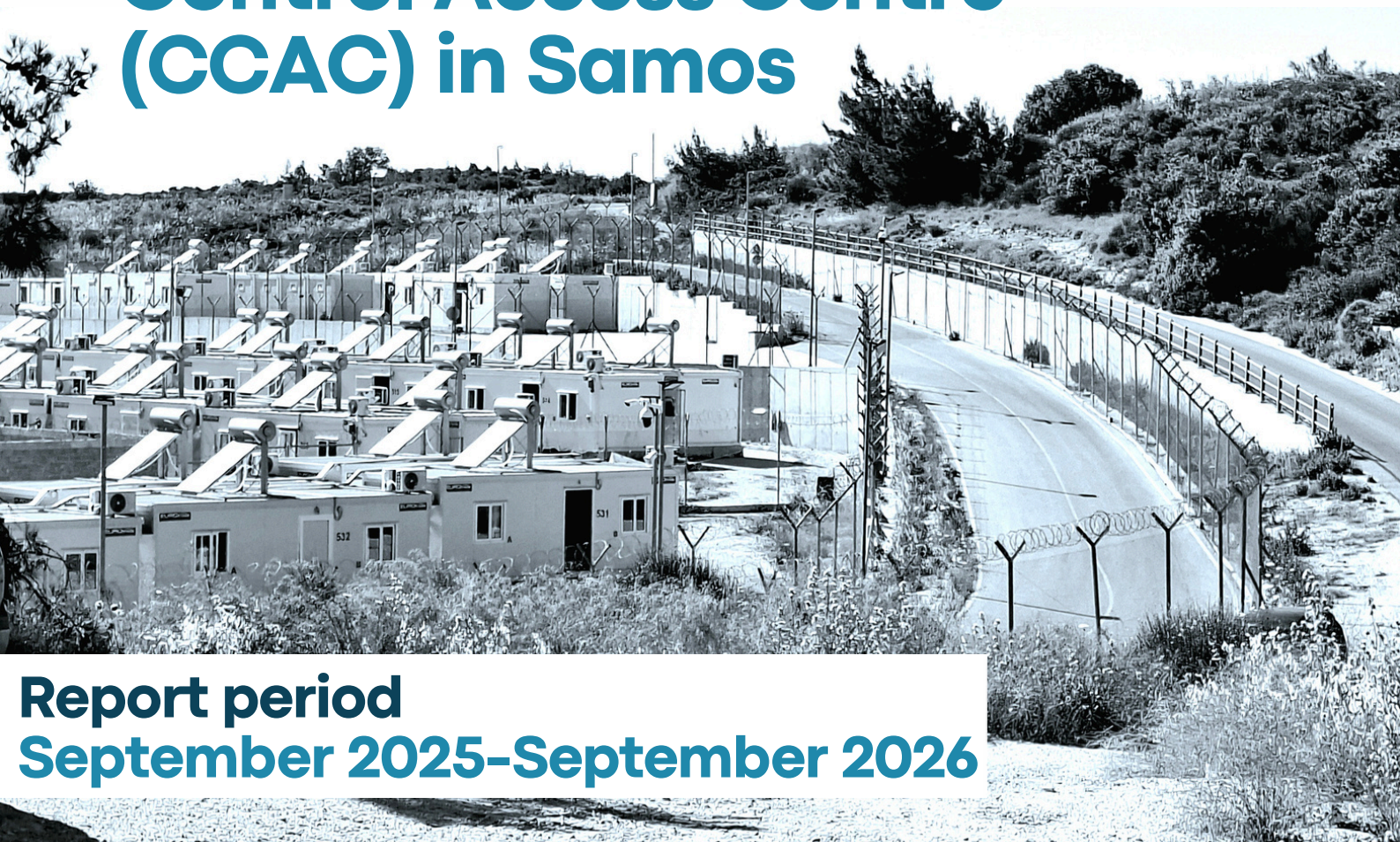
I HAVE RIGHTS.

November 2026
Samos
Greece

The Struggle for Recognition

Updates on the Situation of Survivors of human trafficking in the Closed Control Access Centre (CCAC) in Samos



Report period
September 2025-September 2026

I Have Rights (IHR) is a **non-profit** legal centre that provides **one-to-one legal information** and representation to people on the move in Samos. IHR **monitors human rights compliance** on the island and **engages in advocacy and strategic litigation** to hold the Greek Government and European institutions to account.

Samos is a significant **transit point** for individuals seeking safety in Europe. Its position at the entry of Europe presents a crucial **opportunity** for authorities to **identify** those fleeing trafficking or **being trafficked**, **ensuring their rights** to security, safety, and recovery as guaranteed by European law. However, substantial evidence demonstrates this opportunity is **often missed**.

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DEVELOPMENTS SINCE IHR´S 2023 REPORT

In September **2023**, I Have Rights published its **first report** on human trafficking based on testimonies and data from survivors. It **documented systemic failures** to identify trafficking survivors and ensure their access to appropriate protection and support. [1]

Building on these findings, IHR **called** on the **UN Special Rapporteur** to investigate Greece's Treatment of Trafficking survivors on Samos in **November 2023** and subsequently in **June 2024**. IHR urged the Special Rapporteur to make recommendations aimed at ensuring full compliance with international standards regarding the treatment of survivors.[2] In response, the **Special Rapporteur published a letter of allegation** against the Greek Government, **raising serious concerns** about the suitability of the prison-like Samos CCAC for survivors. [3]

From **April 2025 to September 2025**, IHR continued its advocacy at an EU level by providing **MEP briefings** in order to encourage a monitoring visit to the CCAC in November 2025. This was unfortunately unsuccessful.
In **January 2026**, IHR published **feedback** on the **EU Strategy on Combating Trafficking** in Human Beings [4] which has now come into force.
In **March 2026** IHR **met** with the **Group of Experts on Action against Trafficking in Human Beings** (GRETA) on Samos to provide information to them on the situation on the island.

Despite **more than three years of documentation of rights violations** and **advocacy** at national, international and EU levels, IHR´s current casework demonstrates that many of the violations and **failures still persist**.

From **September 2025 to September 2026**, IHR **supported 18** clients who are survivors of human trafficking.
Through: i) **reports** from the survivors themselves, ii) IHR's **observations** as legal practitioners working on Samos, iii) **data** from the organisation's case management system and iv) an **in-depth content analysis** and coding of documents provided to the 18 survivors by the Greek authorities, IHR **presents evidence** that the rights of survivors of human trafficking are being violated.

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[1] Unidentified, unrecognised and denied support Survivors of human trafficking in the Samos Closed Controlled Access Centre - published 06.09.2023
[2] I Have Rights calls on the UN Special Rapporteur to Investigate Greece's Treatment of Trafficking Survivors on Samos | I Have Rights.
[3] The UN Special Rapporteur on Trafficking in Persons highlights serious gaps in the Greek authorities' treatment of survivors of human trafficking in the Samos CCAC | I Have Rights.
[4] EU Strategy on Combating Trafficking in Human Beings Feedback from I Have Rights | I Have Rights.



NEW PACT AHEAD

This reporting period coincides with **Greece's implementation of the EU Pact on Migration and Asylum**, adopted by the Greek Parliament on 9 June 2026 and entering into force on 12 June 2026, which restructures the asylum system around intensified control, deterrence and detention. As we at I Have Rights (IHR), together with Mobile Info Team and the Centre for Legal Aid, have warned, the new legislative framework risks **structurally normalising systematic deprivation of liberty, procedural exclusion and socio-economic precarity**, entrenching practices already seen in Closed Controlled Access Centres (CCACs) such as Samos, where **unlawful de facto detention and inhuman living conditions** have served as a blueprint for the Pact's border regime.

