Students walk past the destroyed Sakheen elementary school, where they used to study, Gaza, January 2009.
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Large and Small

IMPACTS OF ARMED VIOLENCE ON CHILDREN AND YOUTH

6

INTRODUCTION

Over the last decade, children and youth have been recognized as being specifically and disproportionately affected by consequences of armed violence. Along with a growing appreciation of children's rights—enshrined in the 1989 Convention on the Rights of the Child—this recognition has led researchers and implementing agencies to begin treating children and youth as special stakeholders in their assessments of and programming for situations of armed violence.

Most of the related research has been conducted in conflict settings. The landmark 1996 report by Graça Machel entitled *Impact of Armed Conflict on Children* documents how death and injury, malnutrition, loss of education, and conscription by government forces, paramilitaries, and non-state armed groups affect the youngest segment of the population (UN, 1996). Published ten years later, a strategic review of the Machel study emphasizes the indirect consequences of war, including the loss of basic services and rise of poverty (UN, 2007). This review also notes how the changing nature of conflicts—now mainly conducted by small, ill-trained, and lightly armed groups—affects civilians, who are increasingly targeted and bear the brunt of the consequences of hostilities (UN, 2007; UNCAAC and UNICEF, 2007).

Several multi-country studies attempt to capture the effects of armed violence on children.[1] The UN's recent *World Report on Violence against Children* has helped bring the hidden problem of violence against children into the international spotlight (Pinheiro, 2006). Today it is understood that although male adolescents and young men generally form the majority of the direct victims of armed violence through death, injury, and psychosocial trauma, children are also victims through targeted attacks on civilians or recruitment into armed groups. Blurring the line between victimization and perpetration, recruited children also play the role of combatant, wielding weapons with startling ease (Wiseman, 2006; Sommers, 2006; Stohl et al., 2001).

The chapter's main findings are as follows:

- Children and youth are directly and indirectly impacted by armed violence in ways that are different and, at times, more severe than adults. They are victims, witnesses, and perpetrators of armed violence.
- Estimates of direct conflict deaths have ranged from as low as 52,000 per year (Geneva Declaration Secretariat, 2008, p. 9) to as high as 184,000 (WHO, 2008, p. 58). The World Health Organization estimates that almost half of these deaths occur in persons 0 to 29 years of age (47 per cent), of whom the vast majority are young males 15 to 29 years old (73 per cent) (WHO, 2008).
- In addition to death, many children and youths suffer injuries and psychological trauma. For every youth homicide, there are an estimated 20 to 40 non-fatal firearm injuries (WHO, 2002).

- Children and youth are indirectly affected by armed violence through displacement, the death or injury of a family member, and reduced access to social services.
- Schools and hospitals may close or be difficult to access during hostilities. Some may be deliberately targeted in conflict. Reduced access to education disproportionately affects school-aged children, while the deterioration in health care provision has implications for children's physical development. A deterioration in reproductive health services affects girls and young women, especially those who are pregnant or have been raped.
- Half the world's out-of-school population—39 million children—live in conflict-affected fragile states, even though these countries account for just 13 per cent of the world's population (International Save the Children Alliance, 2007, p. 4).
- Despite their vulnerabilities, children and youth demonstrate enormous resilience and an ability to cope in the face of adversity.

Box 6.1 Definitions

Children
Persons aged 0–18 years (UN, 1989, art. 1)

Youth
Persons aged 15–24 years (UN definition)[2]

The chapter provides a comprehensive overview of direct and indirect impacts of armed violence on children and youth. It argues that they are affected by armed violence—physiologically, psychologically, and socially—but that they also demonstrate enormous resilience. The chapter ends by outlining steps for a way forward, which emphasize the importance of child protection initiatives and the need for further research and consolidation of best practices that identify and strengthen resilience and coping strategies.

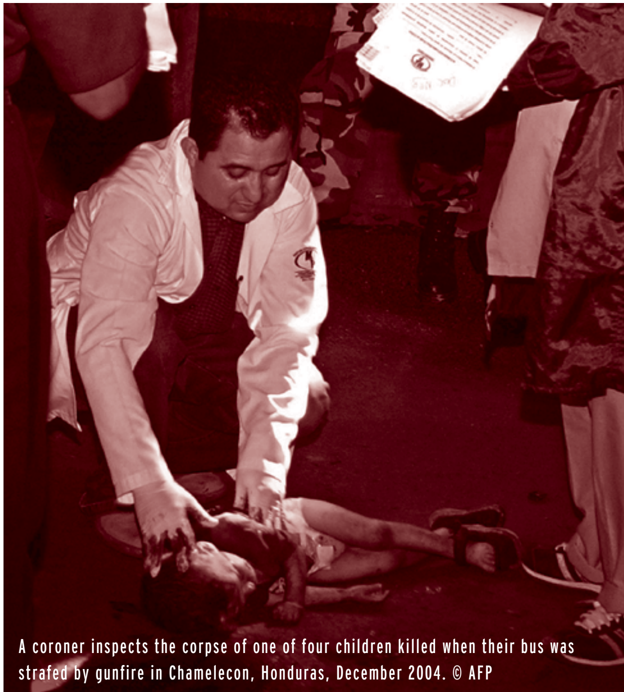
IMPACTS OF ARMED VIOLENCE ON CHILDREN AND YOUTH

Children and youth are exposed to armed violence in a number of different ways—as witnesses, victims, and perpetrators—during and after conflict, as well as in times of peace. This section reviews the direct consequences of armed violence for children and youth, including death, injury, and psychosocial trauma. While many lose their lives in battle or other forms of armed conflict, the number of wounded, disabled, and traumatized is far greater. Capturing the scope of these impacts—some of which may be long-lasting or permanent—raises a number of conceptual, methodological, and practical challenges.

This chapter distinguishes between the 'direct' and 'indirect' impacts of armed violence on children and youth based on the proximity between cause and effect. Direct impacts, such as death, injury, and psychosocial trauma,

Table 6.1 Armed violence impacts: examples relating to children and youth

Direct impacts	• Death and injury • Psychosocial trauma
Indirect impacts	• Changes resulting from the death and injury of family and peers • Displacement • Reduced access to or quality of education • Reduced access to or quality of health care


A coroner inspects the corpse of one of four children killed when their bus was strafed by gunfire in Chamelecon, Honduras, December 2004. © AFP

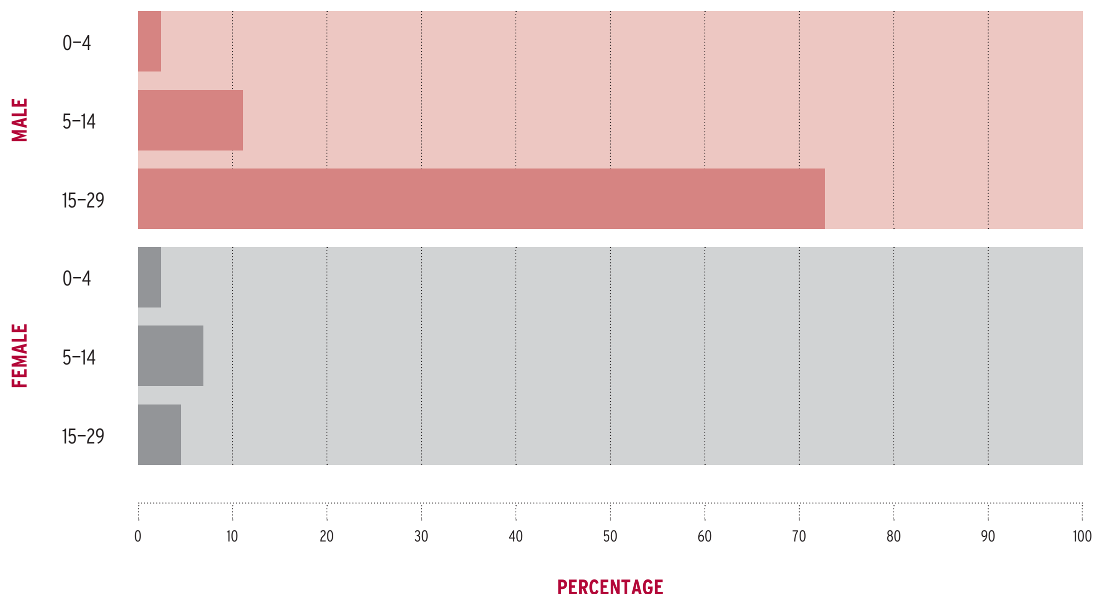
stem from an individual's first-hand encounter with armed violence. By contrast, indirect impacts arise when armed violence affects someone removed from the violent event. These impacts include displacement and impaired education (see Table 6.1).

