the research.

Concerning the research with the survivors, the challenges were more and diverse. First of all, the Covid-19 emergency and the following restricting measures made the access to women's shelters extremely difficult or even impossible. Due to this fact, the research team was not able to reach the agreed number through focus groups, and distributed additional questionnaires, both online and offline. Regarding the *migrant/asylum seeker survivors* of the sample, the main challenge faced by the researcher had to do with the legal status of the participants. During the period of the study, the refugee/migrant issue in Greece was especially fluent, with migrants gaining less and less financial aid, a theme that troubled the women a lot and had the tendency

to monopolize the discussion. This situation often disoriented the discussion from its main focus, and the facilitators spend a lot of effort to draw the relevant data. Finding a safe place where the discussions could take place while keeping a certain degree of confidentiality also posed a challenge as often interruptions occurred from women's children or other residents of the shelter.

## 8. Data analysis of the focus groups with frontline workers

### 8.1. Profile of the participants

KMOP managed to approach **20 frontline professionals**, conducting five focus groups. Regarding their gender, the vast majority of the participants were female (18 professionals) and two were male (2 professionals). The participants covered a range of job titles, including social workers (seven participants), psychologists (eight participants), lawyers (four participants), field coordinators (one participant) and project managers (one participant). Interestingly, all participants mentioned that they work in non-governmental organizations (NGOs), half of them targeting mainly migrant and refugee populations. The rest of the participants mentioned day centers, women's protection services and children's advocacy services as their workplace. It is also worth mentioning that four participants mentioned that their role was limited to referring survivors to more relevant services, and they do not work extensively with the survivors.

Participants' experience with SGBV survivors, both women and minors, was diverse, contributing to diverse data. Regarding their work with SGBV women survivors, six participants mentioned that they were not involved in many SGBV cases in their organization, dealing usually with 3-15 cases annually, while three participants mentioned that they had not worked with women survivors at all so far. On the other hand, eight participants indicated that they work extensively with women, managing 30-100 cases annually. Regarding children SGBV survivors, only three participants mentioned that they worked regularly with abused minors, with four professionals mentioning a total of 1-5 cases during their career.

## 8.2. SGBV: factors of vulnerability and the impact on mental health

According to our findings from the field research participants were able to recognize not only a range of factors that put women in a vulnerable position in experiencing SGBV, but also the consequences on their mental health. Patriarchy and the discrimination women face due to their sex and gender identity were the most widespread argument among participants. Exposure to violence from early childhood (direct or/and indirect), drug addiction, motherhood, ignorance of the existing supporting services, young age and low self-esteem were identified as some of the characteristics of their beneficiaries. On the educational and financial level, participants expressed that the public nature of their services attracts mostly women from the lowest socio-economic class, as the wealthier women tend to prefer private services. Not surprisingly, all participants supported that women's migrant/refugee status adds further vulnerability, leading them to what is referred to as "double stigma". According to the interviewees, the following conditions place migrant/refugee women at higher risk of experiencing SGBV:

- ❖ Perceptions on violence (i.e., violence as a normal aspect of living);
- ❖ Lack of knowledge of their legal rights, of the Greek legislative system and the existing support services;
- ❖ Living conditions (i.e., hotspots, camps, homelessness);
- ❖ Financial dependence on the abuser;
- ❖ Lack of an existing supporting social network.

When participants were asked about the impact of SGBV on survivors, the floor was mostly taken by the psychologist and the social workers. They were able to identify several consequences, stressing however that women are not the same and each case has its own unique characteristics. According to the participants, survivors present a distorted perception of reality, they do not feel safe, they feel that they have no control of their lives, conditions that make them unable to plan their future. Survivors tend to despise their body and mourn their lost "purity". They have low self-worth and

self-efficacy, with sleep disorders and rage outbursts being present. As participants claimed, survivors have lost their trust in people and they tend to self-isolate. In terms of psychopathology, the clinical picture comprised of symptoms of post-traumatic stress disorder (PTSD), anxiety disorders, mood disorders (i.e., depression, bipolar disorder), with psychologists also mentioning suicidal thoughts and attempts.

