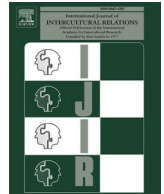




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The mental health burden of LGBT+ refugees and asylum seekers in Greece[☆]

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ABSTRACT

This study constitutes the first attempt to create a quantitative knowledge basis for the mental health of LGBT+ refugees and asylum seekers in Greece, applying an intersectional lens to quantitative data to highlight their mental health experiences. LGBT+ refugees and asylum seekers constitute a minority population, facing multiple intersectional challenges that put their mental health at risk. A self-compiled questionnaire that examined self-reported psychological symptoms, pre-migration and post-migration stressors was administered through a structured interview with 121 LGBT+ refugees and asylum seekers, recruited with non-probability sampling. Results showed that participants who engaged in transactional sex reported higher psychological symptoms. Fear of violence as a reason for fleeing the country of origin, and discrimination and violence from other refugees predicted more psychological symptoms. Discrimination and violence from other refugees partially mediated and moderated the association between fear of violence as a reason for fleeing the country of origin, and psychological symptoms. The above findings highlight the need for further research to inform interventions in the Greek context.

The mental health of Lesbian, Gay, Bisexual, Trans and other sexually and gender diverse (LGBT+) refugees and asylum seekers in Greece is a subject of great importance and is better understood when taking into consideration the Greek financial and socio-political context of the past decade. The rapidly increasing arrival of immigrants and refugees in Greece during the mid-2010s is related to the country's geographical position, as well as with the political crises of neighbouring countries. During 2015–2016, more than 1000,000 refugees arrived in Greece, originating mostly from Syria, Iraq and Afghanistan ([Operational Data Portal, n.d.](#); [United Nations Higher Commission for Refugees, n.d.](#)). During the same period, the severe financial crisis in Greece that peaked with the application of capital controls in 2015 ([Eurostat, 2011](#)) entailed the underfunding of the Greek NHS and was connected with the deterioration of the public

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mental health in Greece, with disproportionate consequences on vulnerable and minority groups (Drydakakis, 2015; Fountoulakis et al., 2012). Moreover, the increasing support of the far-right ideology (Roushas, 2014) reflects one political dimension of the refugee crisis and creates a hostile environment that indirectly affects the well-being of ethnic minorities, immigrants and refugees. Those critical socio-political changes may have a significant negative impact particularly on LGBT+ refugees' and asylum seekers' well-being.

The Greek law provides a context that predicts the accreditation of asylum to persons who are being persecuted based on their sexual orientation and gender identity. However, even though the Greek law on asylum is generally in line with the core principles of the United Nations Higher Commission for Refugees (UNHCR), it falls short in offering adequate protection for this specific group, which may require targeted responses (International Lesbian and Gay Association Europe, n.d.; UNHCR Global Roundtable on Protection and Solutions for LGBTIQ+ People in Forced Displacement, 2021). Specifically, the Asylum Code does not recognize LGBTI+ individuals as vulnerable (Law 2013/33/EU), and therefore they do not benefit from several protective measures during the interview process, such as the ability to take breaks (Asylum Code, Article 72; Directive 2013/32/EU, Preamble 29, as cited in Field & Heldmaier, 2023). Explicitly adding LGBT+ asylum claimants to this category could entail the implementation of further protective measures that could protect LGBT+ refugees' rights (Ferreira et al., 2020). LGBT+ refugees, due to the intersectional identities they bear, constitute a distinct minority group and face specific minority stressors that originate from multiple sources.

Theoretical considerations

LGBT+ people can still face unique institutional oppression, as well as marginalisation and discrimination from their local communities, based on their sexual orientation, and their gender identity and expression (Huffer, 2013; Poullos, 2020; Poullos & Papadaki, 2024). That situation can lead to them facing violence or threats of violence, both by the state and by members of their community and force them to leave their own country and seek asylum elsewhere (Messih, 2017). Moreover, it can have a significant impact on the mental health of LGBT+ people.

The minority stress model is a contemporary aetiological framework that explains the mental health challenges of LGBT+ individuals through the role of mediating factors; internalised stigma, concealment of identity, expectations of discrimination, and actual experiences of discrimination and violence (Meyer, 2003; Meyer & Frost, 2013). Recent research under this model underlines the differentiation of minority stressors and protective factors on LGBT+ individuals who also belong to other marginalised social groups, such as ethnic minorities (Parra & Hastings, 2018; Tan et al., 2020). For example, McConnell et al. (2018) found that self-reported connection to LGBT+ community (e.g., being present or feeling member or accepted within LGBT+ spaces), had a stronger impact on the association between stigma and stress for White men than for black men. Moreover, Shangani et al. (2020) found that higher socio-economic status correlated negatively with stigma for LGB White individuals, but positively for LGB Black individuals. Those findings underline the heterogeneity of LGBT+ groups due to the moderation of factors such as gender, ethnicity, race, socio-economic status, etc. A study comparing lesbians and gay men found that lesbians experience double marginalization—facing both sexism and heterosexism—whereas gay men face greater visibility-related victimization and pressures around masculinity (Bariola et al., 2016).