Of particular concern for the survivors documented in this briefing is the **persistently thin framework for preliminary medical and vulnerability checks** during screening. There is an **absence** of any robust, operational **mechanism** translating early indicators into a reasoned, reviewable **assessment** of special p**rocedural guarantees** for people such as survivors of gender-based violence and human trafficking.
The **cases** collected by IHR between September 2025 and September 2026, most of which occured **before the implementation** of the new Pact, illustrate these **systemic failures**. Gaps in identification, procedural fairness and reception conditions continue to expose trafficking survivors to further harm.
With the implementation of the new Pact these **malpractices are set to continue** and **potentially further intensify** the systematic rights violations of survivors of human trafficking.



OUR CLIENTS



Between September 2025 and September 2026, **IHR identified 18 clients as survivors** of human trafficking, constituting almost **10%** of IHR's **clients** during this period. Four survivors are men, fourteen are women.
Clients originate **primarily from Guinea and Cameroon** (five each), alongside Ghana, Eritrea, Mali, Sierra Leone, Kenya and Uganda.

The types of trafficking experienced by these clients include **forced labour** and **domestic servitude** (including 3.5 to 6.5 year long exploitation periods abroad, mainly in Turkey, Qatar and Saudi Arabia), **sexual exploitation** and **forced prostitution**, **forced** and polygynous **marriage** (often in connection with being abducted), **being held captive** against their will, and being **isolated** and **deprived of their liberty**, which in one case continued for nearly two years.
In several cases, survivors have been **detained or imprisoned** due to their irregularized status in third countries and experienced **continued violence, mistreatment and torture**.

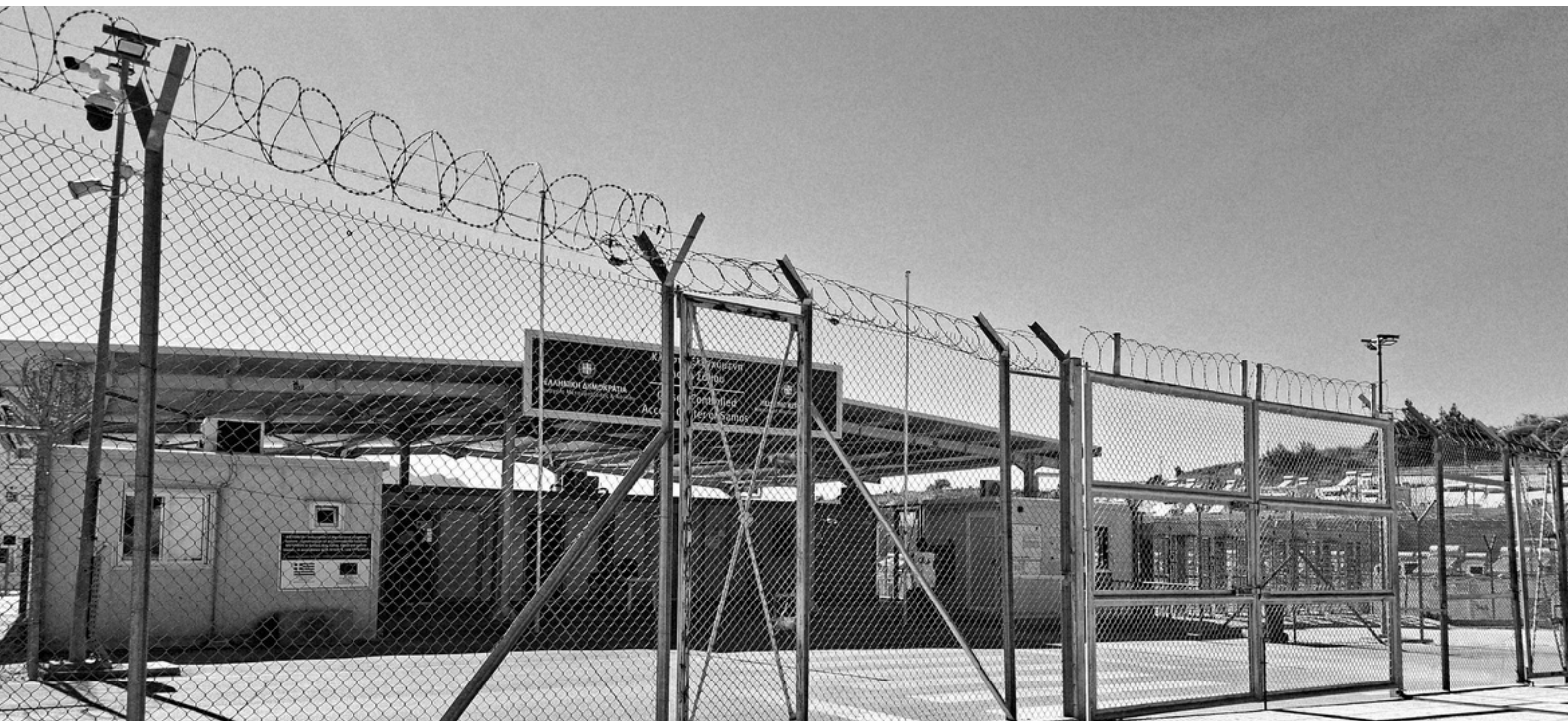
Beyond their trafficking experiences, clients present **severe** and often overlapping **physical and psychological conditions** resulting from prolonged exposure to violence, coercion and exploitation. This is **further exacerbated** by the **inadequate** and often inhumane **reception conditions** in and surrounding the Samos CCAC.

Physical health consequences documented across cases include female genital mutilation (FGM) (in at least five cases), **gunshot wounds**, tumors, injuries from repeated rape requiring gynaecological treatment, **chronic illness** (including Hepatitis B), pregnancy-related complications, and **untreated injuries sustained during torture and forced labour**.
Psychologically, clients report **symptoms** consistent with **complex trauma**, including suicidal ideation, recurrent flashback, disrupted sleep, dissociation and disorientation, social withdrawal, memory and concentration difficulties, and profound shame. Several clients explicitly **requested the postponement of asylum interviews** due to their psychological state.

These trauma-related **symptoms** directly **undermine** survivors' **ability to meet the coherence**, **consistency** and **level of detail expected** from them during asylum interviews. **Credibility assessments** often **fail to account for the effects** of dissociation, memory impairment and shame on testimony.
This places survivors at **heightened risk of inconsistent statements** being used against their claims. Despite these documented vulnerabilities, **four** of the 18 clients (one woman, three men) **received rejection** decisions on the merits during this period. **Appeals** were subsequently **lodged** in at least three cases, raising **serious concerns** as to whether trafficking indicators are **adequately considered in first-instance** assessment.

The **majority** of survivors of human trafficking come from **countries** that Greek and EU authorities **classify as having a low likelihood of international protection**. This means their aggregated EU-wide **recognition rate is below 20%**.
Under the Pact, their asylum applications are now processed in the **border procedure**. The **screening is within 7 days** and the **whole asylum process takes just 12 weeks**, raising serious **doubts** about the **quality of identification and assessment**. There is also not enough time to make a referral to the National Referral Mechanism (NRM). As a result, their a**ccess to the right of asylum** and the **protection** they are entitled to is **seriously undermined**. So far, we have not seen any cases of human trafficking survivors under the border procedure of the pact.

In our cases documented during the reporting period, **16 out of the 18 clients** were from such **countries**. The remaining **two clients** were from Eritrea, which is not subject to this classification and has a relatively high recognition rate. However, both were **misregistered as Ethiopian** by the Greek authorities (which has a recognition rate below 20%).
One client did manage to be recognized as Eritrean eventually after successfully convincing the Greek Asylum Service (GAS) during the nationality assessment in their first instance asylum interview. In the **second case**, which is still pending a decision, their **caseworker recommended to the GAS that they should be considered Ethiopian**, as their **declared nationality** was deemed **not credible**.