DIRECT IMPACTS

Death and injury

There is insufficient data to capture the global impact of armed violence on children and youth, including the numbers killed and injured. Estimates of direct conflict deaths have ranged from as low as 52,000 per year to as high as 184,000 (Geneva Declaration Secretariat, 2008, p. 9; WHO, 2008, p. 58).[3] The World Health Organization estimates that almost half of these deaths occur in persons 0 to 29 years of age (47 per cent), of whom the vast majority are young males 15 to 29 years old (73 per cent, see Figure 6.1) (WHO, 2008). The number of direct conflict deaths for the 0–29 age group may thus be as low as 24,000 or as high as 86,000.[4]

Figure 6.1 **Distribution of deaths by sex and age group (years) in 'war and civil conflict' for 2004 (WHO, 2008)**[5]



In addition to causing countless fatalities, armed violence brings about untold physical suffering for children and youth in both conflict and non-conflict settings. Studies of non-fatal violence reveal that, for every youth homicide, there are around 20–40 victims of non-fatal youth violence receiving hospital treatment (WHO, 2002, p. 27). The total number of children injured or permanently disabled as a result of armed violence is not known (Geneva Declaration Secretariat, 2008, pp. 13, 34).

In conflict settings, children and youth can be recruited into armed groups and thereby encounter the extreme violence of modern war and the risk of death, injury, malnourishment, and exposure to drugs or alcohol. Many are forced to become perpetrators of violence, sometimes inflicted on their own communities and families. The most frequent injuries for child soldiers include loss of hearing, eyesight, and limbs (UN, 1996). Impacts on child soldiers are compounded by the separation from their families and the breakdown of social structures, which, in turn, have implications for their long-term physical and psychological health (see Box 6.2). Other young victims of conflict may suffer similar consequences, with trauma being manifested in a number of different ways, both 'visibly' through physical injury or disability and 'invisibly' through psychological disturbances.

Girls and young women are at risk of sexual violence and exploitation.

Small arms are used to commit or facilitate human rights abuses against children and youth, including extra-judicial executions, forced disappearances, and torture (Stohl, 2001, p. 5). Girls are particularly vulnerable to sexual exploitation, including rape and sexual slavery. Beyond the associated physical and emotional trauma, rape may lead to infection with HIV/AIDS and unwanted pregnancies. Women and girls in West Africa, specifically Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Liberia, and Sierra Leone, are extremely vulnerable to gender-based violence and in need of special protection measures (UNICEF, 2005). In the DRC, for example, research has shown severe sexual violence involving arms, with accounts of men being forced at gunpoint to rape their mothers, sisters, or daughters (Wakabi, 2008).

Homicide and violence-related injury of children occur in communities all around the world but are more frequent in poor urban areas where there is corruption, lawlessness, and a lack of social services and employment opportunities. Children and youth—especially boys and young men—may express frustration and anger through fights and anti-social behaviour (Pinheiro, 2006). The World Health Organization estimates that boys are two to three times more likely than girls to get involved in fighting (WHO, 2002, p. 29). They may also participate in organized armed violence, such as gangs, drug factions, cartels, death squads, paramilitaries, and revolutionary groups. Research on urban armed violence in ten different countries reveals striking similarities in the risk factors and motives of children and youth using firearms and violence against others (Dowdney, 2005). Meanwhile, the diversity in youth gangs—in terms of their structure, motivation, dynamics, and activities—has also been emphasized (Strocka, 2006). Where firearms and other weapons are widely available and affordable, fights are more likely to lead to severe injuries and death. The situation is worsened where boys are encouraged to exhibit aggressive masculinity, weapons skills, private codes of loyalty and revenge, and general risk-taking (Pinheiro, 2006, p. 287; Luz, 2007).

Easy access to firearms and other weapons increases the risk of interpersonal violence, including domestic violence against women and children. A 2003 study from the United States shows that having a gun in the home increased the overall risk of someone in the household being murdered by 42 per cent, and, for women in particular, the risk was nearly tripled (Wiebe, 2003). Access to firearms has also been shown to be a risk factor for suicide (Hemenway and Miller, 2002). A study of the global burden of disease by the World Health Organization reveals that suicides are the largest source of 'intentional injury burden' in developed countries, while in developing countries

Box 6.2 **Child soldiers**

Child soldiers are most generally defined as any person under the age of 18 years who is a member of or attached to government armed forces or any other regular or irregular armed force or armed group, regardless of whether an armed conflict exists (Coalition to Stop the Use of Child Soldiers, 2008a, p. 411). Not all child soldiers are direct combatants. While some children serve on the front lines, others are used in combat support roles as messengers, spies, porters, or cooks. Both young girls and boys serve in these roles (Denov and Maclure, 2005; McKay and Mazurana, 2004).

Children become involved with armed groups for a variety of reasons. Some children take up arms to respond to a perceived need to ensure their own defence; others are abducted by forces that attack villages and massacre families. Some children join government military or rebel forces 'voluntarily' because they have lost their families and are seeking protection. Others perceive military service as a substitute for the support structure that disappears when conflict erodes families and communities. They may also believe that joining an armed group is the only way to be assured of food, clothing, and shelter. Or they may 'volunteer' because they feel compelled to protect their hometowns, are encouraged by their parents to enlist, or are persuaded to fight for social causes, religious expression, or national liberation.

The use of child soldiers often changes the dynamics of conflict. In some cases, conflicts could not continue without the extra strength provided by child soldiers. Examples include Sierra Leone and Liberia in the 1990s and early years of the following decade, when numerous child-led groups waged war against the government and themselves. In Uganda today, the Lord's Resistance Army relies almost solely on child soldiers to wage war against the Government of Uganda; the group is believed to be made up of 80 per cent child soldiers (Coalition to Stop the Use of Child Soldiers, 2009).

Child soldiers are subjected to life-threatening risks—even beyond the normal dangers of war. Child soldiers are given dangerous tasks, such as landmine clearance, because they are seen as easily replaceable and therefore expendable. Girl soldiers face additional hardships. Some are assigned as 'wives' of their commanders and may become pregnant. Child soldiers are often tortured and endure psychological and sexual abuse. Sexually transmitted diseases are not uncommon. Child soldiers are often plied with drugs and alcohol to make it 'easier' for them to undertake combat activities.

A child soldier belonging to the Lord's Resistance Army stands guard, Uganda, August 2006. © Adam Pletts/WPN

A large body of international law is intended to protect children from being used as soldiers. The most significant is the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict. This widely accepted international standard on the use of children in armed conflict was ratified by more than 120 countries (see Box 6.9). Yet the Coalition to Stop the Use of Child Soldiers emphasizes the lack of best practices for addressing the special needs of child soldiers in disarmament, demobilization, and reintegration (DDR) programmes. Indeed, long-term support and funding for former child soldiers are often altogether absent from DDR activities. Lessons learned from past efforts continue to be overlooked in the implementation of official DDR and rehabilitation programmes. For example, the unique injuries and trauma faced by girls are often ignored (Stohl, 2009).

The challenge is how to ensure rehabilitation and justice for the victims of a conflict, both the population and the former child soldiers (Coalition to Stop the Use of Child Soldiers, 2008a, p. 16). Although protection for children after conflict may vary from country to country, rebuilding processes generally attempt to hold adult parties responsible for the use of child soldiers and therefore accountable for the children's actions. An example is the trial at the International Criminal Court—the first of its kind—of a former Congolese warlord charged with recruiting and using hundreds of children under 15 years of age to fight (BBC, 2009a).