### 8.3. Difficulties and challenges faced by front line workers

During the focus groups, front line workers named several challenges they faced while working with SGBV survivors, deriving from their contact with the women themselves and the Greek system as a whole. *Regarding their communication with survivors*, many professionals mentioned that they faced challenges deriving from the different cultural backgrounds of their beneficiaries, such as establishing a common terminology on violence, overcoming misperceptions regarding violence (e.g., women are responsible for the violence they experience) and in recognizing the violence women are subject to. Professionals also had to deal with the survivors' feelings of guilt, shame, and distrust, as well as their disappointment from the system, their emotional outbursts and their self-blame while disclosing their stories. Moreover, seven participants mentioned that based on their experience some, women avoid proceeding formally against the perpetrator, as they reconsider the consequences of such procedures (e.g., financial insecurity, housing issues, telling their children what was happening).

*Regarding the Greek system and its procedures*, participants unanimously stressed the following gaps and its ineffectiveness in supporting SGBV survivors:

- ❖ **Short-run programs:** Most funded programs targeting SGBV survivors are short in time, are often intermittent and/or present high rates of staff turnover, conditions that do not allow the establishment of trusting relationships.
- ❖ **Lack of common guidelines/philosophy and protocols** between services, which lead to cooperation problems.

- ❖ **Time-consuming bureaucratic procedures and gaps** (i.e., legislative gaps concerning abused unaccompanied minors).
- ❖ **Lack of training and awareness:** Participants detected general incompetence among professionals not only in handling SGBV cases, but also in interdisciplinary cooperation.

Other challenges reported were professionals' feelings of frustration when they realised their limited role in the outcome of the case, while the stereotypes they have regarding SGBV (e.g., survivors are weak, all survivors have the same characteristics) which are hard to escape from constituted also a major challenge. Two participants also mentioned the sexism and the verbal abuse they are exposed to in their workplace from their co-workers, which had created a toxic environment they feel trapped in. Regarding their mental health, the majority (15 participants) declared that they had experienced stress-related symptoms at least once as a result of working with SGBV survivors, attributing these symptoms to the aforementioned unclear context, the work conditions, their exposure to survivors' traumatic experiences and their emotional state.

#### 8.4. Training needs and opportunities offered

When asked about trainings that they might have attended the participants shared their experiences in training programs and seminars and they proposed ideas and recommendations for future initiatives they would eagerly participate in. Regarding their previous training on survivors' mental health, half of the participants indicated that they had not received any relevant, despite some of them having received training in gender-based violence and gender equality issues. Out of the participants that had not received any training on SGBV survivors' mental health, two were psychologists and one a social worker. The rest of the participants mentioned that they had received relevant courses during their studies, or several NGOs and public authorities, such as the Ministry of Education, had given them educational opportunities, but they were brief and noncompulsory. Interestingly, only one participant mentioned receiving systematic SGBV training sessions organized by her organization.

Given the above, it is no surprise that almost all participants expressed that they felt unprepared when they had to handle stress-related behaviours of their SGBV beneficiaries. Many participants, mostly psychologists, mentioned that their training in psychotherapy or trauma therapy, and the application of psychological first aid (PFA) modules had helped them handle the emotional state of their beneficiaries, implying however that this constituted a personal initiative at their expense. As one participant said:

*“It’s up to each professional to enrich his tools in order to handle the emotional aspect or outbursts of his beneficiaries.” (A.X., social worker)*

When they were asked about the content of possible future training, participants focused not only on the structure but also on the quality of this training. The following list represents frontline workers’ training needs:

