



CATÓLICA
FACULDADE DE EDUCAÇÃO
E PSICOLOGIA

PORTO

LIVES ON HOLD: THE EXPERIENCES OF ASYLUM SEEKERS IN MORIA REFUGEE CAMP

Dissertation presented to Universidade Católica Portuguesa in
order to obtain the degree of Master in Psychology

- Major in Psychology of Justice and Deviant Behavior -

Ana Luísa Lobo Ribeiro Moreira

Porto, June 2019



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Under the orientation of

Ph.D. Mariana Reis Barbosa

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Abstract

Of the hundreds of thousands of people that formed the huge migratory flow of the refugee crisis, many are living in refugee camps, at times without basic conditions. This research aims to describe the experience of asylum seekers in the transitional context. Being a qualitative study, the data was collected with 15 asylum seekers in Kara Tepe refugee camp (Greece), through semi-structured interviews and participant observation in the natural context.

The main results point to a negative experience in Moria refugee camp, with reports of overcrowding, hunger, lack of hygiene conditions and health support, insecurity and violence. The psychological impact of the high number of adverse experiences in this population living under these circumstances stood out, with negative emotional experiences and the risk of depression, anxiety and post-traumatic stress symptoms. These results show how crucial it is to implement changes by addressing basic needs, but also in the way the asylum applications are processed.

Keywords: asylum seekers, refugee camps, living conditions, needs, psychological impact.

Resumo

Das centenas de milhares de pessoas que formaram o enorme fluxo migratório da crise de refugiados, muitos encontram-se a viver em campos de refugiados, por vezes sem condições básicas. Esta investigação tem como objetivo descrever a experiência dos requerentes de asilo no contexto de transição. Tratando-se de um estudo qualitativo, os dados foram recolhidos junto de 15 requerentes de asilo no campo de refugiados de Kara Tepe (Grécia), através de entrevistas semiestruturadas e observação-participante no contexto natural.

Os principais resultados sugerem uma experiência negativa no campo de refugiados de Moria, com relatos de sobrelotação, fome, ausência de condições de higiene e apoio médico, insegurança e violência. Destacou-se o impacto psicológico do elevado número de situações adversas experienciadas pela população a viver nestas circunstâncias, com experiências emocionais negativas e um risco de sintomatologia depressiva, ansiosa e de stress pós-traumático. Estes resultados demonstram o quão crucial é a implementação de mudanças, assegurando as necessidades básicas e reformulando o processamento dos pedidos de asilo.

Palavras-chave: requerentes de asilo, campos de refugiados, condições de vida, necessidades, impacto psicológico.

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Introduction

Although little addressed in the media, the refugee crisis did not come to an end. Despite the decrease in the number of people trying to cross the sea to Europe (Frontex, 2019), there are still many asylum seekers living with no basic conditions while waiting for the outcome of their application (Tsoni, 2016).

When migration became a matter of safety, seen as an enabler of illegal activity by terrorists and international criminal organizations, the European Union's (EU) priorities started to focus on closing borders instead of paying attention to human rights (Afouxenidis, Petrou, Kandulis, Tramounstanis, & Giannaki, 2017). Since that moment, refugee camps in Europe, especially in Greece and Italy – the main arrival locations of asylum seekers to the European continent –, became a permanent reality, even though they are designed as a temporary accommodation space (Afouxenidis et al., 2017; Ramadan, 2012). Multiple reports emerged about the dissatisfaction regarding the living conditions in refugee camps, with harsh criticism regarding the infrastructures, the overcrowding and the lack of comfort (Feldman, 2014).

The multiple adverse experiences and the precarious conditions asylum seekers live in have serious negative consequences for their physical and mental health (Bogic, Njoku, & Priebe, 2015; Cleveland, Rousseau, & Kronick, 2012). The psychological impact of such experiences results in post-traumatic stress symptoms (Bogic et al., 2015; Cleveland et al., 2012; Elklit, Kjær, Lasgaard, & Palic, 2012; Strijk, van Meijel, & Gamel, 2010), as well as depression and anxiety symptoms (Bogic et al., 2015; Cleveland et al., 2012; Cummings, Sull, David, & Worley, 2011; Farhat et al., 2018), among others.

Thereby, this research aims to describe the experience of asylum seekers in the transitional context. Specifically, we aim to: describe the participants' perception of life in the transitional period, focusing on their needs and conditions; as well as describe the psychological impact of their experiences in the transitional context.

The refugee crisis in Europe

The year of 2015 was the peak of the refugee crisis in the EU, with thousands of people from Middle Eastern countries such as Syria, Iraq and Afghanistan arriving in Greece in search for asylum in Europe (United Nations High Commissioner for Refugees [UNHCR], 2017; Frontex, 2017). It was the biggest migration flow in Europe since the end of World War II (Dimitriadi, 2016). According to the UNHCR (2017), the main reasons that motivate people to abandon their countries in search for asylum are violent conflicts, persecutions,

environmental degradation, food related difficulties and bad governance, among other factors.

The legal framework for international protection in the EU is based on the 1951 United Nations Convention relating to the Status of Refugees. Guidelines are also established through the Common European Asylum System (CEAS), in order to guarantee that asylum seekers receive the same treatment across the EU, representing a step towards the harmonization of protection (Dimitriadi, 2016). An asylum seeker is an individual whose application for asylum or refugee status is pending in the administrative or legal processes (Harris & Zwar, 2005). On the other hand, a refugee is “someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (UNHCR, 1951, p. 5).

