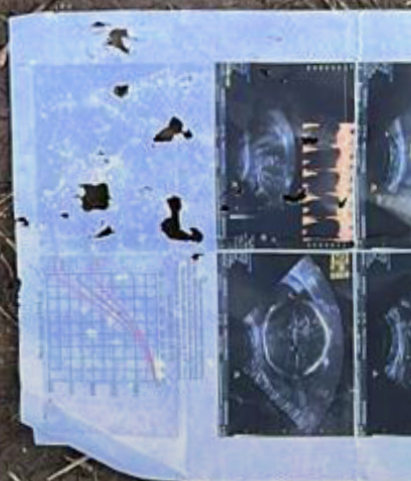




Border Violence  
Monitoring Network



# 2026 ILLEGAL PUSHBACKS AND BORDER VIOLENCE REPORTS

THEMATIC  
MONTHLY  
REPORT  
**MARCH**

**VULNERABILITIES**

Ultrasound left on the ground  
following an eviction.  
Source: Human Rights Observers



**Border Violence  
Monitoring Network**

# ILLEGAL PUSHBACKS AND BORDER VIOLENCE REPORTS

2026

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THEMATIC MONTHLY  
REPORT **MARCH**

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VULNERABILITIES



Other contributors:



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## THEMATIC MONTHLY REPORT: **VULNERABILITIES**

This is the fourth report in our thematic series, where we will look into overarching themes affecting people on the move across Europe.

This report looks into the topic of vulnerabilities and the ways specific groups of people on the move are made more vulnerable by the systems that were meant to protect them. From the Western Balkans to the Greek islands in the Aegean, particular groups of people, including children, people with disabilities, those dealing with chronic conditions or survivors of human trafficking, are faced with increased obstacles or wider gaps of services during their journey across Europe. Exposed to similar levels of border violence during pushbacks, police raids and evictions, the frequent lack of specialised care and protection mechanisms creates increased risks and further restricts access to rights.



# Methodology and Terminology

## REPORTING NETWORK

BVMN<sup>1</sup> is a collaborative project between multiple grassroots organisations and NGOs working along the Western Balkan Route and Greece, documenting violations at borders directed towards people on the move. The partners have a common website database, used as a platform to collate testimonies of illegal pushbacks which are gathered through interviews.

## METHODOLOGY

The methodological process for these interviews leverages the close social contact that we have as independent volunteers with refugees and migrants to monitor pushbacks at multiple borders. When individuals return with significant injuries or stories of abuse, one of our violence reporting volunteers will sit down with them to collect their testimony. Although the testimony collection itself is typically with a group no larger than five persons, the pushback groups which they represent can exceed 50 persons. We have a standardised framework for our interview structure which blends the collection of hard data (dates, geo-locations, officer descriptions, photos of injuries/medical reports, etc.) with open narratives of the abuse.

## TERMINOLOGY

The term pushback is a key component of the situation that unfolded along the EU borders (Hungary and Croatia) with Serbia in 2016, after the closure of the Balkan

Route. Pushback describes the informal expulsion (without due process) of an individual or group to another country. This lies in contrast to the term “deportation”, which is conducted in a legal framework. Pushbacks have become an important, if unofficial, part of the migration regime of EU countries and elsewhere.

## ABBREVIATIONS

BiH - Bosnia and Herzegovina  
HRV - Croatia  
SRB - Serbia  
SLO - Slovenia  
ROM - Romania  
HUN - Hungary  
AUT - Austria  
MNK - North Macedonia  
GRC - Greece  
BGR - Bulgaria  
TUR - Turkey  
EU - European Union

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<sup>1</sup> BVMN is a network of watchdog organisations active in the Balkans, Greece, Turkey, Poland and France, including Rigardu, Mobile Info Team, Collective Aid, Blindspots, I Have Rights, Center for Legal Aid, Mission Wings. Legal Centre Lesvos, We Are Monitoring, InfoPark, Human Rights Observers and Calais Food Collective.



# Introduction

There is not a single definition of vulnerability, for this is a highly contextual and comparative notion rather than an inherent condition or state. International standards usually understand vulnerability as an increased susceptibility to harm, created by a combination of individual, social, structural and environmental factors. While vulnerability is often linked to characteristics of the individual, such as age, gender or experience of disabilities or medical conditions, it stems from and is exacerbated by artificial structures of marginalisation. In this report, we use the term “vulnerabilised” interchangeably with “vulnerable”, for we understand vulnerability as a condition largely produced by state actions, including pushbacks, detention, and forced or irregularized movement. The term “vulnerabilised” is used here deliberately to emphasize the external forces that create and perpetuate situations of vulnerability, rather than locating that vulnerability within the individuals themselves.

As outlined in the following pages, vulnerabilised people on the move are not excluded from the most violent and dangerous manifestations of the European border regime: children continue to die during shipwrecks in the Aegean, be arbitrarily detained in Serbia or experience violent pushbacks by Croatian authorities; people with chronic medical conditions or disabilities are often equally exposed to the neglectful healthcare available and met with pushbacks and arbitrary detention despite their specific needs. On top of these systematic violations, vulnerable individuals face increased barriers to access of essential services and basic rights. One – of many – examples of

this can be found in the remoteness and isolation of many state accommodation and detention centres, such as the Samos and Kos CCACs. This remoteness creates barriers for people with mobility issues and little resources to reach solidarity organisations and other actors able to provide support and services. In this report, we look into the ways the current European border regime “vulnerabilises” certain groups of people on the move through violent practices, neglect and inadequate protection systems. We focus on the situation in Serbia, Bosnia-Herzegovina and Greece.

Much of this publication delves into the conditions faced by unaccompanied and separated children on the move, a significant share of the people seeking safety. [In 2024](#), more than 41,500 children crossed the EU’s external borders “irregularly,” including 12,400 unaccompanied minors – the second-highest figure ever recorded. Children made up 12.3% of all recorded arrivals. Most were boys aged 14–17, while younger children were more often girls or travelling within families. By the end of 2024, an estimated 112,000 minors were recorded as present in the EU with an “irregularised” status – the highest number since 2016 – with Greece (34,100), Germany (30,800), and Italy (13,200) hosting the largest groups. For those who are able to access schooling, healthcare, guardianship, or protection from deportation, safeguards remain fragile. The moment a young person turns 18, the protection system abruptly falls away. Many “age out” overnight, losing rights and becoming vulnerable to irregularity, exploitation, and removal.