SYSTEMATIC

The **compounding vulnerabilities** of survivors of human trafficking are **frequently left unaddressed** due to **systemic gaps** in providing appropriate reception and living conditions, psychological and medical care, as well as asylum procedures within the CCAC, as detailed below. This **briefing focuses on conditions upon arrival** at, inside and surrounding the **Samos CCAC**, the **conditions** encountered **following transfer** to mainland camps, and **continuing failures in the identification** and **protection of trafficking survivors** throughout the asylum procedure.

This report is grounded in a **two-fold legal-political position**: First, IHR maintains that the **specific failures** documented below - in identification, screening, reception, medical and psychological care, and procedural fairness - **constitute violations of binding legal obligations** under EU law. Second, IHR **situates these in the politics of encampment**, embodied by the Closed Controlled Access Centre on Samos.
The **violations** catalogued in this report are the **predictable and recurring effects** of a **camp architecture designed to exercise sovereign disposal** and administrative **control** over people **rather than to treat people on the move** as people **entitled to fundamental rights**, equal treatment and protection.

Most cases documented here **predate 12 June 2026** and are **assessed under the 2013 Directives** [5], which governed reception and asylum procedures until then. The instruments of the **EU Pact**, which now apply, are **cited alongside** as the standard going forward, and in most respects they restate or tighten the same duties.

[5] Directive 2013/33/EU (known as the Reception Conditions Directive) and Directive 2013/33/EU (known as the Asylum Procedures Directive).

PROTECTION GAPS





1. PUSHBACKS

Alongside their trafficking experiences, **several clients** in this reporting period also **reported pushback or pullback incidents** during their attempted crossing to Samos, in which Greek or Turkish authorities forcibly prevented their arrival before formal registration could take place.

One client experienced a pushback by a **boat coming from Greek waters** with four men on board, wearing black uniforms with black chest protectors and balaclavas. They recount: "No one asked us on the boats whether we wanted to apply for asylum." The **masked officers** pierced the group's boat and kept the motors, **boarded the group** on the vessel and then drove into Turkish waters, where they m**et with a boat from the Turkish Coast Guard**. The group was told to get on this boat and was subsequently taken to a police station at a port in Izmir where they were **ultimately kept in detention for a week**.

Another client described **Turkish authorities intercepting and returning their boat to Turkey**, which resulted in them being detained for several days before being released due to health conditions.

A third client recounted the **chaos of a Greek coastguard interception** at sea shortly before arriving at the shores of Samos: "The person driving the boat was masked, we went into the bush, someone called out and the police arrived. Some people got angry, they insulted us. Others started telling us that if they had been alone, they would have taken us back to Turkey".

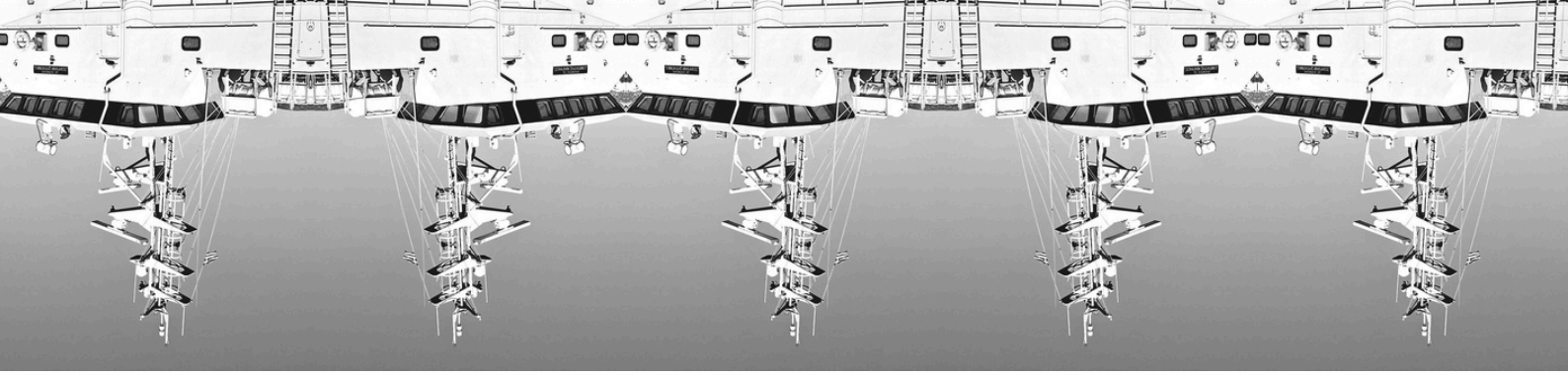
These incidents are **consistent with wider documented patterns of border violence** in the **Aegean**. Collective Aid's dataset [6] documented **82,239 people being prevented from accessing international protection** through apprehensions and "rescues" by Turkish Coast Guard and pushbacks by the Greek Coast Guard, leading to **at least 263 deaths and disappearances** for the period of **2024 to 2025**.

For **survivors of trafficking**, **exposure** to such **violent** and unlawful **treatment at the border** may **compound pre-existing trauma** and create additional fear of state authorities.

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[6] Collective Aid, Evidence-Based Action for Human Rights at Borders Project - Methodological Toolkit and Pilot Project Aegean Incidents 2024/2025, 3 March 2026, https://www.collectiveaidngo.org/blog/2026/3/3/webinar-evidence-basednbspactionnbspfornbsphuman-rights-at-borders-project-methodological-toolkit-and-pilot-project-aegean-incidents-20242025





