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Torture, trauma, and posttraumatic symptoms in Syrian women asylum seekers in the Greek border camp of Idomeni

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Abstract

Introduction: Experiencing traumatic events and torture due to war, the migratory process, and staying in confinement centers exposes refugees to a high risk of suffering psychological problems. The vulnerability of experiencing posttraumatic symptomatology is mediated not only by the traumatic experiences but also by the contextual and migratory factors at the time of assessment. The present study aimed to determine the quantity and intensity of posttraumatic symptoms in a sample of refugee women blocked at the Idomeni refugee camp (Greece) under eviction. Moreover, some qualitative data were gathered throughout the interviews. *Method:* The methodological approach was a mixed method where 23 Syrian and Kurdish women, aged 28.9 years (*SD* = 12.6), were interviewed through the Harvard Trauma Questionnaire (HTQ) in its Iraqi version. *Results:* The women experienced between 7-32 traumatic events (*M* = 19.47, *SD* = 6.68) and 4-16 torture events (*M* = 9.78, *SD* = 3.35). Re-experiencing was the most reported symptom (95.6%). A 78.26% showed posttraumatic symptoms that exceeded the cut-off point for diagnosis the Post-traumatic Stress Disorder (PTSD) with the HTQ criteria and 91.30% with the DSM-IV criteria. On the other hand, qualitative data emphasized the importance of the fact that arriving and living in the camp in Idomeni severely shook the women´s beliefs. Conclusion: Despite the low correlation found between traumatic and torture events and the posttraumatic symptoms due to the ceiling effects of the results, women reported traumatic and torture events associated with war and the migratory process. The high scores could be explained by the stress associated with torture events, the eviction of the refugee camp, and the frustration of their expectations regarding their reception in Europe as refugees. The notion of torturing environments emerges as a plausible framework to study the link between mental health and European forced migration routes.

Keywords: Trauma; torture; PSTD; refugee; woman studies;

Introduction

The effects that war and political violence have on the civilian population increase the risk of suffering psychological and behavioural disorders related to a traumatic origin (Berthold et al., 2019; Gómez-Varas et al., 2016; Guarch-Rubio et al., 2021; Ibrahim & Hassan, 2017; Manzanero et al., 2024; Mollica et al., 1992; Morales-Valiente et al., 2023). Surviving in a context of war implies multiple sources of victimization, among them, direct or indirect exposure to death, siege, lack of food, or the systematic violation of Human Rights. It is estimated that around

80-90% of current war victims are civilians (Roberts, 2010). In addition, it has been observed that being a woman in the context of war and seeking refuge implies being exposed to multiple situations of sexual abuse and violence (Ashford & Huet-Vaughn, 2000; Guarch-Rubio & Manzanero, 2017; Hynes, 2004; Niaz, 2014; Pérez et al, 2022). Gender inequality transversally affects all societies and converts refugee women into second-class displaced persons (Guarch-Rubio, 2023). The culture of war increases the vulnerability to poverty in women, intrafamily violence, prostitution, and forced marriage, as well as the experience of traumatic events based on the inequality of power and privileges associated with men as a social construct (Hynes, 2004). In the migration context, gender superiority is understood as a social construct since being a woman refugee exacerbates the threat of reporting experiences of gender violence in their countries of origin, transit and destination countries (Esposito et al., 2020). Consequently, the agencies oriented to promote humanitarian aid focus on ending gender-based violence across their interventions (IASC, 2015).

Posttraumatic stress disorder assessment in refugee camps

Most refugee studies have focused on assessing the presence of posttraumatic stress disorder (PTSD) and other associated disorders, such as anxiety or depression (Bogic et al., 2012, 2015; De Jong et al., 2003; Priebe et al., 2013; Steel et al., 2009). However, the assignment of diagnoses is a complex process that must be carried out by clinical specialists and must not be based solely on a questionnaire. As such, just considering the values from the quantitative surveys might contribute to the further victimization of those surveyed. Despite this, the violence associated with armed conflicts is a risk factor for the development of PTSD and other pathologies, and most of the studies based their results on the diagnoses instead of the symptomatology.

PTSD requires experiencing a traumatic event and is characterized by the tendency to suffer re-experiencing (intrusive memories of the event, dreams, or the feeling that it is happening again), avoidance (efforts to avoid thoughts, feelings, memories, places or people related to the event), negative changes in mood and way of thinking (not having hope in the future, feeling guilty, difficulty feeling positive emotions or feeling distant from family members and friends) and hyperactivity behaviors (difficulty sleeping, irritability or expressions of anger) (APA, 2013). Steel et al.'s (2009) meta-analysis of 181 studies showed a prevalence of 30.6% of PTSD in people victims of war and forced displacement. A recent meta-analysis of 21 studies (Handiso et al., 2023) indicated an initial PTSD prevalence of 17.65% in the period immediately following resettlement (up to one year after arrival) and a tendency for the prevalence to decrease to 11.64% over time. However, studies with more than six years of follow-up suggested that the prevalence of PTSD might not substantially decrease within the first six years after resettlement.