## Introduction

In this report, we look at how the closure of Bosnia-Herzegovina's only two designated reception centres for unaccompanied minors, single women and families has exposed young people and other vulnerable groups to increased risks and more inadequate accommodation. Moreover, we explore the gaps between a relatively extensive normative protection framework in Serbia and a reality marked by lack of safe options for accommodation, instability and weak guardianship system, all exacerbated by recent funding constraints. In Greece, we share reflections on the harmful impact on minors of the asylum freeze for Syrian nationals, which separated families and left many in a legal limbo. We also report on the ongoing criminalisation of minors, particularly and disproportionately targeting Sudanese young people accused of boat driving, who have already survived war, displacement, and violence. This practice represents a profound failure to uphold the rights of children on the move. It violates the best-interest principle, undermines fair-trial guarantees, and punishes young people for acts of survival in the absence of safe and legal routes.

The lack of adequate healthcare provisions, especially for people with pre-existing or chronic conditions, constitutes the second main topic covered in this report. We share stories from people in Bosnia-Herzegovina who report on the limited access to specialised care in the TRCs, particularly after the end of the Danish Refugee Council's mission in September 2024. The refusal to provide urgent medical care resulted in the death of two people residing in the Lipa TRC at the end of 2025. In Serbia, those living

outside the formal system rely almost entirely on a few NGOs for medical care, partly because the lack of clear pathways and their undocumented statuses put them at risk of more police violence when interacting with state structures. Meanwhile, on the Greek island of Samos, years of extensive documentation of violations and criticism of the inadequate access to healthcare for people in the CCAC have resulted in little improvement. Perhaps most worrisome is the ratio of one doctor per 800 people held at the facility. The lack of systematic and proper assessments is key across countries, as state authorities constantly fail to identify vulnerabilised people in need of specialised protection, including minors, survivors of human trafficking or people with chronic medical conditions.

The border regime inserts itself into all aspects of peoples' lives, creating a general state of vulnerability through irregularisation, invisibilisation and pervasive discrimination. This report illustrates several concrete ways in which the "protection" systems in place exacerbate and compound vulnerabilities for people on the move, limiting access to support and enabling a continuum of violence beyond the physical borders.

# **UPDATE ON THE SITUATION**



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# Bosnia – Herzegovina

*The Bosnian part of this report focuses on the Una-Sana Canton and the Sarajevo area, as these are the territories to which our monitoring access currently extends. These two areas also represent the primary concentration of people on the move in Bosnia and Herzegovina, and host all of the country's official reception facilities.*

## General legal framework

Bosnia-Herzegovina has [a national legal framework](#) for the protection of human rights and marginalized groups. However, effective access to justice is severely limited by the country's highly decentralized constitutional and administrative structure, which results in unequal practices across cantons and municipalities. Fundamental rights in social, health, education and labour matters are largely exercised as territorially conditioned privileges, dependent on place of residence, the financial capacity of local authorities, and their arbitrary assessments. Administrative silence, unreasonably long procedures, and the systematic non-enforcement of court decisions further erode legal certainty, particularly for those in social need, for whom any delay can have serious consequences on basic livelihood, healthcare, and housing.

These obstacles are significantly compounded for people without a regularized status on state territory, among whom people on the move represent a large majority. The non-recognition or impossibility of regularizing one's status directly affects access to formal residence, healthcare, social security, labour rights,

education, and justice. This creates a vicious cycle of legal and social exclusion that particularly impacts families and children. People on the move thus face a double layer of vulnerability: the systemic weaknesses that affect all marginalized groups in BiH, and the additional barriers that come with the absence of a recognized legal status.

## Unaccompanied and separated children

The most common vulnerabilised (see [Introduction](#) for definition of the term) group in the so-called Balkan Route are unaccompanied and separated children, often known, in institutional sources, as unaccompanied asylum-seeking children (UASC).

The term *unaccompanied minor* is derived from international lexicon, as there is no unified, specific definition at the national level. Within this framework, the [unaccompanied minor](#) in movement is a person under 18 years of age who enters or stays in Bosnia-Herzegovina without a parent or other legally responsible adult and/or who remains without such accompaniment after entering the country.

Unaccompanied and separated children are estimated to represent around [3-4% of individuals crossing the Western Balkan region](#), with the majority being boys between the ages of 15 and 17. Throughout 2025, an estimated 12.000 people on the move came across Bosnia-Herzegovina. In October 2025 almost 6% of the arrivals were children in families, while 11% were



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unaccompanied minors. The most frequent countries of origin were Afghanistan, Egypt, Turkey and Sudan.

It is relevant to note that there is no specific law or regulatory framework dedicated exclusively to children and minors on the move, aside from the Law on Foreigners and the Law on Asylum which apply to all people on the move. In fact, these laws refer to minors and include provisions regarding their treatment and access to rights, but in the context of regulating their status, general provisions applicable to everyone are used.

Once the status is determined, domestic legislation is applied in the exercise of rights in line with that status. In this regard, in 2018 a guardianship measure was introduced in Bosnia-Herzegovina as a child protection mechanism by the Centre for Social Welfare and it also applies to unaccompanied minors. However, the lack of a dedicated framework and monitoring system leaves specific needs of separated and unaccompanied minors in a grey area of interpretation, often not adequately addressed.

### **The closure of Ušivak TRC and Borići TRC**

Until recently, minors, single women and families in BiH could find refuge in two dedicated facilities: the Ušivak TRC near Sarajevo and the Borići TRC in Bihać. Borići TRC was closed in August 2025, as documented in our [Access to Shelter](#) thematic report. Ušivak TRC, the last remaining TRC for families, unaccompanied children and

other vulnerable groups in the country, followed, closing abruptly at the end of February 2026 and without transparent communication to residents or civil society.

