

# Developing Directive-compatible practices for the identification, assessment and referral of victims

## National Report Greece

**Victimspractices.eu**  
DEVELOPING DIRECTIVE – COMPATIBLE PRACTICES FOR  
THE IDENTIFICATION, ASSESSMENT AND REFERRAL OF VICTIMS

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## Introduction

The current research wishes to give an in-depth and up to date overview on practices currently used with regard to the identification, individual assessment of needs and referral of victims. The report examines how victims are identified and served in the five more important entry points: health services offered either by NGOs or public hospitals, police, NGOs that offer first reception and assistance and specialised institutions set up for groups of victims such as women and children.

The first section outlines the existing legislation. Section 2 examines the status and situation of victims through a review of existing data. Following this, section 3 includes a brief overview of the possible entry points to the criminal justice system. Section 4 examines in detail the practices for identification, assessment and referral of victims, as revealed through interviews with professionals.

21 face to face interviews were conducted with key stakeholders (police officers, doctors, professional staff, experts) in July and August 2016. These included five interviews with professionals from health services (1 social Worker from Médecins du Monde; 2 Project Managers from the NGO Praxis; 1 Coordinator Doctors Without Borders and 1 medical doctor from the public hospital “Red Cross”); two interviews with police officers from the Department against Human Trafficking and the Department against Racist Violence of the Hellenic Police; five interviews with NGOs offering services to different groups of victims (2 interviews with ARSIS, 1 with staff of the Day Center “Vavel”; one interview with Praxis; and the assistant Coordinator of the Network for Recording Incidents of Racist Violence); six interviews with services for women (two interviews with Consultation Center of the General Secretariat for Gender Equality in Athens, one interview with a psychologist at the National SOS helpline against gender violence 15900; two with social workers from the National Centre for Social Solidarity; one with a social worker from the telephone line for emergency social aid of the National Centre for Social Solidarity); three interviews with staff from the NGO Smile of the Child, the hotline SOS 1056 and the Directorate of Minors of the Hellenic Police (a Psychologist at the NGO “The Smile of the Child”; one interview with a social worker at the National SOS hotline for children 1056; and one interview with a Police Officer from the Department of Juvenile Protection of the Hellenic Police).

The main findings of the Report are the following:

- The Directive has not been transposed in the Greek Legal order. This means, that the previous framework, that only indirectly accommodates victims as litigants or witnesses remains unchanged.
- The concept of victim is not prevalent in greek legislation and only evolved in the last few decades especially in relation to specific groups of victims addressed through legislation such as victims of terrorism, victims of trafficking etc.

With regard to victim identification,

- Most entry points accepted self-identification of an individual as a victim. Additional emphasis is in place for specific crimes such as racist crimes, trafficking etc

- Identification in the strict sense is limited to recording the data of the individual and its experience. However, the borderline between identification and needs assessment is often unclear.
- The identification process has a distinct focus for every entry point (collection of facts and evidence for the case file; medical needs; empowerment of women; reporting to prosecutor for children; a more holistic approach for NGOs)
- Identification in situ involves an interview and social intake or based on a questionnaire;
- Procedures for identification are not uniform within each entry point but do not present huge differences.
- Procedures differ significantly when comparing different entry points especially due to the different focus of every entry point.

With regard to individualised assessment of needs,

- The individualized nature of the assessment is covered through the one-to one interaction with the victim.
- The focus of the needs assessment varies significantly in each entry point. The only assessment that has a holistic approach is that made by NGOs
- Procedures are not common or standardized but no important variations are observed.
- Needs assessment is done through personal contact and an interview with specialized staff, usually social workers or psychologists, in some cases also lawyers
- An individualised plan for the victim was a positive practice reported
- Consent is always required, unless minors are concerned
- Decisions are usually made by a team of professionals

With regard to referrals,

- The national referral protocol of the National Centre for Social Solidarity was reported as an effective common framework for referrals. Due to its existence, referrals are more harmonized compared to other practices
- With regard to racist violence, the Network for Racist Violence facilitates referral process effectively. Referrals start with the provision of information and use a common form. Although internal procedures vary the Network has had a harmonizing effect on them
- Outside this framework, and with the exception of public hospitals where referrals do not take place unless there is a communicative disease, referrals take place inside or outside the organisations for support, further treatment, legal services or accommodation. A referral note is used as communication document.
- Referrals rely on a mapping of existing services but also on personal contact between the staff of organisations.
- For children, referrals are subject to a formal order from the prosecution.
- Follow up is neither a common nor a uniform practice
- Consent is required for a referral

## 1. Legislation on victims' rights

### 1.1 Definition of "victim"

Victim protection is not a prominent issue in Greece. This discussion mainly takes place in the context of a dialogue on restorative justice and, more recently, in the process of harmonization with the EU directive on the victims' rights.

The Greek legislative framework does not include a definition of "victim". Neither the Criminal Code nor the Code of Criminal Procedure include a definition of "victim". Criminal law "borrows" the definition 9 of victim from tort law<sup>1</sup>. In this sense, a victim is a person against whom an illegal and liable action took place and that has suffered damage (personal injury or harm to/loss of property) as a result of an incident that constitutes a crime under national law. In criminal proceedings a victim has the right to participate as litigant party by submitting penal action and has the obligation to appear to court (or other judicial authorities) as a witness. If a victim of an illegal and liable action decides to file only civil action (lawsuit) is considered as plaintiff.

### 1.2 Victims in criminal procedures

The legal framework relevant to the rights of 'victims' is the Code of Criminal Procedure (OG A/121/08.08.1986). The Code was ratified by Law 1493/1950 and entered into force on 1-01-1951 and with Presidential Decree 258/1986 (OG A/228/08-10-1986). Therefore, all the rights of victims here mentioned originate from the 1950 legislation. Also, article 20 of the Constitution provides that every person is entitled to receive legal protection by the courts.

The victims have the right to participate in criminal proceedings at all stages of the criminal procedure: they have the right to legal representation, access to the file, appoint an expert, submit demands for certain legal actions, propose witnesses, demand the exception of an appointed expert or a judge, claim restitution and compensation before both civil and criminal courts. To refer a crime in the police, there is no need for legal representation.

Victims obtain the status of a litigant party only if they choose to be legally represented and claim compensation. If not, they have the status of witness, meaning that they have the right -and legal obligation- to testify and be heard during criminal proceedings but they do not participate as litigants in these proceedings. It is not hence of no importance that the Code of Criminal Procedure rarely uses the word "victim" as such, but refers to the victim either as witness or litigant. Also, when Greek Code of Criminal Procedure refers to "witnesses", victims are included.

This distinction, the victim-witness and the victim-litigant reflects two different levels of protection: the victim obtains the full extent of the rights provided by the legal framework, as long as he/she decides to exercise his/her right to become a litigant. This includes the right to legal representation, access to the file, appointment of an expert, demands for certain legal actions, propose witnesses, demand the exception

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<sup>1</sup> Art. 914 Greek Civil Code in comb. Art. 63 (1) Greek Code of Criminal Procedure and art. 118 (1) Greek Criminal Code.

of an appointed expert or a judge, claim restitution and compensation before both civil and criminal courts.

The victim-witness has the right to access to justice, to be heard, the right to interpretation, the right to access to support services, but during the criminal proceedings he/she has very limited rights. For example, the victim-witness has no right to access or copy the file, no right to propose or examine witnesses before the court or to appoint an expert.

The Greek legal tradition emphasizes the rights of the accused rather than those of the victim. There is a rather serious lack of remedies, especially regarding the preliminary proceedings, that allow the victim to have a status equal to that of the accused in criminal proceedings.

#### *Participation in the procedures*

As soon as the prosecutor or the police is informed of a crime, they are obliged to take all necessary actions. Art. 36 of the Greek Code of Criminal Procedure establishes the principle of *ex proprio motu* investigation. Therefore, the prosecutor and the police, according to art. 243 (2) and 275(1) of the Code, have an obligation to investigate and take all necessary measures in order to arrest the suspect and secure the evidence. Greek criminal law requires the previous filing of a complaint specifically in certain misdemeanors. Consent or initiative of the victim is not required in violent crime.

According to art. 48 of the Code of Criminal Procedure, the victim can appeal to the prosecutor of Appeals against the filing of a case by the prosecutor of First Instance. This remedy however requires that the victim initiated the investigation, by filing a complaint, although the victim's complaint is not a prerequisite for the investigation

In case a victim believes that the investigation or prosecution is delayed or not carried out in a timely manner Art. 1 Law 4239/2014 establishes the right of a person to apply for adequate compensation due to the excessive length of a trial. The stage of investigation is not included.

Victims who join proceedings as litigants have a right to an attorney, but their legal representative cannot be present during their deposition before the police, the prosecutor or the examining magistrate (art. 108 Code of Criminal Proceedings). At court trial, according to art. 68 in comb. art. 339 of the Code of Criminal Procedure, the victim has a right to an attorney who is present during the trial, cross examines the witnesses (art. 357, 358) and gives all necessary documents (364).

Victims can receive updated information at all stages, given they are litigant parties, according to art. 82, 108, 147 and 308(2-4) of the Code of Criminal Procedure. Non litigant parties have access only if the judicial authorities approve their application for information (art. 147 Code of Criminal Procedure).

According to art. 108 of the Code of Criminal Procedure, the victim only as litigant party has a right to have access to the case-file and receive information, after the offender has testified or a warrant is issued against him. Also, according to the same article of CCP the victim only as a litigant has a right to copy the case-file. Non litigant parties have access only if the judicial authorities approve their application for information (art. 147 Code of Criminal Procedure).

Victims are always called on as witnesses at all stages of criminal proceedings and are obliged to testify, according to art. 209 of the Code of Criminal Procedure.

At any stage of the procedure, victims have the right to be supported in communication, if they need support. Particularly, any person that testifies is entitled to an interpreter in all stages of criminal proceedings if one doesn't speak the language of the proceedings (art. 233(1) of the Code of Criminal Procedure), or victims with disabilities in speech or hearing can be assisted (art 227 of CCP) through the examination, or victims with mental health problems have the right to be abstaining from examining by authorities (art 210 CCP).

The victim may obtain a decision on compensation in case he/she files a lawsuit before a civil court, according to art. 914 of the Civil Code.

### 1.3 Special groups of victims

The last few years, several specific provisions and measures have been established for specific vulnerable groups of victims; victims of trafficking, domestic violence and minors. These vulnerable groups enjoy special rights but also access to victim support services, especially shelter and legal aid.

#### 1.3.1 Minor victims

In principle, the same rules that are in place for adults, apply also to minor victims. In cases of violence, abuse or neglect, in which the penal procedure is followed and particularly in the framework of somebody interrogated as a witness, article 226 para. 2 of the Penal Procedure Code provides that, if the witness is aged 17 years or less, the magistrate is obliged to write down in the deposition accurately both the questions asked and the answers provided. Moreover, all victims can be heard before investigating judges and judicial councils issue their orders (articles 138, 287 and 309 PPC).

At trial, child victims, similarly to adults can participate in the proceedings if they become civil claimants. Civil Claimants have the right –inter alia- to ask that the hearing is adjourned for reasons of health or unexpected or uncontrollable events (article 349 para 1 of PPC). Regardless of whether they become civil claimants, victims can be invited as witnesses to provide information on the incident and answer additional questions. No specific rules on the consideration of a child's age and maturity and any communication difficulties exist. Information obtained from child victims and witnesses is admissible in court but at the judge's discretion. Furthermore, no rules are in place to ensure that the child understands proceedings, decisions and rulings and children do not need a legal or other representative to exercise their right to be heard<sup>2</sup>.

Regarding minor victims, article 221 para 1a of Penal Procedure Code provides that people aged up to 18 years may be allowed not to come under judicial oath while being interrogated during criminal (judicial) proceedings, depending on the investigating judge's or judicial council's discretion (article 222 of Penal Procedure Code). According to

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<sup>2</sup> European Commission, Study on children's involvement in judicial proceedings –Contextual overview for the criminal justice phase –Greece, June 2014, available at [http://bookshop.europa.eu/en/study-on-children-s-involvement-in-judicial-proceedings-pbDS0313670/?pgid=Iq1Ekni0.IISR00OK4MycO9B0000Q9Ge3j5Y:sid=kZw3ZNsSkvo3bIwPS96pw7k33P8pFnnR7cw=?CatalogCategoryID=Yimep2Ow3YgAAAF0IQYi8\\_Kq](http://bookshop.europa.eu/en/study-on-children-s-involvement-in-judicial-proceedings-pbDS0313670/?pgid=Iq1Ekni0.IISR00OK4MycO9B0000Q9Ge3j5Y:sid=kZw3ZNsSkvo3bIwPS96pw7k33P8pFnnR7cw=?CatalogCategoryID=Yimep2Ow3YgAAAF0IQYi8_Kq)

article 226A of Penal Procedure Code, when a child-victim is examined as a witness of a crime against his/he personal and sexual freedom, a child psychologist or child psychiatrist is appointed and appears as an expert before the court. The child's testimony is recorded in writing and, if possible, by electronic audio-visual means<sup>3</sup> A video or video link of the child's testimony replaces his/her physical appearance in the subsequent steps of the judicial process (article 226 A para.3 of PPC). The written testimony is read aloud at the hearing; if the child turns 18 during hearing, he/she may attend the hearing in person<sup>4</sup>

In juvenile courts, in principle procedures take place behind closed doors<sup>5</sup>. Apart from the parties, their lawyers and minor probation officers the parents or guardians and representatives of the minor protection authority can be present. The court can order the temporary removal of the minor if it considers that this is to his/her general interest or that his/her presence will be a barrier to the honest testimony of a witness or other party. In this case, the representing lawyer remains in the court.

Concerning minor victims of domestic violence, according to law 3500/2006 on domestic violence, article 11 para. 3 provides that if the victim of domestic violence is below 18 years, penal mediation can be commonly exercised by the competent Minors' Prosecutor and the person exercising parental responsibilities, as long as the latter is not the offender<sup>6</sup>. According to the same law, if the minor victim is over 14 years, she/he is capable of being present during the mediation procedure and be heard. An important provision of Law 3500/2006 is Article 1, according to which minors are considered as victims of domestic violence not only when the relevant acts affect them directly but even when incidences of violent behavior take place in their presence (art. 1, paras. 2, 3).