Source: Stohl (2009)

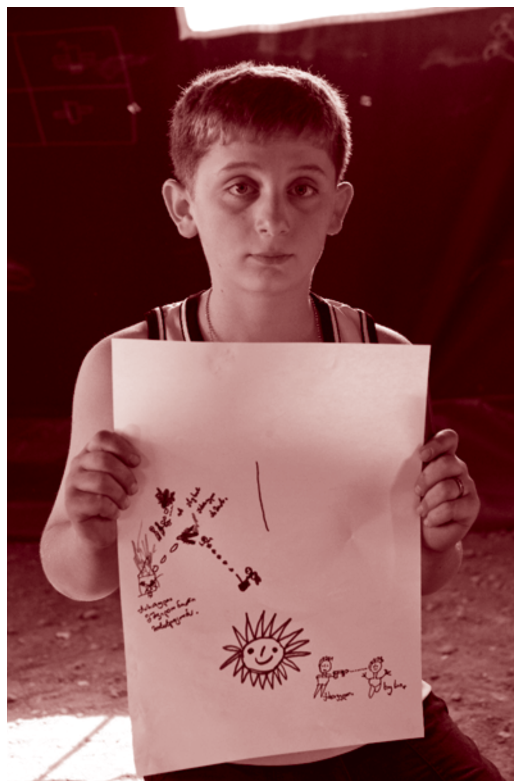
violence and war are the largest source (WHO, 2008, p. 49). Youth suicide in developing countries has nevertheless been identified as an important and potentially growing issue, especially among subgroups (Aaron et al., 2004; Kim and Singh, 2004). Research in the Caribbean, for example, has found that suicide is a serious concern among school-going adolescents (UNICEF, 2006a, p. 22). There is, however, insufficient literature to draw conclusions on the role of armed violence and the availability of arms in causing or contributing to self-directed violence among young people globally.

Psychosocial trauma[6]

In addition to causing death and physical injury, armed violence can affect children's psychological and social behaviour and development, thereby temporarily or permanently altering their lives. They may show symptoms indicative of depression, anxiety, and post-traumatic stress disorder (PTSD; see Box 6.3), which, in turn, may lead to aggression, fear, bedwetting, nightmares, and social isolation (Heptinstall, Sethna, and Taylor, 2004; Polusny and Follette, 1995; Ackerman et al., 1998). This behaviour can affect children's school work or relationships with friends and family (Paolucci et al., 2001; Ackerman et al., 1998). Both victims and perpetrators of armed violence may experience psychosocial trauma (Hauff, 2007).

Individual characteristics, such as age, sex, and culture, play an important role in determining how, and to what extent, psychosocial trauma manifests itself. For example, in order to express their opinions, children under three years of age tend to resort to play, whereas a preschool-age child may rely more on words (Dinicola, 1996). Equally, preschool children may be less equipped to hide their emotions than school-age children (Sayfan et al., 2008). Signs of psychological trauma, therefore, may be more subtle and nuanced and difficult to detect in older, as opposed to younger, children. Moreover, an aggregation of US data on trauma for the past 25 years shows that girls are significantly more susceptible than boys to long-term psychosocial effects as a result of a non-sexual assault (Tolin and Foa, 2006, p. 972). Finally, important ethnic and cultural differences pose challenges to the conceptualization and measurement of psychosocial trauma, including PTSD (see Box 6.3).

Research conducted in the Gaza Strip has shown that childhood traumatization as a result of armed violence can lead to symptoms of depression, persistent post-traumatic stress behaviour, and a decreased satisfaction with one's quality of life (Qouta et al., 2008). The long-term nature of armed violence traumatization was also reported in Croatia, where the experiencing or witnessing



A child in a camp for displaced families in Gori, Georgia, shows his drawing depicting scenes of violence, August 2008. © Cliff Volpe/Getty Images

Box 6.3 Post-traumatic stress disorder: practical challenges to measurement

Post-traumatic stress disorder (PTSD) has been defined as a series of maladaptive emotional or behavioural reactions in response to the experience of a stressful event, or repeated stressful events, such as armed violence, natural disasters, injury, and loss (APA, 1995; WHO, 1992). Manifestations vary according to age, sex, and culture. Young children, for example, typically exhibit PTSD in response to violent events through repetitive play, re-enactment behaviour, reduced interest in usual activities, memory and sleep disturbances, irritability and anger, difficulty concentrating, and an exaggerated startle response (Dinicola, 1996; APA, 1995).

Diagnosing and treating post-traumatic stress in children from culturally diverse regions presents a host of practical challenges to clinicians (Sayfan, 2008; Nader, 2007; Dinicola, 1996). Ethnic and cultural norms determine which types of childhood behaviour and emotions are 'acceptable' within a specific community and thereby define limits on how children may express themselves (Nader, 2007; Dyregrov et al., 2000; Dinicola, 1996). For instance, in certain Bosnian cultures, until the age of 18 years, children are considered to be under the authority of the parent or caretaker. Without permission from a parent or caretaker, these children may be less able or less willing to express themselves (Dyregrov et al., 2000).

Many factors specific to the individual affect the expression and nature of PTSD, including age, sex, ethnocultural norms, and the type and severity of the traumatic incident experienced. Together, these factors pose challenges to defining, evaluating, and diagnosing psychosocial trauma in children and youth. Further qualitative research is needed to explore the role of ethnicity and culture in determining how psychosocial trauma is manifested and to explore whether Western models of mental illness are universally appropriate.

Source: Murray (2009)

of war and various atrocities during childhood predicted aggressive behaviour in adolescence (Qouta, Punamäki, and El Sarraj, 2008). Finally, a US study shows that women who were sexually abused during childhood are twice as likely to attempt suicide than those who had no such history (Dominguez, Nelke, and Perry, 2002).

Fortunately, there is not only bad news. Research shows that, in spite of persistent fear and anxiety, children who experience war or chronic violence may be endowed with internal resilience mechanisms that help them cope (Sagi-Schwartz, 2008; Ehntholt and Yule, 2006; Baker, 1990). It has been shown that children who have a mild temperament and positive self-esteem adapt better in the face of adverse circumstances (Ehnthold and Yule, 2006). National identity, religion, and political ideology may also help maintain the child's self-identity and pride, thereby protecting her or him from developing psychosocial problems (Laor et al., 2006; Servan-Schreiber et al., 1998; Punamäki, 1988).

In addition to internal resilience factors, external resilience factors may also play a role in helping children cope. A supportive home, school, and community environment can promote and strengthen coping strategies (Jackson, 2006; Laor et al., 2006). Important elements of supportive environments include: community support, family cohesion, a healthy attachment to caregivers, the mother's psychological health and her capacity to cope, adequate health systems, and social infrastructure. Such environments may reinforce personal resilience, while reducing the severity and duration of psychosocial impacts that may result from armed violence.[7]

INDIRECT IMPACTS OF ARMED VIOLENCE ON CHILDREN AND YOUTH

While direct impacts of armed violence are often visible and more easily measurable, the indirect impacts, including disrupted education, disease, and malnutrition, affect a greater number of people worldwide (UN, 1996, p. 32; Geneva Declaration Secretariat, 2008, p. 31). These impacts can be difficult to capture in statistics, especially in times

of war, when reliable data is scarce. It can also be conceptually and methodologically difficult to disentangle the impacts attributable to armed violence from other causes—such as natural disasters or economic or political turmoil—as they often come hand in hand. Despite these challenges, there is substantial evidence that armed violence may exacerbate an already poor situation by contributing to the rise of poverty, malnutrition, and disease, which have serious impacts on children and youth (UNCAAC and UNICEF, 2007; UNDP, 2008).

Orphans and lost children rest at the Don Bosco Ngangi centre in Goma, DRC, November 2008. © Jerome Delay/AP Photo

Changes resulting from the death and injury of family and peers

Sudden changes in family circumstances, such as the death or disappearance of parents or family members, can affect children and youth in different ways. On top of the psychological distress associated with losing a loved one, children and youth may be left without guidance, role models, and sustenance. The death or serious injury of a parent or caretaker may force children to take on new responsibilities, including working to earn money, caring for younger siblings, and managing their own and their family's health (WCRWC, 2000, pp. 8, 26; Boyden and Mann, 2005). Children whose parents have been killed may also join armed groups or gangs to seek the perceived protection that these groups offer (UN, 1996, p. 12).