The closure of Ušivak TRC was never formally announced, and its timeline can only be reconstructed through IOM's weekly situation reports. The [report](#) covering the week of February 23rd to March 1st 2026 is the first to record zero occupancy at the facility, indicating it had already been emptied. It is only from the [report](#) of March 16th 2026, however, that Ušivak disappears entirely from the list of active TRCs in Bosnia-Herzegovina, suggesting that this is the point at which it was officially decommissioned. The absence of any transparent communication means that the closure must be traced through data rather than institutional disclosure. This recent closure of Ušivak TRC presents immediate risks for the wellbeing of both the previous residents and those soon to arrive in Sarajevo. Ušivak TRC existed precisely to be a place for vulnerable groups, including minors and families, and as recently as the end of January local media described it as *'an exceptionally peaceful camp'*.

Previously, minors arriving at Ušivak TRC were assigned a legal guardian from the Center of Social Welfare, who had the duty to represent their interests. According to [Vaša Prava](#), a Bosnian NGO providing legal services to people on the move, legal guardians were not informed properly and some children were moved despite the lack of consent from their legal guardian. The fact that Bosnian authorities transferred children to a camp without



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permission from their legal guardian is very concerning. Vaša Prava BiH told the Collective Aid team that: *“they [BiH State] really don’t care about the best interest of the child, and this ‘overnight’ decision, that was not coordinated with the Centre for Social Welfare, confirmed that.”*

With no place to stay in the Sarajevo area, vulnerabilised individuals are now mostly placed in Lipa TRC, located close to Bihać at the border with Croatia. Many [organisations](#) have previously reported on the [poor conditions in Lipa](#), making it unsuitable in general and especially unsafe for minors. Other options include the [JRS reception centre](#) in Sarajevo, and the [IPSIA centre in Bihać](#) – all with limited capacity. The Delijaš asylum seeker centre remains only a formal option, as it is intended specifically for those seeking asylum in Bosnia, and is located in an isolated building, far both from the border and urban areas, [with very poor connectivity and access](#).

As stated earlier in a [report conducted by Save the Children](#), the ongoing closure of reception centres along the Balkan route results in reduced access to registration and the growing use of informal accommodation, which leads to gaps in the protection of categories of persons exposed to high risks, such as minors and children. They can be subject to extortion, kidnapping and exploitation and there are fewer protection measures available when this occurs in informal, often invisible, settings.

At the moment, unaccompanied minors still show up in the Sarajevo area, and

typically seek shelter in the only remaining camp – Blažuj TRC intended for single, adult men. Collective Aid understood that minors who turned up to Blažuj TRC were provided short-term accommodation in a separate area before being transported to Lipa TRC, but there has been little transparency about this process. Additionally, the Collective Aid team, working outside of Blažuj TRC, has observed an increase in young people that present themselves as adults; minors that hide being underage in order to be able to stay at Blažuj TRC and to remain part of the group they are on the move with. With minors residing with adults, especially without camp supervision that can monitor safety risks, minors are at increased risk of violence, including sexual violence, harassment and criminalisation.

### Healthcare for vulnerable people

The decentralization of the Bosnian system also puts continuity of healthcare at risk for anyone who changes residency, including displaced people and returnees, who frequently lose insurance coverage and face interruptions in care, sometimes being forced to seek services in other administrative units. Long reimbursement procedures and inconsistent practices among health funds often result in people bearing costs out of pocket.

Undocumented people, the Roma community, and people with disabilities face additional administrative, financial, and institutional barriers on top of these systemic weaknesses. In the Una-Sana Canton specifically, where the majority of people on the move are concentra-



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ted, poor hospital infrastructure, limited emergency vehicles, and staff shortages already constrain access to timely care for the general population, with even less availability for people on the move.

Following the end of the Danish Refugee Council's mission in September 2024, which had supported dedicated health-care provision for people on the move, no specialized service remained in place. Access to healthcare is now conditional on registration with the Service for Foreigners' Affairs and mediated through IOM. Within reception centres, there are no paediatricians or specialized professionals for children, and transport to cantonal hospitals is provided only upon medical referral issued by a centre doctor, a significant barrier for a population with acute and often unaddressed health needs.

Generally, medical care is insufficient for people in TRC's in BiH, with Collective Aid's needs assessment with TRC residents showing that both quality and adequacy of care are of concern: even if medical care is available, nearly half of people indicated that medical care is available but not sufficient. This includes people with specific needs for pre-existing conditions such as diabetes. Over the past year, we heard multiple stories of people with diabetes who had their insulin pen deliberately broken by soldiers during a pushback on the Croatian border. Some of these referred to the violence with which this was done, as their insulin pen being 'destroyed' or 'smashed'. For people with type-1 diabetes, being deprived of their medicine puts them in a life threatening situation.

In Blažuj TRC, Collective Aid's team recently met a man with diabetes, as well as multiple people with allergies, who mentioned the food provided was not being adapted to their dietary restrictions. Thus, people are forced to spend their own money to buy alternative food. For all people, but specifically of importance for people in ill-health or recovery, it was reported that residents do not have access to sufficient amounts of food or adequate nutrition. An Egyptian man told us that "everyone is hungry", and that if you ask for more, nothing extra is given.

Additionally, one former resident at Ušivak TRC described the lack of medical support since her and her husband's HIV diagnosis. Her husband had to wait 6 weeks to then receive medication for only one month, whilst she was still waiting for treatment:

*"I think this is unacceptable. I have been without vital medication for over a month. Because of this, my condition is worsening; I feel very unwell."*

These gaps in medical care are a threat to people's health, as well as flagrant breaches of one's right to health. It moreover highlights how the current system is insufficient in holding up standards of humane treatment for people on the move with specific vulnerabilities.

### Pushbacks and vulnerable groups

Pushbacks at the border between Bosnia and Croatia continue to be frequently



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reported. Outreach activities are conducted to monitor border areas and to support people whose attempts to cross have failed and who have experienced violence. In the case of unaccompanied minors subjected to pushbacks who request to be returned to the TRC, only a limited number of organizations are authorised to carry out transportation and a legal guardian must be present in the vehicle in all cases. This often results in prolonged waiting times and, in some cases, in the inability to complete outreach interventions.

Pushbacks are often carried out rapidly and without meaningful consideration of age, resulting in a high number of such illegal expulsions involving unaccompanied minors in the first part of 2026, with some individuals being returned two or even three times.