- ❖ Specific techniques and steps on how to respond to survivors’ mental health / First aid mental health response modified to SGBV
- ❖ Specific techniques and guidance on survivors’ empowerment
- ❖ Existing good practices and failures to support survivors’ mental health, both at national and international level
- ❖ Giving the floor to survivors: what was helpful and what wasn’t during their experience with supporting services
- ❖ National and international legal framework of SGBV
- ❖ Specific steps for referrals / Training on existing protocols
- ❖ Information on cross-cultural mental health
- ❖ Information about the opportunities in the community and existing social networks (e.g., activist groups)

Participants stressed that the coordinators of the aforementioned training topics ought to take into account some core elements for their maximal effectiveness. First of all, concerning their duration, future training ought to be not only regular but also extended. Scarce and brief training



events, for example, one-day seminars, are ineffective, according to frontline workers. Purely theoretical and populous training events were also considered ineffective. All participants expressed the need for a more experiential and practical orientation, with case studies, role-playing and different theoretical approaches being applied in small groups. Moreover, two participants proposed the existence of an interdisciplinary team of trainers in each training and the active contribution of local activist teams.

Front line workers' mental health was at the heart of the discussion during the focus groups and the relevant questions raised particularly their interest. Regarding their support system, the one-to-one or in-group supervision sessions provided by their organization, and the peer support, deriving from co-workers' stance of solidarity, were admired by the vast majority of the participants. However, the ideas reveal what front line workers needed further for the support of their mental health. As one participant stressed "*There is the need for a professional-centered model that cares about the mental health of employees*" (S.T., psychologist).

- ❖ Burn-out seminars
- ❖ Relaxation techniques
- ❖ Supervision: Participants made clear that the supervision sessions they were provided constituted an initiative of their organization, thereby it is not always provided. Participants recommended the government ought to pass an act on supervision, which will target SGBV professionals and will aim to their emotional support, and not only to case management.
- ❖ Provision of individual psychotherapeutic sessions by the organization
- ❖ Official and regular meetings with professionals working to relevant workplaces, facilitating experience exchange
- ❖ Role/responsibilities' rotation between co-workers (e.g., case management, counselling, follow-ups)
- ❖ Team building activities focusing on enhancing teamwork
- ❖ Common philosophy and approach between professionals



- ❖ Better coordination and communication with authorities
- ❖ Stability and security: A few participants expressed that they feel expendable in their workplace and they need more meritocratic evaluation procedures and official codes of conduct to provide them security and protection.

## 9. Data analysis of the focus groups and the surveys targeted to women SGBV survivors

### 9.1. Profile of the participants

The research team managed to approach **17 SGBV survivors**, **10** out of which were **refugee/asylum seeking women** staying in the same women's shelter (seven women participated in focus group discussions, while three women filled the distributed questionnaire). The rest **7** participants were **local women** that were reached with the help of the Union of Women Associations of Heraklion Prefecture, who distributed the relevant survey questionnaire.

The majority of the participants belonged to the 18-30 age group (nine women), four participants to the 31-45 age group and four participants to the 46-60 age group. In terms of ethnicity, seven women were Greek, six women came from the Democratic Republic of the Congo, one from Cameroon and three from Afghanistan. Regarding their employment status, 14 participants were unemployed, and only five women were employed.

### 9.2. Accessibility and level of satisfaction from the SGBV protection services

The second part of the field research with the survivors was dedicated to their experience with the SGBV protection services. All **refugee/asylum seeker women** mentioned that during their stay in Greece, either in islands or on the mainland, had benefited from a range of NGOs, both national and international, covering their basic needs, such as medical support, clothing or housing. However, for the majority (8 women) of them, the organization that coordinated the

shelter they were currently living in, constituted the first women's service they had been in contact with, as only two participants declared that they had previously used other SGBV protection services. Seven women were informed about the existence and nature of the specific organization from other organizations, which also run the procedures and the referral process; consequently, they considered accessibility and communication with the shelter easy. The rest of the participants faced difficulties in entering the shelter, referring mostly to the bureaucratic procedures and the long waiting time. Regarding the **local women**, six of them first contacted the protection services on their initiative, being informed from the internet or relevant leaflets/advertisements, and only one local woman was informed and encouraged by friends, relatives or other survivors.