A survey of 266 students in Nepal's Terai region finds that 15 per cent reported having had a parent or caretaker who was shot by a firearm. Of those, more than half said that it had altered their role in the family in some capacity.[8] The majority of children indicated that they had to take on jobs to supplement their family's income. In some countries, including Afghanistan, India, Pakistan, and Yemen, the death of a father or husband can have especially severe consequences for a surviving mother and her children (Boyden et al., 2002, p. 34) (see Box 6.4).

In the chaos of conflict, many children become separated from their parents or relatives. For a variety of reasons, separation from parents and family is usually detrimental for the overall well-being and development of the child (UNICEF, 2006b). For example, in Rwanda, more than 119,000 children were registered as unaccompanied by the end of 1997 (Merkelbach, 2000). Unaccompanied children and child-headed households face special risks during

Box 6.4 Indirect impacts of Yemeni revenge killing

Revenge killing is the most common form of non-conflict armed violence in Yemen. It is customary for families to settle disputes outside the rule of law. Usually men (fathers or brothers) are responsible for seeking revenge by taking the life of a male member of another family.

In addition to the death of the victim, there are grave indirect impacts of revenge killing for the widow and her children. The loss of a father, the main source of income, creates extreme hardship for the rest of the family.

In cases in which a mother has only given birth to daughters, the husband's family is permitted under customary law to expel the widow and her daughters from their home, leaving them destitute. This scenario does not apply when the couple has boys, who have the right to remain in the husband's family's home. If a widow and her daughters are expelled from their home, they can go to the widow's parental home or face destitution and homelessness. The husband's family may also decide to take care of all the children, but not the widow, resulting in the splitting up of the family. If the widow remarries, new husbands sometimes mistreat or reject the daughters of the first marriage.

Source: Research conducted by the Small Arms Survey for UNICEF, Yemen, March 2008[9]

and even after conflicts, as they lack adult protection and care. They often struggle to earn a living and are forced to drop out of school, causing them to forgo potential opportunities and face social marginalization (Mirza, 2006). Children without parental care, including street children, are also at risk of becoming victims of further violence (Thomas de Benítez, 2007).

Displacement

The threat of harm and destabilization in areas affected by conflict and high levels of criminal violence often forces families to flee their homes in search of more secure environments, such as to camps for refugees or internally displaced persons (IDPs). Children and youth also flee areas of armed conflict to avoid recruitment into armed groups (see Box 6.5). According to the 2007 Report of the Special Representative of the Secretary-General for Children and Armed Conflict, an estimated 5.8 million children had become refugees as a result of armed conflict, and 8.8 million

Family members from Timor-Leste look out from their shelter as UN staff arrive at their refugee camp in Atenbua, West Timor, November 1999. © Darren Whiteside/Reuters

were internally displaced in 2006 (UN, 2007, p. 19). The UN estimates that children constitute half of the total number of refugees worldwide (UNCAAC, 2008a).

Although well-run refugee camps can be safe havens for their inhabitants, physical insecurity can pose a serious concern, especially in terms of gender-based violence (Pinheiro, 2006, p. 299). A 13-country study by the United Nations High Commissioner for Refugees highlights the extent of the problem. It shows that a high proportion of crimes and disputes in all the surveyed refugee camps fall under the broad category of sexual and gender-based violence. In Sierra Leone, domestic violence was second only to theft as the most pervasive justice issue arising in the camps (da Costa, 2006, p. 10).

Box 6.5 The 'night commuters' of northern Uganda

Known as 'night commuters', rural children in northern Uganda traveled to towns each night in 2003-04. They sought to escape attacks and the risk of abduction by the Lord's Resistance Army and a general climate of insecurity (AI, 2005a). At night, children and youths would leave their villages or IDP camps in search of safe haven in nearby urban centres, where they would sleep in shelters, displacement camps, churches, hospitals, or even on the street. Aid agencies had set up the shelters in view of the Ugandan government's inability to end the brutal war and protect its citizens from rebel attacks. However, without proper security and supervision, the children were victims of physical and sexual violence along transit routes and in the sleeping spaces in town centres. Girls were exposed to the risks of pregnancy and of contracting HIV and other sexually transmitted diseases, with many turning to 'survival sex' in exchange for food or money (UNICEF, 2005, pp. 49–50).

In addition to increasing the risk of gender-based abuse, displacement impacts children's access to education, nutrition, and health care, potentially severing the networks of community, family, and friends who normally provide emotional and financial support. Mortality and malnutrition, including deficiencies in micronutrients such as iron and vitamin A, are often extremely high among refugee and displaced children (Moss et al., 2006; Mason, 2002).

Many refugee camps have become militarized. Studies show that armed groups target refugee communities, where, in addition to recruiting young men and women, they carry out such abuses as rape, forced prostitution, and slavery (Boyden et al., 2002, p. 32; Muggah, 2006; UNHCR, 2006, p. 65). Without official registration or proper identity documents, IDPs face additional difficulties in accessing government assistance, employment, health care, and education. Even after a conflict has subsided, many families still fear a return to their homes because of persistent insecurity (Stohl, 2002).

Children and youth risk being drawn into gang warfare in areas affected by violence. This risk can result in displacement from cities to suburban and rural areas and vice versa (UNHCR, 2006, p. 170). For instance, during Haiti's most violent years of confrontation—a combination of political conflict and armed criminality—many families transferred their children from urban areas, the site of the worst fighting, to the homes of relatives in the countryside. Between 2004 and 2005, some 13,600 children and adolescents were moved to rural areas from Bel Air, a Port-au-Prince neighbourhood with a population of roughly 80,000 inhabitants (Botton, 2008).[10]

Education: reduction in access and quality

Education is a fundamental human right: every child is entitled to it (UNGA, 1948, art. 26). Unfortunately, rather than being safe havens for children, schools can be dangerous places for many. Schools may not function due to rampant instability or due to the fear that students will be abducted or attacked on the way to school. The restriction of access to and quality of education represents one of the main indirect impacts of armed violence on children and youth.

Education is disrupted when fighting forces specifically target schools and teachers themselves. Schools may be deliberately attacked for political reasons—for example, because schools are government assets and hence perceived as 'soft targets'—or for practical reasons. School buildings may be occupied and used as bases for fighting forces because they have decent facilities, including toilets and kitchens. A UNESCO report finds that some of the highest numbers of attacks on schools and teachers in recent years took place in Afghanistan, Colombia, Iraq, Nepal, the Occupied Palestinian Territory, Thailand, and Zimbabwe (O'Malley, 2007, p. 6). Incidents include the bombing, assassination, abduction, illegal detention, and torture of staff, students, education officials, and trade unionists; the risk of such incidents occurring—and of children being forcibly recruited by armed groups—increases with the bombing and burning of educational buildings and the closure of institutions.

Schools are deliberately targeted, for political and practical reasons.

According to a 2007 report by Save the Children, half the world's out-of-school population—39 million children—live in conflict-affected fragile states, even though these countries make up just 13 per cent of the world's population (International Save the Children Alliance, 2007, p. 4). In such environments, a child's ability to travel safely between home and school is often limited. Additionally, risk of abduction, rape, landmines, or being shot may make travel to school perilous, and, in extreme cases, may cause schools to shut down completely (see Box 6.6). In Afghanistan and northern Pakistan, the number of attacks on schools, particularly girls' schools, limits access to education. Many of the attacks on girls' schools are carried out by extremist Islamic groups (BBC, 2009b; O'Malley, 2007). In Afghanistan, the Ministry of Education has reported that militants attacked 250 schools between 2005 and 2008 (IRIN,

2008). In January 2008, 400 schools remained closed, mostly in the southern provinces of Afghanistan, due to attacks or the fear of attacks (IRIN, 2008).

In some countries, teachers are deliberately targeted because they are seen as 'thought leaders' with influence in the local community or because they are seen as representatives of the government or an opposing group. In Colombia, for example, 310 teachers were murdered between 2000 and 2006 because they took political positions on human rights or social justice on behalf of their community (FECODE, 2007; O'Malley, 2007). As the most educated members of the local population, many of them were spokespeople on local issues (O'Malley, 2007, pp. 16–17). Similarly in Iraq, militants have recently targeted teachers as part of their efforts to drive out Baghdad's remaining intellectuals and middle class. Up to 40 per cent of Iraqi professionals had fled the country since 2003 according to the Iraq Index, compiled by the Brookings Institution in Washington and released in December 2006 (O'Malley, 2007, pp. 18–19).