*“They were monitoring one of our phones during the game (the attempt to cross the borders), that’s why we’re back here, haunted by this memory. Inshallah, we will soon be able to go again”. (April 2026)*

While age does not appear to be a decisive factor, gender seems to play a more significant role in the context of pushbacks. Observations indicate that men attempting border crossings are, in the vast majority of cases, subjected to verbal and physical violence, regardless of whether they are unaccompanied minors or travelling with their families. By contrast, such patterns of violence do not appear to affect women

on the move to the same extent. Nevertheless, this violence still happens and cases of gender-based or sexualised violence against women and girls have also been reported in the past.

In this context, some particularly concerning cases have emerged from field reports. These include the pushback of a girl under 14 with a pre-existing health condition, and the pushback of a pregnant minor. The teams reported encountering a pregnant 15-year-old girl at Lipa TRC who had been registered as an adult, a misregistration with serious implications for her access to age-appropriate protection and care.



## Unaccompanied children: institutional and legal context

In Serbia, the protection system for unaccompanied and separated children within migrant populations has evolved under the pressure of a sudden and large-scale arrival of children on the move, for which national institutions initially lacked both experience and adequate capacity. A particular challenge stemmed from the fact that competent authorities were, for the first time, confronted with children in situations of irregularised<sup>1</sup> migration, an area in which the Commissariat for Refugees and Migration of the Republic of Serbia does not have a primary mandate or prior operational expertise.

At the same time, Centres for Social Work have been unevenly burdened. While some had little to no prior contact with this population, others were continuously exposed to high caseloads, resulting in inconsistent practices and varying levels of professional preparedness. This uneven exposure has contributed to fragmentation in the quality of care and decision-making across the system. In such circumstances, international actors, including UNICEF, UNHCR, and the Jesuit Refugee Service (JRS) have played a critical role in stabilising the system over the years. Their operational and technical support has been essential in establishing even the most basic protection mechanisms. However, significant issues persist, including inconsistent implementation

of legal provisions, weak inter-institutional coordination, and limited access to rights and services. These shortcomings point to deeper structural deficiencies in the system's response to this particularly vulnerable group.

The key laws governing the status of unaccompanied and separated children and minors in Serbia include:

### 1. Law on Asylum and Temporary Protection (2018)

Provides specific safeguards for vulnerable groups, including unaccompanied and separated children (Articles 17 and 78). It guarantees the right to guardianship, accommodation, and access to education, although implementation remains inconsistent and often delayed.

### 2. Law on Foreigners (2018)

Regulates the detention of foreign nationals for up to 180 days (Article 88), including minors, but lacks clear guidance on alternatives to detention.

<sup>1</sup> *Irregularized* refers to the process by which people's movement or presence on a territory is rendered irregular, not as a natural condition, but as a result of legal and political frameworks that criminalize or exclude certain forms of mobility. It shifts the focus from the individual's status to the state structures and policies that produce that status.



### 3. Law on Social Protection (2011)

Defines the role of Centres for Social Work in protecting migrant children; however, their capacity remains limited, further constrained by staffing shortages and weak coordination with the Commissariat for Refugees and Migration and the Ministry of Interior.

In addition to legislation, non-binding guidelines for the identification and status determination of unaccompanied children have been developed by [UNHCR and civil society actors](#). However, their non-mandatory nature contributes to inconsistent application across institutions.

#### Normative and institutional developments after 2018

Following the adoption of key legislation in 2018, several by-laws and institutional measures have been introduced:

- Rulebooks issued by the Ministry responsible for social affairs further define procedures for assessing the best interests of the child and appointing guardians, although no standardised vulnerability assessment tool has been established.
- The Commissariat for Refugees and Migration has developed internal procedures for identifying vulnerable individuals and improved the management of reception facilities.

- The Ministry of Interior has introduced operational guidelines for handling minors at borders, albeit, importantly, without a systematic monitoring mechanism.

- Pilot initiatives implemented in cooperation with UNICEF and UNHCR have aimed to strengthen the guardianship system and build staff capacity.

The [Roadmap for Cooperation 2024-2027](#) aims to upgrade asylum and reception systems and bring Serbia's reception conditions closer to what's outlined - not necessarily followed - in the Common European Asylum System (CEAS). The roadmap includes commitments to develop a national, "holistic" age-assessment procedure aligned with EU standards, including multidisciplinary assessments and safeguards against systematic use of medical tests. In January 2026, the EUAA released the "[Mapping Report on Transitioning into Adulthood](#)", which includes Serbia and focuses on how young asylum seekers are supported as they turn 18. The report promotes harmonised measures such as phasing out of guardianship, continued legal representation, semi-independent living models and avoidance of sudden relocations, aimed at reducing the sharp drop in protection after the 18th birthday that often leads to homelessness and irregularity. However, the report is a soft convergence tool: it is not legally binding, allows states to opt out without consequences and does not itself close protection gaps. This means that support remains heavily dependent on national political will.



In this context, it is essential to note that, while these legislative and normative changes are welcomed, they are extremely insufficient, precarious and, often symbolic, both in terms of their content and their voluntary nature. Most importantly, even these insufficient provisions are frequently and blatantly ignored across the EU.

Organisations on the ground in Serbia remain sceptical that these and other documents and agreements will translate into meaningful change, especially while children continue to sleep in forests and move through pushback-detention-camp cycles. For context, the [“Rights of Minors Seeking Asylum in Serbia”](#) brochure, published in April 2019, already recognises extensive entitlements, including accommodation, protection from refoulement, interpretation, guardianship, free legal assistance, identity documents from age 15, healthcare and education. The problem is therefore not an absence of formal rights, but the widening gap between an increasingly sophisticated legal framework and the experiences reported by people on the move themselves. Recent legislative and policy developments are heavily framed through EU cooperation and convergence, but remain largely disconnected from the documented lived realities. Despite these developments, implementation remains fragmented, uneven, and often dependent on local practices and individual institutional capacity.

### **Gaps in protection: accommodation, guardianship and vulnerability assessments**

Civil society reports indicate that Serbia does not consistently meet the provisions outlined in the Convention on the Rights of the Child and the guidance from the Committee on the Rights of the Child, particularly with regards to guardianship and the need for safe and appropriate accommodation for children on the move. Although the legal framework mandates the prompt appointment of guardians, the guardianship system remains one of the weakest components in practice. It is overstretched due to high workloads within Centres for Social Work and the lack of specialised support structures. The guardianship is often formal rather than substantive, with limited meaningful involvement in decision-making processes affecting the child.