It seems that resilience may characterize victims of traumatic events, as the prevalence of PTSD found in most studies is not very high. From a salutogenic model, various studies show that in some cases, victims of traumatic events such as wars, torture, or refugee situations could develop posttraumatic growth, which can occur simultaneously with PTSD. Posttraumatic growth has been defined as the experience of positive changes that result from facing highly challenging life crises (Tedeschi & Calhoun, 2004), changes that can be beneficial on cognitive, emotional, and even behavioral levels. Different PTSD prevalence values can be explained by the influence of various factors that accompany the mental health assessment after an armed conflict. Sousa (2013) and Rodin and Van Ommeren (2009) suggest that these factors include contextual elements, the pre-existence of clinical disorders before the conflict, conditioning factors that predispose or make an improvement impossible, and the influence of methodological aspects. In this vein, women suffer from PTSD to a greater extent than men (Kimerling et al., 2002; Tekin et al., 2016). A recent study with adolescent war victims in the Gaza Strip (Manzanero et al., 2024) indicates that two distinct types of PTSD with different levels of severity could be distinguished: socially preserved and socially weakened. The socially weakened modality exhibited more severe psychological conditions across various dimensions, including memory processes, physical well-being, thoughts, emotions, and self-concept. The conditions of detention camps for refugees, due to their living conditions, could give rise to a more severe variant of PTSD.

Moreover, cultural factors could play an important role in the occurrence of PTSD in refugees and should be taken into account when evaluating this disorder (Bryant et al., 2023).

The exodus

Since 2011, the war in Syria has forcibly displaced more than half of its population, causing more than eight million people to be displaced, both internally and externally, most needing international assistance (UNHCR, 2023). Syria has become an international battlefield where human rights violations are systematic (Amnesty International, 2018), in what has become known as a "war of annihilation." The protection of the civil population has turned out to be ineffective, since neither the periodic publication of reports by non-governmental organisations (Amnesty International, 2019; Human Right Watch, 2020) nor the denunciation of inhumane crimes against humanity has been able

to bring this war to a halt. In short, the war in Syria increases exposure to traumatic events and, occasionally, the development of trauma associated with them (Alpak et al., 2015; Ibrahim & Hassan, 2017; Kakaje et al., 2021; Kazour et al., 2017; Sa et al., 2022). Despite the obligations agreed upon in Geneva, whereby protection should be granted to all war refugees, today's migration policies make access to asylum-seeking complicated. Compounded with growing hostility towards refugees and the habitual shortage of resources in the host countries, many Syrians are returning to their country of origin, which, in turn, is amidst chaos and destruction. Even though hostilities in Syria flared up in 2023, with 7.2 million people being displaced within the country, a total of 13.8 million Syrians remained forcibly displaced in 137 countries (UNHCR, 2024). For this research, the peak of the Syrian migration process towards the EU in 2015 and 2016 is relevant. Many Syrian nationals remained stuck in border refugee camps waiting for relocation processes. As for Greece, 856,723 and 173,450 migrants arrived irregularly across the Mediterranean only in 2015 and 2016, respectively, many of them Syrian refugees (UNHCR, 2020). In recent years, entry through the once main gateway into the EU has been transformed by the measures and the agreements on border containment designed and executed by the EU and by shifting migration routes (Zaragoza-Cristiani, 2017). Thus, although some migration policies purport to conserve a Europe "without strangers knocking at the door," the presence of migrations reveals that it is a constant phenomenon and which, for that very reason, awaits future human management (Bauman, 2016). After the Agreement in March 2016 between the EU and Turkey, Macedonia closed its borders with Greece, and 60,000 refugees remained trapped without the chance to progress to any European country (Bjertrup et al., 2018). The camp in Idomeni was the starting point of the "March of Hope" and central to European migration movements. In this context, the Idomeni refugee camp located in the border area between Greece and Macedonia went from being a makeshift, temporary camp, with minimal health care services (Gargavanis et al., 2019) to being a refugee camp where the accumulation of people soared daily due to the closing of the borders. In March 2016, it is estimated that between 11,000 and 13,000 migrants/refugees were blocked in an informal refugee camp in Idomeni, with space for 2,500 people, with 180 latrines and showers, which meant miserable living conditions (Amnesty International, 2016). In this context, thousands of refugees were blocked at the closed Greek-Macedonian border. They were not allowed into this territory, creating a cascading effect on the "Balkan route" countries and leaving several thousand refugees stranded at the northern Greek border. However, despite difficulties, many refugees refused to leave Idomeni for fear of being transferred to official camps where they would have to be registered (Dublin Regulation) and where they feared their living conditions would worsen (Donnelly & Muthiah, 2019).

Nevertheless, the Idomeni refugee camp was officially and forcibly dismantled in May 2016 (Anastasiadou et al., 2018). Situations of violence and police interventions with tear gas ensued, which forced *Médecins Sans Frontières* (2016) to evacuate their patients and to work thereafter outside the camp for security reasons. Moreover, the symbolic use of institutional violence, such as the overflight of fighter planes and the arrival of Macedonian tanks in the area, took a toll on the mental health of the refugees, leading to instances of posttraumatic reactivation. It was in this context, during the days leading up to the dismantling of the Idomeni refugee camp, that this study took place. The dual vulnerability of women, previously documented in such settlements, directed the research objectives toward them. That is why, even though there were violent situations inside the camp, these had more of a latent character on account of the higher presence of women and minors. Thus, this study focused exclusively on women due to how hard it generally is in these settings to gain access to their testimonies and the lack of access to them in the Idomeni refugee camp. The initial objectives of this study, then, were the assessment of traumatic and torture events experienced by women refugees in Idomeni and the prevalence of PTSD. Previous research has shown how the accumulation of traumatic factors increases the presence of psychological disorders. In this study, we expected to find a high prevalence of posttraumatic symptoms due to the violent events experienced in the Idomeni refugee camp, which ultimately led to its dismantlement.