In 2016, the EU and Turkey signed an agreement to deal with the refugee crisis. According to this agreement, all asylum applications are individually evaluated in the EU and those considered unacceptable or unfounded are returned to Turkey that must accept every person sent by the EU. Turkey also commits to prevent the opening of new routes in exchange for three billion Euros for the improvement of life conditions for Syrians (Afouxenidis et al., 2017; Dimitriadi, 2016). This caused a decrease in the number of illegal migrations from the Middle East to the European continent (Frontex, 2019). Several organizations have opposed to this agreement (Afouxenidis et al., 2017), such as Amnesty International, which estimates that around three million asylum seekers and refugees are abandoned in Turkey without help or protection (Dimitriadi, 2016).

Also in 2016, walls were built in Balkan countries, closing borders in Hungary, Croatia, Serbia, Slovenia and Austria (Afouxenidis et al., 2017). The closure of the Balkan route and the EU-Turkey agreement transformed Greece from a passageway to a final destination. The asylum seekers were left with no option but to ask Greece for protection. However, many are not able to submit their applications due to lack of staff and limited knowledge about the process (Dimitriadi, 2016).

In 2018, for the third year in a row, the number of illegal migrations to the European continent decreased significantly. In 2018, once again, Syrians represented most of the asylum seekers arriving in Europe, followed by Moroccans, Afghans, Iraqis and Turkish. The most used routes on the illegal border-crossing of the European external borders were the Western Mediterranean route, mostly by African migrants, and the Eastern Mediterranean route, whose main users are from Middle Eastern countries crossing from Turkey to Greece (Frontex, 2019).

Greece

Greece is located between Europe, Asia and Africa and has become a gateway for thousands of people seeking international protection or a better life (Afouxenidis et al., 2017; Jauhiainen, 2017). With the closure of the Balkan route that allowed migrants to reach Northern Europe, both continental Greece and the islands were caught under a tremendous pressure of arrivals, especially after the EU-Turkey agreement (Tsoni, 2016). Of all the Greek islands, Lesbos received the highest number of people. During several months, the number of asylum seekers matched the number of inhabitants (Afouxenidis et al., 2017). About half a million arrivals were registered in Lesbos, from a total of 860 000 through all the Greek islands (UNHCR, 2016). This touristic destination became an entry for irregular migration to Europe (Tsoni, 2016).

Currently, despite the decrease in the number of arrivals in Greece, there are still great challenges in reception and registration. Considering the poor conditions in refugee camps, mostly in the Greek islands of Chios, Lesbos and Samos, the UNHCR recommended the transfer of asylum seekers and refugees to the continental territory (UNHCR, 2018). With the peak of the crisis, multiple refugee camps were created in Lesbos. Two main places remain: Moria and Kara Tepe. When irregular migrants arrive, they are taken to Moria, where the bureaucratic procedures take place, such as identification, registration and submission of asylum applications. Later, some families are transferred to Kara Tepe where they wait for the result of their request, while other families as well as unaccompanied residents remain in Moria (Jauhiainen, 2017).

The transitional period: Refugee camps

Refugees, asylum seekers and illegal migrants are often portrayed as the dark side of globalization and a safety threat that must be repressed by walls, patrols and detention centers (Lui, 2002). Following the EU-Turkey agreement, several camps, initially designed as a temporary residence, became detention centers for permanent accommodation (Hermans et al., 2017; Turner, 2015). Thus, overcrowding and precarious infrastructures are common (Feldman, 2014). Refugee camps may be very different from one another: some are open spaces, while others are restricted; some host dozens of people, while others host several thousands (Jauhiainen, 2017).

Many descriptions of traumatic experiences in the country of origin contrast with the safety and stability of the refugee camp, where there is easy access to basic needs (Shakespeare-Finch, Schweitzer, King, & Brough, 2014). However, in other cases, adversity

continues in the transitional period, with accounts of discrimination, abuse and violence (Goodman et al., 2017), but also lack of hygiene conditions and inadequate food (Schneider, Shraiky, Wofford, & Awad, 2017). In some camps, people live in poor conditions, without privacy, facing long periods of uncertainty regarding the legal procedures, as well as confronted with ambiguous situations and restrictive asylum policies (Sossou, Craig, Ogren, & Shnak, 2008).

Method

This research aims to describe the experience of asylum seekers in the transitional context. Specifically, we aim to: describe the participants' perception of life in the transitional period, focusing on their needs and conditions; as well as describe the psychological impact of their experiences in the transitional context.

Methodological approach

In this research, we adopted a qualitative approach, which is considered the most adequate for the study of this population since it allows access to participants' experiences and perceptions (Zeno, 2017). We followed the Grounded theory approach, according to which the analysis should be conducted inductively which is the most appropriate when little is known about a subject or phenomena. The goal, according to this method, is to build a theory based on the data instead of testing an existent one (Corbin & Strauss, 1998).

Participants

The sample was selected through a purposive process (Fortin, 1999), using the following criteria: must be an asylum seeker, must reside in Kara Tepe refugee camp and must be a former resident of Moria refugee camp. The participants were approached there by the research team, who explained the study and invited them to voluntarily participate.

The sample was composed of three women and 12 men (Mage = 28, age range: 16-62 years old). In terms of nationality, eight were Syrian, four Iraqi and three Afghan. Regarding civil status and number of children, eight were married, with one to five children, and seven were single, with no kids.