Also, the law (article 16) includes a regulation according to which, if the victim is minor, the prescription of crimes of injury, violence and threat, as well as assault against sexual dignity begins upon his/her coming of age.

According to an amendment of Law 3386/2005 by Law 3907/2011, special care is provided for minors-victims of trafficking in human beings or smuggling of migrants who are unaccompanied minors. Thus the competent authorities shall take the necessary measures in order to establish their identity and nationality and the fact that they are unaccompanied. The authorities also make every effort to locate their families as quickly as possible and take the necessary steps immediately to ensure their legal representation, including representation in criminal procedures.

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<sup>3</sup>European Commission, Study on children's involvement in judicial proceedings –Contextual overview for the criminal justice phase –Greece, June 2014, available at [file:///C:/Documents%20and%20Settings/ceclrest/My%20Documents/Downloads/DS0115306ENN\\_002.pdf](file:///C:/Documents%20and%20Settings/ceclrest/My%20Documents/Downloads/DS0115306ENN_002.pdf)

<sup>4</sup>European Commission, Study on children's involvement in judicial proceedings –Contextual overview for the criminal justice phase –Greece, June 2014, available at [file:///C:/Documents%20and%20Settings/ceclrest/My%20Documents/Downloads/DS0115306ENN\\_002.pdf](file:///C:/Documents%20and%20Settings/ceclrest/My%20Documents/Downloads/DS0115306ENN_002.pdf)

<sup>5</sup> Greece, Art. 1 of Law 3315/1955 'Supplementing the legal provisions on juvenile courts and treatment of minors' (*Περί συμπλήρωσης των περί δικαστηρίων ανηλίκων και μεταχείρισεως ανηλίκων κειμένων διατάξεων*), (O.G. A' 203/01-08-1955)

<sup>6</sup>Greece, Law 3500/2006 'Addressing domestic violence and other provisions' (*Για την αντιμετώπιση της ενδοοικογενειακής βίας και άλλες διατάξεις*), (O.G.A 232/24-10-2006), available in Greek at: <https://nomoi.info/%CE%A6%CE%95%CE%9A-%CE%91-232-2006-%CF%83%CE%B5%CE%BB-1.html>

According to Art. 108A of the Code of Criminal Procedure, as modified by Law 3875/2010, minors can exercise their right to participate in criminal proceedings (for example have access to the file, propose witnesses) even if they do not wish to attend the trial. They also have the right to be informed by the Prosecutor for the release from prison of the offender, his parole and his regular prison leaves.

### 1.3.2 Victims of domestic violence

Law 3500/2006 (OG A/232/2006) refers to victims of domestic violence. The law provides for the prosecution of all domestic violence crimes without the need for a victim to press charges. Penalties range from two to 10 years of imprisonment, depending on the gravity of the crime.

The term "domestic violence" (Article 1) refers to punishable acts against a family member or members. These are the penal offences of domestic injury, domestic illegal violence and threat, domestic insult of sexual dignity, rape and indecent assault. The term "family" defines the community that consists of spouses or parents, and by blood or in law relatives of the first and second degree, as well as their offspring by adoption. The family also includes any relatives up to the fourth degree who cohabit with the above mentioned persons, as well as any individuals whose guardian, tutor or foster parent has been defined as a member of the family along with any child under 18 years who cohabits with the family. It should be noted that these provisions are also applied to permanent companions and their offspring, as well as to ex-spouses.

In case of a suspicion that a victim has suffered violence in a close relationship, including domestic violence, victims are entitled to immediate protection by the police against repeat victimisation, e.g. by an emergency barring order or by the suspect's arrest. According to art. 18 Law 3500/2006, judicial authorities can order restrictive measures against the offender for the protection of the physical and mental health of the victim (arrest, barring or removing the perpetrator from his/her home, barring him/her from visiting certain places or persons). According to art. 21(2) of the law, the police authorities are obliged to inform all social and support services in order for them to provide any necessary help to the victim.

According to art. 11, in cases of domestic violence, there is a victim-offender mediation procedure that involves also restorative measures on behalf of the offender and specifically paying an amount of money, as compensation, to the victim.

The law (article 15) provides that in cases of domestic violence, the court can order, indicatively, the offender's removal from the family residence or his change of residence. The court can also prohibit him/her to approach the residence or working area of the person who asks for these measures to be taken. The offender can also be forbidden, upon this person's request, to approach the residences of his/her close relatives or even the children's schools.

According to the law, victims of domestic violence are entitled to moral support, as well as the necessary material assistance by organisations and committees that operate especially for this purpose under the surveillance of the Health and Social Aid Ministry and by the social services of communities. Police authorities, when involved in domestic violence cases, have to inform the victims about all the above mentioned possibilities for the victims to be supported in a material, as well as emotional way.

Victims of crimes of domestic violence as well as crimes against sexual freedom and economic abuse of sexual life have been exempted from the requirement to pay a fee in order to file a criminal complaint in cases which are not prosecuted ex officio. The same exemption applies to beneficiaries of legal aid.

### 1.3.3 Victims of trafficking

Trafficking in human beings became a distinct criminal offense in Greece in 2002 with the adoption of Law 3064/2002. Since then, legislation covering all forms of human trafficking has been gradually introduced in the legal system.

All forms of human trafficking are felonies. Articles 323A and 351 of the Greek Criminal Code (introduced by Law 3064/2002) address all forms of trafficking in human beings, including trafficking for sexual exploitation, labour exploitation, trafficking for the removal of organs and trafficking with purpose of recruiting minors in armed conflict. Offenders are punished with incarceration of up to ten years, in addition to a fine. In cases of further aggravating circumstances (*minor victims, abuse of authority, heavy bodily harm or death of the victim, trafficking exercised as a profession*), the crime is punished with at least ten years of incarceration and a higher fine. Existing legislation also punishes (with imprisonment for at least six months) those who intentionally use the services provided by victims of human trafficking

Presidential Decree 233/2003 determines the agencies, the measures and the ways and means of providing assistance to victims of trafficking, including in the fields of housing, health care and legal assistance. The status and situation of victims was further improved by Law 3386/2005, which foresees the issue of a residence permit, renewable under certain circumstances, to trafficking victims who cooperate with the competent authorities and prohibits expulsion during the “reflection period”. Law 3875/2010 (ratifying the United Nations Convention against Transnational Organized Crime and its Protocols) extends the scope of protective legislative measures to the victims of smuggling of migrants, sex tourism and child pornography and provides for the possibility of granting residence permits on humanitarian grounds, under certain circumstances, also to victims of trafficking who do not cooperate with the authorities due to the possible use of threats by perpetrators.

Formal identification of victims of human trafficking is done by an act of the Public Prosecutor of the First Instance Court according to the procedure described in Law 3386/2005 and Presidential Decree 233/2003. When police forces suspect that a person involved in a police investigation may be a victim of trafficking, they notify the Anti-trafficking Police Units, which are responsible for the investigation of such crimes

The law provides for the protection of victims and presumed victims of human trafficking. Also sets the standards for protection and assistance, naming cooperation of the victim as a crucial factor. Presumed victims of trafficking are entitled to one month reflection period (Article 48 of Law 3386/2005). During such period, they cannot be deported and enjoy all rights provided to identify victims but the issuance of a residence permit. Identified victims who cooperate with the authorities are entitled to a one-year residence permit, without obligation to pay the required fee (Article 46 Law 3386/2005). This permit is also valid as a work permit providing victims with the right to have access in the labor market. The permit is renewable until

the end of the penal procedure. Furthermore, following an amendment of Law 3386/2005 by Law 3907/2011, victims of trafficking who do not cooperate with the authorities are also entitled to a residence permit on humanitarian grounds, whether they are recognized, by act of the competent prosecutor's office, as victims of trafficking in human beings or not. For them this permit is renewable until the issuing of a court decision. The residence permit for victims of trafficking ensures the right to health care and access to psychological support services, access to the labor market, only for the period of its duration, as well as to the conditions of vocational training and education, according to the law.

According to the Presidential Decree 233/2003, assistance, including police protection, accommodation, education for persons up to 23 years old, health care, legal advice and interpretation are provided if a prosecution has been brought against the suspected traffickers, or if the trafficked individual has sought the service of certain state institutions and shelters. The police can arrest a suspect (according to art. 417-418 of the Code of Criminal Procedure) but there is no legal framework for other actions. Only for victims of trafficking and in case of imminent danger against the victim's life or safety, the police assists in transferring the victim to a shelter to a secure place (art. 4 Presidential Decree 233/2003). If minors are involved, they are provided all the above services and are placed in educational and vocational programmes, as appropriate.

According to art. 226 B of the Code of Criminal Procedure, victims of trafficking have the right to be accompanied by a psycho-social support person when being heard by the police or a public prosecutor. According to art. 226B (4), the testimony of victims of trafficking is always read out in court, therefore their physical presence is not required. During the trial, the court or the litigants may request the further examination of the victim, which is being held in a separate place without the presence of the members of the court or the litigants, by officers appointed by the court and accompanied by a psycho-social support person. Testimonies of victims of trafficking can be recorded in video before and projected in court without their physical presence.

Also, according to art. 4(3) of the Presidential Decree 233/2003, victims of trafficking have a right to be accompanied by the police in court. This right though is exclusive for victims of trafficking. Art. 226B applies in this case, but it also concerns only victims of trafficking.

#### 1.3.4 Victims of terrorist attacks

The Greek legislative framework includes specific legislation for victims of terrorism, providing state compensation and special support services to victims. Law 1897/1990 is applicable for this category of victims.

Law no. 1897/1990 provides that public officials and employees within the public service are granted a full pension as far as they have become completely or partially disabled to work by a terrorist attack (article 1). In case of their death the entitlement to a pension is transferred to the widow and the children (article 2). Furthermore, other forms of financial support are guaranteed for the victim as well as for the spouse and the children. The state also covers the costs for medical treatment and care. Article 10 grants certain privileges to the children whose parents died or became

disabled as a result of a terrorist attack; these include, in particular, registration at a university nearby their place of residence, and the option to enter the civil service. All kinds of material damage is being compensated as well.

#### 1.3.5 Victims of racism

Victims of racism enjoy poor protection under the Greek Law, despite the dramatically increase of racist crimes in the country. Law 927/1979 (OG A-139/1979), as modified by Law 2910/2001 (OG A-91/2001), prohibits hate speech but only when it is against a person or a group of people due to his or their national or racial origin. Therefore, social discrimination, sexual orientation, age, gender and disability are left out from its scope of protection. Moreover, there is no provision for victim support services. The only provision that was added under Law 3907/2011 (OG A-7/2011) concerns the possibility for illegal immigrants to apply for a residence permit for humanitarian reasons in case they are victims of hate speech. Even though the Greek legislator acknowledges that racist crimes constitute a serious problem, there is no provision for support services for victims of racist crimes.

#### 1.4 Access to victim support services

In Greece a generic victim support service does not exist. Support services are in place only for special groups of victims.

#### 1.5 The Directive

The Directive 29/2012 on the rights, support and protection of victims of crime has not yet been transposed in the Greek legal order. A special law drafting committee that was established to that purpose by the Ministry of Justice has completed its work, however no draft law has been submitted so far for consultation or discussion before the Greek Parliament, despite the fact that the transposition deadline has passed (16 November 2015). Greece is one of the 16 countries facing infringement proceedings for the non-communication of the Directive.<sup>7</sup>

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<sup>7</sup> Victims Support Europe (2016), The EU Victims' Directive on EU Day for Victims of Crime 2016: Infringement cases opened against 16 Member States, available at: <http://victimsupport.eu/news/the-eu-victims-directive-on-eu-day-for-victims-of-crime-2016-infringement-cases-opened-against-16-member-states/>

## 2. Status and Situation of Victims

The overall picture of crime in Greece is reflected in the statistical data published by the Hellenic Police every six months. According to the latest published data (covering the first half of 2016) the higher crime rates relate to thefts and burglaries (37,454), robberies (2,456) and robbery attempts (177). The main felonies recorded in the first half of 2016 were homicides with intent (46) and homicide attempts (58), rapes (70), rape attempts (42) and sexual exploitation crimes (115).

Data on victims of crime is not recorded in Greece. Data is collected from certain institutions, dealing with specific groups of victims (ex. Women, children, or victims of trafficking) and do not concern the entire country, but only the specific number of victims to whom they provide support and other services.

A generic victim support service does not exist in Greece. Victim support services cover specific groups of victims and developed over time to address specific needs. This means that while eg victims of domestic violence have support services they can turn to, other victims eg of racist crime cannot benefit from specific services. Overall, victim support services are a new institution and concern only a limited category of victims and specifically only victims of trafficking and victims of domestic violence and sexual abuse.

Firstly, there is lack of a central victim support service. Services in place are provided by non-governmental institutions, are concentrated to big cities (mostly Athens and Thessaloniki), cover a limited category of victims (victims of trafficking and victims of domestic violence and sexual abuse) and the services offered differ substantially.

### 2.1 Victims of human trafficking

Greece is a transit destination for trafficking. It is one of the five countries that "recorded the highest number of trafficking victims in Europe<sup>8</sup>. However the data available is limited, and does not accurately reflect the full scope of the problem.

Combating human trafficking is a priority in the "Criminal Policy Programme 2015-2019" of the Hellenic Police, the effective treatment of which is determined in specific objectives and through specific actions. Twelve anti-trafficking groups have been set up across the country, and two in the respective Departments in the Organized Crime and Human Trafficking Sub-directorates of the Security Divisions in Attica and Thessaloniki.