Method

Participants

A total of 23 women of Syrian nationality took part in the study, although three identified themselves as Kurds. They were between 18 and 66 years of age (M = 28.9, SD = 12.6), and the majority were married (91.30%).

Procedure

Following the Istanbul Protocol, personalised interviews were carried out at the Idomeni Camp, between the border of Greece and Macedonia, in May 2016. The methodological approach was a mixed method approach where the quantitative and qualitative results were discussed, as Manek et al. (2023) suggested. The Istanbul Protocol is considered a practical tool to effectively guide the investigation and documentation of torture and

ill-treatment, protection of victims and advocacy work of civil society on behalf of victims (UNHCR, 2022). Following the definition of torture by the United Nations Convention against Torture (UNHCR, 1984), the present paper examines violent and torture events experienced by women refugees during their transit of migration. This research includes their traumatic experiences faced during the three migratory phases: during their stay in the war country, during the migrant journey and their stay at the blocked EU's borders between Greece and Macedonia and other borders. Accepting that torture might be conceptualised as a process of humiliation and psychological breakdown, refugees landing in a repressive border regime are susceptible to being victims in torture environments and suffering trauma (Pérez-Sales et al., 2016).

At the time of assessment, the Balkan migratory routes were blocked, and consequently, the European borders were closed for migratory flow. The complete eviction of the camp in Idomeni (Greece) led to a drastic rupture at the end of the study. However, it was a strength of the study, making this evident and placing it very explicitly in the context of the European migration policies and border regime studies. In this context and to evacuate Idomeni, the United Nations High Commissioner for Refugees (UNHCR) and the Greek Government urged Syrian refugees to seek asylum in Greece, settle temporarily in official detention centers, or take advantage of the programs of voluntary return to Syria. When the assessment took place, no woman had applied for asylum or had had an interview with immigration agents to assess her status. All the assessed women intended to continue their journey to other European areas. The interviewer completed the questionnaire through individual interviews in the women's tents. Similarly, in Ibrahim and Hassan's (2017) study of Syrian-Kurdish refugees in Iraq, the informed consent of voluntary participation was collected in written or verbal form for cultural reasons. Verbal consent was obtained using the same standard written document that collected information about the voluntary, anonymous, and confidential nature of participation for research purposes without consequences for their asylum resolution.

This project was approved by the Ethical Committee of the Complutense University of Madrid (Spain) and declared of interest to the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Agency for Palestine (UNRWA).

Before the assessment, the refugee camp of Idomeni (Greece) was completely evacuated, which prevented the sample from being larger.

Measures

Demographic characteristics

The interviewer recorded the participants' age, ethnicity, marital status, country of origin, grounds for seeking asylum, and the dates they arrived at the camp, as directly reported by the study participants.

Torture events and trauma exposure

The Harvard Trauma Questionnaire (HTQ) was used in its Iraqi version, adapted to the assessment of the effects of trauma among Middle Eastern populations (Shoeb, Weinstein, & Mollica, 2007). The five parts of the HTQ scale were applied, with different objectives: to discriminate the presence of brain damage (part III, current study exclusion criteria), to assess the exposure to traumatic events (section I, 43 items), to collect the descriptive experience of the traumatic events (section II), to evaluate posttraumatic symptomatology (section IV, 45 items), and finally to assess the exposure to torture (Section V, 34 items). Sections I and V use a binary "Yes / No" response format to reflect the experience of traumatic events and torture, respectively, throughout the life of the interviewee.

PTSD symptoms and diagnoses

Section IV is composed of 45 items that describe the presence of posttraumatic symptomatology using a Likert scale ranging from 1 (not at all) to 4 (extremely). The HTQ provides independent scores for each section, and the total score is obtained through the average, using 2.5 as the clinical cut-off point. Scores greater than 2.5 indicate a higher probability of suffering from PTSD (Ibrahim & Hassan, 2017; Rasmussen, Verkuilen, Ho, & Fan, 2015).

The present study used one index for the diagnosis of PTSD that considered only the DSM-IV criteria and included 16 items from section IV grouped into four diagnostic categories: re-experimentation = items 1, 2, 3, 16; avoidance = items 11, 15; negative affect = items 4, 5, 12, 13, 14; and hyperactivation = items 6, 7, 8, 9, 10 (Rasmussen et al., 2015).

Data analysis

A mixed-methods approach, incorporating both quantitative and qualitative analysis, was used.

Quantitative data were analysed using IBM SPSS (Version 25), and specific statistical techniques are mentioned in the results section. All p-values were set with a significance threshold of .05.

The current study objectives centre on qualitative data processing and analysis of the narratives. This qualitative approach was used to analyse the information gathered through the 23

interviews. The main objective was to explore these women's experiences of war and conflict, living conditions, access to essential services, security, protection, and uncertainty and hopes for the future.