Concerning the level of education, five concluded middle school, three had a college degree, one completed high school and the remaining did not provide this information. Only five participants mentioned their occupation, with two of them being students, two teachers and one a plumber. Of the seven that specified their religion, four were practicing Muslims,

one was a non-practicing Muslim, one was a non-practicing Christian and one was an atheist. In regard to psychological support, six of the 10 participants who answered never received any support, two had received support in the past and two were receiving support at the moment of the data collection. In terms of medication, nine participants were not being medicated, one took sleeping pills prescribed by a psychiatrist and the remaining did not disclose this information.

In regard to the moment they left their home country, the time period goes from five months to 15 years and two participants did not answer. Regarding their stay in Greece, it varied between four months and two years, with two participants not revealing this information. Lastly, concerning the passage through other countries, every participant mentioned Turkey, three also referred Iran, one mentioned Syria and another one Lebanon (appendix 1).

Instruments

The sociodemographic questionnaire included multiple choice and short answer questions, regarding: age, sex, nationality, civil status, number of children, level of education, occupation, religion, psychological support, medication, hiatus of time since leaving home country, hiatus of time since arriving in the present country and, if applicable, the passage through other countries in between (appendix 2).

The interview was conducted based on a previously prepared script and the themes addressed were: the experience in the transitional context; mental health; coping strategies; and expectations for the future (appendix 3).

Data collection

The data collection was conducted with asylum seekers in the transitional period, in Kara Tepe refugee camp (Lesvos, Greece). For this purpose, an authorization was approved by the camp manager. To facilitate the data collection and analysis, the interviews were conducted in English with participants capable of speaking the language or in the presence of a translator from the interviewee's native language. The informed consent was verbally obtained with the participants after explaining the study's objectives and instruments, the confidentiality issues and the voluntary participation. Only two participants were under 18, in which cases the informed consent was obtained with the parents. The participants' permission was also solicited to audio record the interviews in order to simplify the transcription and further analysis.

To enrich and complement the data obtained through the interviews, we resorted to observation for a period of 11 days in Kara Tepe refugee camp (September 16, 2018 – September 26, 2018). The observation was conducted in the natural context, without a previously built grid. It provided privileged access to multiple aspects of their life: the camp's structure and organization; the interviewees and other residents, as well as their routines and interaction dynamics; some activities conducted by volunteers with children, youths and adults; and the living conditions. Lastly, we visited the surroundings of Moria refugee camp and collected data regarding its infrastructures and main differences compared to Kara Tepe. We conducted participant-observation, as there was interaction with the residents and involvement in the activities (Jarzabkowski, Bednarek, & Lê, 2014; Murchison, 2010). Thus, in addition to descriptive writing, the field notes also include the researcher's perceptions and the experience in the field. The field notes were written as close to the observation moment as possible, guaranteeing a better recollection (Emerson, Fretz, & Shaw, 2011).

Data analysis

The interviews were transcribed verbatim. The data analysis began with a fluctuant reading, capturing the words or expressions related with the participants' experiences. Given the exploratory nature of the study we progress by analyzing significant segments of data generating codes, maintaining the participants' words. This was a phase of open coding progress through a constant comparative process. According to grounded analysis we go forward to axial coding, making connections between codes, categories and subcategories (Corbin & Strauss, 1998). In order to strengthen the validity of our qualitative research, we used the consensus analysis once the data were analyzed and discussed by several elements of the research team, until a consensus was reached (Hill et al., 2005). The analysis procedures were supported by the software package QSR- NVIVO 11, which facilitate the iterative process inherent to an inductive orientation.

Results

Next, we present the results from the interviews and the observation (appendix 4). First we expose some descriptive data regarding Kara Tepe refugee camp, the residents and Moria. Then, we reveal the data that emerged from the interviews, regarding the conditions in Moria camp and the participants' experiences. Finally, we address the psychological impact of such experiences.

Experience in the transitional context

In Kara Tepe, we felt very welcomed by everyone. Usually, on a first acquaintance, adults and youths were shy, but nice and approachable. Children were very affectionate and adults smiled and said “*Hello, my friend*”. People’s kindness and children’s joy were contagious and contributed to a creation of empathy incomparable to the one we feel outside of the field. Both in Kara Tepe and in Moria, many different cultures were forced to live together, which sometimes may have caused conflict. However, while people described violence in Moria, in Kara Tepe we noticed this conflict was demonstrated through segregation in some activities and the families’ distribution through the camp. It’s important to emphasize that, despite all the suffering, frustration and uncertainty, the camp’s residents usually showed a lot of gratitude for the help they received and some showed hope and optimism regarding the future.

When we asked people to participate in this study, people were usually very receptive. Generally, everyone wanted to show the world they needed help and were surprised that their situation wasn’t a big topic in the media. Most of them invited us into their isoboxes to conduct the interviews and offered us tea, coffee, cigarettes and/or fruit. Usually, during the interviews, they seemed happy to share their story and have people interested in getting to know them.

Moria refugee camp is a former military base surrounded by walls and barbed wire. It was a very different environment compared to the one in Kara Tepe, where people, despite not being in an ideal situation, felt safe, had better living conditions and were far from violence. Kara Tepe residents alerted to the lack of conditions in Moria, namely issues with food and hygiene. The police presence was notorious and illustrated the tension. Even before getting to the entrance of the camp, you could already see numerous tents in its surroundings. You could also see that it is a very dirty place, with a lot of garbage on the ground. On the other side of the road, there was the Doctors Without Borders’ workstation. According to some residents’ testimony, they were working outside of the camp as a protest against Moria’s poor conditions.