In addition to the minority stress model, the concept of intersectionality, as developed by Crenshaw (2017), also offers a framework that can be utilised in order to take into consideration the unique, qualitatively distinct context of the oppression LGBT+ refugees face and its impact on their mental health and well-being, as previously acknowledged by the research of Golembe et al. (2021), where LGBT+ refugees found to be subjected to considerable and distinct forms of discrimination based on their intersecting identities. In this qualitative study, the narration of the LGBT+ refugees exposed the multiplicity of the discrimination experiences, which occurred often and in various contexts (e.g. private, institutional), and were interrelated, based on identities such as race, religion, and gender identity, while originating from various offenders, and notably from other refugees. Studies which utilise an intersectional lens, such as the aforementioned, provide a thorough insight on how discrimination in LGBT+ refugees intertwine with their identities.

While qualitative methods have been widely used to explore intersectionality through subjective experience (Shields, 2008), it has been argued that intersectionality also holds significant potential as a critical theoretical framework and as an approach for quantitative research. The works of Cole (2009) and Else-Quest and Hyde (2016), provide some useful suggestions on this issue. Conceptually, incorporating intersectionality in quantitative research could begin with recognizing and assessing the role of social inequality in psychosocial problems. Practically, it involves accurately representing diverse populations—using purposive or stratified sampling when necessary—and examining the interactions among multiple socio-economic variables and their effects on psychological outcomes. Additionally, employing community-based participatory research (CBPR), ensuring the cultural adaptation and measurement invariance of psychological scales, including measures of social and structural factors, and contextualizing the interpretation of findings within broader societal power structures are some methods for implementing an intersectional approach in psychological research.

The mental health of LGBT+ refugees and migrants

Previous research on LGBT+ refugees' mental health has shown that they are confronted with several significant stressors occurring from each stage of the migration process, i.e., pre-migration, during migration, and post-migration (Messih, 2017). It is known that the high rates of mental health issues on LGBT+ refugees are related with past complex trauma and the extensive psychosocial challenges they face both in their country of origin and in the destination country (D'Souza et al., 2022; Gottvall et al., 2022; Hayek et al., 2023; Messih, 2017).

One significant stress factor pre-migration, and a key aspect that differentiates LGBT+ refugees from non-LGBT+ refugees, is that

LGBT+ refugees are usually prosecuted due to their identity and seek asylum on the basis of this prosecution (Alessi et al., 2018; Hayek et al., 2023; Piwowarczyk et al., 2017). In a recent review, it was found that LGBT+ refugees report higher sexual violence and mental health problems than non-LGBT+ refugees (D'Souza et al., 2022). LGBT+ refugees may often be victims of verbal and physical violence originating from the family, school, or the broader community of the country of origin (Alessi et al., 2016; Hopkinson et al., 2016). Particularly, the experience of sexual violence in the home country predicts psychological distress and a higher possibility of suicidal ideation (Arnetz et al., 2013; Müller & Daskilewicz, 2018). Past traumatic events often manifest with symptoms such as anxiety, depression, substance abuse, suicidal ideation, and social isolation (Alessi et al., 2021; Castro et al., 2022; Messih, 2017; Pachankis et al., 2016; Piwowarczyk et al., 2017).

The experiences after migration and settlement in the host country are also considered to be an important interacting factor in the mental health of LGBT+ refugees (Cleveland & Rousseau, 2013), as they may amplify or buffer the ability of refugees to cope with past trauma (Hynie, 2017). Higher perceived discrimination is positively related to post-traumatic stress disorder and depression symptomatology (Cerezo, 2016). Apart from the discrimination that originates from the majority group of the host country, LGBT+ refugees may also be vulnerable to discrimination and victimisation originating from other refugees, asylum seekers and asylum officials (Alessi et al., 2018; Shidlo & Ahola, 2013).

Furthermore, refugees, lacking the coverage of their basic needs, may also engage in transactional sex, which is generally known to be related to stigma, exposure to violence, and further precarities regarding mental health, such as post-traumatic stress, depression and anxiety (Beattie et al., 2020; Benoit et al., 2017; Hermaszewska et al., 2022; Puri et al., 2017; Rössler et al., 2010). These challenges are interrelated with the criminalization of sex work, as it seems that sex workers in countries where sex work is penalized face greater challenges (Apostolidou et al., 2023).

It is also important to specifically address the unmet mental health needs of trans individuals (Lefevor et al., 2019; Pinna et al., 2022; Steele et al., 2017). Poor mental health outcomes in trans refugees and asylum seekers are related to stigma, violence and barriers they face regarding their equal social integration (Castro et al., 2022; Hermaszewska et al., 2022). Furthermore, due to their cultural and immigration background, LGBT+ refugees not only differ from the general refugee population, but also from LGBT+ individuals of the majority group in the host country. LGBT+ refugees may have higher difficulty connecting with LGBT+ communities, due to factors such as internalised stigma regarding their LGBT+ identity and low competence in the official language of the host country (Hassan et al., 2016). These factors may prevent them from accessing supportive resources that could protect their mental health.

On the other hand, there are several factors that seem to be protective for LGBT+ refugees' mental health. Refugees who are granted asylum and have higher competence in the official language of the host country are less likely to be diagnosed with a mental health disorder than those who have not been granted asylum or have not mastered the language (Fox et al., 2020). Additionally, perceived acceptance from the host society is generally known to be a protective factor for immigrants and refugees (Schweitzer et al., 2006; Villalonga-Olives et al., 2022).