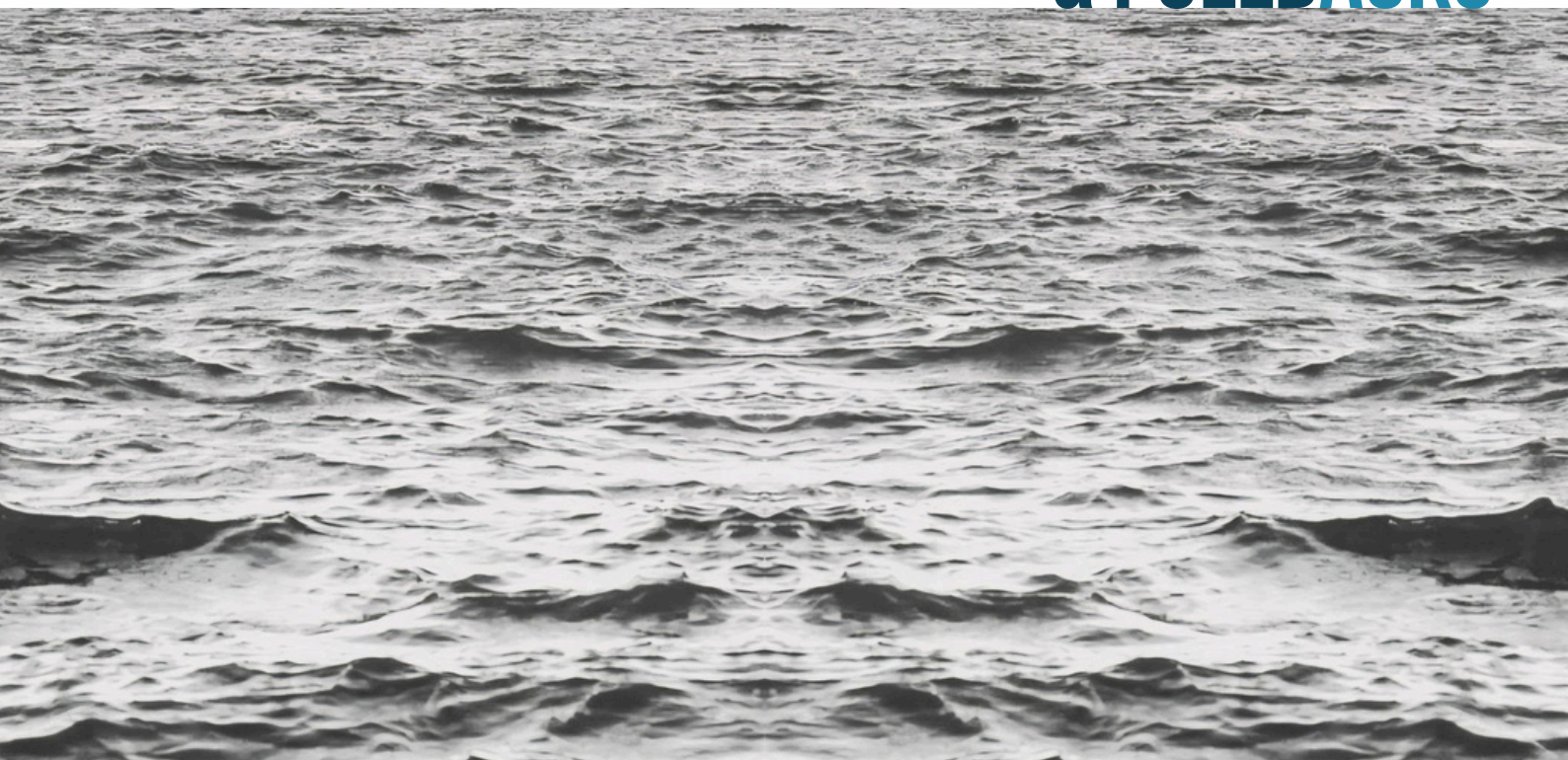
Pushbacks and pullbacks constitute **direct violations of the principle of non-refoulement** under Article 33 of the 1951 Refugee Convention and Article 3 ECHR, as well as the **right to seek asylum** under Article 18 of the EU Charter of Fundamental Rights.

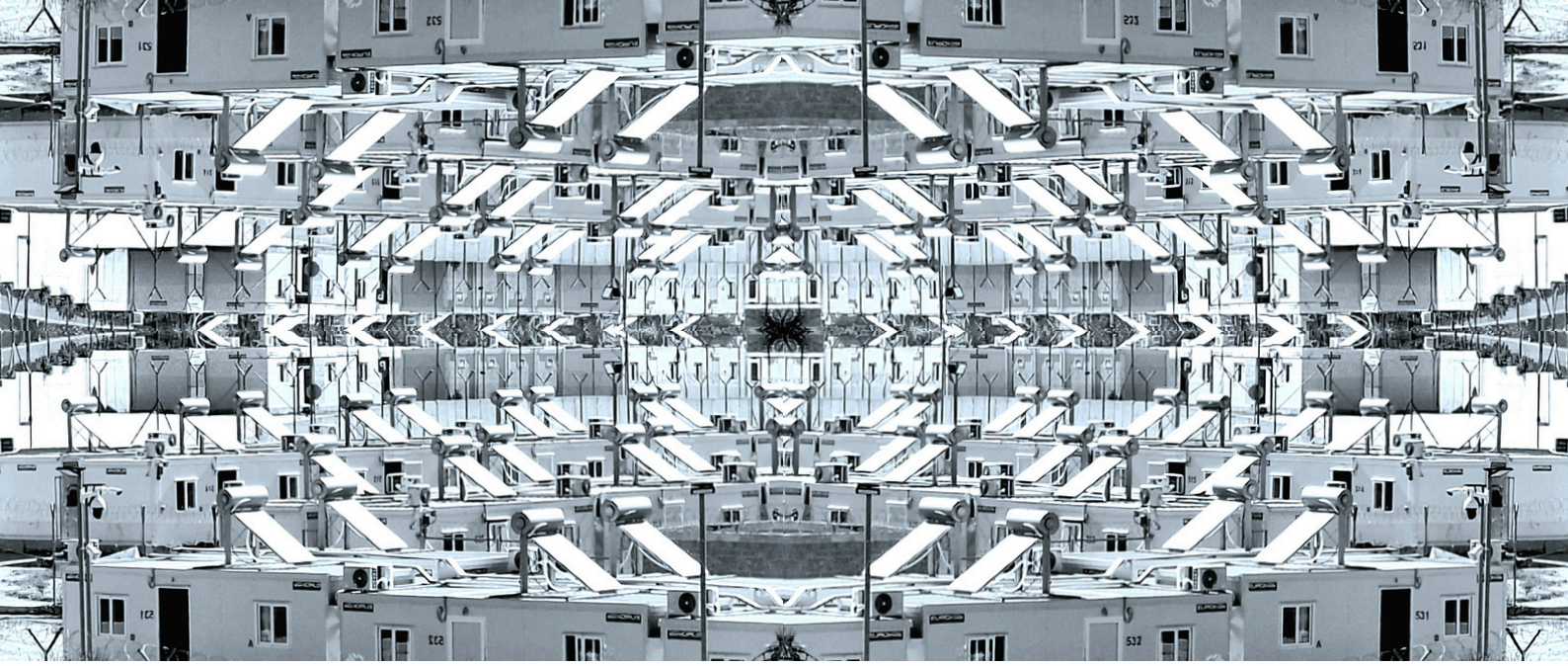
For **survivors and potential victims of trafficking** specifically, States additionally bear a **positive obligation** under Article 4 ECHR (prohibition of slavery and forced labour), as interpreted in Rantsev v. Cyprus and Russia, to t**ake operational measures to protect** victims or potential victims where the authorities knew or ought to have known of circumstances giving rise to credible suspicion of trafficking.
In V.C.L. and A.N. v. The United Kingdom, the **Court further emphasised that early identification** of potential trafficking victims is of paramount **importance**, and that **assessment** by trained and qualified individuals should be in place **promptly**.

Greek authorities and Frontex are accountable for these acts, and they are **obligated** to conduct effective **investigations** of each credible **allegation**. Independent monitoring is necessary, but it cannot address the root causes of the systematic push- and pullbacks: the **violation lies** in the practice itself and in the **border and migration policies** that produce it.

IHR holds that the **people have the right to move and to ask for protection without condition**.

& PULLBACKS





2. NON-IDENTIFICATION

Consistent with IHR's findings since 2023, s**urvivors continue to go unrecognised by Greek authorities** despite clear indicators.
In one exemplary case, a **client** endured trafficking for **sexual exploitation for a prolonged time** – including forced confinement, isolation, and coercion. Despite vulnerabilities established, the client was **not identified** as a trafficking survivor during the screening. These vulnerabilities included torture, sexual exploitation, FGM and domestic **violence documented both in their country of origin and in Turkey**.

As **failures in identifying** survivors of human trafficking **continue**, IHR has **requested** the **provision of proper vulnerability assessments** at the Reception and Identification Service (RIS) in at least **four cases**. These requests were based on information obtained from clients in interview preparation appointments. Moreover, IHR has successfully **referred seven clients** to the National Referral Mechanism (**NRM**). This framework coordinates the identification, special protection, and referral of trafficking victims to specialized support services. However, the **GAS and RIS**– which are actually responsible for conducting EMA referrals in cases involving indications of human trafficking – often f**ail to do so on its own motion**.