The Office of the National Rapporteur on Trafficking in Human Beings was officially established at the Ministry of Foreign Affairs, following the transposition of the EU antitrafficking Directive (November 2013, L. 4198/2013). In the framework of its mandate, the Office has already established permanent Coordination Mechanism with public authorities, the National Referral Mechanism (NRM), a platform for inter-agency cooperation, managed by the National Centre for Social Solidarity (EKKA/Ministry of Labor), on issues such as identification, support, protection and promotion of the rights of victims (and presumed victims) of trafficking in Greece and a

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<sup>8</sup> ELIAMEP (2015) The Invisible Crime: Sex Trafficking in Greece, Working Paper, by Eleni Zervos, available at: [http://www.eliamep.gr/wp-content/uploads/2015/12/69\\_2015\\_-WORKING-PAPER-Eleni-Zervos.pdf](http://www.eliamep.gr/wp-content/uploads/2015/12/69_2015_-WORKING-PAPER-Eleni-Zervos.pdf)

Permanent Consultation Forum with civil society to ensure better cooperation among different stakeholders and better coordination of the available services offered by them.

According to statistics from the Hellenic Police Department, during 2015, 32 cases of human trafficking were recorded. Of those, 26 related to sexual exploitation and the rest to labor exploitation. Regarding the identified victims of trafficking, women outnumber men, while the vast majority of the victims are not of Greek nationality. The relevant data are presented to the table below:

<b>Victims of trafficking</b>		
2015		
Nationality of victims	Male	Female
Albania		2
Bulgaria		11
Greece	1	3
Moldova		4
Bangladesh	1	
Ukraine		4
Poland		1
Romania	15	7
Russia		1
Victims - total	17	33
Overall total	50	

Source: Hellenic Police

In addition, 7 cases concern minor victims and, specifically, 4 minor girls victims of sexual exploitation, 1 minor girl and 3 minor boys victims of labor exploitation (begging).

According to official data<sup>9</sup> in 2015, 14 victims (10 women and 4 children) received assistance (provided by article 12 of the Convention), number lower than the previous year. Specifically, in 2014 30 victims, all women, received assistance and in 2013, 22 victims (21 women and 1 child) received assistance.

It is important to note that in Greece there has been a decreasing trend in the number of traffickers arrested and victims protected in the past few years. For example, in 2010, 246 traffickers were tried and in 2013, 106 victims were identified while in 2014, there were only 34 cases involving trafficking, with 64 identified victims and 125 identified traffickers, and, as said above, in 2016 there were only 32 cases involving trafficking.

The Greek government has financed a number of measures for victims of trafficking. There are four shelters, in Athens and in northern Greece, offering protection to

<sup>9</sup> GROUP OF EXPERTS ON ACTION AGAINST TRAFFICKING IN HUMAN BEINGS (GRETA), Reply to the Questionnaire from Greece (Reply submitted 16 June 2016) available at: <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806a7fa1>

victims, including social and psychological support and assistance in repatriation of the victims. These are funded by the Ministry of Foreign Affairs. Two hostels operate by the Ministry of Health and Welfare, in Athens and Thessaloniki, offering assistance for the first hours after a victim is identified. Another measure provides funds for a protection center for unaccompanied or neglected children after their return to their homeland. In addition, there are a number of shelters run by NGOs in major cities.

## 2.2 Victims of gender based violence

Gender based violence is relatively widespread in Greece. According to a special Eurobarometer Report (2010)<sup>10</sup> 25% of the participants from Greece responded that they know of women who have been victims of any form of domestic violence and 34% responded that they know women who have been victims of domestic violence in their immediate area/neighborhood, 9% in the place they work or study, and 25% in their circle of friends and family. Also 21% of the respondents said that they know someone who subjects a woman to domestic violence in their circle of friends and family, 7% in the place they work or study and 31% in their immediate area/neighborhood.

According to another survey<sup>11</sup>, 19% of women incurred physical and/or sexual violence by a partner, 12,4% were victims of stalking, 42,9% sex harassment and 23,4% physical or sexual violence before the age of 15.

However, general data on victims of gender based violence is not available. Surveys show that 1 in 4 women in Greece has, or will be, a victim of abuse at some point in her life, 28% of women who have been victims of abuse in the past continue to be victims in future relationships, 63% of victims of domestic abuse have children.

A study by the Hellenic Society for the Study of Human Sexuality and the Andrology Institute of Athens analysed 1,000 telephone interviews to conclude that the Greek rate of domestic violence has gone up by 47% in 2013. Out of all men who behaved violently, 44% were unemployed, whereas the main characteristics of the offenders were increased financial obligations, job stress and low sexual activity. In order of prevalence, the most common forms of domestic violence were verbal abuse (72%), financial blackmail (59%), sexual humiliation (55%), beatings (23%) and rapes (18%)<sup>12</sup>

According to data from General Secretariat of Gender Equality, the SOS Line 15900 in the period 11/3/2011 to 16/11/2016 received 26548 calls and 346 electronic messages. Of all calls, 21381 (81%) were related to complaints about gender based violence cases. Of these, 15454 calls (72%) were related to complaints of the abused women themselves, while 5927 calls (28%), were submitted from third persons (mainly friends 26%, parents 16%, other relatives 14%, siblings 13%, neighbors 13% and other persons 16%).

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<sup>10</sup> Special Eurobarometer 344, Domestic Violence against Women (Report), September 2010 available at: [http://ec.europa.eu/public\\_opinion/archives/ebs/ebs\\_344\\_en.pdf](http://ec.europa.eu/public_opinion/archives/ebs/ebs_344_en.pdf)

<sup>11</sup> FRA (2014), Violence against women: an EU wide survey, available at: [http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14\\_en.pdf](http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf)

<sup>12</sup> Directorate General for internal policies, The Policy on Gender Equality in Greece, 2013 available at: [http://www.europarl.europa.eu/RegData/etudes/note/join/2013/493028/IPOL-FEMM\\_NT\(2013\)493028\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/note/join/2013/493028/IPOL-FEMM_NT(2013)493028_EN.pdf)

Most complaints were about cases of domestic violence. Specifically, of the 15454 calls from the abused women themselves, 12958 calls (83%) concerned domestic violence, 218 (1%) sexual harassment, 182 (1%) cases of rape, 12 prostitution, 13 trafficking and 515 (3%) were complaints of other forms of violence.

The main needs of abused women is psychosocial support and legal counseling. Specifically, of the women who called the line, 6523 (34%) asked for psychosocial support and 4955 (26%) for legal advice. Other requests were: , 1402 calls (7%) for legal aid, 1069 (6%) were searching for accommodation and 286 (1%) were searching for employment. Out of the total 15454 who called, 9409 (61%) have children.

Concerning incidents of sexual violence, during 2015, according to Hellenic Police, 122 cases of rape were reported and 56 rape attempts, while 121 cases were solved. 88 Greeks and 54 perpetrators were arrested. During 2014 the relevant numbers were higher, as 134 rapes and 64 attempts were arraigned, 134 cases were solved and 108 Greeks and 54 aliens were arrested.

### 2.3 Minors

Cases of child abuse in Greece in 2014 raise to 1.400, according to data from the Child of the Smile. The hotline of the NGO received 272.881 calls in 2015 and 132.121 in the first six months of 2016.

In 2015, 39.793 calls concerned specialized child issues, 35% (13.802) concerned children in danger (reports on abuse, neglect, support of begging children, trafficking). 265 electronic messages were received.

The NGO intervened in 114 cases in 2015 and the main referral institutions were the police (77,5%), prosecutor for minors (3,5%), citizens (11%), other (8%). Intervention concerned 156 children that required: 79,5% removal from family environment, 14% support and consulting services, 6,5% other specialised services.

Segregation by age group				
Age	Boys	Girls	Total	
0-6	38	26	64 (41%)	
7-12	37	21	58 (37%)	
13-18	15	19	34 (22%)	

In 2010 Arsis street-workers approached 191 children in the streets of Thessaloniki begging or carrying out auxiliary to begging activities such as selling handkerchiefs, flowers, candles or playing music alone or accompanied by their mothers. Some were found collecting items in rubbish bins. 45% of these were Albanian, 42% Bulgarian and 13% Romanian. In 2011, the number was 320, most of them from Bulgaria (48%), a 30% from Albania, 15% from Romania and a 7% Greek. The number of boys was slightly higher than that of girls. In 2013 the number of children spotted carrying out such activities in the streets reached 427. Of these 31% was Albanian, 36% was Bulgarian, 10% Romanian and a 23% Greek. Regarding the age of children approached during these three years, the majority of children were between 1 and 15 years old.

These numbers are based on observation and do not provide evidence of trafficking and exploitation in begging<sup>13</sup>.

According to data from an INTERREG IIIA funded project in Greece and Cyprus, which included the first representative children's population sample conducted in both aforementioned countries, the results for Greece seem quite revealing: high rates of child abuse and neglect were found in both family and school settings; e.g. in family children reported experiences of screaming at (33,1%), assaulting (29,4%), embarrassing (16,9%), hitting them by hand (27%) or object (4,5%), locking them out (6,2%); in schools: swearing at (57,8%), calling names (39,1%), insulting (33,3%), hitting (28,2%) or slapping (10,7%), touching sexually (4,9%). Interviewed children's parents verified results by themselves by reporting twisting child's ear (35,1%), pulling hair (26,5%), pinching (13,5%), spanking with hand (58,2%) or object (15,6%), slapping (20,2%) or shaking (31,7%). At the same time, parents responded disapproving corporal punishment as a means of children's discipline in more than 98%, while some substantial portion of parents reported of regular use of "positive" means of discipline like attention distraction (56,1%), privilege deprivation (49,4%), providing instruction (90,2%) and explanation (96,4%)<sup>14</sup>.

Describing the situation in Greece, the BECAN study about epidemiological characteristics of minors' exposure to experiences of violence, shows that more than almost 8 and more than 8 in 10 children report having experienced at least one behaviour of physical and psychological violence respectively, during their entire life. Also, almost 5 and 7 children in 10 has been exposed to physical and psychological violence during the past year, almost 2 in 10 children report having an experience of sexual violence in their life time and for 1 in 10 this experience occurred during the last year. Interesting is also the finding that almost 3 out of 10 children report having feelings of being neglected, while this number increases to 4 when it is referred to their life time. It's worth mentioning that the gender appears to greatly affect the prevalence of all types of violence, where a higher percentage of girls report experiences of psychological and contact or non contact sexual violence, as well feeling of neglect. In regards to the incidence, the same pattern is maintained only to the feeling of neglect while it is reversed to the physical and sexual violence (either contact or non contact), as more boys than girls report such violent experiences. Generally, incidence and prevalence were respectfully found to be 47.38% and 76.37% for physical violence, 70.02% and 83.16% for psychological violence, 9.54% and 15.84% for sexual violence, 4.45% and 7.60% for the part of the later including some short of physical contact and 26.41% and 37.20% for self-reported subjective feelings of neglect. In contrast most of the participant subjects reported also at least one recollection of positive, non violence parental behaviors in percentages reaching

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<sup>13</sup> Anagnostou D. Kandyla A., Countering new forms of Roma children trafficking: Participatory Approach, National Report Greece, available at: <http://www.eliamep.gr/wp-content/uploads/2015/03/confrontEN.pdf>

<sup>14</sup>

[http://ec.europa.eu/justice/news/consulting\\_public/0009/contributions/citizens/007\\_george\\_nikolaidis.pdf](http://ec.europa.eu/justice/news/consulting_public/0009/contributions/citizens/007_george_nikolaidis.pdf)

96.21% and 98.18% for the last year or during childhood respectfully. Moreover, females reported more often than boys experiences of positive parental practices<sup>15</sup>.

A 1993 study of 8,158 7 year-olds in Greece found that 37.7% were spanked at least once a week and 18% daily.<sup>36</sup> Research between 1994 and 1997 at the Department of Family Relations in the Institute of Child Health in Athens, involving 591 structured interviews with mothers of 6 year-old and 12 year-old schoolchildren, revealed that 65.5% of mothers used physical punishment to discipline their children, with mothers of 6 year-olds three times more likely to use such punishment than mothers of 12 year-olds.<sup>37</sup> Of the children physically punished, 4% suffered minor injuries and 1.2% suffered injuries needing stitches and/or hospitalisation<sup>16</sup>.

In Greece, mild physical punishment of children seems to be considered a quite normal aspect of child rearing. According to one study<sup>17</sup>, 63% of mothers and 53% of fathers use some form of physical punishment in raising their children.

*Based on the statistics from the annual report 2015 MDM the number of persons, alleged as victims is referred that the necessary services are provided both in Athens and regionally in other cities and regions of Greece*



<sup>15</sup>

[http://www.becan.eu/sites/default/files/uploaded\\_images/WP3%20National%20Report\\_Greece\\_EN.pdf](http://www.becan.eu/sites/default/files/uploaded_images/WP3%20National%20Report_Greece_EN.pdf)

<sup>16</sup> [https://www.unicef-irc.org/publications/pdf/violence\\_against.pdf](https://www.unicef-irc.org/publications/pdf/violence_against.pdf)

<sup>17</sup> Agathonos-Georgopoulou H (1997) Child maltreatment in Greece: a review of research. Child Abuse Review 6:257-271

### **3. 'Entry points' of victims to the criminal justice system**

This section aims to map the institutions involved in victim identification, support and protection and their competences. The mapping will involve a schematic presentation of the procedure and the role and involvement of each institution in it. The research will focus on three categories of main victim's entry points. Specifically, we will analyze the role and the competencies of national authorities (the police and the prosecution), competent authorities in the health sector (public hospitals and NGOs that provide medical care services) and victim support services (NGOs and other organizations). In particular, we will examine the practice followed in two vulnerable groups: women victims of violence and children.

In Greece there is not a common practice which must be followed in regards to victim identification, support and protection. Main actors in the process are the police and other competent national authorities such as the General Secretariat for Gender Equality and the National Centre for Social Solidarity as well as NGOs involved in victims protection and support. Public hospitals or national health care providers hold a less important role since most victims tend to seek support and health care in specialized NGOs. The competent authorities are the following:

#### **3.1 LAW ENFORCEMENT**

##### *3.1.1. Police*

The Hellenic Police is the main law enforcement authority. It operates in its current form since 1984 (Law 1481/1984) and its mission is to ensure public security and the peaceful coexistence of citizens, prevent and repress crime and prevent illegal entry and exit of aliens (Law 2800/2000). Victims can address the police for information and complaints either by calling the police hotline (100) or other specialized hotlines (eg 10414 and 1017 for terrorism) or by visiting police offices around the country. Victims can report any violence incident or simply ask for help to any police station. The Police will record the criminal act reported and it can refer the victims to a competent NGO in case psychological and counseling support is required. The victims in many cases decide to report the incident to the police after they have received the necessary support services from the NGOs ('reflection period').

