

United Nations High Commissioner for Refugees (UNHCR)

Information provided further the statement by the Lanzarote Committee Chair and Vice-Chairperson on stepping up protection of children against sexual exploitation and abuse in times of the COVID-19 pandemic

No information received.

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Responses to specific questions by the Bureau of the Lanzarote Committee on the impact of the Covid-19 pandemic on the protection of children from sexual exploitation and sexual abuse

- 1. To what extent, if at all, has the threat of child sexual abuse/exploitation changed due to COVID-19? If so:**
 - **Please tell us about whether the level of risk has increased/decreased/remained the same and if possible specify this with regard to the various types of sexual offences against children (Articles 18-23 of the Convention);**
 - **You may also wish to indicate any emerging trends relating to child sexual abuse/exploitation, as the result of COVID-19, and point at measures taken to address them.**

The risk of child sexual abuse/exploitation is clearly heightened and exacerbated with conditions arising from COVID-19, including increased poverty and food insecurity, hindered access to education, disruption of peer and social support networks for children/caregivers, disruption of community and social support services, breakdown of routine etc. The risks for unaccompanied children without sufficient state protection or care would also naturally increase in these circumstances. Where suspension of specific procedures such as registration or age assessment have resulted in hindered access to child protection services, including guardianship or alternative care arrangements, this reduces the protective measures and oversight otherwise available for unaccompanied children.

In addition, access to SGBV prevention, support and response services, including health services, has become more challenging with restrictions on movement, reduction or even closure of services - including those delivered by humanitarian actors - and the prioritization of COVID-19 response within the national health system. There have been concerning reports that even upon attempt, police are not accepting referrals/complaints due to prioritization of COVID-19 response. Pre-existing challenges for persons of concern remain, including interpretation and access to safe shelters, and consequently the risk of remaining in an abusive/exploitative environment is also heightened.

Greece offers an example of the combination of the elements above, where the identification capacity, presence and accessibility of child protection actors has decreased due to the reduced operational presence of service providers on the ground, in already crowded conditions in the reception and identification centers and no dedicated space for families and/or children. For example, on Lesbos and Samos islands, almost 1000 unaccompanied children, who reside mostly in tents and makeshift shelters alongside adults, were left with almost no supervision during late evening/night hours as a result of limited presence of government/security staff during COVID-19 restriction measures. On the mainland, monitoring visits by social workers were also suspended under COVID-19 measures, hindering identification capacity.¹

Examples of country-level efforts to continue support, include:

- Several countries provide remote support, with information provision and counselling over the phone for children and SGBV survivors, through professional social workers and psychologists.
- Helplines and communication channels online or through WhatsApp also facilitate access to information and services in many countries. Bulgaria has for example a helpline specifically for children.²
- Service mapping and referral pathways have been reviewed and updated to amend changes in access to services due to COVID-19 in many countries. In Greece, the mapping is available in 8 languages and was disseminated among different networks in the refugee community, including through batch SMS.
- Measures to secure safe care arrangements for UASC have been taken, e.g. in France, the French secretary of state for child protection declared that newly arrived UASC must benefit from shelter solutions, and social workers should reinforce their visits to UASC accommodated in semi-independent housing. In Ukraine, UNHCR has facilitated family-based care arrangements organized for newly arrived unaccompanied children awaiting registration.
- Greece³: Diotima, a SGBV partner organization has empowered SGBV survivors to form a SGBV network through WhatsApp and Viber in several locations, through which referrals of SGBV survivors are communicated to partners. This method of community referral has so far proven effective. In response to subsequent increase of protection risks due to limited presence of humanitarian actors, UNHCR established or revived Protection Helplines in four Reception Centres in the islands of Samos, Chios, Kos and Leros in an attempt to track protection concerns reported by the population., UNHCR's

¹ For further general information regarding the Greek islands, please see "Greece - UNHCR Response to COVID-19 and other acute needs - UNHCR is stepping up its preparedness in Greece to support Government's efforts to fight COVID-19 and address the most acute needs of refugees", available at:

<http://reporting.unhcr.org/sites/default/files/UNHCR%20support%20to%20COVID-19%20response%20in%20Greece-Update.pdf>

² UNHCR Practical Recommendations and Good Practice to Address Protection Concerns in the Context of the COVID-19 Pandemic, p.15, available at:

<https://www.unhcr.org/cy/wp-content/uploads/sites/41/2020/04/Practical-Recommendations-and-Good-Practice-to-Address-Protection-Concerns-in-the-COVID-19-Context-April-2020.pdf>

³ As of April 2020, there were 46,000 refugee and migrant children in Greece, of whom 5,099 are unaccompanied or separated.

Child Protection partner PRAKSIS launched a 24/7 contact-line operated by case workers, psychologists and lawyers, in an effort to increase identification of child risks and support urgent requests by unaccompanied children in RICs.