Moreover, while dedicated facilities have been developed, such as the unit in Principovac for unaccompanied minors, children have at times been accommodated in mixed facilities alongside adults during periods of increased arrivals, thus contravening protection standards and putting them at increased risks. The designated centre for families and unaccompanied minors in Bujanovac, in the south of the country, is frequently refused by children due to its distance from migration routes and peer networks, their need to remain within informal support systems, and high and often exploitative transportation costs, thus making access to protection mechanisms more difficult. Additionally, the number of children placed in foster care or other family-based arrangements remains negligible, despite international standards prioritising deinstitutionalised,



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family-based care. This reflects a significant gap between normative commitments and operational capacity.

The frequent lack of early identification of vulnerability by the authorities – especially by border agents –, which limits the ability of Centres for Social Work to initiate protection procedures, and the absence of systematic vulnerability assessments constitute another serious obstacle to adequate care. There is currently no standardised tool for assessing trauma, health conditions, or specific protection needs. Furthermore, over the past year and a half, significant changes in migration dynamics have directly affected the functioning of the protection system. Most notably, there is an extremely high turnover rate, with children remaining in Serbia for only a few days. In this context, fewer children are formally identified through institutional channels, and even fewer remain in the system long enough to receive adequate support. In practice, children most often enter reception centres or social protection institutions only following police intervention or NGO referral. Even then, their stay is typically limited to a maximum of two to three days before they leave the system and resume their journey. As a result – also a consequence of the lack of safe and legal routes for migration –, many children remain outside the formal system, sleeping rough or staying in abandoned buildings in order to maintain mobility and group cohesion, despite increased exposure to risks. These dynamics demonstrate a growing disconnect between the formal protection system and the lived realities of children on the move.

While Serbian institutions demonstrate a degree of commitment to addressing the needs of unaccompanied children, structural limitations continue to undermine the effectiveness of the response. These limitations stem from a shortage of specialised personnel, insufficient capacity, and the absence of comprehensive, long-term programmes. According to standards promoted by UNHCR and UNICEF, unaccompanied children require a continuum of care, including timely guardianship, safe accommodation, psychosocial support, education, legal assistance, and integration opportunities. While these elements formally exist in Serbia, they are not developed to a level that ensures consistent and quality implementation. A critical issue remains the system's reactive nature. Measures are introduced only after challenges emerge, rather than through proactive planning. In a context of high mobility and short stays, such delays significantly reduce the system's ability to provide meaningful protection.

Furthermore, despite the formal care system in place, BVMN organisations continue to receive reports and testimonies that show that minors are not excluded from the violent practices of state, and police, including apprehensions, detention and criminalisation. Last October, a minor shared with the Collective Aid's team that he had been held in detention for two days at the Hungarian-Serbian border. He described being in a room with other minors, including two young girls aged five and six, who were forced to stay in the



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same overcrowded facility. While most of the minors detained in the room received no food, the young girls were also only given a small serving of beans. In January, Collective Aid's team met three minors who were arrested in Subotica after a pushback and received documents written in Serbian accusing them of 'violating' Border Control Act section 71, paragraph 1, unit 1. They were given 30 days to leave Serbia with a two year ban, during the arrest, the police also stole 200 euros from them. These examples come to show that a culture of impunity within border agencies - cultivated across Europe - tramples any attempt to institute an adequate system of care that respects human rights and, particularly, the rights of the child.

### **Decreased numbers and funding constraints**

With the overall decrease in arrivals in recent years, institutional capacities for the care of unaccompanied children are now formally adequate. However, other important shifts have occurred. The closure of [relocation programmes](#) during and after the COVID-19 period has significantly reduced opportunities for transferring particularly vulnerable children to third countries. Since then, only isolated emergency relocations have taken place, highlighting the near absence of this protection pathway. At the same time, financial sustainability has become a critical concern due to a heavy reliance on short-term, project-based donor funding and insufficient and unstable state budget allocations. This situation has increased the risk of service reduction or discontinuation. As a result, while struc-

tures exist, their long-term sustainability remains uncertain.

*The following field observations from Collective Aid's distributions in Serbia illustrate this disconnect concretely, putting faces to the systemic gaps described above.*

### **Vulnerable groups on the move through winter conditions**

Since the beginning of 2026, Collective Aid has been meeting minors during distributions consistently, though usually not in big groups. A few of them are always present in the groups, mostly varying between the ages of 15-18. They are sleeping in the same challenging conditions as the adults, in tents and makeshift shelters in freezing temperatures, with snow, mud and limited access to food, water and heating.

In March 2026, our team met a girl as young as 9 years old living in those conditions. It was reported that the groups she had been traveling with had previously been pushed back from Hungary and sent to Preševo, a reception facility all the way in the south of the country, before returning to Belgrade, further illustrating how children are not exempted from EU-funded border violence.

Other vulnerable groups repeatedly documented include women travelling alone or with children, LGBTQI+ people, victims of trafficking or those with serious injuries or health conditions. In January, our team met a pregnant woman with pre-existing heart problems and fatigue



who reported receiving no additional support in the asylum centre she was staying in and being required to undertake long, exhausting journeys to access basic medical care.

The persistent presence of vulnerable groups proves that despite the winter conditions and increasing militarization of borders, people keep trying to seek safety, even when facing disproportionately bigger risks in their journeys across Europe.

### **Access to healthcare**

Under the Law on Asylum and Temporary Protection, people who express an intention to seek asylum should have access to healthcare equal to that of Serbian nationals, and children seeking asylum have an explicit right to free healthcare and referrals to hospitals. In practice, access to healthcare for unaccompanied minors functions relatively well in the country, including for children with disabilities or chronic conditions, with institutions generally able to provide adequate care within existing systems. Nevertheless, the absence of unified vulnerability assessment procedures continues to result in inconsistent treatment across cases. Moreover, conversations with people indicate that those living outside the formal system rely almost entirely on Médecins Sans Frontières (MSF) and a few NGOs for medical care. Without documents, they face both the risk of police exposure and the need to interact with state structures they mistrust – as a result of long journeys marked by state violence – in order to access treatment.

In early 2026, people spoke about cases of scabies, and frostbites linked to poor conditions in both formal and informal living sites. Several people also described the heavy disruption to their journeys caused by seeking treatment in Serbia, including being separated from friends or family and having to restart their journeys alone, which discourages people with serious conditions from approaching hospitals or camps.