The Hellenic Police recently established a mechanisms to offer special assistance to victims of racist violence. Two (2) Departments and sixty-eight (68) Offices for racist violence were established all over Greece with the aim to effectively address violence characterized by racist motives, manifested against individual persons or groups. A special telephone line for complaints (11414) operates around the clock for racism and xenophobia issues. Furthermore, the Department for Combating Human Trafficking provides protection and assistance to victims of trafficking in cooperation with relevant organizations and social services.

##### *3.1.2 Prosecution*

The Public Prosecutor's office is a judicial authority independent from courts and the executive authority. Its mission is the maintenance of legality, the defense of the citizens and the preservation of public order. The public prosecutor during the

execution of his/her duties acts under no obligation obeying only to the law and his conscience. The Constitution provides for the same guarantees of independence as for ordinary judges. The competence of the public prosecutor include: the prosecution of criminal acts in the name of the state, the direction of the preliminary inquiries (προανάκρισης); the conduct of preliminary investigation (προκαταρκτικής εξέτασης), the supervision and control of police authorities with regard to the prevention and addressing of crimes, the submission of opinions to the judicial councils and courts, the exercise of remedies, the execution of penal judgements, among others<sup>18</sup>.

The Public prosecutor of the Court of First Instance also has the mandate to recommend a peaceful resolution of disputes and order public authorities to allow copies or access to documents to those that have a legal interest. A **specialized prosecutor for minors** handle issues that are relevant to accused who are minor or to cases dealing with minors. The Public Prosecutor for Minors is mandatorily contacted if a victim is a minor. Whether through the police, health services, authorities or NGOs, the public prosecutor for minors must be notified and acts on behalf of the minor. They are responsible for the selection of the appropriate facility in which the victim will be hosted and receive necessary psychological support. Another specialized prosecutor for Domestic Violence is responsible for cases of domestic violence and victims.

## 3.2 HEALTH AND SOCIAL WELFARE

### 3.2.1 National Health System

The Greek National Health System was introduced in 1981 to provide free, equitable and comprehensive health coverage to the entire population. The NHS operates through a network of general and specialised hospitals, providing emergency, outpatient and in-patient care (military hospitals and university hospitals), Primary Care Health Centres and Rural Medical Centers which provide primary care services in rural areas free of charge. The NHS provides free or low cost health care for those who contribute to Greek social security, plus their families and retirees (including those from other EU countries). Members are charged 25 per cent of the actual cost of prescriptions, although there are higher charges for non-essential medicines plus substantial contributions for many services. Public hospitals and especially outpatient services are often the first point of contact for victims who suffer from physical or mental conditions. The research included interviews with medical staff of the Red Cross public hospital that operates under the national Health System.

### 3.2.2 National Centre for Social Solidarity

The National Centre for Social Solidarity (E.K.K.A.) is a State Organization based in Athens under the authority of the Ministry of Labour, Social Insurance and Social Solidarity (Law 3106/2003, Law 3402/2005, Presidential Decree 22/2006, Law 3895/2010)<sup>19</sup>. The mission of E.K.K.A. is the coordination of the network that

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<sup>18</sup> [http://www.eispa.gr/opencms/opencms/epa\\_site/epa/index.html](http://www.eispa.gr/opencms/opencms/epa_site/epa/index.html)

<sup>19</sup> <http://www.ekka.org.gr/EKKA!show.action?lang=en>

provides social support services, care and solidarity to individuals, families, groups and populations experiencing crisis situations or are in need of emergency social aid (par.2, article 6, Law 3106/2003). The services provided include:

- Counseling as well as information regarding welfare issues at a personal, group & community level
- Emergency and short-term psychological support to individuals, families and groups experiencing crisis situations
- Emergency intervention "on the spot" in situations of crisis due to social problems or physical phenomena and mass disasters for the provision of psychological and social support
- Guarded temporary hospitality and care at Shelters for emergency social care to individuals being in need of emergency social aid, are vulnerable and are in great danger of being harmed
- Connection as well as mediation to facilitate access to social welfare and solidarity services for individuals and groups being in need of emergency social aid
- Coordination and implementation of social solidarity and volunteer programmes to treat the social needs for emergency situations and to prevent social hazards and the procedures of social exclusion

E.K.K.A. Units Network of services mainly addresses and aims at the following individuals and groups:

- Citizens in need of information on social welfare issues as well as connection with the Network of Services of the National System for Social Solidarity
- Children and adolescents that are abused, neglected or abandoned
- Minors who have disappeared or abandoned their home
- Minors and women victims of domestic violence
- Minors and women victims of trafficking with the purpose of sexual or/and financial exploitation and victims of illegal acts
- Handicapped individuals in need of emergency social aid, and in great danger of being harmed
- Elderly in need of emergency social aid, in great danger of being harmed and unable to protect themselves
- Adults and families in a crisis situation and in danger of being harmed that need emergency psychological and social support
- Victims of emergency situations, natural phenomena and mass disasters

The Network of Units, Services and Programmes of E.K.K.A. includes:

√ ***Telephone Line for Emergency Social Aid 197***

The Telephone Line for Emergency Social Aid is the main guiding source (admissions) and coordination of the system that provides emergency social aid services. It is staffed with experienced, specially trained psychologists and social workers. It operates on a 24 hour basis, for seven days per week, throughout the year, It provides emergency counseling and psychological support, It provides first-hand information on social welfare issues, It activates and coordinates the emergency "on the spot" social intervention mechanisms and it refers to the other E.K.K.A. Units and Services Network as well as contributing to the connection with other Services and

Organizations of the Social Solidarity Network for those contacting E.K.K.A. and need further aid. It keeps a recording system of the calls data and of the services provided

**Social Support Centres (S.S.C.).** The Social Support Centres operate in the prefectures of Attica and Thessaloniki and constitute the decentralized peripheral entrances to the E.K.K.A. Network of emergency social welfare Services and the National System for Social Solidarity. Moreover:

- They are staffed with social workers and psychologists
- They make admissions for people in need of social aid and design special plans for social and psychological support.
- They provide emergency counseling and short-term psychological support.
- They provide information to citizens on social welfare issues
- They refer the individuals in need of emergency social aid services to the Shelters for Emergency Guarded Hospitality & Care of the E.K.K.A. Network or to suitable Shelters for Short-Term Hospitality of the National System for Social Solidarity Network
- They intervene "on the spot" wherever a need for emergency aid arises to look into the needs promptly and provide emergency social aid and welfare.
- They mediate for individuals and groups in need for emergency social aid since they facilitate connection as well as access to social, health & social solidarity services
- They develop activities for coordination, make good use of voluntary initiatives and offers and promote the development of actions of social solidarity for the support of vulnerable social groups

Usually women victims of abuse tend to seek help to these Centres and in most cases by their own initiative. A significant percentage of the victims are referred to the Centres by the guidance of other organizations (NGOs, social services or other government agencies) and the Public Prosecution.

- √ ***Crisis Management Service (emergency situations, natural & mass disasters)***
- √ ***Emergency Social Intervention Service (emergency intervention "on the spot")***

Shelters for Emergency Guarded Hospitality. The Short-Term Hospitality Shelters provide temporary hospitality (shelter and care) to vulnerable social groups such as adolescents, women victims of domestic violence-with or without children, women victims of violence in general, victims of Trafficking with the purpose of sexual exploitation and adults in general being in an emergency situation. Apart from hospitality, counseling and psychological support is also provided to the people served, during their stay in the Shelters, by specialized personnel. These Shelters are in close cooperation with the local S.S.C. as well as other state or private agencies operating in the same field (Non-governmental organizations, Non-Profitable Associations, Municipalities, etc.), in order to come up with an appropriate solution to the problems of the people served. Four short-term Hospitality Shelters (three in Athens and one in Thessaloniki) are currently in operation for battered women, women with children and women victims of Trafficking with the purpose of sexual exploitation, as well as one more Shelter for adults.

√ ***Special Treatment & Counseling Programme (implementation of Penal Mediation, short-term psychotherapy, etc.)***

Focused Programmes & Actions for the prevention of social hazards and the procedures of social exclusion and dealing with situations of emergency social aid (such as: i. the construction of a special webpage for the provision of counseling & information addressed to children and adolescents <http://www.aboutyouth.gr/>, ii. Actions for the social inclusion and equality of access to health services and social solidarity for the Immigrants, the Refugees, the Roma in Greece, etc.)

Programmes in the framework of Programme Agreements for the provision of social welfare to vulnerable groups which E.K.K.A. aims at. These Programmes are accomplished through the cooperation of E.K.K.A. with State Organizations, Local Authorities (such as: the Municipalities of Alimos, N. Ionia, Chania, etc.) as well as with Voluntary Organizations of the Social Solidarity Network (such as: ARSIS, the Greek Red Cross, the Greek Welfare Organization of Volos, ERMIS, DESO, Child's Smile, etc.).

Reference Centres for the recording (demand) and monitoring (development) of special social problems of the E.K.K.A. target group in cooperation with the admissions and welfare Services Network.

Participation in Special Cooperation & Coordination Networks on issues concerning social welfare and solidarity. This cooperation is realized with the appropriate Services and Organizations which are relevant or whose subject matter is common to that of E.K.K.A. ( such as: the Network of Cooperation for the Support of the Young, the Violence, Injury & Prevention Network (VIP) of the Ministry of Health & Social Solidarity).

- √ ***Social Welfare Centres for Vocational Training in Athens, Salonica, Larisa and Xanthi.***
- √ ***Department for implementing European Welfare Programmes & Interventions for vulnerable social groups and individuals.***
- √ ***National Telephone Line for Child Protection '1107'***

The line provides a 24-hour emergency counseling, psychological and social support to children and adolescents. It is also addressed to all those who are involved with issues concerning children and teenagers or anyone who wants to report abuse, child neglect or situations with children at risk and to bodies and professionals working with children and adolescents. The line is a reference point and records incidents with children at risk, in compliance with the National Registry of Child Protection and monitors the progress of minors placed in Child Protection programs.

This network of services operates closely with the Police for the referral of victims for psychological and counseling support, while it is also an autonomous entry point through its hotlines.

### 3.3 WOMEN

#### 3.3.1 *Services for victims of gender based violence or domestic violence (General Secretariat for Gender Equality)*

Victims of gender based violence or domestic violence and victims of trafficking can access a network of specialized support and hospitality services established by the General Secretariat for Gender Equality. This network includes:

The **national SOS helpline 15900** against gender violence in operation since 11.3.2011. The hotline operates 24 hours, 7 days a week, 365 days a year and provides information services, psychosocial support and immediate help for emergency issues to women victims of all forms of violence. The hotline addresses women who are subjected to physical abuse, to psychological, emotional or verbal violence, financial violence, are victims of rape, prostitution or trafficking or have been sexually harassed. The hotline also addresses citizens who wish to be informed, cases requiring immediate psychological and social support in relation to violence against women, referral to hostels, consultation centers, health services etc.

**Consultation Centers for Women victims of violence.** The Consultation Centers are staffed by specialized personnel (psychologists, social workers and lawyers), and provide FREE information and counseling services to women in the context of integrated psychosocial support actions. The Consultation Centers are part of a nationwide network of 61 structures that operates to prevent and address all forms of violence against women.

**Hospitality shelters** in municipalities for women victims of gender violence and their children. Shelters operate in several municipalities around the country and provide shelter and support to women victim of all forms of violence and their children. Victims are referred to shelters either by the Gender Equality office of the municipality, or through the SOS hotline or other competent institutions.

### 3.4 NON GOVERNMENTAL ORGANISATIONS

A number of Non-Governmental Organisations operate on the ground and offer a diverse range of services to vulnerable groups including the homeless, immigrants, refugees and asylum seekers, victims of trafficking, women and children as well as others who do not fall within the mandate of competent state institutions or who want to avoid contact with state institutions (for example irregular immigrants). The following organisations are the most well-known and the ones that offer services to victims.

#### 3.4.1 *ARSIS Association for the Social Support of Youth*

ARISIS<sup>20</sup> is a Non-Governmental Organization, specializing in the social support and advocacy for youth that faces social challenges. It offers its services to young individuals who live under conditions of poverty, neglect, victimization, conflict, disapproval, exploitation, isolation and racism. Also, ARSIS works with young people who have problems with the law, are institutionalized, have dropped out of school or don't have family or a place to live. Active since 1992 in support of children and young

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<sup>20</sup> <http://arsis.gr/>

people and to defend their rights. In recent years engaged in a wider field of vulnerable groups (battered women, Roma, refugees and immigrants). Free legal counseling and support to all vulnerable groups and lately the center also deals with housing requests, asylum issues and referrals to other centers.

It provides services such as: Psycho-social support (counseling, individual and group work. Information, connection with social services, support in dealing with personal, social or other problems and needs), Preparation for employment (assessment, orientation, basic skills development (fighting illiteracy), placement in vocational training programs, job search, support of work placements, productive workshops and encouragement for social enterprise initiatives), Legal support (information and counseling on legal issues, creating educational and sensitization groups for human rights and discrimination), Educational support (fighting illiteracy, educational assistance to immigrants and refugees), Temporary housing and food services for young people without home or in major difficulty, Social and recreational activities (participation in group and leisure activities, communication, expression and mobilization through art, creative workshops, exhibitions, social and cultural events, youth exchange programs)

The facilities ARSIS has for the support of victims are:

- The Youth Support Centers for young people and children who are in danger of social exclusion and
- Shelters

#### 3.4.2 The Smile of the child"

"The Smile of the Child"<sup>21</sup> is a Greek registered NGO that has been active in the field of child protection and children's rights since 1996. After 18 years of action, the "Smile of the Child" organisation has become today a point of reference for every child, parent, and a great many public workers as it strives and succeeds in providing immediate solutions to the hundreds of problems children face, by always being on the front-line, cooperating with every competent public authority.