These casework **findings echo the conclusions of the European Ombudsman**, who on 7 July 2026 published the results of an inquiry into the European Union Agency for Asylum's (EUAA) handling of asylum applications on Samos. The **inquiry followed a joint complaint by IHR** and Avocats Sans Frontières France (ASFF) in 2024. The **Ombudsman found** that **EUAA caseworkers** had **repeatedly failed to flag** cases involving human trafficking and pushbacks, attributing this to **insufficient staff training**. The inquiry also i**dentified a complete absence** of any **mechanism** through which asylum seekers could **report errors** made during their interviews. In response, the Ombudsman issued **four recommendations**. These included **regular caseworker training** on vulnerability and trafficking indicators and a **requirement** that once vulnerabilities are identified, survivors be directed to **appropriate follow-up support**. As these recommendations are **yet to be effectively implemented**, we continue to monitor the administrative practices of the Greek authorities.

Under the 2013 Directives, **trafficking victims are expressly vulnerable persons** whose special reception **needs** must be a**ssessed within a reasonable time** (Directive 2013/33/EU, Articles 21-22). Applicants who **need special procedural guarantees** must be **identified within a reasonable time** and **supported throughout** (Directive 2013/32/EU, Article 24). Member States must also provide **mechanisms for early identification and assistance** from the point of "reasonable grounds" (Directive 2011/36/EU, Art 11).

The **EU Pact on Migration and Asylum** makes these **obligations more concrete**.
The Screening Regulation (EU) 2024/1356 requires a **preliminary vulnerability check** as part of the screening process (Article 8 (5)(b)), to be carried out by specialised, trained personnel (Article 12(3)). Where vulnerabilities or special reception or procedural needs are identified, **timely and adequate support must be provided** (Article 12(4)).
The recast Reception Conditions Directive (EU) 2024/1346 **explicitly recognises** that applicants with special reception needs may **include**, among others, **victims of trafficking in human beings** (Article 24). Member States must **assess special reception needs individually** and **as early as possible** after an application for international protection is made, generally completing the assessment within 30 days, subject to provisions governing integrated assessments (Article 25).
The Asylum Procedure Regulation (EU) 20244/1348 separately requires an **individual assessment of the need for special procedural guarantees**, initiated as early as possible after the application is made, with **appropriate follow-up** and referral where necessary (Article 20(1)-(4)).
Furthermore, Directive (EU) 2024/1712, amending Directive 2011/36/EU on preventing and combating trafficking in human beings, **strengthens obligations concerning the early detection and identification** of victims of trafficking, their **referral to appropriate assistance** and support services, and cooperation with asylum authorities (Article 1 of Directive 2024/1712, amending Article 11(4) of Directive 2011/36/EU).

These cases demonstrate that **identification and referral obligations** are **not consistently fulfilled in practice**. Although both the Asylum Service and the Reception and Identification Service identify and refer some potential survivors of human trafficking, **significant gaps** remain. As a result, **IHR often intervenes** by **requesting vulnerability assessments and referring** potential victims to the National Referral Mechanism (NRM).
Failure to identify survivors promptly may **deprive** them of **essential procedural guarantees** and **undermine the fairness** of asylum procedures.

& DELAYED RECOGNITION REMAIN SYSTEMIC



Clients **continue** to report being **held without mattresses, blankets, or basic sanitation** during initial registration.
One client recalled: "We were in quarantine. After that, we were taken to our rooms. We slept directly on the floor. We had **no mattresses, only one blanket**. So, you either slept on it or under it if you were **cold**". Another reported: "We had blankets, food, but we slept on the floor without beds and the toilets were dirty. **We were all mixed – women, men and children**". A third stated: "We were given food, but we had no mattresses. We slept using our sheets." A fourth reported: "I **slept on the floor**, and only had one blanket to lay down. The night we came with the boat, you got wet and I had to sleep in wet clothes until the following day. The camp authorities don't care about how the room looks."

Bedding **conditions**, **sanitation and safety concerns often persist** after clients are moved into **containers**. Three weeks after reporting unacceptable living conditions, one client states: "So far, nothing has changed where we live."

Moreover, **phone confiscation upon arrival** [7] on the Greek shores until arrival at the camp **remains standard practice** and was reported by multiple clients, including one who described officers taking phones **"with violence"**.

3. DE FACTO DETENTION & INADEQUATE QUARANTINE CONDITIONS PERSIST



The **quarantine period engages Article 5 ECHR** irrespective of how Greek law labels it. Whether someone is deprived of liberty is a question of fact, assessed by the type, duration, effects and manner of implementation of the measure. **Confinement in a reception facility can qualify as detention** (Khlaifia and Others v. Italy, Grand Chamber). Article 5 then r**equires a clear legal basis**, an **individual assessment** of necessity and proportionality, and **access to a judicial remedy**. **None is provided** in practice. The reported 8-9 day confinement in a closed, surveilled perimeter distinguishes it from J.R. and Others v. Greece (2018), where the Court found no deprivation of liberty in the first weeks at an open-regime Vial centre.

The conditions also **engage Article 3 ECHR** independently of that classification. Overcrowded, **unsanitary accommodation, without beds** or privacy and with no access to care, can **amount to inhuman or degrading treatment**, especially for persons in a position of vulnerability (M.S.S. v. Belgium and Greece). **Confiscating phones** on arrival cuts people off from counsel and family and **engages Article 8 ECHR**.

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[7] I Have Rights/Border Monitoring Violence Network, Controlled and Confined: Unveiling the Impact of Technology in the Samos Closed Controlled Access Centre, 2025, p. 10ff. https://ihaverights.eu/wp-content/uploads/2025/01/FINAL_IHR-BVMN_TECHNOLOGIES-REPORT.pdf