Box 6.6 Kidnapping of school children in Haiti

Haiti is a fragile state afflicted by intermittent surges in armed violence. In addition to the weak capacity of public security institutions, the root causes of armed violence are also related to underdevelopment, lack of opportunities, and limited access to basic resources, such as water and food. Not only are children being deprived of their most basic needs, but in recent years they have also become targets of organized crime through acts such as kidnapping.

Research has revealed that children are one of the main targets of Haiti's criminal gangs. In many cases, kidnappers demand large sums of money from the families of the kidnapped child. Children are also used in the perpetration of kidnapping, either as informants or for logistical tasks. Due to a surge in kidnappings between October and December 2006, the Ministry of National Education decided to close schools throughout the country for the month of December 2006.

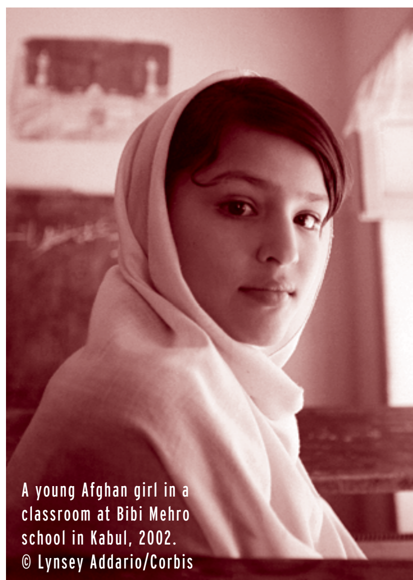
Source: Research conducted by Viva Rio for UNICEF, Haiti, January 2008[11]

In Nepal, even before the armed conflict broke out in 1996, access to education was already extremely limited. Conflict caused additional disruptions. Maoists and the Royal Nepalese Army targeted schools to further their offensives during the civil war. Some schools closed—both temporarily and permanently—due to damage to facilities, lack of staff, and military operations by both the Maoists and the Nepalese government (AI, 2005b). The Watchlist on Children and Armed Conflict reports that several hundred schools were shut down due to the armed conflict, affecting at least 100,000 students (WCAC, 2005, p. 21).

Armed violence prevents both students and teachers from moving freely to and from school without the risk of being shot, sexually violated, or abducted. Schools located in areas subsumed by armed violence may therefore find it difficult to recruit well-qualified staff. In the Occupied Palestinian Territory, for example, movement restrictions, bombardment of schools, and closures have all limited children's and teachers' access to schools. Restrictions on movement in the West Bank include roadblocks and checkpoints, often accompanied by body searches and reported harassment by Israeli security (DCI/PS, 2006, pp. 55–62).

In many developed countries, weapons are being carried and used in fights between peers within and around schools. A study of 35 developed countries finds that anywhere from 10 to 21 per cent of boys and 2 to 5 per cent of girls carry a weapon. Among weapon carriers, 7 to 22 per cent of boys and 3 to 11 per cent of girls opt for a firearm. In nearly all countries included in the study, both physical fighting and weapon carrying associated with an increased risk of injury (Picket et al., 2005).

The nature of violence within schools often reflects the levels and patterns of violence in the communities that surround them, and prevailing political and socioeconomic conditions, attitudes, traditions, values, laws, and law enforcement (Pinheiro, 2006, p. 111). A 2002 UNESCO study assesses the security level of 340 schools throughout


A young Afghan girl in a classroom at Bibi Mehro school in Kabul, 2002. © Lynsey Addario/Corbis

Brazil (Abramovay, 2002).[12] More than half the schools investigated are considered 'insecure environments' (53 per cent of private schools and 65 per cent of public schools).[13] In South Africa, there are reports of widespread gang-related armed violence in or around school premises. Turf wars between gangs take place not only on the street but also on school grounds, where gangs seek to establish a base for selling drugs and recruiting new members (Legget, 2005).

Health impacts: reduction in access and quality

Mortality rates are one of the key indicators of the impact of armed violence. Although a significant number of children and youths are killed and injured every year as a result of armed conflict, many more who are exposed to armed conflict die from malnutrition and disease (UN, 1996, p. 32). In the DRC, for example, fewer than ten per cent of deaths due to conflict have been found to be 'direct' or 'violent', while 90 per cent were 'indirect' conflict deaths (see Box 6.7).

While young men are at the highest risk of direct conflict death, indirect deaths affect all age groups, including children under five years of age. Children die as a result of the rise in diarrheal diseases, severe malnutrition, respiratory infections, and measles (UN, 1996; Salignon et al., 2000; O'Hare and Southall, 2007). Many of today's armed conflicts take place in some of the world's poorest countries. High levels of malnutrition and disease are exacerbated

Box 6.7 **Excess deaths of children and youth due to conflict**

The under-five, or child, mortality rate is often used as an indicator of the human cost of armed conflict. The Machel study estimates that 2 million children died due to conflict between 1986 and 1996 (UN, 1996, p. 2). Although frequently quoted, this statistic is out of date and potentially misleading. The more recent Machel Strategic Review finds that 'an attempt to aggregate numbers would give inaccurate results, and instead describes specific issues and contexts illustrating the impact of conflict on children' (UN, 2007, para. 16).

One reason why it is impossible to provide an accurate aggregate figure is that mortality data in conflict zones is not always disaggregated by age. In addition, the calculation of excess child deaths requires a baseline, or a pre-conflict, mortality rate, which is often difficult to obtain. Finally, the calculation of excess deaths is also heavily dependent on the estimated population size (Checchi and Roberts, 2005; Geneva Declaration Secretariat, 2008).

Despite the challenges, efforts are being made to quantify the impact of conflict on mortality, disease, and disease transmission at the country level. In Sudan, for example, the use of survey data and contextual information leads to an estimate of 135,000 deaths of adults and children for the period September 2003–January 2005, about 112,000 of which are in excess of the expected number of deaths and are thus attributed to the conflict (Guha-Sapir and Degomme, 2006, p. 11). A recent survey that documents the humanitarian impact of war in the DRC since 1998 reveals that 5.4 million excess deaths occurred between 1998 and 2007 and concludes that the vast majority of deaths (90 per cent) were due to preventable infectious diseases, malnutrition, and neo-natal and pregnancy-related conditions (Coghlan et al., 2008). The study estimates that although children under five make up only one-fifth of the overall population, they account for nearly half of the deaths—approximately 343,000 excess deaths over the 15-month period from January 2006 to April 2007[14] (Coghlan et al., 2008, pp. 7–8).

While perhaps not representative of all recent conflicts, the results from the DRC emphasize the high vulnerability of children in conflict situations.

A 16-year-old and her baby, born as a result of rape, in Goma, DRC, February 2008. © Robin Hammond/Panos Pictures

by disruption of food production and supplies, disruption in the delivery of humanitarian aid, disintegration of families and communities, displacement of populations, and destruction of educational and health services as well as water and sanitation systems. Children under five years of age are known to be vulnerable to malnutrition and infection, though their relative risk of dying during conflict compared with older age groups needs further investigation (Guha-Sapir and van Panhuis, 2004).

Conflict limits access to health care. In most wars, health facilities come under direct attack. Those that remain open are often looted, lose their staff, or are forced to close down. The remaining facilities are sometimes difficult to reach because of restrictions on movement (see Box 6.8). As a result of the breakdown of health systems, children die from preventable diseases, including malnutrition, malaria, diarrhoea, acute respiratory infections, measles, and tuberculosis (Oxfam, 2001, p. 29; WCAC, 2006, p. 6). Infants and children are particularly prone to malnutrition because of their proportionally high nutritional requirements (WHO, 2000, p. 4). In Uganda, during the offensive of the Lord's Resistance Army in Kitgum, hospitals and health clinics were targeted, with drugs and medical personnel seized. This seriously impeded access to health care facilities and the ability of health workers to monitor the spread of disease. As a result, children were dying of curable and preventable diseases, in particular malaria, diarrhoea, pneumonia, and acute respiratory tract infection (Oxfam, 2001, p. 29). In Afghanistan, health centres were used for voter registration sites in preparation for the 2009 presidential elections, leading to targeted attacks by Taliban insurgents. Eventually, the Afghanistan government was forced to stop using health centres in the election process (IRIN, 2009).