Results

Quantitative data results

The HTQ results showed a mean Torture score of 9.78 (*SD* = 3.36) and a mean Trauma score of 19.48 (6.68). Concerning the HTQ subscales corresponding to DSM-IV symptoms and diagnostic criteria, we found a *Re-experiencing* subscale mean of 3.45 (*SD* = 0.53), an *Avoidance* subscale mean of 3.17 (*SD* = 0.98), and a *Negative Affect* subscale mean of 3.06 (*SD* = 0.65) (Table 1). An extremely high posttraumatic symptomatology was found. A 78.26% % showed posttraumatic symptoms that exceeded the cut-off point for diagnosis of PTSD with the HTQ criteria and 91.30% with the DSM-IV criteria. Scores obtained for the PTSD symptomatology evaluated under the DSM-IV criteria correlated significantly (Pearson bivariate analyses) with those of the HTQ criteria, $r = .803$, $p < .001$. The participants experienced a range of 7-32 traumatic events ($M = 19.47$, $SD = 6.68$).

Figure 1. *Most frequent traumatic events (%).*

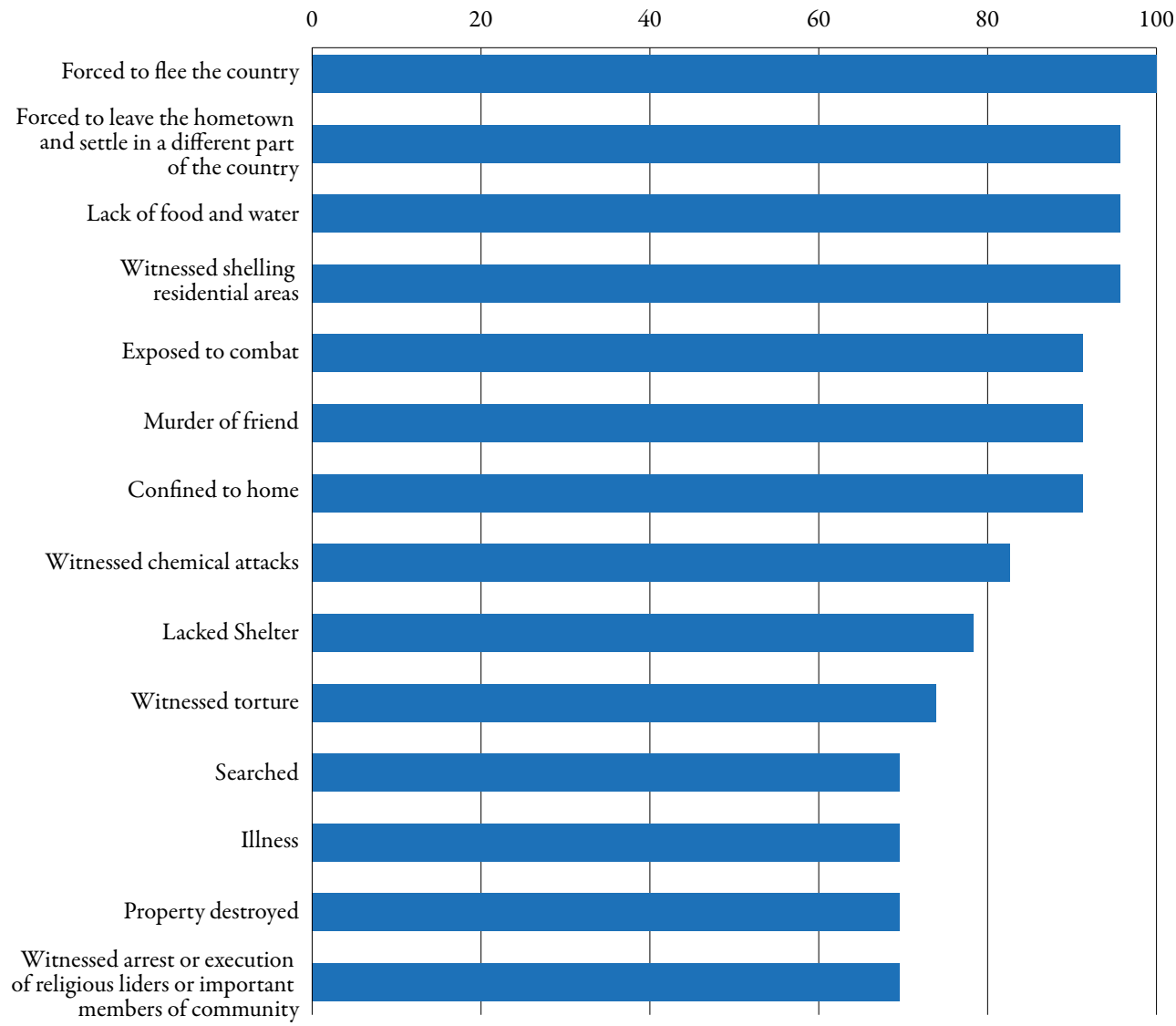
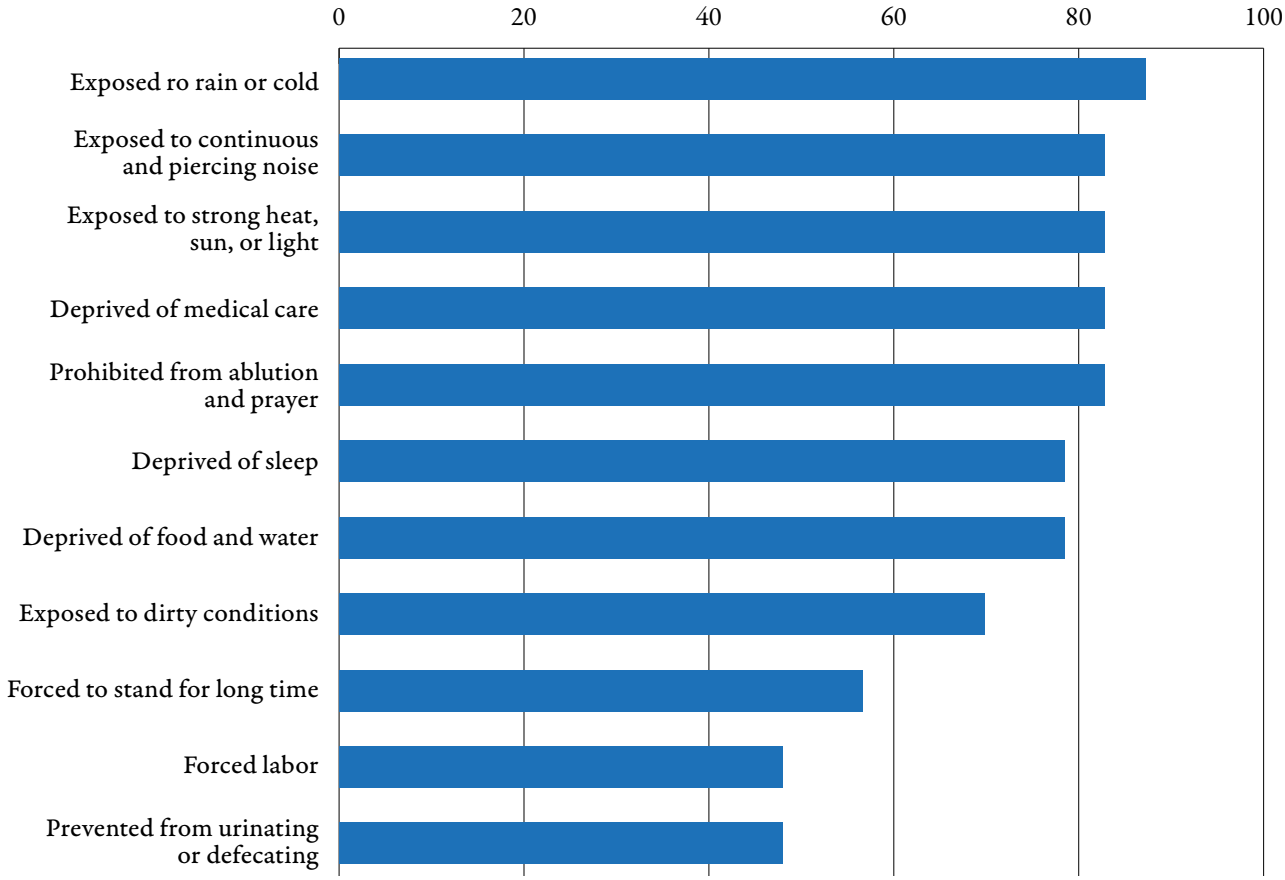


