

UNIDENTIFIED, UNRECOGNISED AND DENIED SUPPORT: SURVIVORS OF HUMAN TRAFFICKING IN THE SAMOS CLOSED CONTROL ACCESS CENTRE

I Have Rights (IHR) supported 53 clients who are survivors of human trafficking (hereinafter the 53 survivors), representing **13% of IHR's total client base**. In the report, IHR uses the data collected in these cases to **demonstrate the missed opportunity for survivors to be identified and for their rights to be vindicated in Samos**.

IHR identified **common indicators** among survivors of human trafficking on Samos, including biographical traits such as gender, race and countries of origin, as well as details about their trafficking experiences. In particular, **all 53 survivors arrived as single adults (100%)**. **All 53 survivors are of African-descent (100%)**. Other key characteristics are included in the infographics on the next page.

It is striking that **100% of the survivors displayed indicators of their human trafficking experiences**. There were therefore “reasonable grounds” for authorities to believe that each of the 53 persons were survivors of human trafficking as they fit the common characteristics of survivors.

The report follows the structure of the procedures of the National Referral mechanism (NRM) handbook, demonstrating that at each stage **Greek and EU authorities are consistently failing to identify, provide first level protection to and recognise victims of human trafficking on Samos**.

SURVIVORS OF HUMAN TRAFFICKING PROFILES ON SAMOS

OUT OF 53 SURVIVORS OF HUMAN TRAFFICKING:



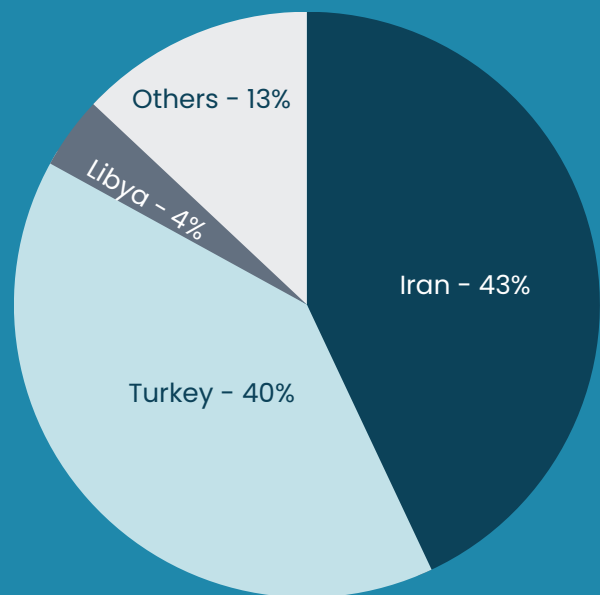
68% OF THE SURVIVORS ARE FROM:



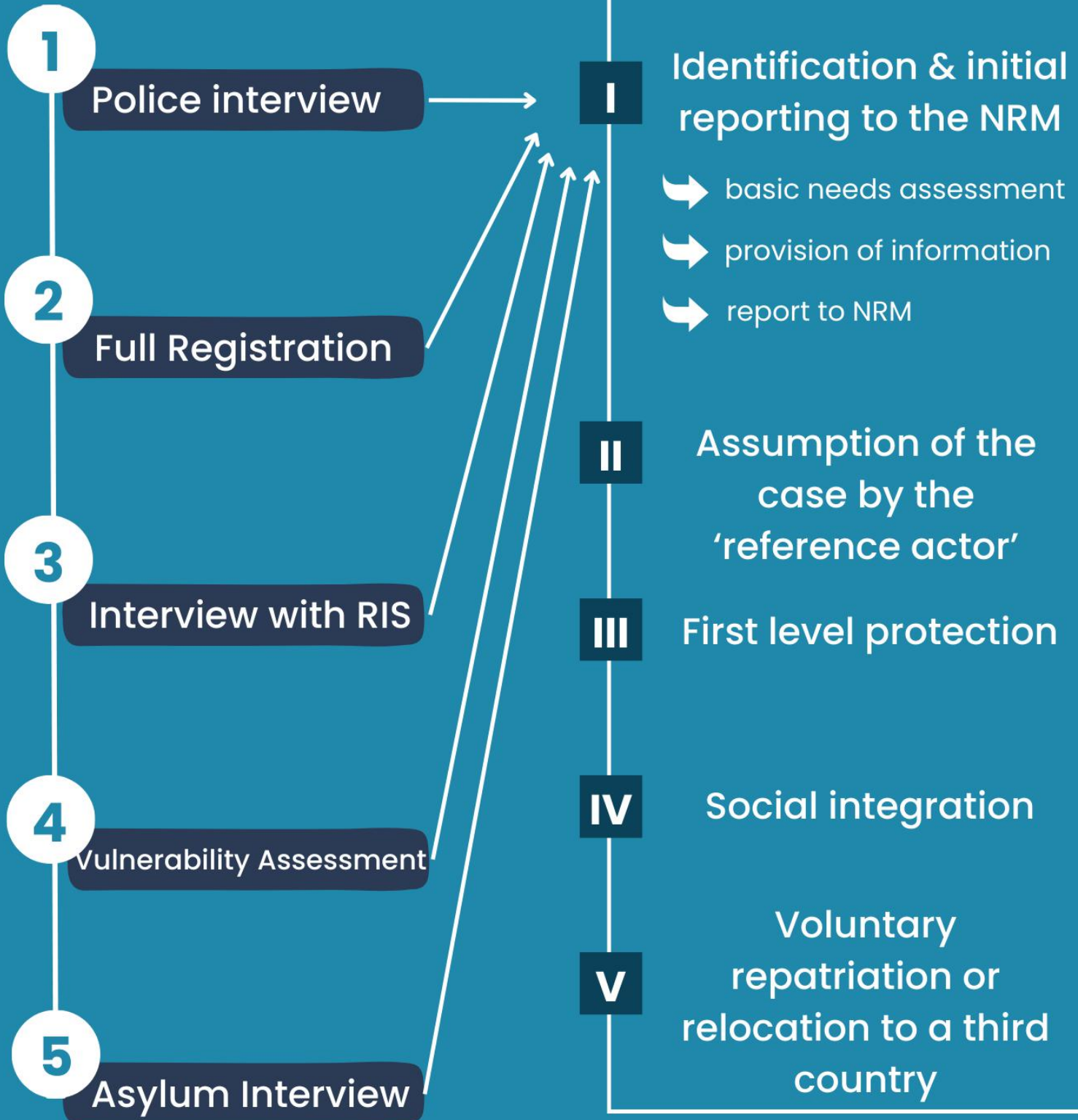
83% OF THE SURVIVORS WERE
TRAFFICKED TO TURKEY AND IRAN



COUNTRIES OF EXPLOITATION OF
THE 53 SURVIVORS



THE ASYLUM PROCEDURE



KEY FINDINGS

PROCEDURE I: IDENTIFICATION AND INITIAL REPORTING TO THE NRM

STEP 1: Initial identification and basic needs assessment

- **0%** of the survivors were identified during the **police and full registration interviews**.
- **13%** were identified during the **vulnerability assessments**.
- **29%** were identified during the **asylum interview**.

Survivors often remain unidentified by authorities during reception and asylum procedures, due to the poor quality of vulnerability assessments and the lack of sensitisation to survivors.

STEP 2: Provision of information to survivors on their identification

- In **only 24%** of the interview transcripts were survivors explained their rights.

Authorities fail to provide accurate information on the identification procedure and the rights that accompany it, undermining survivors' ability to insist on their rights.

STEP 3: NRM referral

- To IHR knowledge, **only 23% of survivors were referred** to the NRM by the Reception and Identification Service of the CCAC.
- In **only 24%** of interview transcripts were survivors asked if they wanted to submit a referral.

Even when survivors are identified, the referral to the NRM is not systematic, contrary to national regulations.

PROCEDURE II: ASSUMPTION OF THE CASE BY THE "REFERENCE ACTOR"

IHR acted as the reference actor for 64% of the survivors. However, due to limited capacity, civil society organisations are not always able to provide consistent long-term support, highlighting the **importance of a reference actor nominated by State authorities**.

PROCEDURE III & IV: FIRST LEVEL PROTECTION AND SOCIAL INTEGRATION

0% of the survivors were provided with **appropriate first level protection and integration support**.

APPROPRIATE HOUSING

The CCAC is a **highly unsuitable structure** for the accommodation of anyone, especially survivors of human trafficking. Its prison-like structure, securitised environment, severe shortage of medical and psychological support and material assistance violates survivors rights.

MATERIAL ASSISTANCE

Samos authorities consistently **fail in providing timely and appropriate material assistance** to survivors of human trafficking as well as specialised services inside the facility, preventing survivors' ability to recover and access dignified living/ material conditions.

MEDICAL ASSISTANCE

The lack of medical staff inside the CCAC, as well as the difficulties faced by residents to access the hospital, make **the access to appropriate care highly restricted** and not conducive to physical recovery.

PSYCHOLOGICAL ASSISTANCE

Ineffective and severely delayed vulnerability assessments and **access to psychological support**, as well as an environment inside the CCAC are conducive to re-traumatisation and prevent survivors of human trafficking from psychological recovery.

RECOGNITION

- **0%** of the survivors were **officially recognised** as victims of human trafficking.
- **0%** of the survivors will be recognised due to Greece's non-recognition survivors who were exploited outside of Greece.

Without recognition of their experiences of trafficking, **survivors are precluded from taking advantage of the reflection period, as well as from accessing a residence permit and other services.**

RECOMMENDATIONS

We call on the EU and EU member states to:

1

Abandon plans under the New Pact of accelerated procedures in closed centres at the EU's borders and, instead, promote social integration policies for newly arrived asylum seekers and recognized refugees.

We call on the Greek authorities, with the support of the European Commission to:

1

Abandon the strategy of Closed Controlled-Access Centers.

2

Restore alternatives to camp accommodation. For example, by exploring how to mobilise community resources.

3

End the use of official and de facto administrative detention measures against people seeking international protection in Greece.

4

Identify survivors as soon as possible. This includes survivors being asked in police screening and full registration interviews as to their trafficking experiences.

5

Ensure that vulnerability assessments are carried out prior to applicants for international protection having their personal interview.

6

Employ sufficient doctors and psychologists in CCACs and RICs for vulnerable persons to be identified and for asylum seekers to have access to treatment.

7

Require that GAS and EUAA employees in Greece undergo mandatory training on survivors of human trafficking.

8

Implement systematic referrals to the NRM so survivors can start the process of accessing appropriate interventions on the basis of their individual needs.

9

Strengthen an interdisciplinary and cross-sectoral approach towards the protection of survivors of human trafficking by enhancing cooperation between state and civil society.

10

Guarantee appropriate housing for survivors in a safe and quiet environment suitable for their specific vulnerabilities and outside of CCACs and RICs as soon as possible.

11

Ensure that formal recognition is granted to survivors who experienced exploitation outside of the Greek territory.