In February–March 2026, Serbia and the [UN signed the Sustainable Development Cooperation Framework 2026–2030](#), which commits the state to ensuring that all vulnerable migrants in Serbia have access to “gender-responsive and inclusive” healthcare by 2030. Observations over the past months point to continued gaps: people in camps report minimal medical presence and little differentiated support for pregnancy, chronic illness or disability, while people outside camps often have no safe way to approach hospitals without risking detention, registration or dispersal.

### **Lack of support for victims of trafficking**

Collective Aid spoke to a trans woman from India, a survivor of human trafficking, who had been deceived into travel and subjected to prolonged sexual exploitation back home and during her journey. She emphasized that even in Serbia she was unable to receive specialized support, which shows how harmful gendered discrimination and precarious legal status continue to limit access to protection in the country.



## Serbia

[In March 2026](#), a new Council of Europe HELP course on human trafficking was launched to train 36 Serbian lawyers on victim identification, non-punishment and protection mechanisms, and Serbian authorities announced work on a comprehensive law on preventing and combating trafficking of human beings. However, there is still a lot of progress to be made, as weak capacity, corruption and a fragile legal framework continue to undermine efforts to operationalise anti-trafficking norms, contributing to impunity for traffickers and the invisibility of victims in Serbia.



## Children surviving pushbacks and shipwrecks in the Aegean Sea

Across 2024 and 2025, the [Pilot Aegean Sea dataset](#) recorded 24,876 children affected by Aegean Sea border incidents – 25.7% of all people impacted. Children appeared in 2,620 incidents, which shows their routine exposure to the full spectrum of Aegean border violence, including pushbacks, violent boat chases, and shipwrecks. Importantly, despite an overall 58% decline in attempted crossings, the proportion of children consistently remained above 25%.

In one of the latest and most harrowing of these incidents, the Chios tragedy, perpetrated on February 3rd when a Hellenic Coast Guard vessel charged onto the boat people on the move were traveling in, 15 people died and 24 people were injured. 11 children, and two pregnant women who lost their babies after the collision, were among those who needed to be hospitalized, showing that neither age nor any other type of vulnerability criteria influences authorities' tactics of border violence or the safety of the journey.

## Separated Syrian children under the asylum freeze

The asylum freeze applied to Syrian nationals and stateless people from Syria between late 2024 and early 2025 in several EU countries exposed how childhood vulnerability is amplified when combined with nationality-based restrictions. Although framed as a temporary pause pending updated country-of-origin information, the freeze created a protection gap

that disproportionately harmed separated Syrian children, whose cases depend entirely on administrative processing rather than substantive interviews.

On Lesbos, the legal aid organisation Fenix and other actors [documented](#) how separated children – already traumatised by displacement and family separation – were pushed into an administrative limbo. Several had pending cases when the freeze began, while their extended-family custodians had already been granted refugee status. This produced split-status families, where adults could move freely within Greece but children were forced to remain in the Closed-Controlled Access Centre (CCAC), unable to access rights they were already entitled to receive. Because children under 15 do not undergo asylum interviews and derive their status directly from their custodian, freezing their cases was both unnecessary and harmful. It prolonged their stay in inadequate camp conditions, with overcrowded containers or tents, limited hot water, poor-quality food and minimal access to education – deepening the psychological impact of displacement.

This situation shows how, apart from violating every person's right to an individualised assessment of their asylum claim, nationality-based policy measures – such as asylum freezes – intensify the vulnerability of children, who depend on timely, stable, and continuous protection. When decisions for specific nationalities are suspended, separated children are the first to be harmed: they lose access to procedures, remain stuck in particularly harmful



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camp conditions, and face delays that directly undermine their development and well-being, with long-term consequences. Under Greek and international law, authorities must uphold the best interests of the child principle and provide heightened safeguards to separated children. Keeping them in indefinite limbo – despite recognised-refugee custodians and despite their cases requiring only administrative steps – cannot be justified. Such practices fall far below any child-protection standard and are incompatible with Greece’s legal obligations.

### **Systemic criminalisation of Sudanese minors in Greece**

Across Greece, Sudanese children and young people continue to face a pattern of criminalisation that violates fundamental principles of child protection, fair trial, and international refugee law. Recent cases documented in Chania, Crete, and across the Aegean islands show how minors are routinely prosecuted as adults, sentenced to long prison terms, and denied the safeguards they are entitled to under both Greek and international law.

At the end of November 2025, eight Sudanese boys, some as young as 15 and 16, [were tried as adults](#) in Chania for allegedly steering a boat during their journey to safety. Hearings lasted around ten minutes, lawyers’ requests for proper procedure were dismissed, and birth certificates proving their age were ignored. One boy was acquitted, while the others received [10-year sentences](#).

This case is far from an anomaly. According to the solidarity organisation [De:criminalize](#), over 300 Sudanese youth aged 15-21 are currently imprisoned across Greece, many in pre-trial detention, facing decades-long or even life sentences for survival actions such as steering a boat or taking over basic tasks during their own journey to safety. The experiences of these young Sudanese people expose a continuous chain of structural violence: having fled a devastating war shaped by global power dynamics, many survived torture and abuse in Libya’s EU-funded detention system, only to be criminalised and imprisoned in Europe for actions taken to secure their own survival.

In particular, the criminalisation of minors is enabled by [systemic failures](#) in Greece’s age-assessment and judicial processes. Children arriving without documents – a common situation for those fleeing war – are often assigned arbitrary birthdates by authorities. Courts then rely on flawed medical age assessments, such as wrist and dental X-rays based on outdated 1930s British growth data, which routinely overestimate age. Judges frequently dismiss authentic birth certificates from conflict-affected regions like El Fasher, citing minor spelling discrepancies in transliteration. These practices amount to systemic discrimination, disproportionately targeting racialised Sudanese boys and stripping them of their right to be treated as children.