Research questions and hypotheses

To our knowledge, the present study is the first attempt to investigate a sample of LGBT+ refugees and asylum seekers in Greece using a quantitative methodology. Greece is both a transit and destination country for large numbers of refugees, asylum seekers, and migrants, and serves as a gateway to the EU through the Eastern Mediterranean route (Panebianco, 2022). More specifically, acknowledging the importance of conceptually incorporating the minority stress model and the intersectionality framework in studying this specific group, as suggested in previous research (Golembe et al., 2021; Parra & Hastings, 2018), this study aims to investigate the self-reported psychological symptoms of LGBT+ refugees in relation to pre-migration factors (e.g., reasons for fleeing), in relation to burdens during transportation, as well as post-migration factors, including discrimination and violence, language barriers, support, and lack of basic needs.

In line with previous findings, it is expected that LGBT+ refugees who report higher levels of violence and discrimination pre- and post-migration (Alessi et al., 2016; Alessi et al., 2021; Cerezo, 2016; D'Souza et al., 2022; Golembe et al., 2021; Hopkinson et al., 2016; Messih, 2017; Nematy et al., 2022; Pachankis et al., 2016; Piwowarczyk et al., 2017), refugees who report lack of basic needs, refugees who have not been granted asylum (Fox et al., 2020), trans refugees (Castro et al., 2022; Hermaszewska et al., 2022; Pellicane & Ciesla, 2021), and refugees who have engaged in transactional sex (Benoit et al., 2017; Puri et al., 2017) will report worse mental health. Furthermore, given the results of previous studies that underline the challenges LGBT+ refugees face post-migration (Alessi et al., 2018; Messih, 2017), we set out to examine the potential mediating effect of discrimination and violence from other refugees in the camp in the relationship between fear of violence as a reason for fleeing and psychological symptoms, as well as the potential moderating effect of discrimination and violence in the above relationship.

Method

Participants

The present study was part of a broader research project that included a total of 121 refugees and asylum seekers who identified as LGBT+. The sample consisted of beneficiaries of the Ref Checkpoint sexual health prevention and testing centre of the Greek Association of People Living with HIV "Positive Voice," and of the non-profit organisation that provides empowerment to LGBT+ refugee and migrant groups "Safe Place Greece". Furthermore, snowball sampling was used supplementarily. This type of purposive sampling

method was selected as the most practical and appropriate for targeted recruitment of participants from this hard-to-reach group, representing a small proportion of the general population (Bowleg & Bauer, 2016; Cole, 2009; Else-Quest & Hyde, 2016). Participants' age ranged between 17 and 47 years ($M = 29.00$), and they had an average of 12.2 years of education. Most of them were gay men originating primarily Central African countries (see Table 1). No participant self-identified as a trans binary person, i.e., trans male or trans female.

Measures

Since no standardized measure exists to assess the specific intersectional experiences of LGBT+ refugees and asylum seekers, a self-compiled questionnaire was designed, in accordance with Cole's (2009) recommendation for incorporating intersectionality in psychological research. The questionnaire examined the following domains: (a) demographics (see Table 1); (b) reasons for fleeing the country of origin (e.g., fear of violence, political violence, institutional oppression); (c) burden during the journey to Greece; (d) post-migration stressors (perceived discrimination, lack of basic needs, discrimination, violence from other refugees); (e) support from UNHCR and the Greek government; and (f) self-reported psychological symptoms since arriving in Greece (including depression, anxiety, and fear for safety). The variables were assessed using dichotomous scales (Yes = 1, No = 0). Given the length of the questionnaire but also the sensitive nature of the questions, dichotomous scales instead of Likert scales were used, in order to ensure participation by increasing simplicity, clarity, completion speed and preventing participant fatigue.

The questionnaire was constructed based on core aspects of the UNHCR Convention Relating to the Status of Refugees (1951), and the UNHCR Summary Conclusions of the Global Roundtable on Protection and Solutions for LGBTIQ+ People in Forced Displacement (2021). Furthermore, the questionnaire incorporated findings from previous qualitative research that outline the continuous violence and abuse (Alessi et al., 2016; Alessi et al., 2021), the discrimination based on intersecting identities and the psychological distress (D'Souza et al., 2022; Nematy et al., 2022), related with stressors originating from all three phases of exile, i.e., pre-migration, during migration, and post-migration (Messih, 2017).

Procedure

The questionnaire was administered orally, through a structured interview with a trained cultural mediator, and lasted approximately 50–60 min. The interview took place at the headquarters of the Safe Place Greece organisation. Participants were prompted to respond honestly and freely to the questions of the survey, in the way they perceive them.

The research was designed and conducted according to the Declaration of Helsinki of the World Medical Association (2013), as well as the Research Guidelines for psychological practice with trans and with sexual minority people (American Psychological Association, 2015, 2021). Informed consent was given by the participants after they had been thoroughly informed of the goal of the study and their right to skip a question or completely withdraw from the survey at any time, with no consequences regarding the services provided by

Table 1
Sociodemographic characteristics of participants.

	<i>N</i>	%
Gender		
Cis male	63	52.1
Cis female	28	23.1
Non-binary/Gender-fluid	28	23.1
Not defined	2	1.7
Sexual orientation		
Gay/MSM	60	53.1
Bisexual	30	26.5
Lesbian	23	20.4
Region of origin		
Central Africa	82	67.8
North Africa & Middle East	25	20.7
Central & Southeast Asia	6	5.0
Unknown	8	6.6
Asylum status		
No	85	73.9
Yes	30	26.1
Transit for asylum in another EU country	63	52.1
Employment status		
Unemployed	105	86.8
Employed	16	13.2
Housing status		
Provided by an organisation	48	39.7
Apartment	22	18.2
Homeless	21	17.4
Camp	19	15.7
Other	11	9.1

the organisations conducting the research. The raw data were collected and coded in such a way that ensures anonymity. Participation was voluntary, without reimbursement of any kind. In the instance of a participant's discomfort, the interview would be terminated and a debriefing with the researcher would follow. Participants were informed in advance that they could be referred to the psychosocial service of Positive Voice and supported by a trained clinical psychologist, if they so wished. No participant asked to withdraw from the interview and no participant was referred to the Positive Voice psychosocial service.