Figure 2. *Most frequent torture experiences (%).*



Concerning situations of torture, except for one of the participants who indicated not having suffered any element of torture, the number of events suffered by the women ranged from 4 to 16 ($M = 9.78$, $SD = 3.35$). The forced exposure to environmental factors and the absence of coverage of basic needs due to migration and war are noteworthy.

Often, the psychological impact of exposure to death and perceived helplessness in war environments generates a psychological imprint that accompanies refugees over time. However, clinical manifestations may vary from one person to another. Tekin et al. (2016) found the usual presence of flashbacks, hypervigilance behaviors, and psychological distress in refugee women with PTSD, while in men, they found detachment behaviors. In the present study, the comparison of means indicated a slightly lower presence of negative affect compared to re-experiencing posttraumatic symptomatology, according to the DSM-IV, $t(22) = 2.811$, $p < .01$ (see Table 1).

Next, the indicators with the highest score in each category of posttraumatic symptomatology (re-experiencing, avoidance, negative affect, and hyperactivation) are indicated, although high scores were obtained for all groups.

Exceeding the cut-off point for diagnosis the Post-traumatic Stress Disorder (PTSD) through the DSM-IV criteria and the HTQ criteria did not correlate with having suffered torture ($r = .269$, $p = .215$; $r = .095$, $p = .667$; respectively) or having experienced traumatic events ($r = .263$, $p = .225$; $r = .051$, $p = .817$; respectively). Probably it is due to the ceiling effects of the results. Finally, the correlation between each of the four diagnostic categories (re-experiencing, avoidance, negative affect, and hyperactivation) and the presence of traumatic events and torture was only significant for re-experiencing and number of traumatic experiences suffered ($r = .469$, $p < .05$), that is, the greater the number of traumatic experiences, the higher the score in re-experiencing.