4. LACK OF SAFETY & PRIVACY

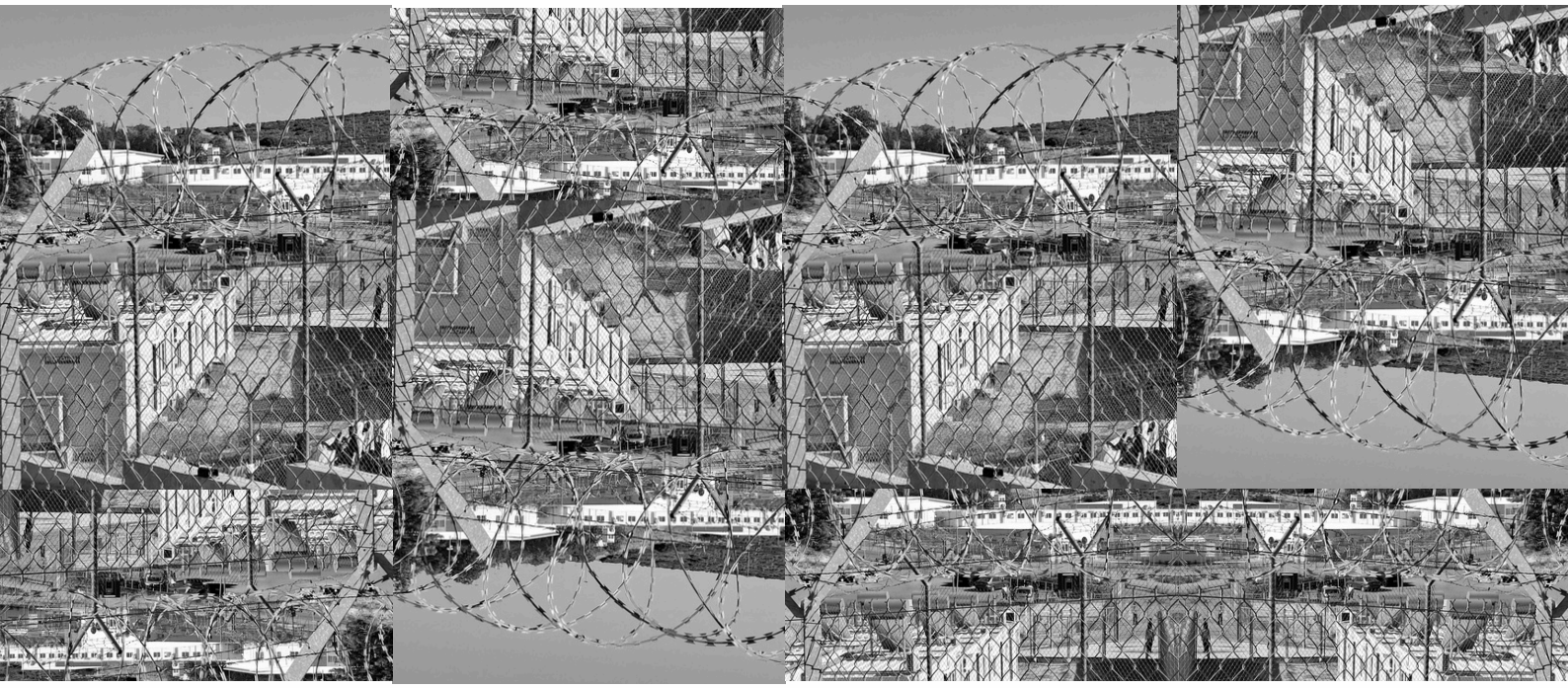
Container **security remains a persistent concern**, particularly for **women**. One client – who had survived several forms of sexual violence and exploitation – was initially housed in a **mixed-gender container**. They said: "You **can't lock** it [the container]. At first, in our container, there were men. To explain to you, a container has two rooms and a kitchen and toilet in the middle. In one room, there were two men and in the other one, me and my partner. It was really **not safe**". When asked whether staff could address the lack of locks, they added: "If you ask them, they won't even do it".
Another client described the **conditions** of their container: "There is **no light**, we can't lock the door, there is **no stove, no fridge**. We decided to manage ourselves".

Under Directive 2013/33/EU, Member States **must take into consideration gender- and age-specific concerns** and other **vulnerabilities** and t**ake appropriate measures** to prevent assault and gender-based violence within accommodation centres (Article 18(3)-(4)). Article 21 of the same Directive explicitly includes victims of human trafficking among vulnerable applicants.
Directive 2011/36/EU, Article 11 (2), further requires **appropriate support and assistance** where competent authorities have reasonable grounds to believe that a person may have been trafficked, without requiring a final identification decision. Paragraph 5 of the same article **expressly includes appropriate and safe accommodation** among the minimum assistance and support measures. Paragraph 7, moreover, requires **particular attention to victims** whose special needs arise from serious **psychological, physical or sexual violence**.

The **Pact** even **strengthens** these obligations. Directive (EU) 2024/1346, Article 20, requires Member States to ensure that **housing provides** the applicant with an **adequate standard of living** with necessary support to account for the applicant's **special reception needs** (including gender and age-specific concerns). It expressly states that, "where female applicants are placed in accommodation centres, Member States shall **provide separate sanitary facilities and a safe place** in those centres for them and their minor children" (Article 20 (5)). Articles 24 and 25 reinforce the assessment of special reception needs, including those of victims of human trafficking.

The **reality shows a different practice**. Women being housed in **mixed-gender containers** with shared sanitary facilities, **non-provision of locks**, inadequate lighting and missing essential appliances expose survivors to **further harm and compromise their safety and dignity**.
IHR's repeated (and usually unanswered) requests for repairs or transfers demonstrate the **unwillingness of authorities to ensure basic safety measures** and **adequate accommodation** for vulnerable persons. For survivors of trafficking, these **conditions risk re-traumatisation** and **fall short of the obligations** in the Directives to provide safe, adequate and gender-sensitive reception conditions.

5. CONTINUING FAILURES IN MEDICAL & PSYCHOLOGICAL CARE



Short, delayed or absent medical treatment was reported **across nearly every case reviewed**. When asked if they were medically examined, one client answered: “No, not at all. It lasted ten minutes”. One client requiring urgent medical care reported being asked several times to come back the next day, only to be **given the wrong medication** in the end. Clients with multiple medical conditions reported that they did not receive any treatment. One client said: “I told them three times [about my very serious condition], doctors **didn’t give me any treatment**. […] The first time I arrived, I informed them but they didn’t take me to the doctor. I went to see the doctor myself after that and he sent me to the hospital”.

The **financial allowances** that asylum seekers are **entitled to** receive has **not been paid out for over two years.**[8] This further intensifies the **desparate financial situation** for people with special medical needs, constituting a **serious risk to their health**. Especially in cases where clients had to p**ay for their own medication**, oftentimes they were not able to receive the required treatment.

Access to **psychological support** remains **critically limited** as well: one client seeking help was told “the psychologist does **not have enough time** at the moment”, while another reported being told they would be contacted, adding “they **haven’t contacted me** in two weeks”.
Given the lack of adequate state-provided psychological care, IHR routinely **refers clients to Médecins Sans Frontières (MSF)** for psychological support. With only **one state psychologist available** to serve the large number of people residing in the Samos CCAC, serious concerns remain about access to adequate and timely psychological care and the timely.

[8] I Have Rights et al., Joint Statement: Provision of cash assistance to asylum seekers in Greece must resume immediately, 26. February 2026, https://ihaverights.eu/press-release-joint-letter-cash-assistance-to-asylum-seekers-in-greece-must-resume-immediately/

