Children in Conflict Zones

Lt Col AN Prasad*, Brig PL Prasad†

Abstract

The nature of war has changed dramatically. Today's conflicts happen where people live and they take a brutal toll on children. Heavy bombardment and destruction in war creates a humanitarian crisis where there is lack of adequate food, clean water and medicine. The consequences of war can have major impact on the health of children for years to come. Traumatic events can have a profound and lasting impact on the emotional, cognitive, behavioral and physiological functioning of an individual. Depending on the circumstances, the psychosocial impacts of disasters can range from mild stress reactions to problems such as anxiety, depression, substance abuse and post traumatic stress disorders (PTSD).

MJAFI 2009; 65 : 166-169

Key Words : Conflict zone; Children; Child health; Street children

Conflict zone refers to war or political instability that disrupts essential services such as housing, transportation, communication, sanitation, water, and health care which requires the response of people outside of the community affected [1]. Over thirty wars are now being waged around the world. One out of four children worldwide live in these dangerous situations. In the First World War, civilians accounted for 5 per cent of casualties. In the Second World War the figure rose to 48 per cent. Today, up to 90 per cent of casualties are civilians - an increasing number of these are women and children. Some 17 million children have been displaced by war, more than 2 million children have been killed due to armed conflict and three times as many have been seriously injured or permanently disabled since 1990 [2]. More than 1 million children have been separated from their parents or orphaned.

The nature of war has changed dramatically. Its horrors are no longer experienced only by soldiers fighting on front lines and battlefields. Wars are being fought not between countries but within them. In addition, children are being deliberately recruited as combatants. This has been made easier by the proliferation of light weapons. Assault rifles are light, cheap and widely available. Coupled with the rapid social change which often precedes or accompanies war, armed conflict leads to a breakdown in the family support systems, which is so essential to a child's survival and development. During crisis government protection and community support systems also slip away. As a result, children are being denied the protection promised to them in the 'Convention on the Rights of the Child'. War violates every right of

a child - the right to life, the right to be with family and community, the right to health, the right to the development of the personality and the right to be nurtured and protected.

Gender Based Violence

Among the most severe problems which all children and women face during armed conflicts is a heightened risk of rape, sexual humiliation, prostitution and other forms of gender-based violence. Women of all ages are targets, but adolescent girls are especially vulnerable. While most victims have been girls, young boys are also raped or forced into prostitution - although such cases are generally under-reported.

Legacy of Land-mines

Both during and after conflicts, children remain exposed to the dangers of land-mines. Globally there are an estimated 110 million land-mines lying in wait for their victims [3]. Added to these are millions of pieces of unexploded ordnance - bombs shells and grenades that failed to detonate on impact. Children are particularly exposed because of their natural curiosity to strange objects. Of those maimed children who survive, only few will receive prosthesis that keep up with the continued growth of their stunted limbs. Once laid, a mine may remain active for up to 50 years and can injure and kill not only in the midst of armed conflict, but for decades after. Children in some 80 countries live with the threat of uncleared anti-personnel and anti-tank mines.

The human and economic devastation caused by land-

*Classified Specialist, (Pediatrics), Military Hospital, Namkum, Ranchi-834010. † Commandant, 158 BH, C/o 99 APO.

mines has led to an international campaign for a complete ban on the production, use, trade and stockpiling of land-mines. It is essential for children in high-risk areas to receive more innovative education in mine awareness.

Child Health Under Attack

Thousands of children die each year as a direct result of armed violence, but millions more die from the indirect consequences of warfare - as a result of the disruption in food supplies, destruction of health services, water systems and sanitation [4]. In poor countries where children are already vulnerable to malnutrition and disease, the onset of armed conflict can increase death rates by up to 24 times - with the under-five years at particular risk. The indirect effects of war are profound, under-appreciated and preventable. Epidemics, lack of access to medical facilities or a breakdown in food security may also be crisis events that provide the final impetus to conflict in some cases. Population displacement worsens hygiene and facilitates the spread of communicable diseases. Preliminary research suggests that for every battle death, many more people die as a result of disease or other factors connected to the war [5]. Malaria, acute respiratory infections, diarrhoeal diseases, vaccine-preventable and other infectious diseases continue to be the leading causes of morbidity, disability and mortality among children. Hunger can be used as a weapon: herds, crops and the tools for food production can be looted or destroyed during combat. Siege warfare can involve the blocking of access to markets, the diversion of food relief, the poisoning of wells and the forced abandonment of farms. The combined impact of these factors can be dramatic. In Sudan, during the forced starvation in 1998, individuals were identified whose weight-to-height ratios had previously been thought incompatible with human survival [6].