Most participants referred to Moria as an adverse environment. This **negative representation of Moria** became clear through one report of shock upon arrival (“*When I entered Moria, I was in shock. I was very confused because there were a lot of people and I had never seen conditions like that*” – Afghan male, 23 years old), as well as eight noteworthy negative descriptions (“*It was very hard. I feel like we were psychologically tortured there*” – Afghan male, 62 years old). In this sense, comparisons between the camp and the

participants' home countries were presented, with three participants mentioning similarities (*"It was like Syria. We are in a European country, but it's like being in Syria. Violence, hate..."* – Syrian male, 29 years old) and one saying that Moria is worse (*"Life there was worse than in Kobani"* – Syrian female, 32 years old).

In agreement with their general representation of the camp, participants identified specific **negative aspects of life in Moria**, mainly in terms of housing conditions, hygiene, food, health and formal support. Regarding overcrowding, two participants mentioned an excess of people (*"It is very overcrowded. There are a lot of people there and still a lot coming"* – Afghan male, 23 years old), three talked about the tents (*"They gave me a very small tent. We were five people. We couldn't even stand up inside the tent"* – Syrian female, 34 years old) and five about the need to share space with multiple people (*"We lived in a tent with a lot of people. We had sheets separating our bedrooms from the other families"* – Syrian male, 31 years old).

In terms of violence, aggressions were mentioned by 12 participants (*"There are fights all the time because of the food line, the tents... Everything! People are always under stress, so there are always fights"* – Syrian female, 34 years old), six participants talked about the conflicts between Arabs and Kurds (*"Arabs and Kurds started attacking families on both sides. The Arabs hit my 12-year-old son. The men created problems with the families. They attacked people and said they had to leave because they were Arab or Kurdish"* – Syrian female, 43 years old) and one stated health issues due to violence (*"The Arabs attacked me and broke my head, my leg and my arm. They were 15 people hitting me with iron bars. The MSF [Doctors Without Borders] called an ambulance because I had many broken bones"* – Syrian male, 24 years old).

In regard to the lack of support, the absence of organizations was mentioned by one participant (*"There was no one from UNHCR or other organizations looking out for people"* – Syrian male, 24 years old), the lack of police protection by four participants (*"One time, someone got into our isobox and attacked my father. He went to the police and they just said 'This is Moria'"* – Iraqi male, 16 years old) and two participants addressed insecurity (*"It wasn't a safe space. We didn't feel safe there"* – Syrian male, 24 years old).

Regarding the food, four participants talked about the long waiting period to get food (*"We wait in line for food for an hour, an hour and a half, two hours... Just to get food"* – Syrian female, 43 years old), one mentioned its insufficiency (*"We didn't have food, we didn't have water... We were always starving"* – Iraqi male, 16 years old) and five presented a negative perception of the food quality (*"The food quality was not good enough for children*

growing up. There's not enough nutrition for people to grow up in a healthy way" – Iraqi male, 20 years old).

Concerning hygiene issues, three participants talked about the lack of conditions (*"We went to the United Nations several times to say that we were in a very complicated situation, without water, sanitation or showers"* – Afghan male, 23 years old) and four said the camp was dirty (*"There was water coming out of the toilets and into our tent. It was a very dirty place"* – Syrian male, 31 years old).

In terms of health, two participants mentioned the insufficiency of medical care (*"There is a lack of medical support. People have health issues they cannot cure because they don't have the necessary treatment and medication"* – Iraqi male, 20 years old), seven mentioned problems with health issues (*"My kids caught allergies and diseases because it isn't a clean place"* – Syrian female, 43 years old) and one talked about the new-arrivals section (*"It was a very big tent with 300 or 400 people. Everybody got sick there because it was very dirty. It was very bad"* – Afghan male, 17 years old).

Also as negative aspects, four participants mentioned the cold (*"In the winter, it was very hard to live in a tent. Every day I had an ice wall outside my tent. I had to break it in order to get out"* – Iraqi male, 20 years old) and three mentioned the sleeping conditions (*"I didn't sleep for a very long time. I couldn't sleep. I only slept one or two hours"* – Afghan male, 17 years old).

During our stay in Kara Tepe, we engaged in informal conversations with some residents between the interviews. In some of these conversations, we discussed other relevant issues that didn't come up in the recorded statements. Regarding violence, there seemed to be a habituation effect. One young adult said: *"For us, war and violence are normal. It's as normal as smoking a cigarette"* (Iraqi male, 22 years old), showing how the reiterated exposure to violence leads to its trivialization. Another topic that was mentioned by many residents was the processing of asylum applications as a reason for concern. It is perceived by several people as inadequate, since not enough information is provided. One resident also mentioned that the interviews regarding asylum seemed to be merely a bureaucratic procedure, instead of a moment to discuss their case and present their experience.

Psychological impact

The reports of negative life events and their **psychological impact** were very common. Many participants expressed the intense and continuous negative emotional experiences that underlie their experience in the transitional context. Three participants

reported sadness (*“We are hurt for everything we’ve been through”* – Afghan male, 62 years old), seven mentioned fear (*“Everybody was in stress, everybody was scared. We were very frightened”* – Afghan male, 17 years old), two insomnia (*“We couldn’t go to sleep”* – Syrian female, 34 years old), five uncertainty regarding the future (*“Now, my life isn’t very good because I don’t know what will happen in the future. I’ve been in camps in Lesbos for two years, so now I’m worried about my future”* – Afghan male, 23 years old), one talked about the risk of depression and anxiety (*“The asylum process is very slow in this country. This may cause depression and anxiety to people. They may even lose hope and faith and want to go back to their countries. They may start to think ‘I’d rather go back and die with dignity than staying here and being humiliated’”* – Iraqi male, 20 years old) and two reported traumatic impact (*“For 15 days, I was in shock. I had phobia because of Moria. Every time someone talked about Moria, I was scared because what we saw there was very bad”* – Syrian female, 31 years old).