In areas prone to armed violence, children and their families may bear the burden when governments divert resources from social services, such as education and health care, towards conflict-related expenditures. Health facilities often become under-funded and under-staffed, as health workers decide to relocate to more secure environments. The problem of 'brain drain' in places experiencing conflict, such as Sri Lanka, has greatly reduced the number of qualified health specialists practising in affected countries. Inexperienced volunteers and health workers tend to fill the gap (Boyden et al., 2002, p. 37). In Iraq, the emigration of doctors fleeing violence—including threats, kidnappings, and killing of medical staff—is further weakening the country's strained health infrastructure (Zarocostas, 2007).

Box 6.8 Roadblocks to health care in the Occupied Palestinian Territory

Restrictions on movement through the West Bank and from the Gaza Strip to Israel limit the movement of people and the transport of goods and services. Crucially, the separation wall, roadblocks, and numerous checkpoints throughout the West Bank limit access to health care. From 2000 to 2006, 2,029 ambulances were prevented from reaching hospitals, 403 ambulances were attacked, and 140 patients died at Israeli checkpoints, according to the Palestinian Ministry of Health.[15]

Those seeking medical attention in the Gaza Strip have faced different challenges. Because Gaza lacks sophisticated medical care, patients requiring advanced medical procedures have had to apply for a referral to receive more advanced care in Israeli health centres or in the West Bank.[16] Israel decides whether to grant or refuse these permits.

The recent conflict in Gaza (December 2008–January 2009) has severely affected civilians, including children. According to the Gaza health ministry, as of 17 January 2009, 1,193 people had been killed, including 410 children and 108 women (BBC, 2009c). Movement of civilian and aid workers has been severely restricted, with parents unable to bring ill children to the hospital. The World Health Organization has reported difficulties in getting medical supplies to the places where they are needed. As a result, life-saving medical supplies cannot reach those in need, and access to care is compromised (Reuters AlertNet, 2009).

Source: Humanitarian Monitor (2007)

Reproductive health is crucial for the health of pregnant adolescents and women, as well as their children. Girls who give birth before the age of 15 are five times more likely to die in childbirth than women in their twenties (UNICEF , 2009, p. 32). If medical services decline during armed conflict, the situation for young expecting mothers deteriorates. Health education, care, and counselling are especially important for women and girls who have been raped. Access to quality reproductive health has implications not only for the health and survival of the mother but also for her child. A study of 3,000 pregnancies among women besieged in Sarajevo found that the number of live births decreased from 10,000 per year before the war to 2,000 per year during the war. Contraceptive use during the siege decreased to about 5 per cent, while the number of abortions increased until there were more than two abortions for every live birth. The data reveals increases in perinatal mortality (from 15.3 to 38.6 per 1,000 live births), low birth weight (from 5.3 to 12.8 per 1,000), and congenital abnormalities (from 0.37 per cent to 3.00 per cent) (Carballo, Simic, and Zeric, 1996).

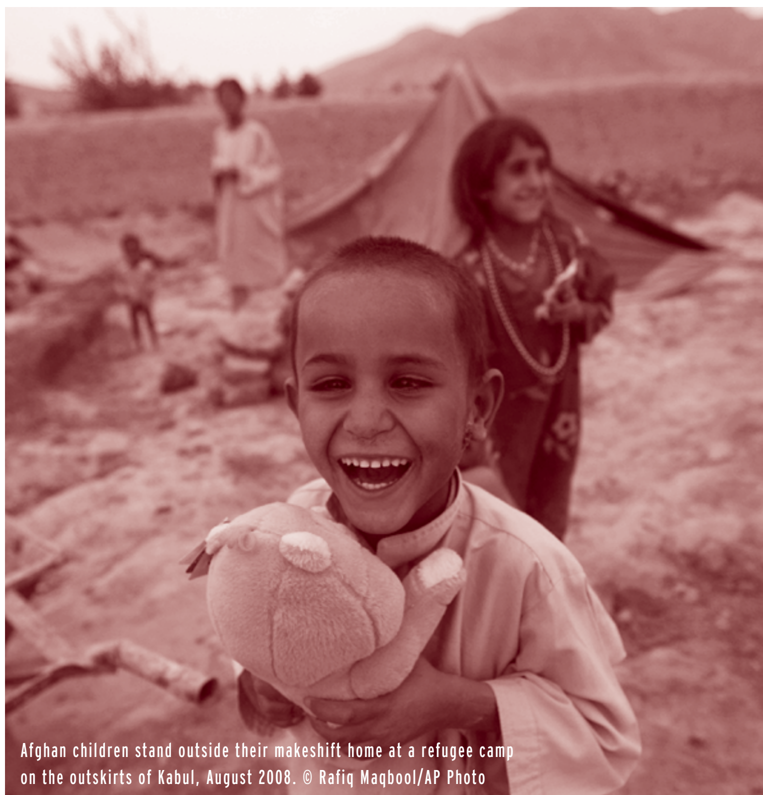
THE WAY FORWARD

This section begins with a presentation of key child protection initiatives that build upon existing international standards in seeking to prevent and respond to the problem of armed violence for children and youth. It subsequently examines the research agenda as well as the ongoing need to consolidate best practices. The section highlights, in particular, the utility of policies and programmes that explicitly recognize the mixture of vulnerability and resilience of young people affected by armed violence.

International measures and initiatives

Existing standards in international law relevant to armed violence against children are comprehensive and detailed. Children and youth, as human beings, are entitled to enjoy all the rights guaranteed by the various international human rights treaties that have developed from the Universal Declaration of Human Rights. Children and youth are also entitled to the protection laid down in international legal instruments relating to international criminal, humanitarian, and labour law (Pinheiro, 2006, p. 31).

The key international agreements safeguarding the protection of children and youth are: the Geneva Conventions, the Convention on the Rights of the Child (CRC), and the Optional Protocol to the CRC on the involvement of children in armed conflict (see Box 6.9). A number of other international initiatives also aim to increase the protection of children and youth, especially in armed conflict settings, such as the appointment of a UN Special Representative of the Secretary-General for Children and Armed Conflict, who, in close collaboration with the United Nations Children's Fund (UNICEF), has sought to raise global awareness on the issue of children and armed conflict (UN, 1997). Another important step forward has been the adoption of UN Security Council resolution 1612, which represents the first systematic attempt to collect and disseminate information on grave violations of international norms regarding children and armed conflict, including attacks against hospitals and schools (UNSC, 2005). The 2006 Integrated Disarmament, Demobilization and Reintegration Standards and the 2007 Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups represent two normative frameworks for mainstreaming child-sensitive reintegration into post-conflict recovery programmes (UNDDR, 2006; Paris Principles, 2007).



Afghan children stand outside their makeshift home at a refugee camp on the outskirts of Kabul, August 2008. © Rafiq Maqbool/AP Photo

Most governments have ratified the international instruments. However, there remains little oversight and few mechanisms of enforcement. A 2006 report on children and small arms argues that, although most states are bound to the various international instruments that address children and armed violence, they have been slow to incorporate them into national legislation and operational practice (World Vision, 2006, p. 6).

A focus on children and youth is provided by UNICEF, the lead UN agency for child protection. Working with governments and partners at local, national, and regional levels, UNICEF takes a preventive and rights-based approach to the problem of violence against children in all settings. UNICEF has put forward its 'Protective Environment Framework' to ensure that governments fulfil their obligations by addressing the underlying systems that fail to protect children, such as social sector policies and capacities (Landgren, 2005). UNICEF promotes the separation of DDR processes for children from formal DDR procedures and advocates that children who have participated in hostilities should be seen primarily as 'victims'. Programmes should promote the best interest of children, aim to enhance self-esteem, and prevent the use of children in conflict.[17] UNICEF also promotes the participation of children and youth in research and programming in line with the Convention on the Rights of the Child (Landsdown, 2001).

Box 6.9 **Key international agreements**

The growth of children's rights as reflected in international and transnational law has transformed the post-war legal landscape.[18] The most important international agreements to protect children and youth from armed violence are listed below. Nations that ratify these conventions are bound to them by international law.