Data collection was carried out from September to October of 2020.

Statistical analyses

Scales for this study were developed by factor analysis. Student's and Welch's *t*-tests were used in order to compare the means of scale scores between two groups of participants. The non-parametric Mann-Whitney U test was used instead when the conditions for running parametric tests were not met. To measure the effect size, Cohen's *d* and Pearson's *r* were used accordingly. Hierarchical multiple regression was conducted to predict psychological symptoms from psychosocial variables. Mediation analysis and moderation analysis was accordingly conducted to examine the mediating and moderating role of discrimination and violence from other refugees in the camp.

Results

Factor analysis and descriptive statistics

We conducted a series of exploratory factor analyses in order to uncover the underlying structure of the self-devised questionnaire and compute composite scores (see Table 2). All analyses followed a minimum residuals extraction method combined with oblimin rotation. The number of factors was determined using parallel analysis.

Three factors related to reasons for fleeing emerged: Fear of violence (7 items, e.g., *Fear of violence from someone known to you in your community*), political violence (4 items, e.g., *Fear of violence from a terrorist group*), and institutional oppression (4 items, e.g., *Fear of violence from the government, police, or military*). Burden during transportation was unidimensional, consisting of 19 items, such as *Witnessed death of non-relatives (at sea or on land)*, and *being held against your will by a private individual or group*. Similarly, a one-factor solution applied for language barriers (10 items, e.g., *I don't go to some events or activities due to concerns about being able to understand Greek or English*). Post-migration experiences in Greece included three factors: Perceived discrimination (3 items, e.g., *I have been treated in hurtful or disrespectful ways because of my sexual or gender identity*), lack of basic needs (3 items, e.g., *I have not always had enough food to eat*), and support (6 items, e.g., *I feel part of the community that supports me*). Discrimination and violence from other refugees consisted of two items (*Receive verbal harassment and or physical threats from other asylum seekers in the camp, experience physical or sexual assault from other asylum seekers in the camp*), and psychological symptoms included three items (*Felt depressed, felt anxiety on a regular basis, felt afraid for my safety*).

Following the exploratory factor analysis, we calculated the mean score for each factor and used these scores as continuous variables in the analyses.

The descriptive statistics and McDonald's omega reliability coefficients of the composite variables are reported in Table 3. Their internal consistency ranged from acceptable to high, except for political violence, institutional oppression, psychological symptoms, and support, which yielded relatively low omega coefficients.

Group mean comparisons

Student's and Welch's *t*-tests were used to compare the scores of the composite variables between two groups of participants. The

Table 2
Summary of exploratory factor analyses.

Scales	Eigenvalues	Var. %	KMO test
Reasons for fleeing		30.90	.66*
Fear of violence	2.06	13.75	
Political violence	1.44	9.57	
Institutional oppression	1.13	7.56	
Burden during transportation	4.56	19.00	.73*
Language barriers	2.92	29.20	.75*
Experience in Greece		37.90	.58*
Perceived discrimination	2.11	16.21	
Lack of basic needs	1.53	11.77	
Support	1.30	9.97	
Discrimination and violence from refugees	1.35	22.50	.62*
Psychological symptoms	1.20	15.00	.56*

Note. **p* < .001.

Table 3

Descriptive statistics and omega reliability coefficients of the composite variables.

	<i>M</i>	<i>Mdn</i>	<i>SD</i>	<i>min</i>	<i>max</i>	<i>Omega</i>
Reasons for fleeing – Pre-migration						
Fear of violence	0.61	0.71	0.28	0.00	1.00	.71
Political violence	0.34	0.25	0.30	0.00	1.00	.56
Institutional oppression	0.87	1.00	0.20	0.00	1.00	.56
Burden during transportation	0.46	0.46	0.20	0.00	0.88	.84
Language barriers	0.62	0.65	0.27	0.00	1.00	.99
Experience in Greece – Post-migration						
Perceived Discrimination	0.66	0.83	0.4	0.00	1.00	.85
Lack of basic needs	0.77	1.00	0.34	0.00	1.00	.72
Support	0.43	0.50	0.27	0.00	1.00	.59
Discrimination and violence from refugees	0.65	1.00	0.4	0.00	1.00	.99
Psychological symptoms	0.86	1.00	0.24	0.00	1.00	.61

non-parametric Mann-Whitney *U* test was used instead when the conditions for running parametric tests were not met. To measure the effect size, Cohen's *d* and Pearson's *r* were used accordingly.

Men and women and trans and cis refugees did not differ on any scale under study.

Refugees who had been granted asylum ($M = 0.46$, $SD = 0.30$) reported significantly higher political violence as a reason for fleeing the country of origin compared to refugees who had not been granted asylum ($M = 0.31$, $SD = 0.29$), $t(113) = -2.31$, $p = .022$, Cohen's $d = -0.49$. The two groups did not differ in the rest variables.