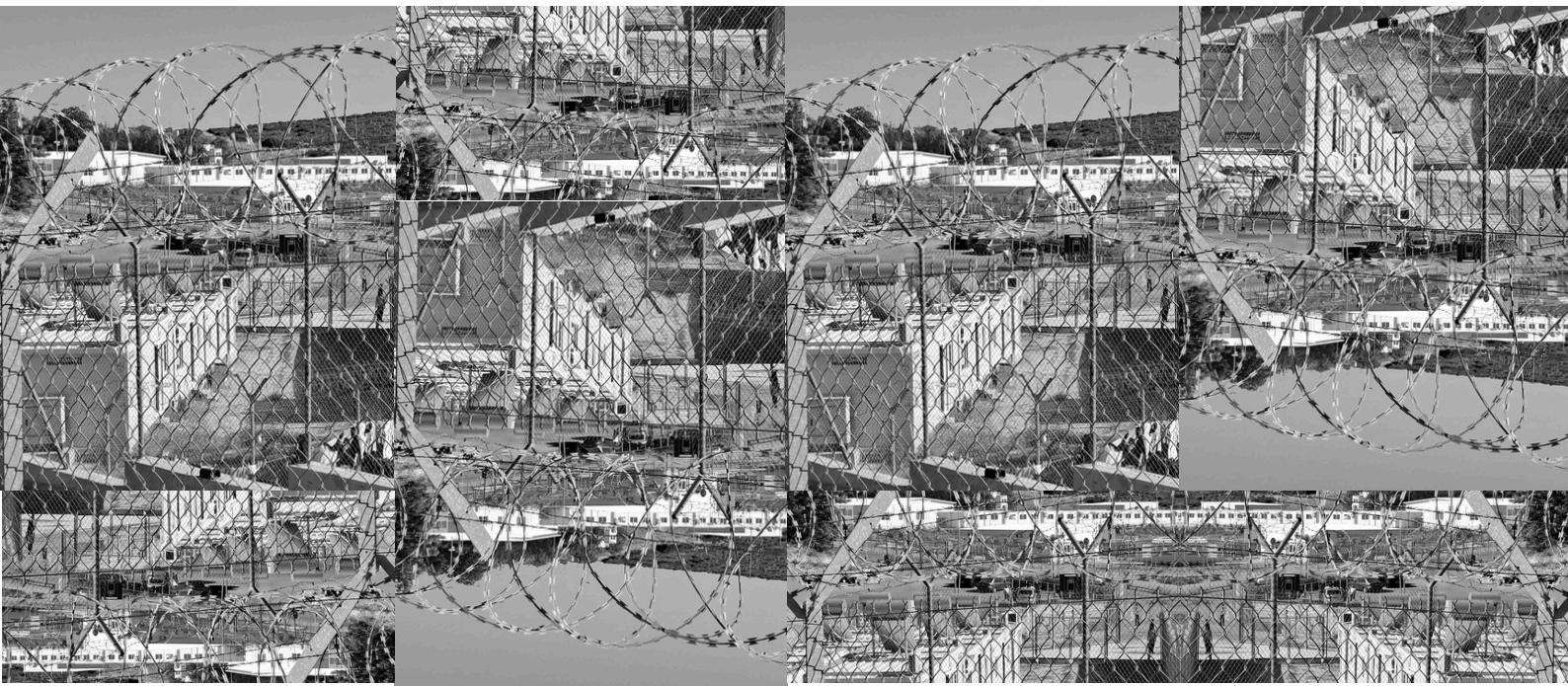
Under Directive 2013/33/EU, Member States are **required to ensure access to necessary healthcare** with applicants with special reception needs being entitled to necessary medical or other assistance, **including mental healthcare**, where needed (Article 19).
Article 21 and 22 requires the **assessment of vulnerable persons** (such as victims of human trafficking) and subsequently the c**onsideration of special reception needs** including needs for **specialised medical and psychological care**.
Article 25 specifically **requires necessary medical and psychological treatment for survivors** of torture, rape or other serious acts of violence.
Directive 2011/36/EU further requires **assistance and support to suspected trafficking victims** as soon as there are reasonable grounds to believe that they may have been subjected to trafficking (Article 11).

The new **Pact reinforces these obligations** with Directive (EU) 2024/1346 requiring access to **necessary healthcare** to applicants and **appropriate mental healthcare** and **rehabilitation** for applicants with special reception needs (Article 22).
Articles 24 and 25 **strengthen the framework for identifying** and **addressing** those **needs**.
The amended Anti-Trafficking Directive (EU) 2024/1712 further requires **specialised assistance** and support delivered through a **victim-centred** and **gender-sensitive** approach.

Persistent failures to provide necessary care may also raise issues under **Article 3 ECHR**. [9]

In practice, delayed or absent medical treatment, inaccessibility of medication and prolonged waits for psychological support leave survivors without the care required to address their needs. The **reliance on medical NGOs** such as MSF to fill the gaps in state provision further demonstrates the **States failure to oblige** to the Directives. These **shortcomings seriously threaten survivor´s health** and **recovery** and risk **leaving vulnerabilities undetected** and therefore **not addressed**.
This compromises both their protection and the fairness of the asylum procedure.

[9] See M.S.S. v Belgium and Greece in relation to reception conditions.



6. INTERPRETATION & PROCEDURAL FAILURES

Interpretation gaps continue to **compromise the integrity** of asylum interviews.
One client's asylum interview transcript contained **numerous errors and misunderstandings**, reportedly caused by **changing interpreters**.
Another client, hospitalised for a chronic illness, reported that **no interpretation** in French was **available** in the hospital in Samos, obstructing his ability to communicate his medical needs. This issue was only resolved by MSF sending a french interpreter to the hospital.

Two separate **cases involve outright misregistration of nationality**, where Eritrean survivors were formally registered as Ethiopian – a **systematic malpractice** that has been documented for about three years [10] which **severely undermines** the applicants' **right to asylum** and their **access to protection**.

One client reported that in the screening procedure **she asserted clearly** that she was **Eritrean** but was **registered as Ethiopian** without explanation. Afterwards, the d**ocuments given to her** which stated her nationality were in **Greek**, a **language she does not speak** or read.

A second survivor from Eritrea reported that when she was **registered** and **signed** the screening **form**, she **did not understand** its contents, as **no interpreter** was present at the time. She only **later realised** that she had been **misregistered** as Ethiopian which she **challenged** during her asylum interview **after support by IHR**.
Notably, **IHR's lawyer was not permitted to represent her remotely** during the interview. Following the interview, her **caseworker recommended** that her **declared nationality** be treated as **implausible**. In response, IHR's lawyer **submitted a legal memo contesting this assessment**. She is currently awaiting the decision on her asylum claim.

10] Legal Centre Lesvos, Lesvos regional asylum office forcing displaced Eritreans to change their nationality to Ethiopian, 29. January 2024, https://legalcentrelesvos.org/2024/01/29/lesvos-regional-asylum-office-forcing-displaced-eritreans-to-change-their-nationality-to-ethiopian/; FENIX, Denied Nationality and the Struggle for Fair Access to Asylum, 1. April 2024, https://www.fenixaid.org/articles/denied-nationality-and-the-struggle-for-fair-access-to-asylum



Under Directive 2013/32 EU, applicants **must receive information in a language they understand**, shall **receive an interpreter** for submitting their case to the authorities and shall be **informed of the result of the decision in a language that they understand** (Article 12 (a), (b), (f)). Further, the determining authority must **ensure** that the applicant is given an **adequate opportunity** to **present as completely as possible**. This includes the opportunity to **give an explanation** regarding **elements** that might be **misrepresented**.
Article 24 further requires appropriate support for applicants in need of **special procedural guarantees**.

The Pact **reinforces these obligations** through Regulation 2024/1348, with Article 14 addressing the **correction of factual inaccuracies** appearing in the report.
Regulation 2024/1356, Article 17, **requires** an **opportunity to correct errors** on the screening form.

These **safeguards reflect** the **right to an effective opportunity** to **present** their case **in a language the applicant understands** and the **importance of remedies to inaccurate identification** in the asylum procedure.

In practice, **inconsistent** interpretation or even the **total absence of interpreters** during screening **undermine** the applicant´s **ability to understand and participate effectively** in their procedures. The use of **documents** in an **unreadable language** compounds these failures.
The **repeated misregistration** of Eritrean applicants as Ethiopian constitutes a **violation of the EU´s Asylum Procedures** and Qualification Directives. **Inaccurate records** may **influence credibility assessment** and leave applicants at **risk** of having their **claims rejected**. This is particularly concerning, when applicants are **not given an effective opportunity** to **prevent or correct errors** on their forms.





7. DISCRIMINATION IN SERVICE PROVISION

One client explicitly raised **racial discrimination** in the **distribution of essential supplies**, stating: "They discriminate in the camp, black skin does not have the same rights as white skin. I asked for milk for the children, whereas we saw that white [women] were entitled to it. They told us it was the same for all children".
When asked about the treatment by the camp authorities, another client recounted: "**It's like police** you know, they **treat us like no people**, if you cause any trouble, they remind you. […] She [a woman from the camp management] told me: 'You know that **we can deport you**', like to remind you what you are to them."

Article 21 of the **UN Charter** of Fundamental Rights **prohibits discrimination** on several grounds, including race and colour. This of course applies to authorities in Greece when implementing EU asylum and reception law.
These protections are **reinforced** in Article 14 **ECHR** (European Convention on Human Rights) (prohibition of discrimination), Articles 7, 24 and 26 **ICCPR** (International Covenant on Civil and Political Rights) and Articles 2 and 5 of the **ICERD** (International Convention on the Elimination of All Forms of Racial Discrimination).
When children are involved, the **UNCRC** (Convention on the Rights of the Child) requires States to **protect children from discrimination** on any grounds and to treat their **best interests as a primary consideration** in all decisions affecting them (Articles 2 and 3).