The 1949 Geneva Conventions and the Additional Protocols I and II (1977) are part of international humanitarian law, a whole system of legal safeguards that cover the way wars may be fought and the protection of individuals. The Geneva Conventions specifically protect people who do not take part in the fighting (civilians, medics, chaplains, aid workers) and those who can no longer fight (wounded, sick and shipwrecked troops, prisoners of war). The Geneva Conventions have been acceded to by 194 states and enjoy universal acceptance.

The 1989 UN Convention of the Rights of the Child (CRC) sets out the civil, political, economic, social, and cultural rights of children (0–18 years). It sets up a framework of legal principles and detailed standards that should govern law, policy, and practice affecting children, including the promotion of prevention of violence and responses to protect all children from all forms of violence. The CRC was adopted by the UN General Assembly in 1989 and came into force in 1990. It is the most widely accepted human rights treaty (UNOHCHR, 1998). As of December 2008, 193 countries had ratified it, including every member of the UN except the United States and Somalia.

The 2000 Optional Protocol to the Convention of the Rights of the Child on the Involvement of Children in Armed Conflict was adopted on 25 May 2000 by the UN General Assembly. This agreement represents a milestone in protecting children from participation in armed conflicts, requiring ratifying governments to ensure that children under 18 years of age are not recruited compulsorily into their armed forces. The protocol came into force in 2002. As of January 2009, 126 nations were party to the Protocol, including the United States, which has not ratified the Convention (UNOHCHR, 2000). Other provisions of the Optional Protocol commit states to supporting processes of rehabilitation and reintegration (UNGA, 2000; UNICEF, 2003). The Optional Protocol:

- requires that states 'take all feasible measures' to ensure that members of their armed forces under the age of 18 years do not participate in hostilities;
- prohibits the conscription of anyone under the age of 18 into the armed forces;
- requires states to raise the age of voluntary recruitment from 15 and to deposit a binding declaration of the minimum age for recruitment into its armed forces;
- and prohibits the recruitment or use in hostilities of children under the age of 18 by rebel or other non-governmental armed groups and requires states to criminalize such practices (UNOHCHR, 2000).

A number of other international[19] and regional[20] instruments reaffirm the provisions on children outlined in the CRC and its Optional Protocol.

Addressing knowledge gaps

While children and youth are sometimes passive victims of violence, very often their relationship to armed violence is more dynamic. Many perpetrate such violence, either voluntarily or under duress. At the same time, children and youths who are exposed to armed violence frequently demonstrate immense bravery and persistence in the face of hardship (Boyden and Mann, 2005; Boyden, 2003; Wiseman, 2006). Many survivors are forced to discover and develop survival strategies that are tested under extreme conditions and many carry heavy responsibilities, such as earning a living and caring for family members.

A recent review of the literature on youth in conflict and post-conflict settings has provided useful insight into the resilience and capabilities of youth and the consequent implications for rehabilitation and reintegration programming (Sommers, 2006). Nevertheless, more research is needed on the concept of resilience and for improving understanding of the factors that help individuals cope in the face of adversity (Dowdney, 2007). Considerable research has been done in the field of domestic child abuse, showing that children exposed to violence at home are more likely to experience or perpetrate violence as adults.[21] However, relatively few studies have examined the influence of culture and trauma in perpetuating violence from one generation to the next (Weingarten, 2007).

Indirect impacts of armed violence on children and youth also warrant further attention. Until recently, most research focused on the immediate and direct impacts of armed violence on children and youth

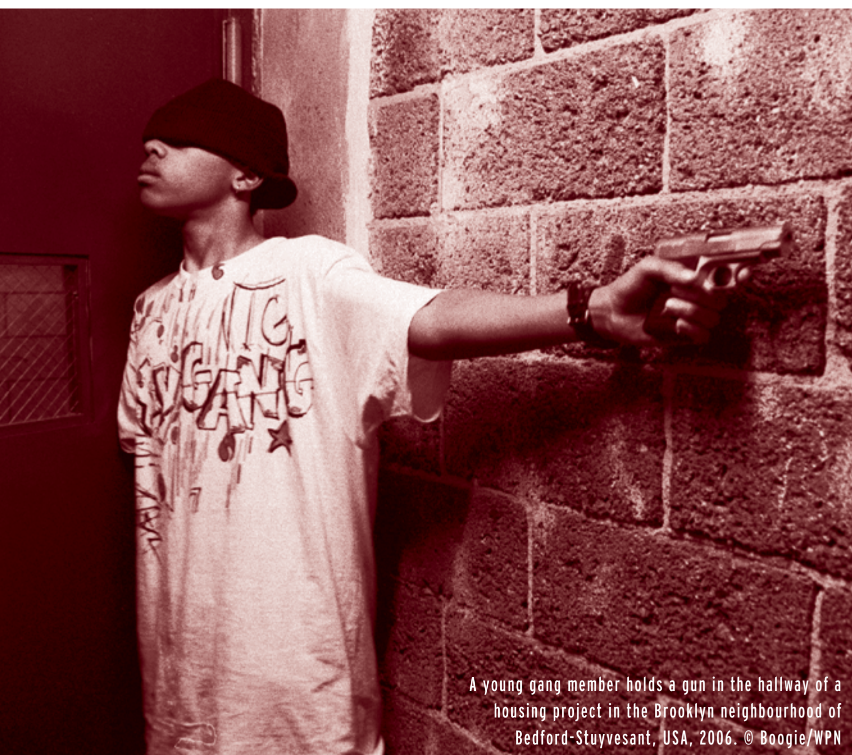
(such as death, injury, and psychosocial trauma), with fewer studies aiming to capture and quantify the broader and indirect impacts of armed violence caused, for example, by the breakdown of social services.

There are several reasons why researching indirect impacts is not an easy task. First, it is inherently difficult to disentangle the indirect effects of armed violence from other factors, such as poverty and natural disasters. Second, violence itself is under-reported (e.g. domestic armed violence remains hidden and under-recognized). And, third, the manifestation of some impacts (especially psychosocial trauma) varies by age, sex, and culture; socially constructed notions of childhood and health may determine how impacts are expressed, experienced, and perceived (Clark-Kazak, forthcoming; Dowdney, 2007).

Despite the methodological challenges involved, it is important that researchers continue to treat children and youth as a distinctive stakeholder group, while simultaneously examining the interactions between individuals, families, communities, and societies. Additional multi-country and longitudinal data is needed to build the evidence base for policy and programming. This information could be complemented by smaller-scale qualitative studies that explore perceptions of armed violence and security and generate local knowledge.

Consolidating lessons learned

A scarcity of impact evaluations has meant that there is a lack of proven techniques that generate lasting, positive results for children and youth (Sommers, 2006). As a result, there is much debate among experts about 'what works'. For example, in the area of child reintegration—where the major challenge is to provide immediate assistance to ex-combatants before they are enticed into another conflict or a livelihood in crime—some potential good practices have been identified from specific settings, although systematic evaluations are lacking (Dowdney, 2007; Luthar and Cicchetti, 2000).


A young gang member holds a gun in the hallway of a housing project in the Brooklyn neighbourhood of Bedford-Stuyvesant, USA, 2006. © Boogie/WPN

In conflict settings, an example of potential good practice comes from Côte d'Ivoire, where UNICEF has used an integrated approach to provide psychosocial, socio-professional, and educational assistance to 3,000 children formerly associated with armed forces or at risk of recruitment. It has been argued that the project was effective because it addressed other protection issues caused or aggravated by the conflict and therefore benefited other children made vulnerable by the crisis. The project dealt with issues such as education, access to health care, and the fight against HIV/AIDS (UNICEF, 2006c). Evidence from Uganda similarly points to the need to include a greater number of vulnerable children and

Box 6.10 **Reintegration of child soldiers in Uganda**

Research was conducted with children who had been abducted by the Lord's Resistance Army (LRA) in 2003. Focus group discussions were held with 116 children and youths to document their experience of abduction and return to their communities.

The research shows that abduction affected children in a number of ways, leading to pain, disability, and frequent ill health as a result of abuse or wounds. Girls suffered the pain and distress resulting from sexual violence and the fear of being HIV-positive or having other sexually transmitted diseases. The physical symptoms made it difficult for some to work or attend school. The majority of returnees suffered anxiety, visual and auditory hallucinations, and suicidal thinking.