The Smile of the Child is a Member of the International Centre for Missing and Exploited children (ICMEC) and the Missing Children Europe (MCE). "The Smile of the Child" enjoys special consultative status at the UN Economic and Social Council (ECOSOC) and participates to the UN's Department of Public Information. The Greek organization is also a member of the European Network Eurochild, the European Federation of Street Children (EFSC) and the Child International Helpline. Since 2012 the Greek NGO operates the Southeastern European Center for Missing and Exploited Children which main mission is to enhance cooperation and promote good practices and know-how in the field of missing and exploited children in Southeastern Europe.

The organization is funded almost exclusively by monetary and in kind donations from private citizens, and companies that cover the numerous needs children in Greece face. In February 2013, "The Smile of the Child" issued the 1st Social Responsibility & Sustaining Development Report for the year 2011\*, thus enhancing transparency and reliability in all levels. This is a truly innovative initiative, as it is the first and only NGO in Greece and one of the few in Europe, that issues a similar report,

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<sup>21</sup> [www.hamogelo.gr](http://www.hamogelo.gr)

having also proceeded to a verification of all data by an independent body, TUV Austria Hellas.

The main services / actions for the defense of children's rights include:

– **National SOS hotline for children 1056.** The main purpose of the line is the protection and defense of children's rights. In May 2007 it was recognized by the Ministry of Health and Social Solidarity as the National Helpline for Children. In 2012, the National SOS Helpline 1056 was connected with the European Emergency Number 112 of the General Secretariat for Civil Protection and in 2014 was recognized as an Emergency Hotline. Some of the main services offered by this hotline are:

- Registering anonymous and named complaints regarding children who are victims of abuse.
- Immediate intervention for children who are in danger.
- Psychological Support for children and teenagers, as well as counselling for parents and educators.
- Processing requests for shelter for children victims of abuse or neglect, whose removal from their family environment was deemed necessary by the competent prosecuting authorities
- Raising awareness and mobilisation of blood, blood platelet, and bone marrow donors.
- Information and direction in matters concerning children's rights and protection.

– **Community Homes.** The Community Homes will welcome any child who cannot and should not stay at home, following a social investigation to determine its unsuitability. Therefore the Community Homes raise children of different ages, irrespective of their nationality and origin, which the competent Public Prosecution & Judicial Authorities deemed necessary to separate them from their family environment.

The community home applications are submitted by:

- Public Prosecutors of the First Instance Court
- Public Prosecutors for Juveniles
- Court Authorities
- Social Services of Municipalities, Prefectures and Children's Hospitals
- Other juvenile shelter areas

### 3.4.3 PRAKSIS

Praxis<sup>22</sup> is an NGO that supports financially and socially excluded people through a triptych intervention, prevention and rights claim. Its services have to do with the provision of primary health care, housing asylum seekers, unaccompanied minors, family support programs for people living in poverty and actions are urgent or slightly more stable at the entrance gates (the islands) and structures for relocation of refugees in other European union countries. The polyclinic of the organization operating since 1996 began under doctors without borders and since 2004 is a benchmark for the broader community regardless of ethnicity.

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<sup>22</sup> <http://www.praxis.gr/el/>

The main goal is the elimination of social and economic exclusion of vulnerable social groups and the defense of their personal and social rights. Basic services provided by PRAKSIS through specific programs include: Direct and free of charge Primary Health Care and Pharmaceutical Provision, Basic hygiene services (showers, hygiene kits, clothing etc), Psychological support, Social support, Work counseling and promotion to labor, Legal counseling, Financial support in specific programs, Side supportive services, Housing.

Praxis aims to combat social and economic exclusion of vulnerable social groups and the defense of individual and social rights. The three axes that focuses are prevention, early intervention / support and lobbying and claiming rights. The main services provided in PRAKSIS based on specific programs are: immediate and free medical care, basic sanitation psychological and social support, legal counseling, housing and financial support to specific programs.

#### 3.4.4 Day Center “Vavel”

The Day Center “Vavel”<sup>23</sup> is a mental health structure for immigrants and refugees (torture, racial violence, trafficking victims) regardless of legal status and receives minors and children. The center is more concerned with the individual psychotherapy. The services provided by the Day Centre are:

- Diagnosis, treatment and psychosocial rehabilitation of mental disorders
- Regular monitoring of people with a mental disorder
- daycare Desk, personalized accompaniment
- Counseling individuals, families, groups, organizations
- Information on mental health issues
- Awareness of the key - persons and organizations on issues related migrants' particularities with mental health problems.

The Day Centre “Vavel” provides services to an individual, family and a wider collective level.

#### 3.4.5 Network aiming at recording incidents of racist violence

Nevertheless, it must be underlined that the Greek National Commission for Human Rights<sup>24</sup> in collaboration with UNHCR<sup>25</sup> and various non-governmental organizations and other bodies have recently set up a network aiming at recording incidents of racist violence. Two important findings resulted in the creation of this network: a) the absence of a formal and effective racist violence incidents' recording system, and b) the need to bring together all entities, which, on their own initiative, record racist incidents against individuals that resort to their services. It shall also be noted that despite the fact that there is no provisions for state protection for these victims,

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<sup>23</sup> <http://syn-eirmos.gr/babel/>

<sup>24</sup> [www.nchr.gr](http://www.nchr.gr)

<sup>25</sup> [www.unhcr.gr](http://www.unhcr.gr)

certain NGOs, also partners of the above mentioned network, are being very proactive to provide these victims with both legal and medical assistance<sup>26</sup>.

#### 3.4.6 Médecins du Monde

Médecins du Monde / Doctors of the World<sup>27</sup> is an international Non – Governmental, independent, humanitarian organization. Médecins du Monde-Doctors of the World Greece was founded in 1990. MdM-Greece contributes to medical and humanitarian aid programmes.

The first and foremost mission of Médecins du Monde is to provide treatment. Actions though are not limited to medical care: always based on its medical experience and acting independently, MdM is vocal against the obstruction of access to healthcare and the violation of human rights and dignity. Firm supporters of human rights, they are against racism, xenophobia and the social isolation and marginalization of social groups. Médecins du Monde – Greece, since the beginning of its operations, has been implementing several projects within Greece and abroad, in order to provide medical as well as other services to marginalized populations that cannot access healthcare services and medical care.

#### 3.4.7 Doctors without Borders <sup>28</sup>

Doctors Without Borders/Médecins Sans Frontières (MSF) is an international medical humanitarian organization. MSF in Greece started its activity in 1990 and today works with the Spanish section of MSF through the Joint Operational Barcelona - Athens (OCBA). The department is managed by a seven-member board of directors elected by the AGM and consists of volunteers. Currently has more than 136,000 supporters who are informed by the quarterly magazine of Doctors Without Borders and other informative publications.

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<sup>26</sup>Mainly NGOs “Praxis” , “Medicines of the World”, “Babel Center” for medical care, NGO “Greek Council for Refugees”, NGO “Greek League for Human Rights” and Group of Lawyers for the Rights of Refugees and Immigrants (informal groups of lawyers who work on a voluntary basis in Athens and Salonica) for legal support.

<sup>27</sup> <http://mdmgreece.gr/>

<sup>28</sup> <https://www.msf.gr/>

## 4. Victim-related practices in Greece

### 4.1 Health Care

The health care system is an important 'entry point' for victims, especially those that have suffered physical abuse or violence. Health care as an 'entry point' under this section includes both public hospitals (that are accessible to all for outpatient or emergency care) but also primary health services offered by NGOs. For example, multi-medical centers operated by NGOs do not operate in a therapeutic context but provide primary health service to beneficiaries that would be reluctant to access formal health care especially migrants (including irregular immigrants), victims of racist violence, trafficked women, unaccompanied minors etc.

This section of the report was based on the findings of five interviews conducted with: 1 social Worker from Médecins du Monde; 2 Project Managers from the NGO Praxis; 1 Coordinator Doctors Without Borders and 1 medical doctor from the public hospital "Red Cross". The interviews were conducted face to face and they took place at the premises of the above institutions

#### 4.1.1 Identification of Victims

##### ***Medicines du Monde***

The identification of the victim is made at the points of initial reception in collaboration with the administration of the first reception service. The main documents used are a questionnaire for social intake, medical history. Interviews with victims are not tape or video recorded. The questions addressed to victims concern the conditions of their journey, path and countries they passed through, living conditions, whether the victim traveled on its own will or under the threat of violence. Information is recorded in a **form** that is shared with the Network for Racist Violence. The scientific staff of the reception service makes an assessment on whether the prosecutor needs to be informed and if the victim agrees, the procedure moves on. For specific groups of victims (women victims of violence) the first reception officer is of the same sex as the victim. For children, there is a pediatric department and on the case of abuse direct reference to the social service is made. Children are approached in a simple way, eg like playing a game and making them feel comfortable. The psychological service deals with cases of PTSD, metatraumatic stress - with psychosomatic symptoms.

##### ***Doctors without Borders***

Doctors without borders operate on the basis of a medical report prepared by doctors and physiotherapists. No specific identification process is followed and victim's needs are considered based on facts and demographic data. Services are offered either directly or through referrals. Specifically: medical evaluation by doctors and references of diagnostic tests, management of chronic health problems which are the result of violence, which include restoration, physiotherapy, psychological support and social support and aid.

##### ***Public hospitals (Red Cross)***

The procedure for identifying a victim starts with a clinical examination, the nature of wounds and the interview. Individuals who appear at the outpatient services of

hospitals often take the initiative to talk about their experience. The most common incidents concern abused women, domestic violence and sexual violence. Children victims are referred to the pediatric department. The recording is done by the doctors. At a second phase, the social service and the psychologist take over. In a special place, questions are made and if necessary, the victim is referred to specialized services (KEELPNO – communicative diseases unit). Doctors often take advice by psychologists with regard to the approach of the patient. When the individual does not speak Greek, contact is being made with their embassy, through an interpreter, as the Unit deals with persons over 17 years old.

### ***PRAXIS***

The procedures of recording history are performed in a protected area because of privacy issues. First, a medical check is performed that takes about 15-30 minutes. The questions asked are open or closed and concern the health of the alleged victim. A health card is provided. Depending on the situation, an internal reference can be made to the legal department or the medical service.

After the medical examination with an oral briefing or by referral letter, psychosocial assessment is performed in the presence of a social scientist and a psychologist. This lasts approximately an hour. The information provided by the victim concerns his/her experience, information about the journey and mental assessment. At the end of this process, the team forms an opinion that is forwarded to the first reception with the request and the needs of the victim. The file contains medical examinations, social history with the complete demographic data (marital status, country of origin, when he came to Greece). Doctors working at the NGO are trained to recognize signs of torture. In cases of emergency, the person is referred immediately to a hospital or if further medical examination is required, a referral will be given.

Interpretation is provided when necessary. In special cases first reception is informed about the incident and through information officers (social scientists who are a channel of communication and information between the service and the management and can advise and refer) victim is referred directly by the medical unit to the psychosocial unit or some other service either alone or accompanied.

As far as specific groups are concerned, the organization has structures to receive unaccompanied children. For trafficking victims, the police is immediately informed and operates in cooperation with the service psychologists. In many cases police is informed through telephone. There is priority for specific victim groups (people with disabilities, pregnant women). The staff organizes daily meetings (even through telephone) for all the cases (referrals issues, service management) and takes decisions as a team.

### ***Interim conclusions***

Based on the findings of the interviews, the main cases that the interviewees come across concern victims of physical assault, sexual abuse and racist violence. From the experience of the interviewees, victim identification is usually limited to recording of basic data about the individual and its experience and does not normally concern an assessment from the part of the organization/institution on whether a person is a victim. In this sense, self-identification is sufficient for them to be accepted. Procedures are not uniform but do not vary significantly among the organisations

interviewed. These are more inflexible and more medical-oriented in public hospitals and more flexible, holistic and client-oriented in NGOs.

The main tools used for identification include an interview and a social intake questionnaire and/or a clinical examination. Some organization use both or only one of the two. Data is kept in forms and is not recorded.

#### **4.1.2. Individualized assessment of needs**

##### ***Medicines du Monde***

The social service of the organization follows a protocol that has been designed internally on the basis of national legislation. Social workers are responsible under the ethics of their profession, the legislative framework and their ethical obligation to attend to the interests of beneficiaries. Needs are assessed through an interview for further investigation of social intake and the environment of the victim. The interview focuses on living conditions and information on what the organisation can offer. Then more specific questions are asked related to the violent event, what happened, how violence was caused for the verification of the data provided by the victim, their truthfulness and their motives. There is no computerization or full recording due to lack of resources.

Victims with severe cases are served as a matter of priority and the referral protocol of the National Centre for social solidarity is followed. Legal aid can also be provided. The social service ensures that appropriate action is taken to support each case individually. The registration form of the incident is shared with the racist violence recording network. The victim is asked if they wish to make complaints. In principle, serious cases ask for judicial adjudication and wish to report.

##### ***Doctors without Borders***

Following the first reception, a multidisciplinary team from the NGO decides on the plan to be followed and the special services required at medical, psychological, psychiatric and legal level. An updated dossier/file is kept with all meetings and services received by each victim. The data is only for statistical purposes, it is not a recording form.

If the victim has been raped and comes within 72 hours a specific medical protocol is followed. If the victim does not speak the language, intercultural mediators are mobilised. The victim is involved in all processes and actions are based on their wishes. There is a daily follow up, meetings of the multidisciplinary team with the presence of colleagues from the Day Center "Babel" and the Greek Council for Refugees for incidents that are examined jointly.

##### ***Public hospitals (Red Cross)***

The victim is asked specific questions about their life and whether they need medicines etc. Where special protection is required, the case is referred to a psychiatrist who calls the prosecution and the police. In cases of rape, a forensic examination is done, in order to verify the truthfulness of the incident. For individuals who are mentally unable to take decisions, their close relative makes them on their behalf. The Unit does not deal with children. The victim always has the right of choice and decision-making. There is an updating of the individualized needs assessment

(follow - up) for every case. Follow up depends on the severity of the incident but is usually limited to 6 months.