Discussion

Refugee camps are designed as a temporary space to offer protection and humanitarian support. However, in practice, they may become almost a permanent reality for many that remain there for an indefinite period of time (Hermans et al., 2017; Ramadan, 2012; Turner, 2015), as asylum seekers often spend months in refugee camps (Jauhiainen, 2017).

Regarding life in Moria, we found multiple negative reports. Previous studies conducted in Moria (e.g., Hermans et al., 2017; Jauhiainen, 2017; Kalir & Rosakou, 2016; Schneider et al., 2017) show similar situations to the ones mentioned by the participants of this research, such as overcrowding, cold, the use of tents and space sharing with several people. They also report inadequate sanitation and hygiene conditions, as well as limited access to health professionals. Negative descriptions of the quantity and quality of food are also found. The food scarcity and the long waiting lines are indicated as the main reasons for violence among residents (Hermans et al., 2017; Jauhiainen, 2017; Kalir & Rosakou, 2016). Research with asylum seekers in Greece supports the opinion of one participant who stated that staying several months in such challenging conditions is one of the reasons for people wanting to go back to their home countries (Jauhiainen, 2017; Schneider et al., 2017).

Like the descriptions of Moria, overcrowding and lack of space are often found in other refugee camps (Feldman, 2014; Hershey et al., 2011; Ramadan, 2012; Schneider et al., 2017; Sossou et al., 2008). Consequently, like some participants mentioned, accommodation conditions are not adequate, do not protect from the cold and don’t allow the needed rest

(Hershey et al., 2011; Kalir & Rozakou, 2016; Schneider et al., 2017). Just like in Moria, overcrowding makes some camps spread beyond their limits, remaining with indefinite borders (Feldman, 2014).

Concerning hygiene, participants described a lack of conditions to fulfill their basic routines (e.g., *“The bathroom was very dirty. There wasn’t warm water. I don’t even ask for hot water, but there wasn’t even warm water. The toilets were very bad and the smell was terrible”* – Syrian female, 31 years old). Several studies present similar criticism, highlighting the insufficiency of drinking water and the sanitation failures (Cronin et al., 2008; Hershey et al., 2011; Schneider et al., 2017). Additionally, the dirtiness and the garbage buildup mentioned by the participants are also found in other camps (Ramadan, 2012; Schneider et al., 2017). In terms of food, just like in previous studies (Schneider et al., 2017), there are complaints regarding its quality and quantity.

As was mentioned by multiple participants (e.g., *“My sister was pregnant and contracted a kidney infection because of how dirty Moria was”* – Iraqi male, 20 years old; *“My baby was always sick and always going to the doctor, not only because of the cold, but also because of the food”* – Syrian female, 31 years old), the hygiene conditions, the inadequate food and the overcrowding damage the residents’ health and well-being (Cronin et al., 2008) and contribute to the increased risk of disease spread in these spaces (Hermans et al., 2017; Hershey et al., 2011; Schneider et al., 2017). Roughly half of the sample mentioned health problems during their stay in Moria (e.g., *“My kids caught infections”* – Syrian male, 31 years old) and complained about limited access to health care (e.g., *“There is a lack of medical help”* – Iraqi male, 20 years old), as well as precarious medical support (e.g., *“At the hospital, they told us that if the Moria doctor gave medicine to my baby, we would get to that state. Everything in Moria is bad. Even the doctors”* – Syrian female, 31 years old), as presented in other studies (Schneider et al., 2017).

Several studies conducted in Lesvos show the serious health issues found in asylum seekers (e.g., Hermans et al., 2017; Kousoulis, Ioakeim-Ioannidou, & Economopoulos, 2016). In physical terms, they report high levels of respiratory tract infections, diarrhea and infectious diseases, such as scabies and chickenpox. They also state that some mothers are under such stress that they can’t breastfeed their babies. From a psychological and psychiatric stand point, they report post-traumatic stress symptoms and high suicide rates (Hermans et al., 2017; Kousoulis et al., 2016). Despite the need for psychological care, one study says that there are only two psychologists in Moria that dedicate most of their time to vulnerability screenings, not having enough time to offer adequate psychological support (Hermans et al.,

2017).

Violence in Moria was a topic mentioned by most participants (e.g., *“In my first hour in Moria, I was already seeing fights”* – Iraqi male, 22 years old) and is well-documented in the literature. Although the camps are created as spaces of safety and protection (Bulley, 2014; Ramadan, 2012), violence and aggressions are often found in multiple camps (Farhat et al., 2018; Goodman et al., 2017; Schneider et al., 2017). Just like the conflicts between Arabs and Kurds portrayed by the former Moria residents (e.g., *“The Arabs control Syria and they want to control Moria too, so they started fighting with the Kurds”* – Syrian female, 31 years old), research reports violence mainly between people of different cultures and/or nationalities (Schneider et al., 2017). In our study, one participant suggested that the precarious conditions they live in cause stress, which is the main reason for engaging in repeated aggressions. Other studies support this idea, pointing to overcrowding and inadequate feeding as some of the reasons for conflicts (Schneider et al., 2017). Roughly one fourth of the participants mentioned lack of police support and negligence (e.g., *“We asked a police officer to take us to the bus station because we were scared and had babies. He said ‘It’s no problem. If God takes you, I can’t do anything’”* – Syrian female, 31 years old). This behavior by the authorities in refugee camps is also stated in previous studies (Schneider et al., 2017).