Psychological Problems

Children may display a wide range of emotional and physiological reactions following a disaster [7]. Severe trauma during childhood can have a devastating effect on the development of the brain and all functions mediated by this complex organ. Posttraumatic stress responses have been documented in children who have suffered traumatic loss of their parents, siblings and peers [8]. The more severe psychological reactions are associated with variables such as a higher degree of exposure (e.g., life threat, direct physical injury, witnessing a death or injury), closer proximity to the disaster, history of prior traumas, female gender, poor parental response and parental psychopathology. Children who are directly affected by the conflict, including bombardment and home demolition, developed

greater incidence of post-traumatic stress disorders (PTSD) and fear [9,10]. Research suggests that majority of children do not suffer from long-term consequences of prolonged stress [11]. Children living in refugee camps experienced more psychological problems than non-refugee children. Children living in war zones can express acute distress from various traumatic events through emotional problems that may manifest as PTSD, dissociative disorders, anxiety and substance abuse [12,13].

Depending on the severity of exposure, the incidence rates of various psychiatric disorders in children may vary from 3% to 60% of the exposed children.

Post-traumatic stress disorders: Describing children's responses to trauma, Terr [14], presents four specific symptoms characteristic of childhood PTSD: repeatedly perceiving memories of the event through visualization, engaging in behavioral re-enactments and repetitive play related to the event, fears related to the trauma event, and pessimistic attitudes reflecting a sense of hopelessness about the future and life in general. The symptoms of PTSD include sleep problems including nightmares and waking early, flashbacks and replays, impaired memory, forgetfulness, inability to concentrate, hyper vigilance, irritability, panic attacks, hypersensitivity, obsessiveness and low self-esteem [15].

Various government organizations and NGOs like UNICEF, 'Save the children', UNHCR, 'Human Aid' are presently working to reduce the effect of conflicts in children. Few adaptations required to reduce the incidence of psychiatric problems in exposed children are as follows:

- Children younger than six years of age should not be exposed to television coverage of the attacks and the viewing time for older children should be limited.
- Children should be encouraged to express their feelings about what has happened. Parents should share their feelings with them. Regressive behaviors (e.g., thumb sucking, night awakenings, and bed-wetting) may occur in response to traumatic events. Parents should not punish or scold their child for these types of behaviors.
- Children need to be frequently reassured that they are safe and that they are loved.
- Parents should be encouraged to be honest with their children about what has occurred and to provide facts about what has happened.
- Encourage parents to try to return the child and the family to a normal routine as soon as possible. This will help provide a sense of security and safety.

- Encourage children who are not able to articulate their feelings to express themselves through coloring, drawing, and painting.
- Remind parents to praise and recognize responsible behavior and reassure children that their feelings are normal in response to an abnormal situation.

Street Children

Children born of war are commonly faced with stigma, discrimination, abandonment and infanticide [16]. This makes them vulnerable to trafficking and ending up on the streets. The closure of schools during conflict and war results in children being pushed onto the streets. These children are commonly seen as illegitimate and as “enemy” children. They may be subjected to rejection, abuse or neglect from family members and their communities. These children also suffer from a lack of access to resources and a denial of citizenship. These children are called ‘street children’ [17]. The problems of street children are many: -

- Street children are vulnerable to conscription, either forcible or voluntary. Street children play varied roles in conflicts ranging from fighting to roles such as wives, cooks, porters and spies.
- Street children are exposed to sexual abuse (rape, gang-rape and sodomy) and substance abuse (hard and soft drugs) during wars and conflict situations.
- Street children not involved in wars, but seen on the streets, are vulnerable to victimization by law enforcers (police and military).
- Street children coming out of combatant activity are faced with health issues and various other related factors including psycho-social trauma/mental instability, physical disability (loss of limbs, hearing, etc.), sexually transmitted diseases and HIV/AIDS. Child soldiering disposes street children to increased aggressiveness and criminality.
- Street children, apart from the risk of being trafficked, are pushed into prostitution especially during chaotic conflict situations and victims of rape are saddled with unwanted pregnancies resulting in low self-esteem.
- In times of political, cultural, ethnic and/or religious unrest, street children are manipulated and used as political pawns (through propaganda, false promises and bribery during election rallies), and as thugs (to participate in violence, looting, etc.).

Children in war zones have been deliberately killed or maimed by parties to conflicts, often in extremely brutal ways [18]. Some of the children targeted had fled rural areas and gone into towns to avoid recruitment

by government or rebel armies. Children are often abducted from their homes, schools and refugee camps. They are exploited for forced labour, sexual slavery and forced recruitment and have been trafficked across borders.

Remedial Measures

Concern for children is also a way of addressing today’s violence. Wars are not going to disappear overnight, but their effects can be mitigated. Vital measures include removing child soldiers from the battlefields and banning the manufacture of weapons such as anti-personnel land mines that target civilians [19]. Beyond defending children, child protection can be used as a means of opening up dialogue. The idea of children as ‘zones of peace’ has already proved its worth with temporary ceasefires to allow children in war zones to be vaccinated, or to allow food supplies to pass through enemy lines [20]. At the same time, rehabilitation needs to be addressed. Many children have immediate needs for food or shelter. They also require psychosocial support to help them recover from emotional wounds. In many of today’s chronic disputes violence does not cease, it merely subsides—sustained partly by the persistence of weapons and the pervasive military ethos.

The “Convention on the Rights of the Child” (entered into force in 1990) is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights. It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life [21]. The ‘International Labour Organization Convention’ No. 182 (1999), declares child soldiering to be one of the worst forms of child labour and prohibits forced or compulsory recruitment of children under the age of 18 in armed conflict.