### **PRAXIS**

First contact is made by a social worker and a psychologist to whom the victim can talk about their life and give a detailed social history (status, age etc.). The data is recorded in a document but there is no tape recording. After the social intake, the needs of the victim are assessed. If the victim does not wish to receive services, they are informed about their rights and the procedures they can follow. Brochures in their language are provided.

Individualised needs are also addressed by a lawyer in 1-2 sessions that take place in parallel to the social intake. The lawyer asks questions on the legal dimensions of the incident and the findings accompany the social intake.

In cases where the victim is in danger, measures are taken in cooperation with the police. For child victims, the prosecution is informed, additional medical examinations and a session with a psychologist are organised in order for the victim to be accommodated in a shelter.

The staff at first reception service exchange information on a daily basis. All reports and documents are kept by the administration. The follow up of incidents depends on the victim. If they wish to remain anonymous, there is no further communication, unless they return to the service. If there is a report, then there is follow up. If there are suspicions or evidence that someone does not admit its victimization, they are requested to visit the organisation for a follow up. Information is notified to institutions with which the service cooperates (racist violence network, General Secretariat of human rights etc.). If someone is not a victim but he has passively experienced an incident or is a relative of the victim, the same procedure is followed. Appropriate referrals are made to other NGOs, hospitals etc.

### **Interim conclusions**

The individual assessment of needs appears to be at the epicenter of the interaction with the victim in all organisations interviewed. This includes an interview with specialized staff, usually social workers or psychologists, in some cases also lawyers, to record and assess the broader context of the situation. The individualized nature of the assessment is covered through the one-to one interaction with the victim. Consent is required for all actions, unless minors are involved. Decisions on the needs of the victims are made collectively (eg by multi scientific teams working at the NGO) or by the professional in charge of the case. In case of minors, the police and prosecution are immediately informed. Procedures are not common or standardized but not important variations are observed among organisations (especially NGOs). However, no big discrepancies are observed in the way in which needs are assessed. Needs with regard to protection measures are only sought in cooperation with the police.

## **4.1.2 Referral mechanisms**

### **Medicines du Monde**

Referrals follow the national referral protocol of the Centre for Social Solidarity that includes immediate notification of the prosecutor (orally or by phone), the national

solidarity center using specific forms and the social service that tries to find a suitable accommodation framework. Follow up is recorded in the log file of the service. However, sometimes contact is lost due to geographical constraints. For child victimization, all actions are made by the prosecutor after immediate notification. A medical report is usually requested. An interpreter is always present.

#### **Doctors without Borders**

In the referral procedure the entire team of the service takes part either by providing information to the victim on where to go and receive services or to ensure networking by the service. Cooperation between the referral entities is undertaken by the service and takes place by email or by phone. All decisions are made on the basis of victims' wish and if they do not wish to be referred, the procedure stops automatically. In special cases (for example person with special needs, or vulnerable groups) there is the possibility of accompaniment. The process is always done with a referral note. There is follow up.

#### **Public hospitals (Red Cross)**

Referral is obligatory only if the victim suffers from a communicative disease. Communication between institutions involved is done by telephone through the secretariats and the update on the incident is done by a psychologist. Victims are usually referred to KEELPNO.

#### **PRAXIS**

PRAXIS refers incidents for further services they need (hospitals, accommodation etc.). If the victim has special needs that the organisation cannot cover, internal or external referrals will take place. The social scientist in charge of the case decides on the referral, which is done with a referral note that provides key information on the case. Final decisions on these matters are taken by the first reception service. The recording of referrals is made through an electronic database.

Doctors take referrals for their own cases to hospitals. In psychiatric cases, a referral to the psychiatrist is done and often a meeting between the psychologist with the psychiatrist for a plan for monitoring the victim.

For child victims, there is a special procedure. The prosecutor is informed and depending on the needs of the child referral to a psychologist can be made. For children under 12 years, best interests' assessment is made while for children aged between 16 and 17 years an extensive discussion is made to convince the child on the benefits of referral.

Follow up takes place, its duration depends on the victims. However, there is communication between the cooperating institutions about the progress of each case. Personal data of victim is not shared and only the organization in charge of the case has access to it.

#### ***Interim conclusions***

Referrals are more harmonized compared to other practices, especially when done through the National Centre for Social Solidarity. A national referral protocol is in place that is followed by all organisations. Outside this framework, and with the exception of public hospitals where referrals do not take place unless there is a communicative disease, referrals take place inside or outside the organisations for

support, further medical treatment, legal services or accommodation. A referral note is used in most cases. Referrals are done through personal contact of the staff of organisations. Follow up takes place but is neither formalized nor homogeneous.

#### **4.1.3 Conclusions**

Health is an important entry point for victims, especially those that have suffered violence. Formal links between health and the criminal justice system exist only for minors.

Identification of victims appears to be more linked to the formality of recording the data and history of the victim rather than associated to an assessment of whether the individual falls under the definition of victim. In this sense, self-identification appears to be the prevalent practice in the everyday operation of NGOs offering primary health services. Identification is based on an interview and a social intake questionnaire and/or a clinical examination of the victim. Practices are not uniform but do not vary significantly among the organisations interviewed.

The individual assessment of needs is the central point of focus and it is often confused with the identification process. Assessment of needs involved interaction with the victim and specialized staff that can range from social workers or psychologists, in some cases also lawyers. Consent is required for all actions, unless minors are involved, and decisions usually involve a process of deliberation with other professionals from the organisation. Procedures are not common or standardized but not important variations are observed among organizations (especially NGOs).

Referrals are more harmonized compared to other practices, especially when done through the National Centre for Social Solidarity. Outside this framework, and with the exception of public hospitals where referrals do not take place unless there is a communicative disease, referrals take place inside or outside the organisations for support, further medical treatment, legal services or accommodation. A referral note is used. Referrals are done through personal contact of the staff of organisations. Follow up takes place but is neither formalized nor homogeneous.

## **4.2 Police**

The police is the most common entry point for victims to the criminal justice system. Victims can either report a crime to the police or do so when the police appears at the scene of the crime. This section included interviews with two police officers from the Department against Human Trafficking and the Department against Racist Violence of the Hellenic Police. The former deals with organised crime and trafficking while the latter deals with individuals that have been victimised because of religion, colour, race or ethnic origin, sexual orientation or gender identity. 2 departments of racist violence are in place and 68 bureaus in the 5 sub-directorates in Athens and the periphery. A hotline 1414 is in place and operates 24-7.

### **4.2.1 Identification of Victims**

The process of identification by the police starts with the reception of the victim at the police station and its testimony, which usually does not last longer than a day. The procedure is adjusted to the needs of the victim.

For victims of racist violence, the victim provides a summary of the incident and responds to a form that includes multiple choice questions for the characterization of the incident and the type of violence (description of the perpetrators, special appearance, communication during the attack, reasons behind the attack). The interview is organized on the basis of experience and there are no specific guidelines. The case is dealt with uniformly whether it is initiated in a police station or at the central service. If the police station took the testimony, this will be accessed by the central service and used for the case file. There is an **executive order** from the headquarters that determines the procedures (how, who is considered a victim of racist violence, how the service needs to operate). In a severe case, procedures take place on the basis of the presidential decree and the chief issues an order about who will deal with the case.

For victims of trafficking, there is a similar procedure. A brief interview takes place and an information form is provided that the victims fill in. If the victim has to go to court, it is accompanied by police officers.

### **4.2.2 Individualized assessment of needs**

The individualized needs assessment includes specific questions depending on the type of victims. Interpretation is available when necessary.

For victims of racist violence, a special prosecutor is in place. There is follow up and the department in charge of the case has a network of contacts that helps them operate more efficiently. An official list of interpreters is made available every year by the prosecution. If an interpreter cannot be identified, the police inquires in the personal environment of the victim or someone else who can act in this role. Otherwise, services are sought from NGOs. For some victims, there is possibility to have a psychologist present. The competent service is the witness protections service.

At the department dealing with minors, the presence of a psychologist is obligatory. If the victim reports the incident and then changes its mind, the police station invites them to give a testimony. If they do not appear, the case material is sent to the prosecutor.

For victims of trafficking a psychologist is always present. The victim is asked specific questions on its health, medical needs, the existence of family etc. The approach differs depending on their individual needs. Protection also takes into account the family of the victim. There is an effort to maintain contact with the victim and follow up. Adults can deny services while minors are obliged to follow the procedures determined by the prosecutor for minors.

#### **4.2.3. Referral mechanisms**

If necessary, the victim is referred to an NGO, private institutions, state institutions or any other to receive further or specialized help. Referrals are made through phone and by completing the required document especially in cooperation with the Centre for Social Solidarity, A21 and Praxis, depending on the needs of the victim. Decisions on referral are made by the senior and the officers in the service.

#### **4.2.4. Conclusions**

Police is an important entry point for victims to the criminal justice system, but one that focuses primarily on the criminal aspects related to the collection of evidence and the formulation of the case file.

Identification is in fact the testimony of the victim that will be used in the case file. For the identification as a 'special' category of victim, such as a victim of trafficking or racist violence, this takes place based on the data provided by the victim. Guidance is available and the emphasis lies on the facts of the case.

The individualised assessment of needs does not appear to hold a central role in the work of the police, which is focused towards the collection of evidence for the case file and facilitating the testimony of the victim. Exceptionally, a psychologist can be present. Evident needs are addressed through referrals to NGOs and other authorities.

Referrals take place based on the national protocol of the Centre for Social Solidarity.

## **4.2. NGOs**

NGOs that offer services to specific groups of victims (migrants, children, victims of trafficking) are a very important entry point and actually the only one that could actually qualify as a 'victim protection system', given that such a system does not formally exist in Greece. Given that victims are often reluctant to come into contact with authorities, non-governmental organizations are often more approachable. At the same time, they have the possibility for a more holistic approach to the complex situation of victims and flexibility within their resources as opposed to the bureaucracy and the inflexibility of public institutions.

This section is based on the findings of five interviews conducted with: a Lawyer and a Psychologist from the NGO "ARSIS" (2 interviews); a Psychologist at the Day Center "Vavel"; a social worker at the NGO "Praxis"; the assistant Coordinator of the Network for Recording Incidents of Racist Violence.

### **4.3.1 Identification of Victims**

#### ***Network for Recording of Incidents of Racist Violence***

Victims either visit one of the organizations of the network on their own initiative or are identified through their communities and networking. A meeting between specialized staff is organized in order to identify the type of victim (racist violence etc). All institutions that take part in the network use a common recording form that includes several questions related to the racist attack and aims to facilitate identification of the victim. If this is unclear, the victim is referred to the organization which is most competent to handle the case and investigate its nature further. Cultural mediators are always present and staff is continuously trained.

#### ***ARSIS***

When a victim visits the organization, several questions are asked with regard to facts, violence and type of violence, family situation, type of attacks, reasons behind them, reporting to authorities, child abuse etc. These are usually cases where the victim asks for legal support.

For identification, the victim is asked to provide a short intake that includes initial questions related to demographic data, institution or way of referral, education, employment, living conditions, drug abuse, type of victim etc). Social intake includes information on gender, age, employment, education, communication and language, address (if the individual is an alien, immigrant or refugee), documents, immigration status etc. In the platform the staff includes all data (social intake, legal intake, requests, follow up, actions, results) and these constitute personal data that is not notified.

For children victims, additional questions are made. An effort is made to finalize this procedure swiftly. There is always communication with the public prosecutor for minors. Many times there is (internal) referral to the Centre for youth support of Arsis that focuses on groups aged 13-25.

## **PRAXIS**

Identification takes place during a meeting at the social or medical office or the day center or the social accommodation of the organisation. A recording document is used that includes all necessary information and data (demographic, family situation, request etc). Upon arrival victims meet with a social scientist for a social intake where it becomes clear what challenges they are facing and what their needs are. A specialized questionnaire is used for the social intake depending on the victimization and the type of crime. In several cases the person is referred to cooperating institutions for specialized care. Interpretation is available as well as legal advice. Incidents are discussed in teams. For serious incidents there is a more specialized procedure and victims are referred to accommodation hostels. For victims of torture the advice of the doctor is followed. For psychiatric incidents, the prosecutor is informed. The individual gets help for the time they need it. There is follow up and in special cases there might be help at home. Staff is trained, takes part in seminars and disseminates information.

### ***Vavel Day Center***

When a victim is referred to the Day Center, no identification takes place. When the identification of the victim is done together with a referral (usually by phone), the referral is recorded together with the existing information and data (demographic data, reason for referral etc). Consent is necessary.

When a case is not referred, identification takes place during the first appointment. A professional will have a social intake, will inform the individual on the mandate of the institution and what it can offer and will organize a first appointment. The first appointment includes a discreet recording of needs, history, request and general information on the living conditions and other needs that the centre cannot cover.

The issue will be further addressed in the context of a therapeutic relation where the professional can understand the reactions and help the victim. Following this process, there is a meeting with the entire scientific team and a discussion on the referral of the victim or on whether these can be covered by the organization. At the end of this process, there is a form where information is recorded. If the individual remains at the organization these are included in a confidential file.

### ***Interim conclusions***

For NGOs identification is usually associated to the recording of the demographic data of the victim of its circumstances. With regard to racist violence, a more specialized identification process takes place that records the details of the racist attack. Identification is usually done through an interview with a social worker or psychologist during first contact with the organization. The identification process is often blurred with the individual assessment of needs. If the victim is an adult it might result in referral or information on further steps. If the victim is a minor, identification will result in informing the prosecutor.

### **4.3.2 Individualized assessment of needs**

#### ***Network for Recording of Incidents of Racist Violence***

The Network provides services through its members. Depending on whether the victim needs medical, legal counseling, psychological or other kind of support it is internally referred to the organization that is best placed to handle the case. For specific group of victims (vulnerable groups) high level of priority is given. At the Network there are no child victimization incidents. The Network does not maintain contact with the victim after referral but asks for updates from the organization it has been referred to. In case of legal support services, a reference person accompanies the victim to the police for reporting and monitors the subsequent trial.