Research about the experiences of asylum seekers and refugees shows a wide range of adverse events experienced in their home country and during the trip. However, adversity often remains in the transitional context, in which, as was mentioned, many asylum seekers live with limited resources and without privacy or basic conditions (Goodman et al., 2017; Sossou et al., 2008). Adversity is one of the biggest threats to mental health. In this population, among the main risk factors are a high number of adverse experiences, the loss of and separation from family members, the exposure to violence, the use of avoidant coping strategies and a reduced social support network (Bogic et al., 2015; Carswell, Blackburn, & Barker, 2009; Gladden, 2012; Kirmayer et al., 2011; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012; Savic, Chur-Hansen, Mahmood, & Moore, 2013).

The psychological impact of such adverse experiences on asylum seekers and refugees is also a well-documented topic. Among the main mental health issues found in this population are post-traumatic stress symptoms (Bogic et al., 2015; Cleveland et al., 2012; Elklit et al., 2012; Strijk et al., 2010), as well as depression and anxiety symptoms (Bogic et al., 2015; Cleveland et al., 2012; Cummings et al., 2011; Farhat et al., 2018). Although they were the least mentioned in this study, symptoms of these conditions were often stated by the participants, such as fear (e.g., *“We were scared all the time”* – Syrian female, 34 years old),

sadness (e.g., “*Sometimes, my mother cries. Sometimes, my sister cries*” – Iraqi male, 16 years old) and insomnia (e.g., “*I didn’t sleep for a very long time. I couldn’t sleep. I only slept one or two hours*” – Afghan male, 17 years old). Research shows reports of similar symptoms among this population: fear and insecurity, typically found in anxiety and post-traumatic stress (Erdener, 2017; Jauhiainen, 2017; Khawaja, White, Schweitzer, & Greenslade, 2008; Schneider et al., 2017; Strijk et al., 2010); feelings of sadness and hopelessness, traditional depression symptoms (Cleveland et al., 2012; Schneider et al., 2017); as well as nightmares and changes in sleep patterns, found in all three conditions (Brekke, 2010; Cleveland et al., 2012; Erdener, 2017; Strijk et al., 2010).

Uncertainty regarding the future was mentioned by one third of our sample (e.g., “*We go to Athens and then what? Our doubts are about what comes after Kara Tepe. We are scared they’ll send us back to Syria*” – Syrian female, 31 years old) and is also a much explored issue in previous studies with asylum seekers (Biehl, 2015; Brekke, 2010; Farhat et al., 2018; Jauhiainen, 2017; Khawaja et al., 2008; Schneider et al., 2017). Besides the uncertainty regarding the outcome of their asylum application, they have to deal with the uncertainty concerning the waiting period. Additionally, many have said that the way the applications are processed seems to happen in a random order, which causes feelings of powerlessness and uncertainty (Brekke, 2010). This was also mentioned by some residents of Kara Tepe refugee camp. In particular, one woman who was going to be transferred to Athens with her family mentioned she didn’t know what her future was going to be like or what awaited them in the Greek capital.

Conclusions

This research aimed to describe the experience of asylum seekers in the transitional context. The results are mainly in agreement with previous studies. We highlight the harsh living conditions reported by asylum seekers in refugee camps, namely the inadequate food, the overcrowding, the lack of hygiene conditions and the violence. Mainly, research has showed a negative experience in the transitional context, contributing to the cumulative adversity in this population’s vulnerable trajectory and mental health risk. Living in a camp is a very significant experience, in which the possibility to build a life or an identity seems to be blocked (Turner, 2015).

In this transitional context, people experience a temporary present and live in preparation for another life in the future outside of the camp (Turner, 2015). This seems to be the experience of many asylum seekers that, in the words of one interviewee, feel their ‘lives

on hold'. This is particularly alarming considering how long this period typically is for asylum seekers in European camps. The conditions they live in have a huge impact on their mental health. Therefore, to answer this population's needs, it is crucial that Europe works together to decrease significantly the transitional period and improve the accommodation conditions in refugee camps.

Specifically, health, hygiene and feeding need urgent improvements. An improvement of the medical and psychological care in this context is also crucial, taking into account this population's vulnerability, the cumulative traumatic experiences, the excessive exposure to violence and the psychological symptoms they display. Better living conditions will help people improve their health. Therefore, better sanitation and hygiene conditions, as well as more adequate meals in terms of quality and quantity are imperative demands. In order to answer these needs, the number of residents must be drastically reduced and overcrowding must end. This will only happen when European asylum policies suffer some changes, in order to speed up the processing of applications and promote a fair and adequate burden sharing.

Also, safety and police intervention are obvious demands. However, even though there are many police officers in Moria, asylum seekers still complain about their negligence and lack of support. This should be addressed immediately. On another topic, based on the participants' experience, it would be very important to provide more information about the asylum applications, clarifying the multiple questions they have on the matter.