The pattern of findings differed when comparing refugees whose asylum application was rejected with refugees whose asylum application was not rejected. Refugees whose application was rejected ($n = 22$, $Mdn = 0.90$) reported significantly higher lack of basic needs, compared to those whose application had not been rejected ($n = 76$, $Mdn = 0.73$), $U = 626$, $p = .041$, $r = 0.25$.

Refugees who had been or are still engaging in transactional sex reported significantly higher burden during transportation, higher lack of basic needs, and higher psychological symptoms (see Table 4).

Correlation coefficients

Pearson's *r* correlation coefficients were calculated between the composite scores under study (see Table 5). Psychological symptoms were positively associated with fear of violence, as well as with discrimination and violence from other refugees. Moreover, fear of violence was positively related to burden during transportation, language barriers, perceived discrimination, discrimination and violence from refugees, and support. Political violence correlated positively with burden during transportation. Burden during transportation was positively related to support. Lack of basic needs correlated positively with language barriers and discrimination and violence from refugees. Language barriers were positively associated with perceived discrimination and with discrimination and violence from refugees.

Statistical prediction of psychological symptoms

Informed by the correlations presented above, a hierarchical multiple regression was conducted to predict psychological symptoms from psychosocial variables (Model 2: fear of violence as a reason for fleeing, burden during transportation, lack of basic needs, discrimination and violence from other refugees in the camp) controlling for demographics (Model 1: age, length of stay in Greece, cis/

Table 4

Means, standard deviations and T-test as a function of transactional sex.

	Transactional Sex				<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	No (<i>n</i> = 72)		Yes (<i>n</i> = 48)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Burden during transportation	0.42	0.20	0.52	0.18	−2.57	0.011	−0.46
Language barriers	0.57	0.27	0.66	0.26	−1.78	0.078	−0.33
Discrimination	0.63	0.40	0.70	0.38	−1.13	0.259	−0.21
Lack of basic needs	0.70	0.36	0.85	0.28	−2.43	0.017	−0.44
Support	0.43	0.27	0.43	0.28	0.12	0.958	0.09
Discrimination and violence from refugees	0.58	0.42	0.75	0.36	−1.60	0.116	−0.43
Psychological symptoms*	0.82	0.24	0.92	0.22	−2.26	0.026	−0.42

* Welch's *t* criterion was used.

Table 5
Pearson Correlation Coefficients between the Scales under Study.

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Fear of violence	-								
2. Political violence	0.17	-							
3. Institutional oppression	0.15	0.05	-						
4. Burden during transportation	0.53***	0.27**	0.17	-					
5. Language barriers	0.34***	0.16	0.06	0.18	-				
6. Perceived discrimination	0.22*	-0.13	0.09	0.16	0.23*	-			
7. Lack of basic needs	0.19*	-0.17	-0.01	0.16	0.21*	0.12	-		
8. Support	0.38***	0.11	0.09	0.33***	-0.00	0.06	0.01	-	
9. Discrimination and violence from refugees	0.27*	0.05	-0.10	0.28*	0.44***	0.17	0.34**	0.18	-
10. Psychological symptoms	0.38***	-0.00	0.10	0.23*	0.17	0.07	0.24**	0.08	0.52***

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

transgender, asylum granted, asylum application rejected, transactional sex). The effect of Model 1 was significant, $R^2 = .11$, $F(6, 113) = 2.27$, $p = .042$. This was mainly attributed to transactional sex, which predicted more psychological symptoms ($B = 0.10$, $t = 2.28$, $p = .025$). In Model 2, however, the effect of transactional sex became non-significant, while fear of violence as a reason for fleeing ($B = 0.27$, $t = 3.55$, $p < .001$), and discrimination and violence from other refugees in the camp ($B = .34$, $t = 5.51$, $p < .001$), predicted a significant increase in the number of psychological symptoms, $\Delta R^2 = .33$,

$F(4, 109) = 15.70$, $p < .0001$. The total amount of explained variance of the dependent variable was 43.4 %.

Since the significant predictors of psychological symptoms in the multiple regression referred to different time points, we performed a mediation analysis using the MEDMOD module in Jamovi (The Jamovi Project, 2023) to examine whether discrimination and violence from other refugees in the camp (mediator) amplifies the negative effect of fear of violence as a reason for fleeing (independent variable) on psychological symptoms of LGBT+ refugees (criterion variable). In this analysis, the total effect was statistically significant, $B = 0.33$, $z = 4.53$, $p < 0.001$, 95 % CI [0.19, 0.47]. The direct effect was also significant, $B = 0.21$, $z = 3.24$, $p = .001$, 95 % CI [0.08, 0.34]. Furthermore, the indirect effect was statistically significant, $B = 0.12$, $z = 2.89$, $p = .004$, 95 % CI [0.04, 0.20]. The above suggest that discrimination and violence from other refugees in the camp partially explains the relationship between fear of violence as a reason for fleeing and psychological symptoms of LGBT+ refugees (Fig. 1).

Finally, in line with the literature reviewed in the Introduction, we tested the moderating role of discrimination and violence from other refugees in the camp in the relationship of fear of violence as a reason for fleeing the country of origin with psychological symptoms using the MEDMOD module in Jamovi (The Jamovi Project, 2023). In this analysis, both main effects of violence as a reason for fleeing the country of origin ($B = 0.18$, $z = 2.98$, $p = .003$) and discrimination and violence from other refugees in the camp ($B = 0.37$, $z = 7.27$, $p < .001$) on psychological symptoms of LGBT+ refugees were significant. Moreover, the interaction of the two predictors on the dependent variable was also significant ($B = -0.66$, $z = -3.22$, $p < .001$). Subsequent simple slope analyses showed that fear of violence as a reason for fleeing the country of origin predicted more psychological symptoms only in the presence of low discrimination and violence from other refugees in the camp ($B = 0.39$, $z = 4.55$, $p < .001$) but not when the level of discrimination and violence from other refugees in the camp was high ($B = -0.04$, $z = -0.38$, $p = .700$).