#### ***ARSIS***

The needs of the victims are recorded during the first session with the scientific staff of the organization. The main role of the organization is to inform the victim while ensuring their privacy. The organization considers the circumstances of the crime in order to make an identification (eg domestic threat etc). According to the code of conduct of the organization there is full respect for the wishes of the victim and if they do not wish to continue a procedure then it stops immediately. If there are specific protection needs for children victims, they are referred to the prosecutor and the police. Follow-up takes place upon initiative of the staff of the organization, especially for children and vulnerable groups. This is done through telephone communication and visits of the victims to the organization. All information is recorded in a platform.

#### ***PRAXIS***

As regards the individual assessment of needs, the circumstances of each crime are considered and the individual needs assessment takes place during the social intake. In the process, there is a unit referring to ***individual action plan*** where the request of the victim is recorded and a plan is made on what the organization can offer. There are cases where victims do not wish to receive any service or assistance and the process stops. In severe cases there is a discussion with the entire scientific team and partner organisations to offer the required services eg housing, counseling etc. For communication with other agencies there are contact persons. The organisation cannot provide special protection measures.

#### ***Vavel Day Center***

The Vavel Day Centre, is concerned with the type of victim rather than the type of crime in order the victim to receive the appropriate assistance. The assessment takes place through intake from the victim and based on this the needs for service delivery are decided. To the extent that the center takes part in the Racist Violence Network it cooperates with several organizations and refers for specific services (legal, medical services, medicines, housing). Information brochures are available for victims to be informed on existing organizations and available services.

For victims of racist violence there is an anonymous monthly registration form that records the type of attack, the type of offenders and the regions where incidents took place. For child victimization the police and prosecutor need to be informed. Further, there is cooperation with the parents of the child and the

school or anyone who in contact with the child. Women victims of trafficking might not report due to fear so professionals need time to identify services and make referrals that can address their needs (medical legal etc).

#### ***Interim conclusions***

Individual assessment of needs lies at the epicenter of the work of NGOs and this often coincides or overlaps with the identification process. It is based on individualized interaction with the victim. The assessment is holistic, in the sense that it considers various needs and not only medical or legal needs. The basic tool used is social intake and interviews usually with social workers or psychologists. An individualized plan is an interesting practice for the identification and response to the needs of victims.

### **4.3.3 Referral mechanisms**

#### ***Network for Recording of Incidents of Racist Violence***

The referral of the victim takes place depending on the type of victim and its needs. Follow up takes place by the assistant coordinator that handles the case. Procedures are effective because there is immediate response from the members of the Network.

#### ***ARSIS***

Referrals take place based on the needs of the victim for accommodation, medical care, psychologic support etc. This is performed by the social service with the presence of a lawyer. A referral form is used and the process is recorded.

For child victimization there is cooperation with other organizations (eg Smile of the Child) and communication with the prosecutor and the police. The wishes of the victim are fully respected and no referral takes place if they do not wish so. The main role of the organization is to provide information. However, public authorities often do not react in a timely manner and many times this has an impact both for the prosecution of the crime but also on the victim.

#### ***PRAXIS***

The organization does not receive referrals unless there is a request for a specific service. It refers victims to other institutions.

#### ***Vavel Day Center***

Referrals take place by the professional and the therapist in charge of the case. Before every referral there is discussion with the beneficiary and the organisations are proposed. Consent is required. There is follow up as one person monitors the victim for the time necessary.

#### ***Interim conclusions***

Referrals are a very common practice. The Network for Racist Violence facilitates this process and appears to be very effective. Referrals start with the provision of information in relation to the needs of the victim in the broad sense but are limited by the resources and services offered by the existing organisations. A form is used. Practices are not standardized but do not differ significantly. The Netowrk

has had a harmonizing effect on the internal procedures of the participating organisations.

#### **4.2.4 Conclusions**

Victims often address non-governmental organizations to receive support. Identification is the starting point of any interaction with a service provider although its boundaries with the identification of needs are often blurred. Identification usually involved demographic data and basic facts of the crime and is conducted by means of an interview with a member of staff during first contact. Identification practices are partly standardized with regard to victims of racist violence. Organisations that are part of the Network follow uniform practices and use common forms.

Individual assessment of needs lies at the epicenter of the work of NGOs and this often coincides or overlaps with the identification process. This is either done through the initial contact or through further interview with the victim. The assessment is holistic and results in information, an individualized plan or referral with the consent of the victim.

Referrals are very common and relatively harmonized practice, at least for the organisations participating in the Network for Racist Violence. A form is used and follow up takes place but informally.

## 4.4 WOMEN

Victims of domestic violence and trafficking are a victim group entitled to special protection through a range of support services that include hotlines for emergency social support, counseling services and hospitality shelters. Women victims can access available services through the phone or in person on their own initiative or are referred to them by other institutions. The majority of victims are victims of family violence but also victims of trafficking, sexual harassment and rape.

Six interviews were conducted to record the practices applicable for this specific group of victims. In particular: two interviews were conducted at the Consultation Center of the General Secretariat for Gender Equality in Athens (social support consultant and legal consultant); one interview with a psychologist working at the National SOS helpline against gender violence 15900; two with social workers from the National Centre for Social Solidarity (Head of the Social Support Centre in Athens and Head of the Hospitality Centre in Athens); one with a social worker that works at the telephone line for emergency social aid of the National Centre for Social Solidarity. All interviews were conducted face to face and they took place at the premises of the above mentioned authorities with the consent of the interviewees.

### 4.4.1 Identification of Victims

Consultation Centre (General Secretariat for Gender Equality-Ministry of Interior)

The Consultation Centre of Athens has designed special tools for the reception of women, the individualized assessment of needs and the detection of the degree of risk they face. These tools are not common for all consultation centers of the General Secretariat for Gender Equality and their use is not obligatory.

In particular, the Consultation Centre uses specially designed tools during the reception to reassure women that they are the competent authority to provide guidance and support. It is a form that records the personal information of the victim, their employment status, their request, the type of violence they suffer and their relationship with the alleged perpetrator. **The aim of identification is to categorize the incidents and distinguish those that can be handled by the centre and those that need to be referred.** Once this distinction is completed, for incidents falling within the mandate of the consultation centre, an appointment will be set with the social support consultant for further discussion.

National Centre for Social Solidarity

The National Centre for Social Solidarity receives victims who are either referred to it by other authorities or who have turned to the Centre on their own initiative. The social worker or the social consultant, receives the victims and talks with them to examine their situation. If the victim was been referred to by another institution the staff in charge will contact those that made the referral and try to collect the necessary information. The actions to be undertaken are determined by a risk assessment in terms of the violence each victim has suffered and a needs assessment. The main concern is to prioritize the needs of each woman in a way to ensure that they will benefit from the services. The information that the victims

are asked to provide, includes family status, social history and next steps . These are recorded in a form.

National SOS helplines

The first data recorded through the helpline operated by the General Secretariat and the National Centre for Social Solidarity are: type of violence suffered, duration, caller's request. Personal data of the victim is also recorded together with the proposed actions. The main reasons behind recording are a) statistical and b) to help the authorities to become familiar with the circumstances of every case. Most of the times, depending on the case and the condition of the victim, no specific protocol is followed in relation to the questions asked and the information collected. The main concern of the professionals is to record the victim's social history in the most precise way so they can properly advise them on available options and existing solutions to their problems. Victims are usually cooperative during the identification process and are willing to externalize what is happening to them and the way they feel.

The staff of the hotline has been trained and participates in specialized seminars. Many professionals participate in seminars and training at their own expense. It is however noteworthy that due to lack of financial resources, there is no provision of clinical supervision for the personnel, an essential process of the training, personal and professional development of every professional.

Interim conclusions

Services for women victims of violence have a relatively longer tradition in Greece compared to other victim services. It is therefore of no surprise that their practices are relatively consolidated. First of all, identification is clearly distinguished from needs assessment and has a clear purpose: **to categorize the incidents and identify those that can be handled internally and those that need to be referred. The needs assessment is a next step that takes place afterwards.** Several sub-entry points exist ie consultation center and hotline.

There is no common practice in the identification of women - victims. Although guidelines are in place, practices may differ among different entry points. The authorities interviewed accept self-identification and do not investigate further if the characterization of victim is valid. Therefore, the process relies on self-identification of victims. Their **main concern is to support the women who seek help to change their lives so the characterization per se is not their priority.** It is not compulsory to use specialized tools for the identification although Consultation centres have developed such tools to facilitate their internal procedure. In cases of victims of trafficking the competent department of the police must be notified and the victims is referred there for further investigation.

#### ***4.4.2 Individualised assessment of needs***

Consultation Centre (General Secretariat for Gender Equality-Ministry of Interior)

The Consultation Centre of the General Secretariat for Gender Equality uses special forms to fill in the demographics data, the history of the abuse, data related to the employment status, the social and family environment, the existence of

children and their health and education situation, and to record the required legal assistance or psychological support. The main purpose of this process is to detect the specific needs of each victim and to respond to them through cooperation with other authorities. Following the intake, internal referrals take place. If the victims need legal assistance an appointment with the legal consultant is organized.

The individualized assessment of needs takes place during the first appointment between the victim and a social support consultant. During this appointment the consultant administers the **risk assessment test** to the victim to diagnose the level of risk they are facing. The consultant will act immediately depending on the results of the test. If the victims are in great danger, they will be referred to hospitality shelters.

There is no special procedure for vulnerable groups or special groups of victims. The staff treat each case individually and try to detect to the maximum extent the specific needs and to propose the most suitable solution. There is not a formal procedure for follow up. The staff usually follow up on the cases they have handled for a period of up to 3 years. They mainly focus on the progress of victims through a record of contacts and actions.

National Centre for Social Solidarity

The same procedure takes place at the social support Centre of the National Centre for Social Solidarity. The staff conducts interviews by asking open questions to the victims in order to assess their situation. When victims allow this, the centre's staff gets in touch with their social environment and other authorities to explore further their condition and situation. The questions addressed to the victims, concern safety issues, health, legal issues etc. There is no specific procedure for vulnerable groups or special groups of victims. The consultants are trained to address all types of cases and cooperate with several other authorities. The updating of the victims' status is done through scheduled meetings with the victims themselves. The consultants maintain telephone contacts with the authorities to be informed of changes in the victims' situation.

National SOS helplines

The process followed in the helplines of the General Secretariat and the National Centre for Social Solidarity differs from those described above. No specific questions are asked. The consultant has to detect during the telephone call the victim's individualized needs through a social intake. There is no particular procedure for vulnerable groups or special groups of victims. The priority is to offer immediate solutions to the victims and to those that seek help rather than record and examine in detail the personal characteristics of the victims and the circumstances of violence. If the consultants consider that the victim is in great danger and that the victim cannot take action on its own, they might refer them to shelters or even the police. The victims fully participate in the process and nothing is done without their consent. Update of the incidents it is not possible since there is no chance of follow up with the victims.

Interim conclusions

The legislation in force does not provide for a special or detailed procedure for individualized needs assessment. The process followed by the authorities that were interviewed was submitting more detailed questions to the victims in order

to record their social history and their specific needs depending on each incident. Again here the focus lies more on collecting information and being in a position to direct the victim to appropriate services rather than collecting detailed data or evidence.

#### **4.4.3 Referral mechanisms**

Consultation Centre (General Secretariat for Gender Equality-Ministry of Interior)

At the counseling center, the social consultant in cooperation with the rest of the scientific staff decide where to refer the victim. All existing structures are mapped and most suitable one depending to the victim's needs is recommended. In case of emergency, the staff intervenes immediately to assist victims at risk to be accommodated in a hostel. In other cases they may accompany the victim to the police or public authorities. The social history of the victims can only be communicated to other authorities upon the victims' consent. Victims actively participate in the referral process and all actions are taken made after their approval. The counselors only intervene to the extent that the victims allow them and they respect their decisions. They only try to make clear to the victims their needs and to accurately inform them about the positive effects of referral. Follow up is not mandatory. The counselors in some cases get in contact with the authorities the victims are referred to in order to find out about their situation.

National Centre for Social Solidarity

The National Centre for Social Solidarity has hospitality shelters where women victims are referred to when their life is at risk or who need help. Victims are referred to the shelters following a decision taken by the team of scientists (psychologists, social workers etc) of the social services of the National Centre for Social Solidarity. The shelter staff takes care of the rehabilitation of the victims and other issues such as advice on legal issues, psychological support, job placement etc. Women victims who are at high risk are protected by strict rules (not allowed to leave the shelter without permission, not allowed to receive visitors). All actions by the staff and all contacts are recorded in an electronic file to which only social workers and supervisors have access. The follow up is mandatory for a period of 3-6 months after the victim has left the shelter. The participation of the victims is very important since the aim is to motivate them to accept the assistance provided. A special group of children psychologists and nursery teachers are available for children as well as creative activities.

National SOS helplines

Both the national SOS helplines of the General Secretariat for Gender Equality and the National Centre for Social Solidarity inform victims on existing structures and authorities. The victims should be motivated to get away from their current situation and the staff of the helplines does not interfere with referrals. The consultants, depending on each victim's situation, direct them to the most competent authority. Only exceptionally and in very urgent situations consultants all the hospitably shelters to facilitate the process. All competent authorities are mapped, however often the consultant has to update the registered data through the internet. The victims' personal data is not communicated to other authorities (all phone calls are anonymous) and the privacy of the callers is fully protected.

Follow up is not feasible and is not provided in the internal procedural rules of the telephone lines. It is upon the consultants discretion to find out the progress of an case.

Referral procedures are considered successful by the authorities interviewed. The main reasons are a) that they are exhaustive with regard to existing options and b) they try to make the best choice to satisfy the needs of the victims while taking into account their opinion. With regard to improvements, the interviewees highlighted the need for closer cooperation between institutions in order to achieve better networking and coordination. It is also crucial for the authorities to operate complementary so that gaps in availability of services can be filled in. One of the main obstacles to the smooth operation of the authorities is bureaucracy which often complicates procedures. Specific reference was made to the lack of follow ups which is important for the staff of the competent authorities. This could be a psychological incentive for the scientific staff since they could have a clearer picture of the effectiveness of their work. Several interviewees mentioned the lack of vocational education and particularly the lack of clinical supervision that is necessary to reduce the tension of mental health professionals.