Participant women also shared their experience about the services provided in the shelters, offering their recommendations for further improvement. Regarding **refugees/asylum seekers**, the *social services* and the *educational activities* constituted the most-used services in the shelter, with nine and seven women benefitting respectively. The less-used services were the psychological and the legal support. All women mentioned their general satisfaction about the services provided and their contact with the personnel, stressing however certain issues that made their stay in the shelter difficult. Four women shared their experience with the social and legal services which were relatively slow, with the staff not informing the beneficiaries about the process of their requests. The vast majority expressed their thoughts related to the housing conditions, asking for better quality food, closer to their nutritional habits, and better housing facilities (e.g., private rooms, more regular operation of air conditioners).

Regarding the the participant **local survivors**, their experiences were slightly different than those of refugees/asylum seekers. All local women mentioned that they used both *social services* and *psychological support*, while five participants also used legal support and four the job counselling offered. Only one local woman used the educational activities of the shelter. All women were satisfied by the services provided, rating them either as good (three participants) or very good (four participants), but they would improve the housing conditions (three women),

the integration service into labor market or educational system (two women) and the legal services (one woman). Despite the lack of difficulties during their contact with the staff of the protection services from the majority of women (five survivors), all participants expressed their dissatisfaction from the relationship they had developed with the professionals.

### 9.3. Long- term plans and dreams

In the third and last unit of the field research, women were asked to visualize their future and share their dreams, while stressing the main skills and competencies they need to fulfill them. Examining closely the responses, one can conclude that all survivors share similar dreams and aspirations, regardless their legal status and background. Eight women expressed that they wanted to find a job, as “*they hate feeling like beggars*” (M., 32), while three participants expressed their need to continue their studies. Other plans mentioned included travelling around the globe (one participant), finding their own house (one participant), relocating to another country (two participant), reunifying with a family member (one participant), participating more actively in the social life of their city (one participant) and “*finding peace of mind*” (one participant). One main finding that should one should stress is that all refugee/asylum seeker women referred to the successful completion of their legal procedures as their major priority, which was also the necessary condition for the realization of the rest of their dreams.

Regarding the necessary skills and competencies, some major differences between local and refugee women arose. **Refugee/ asylum seeker participants** found it very difficult to answer the relevant questions, as they believed that the fulfillment of their dreams was not dependent on their actions, but mostly on national and European decisions. They expressed the view that the lack of legal papers and the reduced financial aid hold them back from making long-term dreams, and they all looked surprised when they were asked about their responsibility for their situation. The only skill they could think of was language acquisition, both Greek and English (six participants). On the other hand, **local women** mentioned that in order them to achieve their plans or dreams, they need to learn their rights (four women), become familiar with new

technologies (three women), learn foreign languages (two women) and obtain educational degrees (one woman).

## 10. Conclusions

The present report aimed to provide an insight into the current situation in Greece regarding SGBV cases and their mental health, by conducting both desk and field research, and by putting professionals and survivors at the forefront.

### According to the desk research:

- ❖ The research on violence against women and mental health is limited, as little research has jointly examined these two factors;
- ❖ According to the Counseling Centers, Women Shelters and the SOS 15900 Support Helpline, the most common form of abuse is domestic violence, in the form of psychological, verbal and physical abuse against women;
- ❖ The most common perpetrator is the spouse or the partner, according to the same sources;
- ❖ The first lockdown in March 2020 due to Covid-19 emergency led to a rapid increase in SGBV cases creating what scientists refer to as a “shadow pandemic”;
- ❖ Since the Psychiatric Reform in 1983, the Greek State has aimed to launch a new era in mental health, by sanctioning international laws and conventions, targeting both adults and children;
- ❖ Despite the existing national legal framework for the SGBV survivors, no specific provisions are foreseen regarding refugees’ and migrants’ mental health. The responsibility for the mental health care of people on the move seems to be entirely on NGOs;

- ❖ Frontline workers' mental health support seems to be neglected, as no official policy paper referring to professionals working with SGBV survivors was found during the desk research.