The fact that the interviews were conducted in English might have made us lose information, which may compound a limitation for our study. Drawing from the results obtained through this study, it would be important to conduct further research on the evolution pattern of the clinical symptomology in this population throughout different moments of their journey (pre-flight, transitional period and host-country), with follow-up studies. It would also be relevant to evaluate the influence of language and cultural barriers on medical and psychological interventions, as well as build guidelines for an adequate professional practice taking into account the specificities of this population. The interviews related to the asylum application and the apparent arbitrariness of the processing order seem to constitute some of the participants' main worries. Thus, it would be important to understand how these interviews are conducted. It's important that they're adequately conducted, avoiding secondary victimization and adopting a comprehensive lens, instead of a hostile and unbelieving attitude. Because it constitutes a major stress source, the impact of the asylum requests' processing on the applicants' mental health is also a pertinent topic for future

research.

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Appendixes

Appendix 1

	Age	Sex	Nationality	Civil status	Children	Level of education	Occupation	Religion	Psychological support	Medication	Left home country	Arrival to Greece	Passage through other countries
H4	31	M	Syria	Married	3	Middle school		Practicing Muslim	Never	No	6M	5M	Turkey
H12	29	M	Syria	Married	2			Practicing Muslim	Never	No	4Y	4M	Turkey
H13	22	M	Iraq	Married	1	Middle school	Plumber	Practicing Muslim	In the past (16 years old)	No	15Y	5M	Syria + Turkey
H14	24	M	Syria	Single	0	High school			Never	No	7Y	4M	Turkey
H15	23	M	Afghanistan	Single	0	Middle school		Practicing Muslim	Currently	Sleep (psychiatrist)	3Y	2Y	Iran + Turkey
H16	17	M	Afghanistan	Single	0	Middle school	Student	Atheist	In the past (17 years old)	No	5Y	6M	Iran + Turkey
H17	62	M	Afghanistan	Married	5	College degree	Teacher	Non practicing Muslim	Currently	No	7M	6M	Iran + Turkey
M1	34	F	Syria	Married	3	College degree			Never	No	5M	5M	Turkey
M2	31	F	Syria	Married	2	College degree	Teacher	Non practicing Christian	Never	No	1Y	7M	Turkey
M6	43	F	Syria	Married	3	Middle school			Never	No	4Y	4M	Turkey
H20C	20	M	Iraq	Single	0						2Y 3M	2Y 3M	Turkey
H22G	22	M	Syria	Single	0								Turkey
H20P	20	M	Iraq	Single	0								Turkey
HVM		M	Syria	Married	2						3Y	5M	Lebanon + Turkey
H16B	16	M	Iraq	Single	0		Student				1Y 3M	1Y	Turkey

Socio-demographic Questionnaire**Age:** _____**Gender:** Female Male **Nationality:** _____**Civil status:**Single Divorced Living common law Separated Married Widowed **Children:**No Yes

How many? _____

Education level:Until 9th grade Bachelor degree Until 12th grade Master degree Professional course Doctoral degree Postgraduate degree **Professional occupation:** _____**Religion:**Non believer Practicing believer Non practicing believer If you consider yourself a believer,
what religion? _____**Psychological support:**Never Yes, in the past

At what age? _____

Yes, currently

Medication: _____

Who prescribed this medication? _____

Journey:

How long ago did you leave your home country? _____

How long ago did you arrive at the present country? _____

(If applicable) Where were you in between? _____

Interview script

Experience in the transitional context	<p>Were you in other refugee camps besides Moria and Kara Tepe? Which ones?</p> <p>How was your welcoming and integration in each camp?</p> <p>How was it to live in each camp?</p> <p>Which were the main positive and negative aspects?</p> <p>Which are the main differences between Moria and Kara Tepe?</p>
Mental health	<p>How have you been feeling?</p> <p>Have you experienced any health issue? Which one?</p> <p>How have these issues affected your life and the way you relate to others?</p> <p>Do you feel the support your need to deal with your problems?</p>
Coping strategies	<p>How have you been dealing with your difficulties?</p> <p>What helps you during difficult times?</p>
Expectations for the future	<p>Which are your expectations for the future?</p> <p>What would you like to happen in the future and what do you think is going to happen?</p>

1 st generational categories	2 nd generational categories	3 rd generational categories	4 th generational categories	Data example	Sources	References
1. Moria (data regarding Moria refugee camp)	1.1. Representation of Moria as a negative context (negative general description of Moria refugee camp)	1.1.1. Shock at the arrival (state of shock at the first contact with Moria refugee camp)		“When I entered Moria, I was in shock. I was very confused because there were a lot of people and I had never seen conditions like that” (H15)	1	1
		1.1.2. Negative perception (negative conception of Moria refugee camp)		“It was very hard. I feel like we were psychologically tortured there” (H17)	8	11
		1.1.3. Comparison with the country of origin (comparison between Moria refugee camp and the participants’ home country)	1.1.3.1. Similarities with the country of origin (similarities between Moria refugee camp and the participants’ home country)	“It was like Syria. We are in a European country, but it’s like being in Syria. Violence, hate...” (H12)	3	5
			1.1.3.2. Worse than the country of origin (less positive representation of Moria compared to the participants’ home country)	“Life there was worse than in Kobani” (M2)	1	1