- Georgia: cases of children known to be at risk of violence within the home continue to be through the national child protection system (e.g. through removal and placement in foster care).
- Serbia: unaccompanied child peer educators received training in order to share information with other children on prevention in relation to COVID.
- Croatia: The Ministry of Interior and institutions specializing in psycho-social support for victims of SGBV have launched the national “Behind Closed Doors” awareness campaign on domestic violence and child abuse in COVID-19 situation. A working group coordinating activities in reception centers for asylum seekers has agreed to develop simple sensitization tools which the Ministry of Interior will distribute within reception centers.
- Spain: The Government Office for Gender Violence has extended the contingency plan against SGBV in the context of the COVID-19 crisis, adopting additional measures for victims of human trafficking, sexual exploitation and women in sex work (including access to information through helplines, WhatsApp and email, and strengthened coordination between police and service providers for response). One of the provisions of the plan is to reinforce the information channel between specialized public services and NGOs regarding potential THB cases detected at immigration and asylum services.

2. Did lockdown cause child sexual abuse/exploitation cases (identified/reported) to increase, decrease or stay the same? Please submit data (number of victims/offenders) and highlight what you think may explain the trend.

While there is limited information in this regard, as noted above, it is assumed that risk is heightened, given that pre-existing risks for children remain the same or are heightened, while access to services and oversight and support networks have been reduced and disrupted. The absence of/barriers to reporting channels has likely resulted in underreporting of cases. Children would have more challenges to access reporting channels and services in the absence of protective safeguards and information. Nevertheless, in Italy, the number of reports to the children’s section of the Criminal Investigations Bureau of the Italian state police force increased by 232% to report hardship, mistreatment, violence, as well as feelings of fear and concern.

3. Please also tell us whether and how general child safeguarding measures were, or are likely to be, affected by measures taken by governments in response to COVID-19. In addition, highlight any additional, specific measures put in place during lockdown to ensure reporting by victims of child sexual abuse/exploitation as well as to support and assist them, and whether these measures will be maintained even when the lockdown is lifted.

- Suspension of registration and associated procedures has impacted access to services for children, including access/appointment of guardians and in some cases safe shelter. In Greece, UNHCR observed that approximately 300 unaccompanied children remained in police custody/detention facilities for prolonged periods during April, due to the suspension of medical examinations required prior to transfer to UAC shelters. These delays clearly expose children to unsafe environments. Activities towards ending child immigration detention and the introduction of alternative care arrangements as well as alternatives to detention for children within families should be further supported; The Network's Working Group on Alternatives to Detention – co-led by UNICEF, UNHCR and the International Detention Coalition – has developed a guidance for Members States: <https://www.unicef.org/press-releases/covid-19-immigration-detention-what-can-governments-and-other-stakeholders-do>
- Where age assessment procedures normally precede referral and access to child protection services for unaccompanied children, suspension of such procedures can create a delay in access to services for children. Some countries have adopted the approach of accepting self-declared minority to ensure access to child protection services (France, Italy).
- Family reunion/reunification procedures has been impacted both as a result of the impact on asylum procedures and with halted transfers given suspension of flights. UNHCR advocates to maintain Dublin transfers for family reunion purposes especially for unaccompanied children in view of their particular vulnerability.
- Conducting best interests' determinations to identify solutions in the best interests of children, including return to their families in countries of origin if this is in their best interests and asylum procedures have determined they are safe from persecution/harm. In this regard relocation should continue to be supported as appropriate; see also position put forward in the UNICEF, IOM and UNHCR interagency position on [Minimum Child Protection Standards for Identification of Unaccompanied Children to be Relocated from Greece to other countries in the European Union](#).
- Access to information/two-way communication – reporting channels: where there are already strained resources/safeguards (e.g. absence of social work support/guardian and consistent, reliable sources of information), ensuring children understand and receive information about what is happening, what precautions they should take, and where to go to for help will be more important. Thus, it is important that there is coordinated, child-friendly community messaging related to the outbreak. Identification capacity of actors and stakeholders has also been reduced, with reduced oversight and monitoring through social work support and access to education
- Mental health/psycho-social support: social/physical distancing (if this is even possible in some locations) may exacerbate existing anxiety/loneliness, e.g. if service providers/social work staff previously visiting reception centers do so less frequently.

Child protection and SGBV actors are exploring ways to facilitate remote case management/support but of course this is not always going to be possible. In Bulgaria, the hotline mentioned above offers professional psychological support over the telephone. The extension of support to caregivers/parents is also critical, given their need to cope with added stressors related to work/income, travel restrictions, confinement, in addition to home-schooling and change in care-giving arrangements.

Please see above for further country-level examples.

- 4. Finally, please tell us whether children have been duly listened to on decision-making concerning their protection against sexual abuse/exploitation during this period. Please also tell us whether and how children will be involved in decision-making on or assessing the impact of COVID-19 measures in the future.**

Given the physical distancing that has come with the pandemic, meaningful consultation with all persons of concern has been a challenge. It is not clear that children have been systematically consulted or engaged, although states have clearly made efforts to mitigate the impact of COVID-19 on children, as outlined above. Efforts to have online/virtual consultation with persons of concern has started in some locations, and these will be taken ahead – including vis a vis children – moving forward.