Greece’s justification for trying minors as adults is increasingly framed through government narratives that cast doubt on children’s ages. In February 2026, the Minis-



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ter of Migration Thanos Plevris presented so-called [biometric “findings”](#) to Parliament, claiming that out of 2,003 unaccompanied minors in state facilities, 95% were 16 or older, and that biometric checks on 197 “suspected cases” allegedly showed 123 to be adults. This rhetoric reinforces a presumption of fraud rather than protection, and it is used to legitimise aggressive age-assessment practices that routinely misclassify children as adults. Instead of applying the benefit of the doubt – as required under international child-protection standards – Greek authorities rely on invasive and unreliable biometric tests to justify treating minors as adults in criminal proceedings. This approach deeply undermines the rights of unaccompanied children, enabling their prosecution in adult courts and exposing them to long prison sentences, adult detention conditions, and the complete erosion of the safeguards they are entitled to as children.

On top of this, [multiple](#) trial-monitoring reports reveal widespread violations of fair-trial rights in “smuggling” prosecutions. Hearings often last under 30 minutes, interpretation is inadequate or entirely absent, state-appointed lawyers meet clients for the first time in the courtroom and sentencing remains extremely harsh and standardised, with prison terms reaching up to 570 years for “illegal transport” offences, an average sentence of 62.5 years, and fines that can rise to €850,000. This month, BVMN, together with Community Peacemaker Teams, published a Trial-Monitoring [Annual Report](#) analysing the observations from 123 criminal trials from January to October 2025. This report also shows

how plea deals have become a central mechanism for securing rapid convictions. [Defendants](#) – often minors misclassified as adults – are pressured to sign confessions they cannot read or understand, without proper legal counselling or interpretation. [89%](#) of the defendants who signed a plea deal in the period analysed were under 25. Signing a plea deal eliminates any chance of acquittal, appeal, or asylum, permanently marking them as “smugglers.”

The majority of Sudanese minors prosecuted in Greece fled the ongoing war in Sudan, survived torture and forced labour in Libya, and arrived in Europe after extremely difficult journeys seeking protection. Yet, Greek courts [routinely](#) apply EU anti-smuggling laws to actions carried out under coercion or necessity – such as steering a boat when smugglers abandon the vessel or when passengers must take turns navigating to survive. These practices transform the judicial system into a tool of deterrence, not justice. They criminalise migration itself and disproportionately target Sudanese children and youth in the absence of safe and legal routes. An example of this criminalisation of survival can be found in the case of two 20-year-old Sudanese men, Nourdeen and Mohamad, sentenced to 10 years in Chania simply for steering the boat they arrived on.

### **Samos**

#### **Structural deficiencies in the CCAC**

At the start of 2026, 21% of people held at the Samos Closed Control Access Centre (CCAC) were recognised as vulnerable by



the Greek authorities. Data obtained by the Greek NGO Refugee Support Aegean through parliamentary questions indicated that, out of the total population of 1,783 people in the CCAC, 348 were recognised as [vulnerable](#). Under both [EU](#) law, particularly the Reception Conditions Directive (2013/33/EU), and [Greek](#) national legislation, authorities are required to provide tailored reception conditions for vulnerable asylum seekers. This includes appropriate accommodation, access to specialised healthcare and enhanced safeguards to ensure a dignified standard of living.

Nevertheless, on Samos - as in many other places -, the reality for vulnerable people shows that these provisions are either inadequate or entirely absent. Despite repeated [assurances](#) by the Greek Ministry of Migration and Asylum that reception conditions are adapted to meet the needs of vulnerable people, in practice, conditions are largely the same as those experienced by the broader asylum-seeking population. These conditions are inherently inadequate - for all residents - due to persistent structural deficiencies in the Samos CCAC.

Since its opening in 2021, the Samos CCAC has been subject to sustained criticisms in reports published in [2022](#), [2023](#), [2024](#) and [2025](#). These reports highlight persistent issues with vulnerability assessments, access to healthcare, infrastructure and the use of de facto detention, among others. Despite this widespread evidence and open criticism, I Have Rights clients continue to report systemic problems with regards to the support for vulnerabilised

people at the CCAC. In February, a male client from Guinea with Hepatitis B reported that he had not received any medication or medical assistance and no health card was issued by the Reception and Identification Service (RIS) authorities. He further reported attempting to get medical support at the hospital in Samos but being unable to access essential care.

### **Assessments and recognition of vulnerabilities**

Serious and long-standing concerns remain with regards to the assessment and under recognition of vulnerabilities by the authorities in the Samos CCAC. A 2024 Report by the EUs Committee for the Prevention of Torture (CPT) following a visit to the Samos CCAC [highlighted](#): *“The delegation was concerned that no proper assessment of special needs and vulnerabilities or medical screening was being carried out upon arrival at the CCACs visited. The current admission process does not address the individual circumstances of newly arrived persons, and especially those with special needs and vulnerabilities”* The CPT further recommended that the Greek authorities *“take the necessary steps to reinforce the personnel tasked with assessing special needs and vulnerabilities in all CCACs”*.

Regardless of these interventions, issues with both assessment and recognition of vulnerability persist. In 2025, I Have Rights caseworkers identified 12 clients who had not being recognised as vulnerable by the authorities, despite their special needs. This included six clients not identified as survi-



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vors of human trafficking, two of whom had additional vulnerabilities, five clients not identified as survivors of torture/violence, and one client with an unspecified vulnerability. The failure to identify multiple and intersecting vulnerabilities is of particular concern, especially given that 17% of I Have Rights' clients in 2025 were found to have more than one situation of vulnerability. So far in 2026, I Have Rights has written to the RIS in at least three cases where vulnerabilities had not been assessed or recognised. This included the case of a survivor of torture and one person with a severe chronic health condition.

### **Unaccompanied Children in the CCAC**

In October 2025, the Samos-based organisation Human Rights Legal Project (HRLP) secured interim measures from the European Court of Human Rights requiring Greece to protect unaccompanied children in the Samos CCAC. Instead of improving conditions, authorities opted for reduced transparency, stopped sharing information about the facility's so-called "safe zone", and blocked HRLP from accessing the minors in order to eliminate independent oversight.

Frontline organisations simultaneously [reported](#) severe health neglect among children transferred from Samos to Lesbos, including widespread untreated infected scabies, a child with significant cardiac issues, and another treated for pneumonia – clear indicators of the inadequate medical care in the facility. By early 2026, further documentation [revealed](#) conditions far

below any child-protection standard. Accommodation built for 200 children was holding up to 500, with minors sleeping on bare floors, facing non-functioning toilets, accumulated waste, and insufficient warm water. Children were also subjected to arbitrary, prolonged confinement in the so-called "safe space area," held for weeks or months without individual assessments, due process, or access to legal assistance, contradicting core child-protection principles.