Table 1. *Sample demographic and clinical characteristics.*

Variables †	**n (%)**
Age, years (Mean, SD)	28,90 (12.67)
Ethnicity	
Syrian	20 (87%)
Kurdish	3 (13%)
Marital status	
Married	21 (91,3%)
Single	2 (8,7%)
HTQ Torture score (Mean, SD)	9.78 (3.36)
HTQ Trauma score (Mean, SD)	19.48 (6.68)
HTQ Re-experiencing subscale (Mean, SD)	3.45 (0.53)
HTQ Avoidance subscale (Mean, SD)	3.17 (0.98)
HTQ Negative Affect subscale (Mean, SD)	3.06 (0.65)
HTQ Hyperactivation subscale (Mean, SD)	3.31 (0.69)
DSM-IV PTSD score (Mean, SD)	3,25 (0,50)
HTQ PTSD score (Mean, SD)	3,01 (0,55)
DSM-IV PTSD Diagnose	
No PTSD	2 (8,7%)
PTSD	21 (91,3%)
HTQ PTSD Diagnose	
No PTSD	5 (21,7%)
PTSD	18 (78,3%)

† N = 23 for all variables.

Qualitative data results

Of those 23 women assessed, 21 described episodes of violence in Part II of the HTQ, justifying their need to flee to Europe due to the war in Syria.

Considering the characteristics of the women evaluated in the present study and included in the annex, the following were established: Age: The surveyed individuals spanned a varied range of ages, from young to elderly. Experience of war and conflict: The surveyed individuals had direct or indirect experiences of war and conflict in their countries of origin. Refugees: All surveyed individuals met the criteria to be a refugee.

Regarding the main themes considered in this evaluation, the most relevant and recurrent ones were: *1. Experience of war and conflict:* Women shared their personal experiences and the impact of war on their lives, such as the loss of loved ones, the destruction of their homes, and the violence they have endured. *2. Living conditions in the camps:* The living conditions in the refugee camps were addressed, including the lack of essential services, overcrowding, lack of privacy, and limited resources. *3. Access to essential services:* Refugee women described their challenges in accessing essential services such as healthcare, education, clean water, sanitation, and hygiene. *4. Security and protection:* Women expressed their concerns about personal security, including fear of gender-based violence, lack of protection, and the risk of abuse. *5. Uncertainty and hopes for the future:* Narratives included many concerns about the future and hopes of returning to their homes, finding stability, or accessing opportunities for themselves and their families.

Conclusions

The analysis of the quantitative data shows that 78.26% of the women exceeded the cut-off point for diagnosis of PTSD with the HTQ criteria and 91.30% with the DSM-IV criteria.

When the data from the present study is compared to that of other studies that have considered the prevalence of PTSD in the civilian population in refugee camps bordering Syria (Alpak et al., 2015; Ibrahim & Hassan, 2017; Kakaje, et al., 2021; Kazour et al., 2017; Sa et al., 2022) it is observed that the prevalence of PTSD is lower than that found in the present study. Alpak et al. (2015) evaluated 532 Syrian refugees in Turkey. They found a prevalence of 33.5%, which amounted to 71% if focused on women with a personal or family history of psychiatric diagnosis and with previous experience of two or more traumas. Ibrahim and Hassan (2017) found that 38.46% of the Syrian-Kurdish refugees they evaluated in the Kurdish region of Iraq met diagnostic criteria for PTSD according to the HTQ criteria, compared to 35.16% with the DSM-IV criteria. Finally, the evaluation of trauma in Syrians confined in Lebanon placed the prevalence at 27.2% (Kazour et al., 2017). To date, the prevalence of PTSD found in refugees from Syria is close to the figure proposed by Steel et al. (2009) of 30.6% and below that found in the present study.

However, unlike other studies on the cumulative factor of traumatic experiences in the present study the presence of posttraumatic stress symptomatology cannot only be explained

Table 2. *HTQ Indicators by Categories of Posttraumatic Stress Disorder (PTSD)*

	Not at all		A Little		Quite a bit		Extremely	
Indicators PTSD DSM-IV	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
R1 Recurrent thoughts or memories of the most hurtful events or terrifying events	2	8.7	1	4.3	4	17.4	16	69.6
R2 Recurrent nightmares	1	4.3	5	21.7	2	8.7	15	65.2
R3 Feeling as though the event is happening again	3	13.0	0	0	5	21.7	15	65.2
R4 Sudden emotional or physical reaction when reminded of the most hurtful events	1	4.3	1	4.3	4	17.4	17	73.9
A1 Avoiding activities that remind you of the hurtful event	3	13.0	3	13.0	2	8.7	15	65.2
A2 Avoiding thoughts or feelings associated with the hurtful events	5	21.7	2	8.7	2	8.7	14	60.9
N1 Inability to remember parts of the most hurtful events	7	30.4	4	17.4	3	13.0	9	39.1
N2 Less interest in daily activities	4	17.4	2	8.7	1	4.3	16	69.6
N3 Feeling detached or withdrawn from people	6	26.1	5	21.7	1	4.3	11	47.8
N4 Unable to feel emotions	5	21.7	3	13.0	3	13.0	12	52.2
N5 Feeling as if you don´t have a future	0	0	1	4.3	1	4.3	20	87.0
H1 Trouble sleeping	1	4.3	4	17.4	1	4.3	17	73.9
H2 Feeling irritable or having outbursts of anger	3	13.0	3	13.0	2	8.7	15	65.2
H3 Difficulty concentrating	1	4.3	4	17.4	3	13.0	15	65.2
H4 Feeling on guard	2	8.7	3	13.0	4	17.4	14	60.9
H5 Feeling jumpy, easily startled	5	21.7	2	8.7	1	4.3	15	65.2

R = Re-experiencing; A = Avoidance; N = Negative Affect; H = Hyperactivation.

by the number of traumatic experiences but also because the time and place of the assessment involved an added stress effect, which led to the ceiling effect observed in the results (see Annex). High scores were obtained for all the symptom categories (re-experiencing, avoidance, negative affect, and hyperactivation). The political will to evacuate the Idomeni refugee camp and the closure of borders implied violence, lack of food, and pressure for refugees to decide about an uncertain future (continuing the route illegally, requesting asylum in Greece, or returning to Syria). Thus, the rupture of expectations that the refugees had projected regarding their arrival in Europe, the lack of a social support network, the economic cost of the trip, and the continuing war in their country of origin could be elements of influence. In this sense, the maintenance of PTSD was not only associated with the experience of violence but also with the difficulties of daily life or the quality of life at the camp at the time of the assessment (De Jong et al., 2003).