According to the field research **with SGBV frontline workers:**

- ❖ The patriarchal system, sexism, the experience of violence during childhood, drug addiction, motherhood, ignorance of the existing supporting services, the young age and low self-esteem constitute some of the most common factors of vulnerability in experiencing SGBV.
- ❖ The migrant/refugee background of women adds further vulnerability, leading them to experience a “double stigma”.
- ❖ Regarding the impact of SGBV on survivors' mental state, participants mentioned the distorted perception of reality, feelings of insecurity and loss of control, low self-worth and self-efficacy, sleep disorders, rage outbursts, loss of trust in people and a clinical picture comprised of symptoms of PTSD, anxiety and mood disorders.
- ❖ Regarding the difficulties and challenges they face with SGBV cases, professionals mentioned challenges deriving from the different cultural background of their beneficiaries and their fragile emotional state, while they were able to name a range of systemic gaps (e.g., short-run programs, lack of common guidelines/philosophy and protocols, time-consuming bureaucratic procedures, lack of training and awareness), that affect their work.
- ❖ Regarding SGBV frontline workers' mental health, the majority declared that they had experienced stress-related symptoms at least once in the past as a result of working with SGBV survivors.
- ❖ Half of the participants had not received any training regarding survivors' mental health. The rest had participated in brief workshops, on their initiative.
- ❖ Almost all participants felt unprepared to handle the stress-related behaviors of their SGBV beneficiaries.

- ❖ Regarding future training, participants focused not only on the structure but also on the quality of this training, providing specific recommendations.
- ❖ Regarding frontline workers' mental health support, the vast majority mentioned the one-to-one or in-group supervision sessions provided by their organization. However, they gave many relevant ideas for further and holistic support.

According to the field research with **SGBV survivors**:

- ❖ The majority of women were informed about the existence and nature of protection services from other organizations.
- ❖ Their *accessibility and communication* with the shelter were easy for the majority of participants as the procedures were run by their social workers.
- ❖ The *general satisfaction* with the services provided and their contact with the personnel presented a mixed picture with refugee/asylum seeker survivors being more satisfied than the local one.
- ❖ Further *improvement* is recommended to the social and legal services and the vast majority expressed their thoughts related to the housing conditions.
- ❖ Regarding their *long-term plans*, all women survivors share similar dreams and aspirations, regardless their legal status and background, with finding a job and economical independence being the most mentioned plan.
- ❖ In terms of *skills*, participants' answers varied depending highly on their legal status. Women on the move expressed unanimously the need of learning both Greek and English, as it was seen as a necessary step to their social integration, while local women mostly mentioned that they needed to learn their rights and become more familiar with new technologies in order to achieve their goals.

In order to combat mental distress and support survivors and professionals working in the field of SGBV, few **recommendations** rose from the compilation of the present report: Firstly, it is important to enable frontline workers to better cope with stress generated by

working in the frontline of SGBV cases and to support survivors and victims of SGVB on their trauma recovery. This could be achieved by providing comprehensive training sessions to frontline workers handling SGBV cases that will give them the opportunity to learn more on stress, mental health distress and trauma related to SGBV. Concerning the victims and survivors of SGBV empowerment workshops and psycho-social counselling sessions for the inclusion of women, would help in the recovery from SGBV-related trauma and distress. Finally, awareness campaigns should be launched, to sensitize the society as a whole in issues relating to mental health of SGBV survivors and professionals working in this field.