Children reported that their families usually welcomed them home after abduction but that problems were reported with regards to siblings, who initially both feared and rejected them. They said they felt stigmatized and rejected by their communities and were bullied at school. The most rejected sub-group of returnees was girls who had suffered sexual violence. Infants born as a result of that violence were also vulnerable to rejection and stigmatization. Children's age, sex, and stage of physical and psychological development affected community perceptions of their responsibility for actions committed by the LRA.

At the same time, children displayed many signs of resilience, demonstrating persistence and courage in the face of rejection. Coping strategies included seeking strength and comfort in religion, social interaction with others, and recreational activities. Developing skills for self-control and distancing themselves from their siblings were reported to be effective in fostering better relationships over the longer term. While the children showed resilience, they also showed vulnerabilities, highlighting the absence of an opportunity to talk with others or to receive advice and guidance that could foster their coping skills.

Source: Coalition to Stop the Use of Child Soldiers (2008b)

scale up education programmes (see Box 6.10). Complementing these findings, the survey of war-affected youth in Uganda finds that the targeting of former abductees has been less successful in reducing vulnerability and improving long-term reintegration, mainly because abduction status is a crude and unreliable predictor of need (Annan, Blattman, and Horton, 2006). In addition to broad-based programmes aimed at all vulnerable children, it is still strongly argued that special programmes are needed that target ex-combatants, children, women, and the disabled because these groups have specific needs and face particular challenges (Hazen, 2007; Willibald, 2006).

In non-conflict settings, gang violence is an area where consolidation of best practices is needed. Key knowledge gaps include: the acquisition of weapons (demand), the misuse of the same (armed violence), and the joining or leaving of gangs. Gang violence research has traditionally focused on 'youth delinquency' and the linkages between violence, crime, and drug abuse. More recently, however, studies have begun to touch on a number of related issues, such as children's rights, child labour, urban renewal, and justice. For example, a study from Sao Paulo in Brazil revealed systemic causes of armed violence, such as a lack of investment in law enforcement and social services (Cardia, 2000). Other studies have examined the significance of inequality, social exclusion, and 'social identities' or the specific roles and motivations of children and adolescents in gangs (Strocka, 2006; Dowdney, 2003). The structure and impact of organized armed violence vary from place to place and over time. In Nicaragua, a longitudinal ethnographic study highlighted the dynamic nature of youth violence, which, from 1996 to 2002, 'evolved from a form of collective social violence to a more individually and economically motivated type of brutality' (Rodgers, 2006). Further research is needed to shed light on factors of resilience and vulnerability, which—as for the reintegration of former child soldiers—may inform community-based interventions that build upon and boost resilience (Dowdney, 2007).

CONCLUSION

Children and youth are specifically and disproportionately affected by many consequences of armed violence, whether physiological, psychological, or social. Although male adolescents and young men generally form the majority of the direct victims of armed violence (through death, injury, and psychosocial trauma), younger children may also suffer through targeted attacks on civilians or recruitment into armed groups.

In addition to death, injury, and psychosocial trauma, children and youth are vulnerable to indirect impacts of armed violence when a family member dies or is injured, when the family has to move, or when basic social services break down. For example, a disruption of education systems disproportionately affects school-aged children, while a lack of access to health care has implications for children's physical development. Armed violence can contribute to the rise of poverty, malnutrition, and disease, which have serious long-term consequences for the lives of children and youth.

Impacts vary by age, sex, culture, and the specific circumstance of the individual. It is therefore important that researchers consider socially constructed notions of childhood and health, including mental health, because these will determine how impacts are expressed, experienced, and perceived.

Despite their vulnerabilities, children and youth demonstrate enormous resilience and an ability to cope. More research is needed to improve the general understanding of resilience, as well as the individual and contextual factors involved, and to identify interventions that promote and strengthen coping strategies. Effective interventions would also reduce the risk of future perpetration of violence, thereby limiting the potential for its intergenerational transmission.

While there have been many programmes aimed at reducing the impacts of armed violence on children and youth, lessons learned have not been systematically documented and built upon. Robust multi-country and longitudinal data needs to be complemented with qualitative studies that, together, form the basis for policy that explicitly recognizes the needs, rights, and resilience of children and youth.

ABBREVIATIONS

CRC	Convention on the Rights of the Child
DRC	Democratic Republic of the Congo
DDR	Disarmament, demobilization, and reintegration
IDP	Internally displaced person
LRA	Lord's Resistance Army
PTSD	Post-traumatic stress disorder
UNICEF	UN Children's Fund
WHO	World Health Organization

ENDNOTES

1 See, for example, Coalition to Stop the Use of Child Soldiers (2001; 2004; 2008a); Luz (2007); Small Arms Survey and Viva Rio (forthcoming); Pinheiro (2006); Geneva Declaration Secretariat (2008).

2 An explanation of the definition of 'youth' can be found at UN (n.d.). Several studies have generated statistics that identify adolescents and youth as important groups; see Giacaman (2007); Luz (2007); and WCRWC (2000; 2004).

3 The *Global Burden of Armed Violence* report finds that between 2004 and 2007 at least 208,300 violent deaths were recorded in armed conflicts, an average of 52,000 people killed per year (Geneva Declaration Secretariat, p. 2). This estimate was calculated by pooling a variety of incident-based data-sets (p. 46). It is considered a conservative estimate because it includes only recorded deaths; the real total may be much higher

(p. 2). This conflict deaths estimate thus represents the lower end of the range while the World Health Organization (WHO) estimate lies at the upper end.

4 The upper estimate of the number of direct conflict deaths of persons aged 0–29 years (86,000) is provided by the WHO directly; see WHO (n.d.). The lower estimate (24,000) was calculated here by applying the WHO age ratio to the total estimate (52,000) provided in the *Global Burden of Armed Violence* report (Geneva Declaration Secretariat, p. 2). This approach assumes that, despite the different methods of data collection and analysis, there is no systematic bias in the reporting of age–sex disaggregated data.

5 See WHO (n.d.) for age-disaggregated estimates for 2004. Note that WHO estimates by age group are not in line with the UN definition of 'youth' (15–24 years of age).

6 This section is based on Murray (2009).

7 Sagi-Schwartz (2008); Jackson (2006); Laor et al. (2006); Zahr (1996); Baker (1990).

8 Research conducted by the Small Arms Survey for UNICEF, Nepal, May 2008. The findings are not representative of Nepal as a whole or of the Terai region. See also Small Arms Survey and Viva Rio (forthcoming).

9 See also Small Arms Survey and Viva Rio (forthcoming).

10 This estimate is based on the work of more than 40 Viva Rio researchers who visited some 32,000 people living in nearly 10,000 homes in Bel Air in 2008.

11 See also Small Arms Survey and Viva Rio (forthcoming).

12 This research was conducted in 340 public and private schools of 14 municipalities in Brazil between 2000 and 2002, covering a sample of 55,000 persons—parents, students, and teachers.

13 'Insecure environments' are defined by criteria such as presence of conflicts at school, presence of armed students, robbery, drug dealing, and sexual violence.

14 The study estimates the total death toll from the conflict (between January 2006 and April 2007) at 727,000, of which 47.2 per cent were under-fives (Coghlan et al., 2008, pp. 7–8). Children under five thus account for 343,000 deaths.

15 Data provided by the Palestinian Ministry of Health, 7 February 2008.

16 It is uncertain to what extent children have been affected by ambulatory and medical referral restrictions.

17 For more details on UNICEF's role, see UNDDR (n.d.).

18 See Zeldin (2007) for a full account.

19 See, for example, the Geneva Declaration on Armed Violence and Development (Geneva Declaration, 2006); the Rome Statute of the International Criminal Court (ICC, 1998); the United Nations Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects (UN, 2001); and the International Labour Organization's Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (ILO, 1999).

20 See, for example, the European Union Guidelines on Children and Armed Conflict (EU, 2003) and the African Charter on the Rights and Welfare of the Child (OAU, 1999).

21 Neugebauer (2000); Ertem, Leventhal, and Dobbs (2000); Bouvier (2003); Ehrensaft (2003).

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