Regarding the qualitative analyses and narrative data collected, it is summarised that: a) the surveyed women had been living in refugee camps for a variable period and faced challenges in terms of housing, access to basic services, and security; b) there was a common concern about the availability and quality of basic services such as clean water, sanitation, healthcare, and education; c) they had expressed concerns about personal security and protection in refugee camps, including violence, exploitation, and the lack of adequate protection mechanisms; d) there was a widespread sense of uncertainty about the future and prospects of returning to their countries of origin, along

with expressions of hopes for a better life and the pursuit of opportunities.

The interpretation of their narratives revealed a fundamental alteration of their belief system, as they initially considered that fleeing from a country at war would provide them with refuge and protection in Europe. However, the closing of borders, their forced retention, and the living conditions at Idomeni altered their perception of the world and security, aggravating the traumas and exposing them to new risk situations. It has been reported that the traumas that generate the most profound emotional disruptions are those whose memory affects the value system of oneself, the world, or the future (Kimerling et al., 2002).

Given the results on the condition of the camp and the context of the experimented events in Idomeni, it is noted that torture does not just involve physical pain. However, psychological torture is not frequently explored and denounced. This study reinforces how the context of migration promotes a torture environment, as it creates the conditions for torture that drive the victim to lose their self-control and be vulnerable (Pérez-Sales et al., 2016). More specifically, and according to this study, refugee camps might be considered as torturous environments. Since refugees live under non-humanitarian conditions, they are involved in an atmosphere of helplessness, hopelessness and legal defenselessness. In this vein, a recent research was carried out at Moria Reception Center (Greece) and concluded that refugees living there were systematically ill-treated and their rights were violated; as such, all of these elements led to considering these living conditions as a torture environment (Pérez-Sales et al., 2022).

Limitations and strengths of the study

The main limitation of the present study is the reduced size of the evaluated sample, as the data collection was interrupted by the surprise dismantling of the camp in the third week of May 2016, making it impossible to continue with the assessments. However, this study is a first step towards the development of future research with more participants and generalisable results, which may lay the foundations for protocols and psychological care programs for war victims arriving in Europe.

On the other hand, the novel contributions of the present study shed scientific evidence regarding the state of mental health of Syrian people confined in detention centers in Europe. In addition, it considers the context in which the assessments take place (forced dismantling of the refugee camp) as an added stress factor. Consequently, it will be necessary to carry out a more detailed study of the effect that being blocked in a refugee camp after having experienced traumatic events and torture resulting from war and the migratory process has on the mental health of refugees. These results highlight the importance of addressing these needs and providing comprehensive support to refugee women to improve their well-being and quality of life while preventing severe mental diseases, such as PTSD and its further consequences, in these women and their families. To sum up, the methodology used in this research reports the subjective symptomatology referred by the women refugees, although to check the presence of PTSD, a broader assessment should be performed.

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Conflict of interest

The authors reported no potential conflict of interest.

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Annex 1. Personal descriptions of the most relevant traumatic experiences contributed by the participants (HTQ, Part II).

Participant	Traumatic Experience
Female, Syrian, married, 25 years of age	I saw air strikes and artillery bombings in my city that caused deaths, bloody wounded, and people burned by fire. My house was also destroyed. Some people from my city were executed and hanged by ISIS. My current life is very hard at the camp. Animals would surely refuse to live like us here, without food or water.
Female, Syrian, married, 29 years of age, pregnant	Due to the bombing and the destruction of my house, we had to dig out shelters to sleep in. As I walked down the street, the howitzers/bombshells fell everywhere, and I thought that at any time I was going to die. I have lost my family and relatives and I was forced to leave my country. Now, I live in a very small tent that did not resist the torrential rains and we got wet by the water. I have suffered from food poisoning due to the poor state of the food and the contamination of the water. I am 9 months pregnant and with a small child. My husband is not with us.
Female, Syrian, married, 32 years of age	The air strikes on the civilian population and the Aleppo schools caused us horror. The Idomeni camp will finish the lives of Syrians and Kurds. There is a shortage of food. The Macedonian authorities assaulted us and used tear gas and rubber bullets against us.
Female, Syrian, married, 26 years of age, pregnant	The air strikes, howitzers, and explosive barrels in Syria did not cease day or night. I thought that my family and I were going to die at any time. Now I live at the Idomeni camp. I'm pregnant and I cannot find food for my child to be born healthy.
Female, Syrian, married, 65 years of age	My husband had a shop, one day the market was bombed, and my husband was blinded. Now he is in Germany with my son. I am waiting for family reunification. We have been in this camp for 2 months and 24 days. I think death forgot about us. Neither animals nor humans can live in it.
Female, Syrian, married, 29 years of age	Air strikes and three howitzers reached our house while we were inside, and neighbors died. I have seen how a citizen was buried alive. At the Idomeni camp, life is as hard as in Syria, under constant suffering and fear.
Female, Syrian, married, 20 years of age, with her children	The most difficult moment of my life was when my uncle was beheaded by ISIS in front of me, his wife, and his one-year-old son. Assad's forces bombed my city. A friend of my family blew himself up and nobody did anything to help him. Here, my daughter was about to lose her life, and Doctors Without Borders took us to the hospital.
Female, Syrian, married, 25 years of age	I lived bombings, chemical weapons, destruction, and robberies. Our house was destroyed, and we lost some relatives there. At the camp, the worst is the weather. We have to wait a long time standing in line for the distribution of food, and if there is a problem, the distribution is closed, and we are left without food.
Female, Syrian, married, 25 years of age	I have seen people injured, dead, corpses, pieces of people everywhere. I cannot bear what I have seen.
Female, Syrian, married, 31 years of age	I lived in Aleppo. My house was destroyed, and all my friends have died. My father's house was destroyed, and he was wounded in the shoulder despite having heart problems and now he is in Turkey. We had no house, no electricity, no food, no water, nothing, everything was destroyed.