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## Annex 1: Existing organisations working with SGBV and/or mental health

Name	Acronym	Services provided to SGBV survivors	Contact details
General Secretariat for Family Policy and Gender Equality	GSFPGE	<ol style="list-style-type: none"> <li>15900 SOS Helpline</li> <li>Counseling Centers</li> <li>Women's Shelters</li> </ol>	Tel: +30 214-4055251 E-mail: <a href="mailto:info@isotita.gr">info@isotita.gr</a> <a href="https://www.isotita.gr/">https://www.isotita.gr/</a>
Research Centre for Gender Equality	KETHI	Counseling Centers	Tel: +30 210 38 98 000 E-mail: <a href="mailto:kethi@kethi.gr">kethi@kethi.gr</a> <a href="https://www.kethi.gr/en">https://www.kethi.gr/en</a>
National Center for Social Solidarity	EKKA	<ol style="list-style-type: none"> <li>Counseling</li> <li>Psychosocial support</li> <li>Shelters</li> <li>Mediation with public services</li> </ol>	Tel: +30 21 3203 9723 <a href="https://www.ekka.org.gr/index.php">https://www.ekka.org.gr/index.php</a>
Centre for Research on Women's Issues "Diotima"	CRWI Diotima	<ol style="list-style-type: none"> <li>Legal aid</li> <li>Psychosocial support</li> <li>Career counselling services</li> </ol>	Tel: +30 210-3244380 +30 210 8816405 E-mail: <a href="mailto:diotima@otenet.gr">diotima@otenet.gr</a> <a href="https://diotima.org.gr/en/">https://diotima.org.gr/en/</a>
International Rescue Committee Hellas	IRC Hellas	For refugee women <ol style="list-style-type: none"> <li>Cultural mediators' education</li> <li>Staff trainings</li> </ol>	<a href="https://www.rescue.org/country/gr">https://www.rescue.org/country/gr</a>

		<p>3. Awareness raising material</p> <p>For child protection</p> <p>1. Psychosocial support 2. Legal counseling</p>	
<b>Association for the Social Support of Youth</b>	ARSIS	<p>For children protection</p> <p>1. Information of their rights 2. Counseling and psychosocial support 3. Legal support and Representation 4. Support in bureaucratic procedures</p>	<p>Tel: +30 210 8259880</p> <p>E-mail: <a href="mailto:arsisathina@gmail.com">arsisathina@gmail.com</a></p> <p><a href="http://www.arsis.gr">http://www.arsis.gr</a></p>
<b>Greek Council for Refugees</b>	GCR	<p>1. Legal support 2. Psychological support 3. Awareness raising in SGBV rights</p>	<p>Tel: +30 210 3800990-1</p> <p>E-mail: <a href="mailto:gcr1@gcr.gr">gcr1@gcr.gr</a></p> <p><a href="http://www.gcr.gr">www.gcr.gr</a></p>
<b>W.I.N. Hellas</b>	-	<p>1. Legal aid 2. Psychosocial support 3. Connection to services via helpline</p>	<p>Tel: 2108996636</p> <p>E-mail: <a href="mailto:info@winhellas.gr">info@winhellas.gr</a></p> <p><a href="https://www.winhellas.gr/">https://www.winhellas.gr/</a></p>