The “Anti-war Agenda” (UNICEF, 1996) rests on the proposition that much of the tragedy befalling children is preventable [22]. Recent years have seen the most barbaric acts of violence against children and other civilians. International war crimes tribunals must have both the support and the resources to bring perpetrators to justice. To prevent continued cycles of conflict, education must seek to promote peace and tolerance, not fuel hatred and suspicion. In the words of Graça Machel, “Despite the inherent brutality of conflict, no one can possibly believe it is ever permissible to murder, rape, torture or enslave children. Nor is it permissible to stand by and allow it to happen” [23].

‘Disarmament, demobilization and reintegration’ (UNSC report 2003) programmes are now an integral

part of peacekeeping operations, and the specific needs of child soldiers have been sufficiently addressed [17].

In order to strengthen the foundation for the “era of application”, it is critical to put in place several measures, including the following:-

- Children’s issues should be systematically incorporated into all peace negotiations/accords and it should constitute a central component of post-conflict programmes. Child protection should systematically be included in the mandates of all United Nations peace operations.
- In order to incorporate and mainstream child-protection into all aspects of peace operations, serious consideration should be given to the deployment of child protection advisers in every peace operation.
- It is critical to develop a systematic and concerted monitoring and reporting mechanism, to provide objective, regular and accurate reports on violations committed against children by parties to conflict.
- Specific steps should now be taken to ensure that persons responsible for crimes against children will be among the first to be prosecuted in ICC.
- Greater and more concerted efforts should be deployed to end ongoing conflicts, which are destroying the lives of millions of children, and to addressing the key factors that facilitate the occurrence and recurrence of conflicts.

Conflicts of Interest

None identified

References

1. Schwarz ED, Perry BD. The post-traumatic response in children and adolescents. *Psychiatric Clinics of North America* 1994; 17: 311-26.
2. UNICEF: State of the World’s Children, 2001.
3. International Campaign to Ban Landmines. *Landmine Monitor Report* 2001.
4. UNICEF: State of the World’s Children, 2003.
5. Veenema TG. Children’s exposure to community violence. *Journal of Nursing Scholarship* 2001; 33: 167-73.
6. UNICEF: State of the World’s Children, 2000.
7. Kay Seong Ngoo. Children in war zones at high risk of suffering emotional disorders. *BMJ* 2002; 10: 215-58.
8. Davidhizar R, Shearer R. Helping children cope with public disasters: Support given immediately after a traumatic event can counteract or even negate long-term adverse effects. *American Journal of Nursing* 2002; 102: 26-33.
9. Thabet AA, Abed Y, Vostanis P. Emotional problems in Palestinian children living in a war zone: a cross-sectional study. *Lancet* 2002; 359: 1801-4.
10. Clark J. Threat of war in affecting mental health of Iraqi children. *BMJ* 2003; 326: 56.
11. De Jong J, Komproe I, Van Ommeren M, et al. Lifetime events and posttraumatic stress disorder in 4 post-conflict settings. *JAMA* 2001; 286: 555-62.
12. Emotional and Behavioral Disorders of Children and Adolescents. A Global Mental Health Education Program. World Federation for Mental Health, Baltimore, MD 2003;1-16.
13. Pynoos R, Nader K. Issues in the treatment of posttraumatic stress in children and adolescents. In: Wilson J P, Raphael B, editors. *International handbook of traumatic stress syndromes*. New York: Plenum 2000; 535-49.
14. Terr LC. Childhood traumas: An outline and overview. *American Journal of Psychiatry* 1991; 148: 10-20.
15. Tener Goodwin Veenema, Kathryn Schroeder-Bruce RN. The Aftermath of Violence: Children, Disaster and Posttraumatic Stress Disorder. *Journal Of Pediatric Health Care* 2003; 16 : 235-44.
16. Murthy RS, Bertolote JM, Epping-Jordan JA, Funk M, Prentice T, Saraceno B, Saxena S. *The World Health Report Mental Health: New Understanding New Hope*. Geneva: WHO 2001; 36-45.
17. United Nations Security Council (UNSC) report, 2003. Agenda item 113: Promotion and protection of the rights of children.
18. A report from “A Civil Society Forum for Anglophone West Africa on Promoting and Protecting the Rights of Street Children”, 2003; 21- 24 in Accra, Ghana.
19. Ball J, Allen K. Consensus recommendations for responding to children’s emergencies in disasters. *National Academies of Practice Forum: Issues in Interdisciplinary Care* 2000;2:253-7.
20. Jones DP. Mental health problems among children living in war zones. *Child Abuse Negl* 2000; 24: 289-90.
21. Goldhagen J. Children’s rights and the United Nations convention on the rights of the child. *Pediatrics* 2003; 112 : 742-5.
22. UNICEF: State of the World’s Children, 1996.
23. Graca M. *The Impact of War on Children: A Review of Progress Since .The 1996 UN Report on the Impact of Armed Conflict on Children*, Hurst and Company, UNICEF/UNIFEM, 2001.