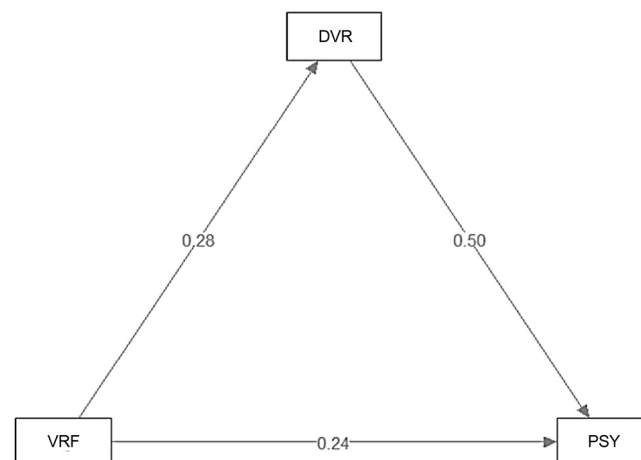


Fig. 1. Mediation of Discrimination and Violence from Other Refugees in the Camp in the Effect of Fear of Violence as a Reason for Fleeing on Psychological Symptoms of LGBT+ Refugees. Note. VRF: Violence from Other Refugees. DVR: Violence as a Reason for Fleeing. PSY: Psychological Symptoms.

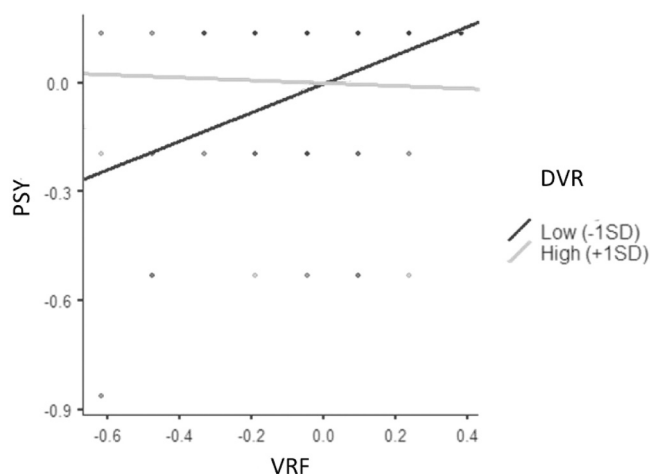


Fig. 2. Moderation of Discrimination and Violence from Other Refugees in the Camp (DVR) in the Relationship between Fear of Violence as a Reason for Fleeing (VRF) and Psychological Symptoms (PSY) of LGBT+ Refugees.

Discussion

This study offers a novel insight into the field, using intersectionality as a framework and aiming to provide a context-specific and empirical perspective on the mental health of LGBT+ refugees and asylum seekers in Greece. To our knowledge, this is the first quantitative study to investigate the mental health of LGBT+ refugees in Greece, and one of the few internationally which strive for an intersectional approach in quantitative research. The finding that violence and discrimination from other refugees in the camp act as both a moderator and a mediator in the relationship between fear of violence as a reason for fleeing the country of origin, on the one hand, and psychological symptoms, on the other, offers a unique insight into the mental health pathways of this population, which may be taken into consideration for improving their living conditions.

It was expected that psychological symptoms would be higher among refugees without asylum status, trans refugees, and those reporting engagement in transactional sex. Higher psychological symptoms were also expected to be associated with greater unmet basic needs, higher levels of violence as a reason for fleeing the country, and increased experiences of discrimination and violence. The analysis partly confirmed these research hypotheses.

In the present study, no differences were found in the presence of psychological symptoms between refugees who had been granted asylum and those who had not. Previous research has shown that asylum approval is related to lower rates of mental health disorders and better mental health outcomes (Fox et al., 2020). One possible explanation is that refugees without asylum may not have yet applied, may be awaiting the outcome of their application, or may not intend to apply for asylum in Greece at all, as Greece often serves as an entry point for further migration to Western European countries (Papadopoulou, 2004). Nevertheless, it was found that refugees whose asylum applications had been rejected reported significantly greater unmet basic needs. This may suggest that asylum seekers who rely on asylum approval to meet their basic needs face greater challenges in their adaptation when their application is rejected, compared to those who have not yet received a decision, or do not plan to apply. However, contrary to the research hypothesis, unmet basic needs did not appear to be associated with the mental health of LGBT+ refugees.

Previous research involving non-refugee LGBT+ individuals has consistently shown that trans individuals are at higher risk for mental health issues compared to their cisgender counterparts (Pinna et al., 2022; Steele et al., 2017). However, no differences were found between trans and cisgender participants. Furthermore, no differences were found between male and female participants as well. In the present research, the group of female participants ($n = 28$) and the group of trans non-binary and gender-fluid participants ($n = 28$) were both small and should therefore not to be considered representative of their corresponding refugee populations in Greece.