<p><b>Babel: Mental Health Unit for Migrants</b></p>	<p>Babel</p>	<ol style="list-style-type: none"> <li>1. Psychological support</li> <li>2. Connection to services, escort, mediation</li> <li>3. Interpretation</li> </ol>	<p>Tel.: +30 2108616280, +30 2108616266</p> <p>E-mail: <a href="mailto:babel@syn-eirmos.gr">babel@syn-eirmos.gr</a></p> <p><a href="https://babeldc.gr/en/homepage/">https://babeldc.gr/en/homepage/</a></p>
<p><b>A21</b></p>	<p>A21</p>	<ol style="list-style-type: none"> <li>1. Hotline 1109</li> <li>2. Professionals' trainings</li> <li>3. Legal Assistance</li> <li>4. Shelter and Independent Living</li> <li>5. Awareness Raising Campaigns</li> <li>6. Day Care Centers and Rehabilitation</li> </ol>	<p>Tel: + 30 2310 537 690</p> <p>E-mail: <a href="mailto:info.gr@A21.org">info.gr@A21.org</a></p> <p><a href="https://www.a21.org/">https://www.a21.org/</a></p>
<p><b>Doctors of the World Greece</b></p>	<p>Mdm Greece</p>	<ol style="list-style-type: none"> <li>1. Medical support</li> <li>2. Psychological support</li> </ol>	<p>Tel: +30 210 32 13 150 +30 210 32 36 222</p> <p>E-mail: <a href="mailto:info@mdmgreece.gr">info@mdmgreece.gr</a></p> <p><a href="https://mdmgreece.gr/">https://mdmgreece.gr/</a></p>
<p><b>Smile of the Child</b></p>	<p>-</p>	<ol style="list-style-type: none"> <li>1. Psychological support</li> <li>2. Counseling support to children and families</li> <li>3. Houses/Shelters</li> <li>4. Advocacy</li> <li>5. Cooperation with the National SOS Helpline for Children 1056</li> <li>6. Chat 1056 for children</li> </ol>	<p>Tel: +30 210 3306140</p> <p>E-mail: <a href="mailto:info@hamogelo.gr">info@hamogelo.gr</a></p> <p><a href="https://www.hamogelo.gr/">https://www.hamogelo.gr/</a></p>

<p><b>ELIZA</b> Society for the Prevention of Cruelty to Children</p>	<p>ELIZA</p>	<ol style="list-style-type: none"> <li>1. Child Safety Unit “Sofia Varvitsiotis” (Medical support)</li> <li>2. Prevention trainings with children, families and educators</li> <li>3. Trainings for professionals</li> <li>4. Multi-level interventional <i>Step Program</i></li> </ol>	<p>Tel: +30 210 3231704</p> <p>E-mail: <a href="mailto:info@eliza.org.gr">info@eliza.org.gr</a></p> <p><a href="https://eliza.org.gr/">https://eliza.org.gr/</a></p>
<p><b>SOS Children’s Villages Greece</b></p>	<p>-</p>	<ol style="list-style-type: none"> <li>1. Alternative Care</li> <li>2. Prevention Centers</li> <li>3. Advocacy</li> <li>4. Shelters for unaccompanied minors</li> </ol>	<p>Tel: +30 210 33 13 661-3</p> <p>E-mail: <a href="mailto:sosathens@sos-villages.g">sosathens@sos-villages.g</a></p> <p><a href="https://sos-villages.gr/">https://sos-villages.gr/</a></p>

## Annex 2: Questions discussed during the focus groups with SGBV frontline workers

1. What is your role/professional title in your work organization?
2. How long have you been working in the organization?
3. What other professionals do you work with as a team in cases of SGBV?
4. With how many women who suffer or have suffered SGBV have you come into contact in one year?
5. How many children (males and females from 0-17 years old) who suffer or have suffered SGBV have come into contact in one year?
6. Who are the women that face more discrimination than others, and what are the reasons? Who are the women that are the least visible, and why?
7. What role do cultural background or migration play for women who suffer or have suffered SGBV?
8. How do you value your trust relationship with SGBV victims/survivors?
9. What are the challenges you meet when handling SGBV cases? How do you address these challenges - considering individual, team and organisation/service level?
10. How do you value your skills or expertise (professional, psycho-social, intercultural, emotional) to face the emerging issues with SGBV victims/survivors?
11. Have you experienced any stress- related symptoms/conditions as result of your working with SGBV survivors?
12. Are there any supporting services in your organization if someone from the staff wants to visit them? if yes are they sufficient?
13. What would be useful/effective to you in order to best manage the stress related to your job?
14. How do you think SGBV affects the mental health of women? Can you name some aspects of the impact that gender-based violence has upon survivors' mental health?