The reports of **unequal access to essential supplies based on skin colour** alongside **intimidating** treatment and **threats of deportation** by camp management, raise **serious concerns** about racial **discrimination** and **unequal treatment** by reception authorities.
These practices constitute a **violation of the obligation** to **ensure non-discriminatory treatment**.

8. CONDITIONS FOLLOWING TRANSFERS TO MAINLAND CAMPS

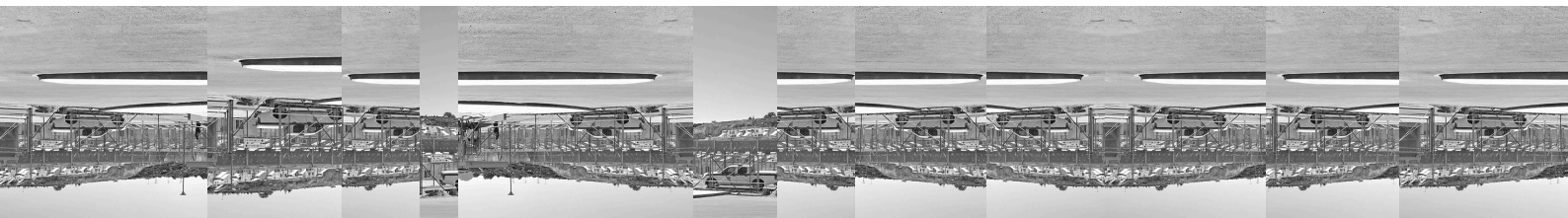
At least **six clients** with a background of human trafficking in this reporting period were **transferred** from Samos to **mainland facilities** (Corinth, Athens, and Veroia) after IHR's intervention upon the **client's request** for a referral.
However, rather than providing more appropriate accommodation for people with special protection needs, the **conditions there frequently replicated** or even **worsened** compared to those on Samos.

IHR's lawyer contacted **Corinth camp** authorities on behalf of a **pregnant client** who reported a **serious bedbug infestation**. This had resulted in numerous bites, skin lesions, and significant **physical discomfort**. The client also reported **inadequate bedding and insufficient food** since the day of her arrival. The authorities were informed that her **advanced pregnancy required special living conditions** and **support measures**, which do **not currently** appear to be **guaranteed**. They were also informed that cumulative trauma combined with these conditions was **causing her severe psychological strain**.

A second client transferred to Corinth, a **single mother of a young child**, reported comparable conditions: severe sleep disturbances due to **bedbug** bites and **difficulty accessing toilets** and kitchen facilities located a considerable distance from her room. She also raised **safety concerns**, citing the lack of security personnel and fear for the safety of her minor daughter, due to the facility's open layout and **inadequate security measures**.

A third client, transferred first to Corinth and then Veroia after a request to be moved to Alexandria camp was rejected, continues to **await a second-instance decision** while managing a **chronic illness without a permanent medical card**.

Another client - a **single mother of an underage child** - was transferred to Pyrgos camp, where she reported a **critical lack of basic material assistance and psychosocial support** for her and her child. While she initially received a stroller and water boiler, essential supplies - specifically **diapers and soap** - have **not been provided** for approximately **three to four months**. She is unable to purchase these items herself as she is unemployed and lacks financial resources. Additionally, the client expressed **significant distress over her legal status**, noting that she has been **waiting two years for a decision,** after her **interview** appointment had been **postponed seven times**. She highlighted that the lack of a decision is preventing her from seeking employment to support her child.
IHR has **sent complaints** to Pyrgos camp regarding the **material conditions** and **requested the expedition** of the client's asylum decision before the competent Asylum Service.



Under Directive 2013/33/EU, Member States must **provide adequate material reception conditions** (Article 17), **safe accommodations** (Article 18) and **appropriate support** for applicants with **special reception needs** (Article 21 and 22).
Articles 19 and 23 further **address healthcare** and the **best interest of children**.

The new **Pact reinforces** these obligations through Directive (EU) 2024/1346, which requires **special reception needs** to be **taken into account** when **allocating** or reallocating of **accommodation** (Article 7). It also **ensures adequate accommodation** (Article 19 and 20) and **strengthens the assessment and monitoring of special reception needs** (Articles 24 and 25). Additionally, it **requires** Member States to establish **mechanisms for monitoring the level of reception conditions** (Article 31). Article 31 is especially **relevant** to **recurring infestations**, inadequate facilities and **unresolved complaints** in mainland accommodation centres.

These obligations are c**omplemented by Article 3 ECHR**, where **conditions** reach the **threshold of inhuman or degrading treatment** (as considered in M.S.S. v. Belgium and Greece).
Articles 3, 24 and 27 of the **UNCRC protect children´s best interests, health** and **adequate standards of living**.
Article 11 of the ICESCR further recognises the **right to an adequate standard of living**, including food and housing.

The testimonies of our clients provide us with a **different reality**. In practice, transfers from Samos to mainland facilities have frequently **failed to provide safer or more appropriate reception conditions** for survivors of human trafficking. Infestations of **bedbugs**, **inadequate provision** of food and other **essential supplies** and **limited access to facilities** and medical and psychological **support** persist on the mainland. These conditions are d**isproportionately affecting pregnant women**, **survivors** of human trafficking and **single mothers with young children.**





CONCLUDING REMARKS

The **findings** documented in this report **demonstrate** that survivors of human trafficking on Samos **continue to face systemic**, **compounding harm across every stage of the asylum procedure.**
This includes unlawful **pushbacks and pullbacks at the border**, through **inadequate**, **unsanitary** and **unsafe conditions** in the **CCAC**, to **severe gaps in medical care**, **psychological support** and **interpretation.** These shortcomings often persist even after survivors are transferred to mainland facilities.
Despite **clear indications** of trafficking present in **nearly every case** reviewed, **survivors often remain unidentified** by Greek authorities. Instead, **IHR frequently** has to intervene **to ensure identification and referral** to the special protection mechanism (EMA).

These f**ailures are not incidental**. They have been **consistently documented** and are **corroborated** by the recent **European Ombudsman's findings** against the EUAA.
Taken together, they **reflect a broader regime characterised by inhumane reception conditions**, **accelerated procedures**, **inadequate** vulnerability **assessments** and the **absence of effective oversight and accountability**. These **systemic shortcomings** lead to **ongoing rights violations** and **deny** survivors the **individualised examination and protection** to which they are entitled under international, EU and Greek law.

With the **EU Pact on Migration and Asylum** coming into force in June 2026, these s**tructural deficiencies and malpractices** are set to be **further exacerbated**. The Pact´s **emphasis** on **expedited procedures**, expanded **detention**, and **weakened individual examination,** raises serious concerns about the protection of trafficking survivors.

I Have Rights reiterates that the **identification and protection of trafficking survivors is a binding legal obligation.**

& RECOMMENDATIONS

We urge Greek authorities and EU institutions to:

1) **Implement** the European **Ombudsman's recommendations** without delay.

2) **Ensure functioning and rights-compliant vulnerability assessments** at every stage of the procedure.

3) **Guarantee** survivors' **access to adequate medical, psychological and legal support**, on Samos and beyond.

4) Ensure **independence and operation** of Independent **Monitoring** Mechanism under the new Pact.

5) **End interceptions and pushbacks at sea**, stop returns to Turkey, and **ensure safe and legal passage for everyone** who seeks it.



If you have any inquiries or comments

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