Refugees who reported engagement in transactional sex exhibited significantly higher burden during transportation, greater lack of basic needs, and elevated psychological symptoms compared to those who did not engage in transactional sex. This finding aligns with existing literature indicating that sex work is associated with a disproportionate high risk of mental health problems, as well as limited access to essential services (Apostolidou, 2023; Beattie et al., 2020; Benoit et al., 2017; Hermaszewska et al., 2022; Puri et al., 2017; Rössler et al., 2010). The precarious nature of transactional sex must be examined within the socio-legal context of Greece, where sex work is not fully decriminalized (Jahnsen & Wagenaar, 2019; Law, 2734/1999,34/1999, 1999), thereby intensifying the vulnerability of LGBT+ refugees and asylum seekers who may resort to transactional sex to meet basic survival needs such as food and shelter.

Among the various examined predictors, such as fear of political violence and institutional oppression, the only factor significantly associated with increased self-reported psychological symptoms since arrival in Greece was the fear of violence from the broader community as a reason for fleeing the country of origin. This finding is supported by prior research, which has demonstrated that experiences of community-based victimisation in the country of origin results in a lasting psychological impact on LGBT+ refugees, often manifesting as anxiety and depression post-arrival in the host country (Alessi et al., 2016; 2021; Hopkinson et al., 2016; Messih,

2017; Nematy et al., 2022; Piwowarczyk et al., 2017). Similar patterns have been documented among non-LGBT refugees and immigrants, where pre-migration exposure to violence has emerged as a significant predictor of psychological distress, irrespective of whether the countries of origin was experiencing armed conflict (Arnetz et al., 2013).

Importantly, violence and discrimination perpetrated by other refugees within the camp also predicted higher level of psychological symptoms. Specifically, this form of intra-community violence, which has been previously reported to contribute to their mental health burden (Alessi et al., 2018; Alessi et al., 2020; Golembe et al., 2021) was found to both partially mediate and moderate the relationship between fear of violence in the country of origin and current psychological distress).

These findings suggest that discrimination and violence from other refugees in the camp not only influence the strength and direction of this relationship but also help elucidate the mechanisms through which early traumatic experiences continue to impact mental health outcomes among LGBT+ refugees.

It is crucial to note that such violence occurred within refugee camp accommodations, which themselves can constitute chronically stressful, even traumatic environments. Prior research has shown that even brief detention periods are associated with symptoms of post-traumatic stress, depression, and anxiety among asylum seekers, compared to their non-detained counterparts (Cleveland and Rousseau, 2013; Van de Wiel et al., 2021). Refugee ghettos can be understood as spaces of social exclusion (Diken, 2004), and this exclusionary context can be especially harmful for minority groups such as LGBT+ individuals, whose exposure to multiple forms of violence is exacerbated under such conditions. These findings suggest that violence and discrimination experienced within the camp may amplify the psychological effects of the pre-migration trauma, thereby contributing to cumulative mental health risk. Providing safe and adequate accommodation specifically tailored to the needs of LGBT+ refugees and asylum seekers has also been proposed as a policy priority at the European level (Ferreira et al., 2020), and the present findings underscore the importance of implementing such measures.

In sum, this study highlights the considerable mental health burden that LGBT+ refugees carry as a result of past victimisation in their countries of origin, a burden that is further exacerbated by systemic exclusion and violence within refugee accommodations. This accumulation of stressors may act in a re-traumatising manner, effectively reactivating prior trauma through repeated exposure to violence and insecurity.

These findings point to the urgent need for targeted, trauma-informed interventions that explicitly take into account the intersecting vulnerabilities and unique experiences of LGBT+ refugees and asylum seekers. Interventions that adequately consider the past traumatic experiences of LGBT+ refugees and asylum seekers. Such interventions should aim not only to alleviate psychological symptoms but also to foster resilience and promote inclusive social integration in the host society (Alessi et al., 2020; Alessi & Kahn, 2017). In addition to addressing clinical needs, interventions should also strive to strengthen their social capital through meaningful community connection (Villalonga-Olives et al., 2022), which has been recognised as a protective factor for mental health (Meyer & Frost, 2013). A recent study that included a sample of asylum seekers to Greece has shown the importance of group belonging in forced migrants' transition (Panagiotopoulos & Pavlopoulos, 2024). This is particularly pertinent for LGBT+ refugees, who often face intersectional discrimination from both within refugee communities and the broader host society, while also encountering cultural and linguistic barriers that limit their access to supportive LGBT+ networks. Establishing multicultural, affirmative environments that consistently support sexual and gender diversity across health, social, and asylum services may contribute meaningfully to the mental well-being and long-term inclusion of LGBT+ refugees (United Nations High Commissioner for Refugees, 2021).

Limitations

While interest in the mental health of LGBT+ refugees is growing, it is important to acknowledge several methodological challenges encountered during participant recruitment from marginalized social groups, including small sample size and potential underrepresentation. Additionally, some affected individuals might be reluctant to participate in research and disclose sensitive or, in many cases, traumatic experiences. This limitation was present in the current study, as the non-random sample did not adequately capture the diversity of LBT women, trans men, multiple ethnic groups, and asylum seekers. Moreover, given the sensitive context, we did not record whether participants were recruited by Safe Place, Positive Voice, or via snowballing. This information could have shed light on the level of community support, which is known to be a protective factor for mental health outcomes for this population. Furthermore, no data are available on the validity of the self-devised questionnaire, while the internal consistency of the scales measuring political violence, institutional oppression, psychological symptoms, and support, was only marginally acceptable.