A UN body has since called for affected children to be able to seek compensation, underscoring the severity of the violations. The combination of overcrowding, health neglect, restricted NGO access, and arbitrary detention demonstrates a systemic disregard for the rights and well-being of unaccompanied children. These practices violate Greek, European, and international child-rights standards and cannot be considered acceptable under any circumstances.

### **Generalised issues in reception conditions: Access to Cash Assistance**

Inadequate conditions for particularly vulnerable asylum seekers are compounded by systemic issues in the reception infrastructure that impact all people on the move in Greece. Cash assistance payments, a legal entitlement for asylum seekers under both EU and Greek law have not been paid consistently since [April 2024](#). This now two year-long interruption to the payment has negatively affected all asylum seekers in Greece, but its impact is



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particularly severe for vulnerable people. It significantly limits people's ability to exercise agency in their lives and to live with dignity, while also compounding existing challenges in access to food and medical care in Samos and across Greece. One I Have Rights client, a single mother with a young daughter with additional health needs from Sierra Leone reported that the camp authorities did not provide the correct baby formula for her baby, despite her daughter's allergy to the formula provided. In February, another client, a survivor of gender based violence, reported not having a stove to cook for her child in the camp, as well as a lack of access to hot water. The ongoing interruption of cash assistance payments exacerbated these vulnerabilities by removing people's ability to cover essential needs for themselves in a context of systemic deficiencies in reception conditions.

### **Generalised issues in reception conditions: Healthcare**

Access to healthcare in the Samos CCAC remains a source of concern. At the end of 2025, the staffing of the Samos CCAC was as [follows](#), two doctors, two nurses, one midwife, two psychologists and one social worker. It is I Have Rights' understanding that most of the health care staff at the CCAC are part-time and that there are vacancies in the healthcare team. Currently, the ratio of one doctor per 800 people held at the Samos CCAC is worrisome. Healthcare was predominantly provided by MSF over recent years, until the medical organisation was excluded from the facility in early 2026.

These issues are far from new. Inadequate access to healthcare has been repeatedly reported and criticised since the CCAC opened in 2021. [Article 19](#) of the EU's Reception Conditions Directive (2013/33/EU, recast) states that "Member States shall provide necessary medical or other assistance to applicants who have special reception needs, including appropriate mental health care where needed". Despite this, I Have Rights clients have consistently raised concerns with regards to the provision of healthcare in the facility for years. So far in 2026, three clients with recognised vulnerabilities reported on issues accessing the healthcare team in the CCAC. An Eritrean client in his 20s, suffering from a chronic health condition, reported:

*"At the gate, the security does not let you in and they tell you the doctors are not there. When the doctors are there, there are too many people trying to get in. They tell us to wait. At some point they let us in but there are so many people inside so there is a big queue so the doctor might not even see you during their working time. Sometimes they don't let you in because the doctor is not there."*

These client's testimony reflects a broader pattern of systemic deficiencies in healthcare provision at the Samos CCAC, which have serious health consequences for all people held at the CCAC, and particularly affect vulnerablised individuals.

### **Kos**

### **Lack of protection in the CCAC and access to other support actors**



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There are currently 750 people living in the CCAC in Kos, mainly single men and some families. The needs of vulnerable people continue to be largely overlooked by the management of the facility and the Greek authorities, despite the urgency of the situation.

The pre-existing vulnerabilities faced by people on the move on the island are only made bigger by the blatant lack of support from the authorities. The Glocal Roots team has been approached by many people looking to seek mental health support, who are experiencing severe anxiety, and in some cases, suicidal thoughts. The team has also received many messages regarding issues faced by residents of the CCAC, including the impossibility to do laundry, the lack of privacy in the bathrooms, as well as newborn babies having to sleep on a cockroach infested floor because no carrier or trolley was provided for them. Furthermore, even though the CCAC is supposed to assess and identify vulnerabilities upon arrival, members of Glocal Roots have been made aware of multiple situations that point at a severe lack of adequate and specialised protection. For example, incidents of violence targeting at least one LGBTQIA+ resident have been reportedly followed by no additional protection from the authorities.

The situation of one family living at the CCAC is particularly alarming. Their 7-year-old son suffers from epilepsy and has gone without medication for two years. As the hospital in Kos was unable to provide adequate treatment, the child and one parent were transferred to Athens,

while the authorities refused to cover travel costs for the rest of the family. As a result, a 7-year-old child must receive treatment for a serious medical condition while separated from his family. The absence of psychological support and the significant barriers to access medical care remain critical concerns at every step of the journey. Moreover, within the Pre-Removal Detention Center (PRDC) on the island, located inside of the structure of the CCAC, no mental health support is provided, despite this being a clear responsibility of the camp authorities.

As the assessment of vulnerabilities by the authorities remains far from sufficient when it comes to mental and physical healthcare, safety, and the fulfillment of basic needs, Glocal Roots continues to be the only support structure for people on the move on the island. The centre run by the organisation, however, is located 13 km away from the CCAC. Due to the state's failure to pay the asylum seekers' cash assistance, many residents are left with no choice but to walk this distance in order to access basic services that the CCAC does not provide. This situation disproportionately harms the most vulnerable individuals, such as people with disabilities or mobility issues, many of whom are unable to afford the bus fare or make the journey on foot.



**Border Violence  
Monitoring Network**



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## **Network structure and contact**

BVMN acts as an alliance of organisations in the Balkans and Greece. BVMN is based on the efforts of member organisations working in the field of documentation, media, advocacy and litigation.

We finance the work through charitable grants and foundations, and are not in receipt of funds from any political organisation.

The expenditures cover transport subsidies, several part-time paid coordination positions and some costs incurred by member organisations for their contributions to our shared work.

To follow more from the Border Violence Monitoring Network, check out our website for the entire testimony archive, previous monthly reports and regular news pieces. To follow us on social media, find us on Twitter handle @Border\_Violence and on Facebook.

For further information regarding this report or more on how to become involved, and for press and media requests please email us at [mail@borderviolence.eu](mailto:mail@borderviolence.eu).



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