15. Do you know how to handle stress-related behaviours of your SGBV beneficiaries?  
If yes, please elaborate
16. Have you ever received training(s) regarding the mental distress of SGBV victims/survivors? If yes  
*Who organized them?*  
*Were the trainings useful to you? (If not, why?)*
17. Do you think that a training(s) regarding the mental distress of SGBV victims/ would be useful to you? What should the training contain?
18. (This focus group is coming to an end) Is there anything else that you would like to say, add or comment? If so, please feel free to do it.



## Annex 3: Questions discussed during the focus groups with SGBV survivors

1. Briefly introduce yourself: name, age, occupation and hobbies (if you want)
2. How did you enter in contact with the protection services/anti-violence centre? How was your first impression?
3. What do you think are the needs of a woman who suffered from SGBV? Do you think these needs are covered in your context? (optional – depending on the group)
4. What are the things that help(ed) you most of the protection services/ anti-violence centre?
5. What are the aspects that you would improve on the protection services?
6. What are the skills and competences that you appreciate the most in the staff of the protection service?
7. What are the main skills and competences you need to plan your future?
8. What are the sources/skills that give you confidence in planning your future?
9. (This focus group is coming to an end) Is there anything else that you would like to say, add or comment? If so, please feel free to do it.

## Annex 4: Questionnaire for women using protection services

Date: .....

Place: .....

The present questionnaire is administered anonymously as part of the European project "WeToo - Protecting mental health: Empowering frontline workers and victims and survivors of SGBV". The project aims to enable frontline workers to better manage the stress generated by working with SGBV cases and better establish trust relationships with SGBV victims and survivors, while at the same time aims at contributing to the successful implementation of SGBV primary prevention and response programmes and supporting women survivors and victims of SGBV on their trauma recovery.

Please select the most appropriate answer:

1. What is your gender?

- a. Man
- b. Woman
- c. Other

2. To which age group do you belong?

- a. 18-30
- b. 31-45

c. 46-60

d. 60+

3. What is your family status?

a. Unmarried with children

b. Unmarried without children

c. In a relationship with children

d. In a relationship without children

e. Married with children

f. Married without children

g. Other \_\_\_\_\_

4. What is your legal status?

a. Asylum seeker

b. Refugee

c. Other \_\_\_\_\_

5. What is your professional status?

a. Employee

b. Unemployed

c. Student

d. Other \_\_\_\_\_

6. How did you first contact the protection services and/or the organisation combating violence against women?

- a. Through friends, relatives and other women
- b. Through the reception centre
- c. Through social services, hospital, police, other organisations
- d. On my own initiative (e.g. internet, leaflets/advertisements, telephone).
- e. Other \_\_\_\_\_

7. How would you rate the relationship you have developed with the professionals of the supporting services?

- a. Very bad
- b. Poor
- c. Neither good nor bad
- d. Good
- e. Very good

8. Have you ever faced difficulties during your contact with the staff of the protection services?

- a. Yes
- b. No

9. Which services provided by the organisation do you use (Please select all that apply)?

- a. Social services
- b. Meetings with the psychologist
- c. Legal support
- d. Educational activities
- e. Employment counselling
- f. Other \_\_\_\_\_

10. How would you rate the services provided by the organisation?

- a. Very poor
- b. Poor
- c. Neither good nor bad
- d. Good
- e. Very good

11. What would you improve in the services provided by the organisation?

- a. Psychological support
- b. Integration service into labor market or educational system
- c. The presence of cultural mediators/interpreters
- d. Legal support

e. The housing conditions

f. Other\_\_\_\_\_

12. What are your plans or dreams for the future? (Please select all that apply)

a. To obtain the necessary legal documents

b. To get a job / open my own business

c. To complete my education

d. To have a family

e. To settle in another country

f. To participate more actively in the social life of my city

g. Other\_\_\_\_\_

13. What skills and qualities do you think you need to achieve your plans or dreams?

a. To learn foreign languages

b. To become familiar with new technologies

c. To obtain educational degrees

d. To learn my rights

e. Other\_\_\_\_\_

***Thank you for your contribution!***

[www.wetoo-project.eu](http://www.wetoo-project.eu)