Interim conclusions

Referral practices vary. Hotlines do not engage in referrals and it is the prerogative of the victim to act on the basis of the information provided. Centres visited onsite engage in referrals based on a mapping of existing structures and the consent of the victim. Women victims are mainly referred to hospitality shelters for a short period of time until they can fully recover both psychologically and physically, and so they can be re-integrated into society. Other structures in which the victims can be referred to include mental health centres and social services of the municipalities where the victims can receive further psychological assistance.

#### **4.4.4. Conclusions**

Services for women victims of violence have a relatively longer tradition in Greece compared to other victim services. For hotlines, identification is clearly distinguished from needs assessment which is a second step. Identification aims to categorize the incidents and identify those that can be handled internally and those that need to be referred. There is no common practice in the identification of women - victims. Although guidelines are in place, practices may differ among different entry points. Self-identification is the main focus. Identification aims to support the women who need help rather than report the case exhaustively. Internal tools are available but not consistently used.

There is no special or detailed procedure for individualized needs assessment. It mainly takes place through an interview and social intake. The focus lies more on collecting information that will direct the victim to appropriate services rather than collecting detailed data or evidence.

Referral practices vary. Hotlines do not engage in referrals and it is the prerogative of the victim to act on the basis of the information provided. Centres visited onsite engage in referrals based on a mapping of existing structures and the consent of the victim.

## **4.5 Children**

The main incidents against children victims include violence, abuse, exploitation and neglect. Under this section, a number of institutions that work exclusively with children have been interviewed. This section presents the findings of three interviews with staff from the NGO Smile of the Child, the hotline SOS 1056 and the Directorate of Minors of the Hellenic Police. Namely, one interview with a Psychologist at the NGO “The Smile of the Child”; one interview with a social worker at the National SOS hotline for children 1056; and one interview with a Police Officer from the Department of Juvenile Protection of the Hellenic Police.

### **4.5.1 Identification of Victims**

#### **Police**

A psychologist is responsible for the first intake and prepares the child to testify. If the crime is not “caught in the act” the testimony takes place after an appointment. In this context, several questions are posed by the psychologist with the presence of a police officer (what happened, how did the incident start, how the child was approached, how does the child feel, how did the child report etc). If the child belongs to a special group and cannot testify it does not. After the end of the testimony there is a special report and a report from the psychologist. All reports and evidence are sent to the prosecutor for minors. If required, an interpreter is called. Police staff is not trained on how to approach victims, the psychologist is competent to do this.

#### **«Smile of the Child» Accommodation shelters**

If a child is accepted at a shelter following the initial identification procedures by a multidisciplinary team (psychologists, nurses, teachers, social workers) that evaluate needs at medical, psychological and school level. Children are placed in shelters independently of nationality and origin when the prosecution deemed necessary removal from the family environment. The interdisciplinary team is not involved with the identification of children as victims but with their reception.

#### **SOS 1056 Hotline**

Calls are managed by social workers and psychologists. When a call is received, a standardized process is followed which is written in a manual. This includes the recording of the data of the individual that reports (address, facts, relation to the child etc) and their motivation. Children are asked their opinion about the incident. The manual is an internal tool that has been formulated in cooperation with the prosecution.

Once the data is collected, a report is prepared and the prosecutor is informed. At a next phase, a prosecutorial order is issued for a social service to visit the place of the incident and verify the facts of the report. The social service and the police are informed. If an order has been issued for a child to be removed from family environment it is transferred with a social worker or psychologist to a protected environment (hospital) where first aid or support is offered. When children victims call, the staff makes an assessment for its support and then the authorities are informed.

Interim conclusions

Social workers and psychologists record reports against child abuse and refer them to the prosecutorial authorities. If the victim reports violence, this is accepted and the incident is recorded. The procedure is formalized and involves the prosecutor and a prosecutorial order for further investigation or removal from the family environment. Due to this fact, all organizations follow the same steps. They waus of recording the data internally might differ.

#### 4.5.2 Individualized assessment of needs

Police

The assessment of the needs of the child is done by a psychologist through discussion with the victim. Questions concern living conditions, feelings etc. If the child is considered to be in danger, it is removed from the family environment and accommodated either with relatives or in shelters. If the child is in shock the psychologist offers support to prepare it to testify.

«Smile of the Child» Accommodation shelters

Requests for accommodation are presented by prosecutors for minors, prosecutors of the court of first instance, courts. Social services of municipalities or children hospitals and other institutions for protection of minors. The scientific team in charge of a case is composed of a psychologist, social workers and a paediatrician. The team assesses the extent to which the organization can care for the child based on its intake, medical assessment and psychological report. One member of the team handles the communication with the child. The progress and results are reported in detail in an excel file eg who went to the hospital, when, when the request was received etc. Social workers and the prosecutor are constantly informed on the progress of children.

At a second phase, every specialist takes action to cover the needs of the child. There is a tool for monitoring the transition to the shelter and special procedures are followed with regard to management of personal issues, contact with the family environment and process of autonomisation. For children aged 3-5 a contact person is appointed. For children aged 5-8 there are tools for their life history like the «life book», that the child completes. For children at pre-school or school age, different tools are used to assess needs eg examine the framework of food, sleep, post traumatic stress etc. For infants, their habits are recorded and a person of reference is appointed.

The examination of the personal characteristics of the child is done on the basis of age. At a first stage the specialized staff controls visual contact, speech, socialization, mental capacity, etc. The social service that temporarily accommodates it offers a psychological assessment.

The specialized staff is different for every information shared by the child in order to avoid memory contamination. The memory box is used as a tool. This is a box where they place photos, clothes and personal belongings. **An individualized plan is formulated.** A special form is used that analyses fields related to physical health and development, psychological – sentimental health, its behavior, educational

development, personal and social skills and data on family situation. The scientists record the goals, the tools to be used and required follow up activities.

ΠΛΑΝΟ ΕΞΑΤΟΜΙΚΕΥΜΕΝΗΣ ΠΡΟΣΕΓΓΙΣΗΣ ΠΑΙΔΙΟΥ				Το Σμήμα του Παιδιού Επιμέλεια: Παιδί & Εφηβού Στην Περιφέρεια Παιδίων		
ΟΝΟΜΑ ΠΑΙΔΙΟΥ :				ΗΜΕΡΟΜΗΝΙΑ ΣΥΜΠΛΗΡΩΣΗΣ:		
ΠΕΔΙΑ	ΣΤΟΧΟΙ	ΧΡΟΝΟΣ	ΕΡΓΑΛΕΙΑ	ΠΡΟΣΕΙΣ ΑΝΑΦΟΡΑΣ	ΠΑΡΑΤΗΡΗΣΕΙΣ	FOLLOW UP
ΣΩΜΑΤΙΚΗ & ΦΥΣΙΚΗ ΥΓΕΙΑ & ΑΝΑΓΓΥΞΗ						
ΨΥΧΙΚΗ - ΣΥΝΑΙΣΘΗΜΑΤΙΚΗ ΥΓΕΙΑ						
ΣΥΜΠΕΡΙΦΟΡΑ						
ΓΝΩΣΤΙΚΗ & ΕΚΠΑΙΔΕΥΤΙΚΗ ΑΝΑΓΓΥΞΗ						
ΑΝΑΓΓΥΞΗ ΚΟΙΝΩΝΙΚΩΝ - ΠΡΟΣΩΠΙΚΩΝ ΔΕΞΙΟΤΗΤΩΝ						
ΟΙΚΟΓΕΝΕΙΑΚΗ ΑΠΟΚΑΤΑΣΤΑΣΗ						

Source: The Smile of the Child, plan for individualized approach of children

The criteria concern the health of the child and specifically the absence of an important health problem that would preclude its care. The staff tries to address needs of every child based on its condition (eg if it comes from a small city and needs time to adjust, if it has mobility problems, if it faces mental health challenges, adequate treatment will be provided). The daily life is adjusted to the needs and personality of every child with respect to its wishes.

Social workers and psychologists are continuously trained on referrals, identification of children and material and sentimental level. The organization receives all children independently of age, sex or religion. There is full respect to the language and religious beliefs of the child. A intercultural mediator is in place.

**SOS 1056 Hotline**

The SOS 1056 hotline mobilises procedures for the immediate offer of protection to children in danger, the care for abused children who are in hospitals (transitional phase). It does not assess needs but offers direction and referral with other services. It is connected to the 112 hotline.

Interim conclusions

Needs identification is the focus of the interaction of professionals with children. Due to the special features of childhood, several tools are used, including observation, tests, and active interaction with the child. The procedure is characterized by the active involvement of the prosecutor in every step.

**4.5.3 Referral mechanisms**

Police

The police refers the children to the prosecutor when parents are not in place or when they are the perpetrators. When procedures with the police are completed there is no follow up unless further data is requested by the court.

### «Smile of the Child» Accommodation shelters

The organization focuses on direction and assistance for children in danger. The referral of a child in a shelter is based on the meaning assigned by the child to the situation, the contact of the child with its family environment, and the education of the staff in shelters so that they can assess the needs of the children.

### SOS 1056 Hotline

Referrals take place with prosecutorial order. The incident is assessed and all calls are recorded in a data base to facilitate further procedures.

### Interim conclusions

Referrals are subject to a forma order from the prosecution. It was reported that there is an effort to standardize proceures for management of requests, the transfer to shelters, the management of personal history, contact with the family environment. A guide for professional staff is an important tool. It is also important to ensure the constant evaluation and improvement of the quality of processes.

## 5. Synthesis: good practice, gaps and challenges

This section draws conclusions with regard to the existing practices analyzed at the level of different entry points.

### 5.1. Identification of Victims

Identification of victims is the starting point of any interaction between an individual victim and the victim support mechanism or the criminal justice system. From the five entry points examined (health services, police, NGOs, services for women and services for children) the following conclusions can be drawn:

- Most of the entry points reported a perception of victims that derived from the mandate of their organisations (eg abused children or women, victims of trafficking, victims of rape or violence etc). The issue of ensuring that an individual falls within a broader definition of victim was not reported as a concern
- Most of the entry points accepted self-identification of an individual as a victim and rarely contested the information provided. Additional emphasis was reported for specific crimes such as racist crimes, trafficking etc where the specific features of the victim are reported
- Identification in the strict sense was limited to recording the data of the individual and its experience. However, the borders between identification and needs assessment were often indiscriminate in the experiences of the professionals interviewed.
- For hotlines, identification was clearly an initial step that involved the collection of basic data with the purpose of defining further steps. It often involve the use of standardized forms
- Identification done insitu involved an interview and social intake or based on a questionnaire;
- The identification process has a distinct focus for every entry point. The police is interested in collection of facts and evidence for the case file; health services in medical needs; services for women on supporting women to address their challenges rather than the specific details of violence; services for children on collecting sufficient information to report accurately to the prosecutor and the police; NGOs take a more holistic approach but primarily directed towards informing the victim.
- Procedures for identification are not uniform within each entry points but do not present huge differences. Especially, in the case of organizations that form part of a Network (Network for Reporting Incidents of Racist Violence) significant harmonization in the use of forms etc has taken place.
- Procedures differ significantly when comparing different entry points especially due to the different focus of every entry point. For example, identification procedures at the police, NGOs or helplines have a distinct orientation and collect complementary but different information and facts.

## 5.2. Individualised Assessment of Needs

If the identification of victims is the starting point of any interaction with the victim support mechanism, the individual assessment of needs should be at the epicenter of a victim support system. From the five entry points examined (health services, police, NGOs, services for women and services for children) the following conclusions can be drawn:

- The individualized nature of the assessment is covered through the one-to one interaction with the victim. This is ensured in all entry points
- The focus of the needs assessment varies significantly in each entry point. Health services focus on medical needs, NGOs attempt a more holistic assessment, women services are directed towards empowering women and providing adequate direction to support services, while for children it is a procedure that takes place after the main formal issues have been solved (eg prosecutorial order). For the police, needs assessment does not appear to hold a central role to the extent that the process is focused on preparing the victim for testimony.
- The assessment made by NGOs is holistic, in the sense that it considers various needs and not only medical or legal needs, and is more suited for a victim support mechanism.
- Procedures are not common or standardized but not important variations are observed among organisations (especially NGOs). However, no big discrepancies are observed in the way in which needs are assessed. Needs with regard to protection measures are only sought in cooperation with the police
- Needs assessment is done through personal contact and an interview with specialized staff, usually social workers or psychologists, in some cases also lawyers
- An individualised plan for the victim was a positive practice reported
- Consent is always required, unless minors are concerned
- Decisions are usually made by a team of professionals

## 5.3. Referral

Referral mechanisms are an integral part of a cohesive victim support mechanism that ensures complementarity and cost effectiveness. It is the only way to ensure that different entry points are connected in a way to form a 'true' victim support mechanism. From the five entry points examined (health services, police, NGOs, services for women and services for children) the following conclusions can be drawn:

- The national referral protocol of the National Centre for Social Solidarity, that is followed by most institutions especially with regard for accommodation, has proven an effective way to ensure a rationalised use of existing services
- Due to this reason, referrals are more harmonized compared to other practices, especially those done through the National Centre for Social Solidarity.
- With regard to racist violence, the Network for Racist Violence facilitates this referral process and appears to be very effective. Referrals start with the provision of information in relation to the needs of the victim in the broad sense but are limited by the resources and services offered by the existing organisations. A common form is used and although internal practices are not

standardized they are compatible. The Network has had a harmonizing effect on the internal procedures of the participating organisations.

- Outside this framework, and with the exception of public hospitals where referrals do not take place unless there is a communicative disease, referrals take place inside or outside the organisations for support, further treatment, legal services or accommodation. A referral note is used in most cases.
- Hotlines for violence against women do not engage in referrals and it is the prerogative of the victim to act on the basis of the information provided
- Referrals rely on a mapping of existing services but also on personal contact between the staff of organizations.
- For children, referrals are subject to a formal order from the prosecution.
- Follow up is neither a common nor a uniform practice
- Consent is required for a referral