Implications for future research

Future research on the mental health of LGBT+ refugees and asylum seekers holds significant potential for more effectively incorporating an intersectional framework into its methodology. Obtaining larger sample sizes through probability sampling would enhance the representation of ethnic and gender groups, thereby improving the external validity of findings. In addition, the use of standardized, yet culturally adapted, psychometric instruments with established validity, could strengthen internal validity. Furthermore, conducting comprehensive and tailored needs assessments would be instrumental in guiding the development of targeted interventions and evidence-based policy recommendations.

Conclusion

This study offers a novel insight, as is the first to investigate both pre-migration and post-migration stressors in relation to self-

reported psychological symptoms among LGBT+ refugees and asylum seekers in Greece, employing a quantitative methodology through an intersectional lens. The mental health challenges faced by LGBT+ refugees cannot be fully or accurately understood without recognizing that their intersecting identities place them within a unique compounded vulnerability, often referred to as double jeopardy, which reflects interconnected systems of power. The psychological burden experienced by LGBT+ refugees is closely linked to their vulnerability to various forms of victimisation, occurring both before and after migration. These findings highlight the critical importance of implementing supportive services and interventions in host or transit countries, as they can offer reparative experiences by creating safe spaces designed to foster resilience and promote inclusive social integration. Further research on the mental health of LGBT+ refugees and asylum seekers is needed to inform the development of context-sensitive and targeted interventions.

CRediT authorship contribution statement

Andreas Aslanis: Writing – review & editing, Writing – original draft, Formal analysis. **Vassilis Pavlopoulos:** Writing – review & editing, Formal analysis, Data curation. **Nikolaos Vegkos:** Formal analysis, Data curation. **Anna Papadaki:** Writing – review & editing. **Anna Apostolidou:** Validation, Conceptualization. **Giannis Boziaris:** Conceptualization. **Giorgos Keratsas:** Funding acquisition. **Ioannis Levisianos-Lampropoulos:** Funding acquisition. **Konstantina Papastefanaki:** Resources. **Perez Moran:** Resources. **Stavroula Triantafyllidou:** Methodology. **Vangelis Tsiaras:** Validation. **Hilton Justin:** Project administration. **Nikos Dedes:** Project administration. **Poulios Antonios:** Writing – review & editing, Formal analysis, Conceptualization.

Conflict of Interest

There are no conflicts of interest to state.

Appendix

Fear of violence as a reason of fleeing the country of origin

Which of the following were reasons you left your country of origin?

- Fear of retaliatory violence toward a relative or someone else you care for
- Fear of violence from a stranger
- Fear of violence from someone known to you in your community
- Fleeing ongoing sexual abuse
- Fleeing ongoing physical abuse
- Fear of violence from any of the above toward a child or someone else you take care of
- Fear of violence from someone who is related to you, a family member

Political violence as a reason of fleeing the country of origin

Which of the following were reasons you left your country of origin?

- Fear of violence from a terrorist group
- Escaping persecution and oppression due to your religion
- Escaping persecution and oppression due to your race, ancestry or ethnicity
- Fear of violence from an organized religious group

Institutional oppression as a reason of fleeing the country of origin

Which of the following were reasons you left your country of origin?

- Escaping persecution and oppression due to your gender identity or sexual partners
- Fleeing a lack of personal freedoms and expression
- Fear of violence from the government, police, or military
- Fleeing a war or conflict zone reversed

Burden during transportation

Did you experience any of the following during your journey to Greece?

- Overcrowding of a boat or other floating vessel
- Faulty or inadequate life jackets
- Forced to stay on a boat or in the water
- Verbal threats or harassment from anyone
- Physical harassment from anyone
- Sexual harassment from anyone
- Personal injury

- Theft of money or personal property
- Witnessed death of relatives at sea or on land
- Witnessed death of non-relatives at sea or on land
- Verbal or physical abuse from government officials, police or members of an army
- Being held against your will by a private individual or group
- Physical violence from a private individual or group not identifying as migrants or refugees
- Physical violence from others identifying as migrants or refugees
- Sexual violence/violation from government officials, police or members of an army
- Sexual violence/violation from a private individual or group not identifying as migrants or refugees
- Sexual violence/violation from others identifying as migrants or refugees
- Heard or witnessed a shooting
- Arrested, detained or held against your will by government officials, police or members of an army

Perceived discrimination

Which of these statements can you relate to?

- I have been treated in hurtful or disrespectful ways because of the colour of my skin
- I have been treated in hurtful or disrespectful ways because of my sexual or gender identity
- I have been treated in hurtful or disrespectful ways because of my status as an asylum seeker

Lack of basic needs

Which of these statements can you relate to?

- I have not always had enough food to eat
- I have not always had safe, adequate shelter
- I have not always felt safe from physical or sexual violence

Discrimination and violence from refugees

Prior to the interview did you experience any of the following?

- Receive verbal harassment and or physical threats from other asylum seekers in the camp
- Experience physical or sexual assault from other asylum seekers in the camp

Support

Which of these statements can you relate to?

- I feel part of the community that supports me
- I have received a service map of many of the services and resources that may be helpful to me
- I am engaged in online educational or vocational training
- I have at least two people I deeply trust living near me
- I have a current resume or CV to assist me in applying for jobs
- I feel comfortable using the local public transportation

Psychological symptoms

Since arriving in Greece have you experienced any of the following?

- Felt depressed
- Felt anxiety on a regular basis
- Felt afraid for my safety

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