Participant	Traumatic Experience
Female, Syrian, married, 23 years of age	In Syria, many people died and there were many houses destroyed. Torture is that of thought and this exhausts me. At the camp, there are fights between people. I want to get reunited with my husband.
Female, Kurdish, married, 37 years of age	I have 4 children and I do not have a house or belongings or money. I was tortured in Turkey, they tried to drown us in the ocean. I am with my children at the Idomeni camp and they are sick due to lack of medication and food. The Macedonian police used tear gas and we suffered torture. In Kurdistan, there were many problems and we escaped to Syria for one year, then because of the war, we returned to Turkey and from there to Greece where we were tortured and suffered everything.
Female, Syrian, married, 22 years of age	I have gone through many dangerous situations and several times I was about to lose my life. The most painful thing was watching my brothers die. At the Idomeni camp, my children are always sick.
Female, Syrian, single, 24 years of age	The sea in Turkey. The forest in Greece and Macedonia. The wait at the border of Greece. The worst situation at the camp is to be without a roof, or electricity, and be afraid and hungry. Closing of borders. Closing of borders; the sea; the airplanes; the destruction; war.
Female, Syrian, single, 19 years of age	The sea from Turkey to Greece. The border between Greece and Macedonia. The Forest from Macedonia to Serbia. Hunger on the border of Macedonia. The cold is because of the lack of a roof. Sailing in the sea. Walking in the woods for a long time. We were forced to wait at the border.
Female, Syrian, married, 32 years of age	I suffer psychological damage from the air strikes and the mistreatment. As I was afraid something would happen to my children, I decided to look for a better roof and a better future for my children. A message for those who are interested: The way of living at the camp is not healthy for anyone, especially for our children in terms of food, water, and climate.
Female, Syrian, married	Where I lived, a howitzer fell. I have felt horror and fear and since then it hurts, and the war continues. The Macedonian authorities threw tear gas at us. Closing of borders.
Female, Syrian, married, 21 years of age	Our houses were bombed and destroyed. My brother was kidnapped and tortured. My husband was wounded and imprisoned, he lost a foot. Our way of living at the Idomeni camp is very bad in every way (housing and food, etc. ...).
Female, Syrian, married, 26 years of age	The airport was bombarded intensely with explosive barrels and missiles and the bombing hit our house and it was destroyed. We decided to escape with our children so that nothing would happen to them. My husband was detained as a hostage in the city of Idlib. Idlib was bombed by missiles and chemical weapons. We covered our faces with cotton towels, and we escaped. We were imprisoned twice by the Turkish authorities in Izmir. We are currently at the camp and the food is very bad, there is a lack of clothes and medical care is not good. The smugglers that brought us here took advantage of us and charged us a lot of money. We are left with nothing (money, food, home) for our children.
Female, Syrian, married, 66 years of age	Air strikes and chemical weapons caused the death of relatives, friends, civilians, and innocents. Our suffering is based on food, climate, and way of life. We came to Europe to seek security and not to live in camps on the border. We do not have money and there are sick people. In Europe, we have suffered a lot and have been humiliated. From Syria, we escaped war, bombing, and murder.

Participant	Traumatic Experience
Female, Kurdish Syrian, married, 21 years of age, pregnant	I have seen and suffered a lot: exhaustion, fatigue, bombing by artillery and missiles, fear, and horror at sea. We do not want to see our children die before our eyes. I'm pregnant, sick and I have a son. There is not enough medical attention and we want a clinic for our children.
Female, Syrian, married, 25 years of age	I have escaped from the war with my husband and son. We suffer in tents. We fear for our children. They throw tear gas against us.
Female, Kurdish Syrian, married, 24 years of age	We left Syria leaving everything we had because of the air strikes. We arrived here three months ago, and our children are sick and our mood is very low. We cannot go back because we do not have a home or a nation. We want to rest. Enough is enough. At the camp, we live among insects and snakes, there is no drinking water, no milk for the children. We are between life and death. We do not have money. We left our nation and no country wants to receive us. We want a country that gives us refuge so we can rest.