	1.2. Negative aspects (specific negative factors of Moria refugee camp)	1.2.1. Food (negative dimensions of feeding in Moria refugee camp)	1.2.1.1. Waiting period (long waiting period for food in Moria refugee camp)	“We wait in line for food for an hour, an hour and a half, two hours... Just to have food” (M6)	4	4
		1.2.1.2. Insufficient food (food scarcity in Moria refugee camp)	“We didn’t have food, we didn’t have water... We were always starving” (H16B)	1	1	
		1.2.1.3. Negative perception of the food quality (low quality food in Moria refugee camp)	“The food quality was not good enough for children growing up. There’s not enough nutrition for people to grow up in a healthy way” (H20C)	5	7	
		1.2.2. Lack of support (negative dimensions of support in Moria refugee camp)	1.2.2.1. Absence of organizations (lack of support from organizations in Moria refugee camp)	“There was no one from UNHCR or other organizations looking out for people” (H14)	1	1
		1.2.2.2. Lack of police protection (negligence and lack of support from police officers in Moria refugee camp)	“One time, someone got into our isobox and attacked my father. He went to the police and they just said ‘This is Moria’” (H16B)	4	5	
		1.2.2.3. Insecurity (feeling of insecurity in Moria refugee camp)	“It wasn’t a safe place. We didn’t feel safe there” (H14)	2	2	

		1.2.3. Hygiene (negative dimensions of hygiene in Moria refugee camp)	1.2.3.1. Lack of conditions (lack of conditions to perform hygiene habits in Moria refugee camp)	“We went to the United Nations several times to say that we were in a very complicated situation, without water, sanitation or showers” (H15)	3	4
			1.2.3.2. Dirtiness (dirtiness in Moria refugee camp)	“There was water coming out of the toilets and into our tent. It was a very dirty place” (H4)	4	4
		1.2.4. Health (negative dimensions of health in Moria refugee camp)	1.2.4.1. Medical care (precarious medical care in Moria refugee camp)	“There is a lack of medical support. People have health issues they cannot cure because they don’t have the necessary treatment and medication” (H20C)	2	2
			1.2.4.2. Health issues (diseases and medical problems in Moria refugee camp)	“My kids caught allergies and diseases because it isn’t a clean place” (M6)	7	8
			1.2.4.3. New-arrivals section (lack of conditions in the new-arrivals section in Moria refugee camp)	“It was a very big tent with 300 or 400 people. Everybody got sick there because it was very dirty. It was very bad” (H16)	1	1

	<p>1.2.5. Overcrowding (negative dimensions of overcrowding in Moria refugee camp)</p>	<p>1.2.5.1. Excess of people (high density of people in Moria refugee camp)</p>	<p>“It is very overcrowded. There are a lot of people there and still a lot coming” (H15)</p>	2	4
		<p>1.2.5.2. Tents (use of tents as accommodation in Moria refugee camp)</p>	<p>“They gave me a very small tent. We were five people. We couldn’t even stand up inside the tent” (M1)</p>	3	4
		<p>1.2.5.3. Space sharing (share of housing space with several people in Moria refugee camp)</p>	<p>“We lived in a tent with a lot of people. We had sheets separating our bedrooms from the other families” (H4)</p>	5	6
	<p>1.2.6. Violence (negative dimensions of violence in Moria refugee camp)</p>	<p>1.2.6.1. Aggressions (constant violence in Moria refugee camp)</p>	<p>“There are fights all the time because of the food line, the tents... Everything! People are always under stress, so there are always fights” (M1)</p>	12	18
		<p>1.2.6.2. Conflicts between Arabs and Kurds (violence between elements of the Arab culture and the Kurd culture in Moria refugee camp)</p>	<p>“Arabs and Kurds started attacking families on both sides. The Arabs hit my 12-year-old son. The men created problems with the families. They attacked people and said they had to leave because they were Arab or Kurdish” (M6)</p>	6	11

			1.2.6.3. Health issues (health issues due to violence in Moria refugee camp)	“The Arabs attacked me and broke my head, my leg and my arm. They were 15 people hitting me with iron bars. The MSF [Doctors Without Borders] called an ambulance because I had many broken bones” (H14)	1	2
			1.2.7. Cold (difficulties associated with the thermic conditions in Moria refugee camp)	“In the winter, it was very hard to live in a tent. Every day I had an ice wall outsider my tent. I had to break it in order to get out” (H20C)	4	4
			1.2.8. Sleeping conditions (lack of sleeping conditions in Moria refugee camp)	“I didn’t sleep for a very long time. I couldn’t sleep. I only slept one or two hours” (H16)	3	4
2. Psychological impact (data regarding the participants’ psychological impact)	2.1. Impact of the adverse experiences (impact of the adverse events narrated by the participants)		2.1.1. Sadness (sadness associated with the adverse experiences narrated)	“We are hurt for everything we’ve been through” (H17)	3	3
			2.1.2. Fear (fear associated with the adverse experiences narrated)	“Everybody was in stress, everybody was scared. We were very frightened” (H16)	7	10

		2.1.3. Insomnia (insomnia associated with the adverse experiences narrated)		“We couldn’t go to sleep” (M1)	2	2
		2.1.4. Uncertainty regarding the future (uncertainty regarding the future associated with the adverse experiences narrated)		“Now, my life isn’t very good because I don’t know what will happen in the future. I’ve been in camps in Lesvos for two years, so now I’m feeling worried about my future” (H15)	5	6
		2.1.5. Risk of depression and anxiety (depression and anxiety symptoms associated with the adverse experiences narrated)		“The asylum process is very slow in this country. This may cause depression and anxiety to people. They may even lose hope and faith and want to go back to their countries” (H20C)	1	1
		2.1.6. Traumatic impact (traumatic impact associated with the adverse experiences narrated)		“For 15 days, I was in shock. I had phobia because of Moria. Every time someone talked about Moria, I was scared because what we saw there was very bad” (M2)	2	2